

2017 Idaho MedPlus Benefit Guide



Blue Cross of Idaho Care Plus, Inc.
An Independent Licensee of the Blue Cross and Blue Shield Association

Idaho MedPlus Medicare supplement plans help pay eligible expenses not covered by Medicare.

An affordable choice for Medicare supplement coverage.

How Medicare Supplements Work

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

Idaho MedPlus Medicare Supplements:

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

Did you know?

Medicare is not designed to pay for all healthcare expenses. Low-cost Idaho MedPlus Medicare supplement plans help fill the gaps in your Medicare coverage. If you have enrolled in Medicare Part A and Part B, you might be eligible to enroll in an Idaho MedPlus Medicare supplement plan.



Outline of Medicare Supplement Coverage

The chart below shows the various benefit plans included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in Idaho.

Basic Benefits:

- Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
- Medical Expenses: Part B coinsurance (generally 20 percent of Medicare approved expenses) or copays for hospital outpatient services. Plans K, M and N require insureds to pay a portion of Part B coinsurance or copays.
- Blood: First three pints of blood each year
- Hospice: Part A coinsurance

The plans highlighted in blue are offered by Blue Cross of Idaho Care Plus.

| Plan A | B | C | D | Plan F* | G | Plan K | L | M | N |
|--|---|---|---|---|---|--|--|---|--|
| Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic Benefits, including 100% Part B coinsurance | Basic Benefits, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copay for ER |
| | | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance | 50% skilled nursing facility coinsurance | 75% skilled nursing facility coinsurance | Skilled nursing facility coinsurance | Skilled nursing facility coinsurance |
| | Part A deductible | Part A deductible | Part A deductible | Part A deductible | Part A deductible | 50% Part A deductible | 75% Part A deductible | 50% Part A deductible | Part A deductible |
| | | Part B deductible | | Part B deductible | | | | | |
| | | | | Part B excess (100%) | Part B excess (100%) | | | | |
| | | Foreign travel emergency | Foreign travel emergency | Foreign travel emergency | Foreign travel emergency | | | Foreign travel emergency | Foreign travel emergency |
| <p>*Plan F has an option, not offered by Blue Cross of Idaho Care Plus, called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,180 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.</p> | | | | | | Out-of-pocket limit \$4,800; paid at 100% after limit reached | Out-of-pocket limit \$2,480; paid at 100% after limit reached | | |

Which plan is right for you?

Blue Cross of Idaho Care Plus offers Medicare supplement plans A, F, K and N. Here is a look at some basic features of each plan:

- Plan A is the most basic and least expensive.
- Plan F pays your Part A and Part B deductibles and covers a few other services such as foreign travel emergencies.
- Plan K is a good option if you're willing to trade a low monthly premium for higher copayments and an out-of-pocket limit.
- Plan N also covers foreign travel emergencies; however, Plan N includes a copay for doctor and emergency room visits.

