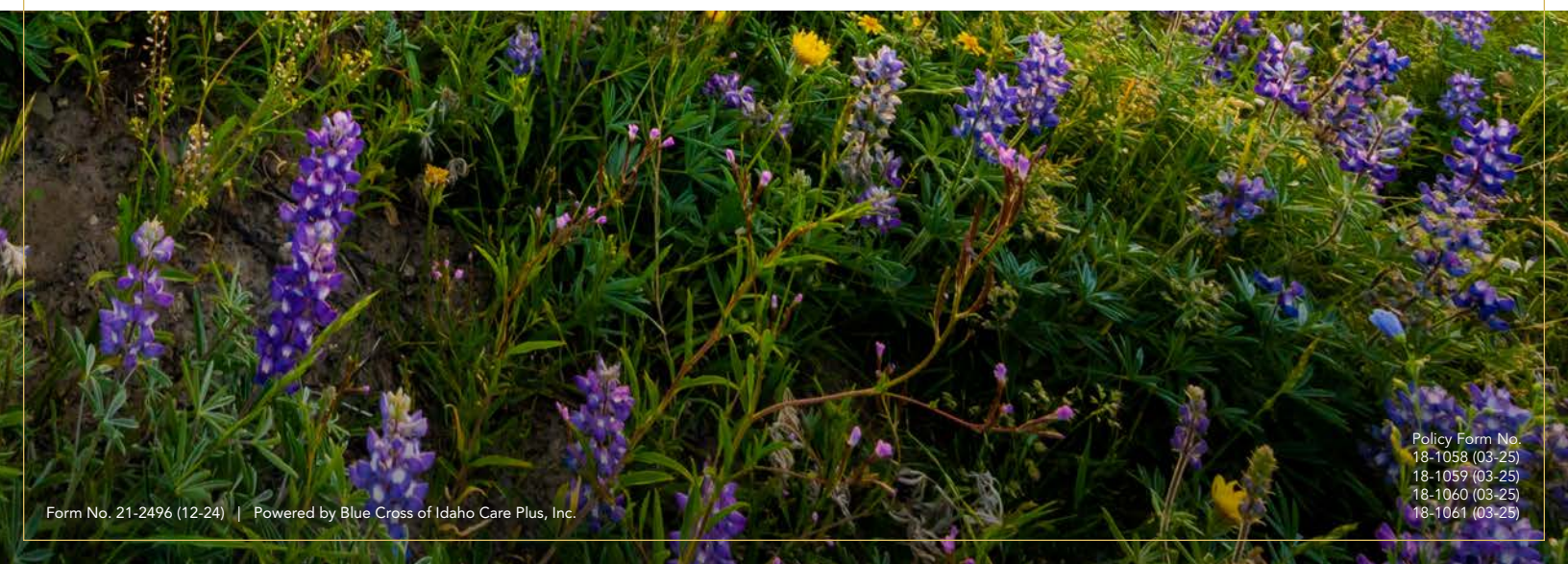
Idaho MedPlus Medicare Supplement Plans

Blue Cross of Idaho
MEDICARE

2025 Enrollment Guide

Idaho MedPlus Medicare Supplement Plans



Form No. 21-2496 (12-24) | Powered by Blue Cross of Idaho Care Plus, Inc.

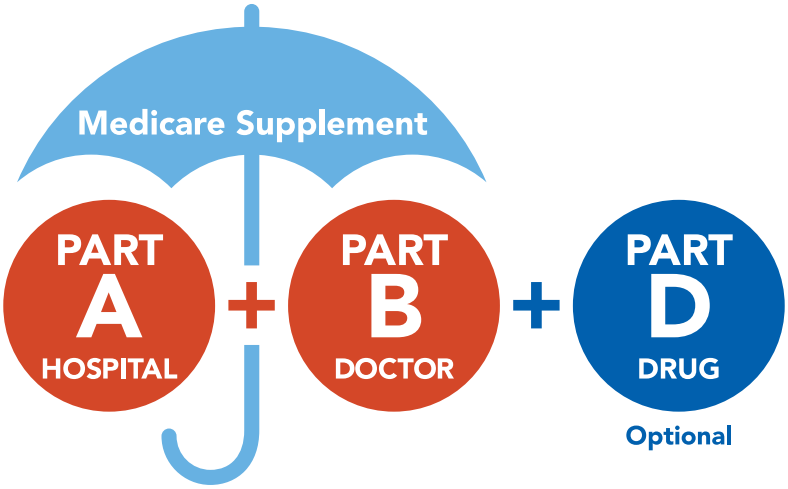
Policy Form No.
18-1058 (03-25)
18-1059 (03-25)
18-1060 (03-25)
18-1061 (03-25)

