

2022 Short Term PPO

Quick. Easy. Affordable.



Protecting you and your future in times of transition,
with insurance coverage up to six months.

Quality, affordable healthcare coverage

Our Short Term PPO is the perfect option for individuals who are:

- Temporarily in-between coverage plans
- Waiting for group plan coverage to start
- Not planning to have a baby during the six months of short term coverage
- Not in need of medical care for preexisting health conditions

Apply online with five easy decisions

MEDICAL DEDUCTIBLE OPTIONS

\$1,500 / \$3,000

COINSURANCE OPTIONS

20% / 50%

1

Pick your benefit period

The amount of time you need coverage, from one to six months

2

Pick your deductible

The amount you pay in full for covered services before your health plan begins to pay

3

Pick your coinsurance

Costs shared by you and your health plan, usually after you meet the deductible

4

We show you your premium

The amount that you pay for the plan you designed either monthly or in total. If you don't like what you see, you can select other options that will work best for you.

5

Decide how you want to pay your premium

Pay in full for the entire coverage period or pay every month by enrolling in ACH (Automated Clearing House) auto-pay



At Blue Cross of Idaho,

we have you covered!

Your new plan coverage starts at 12:01 a.m. the day after you're approved or on the date you've requested, whichever is later.

Apply today. We make it simple.

ONLINE

- Visit bcidaho.com/short-term
- Complete application and submit it
- Pay your first month's premium
- Print your member ID card and policy information

PAPER APPLICATION

- Complete and return the application with your payment to your local Blue Cross of Idaho district office (listed on the back of this brochure)
- Blue Cross of Idaho will send you a member ID card with your policy after we approve your application (NOTE: If you need medical services before you receive your member ID card, you or the healthcare provider may contact Blue Cross of Idaho at 855-230-6862 to verify your coverage)

Need more choices?

Our Individual and Family plans offer more options if you are in need of medical coverage beyond what the Short Term PPO plan can provide. Get help finding the right plan for you today:

LOCAL, INDEPENDENT AGENTS

bcidaho.com/Ind-agents

BLUE CROSS OF IDAHO CUSTOMER SERVICE ADVOCATES

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

ONLINE

shoppers.bcidaho.com

SHORT TERM PPO PLANS: (one to six months)

- Idahoans needing a temporary health insurance solution
- No benefits are available for preexisting conditions that existed within six months before enrollment

ACCESS PLANS: (364 days and renewable up to 36 months)

- For Idahoans who receive a smaller subsidy under the Affordable Care Act (ACA), Access offers premiums up to 40% lower than an ACA plan
- Those looking for full healthcare coverage, including \$0 pediatric office visits, outside of the open enrollment period

ACA PLANS: (12 months and renewable)

- For Idahoans receiving a significant federal subsidy under the Affordable Care Act (ACA)
- If you have a qualifying life event outside of open enrollment, Idahoans can still apply
- Offers guaranteed coverage for preexisting health conditions

Don't get stuck in the gap.

You must wait 63 days in between Short Term policies – even if changing insurance companies. Don't be without coverage for that two-month gap. Our Individual Plans offer a whole portfolio of choices to give you the peace of mind you deserve.

