



# Secure Blue PPO

## 2012 Summary of Benefits

You think about finding  
the perfect health  
insurance plan.

We think about providing  
you with seamless service  
and affordable benefits.

*Secure*Blue<sup>SM</sup> PPO

Medicare<sup>Rx</sup>  
Prescription Drug Coverage

Serving Select Counties in Idaho

# SECTION 1

## Introduction to the Summary of Benefits

Thank you for your interest in Secure Blue (PPO). Our plan is offered by BLUE CROSS OF IDAHO HEALTH SERVICE INC/Blue Cross of Idaho, a Medicare Advantage Preferred Provider Organization (PPO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Secure Blue (PPO) and ask for the "Evidence of Coverage".

### **You Have Choices In Your Healthcare**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Secure Blue (PPO). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call Secure Blue (PPO) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### **How Can I Compare My Options?**

You can compare Secure Blue (PPO) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the

Original Medicare Plan covers. Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### **Where Is Secure Blue (PPO) Available?**

The service area for this plan includes: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Clark, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls, Valley, and Washington counties, Idaho. You must live in one of these areas to join the plan.

### **Who Is Eligible To Join Secure Blue (PPO)?**

You can join Secure Blue (PPO) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in Secure Blue (PPO) unless they are members of our organization and have been since their dialysis began.

### **Can I Choose My Doctors?**

Secure Blue (PPO) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current provider directory.

For an updated list, visit us at

<http://www.bcidaho.com/medicare>. Our customer service number is listed at the end of this introduction.

### **What Happens If I Go To A Doctor Who's Not In Your Network?**

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

### **Where Can I Get My Prescriptions If I Join This Plan?**

Secure Blue (PPO) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a pharmacy directory or visit us at [http://www.bcidaho.com/ma\\_formulary](http://www.bcidaho.com/ma_formulary). Our customer service number is listed at the end of this introduction. Secure Blue (PPO) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copayment or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

### **Does My Plan Cover Medicare Part B Or Part D Drugs?**

Secure Blue (PPO) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### **What Is A Prescription Drug Formulary?**

Secure Blue (PPO) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at [http://www.bcidaho.com/ma\\_formulary](http://www.bcidaho.com/ma_formulary).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### **How Can I Get Extra Help With My Prescription Drug Plan Costs Or Get Extra Help With Other Medicare Costs?**

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.

- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

### **What Are My Protections In This Plan?**

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Secure Blue (PPO), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited

request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of Secure Blue (PPO), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your

state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

### What Is A Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact Secure Blue (PPO) for more details.

### What Types Of Drugs May Be Covered Under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Secure Blue (PPO) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** administered through DME.

### Where Can I Find Information On Plan Ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on <http://www.medicare.gov> and select "Health and Drug Plans" then "Compare Drug and Health Plans" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed next.

Please call Blue Cross of Idaho  
for more information about Secure Blue (PPO).

Visit us at <http://www.bcidaho.com/medicare> or, call us:

**Customer Service Hours:**

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday,  
8 a.m. - 8 p.m.

**Current members**

should call toll-free 1-888-494-2583 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. TTY 1-800-377-1363

**Prospective members**

should call toll-free 1-888-492-2583 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. TTY 1-800-377-1363

**Current members**

should call locally 1-208-395-8200 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. TTY 1-800-377-1363

**Prospective members**

should call locally 1-208-387-6673 for questions related to the Medicare Advantage Program and the Medicare Part D Prescription Drug program. TTY 1-800-377-1363

For more information about Medicare,  
please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats  
such as braille, large print or other alternate formats.

For additional information, call customer service at the phone number listed above.