How Medicare Supplements work

- Medicare Part A provides hospital insurance and helps pay for inpatient care.
- Medicare Part B is medical insurance that helps pay for doctors' services and outpatient care.
- While Medicare Part A and Part B pay for many healthcare services, there are many costs that are not covered. You must pay some coinsurance, copays and deductibles. These costs are referred to as gaps in Medicare coverage.
- Medicare Supplement plans will help you cover those gaps in coverage.

Idaho MedPlus Medicare supplements

- Automatically pay higher benefits when Medicare deductible and coinsurance amounts increase.
- Pay benefits without any waiting period for preexisting conditions.
- Cannot be canceled because of age, changes in health or use of benefits.
- Offer the same coverage for services anywhere in the U.S.



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Idaho MedPlus Plan premium information

Premiums rates are effective March 1, 2025.

NON-TOBACCO USER RATES

Issue Age	Plan A #18-1058	Plan F* #18-1059	Plan G #18-1061	Plan HD G** #18-1060
Disabled (Under 65)	$286.50	$450.00	$342.00	$108.00
65 and older	$191.00	$300.00	$228.00	$72.00
Household Discount	$19.00	$30.00	$23.00	$8.00

TOBACCO USER RATES***

Issue Age	Plan A #18-1058	Plan F* #18-1059	Plan G #18-1061	Plan HD G** #18-1060
Disabled (Under 65)	$329.48	$517.50	$393.30	$124.20
65 and older	$219.65	$345.00	$262.20	$82.80
Household Discount	$19.00	$30.00	$23.00	$8.00

Household Discount

The household discount is a monthly premium reduction. Beneficiaries are eligible to receive a monthly premium discount when two or more members residing at the same address each have Blue Cross of Idaho Care Plus Medicare Supplement policies with an effective date of March 1, 2022 or after.

Household discount eligibility will be reviewed annually to determine if members remain eligible to receive it.

* Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

** High deductible Plan G requires first paying a plan deductible of $2,870 before the plan begins to pay.

*** Includes hookahs, e-cigarettes, dissolvables, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco and future tobacco products that meet the statutory definition of a tobacco product.

Outline of Medicare Supplement Coverage

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Note: A ✓ means 100% of the benefit is paid. Plans shaded light grey are offered by Blue Cross of Idaho Care Plus.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	Copays apply[2]	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho Care Plus does not offer a high deductible Plan F.

[2] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and a copayment of up to $50 for emergency room visits that do not result in an inpatient admission.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G[1]	K	L	M	N	C	F[1]
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓					✓	✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025[2]					$7,220[2]	$3,610[2]			✓	✓
Additional preventive benefits[3]				✓						

[1] Plans F and G also have a high deductible option which require first paying a plan deductible of $2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho Care Plus does not offer a high deductible Plan F.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Not available on high deductible Plan G.

Important Information

Premium Information: Blue Cross of Idaho Care Plus, Inc. can raise your premium only if we raise the premium for all individuals within your Idaho MedPlus Medicare Supplement benefit plan.

Read Your Policy Carefully: This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy: If you find that you are not satisfied with your policy, you may return it to Blue Cross of Idaho Care Plus, Inc. at P.O. Box 7408, Boise, ID, 83707. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement: If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice: The policy you choose may not fully cover all of your medical costs. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare and You" for more details.

Complete Answers are Very Important: When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Exclusions: Except as outlined previously in the Idaho MedPlus policy, all services not eligible for Medicare are excluded.

Disclosures: Use this brochure to compare benefits and premiums among policies. The Idaho MedPlus Medicare Supplement programs and its independent producers (agents) are not affiliated with Medicare.

Renewal Provisions: The term of this policy shall be for one (1) month. If premiums are paid according to the terms of this policy, it will automatically renew for each subsequent monthly period, except as authorized by the Director of the Idaho Department of Insurance. Blue Cross of Idaho Care Plus may not cancel or nonrenew the terms of this Policy for any reason other than nonpayment of premium or material misrepresentation.

