

# Health Insurance Plans

*for Individuals from*

Blue Cross of Idaho

.....  
Choose coverage  
that fits.







## Find the Coverage You Need at a Price You Can Afford.

We offer three levels of plans based on the amount of coverage they provide. These levels, known as metal levels, are Bronze, Silver, and Gold and vary by the monthly premium cost and the percent of expected costs covered.

The metal level system allows you to make apples-to-apples comparisons among plans, see your expected costs more easily, and get the coverage you need.

All metal levels have the same essential health benefits, including emergency room services, maternity and newborn care, annual doctor visits, and medical screenings.

To be eligible for coverage, you must be an Idaho resident and not be enrolled in Medicare. You can learn more about our plans at [shoppers.bcidaho.com](http://shoppers.bcidaho.com).

### Blue Cross of Idaho Metallic Plans

<p><b>BRONZE</b></p> <p>Choice Saver</p> <p>*Connect</p>	<p><b>SILVER</b></p> <p>Choice 2000, 3000, 4000, &amp; 500 Saver</p> <p>*Connect 2000, 3000, 4000 &amp; 500</p> <p>*CarePoint 4000</p>	<p><b>GOLD</b></p> <p>Choice</p> <p>*Connect</p>	<p><b>COVERED CHOICE</b></p> <p>Choice</p> <p>*Connect</p>
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*\*Our Connect and CarePoint plans are managed care plans and are part of our coordinated care network. See our Connect Southwest, Connect East, and CarePoint brochures for more information about these plans.*





## How to Choose the Right Plan

Choosing the right coverage depends on knowing your healthcare needs, what type of plan you want and what your budget allows. Consider these questions before you choose a plan:

### **DO I QUALIFY FOR A BREAK ON COSTS BASED ON MY FAMILY SIZE AND HOUSEHOLD INCOME?**

You certainly may. Take a look at the next page to learn more.

### **WHICH METAL LEVEL IS RIGHT FOR ME?**

Generally, if you choose a higher monthly premium, you'll pay less when you need medical care. Choosing a lower monthly premium usually means you'll pay more when you need care.

Rather than making your choice based on premium alone, you should consider how you'll use your insurance over the course of a year.

If you're new to health insurance, help is standing by. In Idaho, lots of insurance agents sell health insurance and can help you find the right plan. To find a broker near you, go to [bcidaho.com/findabroker](http://bcidaho.com/findabroker). Our sales team is also waiting in the wings. You can reach them at 888-462-7677.

### **DOES THE PLAN INCLUDE MY CURRENT DOCTORS?**

Each plan includes a set of doctors and other health service providers who have contracts with us to provide care at a discounted price. These providers are "in-network." Blue Cross of Idaho has two provider networks to choose from.

Our Preferred Provider Organization (PPO) covers 96% of medical providers and 100% of hospitals in Idaho.

If you live in southwest or eastern Idaho and most of the providers you see are part of a single healthcare group, you might want to consider one of our coordinated care plans. See our *Connect* and *CarePoint* plan brochures for more information.

### **WHAT ELSE DOES MY MONTHLY PREMIUM GET ME?**

Not all insurance companies provide rich benefit coverage, award-winning customer service, and easy access to the doctors you want. Blue Cross of Idaho plans come with this kind of service, giving you more for your monthly premium.

You can learn more about the ways we are working to bring you the highest quality care at a cost you can afford on page 12.

# Get a Break on Costs

Depending on your income and family size, you may be eligible for assistance with your monthly premium costs or out-of-pocket expenses.

## REDUCE YOUR MONTHLY PAYMENTS

The monthly premium tax credit can save you money by lowering your monthly premium payments. Use the first column in the chart below to see if you may qualify.

## AND YOUR OUT-OF-POCKET EXPENSES

A cost-sharing reduction can lower your deductible and coinsurance. Use the second column in the chart below to see if you may qualify. If your family size and income are at or below the household

income, take a look at our *Cost Sharing Plans for Individuals* brochure for details.

## SAVINGS CALCULATOR

Visit our subsidy calculator at **shoppers.bcidaho.com** to get an estimate on how much money you might be able to save.

If you don't qualify for a tax credit or cost-sharing reduction, there's no need to visit **yourhealthidaho.org**. You can quickly and easily apply for insurance coverage directly from us at **shoppers.bcidaho.com**.

## HOW TO QUALIFY

To take advantage of a tax credit or cost-sharing reduction, there are a few rules to follow.

1. You can't have access to health insurance through an employer plan. This includes insurance you could get through a spouse's job.
2. Your family size and household income have to fall within certain guidelines. See the table to the left for details.
3. You have to enroll in the plan you choose through Your Health Idaho (**yourhealthidaho.org**). That's Idaho's health insurance exchange. There you can compare insurance plans, apply for financial assistance, and buy a plan that best fits your needs.