| Non-Smoker Rates | | | | Issue Age | Smoker Rates | | | |
|-------------------|-------------------|-------------------|-------------------|-----------------|-------------------|-------------------|-------------------|-------------------|
| Plan A #18-544 | Plan F #18-545 | Plan K #18-546 | Plan N #18-547 | | Plan A #18-544 | Plan F #18-545 | Plan K #18-546 | Plan N #18-547 |
| \$237.49 | \$348.68 | \$179.38 | \$268.40 | Under 65 | \$273.11 | \$400.98 | \$206.29 | \$308.66 |
| \$122.40 | \$179.71 | \$92.45 | \$138.33 | 65 | \$140.76 | \$206.67 | \$106.32 | \$159.08 |
| \$125.81 | \$184.72 | \$95.03 | \$142.19 | 66 | \$144.68 | \$212.43 | \$109.28 | \$163.52 |
| \$129.32 | \$189.86 | \$97.67 | \$146.15 | 67 | \$148.72 | \$218.34 | \$112.32 | \$168.07 |
| \$132.80 | \$194.99 | \$100.31 | \$150.09 | 68 | \$152.72 | \$224.24 | \$115.36 | \$172.60 |
| \$136.26 | \$200.05 | \$102.92 | \$153.99 | 69 | \$156.70 | \$230.06 | \$118.36 | \$177.09 |
| \$139.68 | \$205.09 | \$105.50 | \$157.86 | 70 | \$160.63 | \$235.85 | \$121.33 | \$181.54 |
| \$143.07 | \$210.06 | \$108.06 | \$161.69 | 71 | \$164.53 | \$241.57 | \$124.27 | \$185.94 |
| \$146.44 | \$215.01 | \$110.61 | \$165.50 | 72 | \$168.41 | \$247.26 | \$127.20 | \$190.33 |
| \$149.76 | \$219.88 | \$113.11 | \$169.25 | 73 | \$172.22 | \$252.86 | \$130.08 | \$194.64 |
| \$153.02 | \$224.67 | \$115.58 | \$172.94 | 74 | \$175.97 | \$258.37 | \$132.92 | \$198.88 |
| \$156.23 | \$229.38 | \$118.00 | \$176.56 | 75 | \$179.66 | \$263.79 | \$135.70 | \$203.04 |
| \$159.38 | \$234.00 | \$120.38 | \$180.12 | 76 | \$183.29 | \$269.10 | \$138.44 | \$207.14 |
| \$162.44 | \$238.49 | \$122.69 | \$183.58 | 77 | \$186.81 | \$274.26 | \$141.09 | \$211.12 |
| \$165.80 | \$243.44 | \$125.23 | \$187.38 | 78 | \$190.67 | \$279.96 | \$144.01 | \$215.49 |
| \$168.67 | \$247.64 | \$127.40 | \$190.62 | 79 | \$193.97 | \$284.79 | \$146.51 | \$219.21 |
| \$171.46 | \$251.74 | \$129.50 | \$193.77 | 80 | \$197.18 | \$289.50 | \$148.93 | \$222.84 |
| \$174.13 | \$255.66 | \$131.52 | \$196.79 | 81 | \$200.25 | \$294.01 | \$151.25 | \$226.31 |
| \$176.65 | \$259.36 | \$133.42 | \$199.64 | 82 | \$203.15 | \$298.26 | \$153.43 | \$229.59 |
| \$178.66 | \$262.30 | \$134.94 | \$201.91 | 83 | \$205.46 | \$301.65 | \$155.18 | \$232.20 |
| \$180.82 | \$265.49 | \$136.58 | \$204.35 | 84 | \$207.94 | \$305.31 | \$157.07 | \$235.00 |
| \$182.72 | \$268.27 | \$138.01 | \$206.50 | 85+ | \$210.13 | \$308.51 | \$158.71 | \$237.48 |

Add an additional \$2.00 billing charge for persons electing to pay premium monthly not using electronic means.

Payment Method

When you choose a Blue Cross of Idaho Care Plus Medicare Supplement plan, you choose the payment method and schedule that works best for you.

Monthly Automatic Bank Withdrawal

Blue Cross of Idaho Care Plus accepts payment through electronic funds transfer from most financial institutions. To set up automatic payments from your bank account, call your Blue Cross of Idaho district office at 800-365-2345.

Monthly Direct Coupon

You will receive a bill that will be due on the first of each month. A \$2 monthly billing fee applies to this payment method.

Medicare (Part A) Hospital Services – Per Benefit Period

A benefit period begins on the first day you receive service as an inpatient in a hospital facility and ends after you are out of the hospital and don't receive skilled nursing care in any other facility for 60 days in a row. The following chart outlines coverage limits for plans A, F, K and N.

