



MEDICARE

2026 Enrollment Guide

TRUE BLUE[®] Rx 33 (HMO)



H1350-033-0 TRUE BLUE Rx 33 (HMO)

Building healthier communities since 1945.

Finding the right Medicare plan for you

As Idaho's oldest and largest health insurance company – based entirely in Idaho – Blue Cross of Idaho is here to support our members and the communities we serve. We'll be here to help you on your healthcare journey – just as we have been for the last 80 years.

We know you want a Medicare plan that meets your needs and offers real value – from low copays to extra benefits that help support your total health. Whether you're enrolling in

Medicare for the first time, or switching from your current plan, you can be confident that you'll find the care and protection you deserve.

The key details about this plan, as well as your enrollment form, are included here.

Thank you for being a valued Blue Cross of Idaho member.



2026 Enrollment Guide

TRUE BLUE® Rx 33 (HMO)

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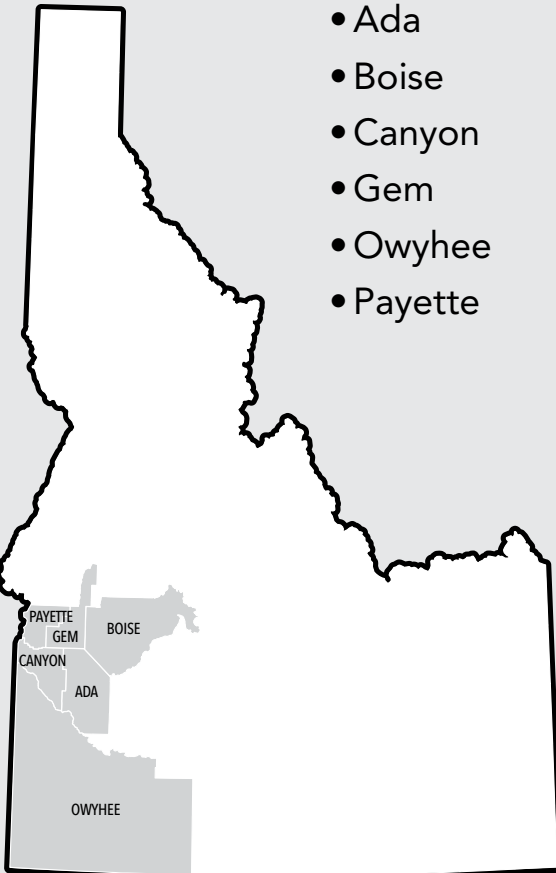
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Enclosed:

- [Enrollment Form](#)
- [Star Rating](#)

COVERED COUNTIES

- Ada
- Boise
- Canyon
- Gem
- Owyhee
- Payette



HEALTH PLAN TERMS TO UNDERSTAND

Coinsurance: A kind of cost sharing where you pay a percentage of the cost for some covered services.

Copay: A kind of cost sharing where you pay a fixed dollar amount for some covered services.

Formulary: The list of covered drugs for a specific plan.

Maximum out-of-pocket amount: A yearly limit on how much money you have to spend out of your own pocket for covered healthcare. Once you reach that limit, you don't pay anything for covered care for the rest of your plan year.

Medical deductible: The amount you pay before the health plan helps with medical costs.

Premium: The fixed cost you pay each month to be a member of the health plan.

Prior Authorization: A process where your provider requests approval from us before providing certain medical items or services.

Referral: A written order from your primary care doctor for you to visit a specialist or get certain medical services. Without a referral, our plan may not pay for these services.

2026 Summary of Benefits

True Blue[®] Rx 33 (HMO)

H1350-033-000

January 1, 2026 – December 31, 2026

Blue Cross of Idaho Health Service, Inc. is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call 1-888-492-2583 (TTY: 711) and request the “Evidence of Coverage” or access it online at bcidaho.com/HMOMemberResources.

To join True Blue[®] Rx 33 (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Idaho: Ada, Boise, Canyon, Gem, Owyhee, and Payette.

Except in emergency situations, if you use providers that are not in our network, we may not pay for these services.

For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

Free language interpreter services are available for non-English speakers.

For more information, please call customer service at: 1-888-494-2583 (TTY: 711)

8 a.m. – 8 p.m.

Oct. – Mar.: seven days a week

Apr. – Sept.: Mon. – Fri.