## 2015 FEDERAL INCOME GUIDELINES

Family Size	Monthly Premium Tax Credit	Cost-Sharing Reduction
	400% of FPL If you make less than this, you may qualify for help paying your monthly premiums.	250% of FPL If you make less than this, you may qualify for a discounted deductible and coinsurance.
1	\$47,080	\$29,425
2	\$63,720	\$39,825
3	\$80,360	\$50,225
4	\$97,000	\$60,625
5	\$113,640	\$71,025
6	\$130,280	\$81,425
7	\$146,920	\$91,825
8	\$163,560	\$102,225

\* For families with more than 8 people, add \$4,160 for each additional person.

Benefit grid outlines coverage for in-network and out-of-network services. This is not a comprehensive list of benefits. You can find a comprehensive list of services in the member contract.

METAL LEVEL	BRONZE SAVER		BRONZE CHOICE	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Details</b>				
<b>Deductible</b>	\$6,200 per person or \$12,400 per family	\$6,200 per person or \$12,400 per family	\$6,850 per person or \$13,700 per family	\$6,850 per person or \$13,700 per family
<b>Coinsurance</b> <i>The percentage you pay of the allowed amount for covered services after meeting your deductible.</i>	You pay no coinsurance once you've met your deductible.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	You pay no coinsurance once you've met your deductible.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Annual Out-of-Pocket Maximum</b> <i>Includes your deductible, copayments, coinsurance, and prescription deductible.</i>	For in-network care, the most you'll pay over the course of a year is \$6,550 (individual) or \$13,100 (family).	For covered care, the most you'll pay over the course of a year is \$8,550 (individual) or \$17,100 (family).	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).

**WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM**

<b>Doctor's Office Visits &amp; Urgent Care</b>	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	You pay \$30 copayment per visit for the first 4 visits per person. <sup>1</sup> For additional visits, once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Emergency Room</b>	You pay \$150 copayment per visit. Once you've met your deductible, you pay only the copayment.	You pay \$150 copayment per visit. Once you've met your deductible, you pay 30% of the allowed amount of your covered care. <sup>2</sup>	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care. <sup>2</sup>
<b>Prescriptions<sup>3</sup></b> <i>Prescription costs count toward your out-of-pocket maximum.</i>	You pay nothing for covered generic and brand-name preventive drugs.		Once you've met your deductible, you pay nothing.	
	Once you've met your deductible, you pay \$10 copayment for non-preventive generic drugs and 50% for non-preventive brand-name drugs.			
<b>Diagnostic X-Ray &amp; Lab</b>				
<b>Outpatient Rehab<sup>4</sup></b>				
<b>Physician, Surgical, Medical &amp; Inpatient Hospital Services</b>	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Pregnancy Services</b>				
<b>Chiropractic Care<sup>5</sup></b>	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Diabetes Education</b>	You pay \$30 copayment per visit. Once you've met your deductible, you pay only the copayment.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	You pay \$30 copayment per visit.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Outpatient Mental Health &amp; Substance Abuse Therapy Services</b>	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	You pay \$30 copayment per visit.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Preventive Care</b>	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Immunizations</b>	You pay nothing for listed immunizations.		You pay nothing for listed immunizations.	

<sup>1</sup> Preventive visits are not included in this total. <sup>2</sup> For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. <sup>3</sup> 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 copayment. The extra costs do not count toward your deductible or annual out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis.

Visit [bcidaho.com/SBC](http://bcidaho.com/SBC) for a Summary of Benefits and Coverage.

## Key terms

There are a few parts of health insurance you should completely understand. Here's what you should get familiar with.

### PREMIUM

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

### ANNUAL OUT-OF-POCKET MAXIMUM

What you pay for healthcare each year, up to a maximum amount. This is in addition to whatever insurance premium you pay each month.

### DEDUCTIBLE

This is a set dollar amount you are responsible for paying when you need most covered services. Once your deductible is met, it goes away until you renew your plan. Some plans have one deductible for medical care and a different deductible for prescription drugs.

### COINSURANCE

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

### COPAYMENT

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

### NETWORK

A network is a group of doctors, hospitals, pharmacies and clinics who agree to provide service and send us the bill (called "in-network"). We've negotiated prices for thousands of services you may need, which is good for your wallet.

You can use providers who aren't in your group (called "out-of-network"), but they can charge you more for their services. You can find a full list of providers at [bcidaho.com/findaprovider](http://bcidaho.com/findaprovider).

