



Blue Extras!

We believe in a holistic approach to nurturing your good health, from daily walks to massage therapy to naturopathic medicine. So, we offer Blue Extras! discounted rates to members throughout Idaho for the following services:



BABY HEALTH AND SAFETY



HEARING SERVICES



**COMPLEMENTARY AND
ALTERNATIVE HEALTH**



ORTHODONTIA SERVICES



FITNESS CLUBS



VISION SERVICES



MEDICAL ALERT SERVICES

Blue Extras! is a value-added program and not part of your health insurance. For more information and a list of specific club and service providers, visit bcidaho.com/blueextras.

Welcome to the power of **you.**

A good health insurance plan doesn't just cover you for unexpected medical needs. It actually helps you live life to the fullest, on your terms.

Blue Cross of Idaho plans give you so much more. Yes, you get access to great plans, but you also get access to excellent Idaho doctors and hospitals, as well as the support of customer service representatives and medical professionals on staff who help you navigate your own healthcare journey every step of the way. Here's what you can expect:



EXCELLENT PLANS AND SERVICE

As Idaho's largest health insurance company, we deliver excellence in everything we do, from billing to answering questions to offering a large selection of plans that are responsibly priced to match your budget and life.



ONE-ON-ONE GUIDANCE

You have questions – we have answers. Aside from having customer service representatives, doctors and nurses on staff – right here in Idaho – to help you navigate the ins and outs of healthcare and health insurance, you can also visit our health insurance “walk-in” enrollment centers throughout the state to get help one-on-one.



WE EMPOWER YOU

To help you manage your healthcare on the fly, we offer a dedicated Blue Cross of Idaho mobile app that lets you carry a digital member ID card, see your progress toward your deductible, search doctors and hospitals, and more. We also offer CostAdvisor, our digital tool that lets you review costs of doctor visits, medical procedures and more. You can also sign up for Ways to Save alerts delivered to your email or phone, which show you how you can save money on the services you already use.



A HEALTHIER YOU

At Blue Cross of Idaho, we want you to live your healthiest life. That's why we offer free regular preventive care like vaccinations, check-ups, physical examinations and screenings for things like high blood pressure and cholesterol.



70 YEARS WORKING FOR YOU

When you become a Blue Cross of Idaho member, you become part of an organization that has been working behind the scenes with legislators, doctors and members for decades to make insurance work better for you and all Idahoans.



Let's get started.

STEP

1

See the network available where you live.

STEP

2

Check to see if you qualify for a tax credit or cost-sharing reduction.

STEP

3

Find a plan that fits your lifestyle and budget.

STEP

4

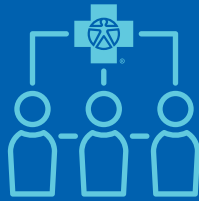
Purchase your plan.

Ready to find a plan that's right for you? The following pages walk you through our networks and plans. If you need assistance selecting a plan, contact your insurance agent or talk to one of our sales representatives today at **1-888-GO-CROSS** (1-888-462-7677).



1

NETWORKS



The first step is to review your network.

Going forward, every plan will have a designated network – a group of doctors and hospitals – to assist you with all your healthcare needs. Our new networks have been specifically designed to provide you excellent coordinated care at an affordable price. Each of our networks comes with these benefits:

- Your choice of a doctor who helps you coordinate your care with other providers and specialists
- Access to an excellent pool of doctors and specialists
- Excellent prescription coverage with access to 3,600 Idaho pharmacies

Find which network works best for you:



The Saint Alphonsus Health Alliance includes more than 2,000 highly-skilled providers, including those at Saint Alphonsus Medical Center. The Alliance has 20 hospitals and surgery centers, and 30 urgent care centers.

Available to residents of the following counties:

Ada, Canyon, Gem, Owyhee, Payette, Washington



St. Luke's Health Partners serves southwest and south central Idaho with more than 2,100 providers. SLHP includes 29 hospitals and 34 urgent care centers.

Available to residents of the following counties:

Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, Washington



The Independent Doctors of Idaho is made up of more than 285 providers – including over 115 primary care providers – specializing in orthopedics, gastroenterology, psychiatrics and more. IDID includes access to 4 hospitals and 15 urgent care centers.

Available to residents of the following counties:

Ada, Canyon, Owyhee

IMPORTANT NETWORK DETAILS

Your primary care provider (PCP) will give you a referral for care you may need that he or she can't provide. If you see a doctor other than your PCP without a referral, it will cost you more and the services may be subject to a \$50,000 deductible.

There might be a gap in medical services in your area, meaning a specialty is not offered. In these cases, your doctor will likely refer you to a provider outside of your network. These services can be covered as though they are "in network."

You will have access to urgent and emergency care whenever and wherever you need it regardless of network.



2

CHECK FOR SAVINGS



Check to see if you qualify for cost savings.