2022

\$1,500 Deductible

	\$1,500 Deductible			
	20% Coinsurance		50% Coinsurance	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
BENEFITS YOU ARE MOST LIKELY TO NEED				
PEDIATRIC OFFICE VISIT / TELEHEALTH	\$45 copay (limit of 3 visits, then 20% after deductible)	50% after deductible	\$45 copay (limit of 3 visits, then 50% after deductible)	50% after deductible
PHYSICIAN OFFICE VISIT / TELEHEALTH				
URGENT CARE VISITS				
SPECIALIST VISITS	20% after deductible		50% after deductible	
TELEHEALTH SERVICES: MDLIVE				
PREFERRED GENERIC Rx	Rx discount program		Rx discount program	
NON-PREFERRED GENERIC Rx				
IMMUNIZATIONS	Not covered		Not covered	
PREVENTIVE CARE				
OUTPATIENT MENTAL HEALTH, SUBSTANCE ABUSE				
OTHER BENEFITS YOU MIGHT NEED				
EMERGENCY ROOM VISITS	20% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
LAB WORK, X-RAYS				
SURGERY Doctors charges, anesthesia, other covered charges				
THERAPY VISITS Limited to inpatient speech, physical and occupational. Outpatient PT only, limited to \$800/insured, per benefit	20% after deductible	50% after deductible	50% after deductible	50% after deductible
CHIROPRACTIC CARE	Not covered		Not covered	
PREGNANCY CARE, DELIVERY, AFTER CARE Involuntary complications with pregnancy is covered. Only covered for the insured and eligible dependents.				
HOW MUCH YOU'LL PAY FOR THE CARE YOU RECEIVE				
MEDICAL DEDUCTIBLE	How much you'll pay before we start paying for some services			
	\$1,500	\$1,500	\$1,500	\$1,500
MEDICAL COINSURANCE	The percent you'll pay for covered services			
	20%	50%	50%	50%
OUT-OF-POCKET MAXIMUM	The most you'll pay out of pocket for covered care during your benefit period			
	\$3,000	\$3,000	\$4,000	\$5,000
LIFETIME MAXIMUM	\$1,000,000			
IN CASE YOU NEED BRAND NAME OR SPECIALTY PRESCRIPTIONS				
PREFERRED BRAND NAME PRESCRIPTIONS	<p style="text-align: center;">Rx Discount Program:</p> <p>With the discount Rx program, you will pay a lower Blue Cross of Idaho contracted price for your prescriptions at in-network pharmacies.</p>			
NON-PREFERRED BRAND NAME PRESCRIPTIONS				
PREFERRED SPECIALTY PRESCRIPTIONS				
NON-PREFERRED SPECIALTY PRESCRIPTIONS				

Access to a physician when you need it

To help you stay healthy we now offer a \$45 copay benefit for both adult and pediatric office visits before your deductible. This means it will be easier for you and your family to see a doctor when needed without waiting. This benefit covers three office visits. Urgent care and specialist are excluded.

\$3,000 Deductible

20% Coinsurance		50% Coinsurance	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
BENEFITS YOU ARE MOST LIKELY TO NEED			
\$45 copay (limit of 3 visits, then 20% after deductible)	50% after deductible	\$45 copay (limit of 3 visits, then 50% after deductible)	50% after deductible
20% after deductible		50% after deductible	
Rx discount program		Rx discount program	
Not covered		Not covered	
OTHER BENEFITS YOU MIGHT NEED			
20% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met	50% coinsurance after deductible is met
20% after deductible	50% after deductible	50% after deductible	50% after deductible
Not covered		Not covered	
HOW MUCH YOU'LL PAY FOR THE CARE YOU RECEIVE			
How much you'll pay before we start paying for some services			
\$3,000	\$3,000	\$3,000	\$3,000
The percent you'll pay for covered services			
20%	50%	50%	50%
The most you'll pay out of pocket for covered care during your benefit period			
\$6,000	\$6,000	\$7,000	\$8,000
\$1,000,000			
IN CASE YOU NEED BRAND NAME OR SPECIALTY PRESCRIPTIONS			

Rx Discount Program:

With the discount Rx program, you will pay a lower Blue Cross of Idaho contracted price for your prescriptions at in-network pharmacies.

Choose the right plan for you

You can choose from a variety of options that meet your unique needs.

All short term plans offer:

- » \$45 copay for first three pediatric and physician office/telehealth visits
- » \$1,000,000 lifetime max
- » Rx discount program
- » Emergency room, urgent care and specialist visits (deductibles apply)
- » Surgery, lab work and X-rays (deductibles apply)

What is different about short term plans?*

- » Available year-round
- » Policy effective the next day
- » Pre-existing condition exclusions, including pregnancy care
- » No coverage for immunizations, preventive care, outpatient mental health and substance abuse, and chiropractic*

* See policy contract for complete benefit details



How Prior Authorization Works for You

Know your healthcare coverage, inside and out

Prior authorization is just that. It is the process of obtaining coverage approval for a medical or behavioral health service or procedure in advance of treatment. Not all procedures or services, including emergency services, require prior authorization, but many do. When your healthcare provider wants to perform a procedure or service that requires prior authorization, it is important for your provider to contact Blue Cross of Idaho for **prior authorization** on your behalf. You can learn more about which services need prior authorization by selecting the prior authorization link on the member's home page of the Blue Cross of Idaho website at **bcidaho.com**, or by calling the Customer Service number on the back of your Blue Cross of Idaho member ID card. After receiving the prior authorization request and reviewing all the necessary clinical information, we will notify you and your provider of the determination.

