

2024 Benefits at a Glance

STATEWIDE SCHOOLS RETIREE PROGRAM

BREATHE MORE

Simplified
healthcare
coverage for
peace of mind

We are Blue Cross of Idaho,
born of the people and places
we know best.



2024 Benefits at a Glance

Blue Cross of Idaho offers retired educators and other school district employees health insurance specifically designed to complement your Medicare coverage. If you recently retired and are enrolled in Medicare Parts A and B, you are eligible for this health insurance program as long as the school district you retired from is enrolled with Blue Cross of Idaho. If you want to continue your coverage, you must complete the Blue Cross of Idaho Statewide Schools Retiree Application form (Form 4-150). Eligible dependents younger than 65 qualify under the active school policy. This form is available from your district or school-related group office. Fill out the form and return it to the address listed at the bottom of the form.

Your Out-of-Pocket Costs

Blue Cross of Idaho pays 80 percent of the balance remaining after Medicare’s payment up to Blue Cross of Idaho’s maximum allowance or 80 percent of Medicare’s limiting charge. After the member has met the \$600 annual medical out-of-pocket limit* (which includes a \$100 annual deductible), benefits increase to 100 percent for the remainder of the calendar year. The out-of-pocket limit does not include expenses for covered prescription drugs, amounts that exceed the maximum allowance, and non-covered services or supplies. Perhaps the most valuable benefit of all is that Blue Cross of Idaho automatically increases your coverage to meet higher Medicare deductibles and copayments when Medicare increases your costs on these items. You don’t have to worry about these additional costs because Blue Cross of Idaho takes care of them for you.

**Certain exceptions apply to the \$600 annual out-of-pocket limit. Please read your Statewide Schools Retiree Policy for complete details.*

Optional Pharmacy Benefits

The prescription drug benefit has no annual deductible and an annual \$5,000 out-of-pocket limit. The table below shows the copayments and percentages you will pay for generic, brand name and specialty prescriptions through retail or mail order when you choose the optional pharmacy benefit.

Some brand name drugs may automatically be substituted with a generic equivalent. In this case, if you choose to purchase the brand name drug, you will pay the brand name copayment, plus the difference in cost of the brand name drug and the generic equivalent.

If you purchase prescription drugs at a nonparticipating pharmacy, you must pay the cost in full and file a claim for reimbursement. Non-participating pharmacy claims are paid at 80 percent of the balance after subtracting the prescription drug copayment from either the allowed or usual charge for that particular drug, whichever is less.

Optional Pharmacy Benefits	
Deductible: You pay \$0	
Retail and Mail Order	
Generic Drugs: You pay a \$15 copayment per 30-day supply.	
Preferred Brand Name and Preferred Specialty Drugs: You pay a \$30 copayment + 20 percent coinsurance per 30-day supply.	
Non-Preferred Brand Name and Non-Preferred Specialty Drugs: You pay a \$45 copayment + 20 percent coinsurance per 30-day supply.	
\$5,000 prescription out-of-pocket maximum	

Frequently Asked Questions for Anyone Thinking About Retirement

Can I keep my current health insurance?

If you are retiring before age 65, and before you become eligible for Medicare, you can continue with the insurance currently being provided to the employees of your school district or school-related group. Your insurance coverage and rates will remain the same as those currently offered by your school district or school-related group until you become eligible for Medicare. However, your premiums will be billed to the Public Employee Retirement System of Idaho (PERSI) or to yourself, and not to your school district or school-related group.

Once you turn 65 and enroll in Medicare, you can also enroll in Blue Cross of Idaho's Statewide Schools Retiree Program. Because this plan complements Medicare you are required to participate in both Medicare Part A and Medicare Part B. This plan is different from most Medicare supplements available in the marketplace because it is a group plan and it includes significant pharmacy benefits and benefits in some areas not covered by Medicare. [Idaho Code 33-1228) (1) (a)].

What do I need to do to keep my coverage?

If you are planning to retire and want to continue your coverage, it is very important that you complete the Blue Cross of Idaho Statewide Schools Retiree Application form (Form 4-150). This form is available from your district or school related group office. Fill out the form and return it to Blue Cross of Idaho. Blue Cross of Idaho will notify PERSI to begin paying your premiums.

Can I choose to enroll later?

