Blue Cross of Idaho | Care Plus

True Blue® (HMO)

2016 Summary of Benefits

True Blue Freedom II (HMO)
True Blue (HMO)

True Blue® HMO
a Medicare Advantage Plan

Serving Select Counties in Idaho

H1350_006_014_MK16002 Additional SA/LIS Submission 0908/2015

Form No. 16-587 (09-15)

Blue Cross of Idaho Care Plus is a HMO 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 True Blue® (HMO)).

Tips for comparing your Medicare choices

- This Summary of Benefits booklet gives you a summary of what True Blue Freedom II (HMO), and True Blue (HMO) 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 True Blue Freedom II (HMO) and True Blue (HMO)
- 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 toll-free 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 True Blue Freedom II (HMO) and True Blue (HMO)

Hours of Operation

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

True Blue (HMO) 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 True Blue Freedom II (HMO) or True Blue (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

- Our service area for True Blue Freedom II(HMO) Plan H1350-014-0 includes the following counties in Idaho: Adams, Bear Lake, Benewah, Blaine, Butte, Camas, Caribou, Clearwater, Custer, Elmore, Gooding, Idaho, Jefferson, Latah, Lewis, Lincoln, Oneida, Shoshone, Teton, Valley, and Washington.
- Our service area for True Blue (HMO) Plan H1350-006-0 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?

True Blue Freedom II (HMO) and True Blue (HMO) has a network of doctors, hospitals, pharmacies, and other providers. **If you use the providers that are not in our network, the plan may not pay for these services.**

- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website (www.bcidaho.com/FindAProvider)
- You can see our plan's pharmacy directory at our website (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.
- True Blue (HMO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.
- True Blue Freedom II (HMO) 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	True Blue Freedom II (HMO)	True Blue (HMO)
Plan Number	*H1350-014-0*	*H1350-006-0*
How much is the monthly premium?	$302.50 per month. In addition, you must keep paying your Medicare Part B premium.	$30 per month. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	$175 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?	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. Your yearly limit(s) in this plan: • $6,700 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	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. Your yearly limit(s) in this plan: • $3,000 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums.
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.

Outpatient Care and Services		
Acupuncture	Not covered	Not covered
Ambulance[1]	In-network: $200 copay	In-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	**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
Dental Services	**Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):** In-network: You pay nothing	**Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):** In-network: You pay nothing

Benefit	True Blue Freedom II (HMO)	True Blue (HMO)
Diabetes Supplies and Services	**Diabetes monitoring supplies:** In-network: You pay nothing **Diabetes self-management training:** In-network: You pay nothing **Therapeutic shoes or inserts:** In-network: 20% of the cost	**Diabetes monitoring supplies:** In-network: 10% of the cost **Diabetes self-management training:** In-network: You pay nothing **Therapeutic shoes or inserts:** In-network: 10% of the cost
Diagnostic Tests, Lab and Radiology Services, and X-Rays *(Costs for these services may be different if received in an outpatient surgery setting)*[1]	**Diagnostic radiology services (such as MRIs, CT scans):** In-network: 15% of the cost **Diagnostic tests and procedures:** In-network: 15% of the cost **Lab services:** In-network: 15% of the cost **Outpatient x-rays:** In-network: 15% of the cost **Therapeutic radiology services (such as radiation treatment for cancer):** In-network: 15% of the cost	**Diagnostic radiology services (such as MRIs, CT scans):** In-network: $175 copay **Diagnostic tests and procedures:** In-network: You pay nothing **Lab services:** In-network: You pay nothing **Outpatient x-rays:** In-network: You pay nothing **Therapeutic radiology services (such as radiation treatment for cancer):** In-network: You pay nothing
Doctor's Office Visits	**Primary care physician visit:** In-network: $15 copay **Specialist visit:** In-network: $35 copay	**Primary care physician visit:** In-network: $10 copay **Specialist visit:** In-network: $25 copay
Durable Medical Equipment *(wheelchairs, oxygen, etc.)*[1]	In-network: 20% of the cost	In-network: 10% of the cost
Emergency Care	$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.	$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.
Foot Care *(podiatry services)*	**Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:** In-network: $35 copay	**Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:** In-network: $25 copay
Hearing Services	**Exam to diagnose and treat hearing and balance issues:** In-network: $35 copay	**Exam to diagnose and treat hearing and balance issues:** In-network: $25 copay
Home Health Care[1]	In-network: You pay nothing	In-network: You pay nothing

Benefit	True Blue Freedom II (HMO)	True Blue (HMO)
Mental Health Care[1]	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. 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. Our plan covers 90 days for an inpatient hospital stay. 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.	
	Inpatient visit: In-network: $275 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 **Outpatient group therapy visit:** In-network: $35 copay **Outpatient individual therapy visit:** In-network: $35 copay	**Inpatient visit:** In-network: $100 copay per day for days 1 through 5 You pay nothing per day for days 6 through 90 **Outpatient group therapy visit:** In-network: $25 copay **Outpatient individual therapy visit:** In-network: $25 copay
Outpatient Rehabilitation[1]	**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: $35 copay **Occupational therapy visit:** In-network: $35 copay **Physical therapy and speech and language therapy visit:** In-network: $35 copay	**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: $15 copay **Occupational therapy visit:** In-network: $15 copay **Physical therapy and speech and language therapy visit:** In-network: $15 copay
Outpatient Substance Abuse	**Group therapy visit:** In-network: $35 copay **Individual therapy visit:** In-network: $35 copay	**Group therapy visit:** In-network: $25 copay **Individual therapy visit:** In-network: $25 copay
Outpatient Surgery[1]	**Ambulatory surgical center:** In-network: $275 copay **Outpatient hospital:** In-network: $275 copay	**Ambulatory surgical center:** In-network: $100 copay **Outpatient hospital:** In-network: $100 copay
Over-the-Counter Items	Not Covered	Not Covered