METAL LEVEL	SILVER SAVER	
	In-Network	Out-of-Network
<b>Benefit Details</b>		
<b>Deductible</b>	\$3,000 per person or \$6,000 per family	\$3,000 per person or \$6,000 per family
<b>Coinsurance</b> <i>The percentage you pay of the allowed amount for covered services after meeting your deductible.</i>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Annual Out-of-Pocket Maximum</b> <i>Includes your deductible, copayments, coinsurance, and prescription deductible.</i>	For in-network care, the most you'll pay over the course of a year is \$4,000 (individual) or \$8,000 (family).	For covered care, the most you'll pay over the course of a year is \$5,000 (individual) or \$10,000 (family).
<b>WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM</b>		
<b>Doctor's Office Visits &amp; Urgent Care</b>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Emergency Room</b>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care. <sup>2</sup>
<b>Prescriptions<sup>3</sup></b> <i>Prescription costs count toward your out-of-pocket maximum.</i>	You pay nothing for covered generic and brand-name preventive drugs.	
	Once you've met your deductible, you pay \$10 copayment for non-preventive generic drugs and 50% for non-preventive brand-name drugs.	
<b>Diagnostic X-Ray &amp; Lab</b>		
<b>Outpatient Rehab<sup>4</sup></b>		
<b>Physician, Surgical, Medical &amp; Inpatient Hospital Services</b>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Pregnancy Services</b>		
<b>Chiropractic Care<sup>5</sup></b>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Diabetes Education</b>	You pay \$30 copayment per visit, then you pay costs up to your deductible and then 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Outpatient Mental Health &amp; Substance Abuse Therapy Services</b>	Once you've met your deductible, you pay 20% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Preventive Care</b>	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Immunizations</b>	You pay nothing for listed immunizations.	

<sup>4</sup> Includes physical, occupational, and speech therapy services. You have a combined total of up to 20 in- and out-of-network visits for covered therapy services per member per year. <sup>5</sup> You have up to a combined total of 18 in- and out-of-network visits for covered chiropractic services per member per year.



Benefit grid outlines coverage for in-network and out-of-network services. This is not a comprehensive list of benefits. You can find a comprehensive list of services in the member contract.

METAL LEVEL	SILVER CHOICE 4000		SILVER CHOICE 3000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Details</b>				
<b>Deductible</b>	\$4,000 per person or \$8,000 per family	\$4,000 per person or \$8,000 per family	\$3,000 per person or \$6,000 per family	\$3,000 per person or \$6,000 per family
<b>Coinsurance</b> <small>The percentage you pay of the allowed amount for covered services after meeting your deductible.</small>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Annual Out-of-Pocket Maximum</b> <small>Includes your deductible, copayments, coinsurance, and prescription deductible.</small>	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).

**WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM**

	SILVER CHOICE 4000	SILVER CHOICE 3000
<b>Doctor's Office Visits &amp; Urgent Care</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Emergency Room</b>	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 30% of the allowed amount of your covered care.	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 50% of the allowed amount of your covered care. <sup>1</sup>
<b>Prescriptions<sup>2</sup></b> <small>Prescription drug costs count toward your out-of-pocket maximum.</small>	You pay \$10 copayment for generic drugs.	You pay \$10 copayment for generic drugs.
<b>Diagnostic X-Ray &amp; Lab</b>	Once you've met a separate \$1,500 brand-name and specialty drug deductible, you pay \$30 copayment for preferred brand-name, \$50 copayment for non-preferred brand-name, and \$100 copayment for specialty drugs.	Once you've met a separate \$1,000 brand-name and specialty drug deductible, you pay \$30 copayment for preferred brand-name, \$50 copayment for non-preferred brand-name, and \$100 copayment for specialty drugs.
<b>Outpatient Rehab<sup>3</sup></b>		
<b>Physician, Surgical, Medical &amp; Inpatient Hospital Services</b>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Pregnancy Services</b>		
<b>Chiropractic Care<sup>4</sup></b>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Diabetes Education</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Outpatient Mental Health &amp; Substance Abuse Therapy Services</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Preventive Care</b>	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Immunizations</b>	You pay nothing for listed immunizations.	You pay nothing for listed immunizations.

<sup>1</sup> For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. <sup>2</sup> 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 copayment. The extra costs do not count toward your deductible or annual out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis.



# BLUE CROSS OF IDAHO HEALTH INSURANCE PLANS

Visit [bcidaho.com/SBC](http://bcidaho.com/SBC) for a Summary of Benefits and Coverage.

METAL LEVEL	SILVER CHOICE 2000		SILVER CHOICE 500	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Details</b>				
<b>Deductible</b>	\$2,000 per person or \$4,000 per family	\$2,000 per person or \$4,000 per family	\$500 per person or \$1,000 per family	\$500 per person or \$1,000 per family
<b>Coinsurance</b> <small>The percentage you pay of the allowed amount for covered services after meeting your deductible.</small>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay 75% of the allowed amount of your covered care.
<b>Annual Out-of-Pocket Maximum</b> <small>Includes your deductible, copayments, coinsurance, and prescription deductible.</small>	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).

## WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM

	SILVER CHOICE 2000	SILVER CHOICE 500
<b>Doctor's Office Visits &amp; Urgent Care</b>	You pay \$40 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Emergency Room</b>	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 30% of the allowed amount of your covered care.	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 50% of the allowed amount of your covered care. <sup>1</sup>
<b>Prescriptions<sup>2</sup></b> <small>Prescription drug costs count toward your out-of-pocket maximum.</small>	You pay \$10 copayment for generic drugs.	Once you've met a separate \$1,500 brand-name and specialty drug deductible, you pay \$50 copayment for preferred brand-name, \$70 copayment for non-preferred brand-name, and \$100 copayment for specialty drugs.
<b>Diagnostic X-Ray &amp; Lab</b>		
<b>Outpatient Rehab<sup>3</sup></b>		
<b>Physician, Surgical, Medical &amp; Inpatient Hospital Services</b>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Pregnancy Services</b>		
<b>Chiropractic Care<sup>4</sup></b>	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Diabetes Education</b>	You pay \$40 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Outpatient Mental Health &amp; Substance Abuse Therapy Services</b>	You pay \$40 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Preventive Care</b>	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Immunizations</b>	You pay nothing for listed immunizations.	You pay nothing for listed immunizations.

<sup>3</sup> Includes physical, occupational, and speech therapy services. You have a combined total of up to 20 in- and out-of-network visits for covered therapy services per member per year. <sup>4</sup> You have up to a combined total of 18 in- and out-of-network visits for covered chiropractic services per member per year.



## Do You Live in Eastern, Southwest, or Central Idaho?

If you live in these areas of the state, you have additional choices through Blue Cross of Idaho's coordinated care organization plans. These plans are full-coverage managed care plans supported by select provider networks within eastern, central, and southwestern Idaho.

### HOW ARE MANAGED CARE PLANS DIFFERENT?

If you choose a managed care plan, you must follow some additional requirements to get the full benefits of your coverage.

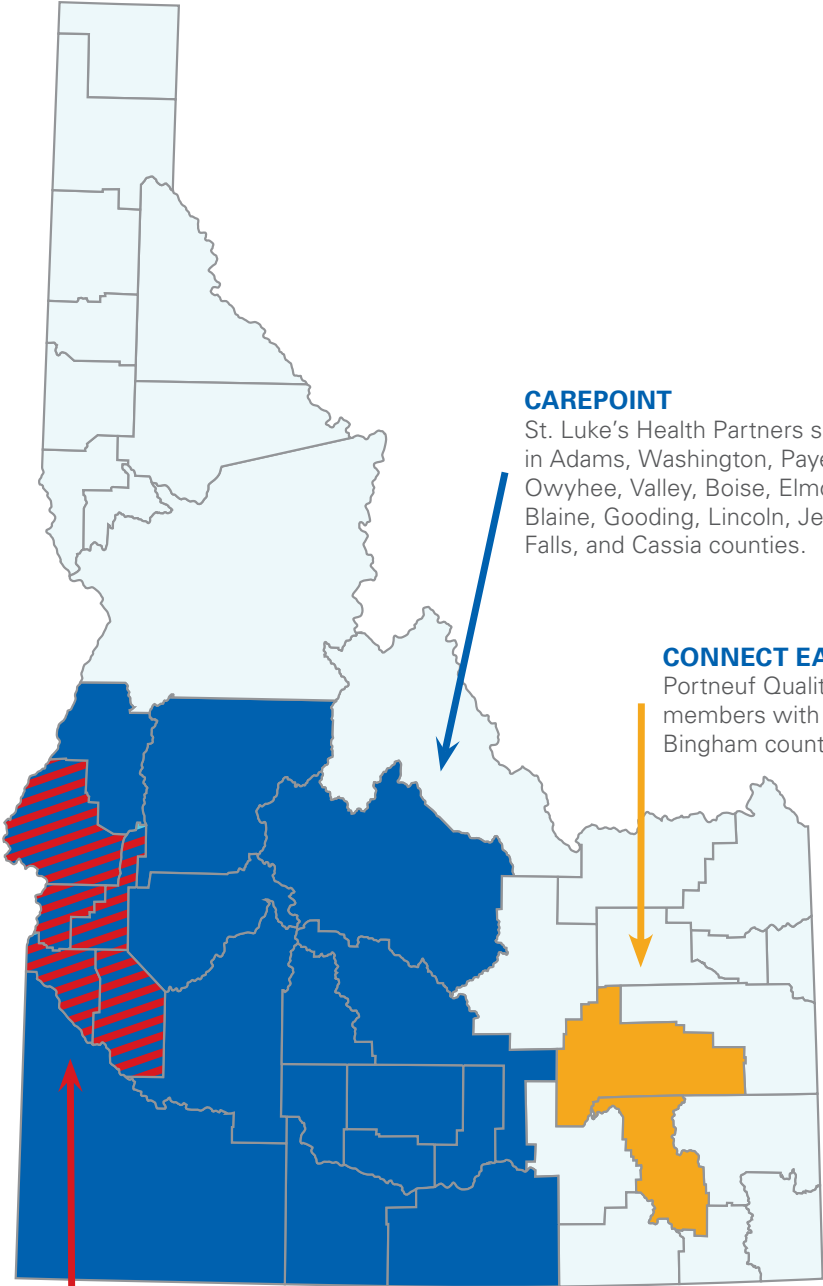
1. You must visit doctors and hospitals that are part of the coordinated care network where you live.
2. You must choose one doctor as your primary care provider (PCP). PCPs provide care and arrange other treatments and services when needed.
3. Your PCP must provide you referrals to specialists within your network to receive in-network coverage benefits.