Payment Methods

When you choose an Idaho MedPlus plan, you choose the payment schedule that works for you. Please complete the form on page 31 of the Enrollment Guide and return.

Monthly Automatic Bank Withdrawal

We accept monthly automatic bank withdrawal payments through electronic funds transfer from most financial institutions. To set up automatic payments from your bank account, call us at 1-800-365-2345 for assistance.

Monthly Billing

A monthly statement will be mailed on the 2nd of each month. PERSI Public Employee Retirement System of Idaho for State of Idaho and Statewide School retirees who are eligible for PERSI payment may select this option if appropriate.

One-Time Annual Payment

You can pay a one-time annual payment for the full amount of your premium at the time you submit your Idaho MedPlus application.

Idaho MedPlus Plan A

Medicare (Part A) Hospital Services Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,676	$0	$1,676 (Part A deductible)
Days 61 – 90	All but $419 a day	$419 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0**
Beyond the additional 365 days	$0	$0	All costs
Skilled Nursing Facility Care*	You must meet Medicare's requirements, including having been in the hospital for at least three days, and enter a Medicare-approved facility within 30 days after the hospital.		
First 20 days	All approved amounts	$0	$0
Days 21 – 100	All but $209.50 a day	$0	Up to $209.50 a day
Day 101 and after	$0	$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan A

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan A

Medicare (Part B) medical services – per calendar year

Once you have been billed $257 of Medicare-approved amounts for covered services, noted below with a cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses	In- or out-of-hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.		
First $257 of Medicare-approved amounts+	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	$0	All costs
Blood			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts+	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services, medical supplies	100%	$0	$0
Durable Medical Equipment			
First $257 of Medicare-approved amounts+	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan F

Medicare (Part A) Hospital Services Per Benefit Period

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
***Hospitalization**	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,676	$1,676 (your Part A deductible)	$0
Days 61 – 90	All but $419 a day	$419 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0**
Beyond the additional 365 days	$0	$0	All costs
***Skilled Nursing Facility Care**	You must meet Medicare's requirements, including having been in the hospital for at least three days, and enter a Medicare-approved facility within 30 days after the hospital.		
First 20 days	All approved amounts	$0	$0
Days 21 – 100	All but $209.50 a day	Up to $209.50 a day	$0
Day 101 and after	$0	$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan F

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan F

Medicare (Part B) medical services – per calendar year

Once you have been billed $257 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses	In- or out-of-hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.		
First $257 of Medicare-approved amounts+	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First three pints	$0	100%	$0
Next $257 of Medicare-approved amounts+	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $257 of Medicare-approved amounts+	$0	$257 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan F

Other Benefits – not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel Emergency– Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	$20% and amounts over the $50,000 lifetime maximum
Vision	Please note: The vision benefits for this Idaho MedPlus plan exceeds the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare.		
	$0	100% after $10 copay on exam only at contracting providers, $45 toward exam at non-contracting providers	$10 copay for exam at contracting providers, 100% of cost in excess of $45 for exam at non-contracting providers

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays **After you pay $2,870 deductible for High Deductible Plan G	You Pay **In addition to $2,870 deductible for High Deductible Plan G
***Hospitalization**	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but $1,676	$1,676 (your Part A deductible)	$0
Days 61 – 90	All but $419 a day	$419 a day	$0
Days 91 and after: While using 60 lifetime reserve days	All but $838 a day	$838 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible charges	$0***
Beyond the additional 365 days	$0	$0	All costs

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays **After you pay $2,870 deductible for High Deductible Plan G	You Pay **In addition to $2,870 deductible for High Deductible Plan G
***Skilled Nursing Facility Care**	You must meet Medicare's requirements, including having been in the hospital for at least three days, and enter a Medicare-approved facility within 30 days after the hospital.		
First 20 days	All approved amounts	$0	$0
Days 21 – 100	All but $209.50 a day	Up to $209.50 a day	$0
Day 101 and after	$0	$0	All costs
Blood			
First three pints	$0	Three pints	$0
Additional amounts	100%	$0	$0
Hospice Care	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year

Once you have been billed $257 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,870 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,870. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays **After you pay $2,870 deductible for High Deductible Plan G	You Pay **In addition to $2,870 deductible for High Deductible Plan G
Medical Expenses	In- or out-of-hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.		
First $257 of Medicare-approved amounts+	$0	$0	$257 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts+	$0	$0	$257 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year (con't.)

