



Please return signed applications via one of the following methods:

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CONTACT: Tiffany Jackson, independent agent, with any questions or concerns, or if you prefer an electronic application.
 Email: tiffany@lowinsure.com or phone: 1-541-434-9613

DOCUMENTS: The 'Outline of Coverage' and Medicare's 'Choosing a Medigap' book are located under each company heading.

- www.medicare-oregon.com
- www.medicare-washington.com
- www.medicare-idaho.com
- www.medicare-texas.net

TPMO disclaimer: CDA Insurance LLC may not offer every plan available in your area. Currently represented in the Medicare Advantage market are all plans available from: 9 insurance companies in the state of Oregon, 9 in the state of Washington, 4 in the state of Idaho, and 3 in the state of Texas. Any information provided is limited to those plans we do offer in your area. For a breakdown by county, please visit our websites: [Oregon](#), [Washington](#), [Idaho](#), [Texas](#) Please contact Medicare.gov, 1-800-MEDICARE , or your local SHIP to obtain information on all of your options.

Idaho MedPlus Medicare Supplement

Outline of Coverage

Plan A, Plan F, Plan G, High Deductible Plan G, and Plan N

Benefits listed are based on 2026 Medicare cost shares and are updated annually on January 1.

Policy Form No.
18-3004 (03-26)
18-3005 (03-26)
18-3006 (03-26)
18-3007 (03-26)
18-3008 (03-26)

Idaho MedPlus Plan premium information

Premiums rates are effective April 1, 2026.

NON-TOBACCO USER RATES

Issue Age	Plan A #18-3004	Plan F* #18-3005	Plan G #18-3007	Plan HD G** #18-3006	Plan N #18-3008
Disabled (Under 65)	\$343.46	\$539.48	\$410.00	\$129.47	\$375.00
65 and older	\$228.97	\$359.65	\$273.33	\$86.31	\$250.00
Household Discount	\$23.00	\$36.00	\$28.00	\$9.60	\$25.00

TOBACCO USER RATES***

Issue Age	Plan A #18-3004	Plan F* #18-3005	Plan G #18-3007	Plan HD G** #18-3006	Plan N #18-3008
Disabled (Under 65)	\$394.98	\$620.40	\$471.50	\$148.89	\$431.25
65 and older	\$263.32	\$413.60	\$314.33	\$99.26	\$287.50
Household Discount	\$23.00	\$36.00	\$28.00	\$9.60	\$25.00

Household Discount

The household discount is a monthly premium reduction. Beneficiaries are eligible to receive a monthly premium discount when two or more members residing at the same address each have Blue Cross of Idaho Medicare Supplement policies with an effective date of March 1, 2022 or after. Household discount eligibility will be reviewed annually to determine if members remain eligible to receive it.

* Plan F is available only to those who became eligible for Medicare prior to January 1, 2020.

** High deductible Plan G requires first paying a plan deductible of \$2,950 before the plan begins to pay.

*** Includes hookahs, 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.

Outline of Medicare Supplement Coverage

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and high deductible F.

Note: A ✓ means 100% of the benefit is paid. Plans shaded light grey are offered by Blue Cross of Idaho.

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	Copays apply ²	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho does not offer a high deductible Plan F.

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

Benefits	Plans available to all applicants								Medicare first eligible before 2020 only	
	A	B	D	G ¹	K	L	M	N	C	F ¹
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2026 ²					\$8,000 ²	\$4,000 ²			✓	✓
Additional preventive benefits ³				✓						

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible Plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible. Blue Cross of Idaho does not offer a high deductible Plan F.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Not available on high deductible Plan G.

Important Information

Premium Information: Blue Cross of Idaho can raise your premium only if we raise the premium for all individuals within your Idaho MedPlus Medicare Supplement benefit plan.

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 duties of both you and your insurance company.

Right to Return Policy: If you find that you are not satisfied with your policy, you may return it to Blue Cross of Idaho 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.

Policy Replacement: 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.

Notice: The policy you choose may not fully cover all of your medical costs. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare and You" for more details.

Complete Answers are Very Important:

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company 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.

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.

Renewal Provisions: The term of this policy shall be for one (1) month. If premiums are paid according to the terms of this policy, it will automatically renew for each subsequent monthly period, except as authorized by the Director of the Idaho Department of Insurance. Blue Cross of Idaho may not cancel or nonrenew the terms of this Policy for any reason other than nonpayment of premium or material misrepresentation.

Payment Methods

When you choose an Idaho MedPlus plan, you choose the payment schedule that works for you. Please complete the form on **PAGE 37** of the Enrollment Guide and return.

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.

Monthly Billing

A monthly statement will be mailed on the 2nd of each month. PERSI Public Employee Retirement System of Idaho for State of Idaho and Statewide School retirees who are eligible for PERSI payment may select this option if appropriate.

One-Time Annual Payment

You can pay a one-time annual payment for the full amount of your premium at the time you submit your Idaho MedPlus application.

