

BlueCross of Idaho Application Packet

Thank you for your interest in applying for the Blue Cross of Idaho Medicare Supplement plan!

This application packet provides you with access to a printable copy of the Enrollment Form and the Outline of Coverage in addition to a link to the Choosing a Medigap Policy Guide.

Should you decide to apply by secure upload/mail/fax/email, the printable application needs to be reviewed and signed by an Agent before it can be submitted to Blue Cross of Idaho. You may upload, email, fax or mail it in to CDA Insurance:

- Fax: 1.541.284.2994
- Email: cs@cda-insurance.com
- Secure File Upload: [Click here](#)
- Mail: CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Other Important Information

Download Medicare's [Choosing a Medigap Policy Guide](#) (.pdf)

Download [Policy Outline](#) (.pdf)

Download [Policy Application](#) (.pdf)

Our website: <http://www.medicare-idaho.com>

If you should have any questions on the application, please call us at 1.800.884.2343 or 1.541.434.9613.

2019 OUTLINE OF COVERAGE

Idaho MedPlus Medicare



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 and L 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 ¹	Plan G	Plan K	L	M	Plan N ²
Medicare Part A coinsurance and hospital costs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
First 3 pints of blood	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Part A hospice care coinsurance or copay	✓	✓	✓	✓	✓	✓	50%	75%	✓	✓
Coinsurance for skilled nursing facility			✓	✓	✓	✓	50%	75%	✓	✓
Medicare Part A deductible			✓	✓	✓	✓	50%	75%	50%	✓
Medicare Part B deductible			✓		✓					
Medicare Part B excess charges					✓	✓				
Foreign travel emergency			80%	80%	80%	80%			80%	80%
Out-of-Pocket Limit							\$5,560; paid at 100% after limit is reached	\$2,780; paid at 100% after limit is reached		

¹ 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 \$2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,300. 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.

² Plan N pays 100% of the Part B coinsurance, except for a copay of up to \$20 for some office visits and up to \$50 for emergency room visits that don't result in an inpatient admission.

IDAHO MEDPLUS PLAN PREMIUM INFORMATION

Premiums rates are effective January 1, 2019. 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.

Non-Tobacco User Rates					Issue Age	Tobacco User Rates*				
Plan A #18-544	Plan F #18-545	Plan G #18-912	Plan K #18-546	Plan N #18-547		Plan A #18-544	Plan F #18-545	Plan G #18-912	Plan K #18-546	Plan N #18-547
\$198.92	\$291.47	\$218.84	\$149.67	\$224.22	Under 65	\$228.75	\$335.09	\$251.66	\$172.02	\$257.75
\$132.61	\$194.53	\$145.89	\$100.00	\$149.70	65	\$152.50	\$223.61	\$167.77	\$114.90	\$172.06
\$136.31	\$199.94	\$149.96	\$102.77	\$153.86	66	\$156.76	\$229.83	\$172.46	\$118.09	\$176.84
\$140.10	\$205.48	\$154.13	\$105.61	\$158.12	67	\$161.12	\$236.21	\$177.26	\$121.36	\$181.74
\$143.88	\$211.01	\$158.29	\$108.44	\$162.37	68	\$165.47	\$242.57	\$182.04	\$124.62	\$186.63
\$147.62	\$216.48	\$162.41	\$111.25	\$166.57	69	\$169.77	\$248.85	\$186.77	\$127.84	\$191.46
\$151.33	\$221.90	\$166.49	\$114.03	\$170.74	70	\$174.04	\$255.09	\$191.47	\$131.03	\$196.26
\$155.01	\$227.27	\$170.53	\$116.78	\$174.87	71	\$178.25	\$261.26	\$196.11	\$134.19	\$201.00
\$158.65	\$232.61	\$174.54	\$119.51	\$178.97	72	\$182.46	\$267.41	\$200.73	\$137.34	\$205.72
\$162.25	\$237.86	\$178.50	\$122.20	\$183.01	73	\$186.58	\$273.44	\$205.27	\$140.43	\$210.36
\$165.79	\$243.04	\$182.39	\$124.85	\$186.99	74	\$190.65	\$279.39	\$209.75	\$143.48	\$214.93
\$169.26	\$248.12	\$186.21	\$127.46	\$190.89	75	\$194.66	\$285.24	\$214.15	\$146.48	\$219.44
\$172.67	\$253.10	\$189.96	\$130.01	\$194.72	76	\$198.57	\$290.96	\$218.46	\$149.41	\$223.83
\$175.99	\$257.94	\$193.61	\$132.49	\$198.45	77	\$202.39	\$296.54	\$222.66	\$152.27	\$228.12
\$179.63	\$263.28	\$197.62	\$135.23	\$202.55	78	\$206.58	\$302.67	\$227.27	\$155.41	\$232.83
\$182.74	\$267.81	\$201.04	\$137.55	\$206.04	79	\$210.15	\$307.89	\$231.19	\$158.08	\$236.84
\$185.76	\$272.23	\$204.36	\$139.82	\$209.44	80	\$213.62	\$312.97	\$235.02	\$160.69	\$240.75
\$188.65	\$276.46	\$207.54	\$141.98	\$212.68	81	\$216.95	\$317.83	\$238.68	\$163.18	\$244.49
\$191.38	\$280.45	\$210.55	\$144.03	\$215.75	82	\$220.09	\$322.43	\$242.13	\$165.53	\$248.02
\$193.56	\$283.63	\$212.94	\$145.66	\$218.20	83	\$222.59	\$326.07	\$244.88	\$167.40	\$250.82
\$195.90	\$287.06	\$215.52	\$147.41	\$220.84	84	\$225.29	\$330.03	\$247.85	\$169.43	\$253.86
\$197.96	\$290.07	\$217.79	\$148.95	\$223.15	85+	\$227.65	\$333.48	\$250.45	\$171.20	\$256.52

*Includes hookah, e-cigarettes, dissolvables, smokeless tobacco, cigarettes, all cigars, roll-your-own tobacco, pipe tobacco, and future tobacco products that meet the statutory definition of a tobacco product.