Whether or not you qualify for a tax credit or cost-sharing reduction determines how much you'll pay for your health insurance. In fact, the majority of Idahoans do qualify for some form of savings.

TAX CREDIT

Depending on your income, you may qualify for a tax credit, also known as a subsidy. This is where the federal government pays part of your monthly premium, which could result in significant savings for you. You can quickly determine your tax credit by using our calculator at **shoppers.bcidaho.com**. You can also use the first column in the chart below to see if you qualify.

AVG. HEALTH INSURANCE TAX
CREDIT FOR IDAHO FAMILIES:

\$6,162*


COST-SHARING REDUCTION

You may also be eligible for cost-sharing reduction plans that lower the amount you pay out of pocket for deductibles, coinsurance and copayments. Use the second column in the chart below to see if you qualify.

68%

OF IDAHOANS ARE ELIGIBLE
FOR A TAX CREDIT**

Find your family size using the left-hand column of this chart. If your income falls within the ranges listed, you may qualify for a tax credit or cost-sharing reduction. For additional details, see our cost-sharing brochure.

 Family Size	MONTHLY PREMIUM TAX CREDIT	COST-SHARING REDUCTION
	Annual Household Income	Annual Household Income
1	\$11,880 – \$47,520	\$11,880 – \$29,700
2	\$16,020 – \$64,080	\$16,020 – \$40,050
3	\$20,160 – \$80,640	\$20,160 – \$50,400
4	\$24,300 – \$97,200	\$24,300 – \$60,750
5	\$28,440 – \$113,760	\$28,440 – \$71,100
6	\$32,580 – \$130,320	\$32,580 – \$81,450
7	\$36,730 – \$146,920	\$36,730 – \$91,825
8	\$40,890 – \$163,560	\$40,890 – \$102,225

If you qualify for a tax credit or cost-sharing reduction, you need to purchase your plan at **yourhealthidaho.org** to take advantage of your savings. However, you can still work with a local insurance agent or one of our sales representatives to help you find a plan that is right for you.

* Family Tax Credit Source: Blue Cross of Idaho first quarter 2015. Amount reflects the average annual health insurance tax credit for qualified families. ** Individual Tax Credit Source: Your Health Idaho. The average health insurance tax credit has been \$227 per person, per month, for those who qualify.

3

CHOOSE A PLAN



Find the right plan for you.

No two people are the same. You'll want to make sure you choose a plan that works with your healthcare needs and your budget. With this in mind, we identify all of our plans* as metal tiers – Bronze, Silver and Gold. Simply put, they indicate how much you'll spend on covered care.

*The full-coverage managed care plan you choose is supported by its regional provider network.

Metal Levels Explained



BRONZE

If you don't see a doctor very often, a Bronze plan is a great way to save on your monthly premium.

We'll pay about 60 percent of medical costs.*



SILVER

If you see a doctor once in a while, a Silver plan is a good option.

This is our middle-of-the-road plan where we pay about 70 percent of medical costs.*



GOLD

If you go to the doctor regularly, a Gold plan may be right for you. You'll pay a higher monthly premium, but we'll pay about 80 percent of medical costs.*

Key Terms

IN-NETWORK

An in-network provider is a doctor, hospital, clinic, or pharmacy that is contracted with us to provide you services for pre-negotiated rates. You can find a list of providers at bcidaho.com/findaprovider.

OUT-OF-NETWORK

An out-of-network provider is not contracted with your health insurance plan. Though there are some exceptions, you will usually pay much more for services from an out-of-network provider than you would from an in-network provider.

Out-of-network providers can also bill you for whatever isn't covered by insurance; this is called balance billing and is a major reason you should use in-network providers.

ANNUAL OUT-OF-POCKET MAXIMUM

What you pay for covered healthcare each year through a deductible, copays, and coinsurance, up to a maximum amount. This is in addition to whatever insurance premium you pay each month.

PREMIUM

The amount you pay each month for your health insurance plan.

DEDUCTIBLE

This is the set dollar amount you will pay when you need most covered services. For many types of care, you'll have to pay your deductible before your insurance begins to pay. Some plans have one deductible for medical care and a different deductible for prescriptions.

COINSURANCE

This means we split the cost of your covered healthcare with you. For example, if we cover 70 percent of the doctor's allowed amount, you'd cover the remaining 30 percent.

COPAY

A set amount you pay directly to a doctor, hospital or pharmacy when you need a service. Depending on your plan, you might pay a copay to see your primary care doctor or if you use the ER but aren't admitted.

*Payment percentages are based on an average person's healthcare expenses over a year.

Our Connect plans are supported by the Saint Alphonsus Health Alliance in southwestern Idaho. When you choose one of these managed care plans, you must choose a primary care provider (PCP) from the Saint Alphonsus Health Alliance network to serve as your care coordinator. You must obtain referrals from your PCP to see specialists or other providers.