| Services | Medicare | Idaho MedPlus Plan A | Idaho MedPlus Plan F | Idaho MedPlus Plan K | Idaho MedPlus Plan N |
|--|---|--|--|---|--|
| Hospitalization | | | | | |
| <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i> | | | | | |
| First 60 days | Covers all but \$1,316 | Covers \$0 | Covers \$1,316 (your Part A deductible) | Covers 50% of the Part A deductible | Covers \$1,316 (your Part A deductible) |
| Days 61 through 90 | Covers all but \$329 a day | Covers \$329 a day | Covers \$329 a day | Covers \$329 a day | Covers \$329 a day |
| Days 91 and after, while using 60 lifetime reserve days | Covers all but \$658 a day | Covers \$658 a day | Covers \$658 a day | Covers \$658 a day | Covers \$658 a day |
| After lifetime reserve days are used, additional 365 days | Covers \$0 | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges | Covers 100% of Medicare eligible charges |
| Beyond the additional 365 days | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Skilled Nursing Facility Care | | | | | |
| <i>You must meet Medicare's requirements, including having been in the hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital</i> | | | | | |
| First 20 days | Covers all approved amounts | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Days 21 through 100 | Covers all but \$164.50 a day | Covers \$0 | Covers up to \$164.50 a day | Covers up to \$82.25 a day | Covers up to \$164.50 a day |
| Day 101 and after | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Blood | | | | | |
| First 3 pints | Covers \$0 | Covers 100% | Covers 100% | Covers 50% | Covers 100% |
| Additional amounts | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Hospice Care | | | | | |
| <i>Available as long as you meet Medicare's requirements, including a doctor's certification of terminal illness</i> | | | | | |
| | Covers all but limited copay/ coinsurance for outpatient drugs and inpatient respite care | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance | Covers 50% Medicare eligible Part A copays/ coinsurance | Covers 100% Medicare eligible Part A copays/ coinsurance |

Medicare (Part B) Medical Services – Per Calendar Year

Once you have been billed \$183 of Medicare approved amounts for covered services, noted below with an asterisk (*), your Part B deductible will have been met for the calendar year.

| Services | Medicare | Idaho MedPlus Plan A | Idaho MedPlus Plan F | Idaho MedPlus Plan K | Idaho MedPlus Plan N |
|---|---|----------------------|---|----------------------|-------------------------|
| Medical Expenses <i>Inpatient and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, outpatient facility charges</i> | | | | | |
| First \$183 of Medicare approved amounts* | Covers \$0 | Covers \$0 | Covers \$183 (your Part B deductible) | Covers \$0 | Covers \$0 |
| Remainder of Medicare approved amounts* | Covers 80% | Covers 20% | Covers 20% | Covers 10% | Plan pays the balance** |
| Preventive Benefits for Medicare covered services | Generally 100% or more of Medicare approved amounts | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Part B excess charges (above Medicare approved amounts) | Covers \$0 | Covers \$0 | Covers 100% of Medicare Part B excess charges up to a limiting charge as determined by Medicare | Covers \$0 | Covers \$0 |

** Members are responsible for up to \$20 copay per doctor's office visit and up to \$50 for emergency room visits. The plan pays the remaining balance and waives up to a \$50 copay if a hospital admits the insured and the Medicare Part A expense covers the emergency visit.

Blood

| | | | | | |
|---|------------|------------------|---------------------------------------|------------|------------------|
| First 3 pints | Covers \$0 | Covers all costs | Covers all costs | Covers 50% | Covers all costs |
| Next \$183 of Medicare approved amounts* | Covers \$0 | Covers \$0 | Covers \$183 (your Part B deductible) | Covers \$0 | Covers \$0 |
| Remainder of Medicare approved amounts* | Covers 80% | Covers 20% | Covers 20% | Covers 10% | Covers 20% |

Home Health Care

Medicare approved services

| | | | | | |
|---|-------------|------------|------------|------------|------------|
| Medically necessary skilled care services and medical supplies | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
|---|-------------|------------|------------|------------|------------|

Durable Medical Equipment

| | | | | | |
|--|------------|------------|---------------------------------------|------------|------------|
| First \$183 of Medicare approved amounts* | Covers \$0 | Covers \$0 | Covers \$183 (your Part B deductible) | Covers \$0 | Covers \$0 |
| Remainder of Medicare approved amounts | Covers 80% | Covers 20% | Covers 20% | Covers 10% | Covers 20% |

Clinical Laboratory Services

| | | | | | |
|--------------------------------------|-------------|------------|------------|------------|------------|
| Tests for diagnostic services | Covers 100% | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
|--------------------------------------|-------------|------------|------------|------------|------------|