Contracting providers and financial responsibility

Prior authorization is required for certain procedures whether or not your provider contracts with Blue Cross of Idaho. When you receive services from a Blue Cross of Idaho contracting provider and those services are determined to be not medically necessary, your provider will be responsible for covering that charge. You are not responsible for those costs. However, if your provider is not contracting with Blue Cross of Idaho, you may be financially responsible for the entire cost. If we deny coverage for a service, you can appeal the decision using the member appeal process as outlined in your summary plan description, policy or contract. We do not provide coverage for services that are not medically necessary.

What is prior authorization?

It is the process of obtaining coverage approval for a medical or behavioral health service or procedure in advance of treatment.

Why prior authorization is important to you and your healthcare plan

Prior authorization is just one of the ways we're working to address rising healthcare costs. Hospital and technology costs, and the increased use of healthcare services contribute to rising healthcare costs. As healthcare costs go up, health insurance premiums also go up to pay for the services provided. Prior authorization helps hold down the cost of healthcare by letting you know whether or not a service is covered before it is performed.

As your healthcare company, we want you to receive the best care at the right time and place. We also want to ensure that you receive the right technology that addresses your particular clinical issue. We're here to work with you, your doctor, and the facility so that you have the best possible health outcome.

With prior authorization, Blue Cross of Idaho can:

- Determine if the procedure or service is included in your coverage
- Confirm that the procedure or service is medically necessary
- Help ensure accurate and timely processing of your claims
- Determine if your doctor is a member of our network of contracting providers

If you have questions about prior authorization or the cost-sharing requirements of your coverage, call customer service at the phone number on the back of your Blue Cross of Idaho member ID card. Keep in mind that prior authorization does not guarantee coverage; all claims are reviewed for medical necessity.

Do you Qualify for Short Term PPO?

If you answer YES to any of the following questions, you (or the dependent seeking insurance) are not eligible for Short Term PPO coverage.

1. Have you ever been refused or denied health insurance coverage?

YES NO

2. Do you currently have Medicare, Medicaid or other health insurance coverage that will remain in force beyond the effective date of this coverage?

YES NO

Continued on following page

3. Are you, your spouse or any eligible dependent now pregnant or have reason to suspect you might be pregnant?
 YES NO

4. Do you weigh more than 275 pounds?
 YES NO

5. Are you currently admitted to a healthcare facility or have you made plans for inpatient treatment or inpatient/outpatient surgery?
 YES NO

6. Within the past two years have you had a medical problem and not reached out for medical advice?
 YES NO

7. Within the past five years have you or any family member ever seen a doctor for or been diagnosed with, had treatment, surgery, hospitalization, medications, tests or been advised to have treatment for, or have shown signs of any of the following:

- a. AIDS or tested positive for HIV
- b. Emphysema, chronic obstructive pulmonary disease (COPD)
- c. Coronary artery disease (CAD), heart attack or a heart procedure
- d. Stroke, transient ischemic attack (TIA) or carotid artery disease
- e. Crohn's disease, ulcerative colitis
- f. Cirrhosis, hepatitis, chronic kidney disease, end-stage renal disease (ESRD)
- g. Hemophilia
- h. Alcoholism, alcohol or chemical dependency, drug or alcohol abuse
- i. Cancer or tumor
- j. Rheumatoid or psoriatic arthritis

YES NO

8. Have you had a short term policy within the past 63 days with Blue Cross of Idaho or any other carrier?
 YES NO

Exclusions and Limitations

I. PREEXISTING CONDITION WAITING PERIOD

No benefits are available under this Policy for services, supplies, drugs, or other charges that are for any Preexisting Condition. If this Policy replaces a prior Blue Cross of Idaho agreement, policy, certificate, or contract, the Insured's prior continuous membership will not be credited to this Policy's waiting periods and Deductibles. In addition, the Insured must satisfy all other terms and requirements of this Policy. If an Insured becomes covered under any other agreement, policy, certificate or contract after termination or expiration of this Policy, the Insured must fully satisfy all the terms and requirements of the new agreement, policy, certificate or contract.