# Summary of Benefits Report

for Contract H1302, Plan 001

Benefit Category	Original Medicare	Secure Blue (PPO)
<b>Important Information</b>		
<p><b>1 – Premium and Other Important Information</b></p>	<p>In 2011 the monthly Part B Premium was \$96.40 and may change for 2012 and the annual Part B deductible amount was \$162 and may change for 2012.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples).</p> <p>For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><b>General</b> \$60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>Some physicians, providers and suppliers that are out of a plan's network (i.e., out-of-network) accept "assignment" from Medicare and will only charge up to a Medicare-approved amount. If you choose to see an out-of-network physician who does NOT accept Medicare "assignment," your coinsurance can be based on the Medicare-approved amount plus an additional amount up to a higher Medicare "limiting charge." If you are a member of a plan that charges a copayment for out-of-network physician services, the higher Medicare "limiting charge" does not apply. See the publications <i>Medicare &amp; You</i> or <i>Your Medicare Benefits</i> available on <a href="http://www.medicare.gov">http://www.medicare.gov</a> for a full listing of benefits under Original Medicare, as well as for explanations of the rules related to "assignment" and "limiting charges" that apply by benefit type.</p> <p>To find out if physicians and DME suppliers accept assignment or participate in Medicare, visit <a href="http://www.medicare.gov/physician">http://www.medicare.gov/physician</a> or <a href="http://www.medicare.gov/supplier">http://www.medicare.gov/supplier</a>. You can also call 1-800-MEDICARE, or ask your physician, provider, or supplier if they accept assignment.</p> <p><b>In-Network</b> \$3,400 out-of-pocket limit. All plan services included.</p> <p><b>In and Out-of-Network</b> \$3,400 out-of-pocket limit. All plan services included.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>2 – Doctor and Hospital Choice</b></p> <p><i>(For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</i></p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists, and hospitals.</p> <p><b>In and Out-of-Network</b> You can go to doctors, specialists, and hospitals in or out of the network. It will cost more to get out of network benefits.</p> <p><b>Out of Service Area</b> Plan covers you when you travel in the U.S.</p>

**Inpatient Care**

<p><b>3 – Inpatient Hospital Care</b></p> <p><i>(Includes Substance Abuse and Rehabilitation Services)</i></p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>In-Network</b> No limit to the number of days covered by the plan each hospital stay.</p> <p>For Medicare-covered hospital stays: Days 1 - 5: \$125 copayment per day Days 6 - 90: \$0 copayment per day \$ 0 copayment for additional hospital days</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays: Days 1 - 10: \$150 copayment per day Days 11 and beyond: \$0 copayment per day</p>
<p><b>4 – Inpatient Mental Healthcare</b></p>	<p>In 2011 the amounts for each benefit period were: Days 1 - 60: \$1132 deductible Days 61 - 90: \$283 per day Days 91 - 150: \$566 per lifetime reserve day</p> <p>These amounts may change for 2012.</p> <p>You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p><b>In-Network</b> You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p> <p>For Medicare-covered hospital stays: Days 1 - 5: \$125 copayment per day Days 6 - 90: \$0 copayment per day</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <p><b>Out-of-Network</b> For hospital stays: Days 1 - 10: \$150 copayment per day Days 11 - 90: \$0 copayment per day</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>5 – Skilled Nursing Facility (SNF)</b> <i>(In a Medicare-certified skilled nursing facility.)</i></p>	<p>In 2011 the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$ 0 per day Days 21 - 100: \$141.50 per day These amounts may change for 2012.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> Plan covers up to 100 days each benefit period.</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 - 20: \$50 copayment per day Days 21 - 100: \$0 copayment per day</p> <p><b>Out-of-Network</b> For each SNF stay: Days 1 - 12: \$100 copayment per SNF day Days 13 - 100: \$0 copayment per SNF day</p>
<p><b>6 – Home Healthcare</b> <i>(Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	<p>\$ 0 copayment</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% of the cost for each Medicare-covered home health visit</p> <p><b>Out-of-Network</b> 10% of the cost for home health visits</p>
<p><b>7 – Hospice</b></p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p><b>General</b> You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>