Or please visit us at [medicare.bcidaho.com](https://www.medicare.bcidaho.com).

Monthly Plan Premium You must continue to pay your Medicare Part B premium	You pay \$59
Medical Deductible[§] The set amount you pay towards certain services before Blue Cross of Idaho helps pay for medical costs. Not all services apply to the medical deductible.	\$900 deductible The deductible applies to these common services: <ul style="list-style-type: none"> • Outpatient Hospital Surgery • Diagnostic Tests & Radiology (MRI, CT, PET) • Part B Prescription Drugs The deductible <u>does not</u> apply for these common services: <ul style="list-style-type: none"> • Inpatient Hospital • Doctor Visits (PCP and Specialists) • X-ray/Lab • Physical Therapy • Durable Medical Equipment This is not an inclusive list; for a full list of services see your plan Evidence of Coverage (EOC).
Maximum Out-of-Pocket Responsibility The most you pay for covered Part A and Part B medical services. Doesn't include Part D services or monthly premium.	\$5,900
Inpatient Hospital Coverage^{◊†}	\$425 daily: 1 - 5 days; \$0 daily: 6 - 90 days
Outpatient Hospital^{◊†}	\$500 copay; 20% of cost for orthopedic surgery; \$0 diagnostic colonoscopy
Observation Coverage^{◊†}	\$500 copay
Ambulatory Surgery Center^{◊†}	\$250 copay; 20% of cost for orthopedic surgery \$0 diagnostic colonoscopy
Doctor Visits Primary Care	\$0: you pay nothing
Specialists[†]	\$40 copay
Preventive Care	\$0: you pay nothing

[§]See the plan Evidence of Coverage (EOC) for the full list of services that apply.

[◊]Your provider may need to obtain prior authorization.

[†]This service may require a referral from your primary care physician (PCP).

Emergency Care* Copay waived if admitted to the hospital within 24 hours	\$130 copay
Urgent Care*	\$50 copay
Worldwide Emergency and Urgent Coverage	\$0 copay emergency/urgent/ambulance
Diagnostic Tests and Procedures†	\$35 copay
Lab Services^{◇†}	\$0: you pay nothing
Diagnostic Radiology (MRI, CT, PET)^{◇†}	\$350 copay in a hospital-based facility; \$175 copay in a non-hospital-based facility; \$0 copay diagnostic mammogram
X-rays^{◇†}	\$25 copay
Medicare-Covered Hearing Services†	\$20 copay
TruHearing® Hearing Exam	\$0: you pay nothing for one exam per year
TruHearing® Hearing Aids	Up to two TruHearing-branded hearing aids every year (one per ear per year). Benefit is limited to the TruHearing Standard, Advanced and Premium hearing aids with an optional \$50 additional cost per rechargeable aid on select models. First year of follow-up provider visits for fitting/evaluation of hearing aid and adjustments are covered. Standard \$499 copay; Advanced \$699 copay; Premium \$999 copay
Medicare-Covered Dental Services	\$40 copay
Preventive Dental	\$0 copay per visit; <ul style="list-style-type: none"> • Two routine preventive exams per year • Two cleanings per year • One annual emergency exam per year • One bitewing and fluoride application per year • One full mouth X-ray every three years

*Emergency care or urgently needed services that you get from an out-of-network provider are covered. Your cost is the same as in-network.

†This service may require a referral from your primary care physician (PCP).

◇Your provider may need to obtain prior authorization.

<p>Optional Supplemental Dental Plan[◊] True Dental Enhanced</p>	<p>True Dental Enhanced: \$26 premium</p> <ul style="list-style-type: none"> • \$1,000 benefit maximum • \$50 deductible • Six-month waiting period <p>Basic: fillings and simple extractions</p> <ul style="list-style-type: none"> • In-network: 20% of cost after deductible • Out-of-network: 50% of cost after deductible • Same tooth surface restoration covered once in a two-year period • Scaling and root planing once per quadrant every two years; periodontal maintenance not to exceed four visits per year • Full mouth debridement once every three years <p>Major: crowns, root canals and bridge repairs</p> <ul style="list-style-type: none"> • In-network: 50% • Out-of-network: 50% • Crowns, bridge and bridge repairs once per tooth every seven years • Root canals one per tooth per lifetime
<p>Medicare-Covered Eye Exam^{◊†} Diagnosis and treatment of medical eye diseases and conditions</p>	<p>\$0: you pay nothing</p>
<p>VSP[®] Vision Exam</p>	<p>\$0: you pay nothing; benefit is once per year</p>
<p>VSP[®] Eyewear</p>	<p>\$35 copay for one pair of glasses (lenses and frames in the VSP Genesis Collection); \$50 allowance for non-Genesis frames \$35 copay for medically necessary contacts \$100 allowance for elective contacts in lieu of glasses Benefit is for every two years.</p>
<p>Inpatient Mental Health Care^{◊†}</p>	<p>\$425 daily: 1 - 5 days; \$0 daily: 6 - 90 days</p>
<p>Outpatient Mental Health Care[†] Individual and Group therapy</p>	<p>\$35 copay</p>