Want to know more? See our *CarePoint Plans for Individuals*, *Connect Southwest Plans for Individuals*, or *Connect East Plans for Individuals* brochures for more information.

*\*Covered Connect is a catastrophic plan and 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](http://yourhealthidaho.org) for more information on catastrophic coverage.*

# Coordinated Care May Be Right for You

<b>BRONZE CONNECT</b>	<b>SILVER CONNECT</b>	<b>SILVER CAREPOINT</b>	<b>GOLD CONNECT</b>	<b>COVERED CONNECT*</b>
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**CAREPOINT**  
St. Luke’s Health Partners serves CarePoint members in Adams, Washington, Payette, Gem, Canyon, Ada, Owyhee, Valley, Boise, Elmore, Custer, Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls, and Cassia counties.

**CONNECT EAST**  
Portneuf Quality Alliance serves Connect members with providers in Bannock and Bingham counties.

**CONNECT SOUTHWEST**  
Saint Alphonsus Health Alliance serves Connect members with providers in Ada, Canyon, Gem, Payette, Washington, and Malheur, Oregon counties.





## Additional Plans to Meet Your Needs

### Short Term PPO Plan

If you need coverage for a short time, our Short Term PPO plan offers a limited benefit plan for temporary coverage. This plan is not subject to the rules set forth by the Affordable Care Act (ACA), including the pre-existing condition coverage requirement.

For information about our Short Term PPO plan, please call your insurance agent or a local Blue Cross of Idaho office. Learn more at [bcidaho.com/plans/individual/STB.asp](https://www.bcidaho.com/plans/individual/STB.asp).

### Dental Insurance

While you're taking the time to think about medical insurance, you may want to consider your dental plan options too. Good oral health is an important part of your overall health.

Dental coverage for members younger than 19 is considered one of the ACA's 10 essential health benefits (EHBs), which are basic benefits most health insurance plans will provide.

Blue Cross of Idaho offers flexible and affordable dental plans that meet the ACA requirements separate from our medical plans. See our dental plans brochure for more information.

You can choose a dental plan directly from Blue Cross of Idaho at [shoppers.bcidaho.com](https://shoppers.bcidaho.com) or through the Idaho Health Insurance Exchange at [yourhealthidaho.org](https://yourhealthidaho.org).



# BLUE CROSS OF IDAHO HEALTH INSURANCE PLANS

\*Covered Choice is a catastrophic plan and is only available to people under the age of 30, or to people who qualify for a hardship exemption through the exchange. Visit [bcidaho.com/SBC](http://bcidaho.com/SBC) for a Summary of Benefits and Coverage.

METAL LEVEL	GOLD CHOICE		COVERED CHOICE*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Benefit Details</b>				
<b>Deductible</b>	\$1,000 per person or \$2,000 per family	\$1,000 per person or \$2,000 per family	\$6,850 per person or \$13,700 per family	\$6,850 per person or \$13,700 per family
<b>Coinsurance</b> <small>The percentage you pay of the allowed amount for covered services after meeting your deductible.</small>	Once you've met your deductible, you pay 15% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Annual Out-of-Pocket Maximum</b> <small>Includes your deductible, copayments, coinsurance, and prescription deductible.</small>	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).	For in-network care, the most you'll pay over the course of a year is \$6,850 (individual) or \$13,700 (family).	For covered care, the most you'll pay over the course of a year is \$8,850 (individual) or \$17,700 (family).
<b>WHAT YOU'LL PAY UP TO YOUR ANNUAL OUT-OF-POCKET MAXIMUM</b>				
<b>Doctor's Office Visit &amp; Urgent Care</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	You pay \$30 copayment per visit for the first 3 visits per person. For additional visits, you pay costs up to your deductible.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Emergency Room</b>	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 15% of the allowed amount of your covered care.	You pay \$150 copayment per visit. Once you've met your deductible, you pay copayment and 50% of the allowed amount of your covered care. <sup>1</sup>	Once you've met your deductible, you pay nothing for covered care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care. <sup>1</sup>
<b>Prescriptions<sup>2</sup></b> <small>Prescription drug costs count toward your out-of-pocket maximum.</small>	You pay \$10 copayment for generic drugs.		Once you've met your deductible, you pay nothing for covered prescriptions.	
	Once you've met your deductible, you pay \$30 copayment for preferred brand-name, \$50 copayment for non-preferred brand-name, and \$100 copayment for specialty drugs.			
<b>Diagnostic X-Ray &amp; Lab</b>				
<b>Outpatient Rehab<sup>3</sup></b>				
<b>Physician, Surgical, Medical &amp; Inpatient Hospital Services</b>	Once you've met your deductible, you pay 15% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing for covered care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Pregnancy Services</b>				
<b>Chiropractic Care<sup>4</sup></b>	Once you've met your deductible, you pay 15% of the allowed amount of your covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing for covered care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.
<b>Diabetes Education</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing for covered care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Outpatient Mental Health &amp; Substance Abuse Therapy Services</b>	You pay \$20 copayment per visit.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	Once you've met your deductible, you pay nothing for covered care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Preventive Care</b>	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 50% of the allowed amount of your covered care.	You pay nothing for listed preventive care.	Once you've met your deductible, you pay 30% of the allowed amount of your covered care.
<b>Immunizations</b>	You pay nothing for listed immunizations.		You pay nothing for listed immunizations.	

