



Secure Blue[®] (PPO) 2016 Summary of Benefits

Secure Blue Idaho (PPO)
Secure Blue (PPO)

*SecureBlue*SM PPO
a Medicare Advantage Plan

Serving Select Counties in Idaho

Blue Cross of Idaho Care Plus is a PPO health plan with a Medicare contract. Enrollment in Blue Cross of Idaho Care Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

SUMMARY OF BENEFITS

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Secure Blue® (PPO)).

Tips for comparing your Medicare choices

- This Summary of Benefits booklet gives you a summary of what Secure Blue Idaho (PPO), and Secure Blue (PPO) cover and what you pay.
- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About Secure Blue Idaho (PPO) and Secure Blue (PPO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Optional Benefits (you must pay an extra premium for these benefits)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-888-494-2583 or TTY 1-800-377-1363.

Esta información está disponible sin costo alguno en otros idiomas. Para información adicional, por favor marque a nuestro número de servicio al cliente 1-888-494-2583 de 8 a.m. a 8 p.m. Usuarios de TTY llamar al 1-800-377-1363.

Things to Know About Secure Blue Idaho (PPO) and Secure Blue (PPO)

Hours of Operation

You can call us 7 days a week from 8 a.m. to 8 p.m. Mountain time.

Secure Blue (PPO) Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-888-494-2583 or TTY 1-800-377-1363.
- If you are not a member of this plan, call toll-free 1-888-492-2583 or TTY 1-800-377-1363.
- Our website: <http://www.bcidaho.com/medicare>

Who can Join?

To join Secure Blue Idaho (PPO) or Secure Blue (PPO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

- Our service area for Secure Blue Idaho(PPO) Plan H1302-007-1 includes the following counties in Idaho: Ada, Boise, Bonner, Boundary, Canyon, Clark, Gem, Kootenai, Nez Perce, Owyhee, and Payette.
- Our service area for Secure Blue Idaho(PPO) Plan H1302-007-2 includes the following counties in Idaho: Bannock, Bingham, Bonneville, Cassia, Fremont, Jerome, Madison, Minidoka, Power, and Twin Falls.

- Our service area for Secure Blue (PPO) Plan H1302-004-0 includes the following counties in Idaho: Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, and Washington.

Which doctors, hospitals, and pharmacies can I use?

Secure Blue Idaho (PPO) and Secure Blue (PPO) has a network of doctors, hospitals, pharmacies, and other providers. **If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.**

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.
- You can see our plan's provider directory at our website (<http://www.bcidaho.com/FindAProvider>)
- You can see our plan's pharmacy directory at our website (<http://www.bcidaho.com/FindAPharmacy>).
- Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

- Like all Medicare health plans, we cover everything that Original Medicare covers - and more.
- Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.
- Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- Secure Blue (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider. **However, this plan does not cover Part D prescription drugs.**

- **Secure Blue Idaho (PPO) covers Part D drugs.** In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, <http://www.bcidaho.com/DrugList>.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Summary of Benefits

January 1, 2016 - December 31, 2016

Monthly Premium, Deductible and Limits on How Much you Pay for Covered Services

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
<i>Plan Number</i>	<i>H1302-007-1 and H1302-007-2</i>	<i>H1302-004-0</i>
How much is the monthly premium?	Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area. In addition, you must keep paying your Medicare Part B premium.	Please refer to the Premium/Cost-Sharing Table to find out the premium/cost-sharing in your area. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	\$350 per year for Part D prescription drugs.	This plan does not have a deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$5,000 for services you receive from in-network providers. • \$10,000 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$3,400 for services you receive from in-network providers. • \$3,400 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit. <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

Note:

•Services with a ¹ may require prior authorization.