If you choose not to continue coverage at the time of your retirement, you may not be able to enroll at a later date. Exceptions can only be made by submitting a written request to Blue Cross of Idaho asking for deferral of coverage and requesting a delay in drawing on unused sick leave funds because you currently have other group coverage. You may also complete the Statewide Schools Retiree Application form (Form 4-150), select "Retiree Deferral Request", and sign in the designated area on the back of the form. This form may be supplied by your Group Administrator, or by calling Blue Cross of Idaho 888-492-2583. Later enrollment is possible, as long as your school district or school-related group remains with the Blue Cross of Idaho Statewide Schools Group Program and you have maintained 12 months of continuous group coverage. If your school district or school-related group chooses another insurance company for active employee coverage, the new company is not obligated to provide coverage to retirees. The new insurance company may require an application and health statement before determining if you are eligible.

If you wish to defer the use of your PERSI funds and fail to complete the Retiree Deferral Request on Form 4-150, you will forfeit use of PERSI funds.



What about my accumulated sick leave?

When you retire from your school district or school-related group, PERSI will convert your accumulated sick leave to a dollar amount. That dollar amount can be used to pay premiums for you and your enrolled dependents. Your premium will be the same as the premiums of active employees in your school district or school-related group and will stay at that same rate until you or your dependent(s) become eligible for the Blue Cross of Idaho Statewide Schools Retiree Program.

The accumulated sick leave dollar amount that PERSI uses to pay your premium will be equal to one-half the dollar value of your unused sick leave, calculated at your daily rate of pay at the time you retire. For example, if you have 40 hours of unused sick leave when you retire, those hours would be multiplied by your hourly rate of pay. The resulting dollar amount will be divided in half, giving you the amount of money to be used to pay premiums. This amount is available for health, accident, dental and life insurance premiums but cannot be used for any other purpose. If you and your covered spouse are different ages, it is possible for whoever is younger to be on your school district's existing plan and whoever is older, if they are eligible for Medicare, to be on the retiree plan. [Idaho Code 33-1228 (2)]

When you have used all your accumulated sick leave funds, PERSI will notify you. At that point you will have three options: (1) you can authorize that your premium amount be taken from your monthly retirement benefit, (2) you can ask Blue Cross of Idaho to send you a monthly invoice and pay them directly, or (3) you can terminate your insurance coverage. To track the status or balance of your PERSI funds, please visit mypersi.idaho.gov/memberportal.

What happens to my spouse's insurance coverage if I die?

Upon your death, your surviving spouse's health coverage will still be available and will continue under the same terms and conditions.

However, any unused sick leave dollars remaining in your account will revert back to the PERSI sick leave account and will not be available to pay your surviving spouse's premiums.

This material is designed to help answer questions you may have about the insurance benefits and options available to you at retirement. It is for employees of school districts and school-related groups currently participating in the Statewide Schools Retiree Program sponsored by the Idaho School District Council and administered by Blue Cross of Idaho.

If you need additional information, please call us.

Blue Cross of Idaho Customer Service

208-344-7411

800-627-1188





2024 STATEWIDE SCHOOLS RETIREE

	Original Medicare
Premiums	Part B monthly premium is \$174.70 in 2024, or higher depending on your income. Most people who get Social Security benefits pay less than this amount.
Special Network Notes	Part B premium increased for 2024.
Deductible	Annual Part B deductible is \$240
Out-of-Pocket Maximum/ Lifetime Benefit & Maximum	No maximum
	You Pay
Primary Care Provider Office Visit	20%
Specialist Office Visit	20%
Inpatient Hospital Care	\$1,632 annual deductible
Outpatient Services/Surgery	20%
Diagnostic Tests, Lab & X-rays	20% for diagnostic tests and X-rays \$0 for lab services
Advanced Imaging Such as MRI, MRA, CT and PET scans	20%
Emergency Room Visit	20%
Urgent Care Visit	20%
Ambulance	20%
Outpatient Physical, Occupational, Speech/Language Therapy	20%
Durable Medical Equipment	20%
Prosthetic Devices	20%
Skilled Nursing Facility Limit of 100 days for each benefit period	\$0 per day for days 1-20, \$204 per day for days 21-100
Chiropractic Services	20%
Podiatry Services	20%
Inpatient Mental Health Care	\$1,632 annual deductible
Outpatient Mental Health	20%
Outpatient Substance Abuse	20%
Home Health Care	\$0
Preventive Services	\$0
Yearly "Wellness" Visit	\$0
Part D Prescription Drug Coverage – option	
Deductible	You must purchase a stand alone Prescription Drug Plan (PDP)
Retail	
Mail Order	

Vision Services – Available as an additional policy. \$25 copayment per eye exam and/or \$25 per frame and lenses or medically necessary contact lenses. Includes or Program section for more details. **Dental Services** – Available as an additional policy. \$50 deductible, preventive, restorative and major services covered. Must have comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage.