PAYMENT METHODS

When you choose a Idaho Med Plus plan, you choose the payment schedule that works for you.

Monthly Automatic Bank Withdrawal

We accept **monthly automatic bank withdrawal payments** through electronic funds transfer from most financial institutions. To set up automatic payments from your bank account, call us at 1-800-365-2345 for assistance.

One-Time Annual Payment

If you don't want to pay by automatic bank withdrawal, you can pay a one-time annual payment for the full amount of your premium at the time you submit your Idaho MedPlus application. To figure the payment due, use this handy premium calculator:

Number of months remaining in 2019, starting with month your coverage will begin: _____

Monthly payment from chart above: _____

Total payment amount to be submitted with application: _____

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, G, K and N.

Services	Medicare	MedPlus Plan A	MedPlus Plan F	MedPlus Plan G	MedPlus Plan K	MedPlus Plan N
Hospitalization <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>						
First 60 days	Covers all but \$1,364	Covers \$0	Covers \$1,364 (your Part A deductible)	Covers \$1,364 (your Part A deductible)	Covers 50% of the Part A deductible	Covers \$1,364 (your Part A deductible)
Days 61 – 90	Covers all but \$341 a day	Covers \$341 a day	Covers \$341 a day	Covers \$341 a day	Covers \$341 a day	Covers \$341 a day
Days 91 and after, while using 60 lifetime reserve days	Covers all but \$682 a day	Covers \$682 a day	Covers \$682 a day	Covers \$682 a day	Covers \$682 a day	Covers \$682 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	Covers 100% of Medicare eligible charges
Beyond the additional 365 days	Covers \$0	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 enter a Medicare-approved facility within 30 days after the hospital</i>						
First 20 days	Covers all approved amounts	Covers \$0	Covers \$0	Covers \$0	Covers \$0	Covers \$0
Days 21 – 100	Covers all but \$170.50 a day	Covers \$0	Covers up to \$170.50 a day	Covers up to \$170.50 a day	Covers up to \$85.25 a day	Covers up to \$170.50 a day
Day 101 plus	Covers \$0	Covers \$0	Covers \$0	Covers \$0	Covers \$0	Covers \$0
Blood						
First 3 pints	Covers \$0	Covers 100%	Covers 100%	Covers 100%	Covers 50%	Covers 100%
Additional amounts	Covers 100%	Covers \$0	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 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 \$185 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	MedPlus Plan A	MedPlus Plan F	MedPlus Plan G	MedPlus Plan K	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 \$185 of Medicare-approved amounts*	Covers \$0	Covers \$0	Covers \$185 (your Part B deductible)	Covers \$0	Covers \$0	Covers \$0
Remainder of Medicare-approved amounts*	Covers 80%	Covers 20%	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 100%	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 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 all costs	Covers 50%	Covers all costs
Next \$185 of Medicare-approved amounts*	Covers \$0	Covers \$0	Covers \$185 (your Part B deductible)	Covers \$185 (your Part B deductible)	Covers \$0	Covers \$0
Remainder of Medicare-approved amounts*	Covers 80%	Covers 20%	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	Covers \$0
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Durable Medical Equipment

First \$185 of Medicare-approved amounts*	Covers \$0	Covers \$0	Covers \$185 (your Plan B deductible)	Covers \$0	Covers \$0	Covers \$0
Remainder of Medicare-approved amounts	Covers 80%	Covers 20%	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	Covers \$0
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ADDITIONAL SERVICES

Services	Medicare	MedPlus Plan A	MedPlus Plan F	MedPlus Plan G	MedPlus Plan K	MedPlus Plan N
Foreign Travel Emergency Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.						
First \$250 each calendar year**	Covers \$0	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 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 \$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

**not covered by Medicare

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 PO 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.

Nondiscrimination Statement: Discrimination is Against the Law

Blue Cross of Idaho Care Plus, Inc. 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 Care Plus, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho Care Plus, Inc.:

- 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 Care Plus, Inc.'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 Care Plus, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you

Arabic

ملطوحة: إ اذ كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-627-1188 (رقم اهتف 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

1-800-627-1188 تماس بگیرد ی توجه: گ ار به ابزن فارسی گفتگو می دینک، تسهیلات ی نابز و صد برت اگی ارن بریا شما فرا مه می دش ا ب با (TTY: 1-800-377-1363)

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).

Sudanic 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).

can file a grievance with Blue Cross of Idaho Care Plus, Inc.'s Grievances and Appeals Department at:

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, Sudanic Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-800-627-1188 (TTY: 1-800-377-1363).

Idaho MedPlus Medicare supplement plans are offered by Blue Cross of Idaho Care Plus, Inc. When this document says Blue Cross of Idaho Care Plus, it means Blue Cross of Idaho Care Plus, Inc.



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PO Box 7408 | Boise, Idaho | 83707
1-800-365-2345 | TTY 1-800-377-1363

Visit idahomedplus.com