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Outpatient Care and Services		
Acupuncture	Not covered	Not covered
Ambulance¹	In-network: \$200 copay Out-of-network: \$200 copay	In-network: \$175 copay Out-of-network: \$175 copay
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-network: \$20 copay Out-of-network: 30% of the cost	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-network: \$20 copay Out-of-network: \$30 copay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-network: 10% of the cost Out-of-network: 30% of the cost	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-network: 10% of the cost Out-of-network: 25% of the cost
Diabetes Supplies and Services	Diabetes monitoring supplies: In-network: 20% of the cost Out-of-network: 30% of the cost Diabetes self-management training: In-network: You pay nothing Out-of-network: You pay nothing Therapeutic shoes or inserts: In-network: 20% of the cost Out-of-network: 30% of the cost	Diabetes monitoring supplies: In-network: 10% of the cost Out-of-network: 20% of the cost Diabetes self-management training: In-network: You pay nothing Out-of-network: You pay nothing Therapeutic shoes or inserts: In-network: 10% of the cost Out-of-network: 20% of the cost

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
<p>Diagnostic Tests, Lab and Radiology Services, and X-Rays <i>(Costs for these services may be different if received in an outpatient surgery setting)¹</i></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): In-network: 15% of the cost Out-of-network: 30% of the cost</p> <p>Diagnostic tests and procedures: In-network: 15% of the cost Out-of-network: 30% of the cost</p> <p>Lab services: In-network: 10% of the cost Out-of-network: 30% of the cost</p> <p>Outpatient x-rays: In-network: 15% of the cost Out-of-network: 30% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): In-network: 15% of the cost Out-of-network: 30% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): In-network: 10% of the cost Out-of-network: 25% of the cost</p> <p>Diagnostic tests and procedures: In-network: 0-10% of the cost, depending on the service Out-of-network: 25% of the cost</p> <p>Lab services: In-network: 0-10% of the cost, depending on the service Out-of-network: 25% of the cost</p> <p>Outpatient x-rays: In-network: 10% of the cost Out-of-network: 25% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): In-network: 10% of the cost Out-of-network: 25% of the cost</p>
<p>Doctor's Office Visits</p>	<p>Primary care physician visit: In-network: \$15 copay Out-of-network: \$25 copay</p> <p>Specialist visit: In-network: \$25 copay Out-of-network: \$45 copay</p>	<p>Primary care physician visit: In-network: \$15 copay Out-of-network: \$30 copay</p> <p>Specialist visit: In-network: \$25 copay Out-of-network: \$30 copay</p>
<p>Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i></p>	<p>In-network: 20% of the cost Out-of-network: 30% of the cost</p>	<p>In-network: 10% of the cost Out-of-network: 20% of the cost</p>
<p>Emergency Care</p>	<p>\$75 copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>	<p>\$65 copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
<p>Foot Care <i>(podiatry services)</i></p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: In-network: \$25 copay Out-of-network: \$45 copay</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: In-network: \$25 copay Out-of-network: \$30 copay</p>

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Hearing Services	Exam to diagnose and treat hearing and balance issues: In-network: 10% of the cost Out-of-network: \$45 copay	Exam to diagnose and treat hearing and balance issues: In-network: 10% of the cost Out-of-network: \$30 copay
Home Health Care¹	In-network: You pay nothing Out-of-network: 30% of the cost	In-network: 10% of the cost Out-of-network: 20% of the cost
Mental Health Care¹	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	
	Inpatient visit: In-network: \$250 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 Out-of-network: 10% of the cost per stay Outpatient group therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost Outpatient individual therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost	Inpatient visit: In-network: \$175 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 Out-of-network: \$200 copay per day for days 1 through 10 You pay nothing per day for days 11 through 90 Outpatient group therapy visit: In-network: \$25 copay Out-of-network: 25% of the cost Outpatient individual therapy visit: In-network: \$25 copay Out-of-network: 25% of the cost

