



## MEDICARE ADVANTAGE PLANS

True Blue<sup>®</sup> HMO Secure Blue<sup>SM</sup> PPO Flexi Blue<sup>SM</sup> PFFS  
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888-494-2583 | [WWW.BCIDAHO.COM/MEDICARE](http://WWW.BCIDAHO.COM/MEDICARE)

True Blue HMO, Secure Blue PPO and Flexi Blue PFFS are Medicare Advantage organizations with a Medicare contract and are Medicare approved Part D sponsors.

This benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; call Customer Service for more information or to request this information in alternate formats and languages. Some covered services or medications may require prior authorization. You must continue to pay your Medicare Part B premium if you choose a Medicare Advantage plan. Switching your Part C method of payment (direct billing or premium withholding) can take up to three months. You are responsible for your Part C premium payment during this transition period.

If you are enrolled in a Medicare Advantage coordinated care (HMO or PPO) plan or a Medicare PFFS plan that includes Medicare prescription drugs, you may not enroll in a Part D Prescription Drug plan unless you disenroll from the HMO, PPO, or PFFS plan. Enrollment in a Medicare Advantage plan is only available during certain times of the year or in certain situations. Call Customer Service to find out when you are able to enroll. Medicare beneficiaries may enroll in our plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at [www.medicare.gov](http://www.medicare.gov).

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital can continue to treat you if it agrees to accept our terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: [www.bcidaho.com/PFFSTerms](http://www.bcidaho.com/PFFSTerms)

For True Blue HMO, you must use plan providers except in emergent or urgent care situations. If you obtain routine care from out-of-network providers neither Medicare nor Blue Cross of Idaho will be responsible for the costs. For Secure Blue PPO, you may visit out-of-network providers but may pay more except in the case of emergent or urgent care situations. Secure Blue PPO provides reimbursement for all covered benefits regardless of whether they are received in-network, as long as they are medically necessary. You must also use network pharmacies to access your prescription drug benefit except in non-routine circumstances. Quantity limits may apply for mail order prescriptions. Call Customer Service for information on mail order prescription drug service.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call, 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

**For full information contact Blue Cross of Idaho's Medicare Advantage Customer Service at 1-888-492-2583 or TDD/TTY 1-800-377-1363 for the hearing impaired. We are available from 8 a.m. to 8 p.m. seven days a week.**