<sup>1</sup> For treatment of emergency medical conditions as defined in the policy, Blue Cross of Idaho will provide in-network benefits for covered services. <sup>2</sup> 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 copayment. The extra costs do not count toward your deductible or annual out-of-pocket maximum. You or your provider can ask Blue Cross of Idaho to review this policy on a case-by-case basis. <sup>3</sup> Includes physical, occupational, and speech therapy services. You have a combined total of up to 20 in- and out-of-network visits for covered therapy services per member per year. <sup>4</sup> You have up to a combined total of 18 in- and out-of-network visits for covered chiropractic services per member per year.

# Why Blue Cross of Idaho?

## BEST VALUE

Our mission is to provide our members the best value in health insurance and the tools for maintaining – and improving – their health.

## STRONG PROVIDER NETWORKS

No insurance company has a more complete network of doctors and hospitals in the state than we do. We contract with every hospital in Idaho and 96 percent of all Idaho physicians and healthcare providers.

If you're traveling outside of Idaho, doctors and hospitals all over the United States and in more than 200 countries and territories around the world are in our BlueCard® network.

## EXCELLENT CUSTOMER SERVICE

Blue Cross of Idaho takes pride in providing exceptional service from our customer service center staffed by your friends and neighbors right here in Idaho.

Our customer advocates are available Monday through Friday from 7 a.m. – 8 p.m. and Saturday

from 8 a.m. – noon. (They are closed Wednesdays from 8-8:30 a.m. so they can attend a staff meeting.) You'll also have 24-hour access to our self-service phone system that offers claims history, eligibility and deductible information.

We also make sure important information is at your fingertips at our website at [members.bcidaho.com](http://members.bcidaho.com).

## SEE COSTS AND WAYS TO SAVE

With *CostAdvisor*, you can see the price you would pay at a specific provider or for a prescription based on where you live, what insurance plan you have, and who is in your network of doctors and hospitals.

You can also sign up for *Ways to Save* alerts delivered to your email or phone, which shows you how you can save money on the services you already use.

## HEALTH AND WELLNESS SUPPORT

As a member, you'll have access to our *WellConnected* tools to help you improve your health. You can

track your exercise, food and water intake as well as take a wide range of wellness workshops. There's a mobile app to make tracking even more convenient. You can also take a personal health assessment that gives you access to online health coaching programs\* with personalized action plans, tools and resources to help you meet your health goals.

*\*Personal health coaching is a value added program and is not part of your health insurance policy.*

## WITH YOU ON THE GO

The Blue Cross of Idaho mobile app for smartphones means you'll have access to your key health insurance information wherever you are, whenever you need it.

Whether it's viewing and sending your member ID card, checking your progress toward your annual deductible or searching for a doctor or urgent care close to where you are, now your health insurance is in the palm of your hand.





## Personal Health Support

What's important to you about your health? Are there any changes you'd like to make?

For us, health insurance isn't just about processing claims. We want to help you succeed in creating and sustaining healthy behaviors.

Whether you or a family member are dealing with an acute or complex illness or are at risk for or have a chronic condition such as diabetes, asthma, chronic obstructive pulmonary disease, coronary artery disease, or heart failure, Blue Cross of Idaho's professional staff of physicians, registered nurses and licensed behavioral health clinicians will work with you to:

- Ensure you receive the highest quality care in a location and setting that is best for you
- Provide support through your treatment
- Address any concerns about your health
- Help you stay on track with your treatment by identifying and removing any barriers that may be in the way
- Develop a customized plan to help you self-manage your health or health condition

## Blue Extras!

We know that maintaining good health is important to our members and that there are many different approaches to achieving good health.

Whether you follow a formal workout routine or rely on evening walks in the neighborhood, take a daily multi-vitamin or follow a strict naturopathic medicine, acupuncture and massage therapy program, Blue Extras! can help you succeed.

**Blue Extras is a value-added program and is not part of your health insurance policy.**

The Blue Extras! program offers discounted rates to members all over Idaho for the following services:

- Baby health and safety
- Complementary and alternative health
- Fitness clubs
- Hearing services
- Medical alert services
- Orthodontia services
- Vision services

Blue Extras! is available to most Blue Cross of Idaho members and is not dependent on your specific benefit plan.

