

Learn more about

# TRUE BLUE<sup>®</sup> RX PREFERRED (HMO)

a quality healthcare plan with a \$0 monthly premium.

The True Blue Rx Preferred plan offers accessible coverage with a \$0 premium. This plan gives you a comprehensive approach to good health with convenient services from local providers you know and trust. Now, for residents of Ada and Canyon counties, Blue Cross of Idaho Care Plus, Inc. created a Tier 1 Benefit for True Blue Medicare Advantage members.

If you choose the True Blue Rx Preferred plan your monthly premium is \$0. Effective February 1, 2020, when you select a primary care provider (PCP) from **Saltzer Health** or **Primary Health Medical Group**, and care is provided in a Saltzer Health or Primary Health Medical Group clinic, your True Blue Rx Preferred plan comes with a Tier 1 Benefit, where you get a \$0 copay for office visits, urgent care, and in-clinic labs and X-rays.



## WHO IS ELIGIBLE FOR THE TRUE BLUE RX PREFERRED PLAN?

- Entitled to Medicare benefits under Part A
- Enrolled in Medicare Part B
- Reside in either Ada or Canyon county

## Here are additional benefits you get with your True Blue Rx Preferred Plan

							
Over-the-counter allowance	Benefits when you are out of state	Gym membership discounts	24/7 nurse advice line	Vision exams and contact glasses	Dental exams and cleanings	Discounted hearing aids	Easy, on demand doctor visits

MONTHLY PREMIUM  
**\$0**

For more information visit [medicare.bcidaho.com](http://medicare.bcidaho.com) or call us at 1-888-494-2583 (TTY 1-800-377-1363).

## True Blue Rx Preferred Plan

# \$0 MONTHLY PREMIUM

Plus, when you enroll in the True Blue Rx Preferred plan, you get a \$0 medical deductible, and your Tier 1 Benefit gives you a \$0 copay for office visits, urgent care, and in-clinic labs and X-rays.

TRUE BLUE RX PREFERRED (HMO), PLAN YEAR 2020					
Monthly Premium	Out-of-Pocket Maximum	PCP Office Visit	Specialist Office Visit	Inpatient Hospital Care	Outpatient Hospital Care
\$0	\$5,600	<b>Tier 1 Benefit: \$0 copay</b>	\$40 copay	\$325 per day (days 1-4)	\$250 copay
		<b>Tier 2 Benefit: \$10 copay</b>	No referral needed	\$0 per day (days 5-90)	
Lab Services	Emergency Care	Outpatient X-rays	Diagnostic Tests, Procedures & Radiology (i.e. MRI, CT, PET)	Mental Health Inpatient	Skilled Nursing Facility
<b>Tier 1 Benefit: \$0 copay</b>	\$90 copay	<b>Tier 1 Benefit: \$0 copay</b>	20% of the cost	\$325 per day (days 1-4)	\$0 per day (days 1-20)
<b>Tier 2 Benefit: \$20 copay</b>		<b>Tier 2 Benefit: \$15 copay</b>		\$0 per day (days 5-90)	\$160 per day (days 21-63)
\$0 per day (days 64-100)					
Outpatient Rehabilitation	Ambulance	Podiatry Service	Durable Medical Equipment	Prosthetics	Diabetes Supplies
\$40 copay	\$270 copay	\$40 copay	20% of the cost	20% of the cost	You pay \$0

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