PROGRAM BENEFITS AT A GLANCE	
Statewide Schools Retiree Program	
Enrollee/Spouse with Medical and Prescription Benefits – ENROLLEE: \$1,047.45 ENROLLEE/SPOUSE: \$2,094.90 Enrollee/Spouse with Medical-Only Benefits – ENROLLEE: \$369.01 ENROLLEE/SPOUSE: \$738.02	
You must have Medicare Part A & B to enroll. Medicare will pay as primary and Blue Cross of Idaho will pay the difference after deductible, coinsurance or copays are applied to the unpaid balance.	
\$100	
\$600 annual medical out-of-pocket (including the deductible) maximum \$5,000 annual prescription out-of-pocket maximum \$2,000,000 comprehensive lifetime limit	
After Medicare Pays	
Blue Cross of Idaho Pays	You Pay
80%	20%
80%	20%
\$1,600	\$0
80%	20%
80%	20%
80%	20%
80%	20%
80%	20%
80%	20%
80%	20%
80% (Limited to \$800 per benefit period)	20%
80%	20%
80%	20%
\$0 per day for days 1-20, 80% per day for days 21-100	\$0 per day for days 1-20, \$200 per day for days 21-100
80% (Limited to \$800 per benefit period)	20%
80%	20%
\$1,600	\$0
50% (Maximum of 18 visits per benefit period)	50%
50% (Maximum of 18 visits per benefit period)	50%
\$0	\$0
80%	20%
80%	20%

Optional Pharmacy Benefits
Deductible: You pay \$0
Retail and Mail Order
Generic Drugs: You pay a \$15 copayment per 30-day supply Preferred Brand Name and Preferred Specialty Drugs: You pay a \$30 copayment + 20 percent coinsurance per 30-day supply Non-Preferred Brand Name and Non-Preferred Specialty Drugs: You pay a \$45 copayment + 20 percent coinsurance per 30-day supply Prescription Out-of-Pocket Maximum: \$5,000

Retiree Dental Plan

Available as an additional policy for \$41.20 for Retiree Only and \$82.40 for Retiree & Spouse per person per month if enrolled in a Blue Cross of Idaho school dental insurance plan during a one-year period just before your retire. Benefits include a \$50 annual deductible with a \$1,250 annual maximum. Preventive care is covered 100 percent and not subject to a deductible. Basic care is covered 80 percent, major care is covered 50 percent. This dental plan is not the same as the dental plan you had with your school.

Retiree Vision Program

Available as an additional policy for \$9.95 for Retiree Only and \$19.89 for Retiree & Spouse per person per month if enrolled in a Blue Cross of Idaho school vision insurance plan during a one-year period just before you retire. Benefits include a \$25 copayment for eye exams and/or \$25 per frame and lenses or medically necessary contact lenses. Coverage includes one eye exam per year and a \$130 allowance for prescribed lenses and frames. Blue Cross of Idaho pays 100 percent of the eye exam cost after copayment when visiting a participating VSP provider. Costs will vary when visiting a non-participating VSP provider. Contact Blue Cross of Idaho Customer Service Department at the number on the back of your member ID card for specific fees and information.

Can I Choose to Enroll Later?

You may defer your enrollment in the retiree program, and your draw on the unused sick leave entitlement with PERSI. However, if you choose not to continue coverage at the time of your retirement, you may not be able to enroll at a later date. You may only make exceptions by submitting a written request to Blue Cross of Idaho asking for deferral of coverage and requesting a delay in drawing on PERSI funds because you currently have other group coverage. Later enrollment is possible only if your school district or school-related group remains with Blue Cross of Idaho. If your school district chooses another carrier, you will not be able to enroll in the program.