**Outpatient Care**

<p><b>8 – Doctor Office Visits</b></p>	<p>20% coinsurance</p>	<p><b>In-Network</b> \$20 copayment for each primary care doctor visit for Medicare-covered benefits.</p> <p>\$20 copayment for each specialist visit for Medicare-covered benefits.</p> <p><b>Out-of-Network</b> \$30 copayment for each primary care doctor visit \$30 copayment for each specialist visit</p>
<p><b>9 – Chiropractic Services</b></p>	<p>Supplemental routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><b>In-Network</b> \$20 copayment for each Medicare-covered visit</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p> <p><b>Out-of-Network</b> \$30 copayment for chiropractic benefits.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<b>10 – Podiatry Services</b>	<p>Supplemental routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><b>In-Network</b> \$25 copayment for each Medicare-covered visit</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p> <p><b>Out-of-Network</b> \$30 copayment for podiatry benefits.</p>
<b>11 – Outpatient Mental Healthcare</b>	<p>40% coinsurance for most outpatient mental health services.</p> <p>Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copayment cannot exceed the Part A inpatient hospital deductible.</p> <p>“Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copayment for each Medicare-covered individual therapy visit \$25 copayment for each Medicare-covered group therapy visit \$25 copayment for each Medicare-covered individual therapy visit with a psychiatrist \$25 copayment for each Medicare-covered group therapy visit with a psychiatrist \$20 for Medicare-covered partial hospitalization program services</p> <p><b>Out-of-Network</b> 25% of the cost for Mental Health benefits with a psychiatrist 25% of the cost for Mental Health benefits 25% of the cost for partial hospitalization program services</p>
<b>12 – Outpatient Substance Abuse Care</b>	<p>20% coinsurance</p>	<p><b>In-Network</b> \$25 copayment for Medicare-covered individual visits \$25 copayment for Medicare-covered group visits</p> <p><b>Out-of-Network</b> 25% of the cost for outpatient substance abuse benefits.</p>
<b>13 – Outpatient Services/ Surgery</b>	<p>20% coinsurance for the doctor’s services</p> <p>Specified copayment for outpatient hospital facility services. Copayment cannot exceed the Part A inpatient hospital deductible.</p> <p>20% coinsurance for ambulatory surgical center facility services</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$175 copayment for each Medicare-covered ambulatory surgical center visit \$175 copayment for each Medicare-covered outpatient hospital facility visit</p> <p><b>Out-of-Network</b> 20% of the cost for outpatient hospital facility benefits. 20% of the cost for ambulatory surgical center benefits.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>14 – Ambulance Services</b></p> <p><i>(Medically necessary ambulance services.)</i></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$150 copayment for Medicare-covered ambulance benefits.</p> <p><b>Out-of-Network</b> \$150 copayment for ambulance benefits.</p>
<p><b>15 – Emergency Care</b></p> <p><i>(You may go to any emergency room if you reasonably believe you need emergency care.)</i></p>	<p>20% coinsurance for the doctor's services</p> <p>Specified copayment for outpatient hospital facility emergency services.</p> <p>Emergency services copayment cannot exceed Part A inpatient hospital deductible for each service provided by the hospital.</p> <p>You don't have to pay the emergency room copayment if you are admitted to the hospital as an inpatient for the same emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$60 copayment for Medicare-covered emergency room visits</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p><b>16 – Urgently Needed Care</b></p> <p><i>(This is NOT emergency care, and in most cases, is out of the service area.)</i></p>	<p>20% coinsurance, or a set copayment</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><b>General</b> \$25 copayment for Medicare-covered urgently-needed-care visits</p>
<p><b>17 – Outpatient Rehabilitation Services</b></p> <p><i>(Occupational Therapy, Physical Therapy, Speech and Language Therapy.)</i></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copayment for Medicare-covered Occupational Therapy visits \$25 copayment for Medicare-covered Physical and/or Speech and Language Therapy visits</p> <p><b>Out-of-Network</b> \$30 copayment for Physical and/or Speech and Language Therapy visits \$30 copayment for Occupational Therapy benefits.</p>

**Outpatient Medical Services And Supplies**

<p><b>18 – Durable Medical Equipment</b></p> <p><i>(Includes wheelchairs, oxygen, etc.)</i></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 10% of the cost for Medicare-covered items</p> <p><b>Out-of-Network</b> 20% of the cost for durable medical equipment</p>
---	------------------------	---