ANNUAL COSTS	SAHA Southwest Bronze HSA Connect 6550		SAHA Southwest Bronze HSA Connect 6000		SAHA Southwest Silver Connect 6850	
	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
Deductible	\$6,550 individual \$13,100 family	\$50,000 individual \$100,000 family	\$6,000 individual \$12,000 family	\$50,000 individual \$100,000 family	\$6,850 individual \$13,700 family	\$50,000 individual \$100,000 family
Coinsurance	0%	80%	20%	80%	20%	80%
Out-of-Pocket Maximum	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
SERVICES						
Primary Care Provider (PCP) Office Visit	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$20	80% after deductible
Specialist Office Visit with a Referral	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$50	80% after deductible
Preventive Care	\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Emergency Room	\$0 after deductible	80% after deductible ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	20% after deductible	80% after deductible ¹
Lab/X-Rays	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Outpatient Services ²	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Inpatient Hospital Services	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Advanced Imaging Services (MRI, CT Scan, PET Scan, etc.)	\$0 after deductible	80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible
PRESCRIPTION DRUGS³						
Preventive Drugs	\$0		\$0		\$0	
Preferred Generic Drugs	\$0 after deductible		\$0 after deductible		\$10	
Non-Preferred Generic Drugs	\$0 after deductible		\$10 copay after deductible		\$10	
Preferred Name-Brand Drugs	\$0 after deductible		\$30 copay after deductible		\$30	
Non-Preferred Name-Brand Drugs	\$0 after deductible		\$50 copay after deductible		\$50 copay after deductible	
Preferred Specialty Drugs	\$0 after deductible		20% after deductible		20% after deductible	
Non-Preferred Specialty Drugs	\$0 after deductible		30% after deductible		30% after deductible	

¹ For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. ² Includes physical, occupational, and speech therapy services. You have a total of 20 in- and out-of-network visits for covered rehabilitative therapy services per member per year and a total of 20 in- and out-of-network visits for covered habilitative therapy services per member per year.

Available to residents of the following counties:
 Ada, Canyon, Gem, Owyhee, Payette, Washington

SAHA Southwest Silver Connect 4000		SAHA Southwest Gold Connect 1200		SAHA Southwest Catastrophic 7150*	
WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
\$4,000 individual \$8,000 family	\$50,000 individual \$100,000 family	\$1,200 individual \$2,400 family	\$50,000 individual \$100,000 family	\$7,150 individual \$14,300 family	\$50,000 individual \$100,000 family
30%	80%	20%	80%	0%	80%
\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
\$20	80% after deductible	\$20	80% after deductible	\$30 copay (3 visits), then deductible	80% after deductible
\$50	80% after deductible	\$50	80% after deductible	\$0 after deductible	80% after deductible
\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Deductible, then \$350 copay	Deductible, then \$350 copay ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	\$0 after deductible	80% after deductible ¹
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
\$250 copay, then 30% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$0 after deductible	80% after deductible
\$0		\$0		\$0	
\$0		\$0		\$0 after deductible	
\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
20% after \$1,000 pharmacy (Rx) deductible+		20% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
30% after \$1,000 pharmacy (Rx) deductible+		30% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	

Notes:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

³ Prescription drug coverage includes a generic substitution requirement. If you or your doctor requests a brand-name prescription when a generic equivalent is available, you are responsible to pay the difference between the allowed cost of the generic drug and the brand-name drug and any applicable brand-name copay. The extra costs do not count toward your deductible or out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis. *SAHA Southwest Catastrophic 7150 is only available to people under the age of 30 or to people who qualify for a hardship exemption through the Idaho health insurance exchange. See yourhealthidaho.org for more information on catastrophic coverage.

+Separate pharmacy (Rx) deductible of \$1,000 per person applies.

Our CarePoint plans are supported by the St. Luke's Health Partners in southwest and south-central Idaho. When you choose one of these managed plans, you must choose a primary care provider (PCP) from the St. Luke's Health Partners network to serve as your care coordinator. You must obtain referrals from your PCP to see specialists and other providers.

ANNUAL COSTS	SLHP Bronze HSA CarePoint 6550		SLHP Bronze HSA CarePoint 6000		SLHP Silver CarePoint 6850	
	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
Deductible	\$6,550 individual \$13,100 family	\$50,000 individual \$100,000 family	\$6,000 individual \$12,000 family	\$50,000 individual \$100,000 family	\$6,850 individual \$13,700 family	\$50,000 individual \$100,000 family
Coinsurance	0%	80%	20%	80%	20%	80%
Out-of-Pocket Maximum	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
SERVICES						
Primary Care Provider (PCP) Office Visit	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$20	80% after deductible
Specialist Office Visit with a Referral	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$50	80% after deductible
Preventive Care	\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Emergency Room	\$0 after deductible	80% after deductible ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	20% after deductible	80% after deductible ¹
Lab/X-Rays	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Outpatient Services ²	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Inpatient Hospital Services	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Advanced Imaging Services (MRI, CT Scan, PET Scan, etc.)	\$0 after deductible	80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible
PRESCRIPTION DRUGS³						
Preventive Drugs	\$0		\$0		\$0	
Preferred Generic Drugs	\$0 after deductible		\$0 after deductible		\$10	
Non-Preferred Generic Drugs	\$0 after deductible		\$10 copay after deductible		\$10	
Preferred Name-Brand Drugs	\$0 after deductible		\$30 copay after deductible		\$30	
Non-Preferred Name-Brand Drugs	\$0 after deductible		\$50 copay after deductible		\$50 copay after deductible	
Preferred Specialty Drugs	\$0 after deductible		20% after deductible		20% after deductible	
Non-Preferred Specialty Drugs	\$0 after deductible		30% after deductible		30% after deductible	