Additional Services

| Services | Medicare | Idaho MedPlus Plan A | Idaho MedPlus Plan F | Idaho MedPlus Plan K | Idaho MedPlus Plan N |
|--|------------|----------------------|--|----------------------|--|
| Foreign Travel Emergency <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.</i> | | | | | |
| First \$250 each calendar year** | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 | Covers \$0 |
| Remainder of charges** | Covers \$0 | Covers \$0 | Covers 80% to a lifetime maximum benefit of \$50,000 | Covers \$0 | Covers 80% to a lifetime maximum benefit of \$50,000 |

Vision

Please note: The vision benefits for some Idaho MedPlus plans exceed the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare.

| | | | | | |
|--|------------|------------|---|---|---|
| | Covers \$0 | Covers \$0 | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers | Covers 100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers |
|--|------------|------------|---|---|---|

**not covered by Medicare

How to Contact Blue Cross of Idaho

Toll-free at 800-365-2345 or visit one of our district offices

Visit:

Meridian Office

3000 E. Pine Avenue
Meridian, Idaho 83642-5995
208-387-6683

Coeur d'Alene Office

1450 Northwest Boulevard,
Suite 106
Coeur d'Alene, Idaho 83814
208-666-1495

Idaho Falls Office

1910 Channing Way
Idaho Falls, Idaho 83404
208-522-8813

Lewiston Office

866-841-2583
208-746-0531

Pocatello Office

275 South 5th Avenue,
Suite 150
Pocatello, Idaho 83206
208-232-6206

Twin Falls Office

1503 Blue Lakes Boulevard N.
Twin Falls, Idaho 83301
208-733-7258

Healthy Smilessm - A Dental Option

Healthy Smiles is a family of flexible and affordable individual dental plans (Preventive, Plus, and Preferred) that include varying degrees of coverage so you can select a dental plan that best fits your needs. Healthy Smiles uses Blue Cross of Idaho's preferred provider organization (PPO) network of more than 900 dental providers in Idaho, or thousands of providers nationwide through our dental GRID, giving you flexibility when choosing a provider.

Healthy Smilessm Preventive

Healthy Smiles Preventive covers preventive dental services after a \$20 copay with no benefit period coverage limits, in-network deductibles or waiting periods. It is a good option for anyone looking for a low premium dental plan that encourages good oral habits that help maintain a healthy smile.

Healthy Smilessm Plus

Healthy Smiles Plus includes the same benefit plan as Healthy Smiles Preventive and adds benefits for fillings, sealants and extractions after a six-month waiting period. The program has a \$50 deductible and a benefit period coverage limit of \$1,000.

Healthy Smilessm Preferred

Healthy Smiles Preferred is the most comprehensive plan available. The program builds on the Healthy Smiles Plus benefit plan and adds coverage for endodontics, periodontics, crowns, bridges, dentures and implants after a 12-month waiting period. In addition, the plan includes a maximum carryover feature. Enrollees may carry over unused dental benefit dollars (up to \$250 per year) to a maximum of \$1,000.

For more information, please contact a local Blue Cross of Idaho district office at 800-365-2345.

General exclusions and limitations

No benefits are available for services that are:

- Not specifically included in the list of Covered Services in your policy;
- Considered to be not medically necessary or investigational in nature;
- Rendered prior to your effective date of coverage; or
- Not prescribed by a dental care provider.

Healthy Smiles is a separate policy. Idaho MedPlus does not include any dental benefits.



Important Information to Note

Premium Information

Blue Cross of Idaho Care Plus can raise your premium only if we raise the premium for all individuals within your Blue Cross of Idaho Care Plus Medicare supplement benefit plan.

Exclusions

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

Disclosures

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

Complete Answers are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and complete all questions about your medical and health history, if required. Blue Cross of Idaho Care Plus may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

Right to Return Policy

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

Read your Policy Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and responsibilities of both you and Blue Cross of Idaho Care Plus.

Notice

The policy you choose may not fully cover all of your medical costs. This summary only briefly describes Medicare benefits. Consult your local Social Security Administration office or consult "The Medicare & You Handbook" for more details on Medicare.