[◊]Your provider may need to obtain prior authorization.

[†]This service may require a referral from your primary care physician (PCP).

Skilled Nursing Facility (SNF)^{◇†}	\$0 daily: 1 - 20 days; \$218 daily: 21 - 55 days; \$0 daily: 56 - 100 days
Occupational Therapy[†]	\$40 copay
Physical and Speech Therapy[†]	\$40 copay
Ambulance[◇] Ground or air transport Your provider must obtain prior authorization for non-emergency transportation	\$320 copay
Transportation	Not covered
Medicare Part B Prescription Drugs^{◇**} (i.e., chemotherapy, hospital-administered infusions).	0%-20% of the cost. The minimum coinsurance is set at 0% to reflect the lowest possible coinsurance for a Part B rebatable drug.
Part B Insulin	\$35 maximum for insulin per month.

[◇]Your provider may need to obtain prior authorization.

[†]This service may require a referral from your primary care physician (PCP).

^{**}Part B drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Medicare Part D: Prescription Drugs

Costs may differ based on pharmacy type (standard, preferred, mail-order).

Your provider may need to obtain prior authorization.

Part D drugs may be subject to Step Therapy. See your Evidence of Coverage for details.

Annual Deductible

You are responsible for the cost of your prescription drugs until you have met the deductible.

Tiers 1-2 Part D Prescription Drug Deductible; \$0: you pay nothing.

Tiers 3-5 Part D Prescription Drug Deductible; \$175 per year for prescriptions.

Initial Coverage Period

You are responsible for a limited copay or coinsurance. You pay a small amount until you reach \$2,100 in total drug costs. See chart below for exact amounts.

	Part D preferred retail cost:	Part D standard retail cost:	Part D standard mail-order cost:**
Tier 1: Preferred Generic Up to 100-day supply	\$0 copay	\$0 copay	\$0 copay
Tier 2: Generic Up to 30-day supply	\$6 copay	\$15 copay	\$6 copay
Tier 3: Preferred Brand Up to 30-day supply	\$40 copay \$35 copay for insulin	\$47 copay \$35 copay for insulin	\$40 copay \$35 copay for insulin
Tier 4: Non-Preferred Drug Up to 30-day supply	25% of cost \$35 copay for insulin	25% of cost \$35 copay for insulin	25% of cost \$35 copay for insulin
Tier 5: Specialty Tier Up to 30-day supply	28% of cost	28% of cost	28% of cost

Catastrophic Coverage

After you reach \$2,100 in true out-of-pocket costs, you pay nothing for Part D drugs.

You may be eligible for the Medicare Prescription Payment Plan, a voluntary payment option to help you manage your drug costs by spreading them across the calendar year. This program may help you manage your expenses, but it doesn't save you money or lower your drug costs. Visit [bcidaho.com/pharmacy](https://www.bcidaho.com/pharmacy) or call 1-855-479-3661 to help you determine if this program is right for you.

**You have multiple options to fill your drugs using mail-order pharmacy.

CarelonRx Pharmacy; Have your provider send your prescription to CarelonRx Pharmacy, or you can set up mail order by logging in to your member portal at members.bcidaho.com/pharmacy. Contact CarelonRx Pharmacy at 833-396-0309 (TTY: 711) for any additional help or questions.

Amazon Pharmacy; Your provider can send your prescription directly to Amazon Pharmacy, or you can transfer existing prescriptions online. To sign up for an Amazon Pharmacy account visit pharmacy.amazon.com. You will need an Amazon account but do not need an Amazon Prime account. For additional questions about setting up an account, call 855-745-5725 or visit amazon.com.