¹ For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. ² Includes physical, occupational, and speech therapy services. You have a total of 20 in- and out-of-network visits for covered rehabilitative therapy services per member per year and a total of 20 in- and out-of-network visits for covered habilitative therapy services per member per year.

Available to residents of the following counties:

Ada, Adams, Blaine, Boise, Camas, Canyon, Cassia, Elmore, Gem, Gooding, Jerome, Lincoln, Minidoka, Owyhee, Payette, Twin Falls, Valley, Washington

SLHP Silver CarePoint 4000		SLHP Gold CarePoint 1200		SLHP Catastrophic 7150*	
WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
\$4,000 individual \$8,000 family	\$50,000 individual \$100,000 family	\$1,200 individual \$2,400 family	\$50,000 individual \$100,000 family	\$7,150 individual \$14,300 family	\$50,000 individual \$100,000 family
30%	80%	20%	80%	0%	80%
\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
\$20	80% after deductible	\$20	80% after deductible	\$30 copay (3 visits), then deductible	80% after deductible
\$50	80% after deductible	\$50	80% after deductible	\$0 after deductible	80% after deductible
\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Deductible, then \$350 copay	Deductible, then \$350 copay ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	\$0 after deductible	80% after deductible ¹
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
\$250 copay, then 30% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$0 after deductible	80% after deductible
\$0		\$0		\$0	
\$0		\$0		\$0 after deductible	
\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
20% after \$1,000 pharmacy (Rx) deductible+		20% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
30% after \$1,000 pharmacy (Rx) deductible+		30% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	

Notes:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

³ Prescription drug coverage includes a generic substitution requirement. If you or your doctor requests a brand-name prescription when a generic equivalent is available, you are responsible to pay the difference between the allowed cost of the generic drug and the brand-name drug and any applicable brand-name copay. The extra costs do not count toward your deductible or out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis. *SLHP Catastrophic 7150 is only available to people under the age of 30 or to people who qualify for a hardship exemption through the Idaho health insurance exchange. See yourhealthidaho.org for more information on catastrophic coverage.

+Separate pharmacy (Rx) deductible of \$1,000 per person applies.

These individual health insurance plans are supported by the Independent Doctors of Idaho (IDID) network in southwestern Idaho. When you choose one of these managed care plans, you must choose a primary care provider (PCP) from the IDID network to serve as your care coordinator. You must obtain referrals from your PCP to see specialists and other providers.

ANNUAL COSTS	IDID Southwest Bronze HSA 6550		IDID Southwest Bronze HSA 6000		IDID Southwest Silver 6850	
	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
Deductible	\$6,550 individual \$13,100 family	\$50,000 individual \$100,000 family	\$6,000 individual \$12,000 family	\$50,000 individual \$100,000 family	\$6,850 individual \$13,700 family	\$50,000 individual \$100,000 family
Coinsurance	0%	80%	20%	80%	20%	80%
Out-of-Pocket Maximum	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$6,550 individual \$13,100 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
SERVICES						
Primary Care Provider (PCP) Office Visit	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$20	80% after deductible
Specialist Office Visit with a Referral	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	\$50	80% after deductible
Preventive Care	\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Emergency Room	\$0 after deductible	80% after deductible ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	20% after deductible	80% after deductible ¹
Lab/X-Rays	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Outpatient Services ²	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Inpatient Hospital Services	\$0 after deductible	80% after deductible	20% after deductible	80% after deductible	20% after deductible	80% after deductible
Advanced Imaging Services (MRI, CT Scan, PET Scan, etc.)	\$0 after deductible	80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible
PRESCRIPTION DRUGS³						
Preventive Drugs	\$0		\$0		\$0	
Preferred Generic Drugs	\$0 after deductible		\$0 after deductible		\$10	
Non-Preferred Generic Drugs	\$0 after deductible		\$10 copay after deductible		\$10	
Preferred Name-Brand Drugs	\$0 after deductible		\$30 copay after deductible		\$30	
Non-Preferred Name-Brand Drugs	\$0 after deductible		\$50 copay after deductible		\$50 copay after deductible	
Preferred Specialty Drugs	\$0 after deductible		20% after deductible		20% after deductible	
Non-Preferred Specialty Drugs	\$0 after deductible		30% after deductible		30% after deductible	

¹ For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. ² Includes physical, occupational, and speech therapy services. You have a total of 20 in- and out-of-network visits for covered rehabilitative therapy services per member per year and a total of 20 in- and out-of-network visits for covered habilitative therapy services per member per year.