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Outpatient Rehabilitation¹	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): In-network: \$25 copay Out-of-network: 30% of the cost Occupational therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost Physical therapy and speech and language therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): In-network: \$25 copay Out-of-network: \$30 copay Occupational therapy visit: In-network: \$25 copay Out-of-network: \$30 copay Physical therapy and speech and language therapy visit: In-network: \$25 copay Out-of-network: \$30 copay
Outpatient Substance Abuse	Group therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost Individual therapy visit: In-network: \$25 copay Out-of-network: 30% of the cost	Group therapy visit: In-network: \$25 copay Out-of-network: 25% of the cost Individual therapy visit: In-network: \$25 copay Out-of-network: 25% of the cost
Outpatient Surgery¹	Ambulatory surgical center: In-network: \$225 copay Out-of-network: 30% of the cost Outpatient hospital: In-network: \$225 copay Out-of-network: 30% of the cost	Ambulatory surgical center: In-network: \$175 copay Out-of-network: 20% of the cost Outpatient hospital: In-network: \$175 copay Out-of-network: 20% of the cost
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices <i>(braces, artificial limbs, etc.)¹</i>	Prosthetic devices: In-network: 20% of the cost Out-of-network: 30% of the cost Related medical supplies: In-network: 20% of the cost Out-of-network: 30% of the cost	Prosthetic devices: In-network: 10% of the cost Out-of-network: 20% of the cost Related medical supplies: In-network: 10% of the cost Out-of-network: 20% of the cost
Renal Dialysis	In-network: 20% of the cost Out-of-network: 30% of the cost	In-network: 20% of the cost Out-of-network: 20% of the cost
Transportation	Not covered	Not covered

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Urgently Needed Services	\$25 copay	\$25 copay
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): In-network: \$0-25 copay, depending on the service Out-of-network: 30% of the cost	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): In-network: \$0-25 copay, depending on the service Out-of-network: \$30 copay
	Routine eye exam (for up to 1 every year): In-network: \$25 copay Out-of-network: 30% of the cost	Routine eye exam (for up to 1 every year): In-network: \$25 copay Out-of-network: \$30 copay
	Contact lenses: In-network: \$0 copay Out-of-network: \$0 copay	Contact lenses: In-network: \$0 copay Out-of-network: \$0 copay
	Eyeglasses (frames and lenses) In-network: \$0 copay Out-of-network: \$0 copay	Eyeglasses (frames and lenses) In-network: \$0 copay Out-of-network: \$0 copay
	Eyeglass frames: In-network: \$0 copay Out-of-network: \$0 copay	Eyeglass frames: In-network: \$0 copay Out-of-network: \$0 copay
	Eyeglass lenses: In-network: \$0 copay Out-of-network: \$0 copay	Eyeglass lenses: In-network: \$0 copay Out-of-network: \$0 copay
	Eyeglasses or contact lenses after cataract surgery: In-network: \$0 copay Out-of-network: \$0 copay	Eyeglasses or contact lenses after cataract surgery: In-network: \$0 copay Out-of-network: \$0 copay
	Our plan pays up to \$100 every year for eyewear from any provider.	Our plan pays up to \$100 every year for eyewear from any provider.

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Preventive Care		
Preventive Care	<p>In-network: You pay nothing Out-of-network: You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots “Welcome to Medicare” preventive visit (one-time) Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
Hospice		
	<p>You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.</p>	

Benefit	Secure Blue Idaho (PPO)	Secure Blue (PPO)
Inpatient Care		
Inpatient Hospital Care¹	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods.	
	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network: \$250 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 You pay nothing per day for days 91 and beyond Out-of-network: 10% of the cost per stay</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network: \$175 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 You pay nothing per day for days 91 and beyond Out-of-network: \$200 copay per day for days 1 through 10 You pay nothing per day for days 11 and beyond</p>
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-network: You pay nothing per day for days 1 through 20 \$125 copay per day for days 21 through 100 Out-of-network: 20% of the cost per stay</p>	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-network: \$40 copay per day for days 1 through 20 You pay nothing per day for days 21 through 100 Out-of-network: \$100 copay per day for days 1 through 12 You pay nothing per day for days 13 through 100</p>
Prescription Drug Benefits		
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <p>In-network: 20% of the cost Out-of-network: 30% of the cost</p> <p>Other Part B drugs¹:</p> <p>In-network: 20% of the cost Out-of-network: 30% of the cost</p>	<p>For Part B drugs such as chemotherapy drugs¹:</p> <p>In-network: 20% of the cost Out-of-network: 30% of the cost</p> <p>Other Part B drugs¹:</p> <p>In-network: 20% of the cost Out-of-network: 30% of the cost</p> <p>Our plan does not cover Part D prescription drugs.</p>
Initial Coverage		
	After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.	Our plan does not cover Part D prescription drugs.

