



AT BLUE CROSS OF IDAHO we believe our members deserve more value from their healthcare plan.

That's why our customer advocate team is ready to serve you.

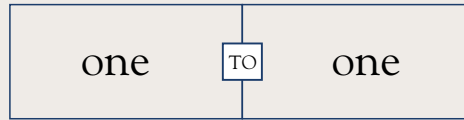
CUSTOMER SERVICE

Every Day, Every Way

Our customer advocates are available every day of the year, from 8 A.M. to 8 P.M. If you have a question give us a call.

1-888-494-2583

TTY/TDD 1-800-377-1363



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



Medicare Advantage Plans

True Blue[®] Secure BlueSM Flexi BlueSM

3000 East Pine Avenue
Meridian, Idaho | 83642-5995
Mailing Address: P.O. Box 8406
Boise, Idaho | 83707-1408
208-395-8200

1-888-494-2583

TTY/TDD 1-800-377-1363

Customer Service hours are
8:00 a.m. to 8:00 p.m., seven days a week

VISIT OUR WEB SITE AT WWW.BCIDAHO.COM

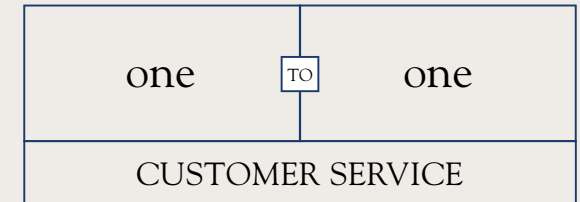
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Medicare Advantage Plans

True Blue[®] Secure BlueSM Flexi BlueSM



You think about trying to understand your healthcare coverage.

WE THINK OUR FRIENDLY,
HELPFUL CUSTOMER ADVOCATES
CAN MAKE IT EASIER

SELF SERVICE 24-7 SUPPORT

If you need information after hours, or anytime, we have a variety of resources available 24 hours, seven days a week. Not registered on our site yet? Follow the step-by-step directions below.

- **Web site: www.bcidaho.com/medicare**
 - Log in to review claims and check prior authorization status
 - Access valuable health information resources
 - Find a pharmacy in your area
 - Formulary information at your fingertips
- **Email: MACS@bcidaho.com**
 - Send us a quick email
 - We will respond the next day, if not sooner
- **Interactive voice response: call us at 1-888-494-2583 after hours**
 - Leave a message, we will call you back the next day
 - Follow simple prompts for automated prior authorizations or to check the status of a claim

REGISTER AT WWW.BCIDAHO.COM

1. Go to bcidaho.com and click on Members in the “Select a Secure Log-in” box
2. Click “Register Now”
3. Enter your name, date of birth, Enrollee ID Number and Program or Group Number (you’ll find those numbers on your ID card)
4. Pick a username and give us your email address That’s all it takes. We will send a password to your email address. You can customize the password once you enter the site.

QUESTIONS? GIVE US A CALL!

Call us to determine if a service is covered – this is called an **organizational determination** or a **pharmacy exception**. If you need a fast decision, we can help there too.

If we have not covered a service claim the way you think we should, you can ask us to reconsider the decision. This is called an **appeal**. We can help with your appeal by reviewing the situation and even obtain an independent review for you.

If you have a problem with how a service was provided, let us know. This is called a **grievance**. We will research the situation to see how it can be resolved.

Generally we can respond to your questions and issues the same day. But sometimes we must obtain medical records or do research. In these cases, we are still required to respond to you no later than the timeframes outlined below:

Request	Standard Response	Expedited Response
Pharmacy organizational determinations	Within 72 hours	Within 24 hours
Pharmacy claims payment appeals	Within 7 days	Within 72 hours
Medical organizational determinations		
Pre-service (Authorization)	Within 14 days	Within 72 hours
Post service (Claim)	Within 60 days	
Grievances and other complaints	Within 30 days	



GENERAL DISCLAIMERS: True Blue[®], Secure BlueSM and Flexi BlueSM are Health plans with a Medicare contract.

To be a member of our Plan, you must live in our service area, be entitled to Medicare Part A, and be enrolled in Medicare Part B. If you currently pay a premium for Medicare Part A and Medicare Part B, you must continue paying your premium.

True Blue, Secure Blue and Flexi Blue have contracts with the Centers for Medicare and Medicaid Services (CMS), the government agency that runs Medicare. These contracts renew each year. At the end of each year, the contracts are reviewed. Whenever a Medicare health plan leaves the Medicare program or stops serving your area, you will be provided a special enrollment period.

If you obtain routine care from out-of-plan providers, neither Medicare nor True Blue will be responsible for the costs.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan’s terms and conditions, 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 health care services to you, except in emergencies. Providers can find the plan’s terms and conditions on our Web site at:

www.bcidaho.com/PFFSTerms

If you are already enrolled in a Medicare Advantage Prescription Drug (MA-PD) plan you must receive your Medicare Prescription Drug Benefit through that plan.