Benefit	True Blue Freedom II (HMO)	True Blue (HMO)
Prosthetic Devices *(braces, artificial limbs, etc.)* [1]	**Prosthetic devices:** In-network: 20% of the cost **Related medical supplies:** In-network: 20% of the cost	**Prosthetic devices:** In-network: 10% of the cost **Related medical supplies:** In-network: 10% of the cost
Renal Dialysis	In-network: You pay nothing	In-network: You pay nothing
Transportation	Not covered	Not covered
Urgently Needed Services	$35 copay	$25 copay
Vision Services	**Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):** In-network: $0-35 copay, depending on the service	**Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):** In-network: $0-25 copay, depending on the service
	Routine eye exam (for up to 1 every year): In-network: $35 copay	**Routine eye exam (for up to 1 every year):** In-network: $25 copay
	Contact lenses: In-network: $0 copay	**Contact lenses:** In-network: $0 copay
	Eyeglasses (frames and lenses) In-network: $0 copay	**Eyeglasses (frames and lenses)** In-network: $0 copay
	Eyeglass frames: In-network: $0 copay	**Eyeglass frames:** In-network: $0 copay
	Eyeglass lenses: In-network: $0 copay	**Eyeglass lenses:** In-network: $0 copay
	Eyeglasses or contact lenses after cataract surgery: In-network: $0 copay	**Eyeglasses or contact lenses after cataract surgery:** In-network: $0 copay
	Our plan pays up to $100 every year for eyewear.	Our plan pays up to $100 every year for eyewear.

Benefit	True Blue Freedom II (HMO)	True Blue (HMO)
Preventive Care		
Preventive Care	In-network: You pay nothing **Our plan covers many preventive services, including:** 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 **Any additional preventive services approved by Medicare during the contract year will be covered.**	
Hospice		
	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.	
Inpatient Care		
	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.	
Inpatient Hospital Care[1]	**Our plan covers an unlimited number of days for an inpatient hospital stay.** In-network: $275 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	**Our plan covers an unlimited number of days for an inpatient hospital stay.** In-network: $100 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

Benefit	True Blue Freedom II (HMO)		True Blue (HMO)
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.		
Skilled Nursing Facility (SNF)[1]	**Our plan covers up to 100 days in a SNF.** In-network: You pay nothing per day for days 1 through 20 $125 copay per day for days 21 through 100		**Our plan covers up to 100 days in a SNF.** In-network: $40 copay per day for days 1 through 20 $0 copay per day for days 21 through 100
Prescription Drug Benefits			
How much do I pay?	**For Part B drugs such as chemotherapy drugs[1]:** In-network: 20% of the cost **Other Part B drugs[1]:** In-network: 20% of the cost		**For Part B drugs such as chemotherapy drugs[1]:** In-network: 10% of the cost **Other Part B drugs[1]:** In-network: 10% of the cost **Our plan does not cover Part D prescription drugs.**
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.
Standard Retail Cost-Sharing	**1-month Supply**	**3-month Supply**	Our plan does not cover Part D Prescription Drugs.
Tier 1 (Preferred Generic)	$4 copay	$12 copay	
Tier 2 (Generic)	$12 copay	$36 copay	
Tier 3 (Preferred Brand)	$45 copay	$135 copay	
Tier 4 (Non-Preferred Brand)	$95 copay	$285 copay	
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	
Standard Mail Order Cost-Sharing	**1-month Supply**	**3-month Supply**	
Tier 1 (Preferred Generic)	Not Offered	$12 copay	
Tier 2 (Generic)	Not Offered	$36 copay	
Tier 3 (Preferred Brand)	Not Offered	$135 copay	
Tier 4 (Non-Preferred Brand)	Not Offered	$285 copay	
Tier 5 (Specialty Tier)	29% of the cost	Not Offered	
	If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.		Our plan does not cover Part D prescription drugs.

Benefit	True Blue Freedom II (HMO)	True Blue (HMO)
Coverage Gap		
	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. **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.	Our plan does not cover Part D prescription drugs.
Catastrophic Coverage		
	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: • 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 $302.50 monthly plan premium.	Additional $29.90 per month. You must keep paying your Medicare Part B premium and your $30.00 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.	

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 quí vị cần thông dịch viên xin gọi 1-888-492-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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.

Y0010_MK15008 Accepted 07/08/2014

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 هذه 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.

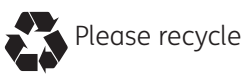
Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-888-492-2583 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Blue Cross of Idaho Care Plus is a PPO, HMO or HMO POS health plan with a Medicare and Idaho Medicaid contract. Enrollment in Blue Cross of Idaho Care Plus depends on contract renewal.

©2014. An independent licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho

Medicare Advantage Plans | True Blue® HMO | Secure Blue℠ PPO

3000 East Pine Avenue | Meridian, Idaho | 83642-5995
Mailing Address: P.O. Box 8406 | Boise, Idaho | 83707-2406
1-888-492-2583 | TTY 1-800-377-1363



©2015. An independent licensee of the Blue Cross and Blue Shield Association