Policy Information

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

Application/Enrollment Checklist

To enroll in an Idaho MedPlus Medicare supplement plan, simply follow the checklist below:

- ☐ Read and review the **Notice to Applicant Regarding Replacement of Medicare Supplement Insurance** below.
- ☐ Accurately complete the first three pages of the application, including all pertinent medical information if you are not enrolling during Medicare's annual open enrollment period.
- ☐ **Make sure there are no unmarked boxes and no information is missing.**
- ☐ Sign and date the **Statement of Understanding** on the bottom of the third page.
- ☐ Remove the application from the booklet.
- ☐ **Include a copy of your Medicare identification card.**
- ☐ Remember to include your first month's premium.
- ☐ Mail the application and your first month's premium to Blue Cross of Idaho Care Plus.

Visit our website at
www.idahomedplus.com

or call your local Blue Cross of Idaho
district office at 800-365-2345
or your local agent to find out which
Blue Cross of Idaho Care Plus Medicare
supplement plan is right for you.

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance

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

If you intend to terminate your existing Medicare supplement insurance and replace it with a Blue Cross of Idaho Care Plus policy, federal and state law provides a 30-day window when you may decide, without cost, whether you desire to keep either your old or new policy.

Review any new coverage carefully. Compare it with all accident and sickness coverage you have now. Terminate your present policy only if, after due consideration, you find the purchase of Idaho MedPlus Medicare supplement coverage is the choice you wish to make.

Keep in mind:

1. You do not need more than one Medicare supplement policy.
2. If you are 65 or older, you may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
3. If you become eligible for Medicaid after purchasing an Idaho MedPlus policy, you do not need Idaho MedPlus coverage. You can request to have the Idaho MedPlus policy suspended for up to 24 months during your entitlement to benefits under Medicaid. However, you must request the suspension within 90 days of becoming eligible for Medicaid. When you are no longer entitled to Medicaid, we will reinstate your Idaho MedPlus policy, upon your request along with evidence of the loss of Medicaid coverage, within 90 days of losing Medicaid eligibility.
4. Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning Medicaid.





Blue Cross of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho:

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

If you need these services, contact Blue Cross of Idaho's Customer Service Department. Call 1-800-627-1188 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card.

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

Nondiscrimination Statement: Discrimination is Against the Law

Manager, Grievances and Appeals
3000 East Pine Avenue, Meridian, Idaho 83642
Telephone: (800) 274-4018 ext.3838, Fax: (208) 331-7493
Email: grievances&appeals@bcidaho.com
TTY: 1-800-377-1363

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Reference: <https://federalregister.gov/a/2016-11458>

ATTENTION: If you speak Arabic, Chinese, French, German, Korean, Japanese, Persian (Farsi), Romanian, Russian, Serbo-Croatian, Spanish, Sudanese Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-888-494-2583 (TTY: 1-800-377-1363).

Arabic ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (رقم هاتف الصم ولابكم: 1-800-377-1363).

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 1-800-377-1363)。

French ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS: 1-800-377-1363).

German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 1-800-377-1363).

Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 1-800-377-1363) まで、お電話にてご連絡ください。

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 1-800-377-1363)번으로 전화해 주십시오.

Persian-Farsi

توجه: گار به اذن فارسی گفتگو می دینک، تسهیلات ی نایز و ص دیرت گیلان پریا شما فرا مه می شایر با 1-800-627-1188 (TTY: 1-800-377-1363) تماس بگیرد.

Romanian ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 1-800-377-1363).

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 1-800-377-1363).

Serbo-Croatian OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-1363).

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 1-800-377-1363).

Sudanese Fulfulde MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-800-627-1188 (TTY: 1-800-377-1363).

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 1-800-377-1363).

Ukrainian УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-627-1188 (телетайп: 1-800-377-1363).

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 1-800-377-1363).



3000 East Pine Avenue | Meridian, Idaho | 83642-5995
MAILING ADDRESS: P.O. Box 7408 | Boise, Idaho | 83707-1408
1-800-365-2345 | TTY 1-800-377-1363

idahomedplus.com

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