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>19 – Prosthetic Devices</b></p> <p><i>(Includes braces, artificial limbs and eyes, etc.)</i></p>	<p>20% coinsurance</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 10% of the cost for Medicare-covered items</p> <p><b>Out-of-Network</b> 20% of the cost for prosthetic devices.</p>
<p><b>20 – Diabetes Programs and Supplies</b></p>	<p>20% coinsurance for diabetes self-management training</p> <p>20% coinsurance for diabetes supplies</p> <p>20% coinsurance for diabetic therapeutic shoes or inserts</p>	<p><b>In-Network</b> \$0 copayment for Diabetes self-management training 10% of the cost for Diabetes monitoring supplies 10% of the cost for Therapeutic shoes or inserts</p> <p>If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$20 may apply</p> <p><b>Out-of-Network</b> 0% of the cost for Diabetes self-management training 20% of the cost for Diabetes monitoring supplies 20% of the cost for Therapeutic shoes or inserts</p>
<p><b>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b></p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$ 0 copayment for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most supplemental routine screening tests, like checking your cholesterol.</p> <p>20% coinsurance for digital rectal exam and other related services. Covered once a year for all men with Medicare over age 50.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> 0% to 10% of the cost for Medicare-covered lab services 0% to 10% of the cost for Medicare-covered diagnostic procedures and tests 10% of the cost for Medicare-covered X-rays 10% of the cost for Medicare-covered diagnostic radiology services (not including X-rays) 10% of the cost for Medicare-covered therapeutic radiology services</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic Procedures, Tests and Lab Services, separate cost sharing of \$20 may apply</p> <p>If the doctor provides you services in addition to Outpatient Diagnostic and Therapeutic Radiology Services, separate cost sharing of \$20 may apply</p> <p><b>Out-of-Network</b> 25% of the cost for therapeutic radiology services 25% of the cost for outpatient X-rays 25% of the cost for diagnostic radiology services 25% of the cost for diagnostic procedures, tests, and lab services</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<b>Preventive Services</b>		
<b>22 – Cardiac and Pulmonary Rehabilitation Services</b>	<p>20% coinsurance Cardiac Rehabilitation services</p> <p>20% coinsurance for Pulmonary Rehabilitation services</p> <p>20% coinsurance for Intensive Cardiac Rehabilitation services</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p><b>General</b> Authorization rules may apply.</p> <p><b>In-Network</b> \$25 copayment for Medicare-covered Cardiac Rehabilitation Services \$25 copayment for Medicare-covered Intensive Cardiac Rehabilitation Services \$25 copayment for Medicare-covered Pulmonary Rehabilitation Services</p> <p><b>Out-of-Network</b> \$30 copayment for Cardiac Rehabilitation Services \$30 copayment for Intensive Cardiac Rehabilitation Services \$30 copayment for Pulmonary Rehabilitation Services</p>
<b>23 – Preventive Services and Wellness/ Education Programs</b>	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> <li>● Abdominal Aortic Aneurysm Screening</li> <li>● Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</li> <li>● Cardiovascular Screening</li> <li>● Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk.</li> <li>● Colorectal Cancer Screening</li> <li>● Diabetes Screening</li> <li>● Influenza Vaccine</li> <li>● Hepatitis B Vaccine for people with Medicare who are at risk</li> <li>● HIV Screening. \$ 0 copayment for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</li> <li>● Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39.</li> </ul>	<p><b>General</b> \$0 copayment for all preventive services covered under Original Medicare at zero cost sharing:</p> <ul style="list-style-type: none"> <li>● Abdominal Aortic Aneurysm Screening</li> <li>● Bone Mass Measurement</li> <li>● Cardiovascular Screening</li> <li>● Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam)</li> <li>● Colorectal Cancer Screening</li> <li>● Diabetes Screening</li> <li>● Influenza Vaccine</li> <li>● Hepatitis B Vaccine</li> <li>● HIV Screening</li> <li>● Breast Cancer Screening (Mammogram)</li> <li>● Medical Nutrition Therapy Services</li> <li>● Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>● Pneumococcal Vaccine</li> <li>● Prostate Cancer Screening (Prostate Specific Antigen (PSA) test only)</li> <li>● Smoking Cessation (Counseling to stop smoking)</li> <li>● Welcome to Medicare Physical Exam (initial preventive physical exam)</li> <li>● HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. Please contact plan for details.</li> </ul>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>23 – Preventive Services and Wellness/ Education Programs</b></p> <p><i>(Continued)</i></p>	<ul style="list-style-type: none"> <li>● Medical Nutrition Therapy Services Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease</li> <li>● Personalized Prevention Plan Services (Annual Wellness Visits)</li> <li>● Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</li> <li>● Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50.</li> <li>● Smoking Cessation (counseling to stop smoking). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits.</li> <li>● Welcome to Medicare Physical Exam (initial preventive physical exam) When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Physical Exam or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months.</li> </ul>	<p><b>In-Network</b> The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> <li>● Written health education materials, including newsletters</li> <li>● Nursing Hotline</li> </ul> <p><b>Out-of-Network</b> 0% of the cost for Medicare-covered preventive services 0% of the cost for supplemental preventive services 0% of the cost for supplemental education/wellness programs</p>