Additional Benefits

Annual Physical Exam	\$0: you pay nothing
Additional Telehealth Services[†]	Follows your in-office copay for in-network participating providers.
Durable Medical Equipment[◇]	20% of cost
Prosthetic Medical Devices[◇]	20% of cost
Diabetic Shoes and Inserts	20% of cost
Diabetic Supplies	\$0: you pay nothing
Silver&Fit[®] Membership	\$0: you pay nothing for gym memberships at participating locations, on-demand workout videos, and one Home Fitness Kit
Convenience Care[◇] Allowance outside of the Blue Cross of Idaho service area but inside the United States	\$2,500 per year

[†]This service may require a referral from your primary care physician (PCP).

[◇]Your provider may need to obtain prior authorization.

For more information, call **1-888-492-2583 (TTY: 711)** 8 a.m. to 6 p.m, Monday - Friday

Blue Cross of Idaho Health Service, Inc. is an HMO Medicare Advantage plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

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On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care and American Specialty Health, Inc., independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program and American Specialty Health, Inc. administers the fitness program, to Medicare Advantage plan members.

Amazon Pharmacy is an independent company that contracts with Blue Cross of Idaho Rx's pharmacy benefits manager to offer online pharmacy services. Amazon Pharmacy is solely responsible for its services. Blue Cross of Idaho Rx is not responsible for the provision of, or failure to provide, any services offered by Amazon Pharmacy.

Out-of-network/noncontracted providers are under no obligation to treat Blue Cross of Idaho Health Service, Inc. True Blue Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services..

2026 Extras and Optional Buy-up



Gym membership and home fitness kit

Silver&Fit®: 1-888-818-2747 | [SilverandFit.com](https://www.silverandfit.com)

Focus on well-being and healthy aging with Silver&Fit. Your plan includes fitness center memberships, a Home Fitness Kit and online fitness resources all at no cost to you.

- **Fitness Center Membership:** Memberships to participating fitness centers or YMCAs near you. Many participating fitness centers may also offer low-impact classes.
- **Home Fitness Kits:** You are eligible to receive one Home Fitness Kit per benefit year from a variety of fitness categories.
- **Well-Being Club:** Register online and set preferences for well-being topics, see resources tailored to your interests and healthy aging goals including articles and videos, and get connected to a community through virtual and in-person events.
- **Digital Workouts:** You can view on-demand videos through the website's digital workout library, including Silver&Fit Signature Series Classes®.
- **Workout Plans:** By answering a few online questions about your areas of interest, you will receive a customized workout plan, including instructions on how to get started and suggested workout videos.



Eyewear and eyecare

VSP: 1-844-566-3503 (TTY: 711) | [vsp.com](https://www.vsp.com)

Your plan includes comprehensive vision coverage through VSP® Advantage. When you visit a VSP Advantage provider, you'll only pay a small copay for your annual exam, new lenses, and a frame from the Genesis collection.

- \$0 copay for one routine eye exam per year.
- As low as \$35 copay for frame and lenses once every two years. Includes UV and scratch-resistant coating at no extra cost.
- If you'd like contact lenses instead, VSP offers 15% off your exam, plus \$100 to apply toward the rest of the exam cost and the lenses.



Hearing coverage

**TruHearing®: 1-888-989-9220,
8 a.m. – 8 p.m., Monday – Friday
TruHearing.com/bcidmedicare**

Your benefit covers a \$0 routine hearing exam and up to two Bluetooth®-enabled hearing aids per year, from \$499 to \$999 per aid. These aids feature enhanced speech clarity and convenient streaming from your phone.

For an additional \$50 per aid, you can upgrade to rechargeable aids on select styles. Some styles come with a portable charger providing up to 36 hours of use per charge.

All hearing aid purchases include the following:

- Fitting and evaluation
- Risk-free 60-day trial period
- One year of follow-up visits
- 80 free batteries per non-rechargeable hearing aid
- Full three-year manufacturer warranty



Out-of-area health plan coverage

Blue Cross of Idaho Customer Service: 1-888-494-2583

If you'd like to see a provider outside of the Blue Cross of Idaho Health Service, Inc. service area but within the U.S., you can still get in-network cost sharing for some services. Our Convenience Care program provides you with benefits up to \$2,500 at no additional cost to you.

- Some restrictions apply. See the Evidence of Coverage for complete details.



