

Idaho MedPlus Medicare Supplement Program

What is Medicare Part A (Hospital Insurance)?

Part A hospital insurance is an entitlement program that helps cover:

- Inpatient care in hospitals (such as critical access hospitals, inpatient rehabilitation facilities, and long-term care hospitals)
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care services
- Home healthcare services

• Inpatient care in a religious non-medical healthcare institution (Medicare will only cover the non-medical, non-religious healthcare items and services in this type of facility for people who qualify for hospital or skilled nursing facility care but for whom medical care isn't in agreement with their religious beliefs).

You usually don't pay a monthly premium for Part A coverage if you or your spouse worked for most of your adult lives.

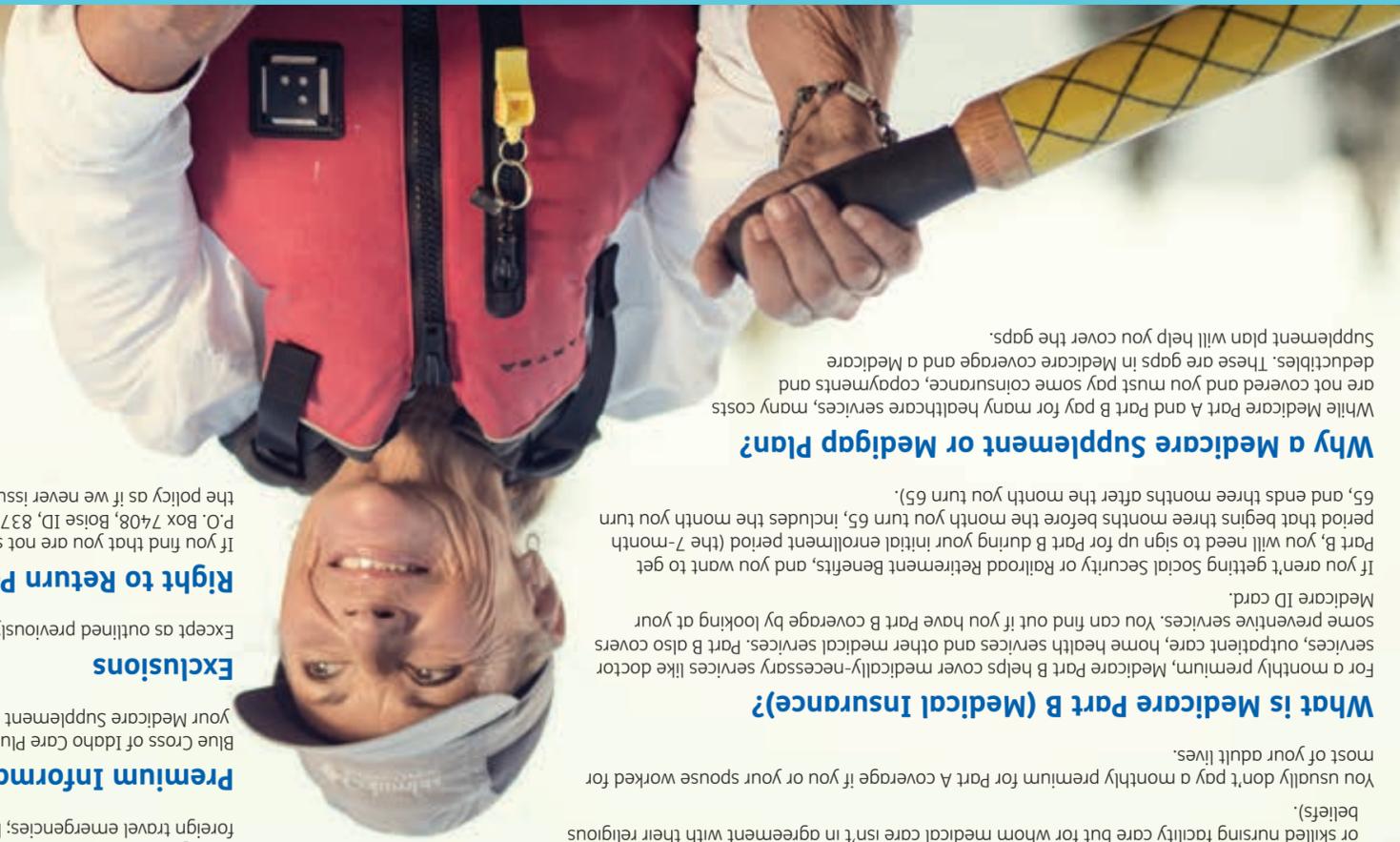
What is Medicare Part B (Medical Insurance)?

For a monthly premium, Medicare Part B helps cover medically-necessary services like doctor services, outpatient care, home health services and other medical services. Part B also covers some preventive services. You can find out if you have Part B coverage by looking at your Medicare ID card.

If you aren't getting Social Security or Railroad Retirement Benefits, and you want to get Part B, you will need to sign up for Part B during your initial enrollment period (the 7-month period that begins three months before the month you turn 65, includes the month you turn 65, and ends three months after the month you turn 65).

While Medicare Part A and Part B pay for many healthcare services, many costs are not covered and you must pay some coinsurance, copayments and deductibles. These are gaps in Medicare coverage and a Medicare Supplement plan will help you cover the gaps.

Why a Medicare Supplement or Medigap Plan?



How do Idaho MedPlus Medicare Supplement Plans Work?

If you are entitled to Medicare Part A and enrolled in Medicare Part B, you are eligible to enroll in an Idaho MedPlus Medicare Supplement plan, an affordable choice that:

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

Which Plan is Right For You?