Maximum Allowance

Payments for covered services, supplies or procedures is based on Blue Cross of Idaho's maximum allowance or Medicare's limiting charges. Blue Cross of Idaho defines maximum allowance as the amount established by Blue Cross of Idaho as compensation for a covered service.

Lifetime Benefit Limits

- \$150,000 lifetime benefit limit for inpatient physical rehabilitation
- \$10,000 lifetime benefit limit for hospice services
- New: \$2,000,000 comprehensive lifetime benefit limit

Save Time – Eliminate Paperwork

In most instances, Blue Cross of Idaho has eliminated the paperwork required for you to file Medicare supplement claims for the medical services you receive. We use an electronic system for claims processing so our customers no longer have to fill out forms for their Medicare supplement claims. This is possible only if your healthcare providers bill Medicare electronically. With our electronic system, Blue Cross of Idaho receives the claim information directly from Medicare after it is entered by your doctor or hospital.

EXCLUSIONS

Except as outlined previously in the Statewide Schools Retiree Program policy, all services not eligible for Medicare are excluded.

Prescription Drug Exclusions and Limitations

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply to Prescription Drug Services. No benefits are available under this Policy for the following:

- A. Contraceptives, oral or other, whether medication or device, and regardless of intended use—except for contraceptives that are clearly Medically Necessary for the treatment of a medical condition which requires the use of hormone therapy;
 - B. 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.
 - C. Charges for the administration or
- injection of any drug, except for vaccinations listed on the Prescription Drug Formulary;
- D. Therapeutic devices or appliances, including hypodermic needles, syringes, support garments, and other non-medicinal substances except Diabetic Supplies, regardless of intended use;
 - E. Drugs labeled "Caution – Limited by Federal Law to Investigational Use," or experimental drugs, even though a charge is made to the Insured;
 - F. Immunization agents, except for vaccinations listed on the Prescription Drug Formulary, biological sera, blood or blood plasma;
 - G. 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 be operated on its premises, a facility for dispensing pharmaceuticals;
 - H. 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;
 - I. 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.
 - J. Any Prescription Drug, biological or other agent, which is:
 - a) Prescribed primarily to aid or assist the Insured in the cessation of the use of tobacco;
 - b) Prescribed primarily to aid or assist the Insured in weight loss, including all anorectics, whether amphetamine or nonamphetamine;
 - c) Prescribed primarily to retard the rate of hair loss or to aid in the replacement of lost hair;
 - d) Prescribed primarily to increase fertility, including but not limited to drugs which induce or enhance ovulation;
 - e) Prescribed primarily for personal hygiene, comfort, beautification, or for the purpose of improving appearance;
 - f) Prescribed primarily to increase growth, including but not limited to growth hormone.
 - g) 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 Major Medical Benefits Section of this Policy only as preauthorized and approved where Medically Necessary.
 - K. Lost, stolen, broken or destroyed medications, except in the case of loss due directly to a natural disaster.

Exclusions and Limitations Section

In addition to the exclusions and limitations listed elsewhere in this Policy, the following exclusions and limitations apply to the entire Policy, unless otherwise specified.

I. General Exclusions and Limitations

There are no benefits for services, supplies, drugs or other charges that are:

- A. Not Medically Necessary.
- B. In excess of the Maximum Allowance, or Medicare's Limiting Charge.
- C. 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.
- D. 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.
- E. Investigational in nature.
- F. 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.
- G. 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 therefor would vary, or are or would be affected by the existence of coverage under this Policy, or for which payment has been made under Medicare Part A and/or Medicare Part B, or would have been made if an Insured had applied for such payment except when payment under this Policy is expressly required by federal law.
- H. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- I. Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.
- J. 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.
- K. For Surgery intended mainly to improve appearance or for complications arising from Surgery intended mainly to improve appearance, except for:
 - 1. Reconstructive Surgery necessary to treat an Accidental Injury, infection, or other Disease of the involved part; or
 - 2. Reconstructive Surgery to correct Congenital Anomalies in an Insured who is a dependent child.
 - 3. 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, if there is no lapse of more than sixty-three (63) days between the prior coverage and coverage under this Policy.
- L. Rendered prior to the Insured's Effective Date.
- M. For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance) even if prescribed by a Physician.
- N. For exercise or relaxation 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.
- O. For convenience items including but not limited to Durable Medical Equipment such as bath equipment, cold therapy units, duplicate items, home traction devices, or safety equipment.
- P. For relaxation or exercise therapies, including but not limited to, educational, recreational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic, or naturopathic, massage, or music even if prescribed by a Physician.
- Q. For telephone consultations, and all computer or Internet communications, except as specified as a Covered Service in this Policy.
- R. For failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services, or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.
- S. 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, behavioral problems, environmental change or for treatment not requiring continuous bed care.
- T. For Inpatient or Outpatient Custodial Care; or for Inpatient or Outpatient services consisting primarily of educational services, behavior modification, self-care or self-help training, unless specified as a Covered Service in this Policy, or for Outpatient Occupational Therapy.
- U. 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).
- V. 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.
- W. For hearing aids or examinations for the prescription or fitting of hearing aids.
- X. For any treatment of sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, except as related to a prostatectomy.
- Y. 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.
- Z. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.
- AA. Furnished by a facility that is primarily a nursing home, a convalescent home, or a rest home.
- AB. For Acute Care, Rehabilitative Care or diagnostic testing or evaluation of Mental or Nervous Conditions, Alcoholism, Substance Use Disorder or Addiction, or for Pain Rehabilitation, except as specified as a Covered Service in this Policy.
- AC. For any of the following:
 - 1. 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;
 - 2. For orthognathic Surgery, including services and supplies to augment or reduce the upper or lower jaw;
 - 3. 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;
 - 4. For alveolectomy or alveoloplasty when related to tooth extraction.
- AD. 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.
- AE. 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.
- AF. For the reversal of sterilization procedures, including but not limited to, vasovasostomies or salpingoplasties.
- AG. Treatment for reproductive procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, intrauterine 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 reproduction procedures.
- AH. For Transplant Services and Artificial Organs, except as specified as a Covered Service in this Policy.
- AI. For acupuncture.
- AJ. 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.
- AK. For pastoral, spiritual, bereavement, family and/or marriage counseling.
- AL. For homemaker and housekeeping services or home-delivered meals.
- AM. 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.
- AN. 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 BCI for any reason makes payment for or otherwise provides benefits excluded by this provision, 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 their estate for such services, supplies, drugs or other charges so provided by BCI in connection with such Illness, Disease, Accidental Injury or other condition.
- AO. 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 charges in connection with work for compensation or charges; or for which reimbursement or payment is contemplated under an agreement with a third party.
- AP. 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 or laboratory test required for any employment-related purpose; 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, unless specified as a Covered Service under this Plan.
- AQ. For immunizations, except as specifically allowed by Medicare.
- AR. For breast reduction Surgery or Surgery for gynecomastia.
- AS. For nutritional supplements.
- AT. 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.
- AU. For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- AV. For alterations or modifications to the home or vehicle.
- AW. For special clothing, including shoes (unless permanently attached to a brace).
- AX. Provided outside the United States, which if had been provided in the United States, would not be Covered Services under this Policy.
- AY. For Hospice, except as specified as a Covered Service in this Policy.
- AZ. Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.
- AAA. Furnished by a Provider or caregiver that is not listed as a Covered Provider, including but not limited to, naturopaths and homeopaths.
- AAB. For Outpatient pulmonary and/or cardiac rehabilitation.
- AAC. For complications arising from the acceptance or utilization of services, supplies or procedures that are not a Covered Service.
- AAD. For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- AAE. For dental implants, appliances, and/or prosthetics, and/or treatment related to Orthodontia, even when Medically Necessary, unless specified as a Covered Service in this Policy.
- AAF. For arch supports, orthopedic shoes, and other foot devices.
- AAG. Benefits for contraceptives, unless specified as a Covered Service in this Policy.
- AAH. For wigs.
- AAI. For cranial molding helmets, unless used to protect post cranial vault surgery.
- AAJ. 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.
- AAK. For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- AAL. For an elective abortion, except to preserve the life of the Insured upon whom the abortion is performed.
- AAM. For Procedures including but not limited to breast augmentation, liposuction, Adam's apple reduction, rhinoplasty and facial reconstruction and other procedures considered cosmetic in nature.
- AAN. For the treatment of injuries sustained while operating a motor vehicle under the influence of alcohol and/or narcotics. For purposes of this Policy exclusion, "Under the influence" as it relates to alcohol means having a whole blood alcohol content of .08 or above or a serum blood alcohol content of .10 or above as measured by a laboratory approved by the State Police or a laboratory certified by the Centers for Medicare and Medicaid Services. For purposes of this Policy exclusion, "Under the influence" as it relates to narcotics means impairment of driving ability caused by the use of narcotics not prescribed or administered by a Physician.
- AAO. Any newly FDA approved Prescription Drug, biological agent, or other agent until it has been reviewed and implemented by BCI's Pharmacy and Therapeutics Committee.
- AAP. All services, supplies, devices and treatment that are not FDA approved.