24/7 medical advice

Blue Cross of Idaho Nurse Advice Line: 1-800-704-0727

We have registered nurses on call day and night to answer questions about your prescriptions or health conditions at no cost to you. Along with in-the-moment advice, they can also recommend healthcare providers to help resolve your health issues in the long term.



Dental coverage

Blue Cross of Idaho Customer Service: 1-888-494-2583

Original Medicare doesn't cover dental services such as routine exams, cleanings, and other common dental services. Your plan includes preventive dental services at no extra premium.

Preventive dental benefits

\$0 copay;

- Preventive exams
- Cleanings
- Emergency exam
- X-rays
- Fluoride application



Buy-Up Option

Optional Supplement Dental; \$26 monthly premium

Selecting the optional **True Dental Enhanced** buy-up during enrollment adds comprehensive dental services to your plan's preventive coverage for an additional monthly premium of **\$26**.

Comprehensive dental benefits

\$50 deductible, \$1,000 coverage limit

(6 month waiting period without evidence of continuous coverage)

Basic dental care: 20% of cost (50% out-of-network)

- Fillings, extractions
- Scaling, root planing
- Full mouth debridement
- Periodontal maintenance

Major dental care: 50% of cost

- Root canals
- Crowns
- Bridges and bridge repairs

Contact Blue Cross of Idaho Customer Service with any questions regarding your dental coverage. See the Evidence of Coverage for more complete details.

FOR QUESTIONS,

call **Blue Cross of Idaho Customer Service at 1-888-494-2583 (TTY: 711).**

October 1 – March 31: 8 a.m. to 8 p.m., seven days a week

April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday

Blue Cross of Idaho Health Service, Inc. is a Medicare Advantage health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

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On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care, and American Specialty Health, Inc., independent companies, administer supplemental benefit programs. VSP Vision Care, an independent company administers the vision program, TruHearing, an independent company, administers the hearing aid coverage program, and American Specialty Health, Inc., an independent company, administers the fitness program to Medicare Advantage plan members.

Out-of-network/noncontracted providers are under no obligation to treat Blue Cross of Idaho Health Service, Inc. True Blue Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The Silver&Fit program is provided by ASH Fitness, a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and Silver&Fit Signature Series Classes are trademarks of ASH and used with permission herein. Fitness center participation may vary by location and is subject to change. Kits are subject to change.

2026 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative toll-free at 1-888-492-2583 (TTY: 711), 8 a.m. to 6 p.m., Monday through Friday.

Understanding the Benefits

The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [bcidaho.com/HMOMemberResources](https://www.bcidaho.com/HMOMemberResources) to view or call 1-888-492-2583 (TTY: 711) to request a copy of the EOC.

Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Review the formulary to make sure your drugs are covered.

Understanding Important Rules

In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

Benefits, premiums and/or copayments/coinsurance may change on January 1, 2027.

Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Pharmacy Benefit Guide

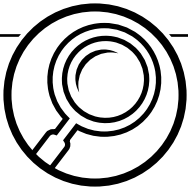
The Blue Cross of Idaho website is your comprehensive guide to your pharmacy benefits.

Visit the website at [bcidaho.com/pharmacy](https://www.bcidaho.com/pharmacy) or contact us at 1 (855) 479-3661.



How to get help when you encounter problems at the pharmacy or have questions about your pharmacy benefits

- » There may be times when you have questions or encounter an issue with your pharmacy or using your pharmacy benefits.
- » Blue Cross of Idaho Rx is available to help you with questions regarding your pharmacy benefits.
 - Call us at 1-855-479-3661.
 - Visit [bcidaho.com/pharmacy](https://www.bcidaho.com/pharmacy) for a comprehensive guide to your pharmacy benefits.



Important information you should know:

- **How to find an in-network pharmacy**
 - » Visit [bcidaho.com/FindAPharmacy](https://www.bcidaho.com/FindAPharmacy). Find a local pharmacy in our network to help make getting your prescriptions convenient while providing the service you need.
- **How to know if your prescription is covered.**
 - » Visit [bcidaho.com/FindAPharmacy](https://www.bcidaho.com/FindAPharmacy). Enter your prescriptions to see if they are covered, get an estimated cost or find lower-cost alternatives.
- **Visit [bcidaho.com/Druglist](https://www.bcidaho.com/Druglist) to:**
 - » Find and print your list of covered drugs (formulary).
 - » Find out what medications have quantity limits or require additional approval before filling them at a pharmacy.
- **How to conveniently have your prescriptions delivered direct to your home.**

You have multiple options to fill your drugs using mail-order pharmacy.