<p><b>24 – Kidney Disease and Conditions</b></p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for kidney disease education services</p>	<p><b>In-Network</b> 20% of the cost for renal dialysis \$0 copayment for kidney disease education services</p> <p><b>Out-of-Network</b> 0% of the cost for for kidney disease education services 20% of the cost for renal dialysis</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>25 – Outpatient Prescription Drugs</b></p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><b>Drugs covered under Medicare Part B</b></p> <p><b>General</b></p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. 30% of the cost for Part B drugs out-of-network.</p> <p><b>Drugs Covered under Medicare Part D</b></p> <p><b>General</b></p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://www.bcidaho.com/ma_formulary">http://www.bcidaho.com/ma_formulary</a> on the web.</p> <p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service) providers.</li> </ul> <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and the District of Columbia). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network outside of the plan's service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and a Part D plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Secure Blue (PPO) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://www.medicare.gov">http://www.medicare.gov</a>.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and Secure Blue (PPO) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost sharing for that drug.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>25 – Outpatient Prescription Drugs</b></p> <p><i>(Continued)</i></p>		<p><b>In-Network</b> \$0 deductible.</p> <p><b>Initial Coverage</b> You pay the following until total yearly drug costs reach \$2,930:</p> <p><b>Retail Pharmacy</b></p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>- \$8 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$24 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$10 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>- \$30 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><i>Tier 2: Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$43 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$129 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$45 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>- \$135 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><i>Tier 3: Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$93 copayment for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$279 copayment for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- \$95 copayment for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>- \$285 copayment for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>25 – Outpatient Prescription Drugs</b> <i>(Continued)</i></p>		<p><i>Tier 4: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a preferred pharmacy</li> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier from a non-preferred pharmacy</li> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier from a non-preferred pharmacy</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>- \$8 copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><i>Tier 2: Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$43 copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><i>Tier 3: Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$93 copayment for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><i>Tier 4: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (31-day) supply of drugs in this tier</li> </ul> <p><b>Mail Order</b></p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>- \$24 copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><i>Tier 2: Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$129 copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><i>Tier 3: Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$279 copayment for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><i>Tier 4: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a three-month (90-day) supply of drugs in this tier</li> </ul> <p><b>Coverage Gap</b></p> <p>After your total yearly drug costs reach \$2,930, you receive a discount on brand name drugs and pay 86% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,700.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>25 – Outpatient Prescription Drugs</b></p> <p><i>(Continued)</i></p>		<p><b>Catastrophic Coverage</b>  After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>- \$2.60 copayment for generic (including brand drugs treated as generic) and a \$6.50 copayment for all other drugs.</li> </ul> <p><b>Out-of-Network</b>  Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from Secure Blue (PPO).</p> <p><b>Out-of-Network Initial Coverage</b>  You will be reimbursed up to the plan’s cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,930:</p> <p><i>Tier 1: Preferred Generic Drugs</i></p> <ul style="list-style-type: none"> <li>- \$10 copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><i>Tier 2: Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$45 copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><i>Tier 3: Non-Preferred Brand Drugs</i></p> <ul style="list-style-type: none"> <li>- \$95 copayment for a one-month (30-day) supply of drugs in this tier</li> </ul> <p><i>Tier 4: Specialty Tier Drugs</i></p> <ul style="list-style-type: none"> <li>- 33% coinsurance for a one-month (30-day) supply of drugs in this tier</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan’s In-Network allowable amount.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<p><b>25 – Outpatient Prescription Drugs</b> <i>(Continued)</i></p>		<p><b>Additional Out-of-Network Coverage Gap</b> You will be reimbursed up to 14% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,700.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> <li>- 5% coinsurance, or</li> <li>- \$2.60 copayment for generic (including brand drugs treated as generic) and a \$6.50 copayment for all other drugs.</li> </ul> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p><b>26 – Dental Services</b></p>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><b>In-Network</b> In general, preventive dental benefits (such as cleaning) not covered.</p> <p>10% of the cost for Medicare-covered dental benefits</p> <p><b>Out-of-Network</b> 25% of the cost for comprehensive dental benefits</p>
<p><b>27 – Hearing Services</b></p>	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><b>In-Network</b> In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>10% of the cost for Medicare-covered diagnostic hearing exams</p> <p><b>Out-of-Network</b> \$30 copayment for hearing exams.</p>

