

BOISE

(Street Address)

3000 East Pine Avenue
Meridian, ID 83642-5995

(Mailing Address)

P.O. Box 7408
Boise, ID 83707
(208) 387-6683
(800) 365-2345

(Claims Inquiries)

(208) 331-7347
(800) 627-1188

COEUR D'ALENE

2100 Northwest Boulevard, Suite 120
Coeur d'Alene, ID 83814
(208) 666-1495

IDAHO FALLS

2116 East 25th Street
Idaho Falls, ID 83404

(Mailing Address)

P.O. Box 2287
Idaho Falls, ID 83403
(208) 522-8813

LEWISTON

1010 17th Street

(Mailing Address)

P.O. Box 1468
Lewiston, ID 83501
(208) 746-0531

POCATELLO

275 South 5th Avenue, Suite 150
Pocatello, ID 83201

(Mailing Address)

P.O. Box 2578
Pocatello, ID 83206
(208) 232-6206

TWIN FALLS

1431 North Fillmore Street, Suite 200
Twin Falls, ID 83301

(Mailing Address)

P.O. Box 5025
Twin Falls, ID 83303-5025
(208) 733-7258



HSA BLUESM PPO INDIVIDUAL HEALTH INSURANCE

one TO one

It's a ratio that most accurately
represents our dedication
to unparalleled customer service
and to you, our number-one priority.

INPATIENT NOTIFICATION

NON-EMERGENCY PREADMISSION NOTIFICATION

Non-emergency preadmission notification is a notification to Blue Cross of Idaho by you and is required for all inpatient admissions except covered services subject to emergency or maternity admission notification. You must notify Blue Cross of Idaho of all proposed inpatient admissions as soon as you know you will be admitted as an inpatient. The notification must be made before any inpatient admission.

Non emergency preadmission notification informs Blue Cross of Idaho, or a delegated entity, of your proposed inpatient admission to a licensed general hospital, alcohol or substance abuse treatment facility, psychiatric hospital, or any other facility provider. This notification alerts Blue Cross of Idaho of the proposed stay. When timely notification of an inpatient admission is provided by you to Blue Cross of Idaho, payment of benefits is subject to the specific benefit levels, limitations, exclusions and other provisions of the policy. For non-emergency preadmission notification, call Blue Cross of Idaho at the telephone number listed on the back of your identification card.

EMERGENCY OR MATERNITY ADMISSION NOTIFICATION

When an emergency admission occurs for emergency medical conditions, an unscheduled cesarean section delivery, or (if covered under the policy) maternity delivery services, and notification cannot be completed prior to admission due to your condition, you or your representative must notify Blue Cross of Idaho within twenty-four hours of the admission. If the admission is on a weekend or legal holiday, Blue Cross of Idaho must be notified by the end of the next working day after the admission. If the emergency medical condition, unscheduled cesarean section delivery or (if covered under the policy) maternity delivery services, renders it medically impossible for you to provide such notice, you must immediately notify Blue Cross of Idaho of the admission when it is no longer medically impossible to do so. This notification alerts Blue Cross of Idaho to the emergency stay.

CONTINUED STAY REVIEW

Blue Cross of Idaho will contact the hospital utilization review department and/or the attending physician regarding your proposed discharge. If you will not be discharged as originally proposed, Blue Cross of Idaho will evaluate the medical necessity of the continued stay and approve or disapprove benefits for the proposed course of inpatient treatment. Payment of benefits is subject to the specific benefit levels, limitations, exclusions and other provisions of the policy.

DISCHARGE PLANNING

Blue Cross of Idaho will provide information about benefits for various post-discharge courses of treatment.

PRIOR AUTHORIZATION

NOTICE: The medical necessity of covered services should be determined to be eligible for benefits under the terms of the policy. If prior authorization has not been obtained to determine medical necessity, services may be subject to denial. Any dispute involved in this decision to deny must be resolved by use of the Blue Cross of Idaho appeal process as outlined in the general provisions section of the policy.