Idaho MedPlus Plan A

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization*	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but \$1,736	\$0	\$1,736 (Part A deductible)
Days 61 – 90	All but \$434 a day	\$434 a day	\$0
Days 91 and after: While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible charges	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care*	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.		
First 20 days	All approved amounts	\$0	\$0
Days 21 – 100	All but \$217 a day	\$0	Up to \$217 a day
Day 101 and after	\$0	\$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan A

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

Idaho MedPlus Plan A

Medicare (Part B) medical services – per calendar year

Once you have been billed \$283 of Medicare-approved amounts for covered services, noted below with a cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses			
	In- or out-of-hospital 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.		
First \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B			
Home Health Care	Medicare-approved services		
Medically necessary skilled care services, medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

Idaho MedPlus Plan F

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
*Hospitalization	Semi-private room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but \$1,736	\$1,736 (your Part A deductible)	\$0
Days 61 – 90	All but \$434 a day	\$434 a day	\$0
Days 91 and after: While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible charges	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
*Skilled Nursing Facility Care	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.		
First 20 days	All approved amounts	\$0	\$0
Days 21 – 100	All but \$217 a day	Up to \$217 a day	\$0
Day 101 and after	\$0	\$0	All costs

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan F

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
	You must meet Medicare's requirements, including a doctor's certification of terminal illness.		
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

Idaho MedPlus Plan F

Medicare (Part B) medical services – per calendar year

Once you have been billed \$283 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses	In- or out-of-hospital 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.		
First \$283 of Medicare-approved amounts ⁺	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ⁺	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B			
Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$283 of Medicare-approved amounts ⁺	\$0	\$283 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

Idaho MedPlus Plan F

Other Benefits – not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel Emergency– Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	\$20% and amounts over the \$50,000 lifetime maximum
Vision	Please note: The vision benefits for this Idaho MedPlus plan exceeds the standard Medicare requirement. The benefit for vision care services is for routine eye exams not covered by Medicare.		
	\$0	100% after \$10 copay on exam only at contracting providers, \$45 toward exam at non-contracting providers	\$10 copay for exam at contracting providers, 100% of cost in excess of \$45 for exam at non-contracting providers

Idaho MedPlus Plan G or High Deductible Plan G

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays **After you pay \$2,950 deductible for High Deductible Plan G	You Pay **In addition to \$2,950 deductible for High Deductible Plan G
*Hospitalization			
Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,736	\$1,736 (your Part A deductible)	\$0
Days 61 – 90	All but \$434 a day	\$434 a day	\$0
Days 91 and after: While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible charges	\$0***
Beyond the additional 365 days	\$0	\$0	All costs

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period (con't.)

Services	Medicare Pays	Plan Pays <small>**After you pay \$2,950 deductible for High Deductible Plan G</small>	You Pay <small>**In addition to \$2,950 deductible for High Deductible Plan G</small>
*Skilled Nursing Facility Care 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.			
First 20 days	All approved amounts	\$0	\$0
Days 21 – 100	All but \$217 a day	Up to \$217 a day	\$0
Day 101 and after	\$0	\$0	All costs
Blood			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copay/coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year

Once you have been billed \$283 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan’s separate foreign travel emergency deductible.

Services	Medicare Pays	Plan Pays <small>**After you pay \$2,950 deductible for High Deductible Plan G</small>	You Pay <small>**In addition to \$2,950 deductible for High Deductible Plan G</small>
Medical Expenses	In- or out-of-hospital 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.		
First \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0

Idaho MedPlus Plan G or High Deductible Plan G

Medicare (Part B) medical services – per calendar year (con't.)

Services	Medicare Pays	Plan Pays **After you pay \$2,950 deductible for High Deductible Plan G	You Pay **In addition to \$2,950 deductible for High Deductible Plan G
Clinical Laboratory Services			
Tests for diagnostic services	100%	\$0	\$0
Parts A & B			
Home Health Care	Medicare-approved services		
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$283 of Medicare-approved amounts ⁺	\$0	\$0	\$283 (unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0

Idaho MedPlus Plan G

Other Benefits – Not covered by Medicare

Services	Medicare Pays	Plan Pays <small>**After you pay \$2,950 deductible for High Deductible Plan G</small>	You Pay <small>**In addition to \$2,950 deductible for High Deductible Plan G</small>
Foreign Travel Emergency- Not Covered by Medicare	Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.		
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
Additional Preventive Benefits – Exceeding the standard Medicare requirement	Not available for High Deductible Plan G.		
	\$0	Certain preventive care benefits* that are not covered by Medicare are covered at one hundred percent (100%) of the maximum allowance.	\$0

*Preventive care services are limited to a basic metabolic panel, general health panel, comprehensive metabolic panel, cholesterol screening, DHEA-S screening, folic acid screening, hemoglobin, international normalized ration monitoring training for home giver, anticoagulant management, and imaging of retina for detection or monitoring of disease. Services ordered and administered by your doctor are covered at 100% of the Medicare maximum allowance.

Idaho MedPlus Plan N

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 and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan Pays	You Pay
*Hospitalization	Semiprivate room and board, general nursing and miscellaneous services and supplies		
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
Days 61 – 90	All but \$434 a day	\$434 a day	\$0
Days 91 and after: While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Idaho MedPlus Plan N

Medicare (Part A) – Hospital services – per benefit period (cont.)

Services	Medicare Pays	Plan Pays	You Pay
*Skilled Nursing Facility Care	You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital		
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$217 a day	Up to \$217 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	Three pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare’s requirements, including a doctor’s certification of terminal illness		
	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare co-payment/ coinsurance	\$0

Idaho MedPlus Plan N

Medicare (Part B)—Medical Services—per calendar year

Once you have been billed \$283 of Medicare-approved amounts for covered services, noted below with an cross (+), your Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses	In or out of the hospital 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		
First \$283 of Medicare Approved Amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare-approved amounts)	\$0	\$0	All costs

Idaho MedPlus Plan N

Medicare (Part B)—Medical Services—per calendar year (cont.)

Services	Medicare Pays	Plan Pays	You Pay
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare Approved Amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
Clinical Laboratory Services			
Tests for Diagnostic Services	100%	\$0	\$0

Idaho MedPlus Plan N

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care			
Medicare approved services			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$283 of Medicare Approved Amounts ⁺	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

Other Benefits—not covered by Medicare

Services	Medicare Pays	Plan Pays	You Pay
Foreign Travel – Not covered by Medicare			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