 - » **CarelonRx Pharmacy;** Have your provider send your prescription to CarelonRx Pharmacy, or you can set up mail order by logging in to your member portal at members.bcidaho.com/pharmacy. Contact CarelonRx Pharmacy at 1-833-396-0309 (TTY: 711) for additional help.
 - » **Amazon Pharmacy;** Your provider can send your prescription directly to Amazon Pharmacy, or you can transfer existing prescriptions online. To sign up for an Amazon Pharmacy account visit pharmacy.amazon.com. You will need an Amazon account but do not need an Amazon Prime account. Call 1-855-745-5725 or visit [amazon.com](https://www.amazon.com) for additional help.

- **What do to if your prescription drug is not covered or requires additional approval**

- » Ask your doctor to use the “Real Time Benefit Tool” when prescribing your medication. This will let them know if the prescription is covered, what your cost share is, and if there are any limits to be aware of.
- » When additional review is required, it is called a coverage determination request. You have the right to ask for a coverage determination.

Examples include:

- Prior Authorization: Your medication requires additional documentation before we can pay for the claim
- Formulary Exception: Your medication is not on our list of covered drugs
- Quantity Limit Exception: You need more of a medication than your plan allows
- Step Therapy: We require you to try another medication before we pay for the medication you are trying to fill at the pharmacy

Information on how to submit a coverage determination request can be found at bcidaho.com/pharmacy.



Blue Cross of Idaho offers comprehensive clinical support for members and their medications.

- » We check behind the scenes to make sure your prescribed medications are appropriate and safe for you. We collaborate with your doctor to spot and solve potential problems.
- » We provide automatic refill reminder calls to help keep you on track with refilling your prescription medications. Not taking medications as prescribed can lead to problems and worsening health conditions.
- » Based on your specific medications and health conditions, we may contact you for medication check-ins over the course of the year to answer questions and help navigate any challenges you may experience with taking your prescription medications.
- » Additionally, we perform annual medication reviews to members that qualify for our Medication Therapy Management (MTM) program.
 - MTM enrollment is automatic and based on the number of long-term health conditions you have, number of covered maintenance drugs taken, and your yearly prescription drug costs. To find out more about the MTM program, visit bdidaho.com/pharmacy or contact us at 1-855-479-3661.

Be sure to take advantage of the clinical outreach you get to make sure you’re getting the most from not only your medications, but your pharmacy benefits.



Medicare Prescription Payment Plan

You can opt into a **voluntary** payment plan for your Part D drugs. This plan is managed by Blue Cross of Idaho.

- **How does this plan work with my Part D drug coverage?**

- » You will not pay your pharmacy for your Part D covered drugs.
- » We will pay your pharmacy the copay or coinsurance. This will occur behind the scenes and no action is required by you.
- » We will send you an invoice for your monthly portion of your expected annual Part D drug cost.

- **Is this plan right for me?**

- » Speak with your trusted advisor or call 1-855-479-3661 to help you determine if this program is right for you.

- **Important Reminders**

- » This plan **does not lower** the cost of your **Part D** drugs – **you will not save money** because your total annual drug cost will not change but it *may help you manage your monthly costs*.
- » This plan **does not include** any prescription drugs or services covered under **Medicare Part B**.
 - Common examples include: Diabetic testing supplies or certain medications used to prevent your body from rejecting a transplanted organ that was paid for by Medicare (immunosuppressants).
- » The most you will pay out-of-pocket for your covered Part D drugs is \$2,100. This cap still applies even if you are participating in the Medicare Prescription Payment Plan. After that, you pay nothing for your Part D drugs.

Visit bcidaho.com/pharmacy to learn more.

FOR QUESTIONS,

call **Blue Cross of Idaho Rx Customer Service at 1-855-479-3661 (TTY: 711).**
24 hours a day, seven days a week

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Contact information

Questions?