Benefit Category	Original Medicare	Secure Blue (PPO)
<b>28 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><b>In-Network</b> \$0 copayment for:</p> <ul style="list-style-type: none"> <li>● one pair of eyeglasses or contact lenses after cataract surgery</li> <li>● glasses</li> <li>● contacts</li> <li>● lenses</li> <li>● frames</li> </ul> <p>\$0 to \$25 copayment for exams to diagnose and treat diseases and conditions of the eye. \$25 copayment for up to 1 supplemental routine eye exam every year \$100 plan coverage limit for eye wear every year.</p> <p>Plan offers additional vision benefits. Contact plan for details.</p> <p><b>Out-of-Network</b> \$30 copayment for eye exams. 0% of the cost for eye wear.</p> <p>The plan will pay up to \$50 for all of the following services combined:</p> <ul style="list-style-type: none"> <li>● eye wear</li> </ul>
<b>Over-the-Counter Items</b>	Not covered.	<p><b>General</b> The plan does not cover Over-the-Counter items.</p>
<b>Transportation</b> <i>(Routine)</i>	Not covered.	<p><b>In-Network</b> This plan does not cover supplemental routine transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><b>In-Network</b> This plan does not cover Acupuncture.</p>

# SECTION 3

## How to use your plan

This section further explains some of the plan benefits. To get a complete list of benefits, limitations and exclusions, call Customer Service and ask for the “Evidence of Coverage”. The cost-sharing shown in this section is based on services you receive from **network providers**. Generally you pay a higher cost sharing amount when you visit an out-of-network provider. See Section 2, for further information on out-of network cost-sharing amounts.

### **1 Premium and Other Important Information**

#### **Maximum out-of-pocket limit**

\$3,400 maximum. While most expenses apply to the maximum, the following do not:

- Your monthly plan premium
- [Outpatient Part D prescription drugs]

#### **Authorization Requirements**

The authorization process helps our members receive appropriate and necessary Medicare-covered care and treatment. Participating providers know our process and will submit prior authorization requests on your behalf. You may see providers out of the network without prior authorization; however, we encourage you to request a determination in advance to make sure any services they provide meet Medicare guidelines.

### **2 Doctor and Hospital Choice**

With Secure Blue (PPO) you can visit providers in- or out-of-network, but most often you pay less when visiting network providers. When using out of network providers the plan covers you when you travel in the United States.

#### **Blue Plan Visitor/Traveler Program**

Secure Blue PPO members who travel and see Blue Plan Medicare Advantage PPO providers in participating states will pay the same, in-network cost sharing they pay when they receive covered benefits from in-network providers in their Idaho service area. The Visitor/Traveler Program is available in 29 states and one territory.

## **INPATIENT CARE**

### **3 Inpatient Hospital Care**

There is no limit to the number days covered by the plan for Medicare covered services.