Available to residents of the following counties:
Ada, Canyon, Owyhee

IDID Southwest Silver 4000		IDID Southwest Gold 1200		IDID Southwest Catastrophic 7150*	
WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT-OF-NETWORK
\$4,000 individual \$8,000 family	\$50,000 individual \$100,000 family	\$1,200 individual \$2,400 family	\$50,000 individual \$100,000 family	\$7,150 individual \$14,300 family	\$50,000 individual \$100,000 family
30%	80%	20%	80%	0%	80%
\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family	\$7,150 individual \$14,300 family	\$75,000 individual \$150,000 family
\$20	80% after deductible	\$20	80% after deductible	\$30 copay (3 visits), then deductible	80% after deductible
\$50	80% after deductible	\$50	80% after deductible	\$0 after deductible	80% after deductible
\$0	80% after deductible	\$0	80% after deductible	\$0	80% after deductible
Deductible, then \$350 copay	Deductible, then \$350 copay ¹	Deductible, then \$350 copay	Deductible, then \$350 copay ¹	\$0 after deductible	80% after deductible ¹
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
30% after deductible	80% after deductible	20% after deductible	80% after deductible	\$0 after deductible	80% after deductible
\$250 copay, then 30% after deductible	\$250 copay, then 80% after deductible	\$250 copay, then 20% after deductible	\$250 copay, then 80% after deductible	\$0 after deductible	80% after deductible
\$0		\$0		\$0	
\$0		\$0		\$0 after deductible	
\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$10 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$30 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$50 copay after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
20% after \$1,000 pharmacy (Rx) deductible+		20% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	
30% after \$1,000 pharmacy (Rx) deductible+		30% after \$1,000 pharmacy (Rx) deductible+		\$0 after deductible	

Notes:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

PLAN:

Premium:

Subsidy:

TOTAL:

³ Prescription drug coverage includes a generic substitution requirement. If you or your doctor requests a brand-name prescription when a generic equivalent is available, you are responsible to pay the difference between the allowed cost of the generic drug and the brand-name drug and any applicable brand-name copay. The extra costs do not count toward your deductible or out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis. *IDID Southwest Catastrophic 7150 is only available to people under the age of 30 or to people who qualify for a hardship exemption through the Idaho health insurance exchange. See yourhealthidaho.org for more information on catastrophic coverage.

+Separate pharmacy (Rx) deductible of \$1,000 per person applies.



Covering a gap

SHORT-TERM PPO COVERAGE

When you're between plans and need temporary medical insurance, Blue Cross of Idaho offers a short-term plan at affordable rates to help you bridge that gap in coverage. Learn more about this plan by calling us at 1-888-GO-CROSS (1-888-462-7677) or visit ***shoppers.bcidaho.com***.



A healthier smile

DENTAL COVERAGE

Good oral health is a key part of your overall health, so we offer flexible and affordable dental insurance plans that enhance your medical insurance plan.

Our Dental Choicesm and Dental Choice Plussm plans offer low deductibles and out-of-pocket maximums and meet all of the Affordable Care Act (ACA) requirements. We also offer flexible, affordable dental coverage in three benefit levels with our Healthy Smilessm Preventive, Plus, and Preferred plans.*

Learn more about our dental plans by calling us at 1-888-GO-CROSS (1-888-462-7677) or on the web at ***shoppers.bcidaho.com***.

*Our Healthy Smiles plans are not ACA-qualified plans and do not meet coverage requirements for people under age 19.



4

ENROLL



Purchase a plan.

Now that you've determined what plan is right for you,
we offer three ways for you to enroll.

1. ONLINE

You can complete the entire enrollment process at ***shoppers.bcidaho.com***.

2. HEALTH INSURANCE STORES

You can visit one of our enrollment centers and have a representative walk you through the enrollment process in person.

3. AGENT

Find an insurance agent near you by visiting ***shoppers.bcidaho.com***.

Open Enrollment runs from November 1, 2016, through January 31, 2017. If the open enrollment period is over, you can still get covered if you have a qualifying life event, such as getting married, adopting a child, or losing coverage through your job. Learn more about qualifying life events and how to enroll during a special enrollment period by contacting a local insurance agent or calling our sales team at **1-888-GO-CROSS** (1-888-462-7677).

If you're eligible for a tax credit, you'll need to purchase your plan at ***yourhealthidaho.org***.

Details about Our Plans

How we protect your personal information

We keep all of your personal information private and confidential.