Services	Medicare Pays	Plan Pays **After you pay $2,870 deductible for High Deductible Plan G	You Pay **In addition to $2,870 deductible for High Deductible Plan G
Clinical Laboratory Services			
Tests for diagnostic services	100%	$0	$0

Medicare (Parts A and B)

Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable Medical Equipment			
First $257 of Medicare-approved amounts+	$0	$0	$257 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	$0

Idaho MedPlus Plan G

Other Benefits – Not covered by Medicare

Services	Medicare Pays	Plan Pays **After you pay $2,870 deductible for High Deductible Plan G	You Pay **In addition to $2,870 deductible for High Deductible Plan G
Foreign Travel Emergency-Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum
Additional Preventive Benefits – Exceeding the standard Medicare requirement	Not available for High Deductible Plan G.		
	$0	Certain preventive care benefits* that are not covered by Medicare are covered at one hundred percent (100%) of the maximum allowance.	$0

*Preventive care services are limited to a basic metabolic panel, general health panel, comprehensive metabolic panel, cholesterol screening, DHEA-S screening, folic acid screening, hemoglobin, international normalized ration monitoring training for home giver, anticoagulant management, and imaging of retina for detection or monitoring of disease. Services ordered and administered by your doctor are covered at 100% of the Medicare maximum allowance.

Get the most from your Blue Cross of Idaho Care Plus Medicare Supplement Plan

You get extras! Once you're enrolled in a Medicare Supplement insurance plan, you'll get these additional member discounts and services.

Access to a FitOn Health gym membership*

FitOn Health gives members access to the best digital fitness & wellness content, fitness studios, and gyms at no additional cost. Included with your FitOn Health account is unlimited access to our digital platform: fitness & wellness classes, programs, meal plans, recipes, challenges, and expert-led health courses. Learn more at ***fitonhealth.com/BCI***.

Blue365!*

Blue365 offers exclusive health and wellness deals which are different than your primary policy's healthcare benefits, to keep you healthy and happy while spending less. Discounts are included for:

- Hearing aid devices and services
- Glasses, contacts & LASIK
- Other services that promote a healthy, well-balanced life.

Visit ***blue365deals.com/bcidaho***.

Nurse Advice Line*

You can speak with a registered nurse at no cost to you at any time, day or night.

Call 1-800-704-0727 (TTY: 711) for questions about your prescriptions, help finding a doctor or specialist, or understanding a health condition.

- Free of charge
- Available 24 hours a day, seven days a week

For more information call your local independent agent or call us toll-free at **1-888-492-2583 (TTY 711)**.

*** These programs are not insurance but are offered in addition to your Medicare Supplement plan. We reserve the right to change or discontinue these services at any time.**

This is not a complete description of benefits. Refer to your Individual Policy for more details.

On behalf of Blue Cross of Idaho Care Plus, Inc., FitOn Health, an independent company, administers the gym fitness program. Blue365, an independent company offers health and wellness discounts to Medicare Supplement plan members.

POWERED BY BLUE CROSS OF IDAHO CARE PLUS, INC
Policy Form Number: 18-1058 (03-24), 18-1059 (03-24), 18-1060 (03-24), 18-1061 (03-24) | Form No. 21-3155 (12-24)

Blue Cross of Idaho MEDICARE

Medicare Supplement Application

APPLICANT INFORMATION

Your Name (first, middle initial, last)	Date of Birth	Age	☐ Male ☐ Female
Physical Address (street or route)	City, State, Zip Code		County
Mailing Address (if different than physical address)	City, State, Zip Code		County
Billing Address (if different from physical address)	City, State, Zip Code		County
Social Security Number	Preferred Phone	Alternate Phone	
Email Address (Optional)*	Medicare Number		
Marital Status ☐ Single ☐ Married	Do you now or have you ever smoked or used tobacco in the past 12 months? ☐ Yes ☐ No		
Do you have Part A of Medicare? ☐ Yes ☐ No Effective Date_____	Do you have Part B of Medicare? ☐ Yes ☐ No Effective Date_____		

*By providing us with your email address you are agreeing to receive communications regarding your plan benefits and well-being. You can opt out at any time.