Benefit	Secure Blue Idaho (PPO)		Secure Blue (PPO)
Standard Retail Cost-Sharing	One-month Supply	Three-month Supply	Our plan does not cover Part D Prescription Drugs.
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay	
Tier 2 (Generic)	\$20 copay	\$60 copay	
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	
Tier 4 (Non-Preferred Brand)	\$100 copay	\$300 copay	
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	
Preferred Retail Cost-Sharing	One-month Supply	Three-month Supply	
Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	
Tier 2 (Generic)	\$12 copay	\$36 copay	
Tier 3 (Preferred Brand)	\$37 copay	\$111 copay	
Tier 4 (Non-Preferred Brand)	\$90 copay	\$270 copay	
Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	
Standard Mail Order Cost-Sharing	One-month Supply	Three-month Supply	
Tier 1 (Preferred Generic)	Not Offered	\$0	
Tier 2 (Generic)	Not Offered	\$36 copay	
Tier 3 (Preferred Brand)	Not Offered	\$111 copay	
Tier 4 (Non-Preferred Brand)	Not Offered	\$270 copay	
Tier 5 (Specialty Tier)	25% of the cost	Not Offered	
	<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.</p>		Our plan does not cover Part D prescription drugs.

Benefit		Secure Blue Idaho (PPO)	Secure Blue (PPO)
Coverage Gap			
	<p>Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>	Our plan does not cover Part D prescription drugs.	
Catastrophic Coverage			
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs. 	Our plan does not cover Part D prescription drugs.	

Optional Benefits

(you must pay an extra premium each month for these benefits)

Package 1: Healthy Smiles Plus	
Benefits include:	Preventive Dental Comprehensive Dental
How much is the monthly premium?	Additional \$29.90 per month. You must keep paying your Medicare Part B premium and your monthly plan premium.
How much is the deductible?	\$50 per year.
Is there a limit on how much the plan will pay?	Our plan pays up to \$1,000 every year.

Secure Blue (PPO) Premium Table

See below for the service areas and premium amounts for Secure Blue (PPO).

If you have questions, please contact Customer Service for help.

<p>Secure Blue Idaho (PPO) Plan H1302-007-1 Service Area Ada, Boise, Bonner, Boundary, Canyon, Clark, Gem, Kootenai, Nez Perce, Owyhee, and Payette.</p>	<p>\$131.50 per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p>Secure Blue Idaho (PPO) Plan H1302-007-2 Service Area Bannock, Bingham, Bonneville, Cassia, Fremont, Jerome, Madison, Minidoka, Power, and Twin Falls.</p>	<p>\$139.40 per month. In addition, you must keep paying your Medicare Part B premium.</p>
<p>Secure Blue (PPO) Plan H1302-004-0 Service Area Ada, Adams, Bannock, Bear Lake, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Butte, Camas, Canyon, Caribou, Cassia, Clark, Clearwater, Custer, Elmore, Fremont, Gem, Gooding, Idaho, Jefferson, Jerome, Kootenai, Latah, Lewis, Lincoln, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Teton, Twin Falls, Valley, and Washington.</p>	<p>\$42.00 per month. In addition, you must keep paying your Medicare Part B premium.</p>



Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-492-2583. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-492-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-888-492-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-888-492-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-492-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-492-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-492-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-492-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-888-492-2583번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-492-2583. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-492-2583. سيقوم شخص ما يتحدث العربية بهذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-492-2583 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-492-2583. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-492-2583. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-492-2583. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-492-2583. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-492-2583にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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