We only allow access to your personal information by our employees and business partners when needed to conduct business for you.

We only disclose your personal information to conduct business for you, when we are required by law, or if you (or your personal representative) give us permission.

For detailed information about our privacy practices see the Blue Cross of Idaho Notice of Privacy Practices on our website at bcidaho.com/about_us/privacy_policy.asp.

Prior Authorization

Some services require review and approval before your coverage will pay for them. This helps ensure the service is the best course of action for the patient and prevents wasteful and unnecessary treatment, which significantly increases healthcare costs.

Members do not need prior authorization in emergency situations.

What if I don't have prior authorization?

We want you to receive the best care at the right time and place. We also want to ensure you receive the right technology that addresses your particular clinical issue. We're here to work with you, your doctor and the facility so you have the best possible health outcome. If you receive services that are not medically necessary from one of Blue Cross of Idaho's contracting providers without getting prior authorization and payment for the services is denied, you are not financially responsible. However, if you receive services that are not medically necessary from a provider not contracting with Blue Cross of Idaho, you may be responsible for the entire cost of the services.

Who determines if the service is approved?

Our team of licensed physicians, registered nurses, and pharmacy technicians receives and reviews all prior authorization requests. Typically, they complete this review within two business days, and notify the member and his or her healthcare provider of their decision. Prior authorization is not a guarantee of payment or coverage. It is a pre-service approval based on information provided to Blue Cross of Idaho at the time the request is made. Blue Cross of Idaho retains the right to review the medical necessity of services, eligibility for services, and benefit limitations and exclusions after you receive the services.

Important Information About Your Prescription Drug Coverage

Your Blue Cross of Idaho health insurance plan comes with a list of drugs approved for coverage under your pharmacy benefit. This is also called a "formulary." This prescription drug list can help you better understand your coverage and how it works. You can get a copy of our formulary for any of our plans at shoppers.bcidaho.com. Select the **Prescription Drugs** link from the right menu, then **Individual & Family Medical Prescriptions** to open a PDF. (If you don't have internet access, you can also call Blue Cross of Idaho's Customer Service Department at 800-627-1188.)

In most cases, you are responsible to pay a portion of the cost of each prescription drug you have filled. Your cost is determined by the formulary tier assignment of the drug, and the benefit your plan assigns to that tier. Members can find a copy of Blue Cross of Idaho's pharmaceutical management procedures and check the pharmacy coverage provided by their plan by logging in to the members' website at members.bcidaho.com.

Exclusions and Limitations

In addition to the exclusions and limitations listed in the plan contracts and sales materials, the following exclusions and limitations apply to the Bronze, Silver, Gold, and Catastrophic plans*, unless otherwise specified:

Preexisting Condition Waiting Periods:

There is no preexisting condition waiting period for benefits available under this policy.

You are not covered for services, supplies, drugs or other charges that are:

- Not Medically Necessary. If services requiring Prior Authorization by Blue Cross of Idaho are performed by a Contracting Provider and benefits are denied as not Medically Necessary, the cost of said services are not the financial responsibility of the Member. However, the Member could be financially responsible for services found to be not Medically Necessary when provided by a Noncontracting Provider.
- In excess of the Maximum Allowance.
- For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures, unless necessary to treat an Accidental Injury or unless an attending Physician certifies in writing that the Member has a non dental, life endangering condition which makes hospitalization necessary to safeguard the Member's health and life.
- Not prescribed by or upon the direction of a Physician or other Professional Provider; or which are furnished by any individuals or facilities other than Licensed General Hospitals, Physicians, and other Providers.
- Investigational in nature.
- Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Member is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work related injuries or conditions. This exclusion applies whether or not the Member claims such benefits or compensation or recovers losses from a third party.
- Provided or paid for by any federal governmental entity except when payment under the Contract is expressly required by federal law, or provided or paid for by any state or local governmental entity where its charges therefore would vary, or are or would be affected by the existence of coverage under the Contract, or for which payment has been made under Medicare Part A and/or Medicare Part B, or would have been made if a Member had applied for such payment except when payment under the Contract is expressly required by federal law.
- Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- Furnished by a Provider who is related to the Member by blood or marriage and who ordinarily dwells in the Member's household.
- Received from a dental, vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- For Surgery intended mainly to improve appearance or for complications arising from Surgery intended mainly to improve appearance, except for:
 - Reconstructive Surgery necessary to treat an Accidental Injury, infection or other Disease of the involved part; or
 - Reconstructive Surgery to correct Congenital Anomalies in a Member who is a dependent child.
- Rendered prior to the Member's Effective Date.
- For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance), or convenience items or services even if prescribed by a Physician, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs, spas, hot tubs, whirlpool baths, waterbeds or swimming pools and therapies, including but not limited to, educational,

recreational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic or naturopathic, massage, or music.