Members call toll-free:

1-888-494-2583 (TTY: 711)

October 1 – March 31: 8 a.m. to 8 p.m., seven days a week

April 1 – September 30: 8 a.m. to 8 p.m., Monday through Friday

Website: *medicare.bcidaho.com*

Find a network provider:

- 1-888-494-2583 (TTY: 711)
- Provider:
bcidaho.com/FindTrueBlueDoctors
- Pharmacy:
bcidaho.com/FindAPharmacy
- List of covered drugs:
bcidaho.com/DrugList
- Dentist*:
bcidaho.com/FindADentist

Address:

Blue Cross of Idaho
3000 East Pine Ave.,
Meridian, ID 83642-5995



Contact information: extra benefits

Gym or Home Fitness

- Silver&Fit®: 1-888-818-2747
- *SilverandFit.com*

Dental*

- Blue Cross of Idaho Customer Service:
1-888-494-2583 (TTY: 711)

24/7 Medical advice

- Blue Cross of Idaho Nurse Advice Line:
1-800-704-0727

Eyewear and Eye Care

- VSP®: 1-844-566-3503 (TTY: 711)
- *vsp.com*

Hearing Coverage

- TruHearing®: 1-888-989-9220
- *TruHearing.com/bcidmedicare*

Convenience Care

- Blue Cross of Idaho Customer Service:
1-888-494-2583

***Your plan does not have full dental benefits. To learn more about how to add optional supplemental dental benefits call Blue Cross of Idaho Customer Service at 1-888-494-2583 (TTY: 711).**

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On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care and American Specialty Health, Inc., independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program and American Specialty Health, Inc. administers the fitness program to Medicare Advantage plan members.

What Happens Next?

1

Confirmation letter

Look for a confirmation letter notifying you that your enrollment is complete. If you have questions or concerns, you can call us at 1-888-494-2583 (TTY: 711).

Your Identification Cards

You will receive your Blue Cross of Idaho member ID card. Keep that with you and leave your red, white and blue Medicare ID card at home for safekeeping. You'll only need one member ID card for all your medical services and for filling your prescriptions.

2

Go online or go mobile

Go to **members.bcidaho.com** to create an online account. From there you can:

- View your benefits details
- View your claims
- See your progress toward your yearly deductible
- Order a new member ID card
- Find an in-network provider
- Learn more about Health and Wellness programs

Download the Blue Cross of Idaho Member app from the Apple App Store or Google Play and use your **bcidaho.com** member username and password to log in.

- Find an in-network provider or urgent care closest to where you are
- See your progress toward your yearly deductible
- See benefit details
- View member ID cards
- Email or fax member ID cards straight to your healthcare providers

3

Schedule your visits

- If you're new to Medicare, within the first 12 months you can schedule a "Welcome to Medicare" preventive care visit. If you're an existing Medicare beneficiary, simply schedule your Annual Wellness Visit early in the year and take advantage of your plan's benefits.

- We also encourage you to schedule an optional 45-to-60 minute health assessment visit at your home with a nurse practitioner at no cost to you. This is a basic health screening and does not replace any check-ups with your doctor. Look for a letter in the mail with additional details.

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex.

Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجانًا اتصل على 1-800-627-1188 (للصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711) 번으로 전화해 주십시오.

Nepali: ध्यान दनिहोस: तपाइंले नेपाली बोल्नुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवोहरू नै:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस 1-800-627-1188 (टटिविड: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).

For more information, contact your local independent agent or call the toll-free number below.

1-888-492-2583 (TTY: 711)

8 a.m. to 6 p.m., Monday to Friday

Blue Cross of Idaho Health Service, Inc. is an HMO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Health Service, Inc. depends on contract renewal.

On behalf of Blue Cross of Idaho Health Service, Inc., TruHearing, VSP Vision Care, and American Specialty Health, independent companies, administer supplemental benefit programs. VSP Vision Care administers the vision program, TruHearing administers the hearing aid coverage program, and American Specialty Health administers the Health & Fitness program to Medicare Advantage plan members.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross of Idaho Health Service, Inc. True Blue Medicare Advantage members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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To file a marketing complaint call Medicare at 1-800-MEDICARE (24 hours a day/ 7 days a week) or Blue Cross of Idaho Health Service, Inc. at 1-888-494-2583 (TTY: 711). It is important to provide an agent or broker name with your complaint.



Street Address:
3000 East Pine Avenue,
Meridian, Idaho 83642-5995

Mailing Address:
P.O. Box 8406,
Boise, Idaho 83707

Visit [medicare.bcidaho.com](https://www.medicare.bcidaho.com)