If non-medically necessary services are performed by contracting providers, without prior authorization by Blue Cross of Idaho, and benefits are denied, the cost of those services are not your financial responsibility. You are financially responsible for non-medically necessary services provided by a noncontracting provider.

Prior authorization is a request by your contracting provider to Blue Cross of Idaho, or delegated entity, for authorization of your proposed treatment.

Blue Cross of Idaho may review medical records, test results and other sources of information to ensure that it is a covered service and make a determination as to medical necessity or alternative treatments. You are responsible for obtaining prior authorization when seeking treatment from a noncontracting provider.

To request prior authorization, the contracting provider must notify Blue Cross of Idaho of your intent to receive services that require prior authorization. You are responsible for notifying Blue Cross of Idaho if the proposed treatment will be provided by a noncontracting provider. The notification may be completed by telephone call or in writing and must include the information necessary to establish that the proposed services are covered services under your policy and medically necessary. Blue Cross of Idaho will respond to a request for prior authorization received from either you or the provider within two business days of the receipt of the medical information necessary to make a determination.

PREEXISTING CONDITION*

- A condition that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment during the six months immediately preceding the effective date of coverage; or
- A condition for which medical advice, diagnosis, care, or treatment was recommended or received during the six months immediately preceding the effective date of coverage; or
- A pregnancy existing on the effective date of coverage under the policy.

PREEXISTING CONDITION WAITING PERIOD*

- There are no benefits available under these policies for services, supplies, drugs, or other charges that are provided within 12 months after an insured's effective date for any preexisting condition.
- Blue Cross of Idaho shall credit any qualifying previous coverage, as defined by the Individual Health Insurance Availability Act, to the preexisting condition waiting period for new enrollees and dependents. This only applies if there was not more than a 63 day lapse in health coverage prior to the effective date of the new coverage.

DETERMINATION OF ELIGIBILITY

Applicants to Blue Cross of Idaho for individual coverage must reside in Idaho and must meet the requirements of "eligible individual" as defined by state law.*

DISCLOSURE OF PREMIUM PRACTICES & GUARANTEES

HOW PREMIUMS ARE SET

Your premium is determined by two factors – case characteristics and health status. The case characteristics of your policy include the benefits you selected, your geographic location, and the age and gender of the individuals covered on your policy. These case characteristics determine your index rate, which is the same for all individuals with the same case characteristics. The index rate is then adjusted for the health status of the individuals covered on your policy. Health status may cause the premiums to be set anywhere from 50% above to 50% below the index rate. In addition to an index rate change, no more than a 15% premium increase will be given each year due to changes in health status. The remaining portion of any premium increase is due to changes in case characteristics or general medical trends.

PREMIUM GUARANTEE

We guarantee your initial premium for 10, 11, or 12 months (depending on the month in which you enroll) for the benefits selected. Your premium may change if you change your benefits. Any new premium applies from the date benefit

changes begin. An exception to the premium guarantee may be made if any state or federal law unexpectedly increases our administrative costs or claims liability. Each policy is subject to a premium adjustment at its renewal.

RENEWABLE COVERAGE GUARANTEED WITH EXCEPTIONS

No individual's coverage will be terminated because of claims utilization or any particular medical condition. Coverage may be terminated if any of the following circumstances exist:

- Nonpayment of the required premiums.
- Fraud or intentional misrepresentation of material fact with respect to insured individuals, or their representative.
- Repeated misuse of a provider network provision.
- Blue Cross of Idaho chooses not to renew all of its health benefit plans in Idaho.
- The individual no longer resides in the state of Idaho.
- No qualification for coverage under the Individual Health Insurance Availability Act.*
- The director finds that the continuation of the coverage would:
 1. Not be in the best interests of the policyholders or certificate holders; or
 2. Impair the carrier's ability to meet its contractual obligations. In such instance, the director shall assist affected individuals in finding replacement coverage.