II. Transplant Exclusions and Limitations

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply to Transplant or Autotransplant services. No benefits are available under this Policy for the following:

- a) Transplants of brain tissue or brain membrane, intestine, pituitary and adrenal glands, hair Transplants, or any other Transplant not specifically named as a Covered Service in this section; or for Artificial Organs, including but not limited to, artificial hearts or pancreases.
- b) Any eligible expenses of a donor related to donating or transplanting an organ or tissue unless the recipient is an Insured who is eligible to receive benefits for Transplant Services.
- c) The cost of a human organ or tissue that is sold rather than donated to the recipient.
- d) Transportation costs, including but not limited to, Ambulance Transportation Service or air service for the donor, or to transport a donated organ or tissue.
- e) Living expenses for the recipient, donor, or family members.
- f) Costs covered or funded by governmental, foundation or charitable grants or programs; or Physician fees or other charges, if no charge is generally made in the absence of insurance coverage.
- g) Any complication to the donor arising from a donor's Transplant Surgery is not a covered benefit under the Insured Transplant recipient's Policy. If the donor is a BCI Insured, eligible to receive benefits for Covered Services, benefits for medical complications to the donor arising from Transplant Surgery will be allowed under the donor's policy.
- h) Costs related to the search for a suitable donor.
- i) No benefits are available for services, expenses, or other obligations of or for a deceased donor (even if the donor is an Insured).

III. Hospice Exclusions and Limitations

In addition to any other exclusions and limitations of this Policy, the following exclusions and limitations apply to Hospice Services. No benefits are available under this Policy for the following:

- a) Hospice services not included in a Hospice Plan of Treatment and not provided or arranged and billed for through a Hospice;
- b) Continuous Skilled Nursing Care except as specified as a part of Respite Care or Continuous Crisis Care; or
- c) No Hospice benefits will be provided during any period of time in which an Insured is receiving Home Health Skilled Nursing Services benefits.

Dental Exclusions and Limitations Section

In addition to the exclusions and limitations listed elsewhere in this Policy, the following exclusions and limitations apply to the entire Policy, unless otherwise specified.

I. General Exclusions and Limitations

There are no benefits for services, supplies, drugs or other charges that are:

- A. Procedures that are not included in the Closed List of Dental Covered Services; or that are not Medically Necessary for the care of an Insured's covered dental condition; or that do not have uniform professional endorsement.
- B. Charges for services that were started prior to the Insured's Effective Date. The following guidelines will be used to determine the date when a service is deemed to have been started:
 1. For full dentures or partial dentures: on the date the final impression is taken.
 2. For fixed bridges, crowns, inlays or onlays: on the date the teeth are first prepared.
 3. For root canal therapy: on the later of the date the pulp chamber is opened or the date canals are explored to the apex.
 4. For periodontal Surgery: on the date the Surgery is actually performed.
 5. For all other services: on the date the service is performed.
 6. For orthodontic services, if benefits are available under this Policy: on the date any bands or other appliances are first inserted.
- C. Cast restorations (crowns, inlays or onlays) for teeth that are restorable by other means (i.e., by amalgam or composite fillings).
- D. Replacement of an existing crown, inlay or onlay that was installed within the preceding five (5) years or replacement of an existing crown, inlay or onlay that can be repaired.
- E. Appliances, restorations or other services provided or performed solely to change, maintain or restore vertical dimension or occlusion.
- F. A service for cosmetic purposes, unless necessitated as a result of Accidental Injuries received while the Insured was covered by BCI.
- G. In excess of the Maximum Allowance.
- H. A partial or full removable denture for fixed bridgework, or the addition of teeth thereto, if involving a replacement or modification of a denture or bridgework that was installed during the preceding five (5) years.
- I. Orthodontic services and supplies unless otherwise specifically listed in the Closed List of Dental Covered Services.
- J. Replacement of lost or stolen appliances.
- K. Ridge augmentation procedures.
- L. Any procedure, service or supply other than alveoloplasty or alveolectomy required to prepare the alveolus, maxilla or mandible for a prosthetic appliance. Excluded services include, but are not limited to, vestibuloplasty, stomatoplasty and bone grafts (either synthetic or autogenous) to the alveolars, maxilla or mandible.
- M. Any procedure, service or supply required directly or indirectly to treat a muscular, neural, orthopedic or skeletal disorder, dysfunction or Disease of the temporomandibular joint (jaw hinge) and its associated structures including, but not limited to, myofascial pain dysfunction syndrome.
- N. Orthognathic Surgery, including, but not limited to, osteotomy, ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- O. Temporary dental services. Charges for temporary services are considered an integral part of the final dental services and are not separately payable.
- P. Any service, procedure or supply for which the prognosis for success is not reasonably favorable as determined by BCI.
- Q. Myofunctional therapy and biofeedback procedures.
- R. For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures.
- S. Diagnostic casts.
- T. Occlusal adjustments.
- U. Not prescribed by or upon the direction of a Provider.
- V. Investigational in nature;
- W. 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.
- X. 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 therefor would vary, or are or would be affected by the existence of coverage under this Policy; or

- Y. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- Z. Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.
- AA. Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- AB. For personal hygiene, comfort, beautification or convenience items even if prescribed by a Dentist, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs.
- AC. For telephone consultations; for failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a Dentist or other Provider.
- AD. For Congenital Anomalies, or for developmental malformations, unless the patient is an Eligible Dependent child.
- AE. 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.
- AF. 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 for any reason makes payment for or otherwise provides benefits excluded by this provision, 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 their estate for such services, supplies, drugs or other charges so provided by Blue Cross of Idaho in connection with such Illness, Disease, Accidental Injury or other condition.

- AG. 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 charges in connection with work for compensation or charges; or for which reimbursement or payment is contemplated under an agreement with a third party.
- AH. Provided to persons who were enrolled as Eligible Dependents after they cease to qualify as Eligible Dependents due to a change in Eligibility status which occurs during the Policy term.
- AI. Provided outside the United States, which if had been provided in the United States, would not be Covered Services under this Policy.
- AJ. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.
- AK. For acupuncture or hypnosis.
- AL. Repair, removal, cleansing or reinsertion of Implants.
- AM. Precision or semi-precision attachments

(including implants placed to support a fixed or removable denture).

- AN. Denture duplication.
- AO. Oral hygiene instruction.
- AP. Treatment of jaw fractures.
- AQ. Charges for acid etching.
- AR. Charges for oral cancer screening which are included in a regular oral examination.
- AS. No benefits are available for replacement and/or repair of orthodontic appliances. This includes removable and/or fixed retainers.

II. Conditions

A. Right to Review Dental Work

Before providing benefits for Covered Services, Blue Cross of Idaho has the right to refer the Insured to a Dentist of its choice and at its expense to verify the need, quantity and quality of dental work claimed as a benefit under this section.

B. Care Rendered by More Than One Dentist

If an Insured transfers from the care of one Dentist to another Dentist during a Dental Treatment Plan, or if more than one Dentist renders services for one dental procedure, Blue Cross of Idaho will pay no more than the amount that it would have paid had but one Dentist rendered the service.

C. Alternate Treatment Plan

If a Dentist and an Insured select a Dental Treatment Plan other than that which is customarily provided by the dental profession, payments of benefits available under this section shall be limited to the Dental Treatment Plan that is the standard and most economical, according to generally accepted dental practices.

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as Blue Cross of Idaho) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross of Idaho does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross of Idaho:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Customer Service Department. Call 1-800-627-1188 (TTY: 711), or call the customer service phone number on the back of your card. If you believe that Blue Cross of Idaho has failed to provide these services or

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (للصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievances&appeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Grievances and Appeals team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TTY). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nepali: ध्यान दनुहोस्: तपाईंले नेपाली बोलनुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवोहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टटिवाइ: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).

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