\$125 per day for days 1 through 5

\$0 per day for days 6 through 90

\$0 for additional days

\$20 for Physician Services

\$0 for Diagnostic Services

\$0 for Laboratory Services

\$0 for X-rays

### **4 Inpatient Mental Healthcare**

There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. This limit does not apply to mental health services provided in a psychiatric unit of a general hospital.

You pay:

\$125 per day for days 1 through 5

\$0 per day for days 6 through 90

\$20 for Physician Services

\$0 for Diagnostic Services

\$0 for Laboratory Services

\$0 for X-rays

### **5 Skilled Nursing Facility (SNF)**

Skilled nursing facility admissions do not require a prior hospital stay. You are covered up to 100 days each benefit period, as medically necessary, per Original Medicare coverage criteria.

\$50 cost-sharing per day for days 1 through 20

\$0 cost-sharing per day for days 21 through 100

\$20 cost-sharing for Physician Services

\$0 cost-sharing for Diagnostic Services

\$0 cost-sharing for Laboratory Services

\$0 cost-sharing for X-rays

## **8 Doctor Office Visits**

You pay cost sharing for the office visit in addition to services provided and billed on a line item basis.

\$20 cost-sharing for Physician's Office Visits

\$25 cost-sharing for Urgent Care Visits

10% cost-sharing for X-rays

10% cost-sharing for Diagnostic Services

10% cost-sharing for Laboratory Services

\$0 cost-sharing for Preventive Services

## **13 Outpatient Services/Surgery**

For services you receive at a hospital facility as an outpatient, including ambulatory surgical centers,  
You pay:

\$175 cost-sharing for Hospital Observation

\$25 cost-sharing for Cardiac Rehabilitation

\$25 cost-sharing for Physical, Occupational or Speech Language Therapy

10% cost-sharing for Radiation Therapy

20% cost-sharing for Renal Dialysis

20% cost-sharing for Chemotherapy Drugs

10% cost sharing for Laboratory Services

10% cost-sharing for Nuclear Medicine

10% cost-sharing for Advanced Imaging such as MRI, MRA and PET

10% cost-sharing for X-rays

\$175 cost-sharing for Diagnostic Services

\$175 cost-sharing for Surgical Services, includes [other services]

\$175 cost sharing for Pain Injections

## **14 Ambulance Services**

You pay:

\$150 cost-sharing (each way) for Medicare-covered ambulance services

## **15 Emergency Care**

Your emergency room copayment covers all services provided and billed by the hospital. Additional cost sharing applies to separately billed physician services. Emergency coverage is available worldwide.

You pay:

\$60 cost-sharing for Medicare-covered emergency room visits. This covers all emergency room facility services, such as X-rays and laboratory services

\$0 cost-sharing for the emergency room when you are admitted within 3-days for the same condition

\$20 cost-sharing, physician services are billed separately

## **17 Outpatient Rehabilitation Services**

You pay:

\$25 cost-sharing at a specialist's office for all Therapy and Rehabilitation services

\$25 cost-sharing at a hospital facility for outpatient Occupational, Physical and Speech Therapy services

\$25 cost-sharing at a hospital facility for outpatient Cardiac Rehabilitation services

\$25 cost-sharing at a hospital facility for outpatient Respiratory Therapy services

## **18 Durable Medical Equipment**

Durable medical equipment is ordered by your doctor for use at home. Examples include wheelchairs, oxygen, nebulizers, walkers, crutches and hospital beds.

You pay:

10% cost-sharing for Medicare-covered items

## **19 Prosthetic Devices**

Prosthetic devices (other than dental) replace a body part or function. Examples include pacemakers, braces, prosthetic shoes, artificial limbs, breast prosthesis and lenses implanted during cataract surgery.

You pay:

10% cost-sharing for Medicare-covered items

## **20 Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies**

Monitoring supplies include glucose monitors, test strips, lancets. Includes nutrition therapy when ordered by a physician.

You pay:

10% cost-sharing for Monitoring Supplies

\$0 cost-sharing for Diabetes Self-monitoring Training

\$0 cost-sharing for Nutritional Therapy

\$20 cost-sharing for office visits

\$0 cost-sharing for annual Diabetes Screening at all places of service

## **21 Diagnostic Tests, X-rays, Lab Services and Radiology Services**

We do not cover routine screening tests, like checking your cholesterol. However, diagnostic lab services are covered.