**For information regarding "preexisting condition" and "eligible individual" provisions, you may wish to contact your insurance agent or local Blue Cross of Idaho district office.*

MAXIMUM ALLOWANCE

For covered services under the terms of the policy, maximum allowance is the lesser of the billed charge or the amount established as the highest level of compensation for a covered service. If the covered services are rendered outside the state of Idaho by a noncontracting or contracting provider with a Blue Cross and/or Blue Shield affiliate in the location of the covered services, the maximum allowance is the lesser of the billed charge or the amount established by the affiliate as compensation.

The maximum allowance is determined using many factors, including pre-negotiated payment amounts; diagnostic related groupings (DRGs); a resource based relative value scale (RBRVS); ambulatory payment classifications (APCs); the provider's charge(s); the charge(s) of providers with similar training and experience within a particular geographic area; Medicare reimbursement amounts; and/or the cost of rendering the covered service.

Moreover, maximum allowance may differ depending on whether the provider is contracting or noncontracting.

In addition, maximum allowance for covered services provided by contracting or noncontracting dentists is determined using many factors, including pre negotiated payment amounts, a calculation of charges submitted by contracting Idaho dentists, and/or a calculation of the average charges submitted by all Idaho dentists.

HSA ADMINISTRATORS

An HSA administrator can help you set up and manage a health savings account that will provide the greatest financial benefit to you. Please note that Blue Cross of Idaho is not an HSA administrator. Rather, we have created HSA Blue to meet the requirements of a federally qualified high deductible health plan.