II. GENERAL EXCLUSIONS AND LIMITATIONS

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

- A. 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.
- B. In excess of the Maximum Allowance.
- 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 except when payment under the Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity where its charges therefore would vary, or would be affected by the existence of coverage under the 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.
- 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 provided by MDLIVE or in connection with Telehealth Virtual Care Services.
- 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 Outpatient Occupational Therapy, Outpatient Speech Therapy, Inpatient or Outpatient Custodial Care; or for Inpatient or Outpatient services consisting mainly of educational therapy, behavior modification, self-care or self-help training, except as specified as a Covered Service in this Policy.
- T. For Inpatient admissions that are primarily for Diagnostic Services, Therapy Services, or Physical Rehabilitation, except as specified in this Policy; or for Inpatient admissions when the Insured is ambulatory and/or confined primarily for bed rest, a special diet, behavioral problems, environmental change or for treatment not requiring continuous bed care or when skilled nursing is not required.
- 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 when Medically Necessary, including but not limited to, dental implants, appliances, or prosthetics, or treatment related to Orthodontia and orthognathic Surgery and any surgical or other treatment of temporomandibular joint syndrome.
- W. For hearing aids or examinations for the prescription or fitting of hearing aids, except as specified as a Covered Service in this Policy.
- X. For any treatment sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, even if related to a medical condition.
- Y. For orthoptics, eyeglasses or contact lenses or the vision examination for prescribing or fitting eyeglasses or contact lenses.
- Z. 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.
- AA. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury, except as specified as a Covered service in this Policy.
- AB. Furnished by a facility that is primarily a nursing home, a convalescent home, or a rest home.
- AC. For Acute Care, rehabilitative care, diagnostic testing, evaluation or treatment of Mental or Nervous Conditions, Alcoholism, Substance Use Disorder or Addiction, or for Pain Rehabilitation.

- AD. Incurred by an Insured for care or treatment of any condition arising from or related to pregnancy, childbirth, or delivery, except as specified as a Covered Service in this Policy.
- AE. For weight control or treatment of obesity or morbid obesity, including but not limited to Surgery for obesity, except when Surgery for obesity is Medically Necessary to control other medical conditions that are eligible for Covered Services under this Policy, and nonsurgical methods have been unsuccessful in treating the obesity. For reversals or revisions of Surgery for obesity, except when required to correct an immediately life-endangering condition.
- AF. 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.
- AG. For an elective abortion, unless to preserve the life of the female upon whom the abortion is performed.
- AH. For sterilization or the reversal of sterilization procedures, including but not limited to, vasovasostomies or salpingoplasties.
- AI. Treatment for reproductive 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 reproduction procedures.
- AJ. For Transplant Services and Artificial Organs, except as specified as a Covered Service in this Policy.
- AK. For Chiropractic Care.
- AL. For acupuncture.
- AM. 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. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life-endangering condition.
- AN. For pastoral, spiritual, bereavement, family and/or marriage counseling.
- AO. For homemaker and housekeeping services or home-delivered meals.
- AP. For Hospice Home Care.
- AQ. 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.
- AR. 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.
- AS. 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 physical; or a screening examination including routine hearing examinations, unless specified as a Covered Service under this Policy.
- AT. For routine or preventive immunizations.
- AU. For breast reduction Surgery or Surgery for gynecomastia.
- AV. For nutritional supplements.
- AW. 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.
- AY. For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- AY. For alterations or modifications to a home or vehicle.
- AZ. For special clothing, including shoes (unless permanently attached to a brace).
- AAA. 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.
- AAB. Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Policy.
- AAC. Furnished by a Provider or caregiver that is not listed as a Covered Provider, including but not limited to, naturopaths and homeopaths.
- AAD. For Outpatient pulmonary and/or cardiac rehabilitation.
- AAE. For complications arising from the acceptance or utilization of services, supplies or procedures that are not a Covered Service.
- AAF. For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- AAG. For arch supports, orthopedic shoes, and other foot devices.
- AAH. For well-baby or well-child care furnished by a Physician or other Professional Provider to an Insured who is not a patient at a Licensed General Hospital or Ambulatory Surgical Facility.
- AAI. Contraceptives, oral or other, whether medication or device, except as specified as a Covered Service.
- AAJ. For wigs.
- AAK. For cranial molding helmets, unless used to protect post cranial vault surgery.
- AAI. 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.
- AAM. For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- AAN. 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.
- AAO. 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.
- AAP. 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.
- AAQ. All services, supplies, devices and treatment that are not FDA approved.
- AAAR. Prescription Drug benefits, except as specifically provide as a Covered Service under the Policy.

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: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरू 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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Suite 200
Coeur d'Alene, ID 83814
208-666-1495

Meridian District Office

2929 W. Navigator Dr.
Suite 140
Meridian, ID 83642
208-387-6683

Idaho Falls

3630 S. 25th E.
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Idaho Falls, ID 83404
208-522-8813

Pocatello

850 W. Quinn Rd.
Chubbuck, ID 83202
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Twin Falls

428 Cheney Drive W.
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This information is not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding policy, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding policy, the policy will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding policy.

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