We offer plans A, F, K and N. 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 copayment for doctor and emergency room visits.

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

Premium Information

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

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 we never issued it and return all of your payments.

Notice

The policy you choose may not fully cover all of your medical costs. Blue Cross of Idaho Care Plus' Medicare supplement programs and its independent producers (agents) are not affiliated with Medicare. This summary only briefly describes Medicare benefits. Consult your local Social Security Administration office or consult the Medicare and You handbook or visit medicare.gov for more details on Medicare.



2017 Idaho MedPlus Benefits at a Glance



idahomedplus.com

Serving all of Idaho
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Blue Cross of Idaho Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
 Llame al 1-888-494-2583 (TTY: 1-800-377-1363). 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 1-888-494-2583 (TTY: 1-800-377-1363)。

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

2017 Idaho MedPlus Medicare Supplement Plans at a Glance

The chart below shows Original Medicare benefits and what plans pay for each benefit after Medicare pays their share of the cost. Every company must make Plan A available.

Benefits	Original Medicare pays:	Idaho MedPlus Plan A pays:	Idaho MedPlus Plan F pays:	Idaho MedPlus Plan K pays:	Idaho MedPlus Plan N pays:
Deductibles	\$0	\$0	100% of the Part A & Part B Deductible	50% of the Part A Deductible	100% of the Part A Deductible
Out-of-pocket spending limit	No Limit on your spending	No Limit on your spending	No Limit on your spending	\$4,800 Out-of-pocket limit; paid at 100% after limit reached	No Limit on your spending

Medicare Part A Hospital Services – per benefit period (Medicare Part A has a \$1,316 deductible per benefit period)

A benefit period begins on the first day you receive service as an inpatient and ends after you are out of the hospital and don't receive care in any other facility for 60 days in a row.

Hospitalization – Semi-private room and board, general nursing and miscellaneous services and supplies.

First 60 Days	Covers all but \$1,316	\$0	\$1,316 (your Part A deductible)	\$658 (50% of Part A deductible)	\$1,316 (your Part A deductible)
Days 61-90	Covers all but \$329 a day	\$329 a day	\$329 a day	\$329 a day	\$329 a day
Days 91 and after, while using 60 lifetime reserve days	Covers all but \$658 a day	\$658 a day	\$658 a day	\$658 a day	\$658 a day
After lifetime reserve days are used, additional 365 days	\$0	100% of Medicare eligible charges			
Beyond the additional 365 days	\$0	\$0	\$0	\$0	\$0

Skilled Nursing Facility Care – You must meet Medicare's requirements, plus enter a Medicare approved facility within 30 days of a 3-day (or greater) hospital stay.

First 20 Days	Covers all approved amounts	\$0	\$0	\$0	\$0
Days 21 through 100	Covers all but \$164.50 a day	\$0	Up to \$164.50 a day	Up to \$82.25 a day	Up to \$164.50 a day
Day 101 and after	\$0	\$0	\$0	\$0	\$0

Blood

First 3 Pints	\$0	100%	100%	50%	100%
Additional Amounts	100%	\$0	\$0	\$0	\$0

Hospice Care

Available as long as you meet Medicare's requirements, including a doctor's certification of terminal illness.	All but limited copayment/coinsurance for outpatient drugs and inpatient respite care	100% Medicare eligible Part A copayments/coinsurance	100% Medicare eligible Part A copayments/coinsurance	50% Medicare eligible Part A copayments/coinsurance	100% Medicare eligible Part A copayments/coinsurance
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Medicare Part B Medical Services – per calendar year (Medicare Part B has a \$183 annual deductible)

Medical Expenses* – 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.

First \$183 of Medicare approved amounts**	\$0	\$0	\$183 (your Part B deductible)	\$0	\$0
Remainder of Medicare approved amounts**	80%	20%	20%	10%	Plan pays the balance**
Preventive Benefits for Medicare covered services	Generally 100% or more of Medicare approved amounts	\$0	\$0	\$0	\$0
Part B excess charges (above Medicare approved amounts)	\$0	\$0	100% (up to a limiting charge as determined by Medicare)	\$0	\$0

Blood

First 3 Pints	\$0	100%	100%	50%	100%
Any unmet Part B deductible (\$183)	\$0	\$0	\$183 (your Part B deductible)	\$0	\$0
Remainder of Medicare approved amounts**	80%	20%	20%	10%	20%

Home Health Care – Medicare approved services

Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
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Durable Medical Equipment

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

Clinical Laboratory Services

Tests for diagnostic services	100%	\$0	\$0	\$0	\$0
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***Members are responsible for up to \$20 copayment 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 copayment if a hospital admits the insured and the Medicare Part A expense covers the emergency visit. **Once you have been billed \$183 of Medicare approved amounts for covered services, your Part B deductible is met for the calendar year.**

Additional Services

Foreign Travel Emergency - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.

First \$250 each calendar year***	\$0	\$0	\$0	\$0	\$0
Remainder of charges***	\$0	\$0	80% to a lifetime maximum benefit of \$50,000	\$0	80% to a lifetime maximum benefit of \$50,000

Vision - Benefits for some plans exceed the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare.

Routine eye exams	\$0	\$0	100% after \$10 copayment on exam only at contracting providers, \$45 toward exam at non-contracting providers	100% after \$10 copayment on exam only at contracting providers, \$45 toward exam at non-contracting providers	100% after \$10 copayment on exam only at contracting providers, \$45 toward exam at non-contracting providers
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***not covered by Medicare. This is only a summary. For a complete description of plan benefits, refer to the 2017 MedPlus booklet (Form 16-707) or contact your local insurance agent or Blue Cross of Idaho.