CONFIRM THE PLAN YOU ARE APPLYING FOR BY CHECKING THE BOX BELOW:

☐ MedPlus – Plan A ☐ MedPlus – Plan F (For those eligible for Medicare prior to January 1, 2020)
☐ MedPlus – Plan G ☐ MedPlus – Plan G, High Deductible

Requested Effective Date:_____

The effective date on the policy will be the first of the month following receipt and acceptance of the application by Blue Cross of Idaho Care Plus, Inc. or the requested effective date, whichever comes later.

You may be eligible for a lower premium if another person that currently has a Blue Cross of Idaho Medicare Supplement plan resides at the same address.

☐ I live with a person who's currently covered under a Blue Cross of Idaho Medicare Supplement plan.

Name of Covered Person:_____ Enrollee ID Number: _____

☐ I live with a person who is in the process of applying for a Blue Cross of Idaho Medicare Supplement plan.

Name of Covered Person:_____ Enrollee ID Number: _____

☐ I do not currently live with another person who has a Blue Cross of Idaho Medicare Supplement plan, and am not eligible for the household discount.

Fold and tear along dotted line to detach pages for mailing

IMPORTANT INFORMATION BEFORE YOU APPLY

You do not need more than one (1) Medicare Supplement policy. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy. If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for twenty-four (24) months. You must request this suspension within ninety (90) days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted, if requested within ninety (90) days of losing Medicaid eligibility.

If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan.

If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstituted if requested within ninety (90) days of losing your employer or union-based health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstituted policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. Counseling services are available through the Senior Health Insurance Benefit Advisors program (SHIBA), to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

OTHER COVERAGE INFORMATION

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare Supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare Supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge:

1. (a) Did you turn 65 in the last six (6) months? ☐ Yes ☐ No
   (b) Did you enroll in Medicare Part B in the last six (6) months? ☐ Yes ☐ No
   (c) If **YES**, what is the effective date?
2. Are you covered for medical assistance through the state Medicaid program? ☐ Yes ☐ No
   NOTE TO APPLICANT: If you are participating in a spend-down program and have not met your share of cost, please answer NO to this question.

If **YES**:

   (a) Will Medicaid pay your premiums for this Medicare Supplement policy? ☐ Yes ☐ No
   (b) Do you receive any benefits from Medicaid OTHER THAN payments towards your Medicare Part B premium? ☐ Yes ☐ No

3. (a) Did you have coverage from any Medicare plan other than original Medicare within the past sixty-three (63) days (for example, a Medicare Advantage Plan, or a Medicare HMO or PPO)?
   (i) If so, with what company and what kind of policy? _____
   (ii) What are your dates of coverage under the other policy? _____
   (iii) List the full member ID number as printed on your member ID card. _____
   (b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare Supplement policy? ☐ Yes ☐ No
   (c) Was this your first time in this type of Medicare plan? ☐ Yes ☐ No
   (d) Did you drop a Medicare Supplement policy to enroll in the Medicare plan? ☐ Yes ☐ No
4. (a) Do you have another Medicare Supplement policy in force? ☐ Yes ☐ No
   (b) If so, with what company?_____ What plan do you have? _____
   (c) If so, do you intend to replace your current Medicare Supplement policy with this policy? ☐ Yes ☐ No
5. Have you had coverage under any other health insurance within the past sixty-three (63) days (for example, with an employer, union, or individual plan)? ☐ Yes ☐ No
   (a) If so, with what company and what kind of policy? _____
   (b) What are your dates of coverage under the other policy? _____
   (c) List the full member ID number as printed on your member ID card. _____

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HEALTH STATEMENT

Please disregard if you are applying during Medicare initial enrollment period (within six months of your plan B effective date) or have federal/state guarantee issue rights.

Height_____ Weight_____

Answer each question Yes or No. If **YES**, in the chart below, write the item number along with specific condition details.

Has the applicant had or been told he or she has any of the following within the past five years:

1. Cancer, cyst or tumor (malignant or benign)? ☐ Yes ☐ No	8. Parkinson's, Multiple Sclerosis (MS) or Amyotrophic Lateral Sclerosis (ALS)? ☐ Yes ☐ No
2. Heart trouble, chest pain, stroke, hemophilia or any other disorder of the blood or circulatory system? ☐ Yes ☐ No	9. Emphysema, tuberculosis (TB) or removal of any part of the lung? ☐ Yes ☐ No
3. High blood pressure or heart murmur? ☐ Yes ☐ No	10. Rheumatoid arthritis or osteoarthritis? ☐ Yes ☐ No
4. End-stage renal disease, dialysis, chronic hepatitis, cirrhosis or any other disorder of the kidney, liver or intestines? ☐ Yes ☐ No	11. HIV infection or AIDS? ☐ Yes ☐ No
5. Diabetes or thyroid disorder? ☐ Yes ☐ No	12. Amputations or prosthetic devices? ☐ Yes ☐ No
6. Epilepsy, convulsions, Alzheimer's disease, dementia, loss of consciousness or any other cognitive disorder? ☐ Yes ☐ No	13. Any illness, condition or irregular symptoms not named above? ☐ Yes ☐ No
7. Organ transplant or any disorder of the stomach, bladder or prostate? ☐ Yes ☐ No	14. Advised to have surgery or hospitalization that has not yet been performed? ☐ Yes ☐ No

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If you answered **YES** to any question above, please explain below. Use extra paper if needed.

Item No.	Diagnosis	Type of Treatment	Date of Illness	Date of Last Visit	Was Recovery Complete?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

List any medications or drugs taken by applicant within the past 12 months. Use extra paper if needed.

Item No.	Medication Name (Dosage)	Condition Requiring Medication	Still Taking?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

STATEMENT OF UNDERSTANDING

- I understand and agree that the statements and answers on this Application and Health Statement are complete and accurate, and that any false statement, misrepresentation or concealment of fact may, at the option of Blue Cross of Idaho Care Plus, bar recovery of any benefits, and shall be grounds for voidance or cancellation of the policy.
- I acknowledge and understand my health plan may request or disclose health information about me from time to time for the purpose of facilitating healthcare treatment, payment or for the purpose of business operations necessary to administer healthcare benefits, or as required by law. For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Blue Cross of Idaho Care Plus Notice of Privacy Practices that is available at ***medicare.bcidaho.com***.
- I understand and agree that the deposit, $_____(if any), submitted with the Application is not binding upon Blue Cross of Idaho Care Plus for the benefits applied for herein until the application is approved; after approval, the deposit then is payment of premiums for _____ month(s) from the effective date.

The Notice to Applicant and Outline of Coverage were furnished to me on _____(Date).

Applicant's Signature_____ Date _____

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FOR AGENT USE ONLY

Independent Producer (agent) Certification

1. Who actually completed this application? ❑ Applicant ❑ Independent Producer ❑ Other
   If Independent Producer or Other, please explain: _____
2. Were you present at the time the application was filled out? ❑ YES ❑ NO
   If **NO**, please explain: _____
3. Are you aware of any medical information relating to the applicant or any family member that has not been disclosed on this application? ❑ YES ❑ NO
   If **YES**, please explain: _____
4. Was money collected from the applicant? ❑ YES ❑ NO Amount $_____
5. (a) List policies you have sold the applicant which are still in force (use extra paper if needed)

   _____

   _____

   (b) List policies you have sold to the applicant in the past five (5) years which are no longer in force (use extra paper if needed)

   _____

   _____

- I hereby certify that I personally solicited and completed this application, that I personally asked each question on this application, and have accurately recorded the answers.
- That the answers to all of the questions are complete and accurate to the best of my knowledge and belief.
- That I have explained the eligibility provisions to the applicant and have not made any representations about benefits, conditions or limitations of the policy, except through written material furnished by Blue Cross of Idaho Care Plus.
- That I have verified the dates on the applicant's member ID card.
- I hereby certify that the information supplied to me by the applicant has been completely and accurately recorded.

Type of Company Appointment: ❑ Personal ❑ Agency (Name) _____

_____	_____
Agent's Name	ID Number
_____	_____
Signature of Agent	Date

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Medicare Supplement plans are offered by Blue Cross of Idaho Care Plus, Inc. When this document says Blue Cross of Idaho Care Plus, it means Blue Cross of Idaho Care Plus, Inc.

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to information you have furnished, you intend to terminate your existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Blue Cross of Idaho Care Plus, Inc. Your new policy will provide a 30-day grace period within which you may decide, at no cost to you, whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT OR OTHER REPRESENTATIVE:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or Medicare Advantage coverage, because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

☐ Additional benefits.

☐ No change in benefits, but lower premiums.

☐ Fewer benefits and lower premiums.

☐ My plan has outpatient prescription drug coverage and I'm enrolling in Part D.

☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

_____

☐ Other (please specify) _____

_____

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. **After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.**

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

_____ _____

Signature of Agent, Broker or Other Representative

Printed name and address of Insurer, Agent or Broker

_____ _____

Applicant's Signature

Date

Form No. 21-2493 (12-24)

Blue Cross of Idaho MEDICARE

Premium Payment Options

You can pay your monthly plan premium by choosing one of the following options. If you don't select an option below, we will keep your current billing option in place, or send you a monthly bill.

Enrollee ID Number_____ Enrollee Name _____

New Members Making Annual or First Month's Premium Payment

For annual premium, the amount would be equal to the initial month through the end of the calendar year premium. (i.e.: a March 1 effective policy would be ten times the monthly premium.)

Which of the following would you like to use?

- ☐ **Check or Money Order** – Submit your annual premium payment with a check or money order
- ☐ **Electronic Check** – Full annual premium.
- ☐ **Electronic Check** – First month's premium only.

The premium amount will be withdrawn from the indicated account upon receipt of the completed form.

Account Holder Name: _____

Bank Name and Address (city and state): _____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number:_____ Account type: ☐ Checking ☐ Savings

Monthly Payment Arrangements

- ☐ **Monthly bill**- A monthly statement will be mailed on the 2nd of each month
- ☐ **Retiree Billing or PERSI** - You will be sent a monthly bill if your premium exceeds your available funds
  - ☐ **City of Boise Retiree**
  - ☐ **Elmore County Retiree**
  - ☐ **PERSI** - Public Employee Retirement System of Idaho. State of Idaho and Statewide School retirees who are eligible for PERSI. We will contact PERSI for permission to access your funds. You are responsible for paying your premium until we notify you of your start date.

    I am a State of Idaho/Statewide Schools:

    ☐ Retiree ☐ Individual requesting payment from my spouse who is a PERSI retiree

    Retiree Name: _____

    Retiree Social Security Number: _____

    Member Social Security Number (if different from retiree): _____

    Statewide School District Number: _____

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☐ **Monthly Automatic Withdrawal** – We will draft your monthly premium payment and any outstanding balance (not to exceed two months of premiums). There is no fee associated with automatic withdrawals and no monthly statement is mailed. Our billing system may take one or two months to begin drafting your account. Please continue to submit your premium payments when you receive a monthly billing statement, to avoid termination for non-payment.

Please select the day of the month for your automatic withdrawals to occur:

☐ 28th (for the next month's premium due)

☐ 5th (for the same month's premium due)

Please select one of the following:

☐ Use same banking information indicated above.

☐ Use the banking information below.

Account Holder Name: _____

Bank Name and Address (city and state): _____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number:_____ Account type: ☐ Checking ☐ Savings

Please attach a canceled check from the above account.

Automatic Withdrawal Authorization Agreement*

- By completing and returning this form, I authorize and request Blue Cross of Idaho Care Plus to obtain payment for premiums by withdrawing the funds from my account at the financial institution named above. Blue Cross of Idaho Care Plus assumes full responsibility for correctly informing the financial institution of the specific amount of each deduction. I may terminate this agreement at any time by notifying Blue Cross of Idaho Care Plus or my financial institution. Blue Cross of Idaho Care Plus will terminate automatic withdrawal within a reasonable time after receiving the request.

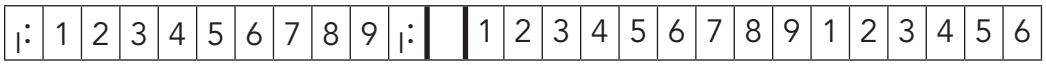
Please sign to authorize setup of monthly automatic withdrawals.

Signature_____ Date_____

Please return this completed form and a canceled check from the above account to Blue Cross of Idaho Care Plus by:

- Fax: 208-331-7311 or
- Email: ***iss@bcidaho.com*** or
- Mail: PO Box 7408, Boise, ID 83707

How to find your routing and account numbers, located on the bottom of your check



Routing Number (9 digits) Account Number / Check Number

**Money Market accounts do not allow automatic withdrawals.*

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NOTES

NOTES

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as 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 (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

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/portal/lobby.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 ***http://www.hhs.gov/ocr/office/file/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 दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिविइ: 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).

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Form No. 3-1187 (05-24)

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 MEDICARE

3000 East Pine Avenue
Meridian, Idaho 83642-5995

P.O. Box 7408
Boise, Idaho 83707

Toll Free: 1-888-492-2583 | TTY: 711