- For telephone consultations, and all computer or Internet communications, except as specified as a Covered Service in the Contract.
- For failure to keep a scheduled visit or appointment; for completion of a claim form; or for personal mileage, transportation, food or lodging expenses, unless specified as a Covered Service in the Contract, or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.
- For Inpatient admissions that are primarily for Diagnostic Services, Therapy Services, or Physical Rehabilitation, except as specified in the Contract; or for Inpatient admissions when the Member is ambulatory and/or confined primarily for bed rest, a special diet, environmental change or for treatment not requiring continuous bed care.
- For Inpatient or Outpatient Custodial Care; or for Inpatient or Outpatient services consisting mainly of educational therapy, behavioral modification, self care or self help training, except as specified as a Covered Service in the Contract.
- For any cosmetic foot care, including but not limited to, treatment of corns, calluses and toenails (except for surgical care of ingrown or Diseased toenails).
- For any of the following:
 - For appliances, splints or restorations necessary to increase vertical tooth dimensions or restore the occlusion, except as specified as a Covered Service in the Contract;
 - For orthognathic Surgery, including services and supplies to augment or reduce the upper or lower jaw;
 - For implants in the jaw; for pain, treatment, or diagnostic testing or evaluation related to the misalignment or discomfort of the temporomandibular joint (jaw hinge), including splinting services and supplies;
 - For alveolectomy or alveoloplasty when related to tooth extraction.
- For hearing aids or examinations for the prescription or fitting of hearing aids.
- For orthoptics, eyeglasses or contact lenses or the vision examination for prescribing or fitting eyeglasses or contact lenses, unless specified as a Covered Service in the Contract.
- For any treatment of sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, even if related to a medical condition.
- Made by a Licensed General Hospital for the Member's failure to vacate a room on or before the Licensed General Hospital's established discharge hour.
- Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.
- Furnished by a facility that is primarily a place for treatment of the aged or that is primarily a nursing home, a convalescent home, or a rest home.
- For Acute Care, Rehabilitative care, diagnostic testing, except as specified as a Covered Service in the Contract; for Mental or Nervous Conditions and Substance Abuse or Addiction services not recognized by the American Psychiatric and American Psychological Association.
- For weight loss or weight control. For reversals or revisions of Surgery for obesity, except when required to correct an immediately life-endangering condition.
- For an elective abortion, unless it is the recommendation of one consulting Physician that an abortion is necessary to save the life of the mother, or if the pregnancy is a result of rape as defined by Idaho law, or incest as determined by the court.
- For use of operating, cast, examination, or treatment rooms or for equipment located in a Contracting or Noncontracting Provider's office or facility, except for emergency room facility charges in a Licensed General Hospital, unless specified as a Covered Service in the Contract.
- For the reversal of sterilization procedures, including but not limited to, vasovasostomies or salpingoplasties.
- Treatment for infertility and fertilization procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, artificial insemination, in vitro fertilization, embryo transfer or similar procedures, or procedures that in any way augment or enhance a Member's reproductive ability, including but not limited to laboratory services, radiology services or similar services related to treatment for fertility or fertilization procedures. Any expenses, procedures or services related to Surrogate pregnancy, delivery or donor eggs.
- For Transplant Services and Artificial Organs, except as specified as a Covered Service in the Contract.
- For acupuncture.
- For surgical procedures that alter the refractive character of the eye, including but not limited to, radial keratotomy, myopic keratomileusis, Laser-In-Situ Keratomileusis (LASIK), and other surgical procedures of the refractive keratoplasty type, to cure or reduce myopia or astigmatism, even if Medically Necessary. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life endangering condition.
- For Hospice, except as specified as a Covered Service in the Contract.
- For pastoral, spiritual, bereavement, or marriage counseling.
- For homemaker and housekeeping services or home delivered meals.
- For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.
- Any services or supplies for which a Member would have no legal obligation to pay in the absence of coverage under the Contract or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage or for which reimbursement or payment is contemplated under an agreement entered into with a third party.
- For a routine or periodic mental or physical examination that is not connected with the care and treatment of an actual Illness, Disease or Accidental Injury or for an examination required on account of employment; or related to an occupational injury; for a marriage license; or for insurance, school or camp application; or for sports participation physical; or a screening examination including routine hearing examinations, except as specified as a Covered Service in the Contract.
- For immunizations, except as specified as a Covered Service in the Contract.
- For breast reduction Surgery or Surgery for gynecomastia.
- For nutritional supplements.
- For replacements or nutritional formulas, except when administered enterally due to impairment in digestion and absorption of an oral diet and is the sole source of caloric need or nutrition in a Member.
- For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- For alterations or modifications to a home or vehicle.
- For special clothing, including shoes (unless permanently attached to a brace).
- Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.
- Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under the Contract.
- For Outpatient pulmonary and/or cardiac Rehabilitation.
- For complications arising from the acceptance or utilization of noncovered services.