OPTIONS AND BENEFITS	HSA BLUE 20/40		HSA BLUE 10/30		HSA BLUE 100	
	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>	<i>In-network</i>	<i>Out-of-network</i>
Deductible Choices <i>(Includes in-network and out-of-network covered services)</i>	\$2,000 or \$3,000 per person – \$4,000 or \$6,000 per family ¹		\$2,000 or \$3,000 per person – \$4,000 or \$6,000 per family ¹		\$5,000 per person – \$10,000 per family ¹	
Coinsurance <i>(The amount you pay after meeting your deductible, unless otherwise indicated)</i>	You pay 20% of the allowed amount for covered services from contracting providers	You pay 40% of the allowed amount for covered services from non-contracting providers	You pay 10% of the allowed amount for covered services from contracting providers	You pay 30% of the allowed amount for covered services from non-contracting providers	You pay nothing of the allowed amount for covered services from contracting and non-contracting providers	
Out-of-Pocket Maximum <i>(Includes your deductible, copayments and coinsurance)</i>	\$4,000 or \$5,000 per person – \$8,000 or \$10,000 per family		\$4,000 or \$5,000 per person – \$8,000 or \$10,000 per family		\$5,000 per person – \$10,000 per family	
Physician Office Visits <i>(You pay deductible and/or coinsurance for other services during a physician office visit)</i>	You pay 20% of the allowed amount for covered services after meeting your deductible	You pay 40% of the allowed amount for covered services after meeting your deductible	You pay 10% of the allowed amount for covered services after meeting your deductible	You pay 30% of the allowed amount for covered services after meeting your deductible	You pay nothing of the allowed amount after meeting your deductible	
Preventive Care Services	You pay nothing for specifically listed services up to \$500 For services in excess of \$500 you pay your deductible and coinsurance	You pay 40% of the allowed amount for covered services after meeting your deductible	You pay nothing for specifically listed services up to \$500 For services in excess of \$500 you pay your deductible and coinsurance	You pay 30% of the allowed amount for covered services after meeting your deductible	You pay nothing for specifically listed services up to \$500 For services in excess of \$500 you pay your deductible	You pay nothing of the allowed amount after meeting your deductible
Diabetes Self-Management Education Services <i>(From approved providers only, limited to \$500 per person, per benefit period)</i>	You pay 20% of the allowed amount for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay 10% of the allowed amount for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay nothing for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges
Immunizations	You pay nothing for specifically listed immunizations		You pay nothing for specifically listed immunizations		You pay nothing for specifically listed immunizations	
Prescription Drugs <i>(Brand name and generic drugs)</i>	You pay 50% coinsurance after meeting your deductible. Prescription drug benefit limited to a maximum of \$1,200 per person, per benefit period. 90-day supply limit, mail order available. ²				You pay nothing after deductible	
Chiropractic Care Services <i>(Limited to a combine total of \$800 per person, per benefit period)</i>	You pay 20% of the allowed amount for covered services after meeting your deductible	You pay 50% of the allowed amount for covered services after meeting your deductible	You pay 10% of the allowed amount for covered services after meeting your deductible	You pay 50% of the allowed amount for covered services after meeting your deductible	You pay nothing of the allowed amount after meeting your deductible	
Physician, Surgical and Medical Professional Services		You pay 40% of the allowed amount for covered services after meeting your deductible		You pay 30% of the allowed amount for covered services after meeting your deductible		
Hospital Services						
Inpatient Physical Rehabilitation <i>(From contracting providers only)</i>	You pay 20% of the allowed amount for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay 10% of the allowed amount for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay nothing of the allowed amount after meeting your deductible	Not covered, you pay 100% of the billed charges
Diagnostic Laboratory and X-ray Services	You pay 20% of the allowed amount for covered services after meeting your deductible	You pay 40% of the allowed amount for covered services after meeting your deductible	You pay 10% of the allowed amount for covered services after meeting your deductible	You pay 30% of the allowed amount for covered services after meeting your deductible	You pay nothing of the allowed amount after meeting your deductible	
Outpatient Physical Services <i>(Limited to \$800 each per person, per benefit period)</i>						
Speech Therapy Services <i>(Limited to \$800 each per person, per benefit period)</i>						
Hospice Services <i>(Lifetime benefit limit of \$10,000 per person)</i>	You pay nothing for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay nothing for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges	You pay nothing for covered services after meeting your deductible	Not covered, you pay 100% of the billed charges
Psychiatric Inpatient and Outpatient Services <i>(Limited to 8 inpatient days and 20 outpatient visits per benefit period)</i>						
Therapy Services <i>(Therapies such as radiation, chemotherapy, renal dialysis, respiratory, inpatient occupational, enterostomal, growth hormone)</i>		You pay 40% of the allowed amount for covered services after meeting your deductible	You pay 30% of the allowed amount for covered services after meeting your deductible	You pay nothing for covered services after meeting your deductible		
Home Intravenous Therapy		Not covered, you pay 100% of the billed charges	Not covered, you pay 100% of the billed charges	Not covered, you pay 100% of the billed charges		
Ambulance Transportation Services	You pay 20% of the allowed amount for covered services after meeting your deductible	You pay 40% of the allowed amount for covered services after meeting your deductible	You pay 10% of the allowed amount for covered services after meeting your deductible	You pay 30% of the allowed amount for covered services after meeting your deductible	You pay nothing for covered services after meeting your deductible	You pay nothing for covered services after meeting your deductible
Dental Services Related to Accidental Injury <i>(Covered only for the 12-month period immediately following the date of injury)</i>						
Durable Medical Equipment and Prosthetic and Orthotic Devices						
Home Health Skilled Nursing <i>(Only for approved providers and limited to \$5,000 per person, per benefit period)</i>						
Skilled Nursing Facility <i>(Limited to 30 days per person, per benefit period)</i>						
TMJ Syndrome Care Services <i>(Combined lifetime benefit of \$2,000 per person)</i>						
Transplant Services						
Comprehensive Lifetime Benefit Limit	\$1,000,000 lifetime benefit limit per person		\$1,000,000 lifetime benefit limit per person		\$1,000,000 lifetime benefit limit per person	

¹ When family coverage is chosen, the entire family deductible amount must be met before you begin paying coinsurance.

² After your deductible is met, you will continue to pay for your covered prescriptions. Reimbursement is made after purchase. To receive discounts included with your coverage, you must remember to present your member ID card at the time of purchase.

The options and benefits listed above are provided for general information purposes only; they are intended to give you a summary of the plan's benefits. Upon joining, you will receive a copy of the policy and an outline of coverage, which will provide further information on benefits, limitations and exclusions that are not described in this summary. If you have any questions regarding your health care coverage, or if you would like to see a copy of these policies, please contact your insurance agent or your local Blue Cross of Idaho district office.