If your plan includes coverage for a service included in the Blue Extras value-added program, the service provider will apply the discount before submitting the claim for payment under your benefit plan.

For more information about Blue Extras! and for a list of specific clubs and services providers, visit [bcidaho.com](http://bcidaho.com).



## Details About Our Plans

Your member contract contains all the details about your benefits, including out-of-pocket amounts, covered services, and exclusions and limitations. Here are some of things you should know before you buy.

### HOW DO WE PROTECT YOUR PERSONAL INFORMATION?

- We consider all personal information we collect from you to be confidential.
- Our privacy practices apply equally to personal information about future, current and former members.
- We allow access to your information by our employees and business associates only to the extent necessary to conduct our business of serving you.
- We train our employees on our written privacy and security policies and procedures and our employees are subject to disciplinary actions if they violate them.
- We won't disclose your personal information unless we are allowed or required by law, or if you (or your personal representative) give us permission.
- We take steps to secure our buildings and systems from unauthorized access.

For detailed information about our privacy practices and your rights, including your right to see your personal health record, see the Blue Cross of Idaho Notice of Privacy Practices on our website at [bcidaho.com/about\\_us/privacy\\_policy.asp](https://www.bcidaho.com/about_us/privacy_policy.asp). You can also contact our information privacy officer at 877-488-7788 for more information.

### ABOUT OUT-OF-POCKET LIMITS

Be aware that your actual costs for services provided by an out-of-network provider may exceed the annual out-of-pocket maximum for out-of-network services.

Out-of-network providers can bill you for the difference between the amount they charge for covered services and the amount Blue Cross of Idaho allows for those services, and that amount does not count toward the out-of-network annual out-of-pocket maximum.

### Prior Authorization

#### WHAT IS PRIOR AUTHORIZATION?

Prior authorization is the process of obtaining coverage approval for a medical or behavioral health service or procedure in advance of treatment. This helps address the issue of rising healthcare costs by keeping procedures and services that are not medically necessary from being performed. In the case of an emergency, you do not need prior authorization.



Our team of licensed physicians, registered nurses, or pharmacy technicians receive and review all prior authorization requests. They may request or review medical records, test results and other information so they understand what services are being performed and are able to make an informed decision.

Typically, we complete this review within two business days, and notify you and your provider of our decision. In some cases, we require more information and will request additional records so we can make a fully informed decision. This may result in a delay of our determination response.

In addition, you can log into the Blue Cross member website to view the status of your prior authorization.

**WHAT PRIOR AUTHORIZATION IS NOT?**

Prior authorization is not a guarantee of payment. It is a pre-service determination of medical necessity based on information provided to Blue Cross of Idaho at the time the prior authorization 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.

**WHY IS PRIOR AUTHORIZATION IMPORTANT TO BLUE CROSS?**

With prior authorization, Blue Cross of Idaho is able to:

- Confirm your specific treatment plan and medical necessity given your diagnosis
- Determine if services are eligible for coverage
- Assure your claims are processed accurately and timely
- Save you from unnecessary medical expenses

Prior authorization is just one of the ways we're working to save our members money and address rising healthcare costs. As healthcare costs go up, health insurance premiums also go up to pay for the services provided.

**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.





Blue Cross of Idaho does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan including enrollment and benefit determinations.

*\*Exclusions and limitations do not apply to Blue Cross of Idaho dental or short term PPO plans. See those policies for a full list of applicable exclusions and limitations.*

# Exclusions & Limitations

In addition to exclusions and limitations listed elsewhere in this brochure, the following exclusions and limitations apply to the Bronze, Silver, Gold and Covered plans,\* unless otherwise specified:

## PREEXISTING CONDITION WAITING PERIODS

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

## GENERAL EXCLUSIONS AND LIMITATIONS

There are no benefits 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 Insured. However, the Insured 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 Insured has a non dental, life endangering condition which makes hospitalization necessary to safeguard the Insured'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 Insured 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 Insured claims such benefits or compensation or recovers losses from a third party.
- Provided or paid for by any federal governmental entity or unit except when payment under this Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefore would vary, or are or would be affected by the existence of coverage under this Policy.
- 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 Insured by blood or marriage and who ordinarily dwells in the Insured'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 an Insured who is a dependent child.
  - Benefits for reconstructive Surgery to correct an Accidental Injury are available even though the accident occurred while the Insured was covered under a prior insurer's coverage.
- Rendered prior to the Insured'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 this Policy.
- 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 this Policy, 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 or Therapy Services; or for Inpatient admissions when the Insured is ambulatory and/or confined primarily for bed rest, 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 this Policy.
  - 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).
  - Related to Dentistry or Dental Treatment, even if related to a medical condition; or orthoptics, eyeglasses or contact Lenses, or the vision examination for prescribing or fitting eyeglasses or contact Lenses, unless specified as a Covered Service in this Policy.
  - For hearing aids or examinations for the prescription or fitting of hearing aids.
  - For any treatment of either gender leading to or in connection with transsexual Surgery, gender transformation, 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 Insured'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 this Policy; for Mental or Nervous Conditions and Substance Abuse or Addiction services not recognized by the American Psychiatric and American Psychological Associations.
  - 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 this Policy;
    - 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 weight control or treatment of obesity or morbid obesity, even if Medically Necessary, including but not limited to Surgery for obesity. For reversals or revisions of Surgery for obesity, except when required to correct a life-endangering condition.
  - 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 this Policy.
  - 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 an Insured'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 under this Policy.
  - 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, unless specified as a Covered Service in a Vision Benefits Section of this Policy, if any. 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 this Policy.
  - 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.
  - For treatment or other health care of any Insured in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Insured to Covered Services under this Policy, if and to the extent those benefits are payable to or due the Insured under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first party or no fault provision of any automobile, homeowner's, or other similar policy of insurance, contract, or underwriting plan.
  - In the event Blue Cross of Idaho (BCI) for any reason makes payment for or otherwise provides benefits excluded by the above provisions, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Insured, and the Insured's heirs and personal representative against all insurers, underwriters, self insurers or other such obligors contractually liable or obliged to the Insured, or his or her estate for such services, supplies, drugs or other charges so provided by BCI in connection with such Illness, Disease, Accidental Injury or other condition.
  - Any services or supplies for which an Insured would have no legal obligation to pay in the absence of coverage under this Policy 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 physicals; or a screening examination including routine hearing examinations, except as specified as a Covered Service in this Policy.
  - For immunizations, except as specified as a Covered Service in this Policy.
  - 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 an Insured.
  - For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
  - For an elective abortion, except to preserve the life of the female upon whom the abortion is performed, unless benefits for an elective abortion are specifically provided by a separate Endorsement to this Policy.
  - For alterations or modifications to a home or vehicle.



- For special clothing, including shoes (unless permanently attached to a brace).
- Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Policy.
- For Outpatient pulmonary and/or cardiac Rehabilitation.
- For complications arising from the acceptance or utilization of noncovered services.
- For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- For 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 this Policy.
- For arch supports, orthopedic shoes, and other foot devices.
- 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.
- 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 Insured.
- 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 this Policy.
- Medication that is to be taken by or administered to an Insured, in whole or in part, while the Insured 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:

## PHARMACY EXCLUSIONS AND LIMITATIONS

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply, 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 this Policy. 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 Insured 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.
- Prescribed primarily to aid or assist the Insured 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 this Policy 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.



# 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.”

The formulary includes brand name as well as generic drugs that have undergone rigorous testing and are approved by the Food and Drug Administration (FDA). The formulary shows how financial responsibility, prior authorization or step therapy requirements, and if any age or quantity limits will apply.

You can obtain 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.

Often, there is a covered formulary drug available within a class of medications indicated for treatment of a specific condition. However, when your physician feels that a non-formulary drug is necessary to adequately and safely treat or prevent a condition, you may submit a Formulary Exception Request form to request coverage for the non-formulary drug.

Blue Cross of Idaho's team of clinicians will request clinical documentation from your provider to determine if the non-formulary drug is medically necessary, and exception requests will be reviewed on a case by case basis.

Blue Cross of Idaho will provide a response to the exception request within 24 to 72 hours of receipt, depending on the urgency of the circumstances. The exception process is not available for drugs excluded by your plan's contract.

Prior authorizations are required for selected high risk and/or high cost medications to promote appropriate and maintain affordability of Blue Cross of Idaho plans. Drugs requiring prior authorization can be identified by the “PA” that follows the drug name.

Certain medications may require Step Therapy, the trial of one or more cost-effective medications, prior to approval for a higher cost therapeutic treatment plan. Drugs requiring step therapy can be identified by the “ST” that follows the drug name.

Any drug prescribed as medical treatment for a condition other than its FDA-approved indication also requires prior authorization.

When prior authorization is required, your physician must submit a *Pharmacy Prior Authorization Request Form*, available on our website, with complete clinical documentation supporting medical necessity.



Blue Cross of Idaho's team of clinicians will review the prior authorization request and clinical documentation on a case by case basis to determine medical necessity. Determinations will be provided to members and physicians within 15 calendar days for standard requests, and 72 hours for clinically urgent requests.







P.O. Box 7408 · Boise, ID · 83707

**1 888 GO CROSS (1 888-462-7677)**

**bcidaho.com**

### Meridian

STREET ADDRESS	MAILING ADDRESS	CLAIMS INQUIRIES
3000 E. Pine Avenue Meridian, ID 83642-5995	P.O. Box 7408 Boise, ID 83707 208-387-6683	208-331-7347 800-627-1188

### Coeur d'Alene

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

### Idaho Falls

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

### Lewiston

866-841-2583  
208-746-0531

### Pocatello

275 S. 5th Ave., Suite 150  
Pocatello, ID 83201  
208-232-6206

### Twin Falls

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