You pay the following for:

### **Laboratory Services**

- 10% cost-sharing at your primary care doctor's office
- 10% cost-sharing at a specialist office or immediate care facility
- 10% cost-sharing at a freestanding lab
- 10% cost-sharing at a hospital facility as an outpatient

### **Diagnostic Procedures and Tests**

- 10% cost-sharing at your primary care doctor's office
- 10% cost-sharing at a specialist office or immediate care facility
- \$175 cost-sharing at an ambulatory surgery center
- \$175 cost-sharing at a hospital facility as an outpatient

### **X-rays and Diagnostic Radiology Services**

- 10% cost-sharing at your primary care doctor's office
- 10% cost-sharing at a specialist office or immediate care facility
- 10% cost-sharing at a freestanding radiology facility
- 10% cost-sharing at a hospital facility as an outpatient

**For Advanced Imaging (MRI, MRA, PET, or CT Scan) Services, in addition to the office visit you pay:**

- 10% cost-sharing at your primary care doctor's office
- 10% cost-sharing at a specialist office or immediate care facility
- 10% cost-sharing at a freestanding facility
- 10% cost-sharing at a hospital facility as an outpatient

**For Nuclear Medicine Services, you pay:**

- 10% cost-sharing at a freestanding radiology facility
- 10% cost-sharing at a hospital facility as an outpatient

**For Therapeutic Radiology Services (radiation therapy) you pay:**

- 10% cost-sharing at a specialist office
- 10% cost-sharing at a freestanding radiology facility
- 10% cost-sharing at a hospital facility as an outpatient

## **23 Preventive Services and Wellness Programs:**

Wellness programs include a nursing hotline to help with health questions. As well as supplemental education to help manage specific health issues related to diabetes, depression, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and asthma. You pay \$0 cost-sharing for preventive services. Separate office visit cost-sharing applies only when you see a provider for services in addition to the following:

- Annual wellness exams that include a personalized prevention plan
- Abdominal Aortic Aneurysm Screening
- Bone Mass Measurement
- Cardiovascular Screening
- Pap Tests and Pelvic Exams
- Colorectal Cancer Screening
- Diabetes Screening
- Flu Vaccine
- Hepatitis B Vaccine
- Pneumonia Vaccine
- HIV Screening
- Mammograms
- Medical Nutrition Therapy Services
- Prostate Cancer Screening
- PSA Test
- Counseling to Stop Smoking

## **28 Vision Services**

You pay:

\$0 cost-sharing for one pair of eyeglasses or contact lenses after cataract surgery

\$0 cost-sharing for annual glaucoma screenings

\$20 cost-sharing for exams to diagnose and treat diseases and conditions of the eye

\$25 cost-sharing for a routine eye exam every year.

\$100 Plan coverage limit for eye wear every year.

## **Additional Benefits:**

- **Worldwide emergency coverage**
- **Blue Plan Visitor/Traveler Program**
- **Unlimited covered days for inpatient stays**
- **Disease management programs**
- **Medication therapy management programs**
- **Health and wellness education including:**
  - **WalkingWorks®** – your next adventure is only a step away
  - **24/7 Nurse Advice Line** – around the-clock guidance on general health matters
  - **One to One Magazine** – valuable health, education and benefit information
  - **WellConnected** – an online resource offering extensive wellness tools and information to aid in your healthcare decisions

It's a ratio that most-accurately represents  
our dedication to unparalleled customer service and to you,  
OUR NUMBER-ONE PRIORITY.



**Medicare Advantage Plans** | True Blue<sup>®</sup> HMO | Secure Blue<sup>SM</sup> PPO

3000 East Pine Avenue | Meridian, Idaho | 83642-5995  
MAILING ADDRESS: P.O. Box 8406 | Boise, Idaho | 83707-1408  
1-888-492-2583 | TTY 1-800-377-1363

An Independent Licensee of the Blue Cross and Blue Shield Association