**Do not apply to Blue Cross of Idaho dental or short-term plans. See those policies for a full list of exclusions and limitations. Policy numbers: 18-070-01/17, 18-318-01/17, 18-076-01/17, 18-534-01/17, 3-073P-10/10, 3-074P-10/10, 3-075P-10/10, 3-420-05/11.*

- For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- For arch supports, orthopedic shoes, and other foot devices.
- Any services or supplies furnished by a Therapeutic Boarding School, a facility that is primarily a health resort, or sanatorium, Residential Treatment Facility, transitional living center, except as specified as an Outpatient Psychiatric Care Covered Service listed in the Contract.
- For wigs.
- For cranial molding helmets, unless used to protect post cranial vault surgery.
- For surgical removal of excess skin that is the result of weight loss or gain, including but not limited to association with prior weight reduction (obesity) Surgery.
- For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- For Dentistry or Dental Treatment, dental implants, appliances (with the exception of sleep apnea devices), and/or prosthetics, and/or treatment related to Orthodontia, even when Medically Necessary, unless specified as a Covered Service in the Contract.
- For procedures including but not limited to breast augmentation, liposuction, Adam's apple reduction, rhinoplasty and facial reconstruction unless Medically Necessary and other procedures considered cosmetic in nature.

Prescription Drug Exclusions and Limitations

In addition to any other exclusions and limitations of the Contract, the following exclusions and limitations apply to this section and throughout the entire Contract, unless otherwise specified.

No benefits are provided for the following:

- Drugs used for the termination of early pregnancy, and complications arising therefrom, except when required to correct an immediately life-endangering condition.
- Over-the-counter drugs other than insulin, even if prescribed by a Physician. Notwithstanding this exclusion, BCI, through the determination of the BCI Pharmacy and Therapeutics Committee may choose to cover certain over-the-counter medications when Prescription Drug benefits are provided under the Contract. Such approved over-the-counter medications must be identified by BCI in writing and will specify the procedures for obtaining benefits for such approved over-the-counter medications. Please note that the fact a particular over-the-counter drug or medication is covered does not require BCI to cover or otherwise pay or reimburse the Member for any other over-the-counter drug or medication.
- Charges for the administration or injection of any drug, except for vaccinations listed on the Prescription Drug Formulary.
- Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, and other non-medicinal substances except for Diabetic Supplies, regardless of intended use.
- Drugs labeled "Caution—Limited by Federal Law to Investigational Use," or experimental drugs, even though a charge is made to the Member.
- Immunization agents, except for vaccinations listed on the Prescription Drug Formulary, biological sera, blood or blood plasma. Benefits may be available under the Medical Benefits Section of the Contract.
- Medication that is to be taken by or administered to a Member, in whole or in part, while the Member is an Inpatient in a Licensed General Hospital, rest home, sanatorium, Skilled Nursing Facility, extended care facility, convalescent hospital, nursing home, or similar institution which operates or allows to operate on its premises, a facility for dispensing pharmaceuticals.
- Any prescription refilled in excess of the number specified by the Physician, or any refill dispensed after one (1) year from the Physician's original order.
- Any newly FDA approved Prescription Drug, biological agent, or other agent until it has been reviewed and approved by BCI's Pharmacy and Therapeutics Committee.

- Any Prescription Drug, biological or other agent which is:
 - Prescribed primarily to aid or assist the Member in weight loss, including all anorectics, whether amphetamine or nonamphetamine.
 - Prescribed primarily to retard the rate of hair loss or to aid in the replacement of lost hair.
 - Prescribed primarily to increase fertility, including but not limited to, drugs which induce or enhance ovulation.
 - Prescribed primarily for personal hygiene, comfort, beautification, or for the purpose of improving appearance.
 - Prescribed primarily to increase growth, including but not limited to, growth hormone.
 - Provided by or under the direction of a Home Intravenous Therapy Company, Home Health Agency or other Provider approved by BCI. Benefits are available for this Therapy Service under the Medical Benefits Section of the Contract only as preauthorized and when Medically Necessary.
 - Lost, stolen, broken or destroyed medications, except in the case of loss due directly to a natural disaster.

Nondiscrimination Statement

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:

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, 1-800-868-1019, 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>

Language Assistance

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).

Arabic

ملطوحة: 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 ینابز و صدبرت گیلان بریا 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).



Enrollment Centers:

Meridian

3000 E. Pine Ave.
Meridian, ID 83642

Lewiston

866-841-2583
208-746-0531

Pocatello

275 S. 5th Ave.
Pocatello, ID 83201
208-232-6206

Twin Falls

1503 Blue Lakes Blvd. N.
Twin Falls, ID 83301
208-733-7258

Idaho Falls

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

Coeur d'Alene

1450 NW Blvd., Suite 106
Coeur d'Alene, ID 83814
208-666-1495

Blue Cross of Idaho

Sales 888-462-7677
Customer Service 855-230-6862
Claims Inquiries 208-331-7347
800-627-1188

bcidaho.com