

Consumer Guide to Medicare

Idaho Shopper's Guide

2016

- Medicare Advantage
- Medigap
- Medicare Prescription Drug Plans

Plus information on:

- Long-Term Care Insurance
- Dental Insurance



Provided by Senior Health Insurance Benefits Advisors
A service of the Idaho Department of Insurance

Senior Health Insurance Benefits Advisors



**Senior Health
Insurance
Benefits Advisors**

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To Idaho's Medicare Beneficiaries:

The 2016 Consumer Guide to Medicare, Idaho Shopper's Guide, has been prepared especially for you by the Idaho Department of Insurance office of Senior Health Insurance Benefits Advisors (SHIBA). The Guide provides information you will need to make informed Medicare plan choices.

SHIBA counselors are trained to assist you by explaining options to help you make better informed decisions about your plan for the coming year. We appreciate our dedicated volunteers who generously give of their time providing free, unbiased help to their neighbors.

Whether you are a disabled or senior citizen Medicare recipient, this guide is for you and your caregivers and family members. Take advantage of our SHIBA support network by calling our toll-free number to make an appointment with a SHIBA counselor.

After reviewing this guide, if you want to speak with someone who can make a specific plan recommendation, contact a licensed insurance agent or broker.

Sincerely,

A handwritten signature in blue ink that reads 'Dean Cameron'.

Dean Cameron
Director

The plan information in this guide was received in September and October 2015 from all companies authorized to sell Medicare related health/prescription drug insurance in Idaho. If a company is not listed, it may not have been authorized to sell insurance in Idaho or it did not submit information in time to be included in this publication.

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LOCAL HELP FOR PEOPLE WITH MEDICARE



The Senior Health Insurance Benefits Advisors (SHIBA) program produced this guide with assistance, in whole or in part, through a grant from the Administration for Community Living (ACL), the federal agency supporting Medicare benefits and fraud education. Information supplied in this guide is in the public domain and may be copied and distributed without permission.

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Welcome!

... to the 2016 Consumer Guide to Medicare for Idaho.

Look inside for:

- Information to help you make your Medicare decisions.
- Information about Medicare and your choice between using Original Medicare and Medicare Advantage.
- Sections about Part D, Medigap, and Medicare Advantage with introductions that explain how these programs work, charts that show costs in Idaho, and some tips to help you begin to decide.
- Non-Medicare program information for long-term care and dental insurance options available to Medicare beneficiaries in Idaho.

Check these special tools:

- The “Start Here” Medicare options tree, p. 3
- Enrollment periods and deadlines, p. 11
- The Part D Coverage Gap/“Donut Hole”, p. 13
- Comparison of Original Medicare-with-Medigap to Medicare Advantage, p. 22

SHIBA stands for Senior Health Insurance Benefits Advisors. SHIBA is a program of the Idaho Department of Insurance and part of the nationwide State Health Insurance Assistance Program (SHIP) which is administered by the Administration for Community Living (ACL).

SHIBA trains and supports a network of certified counselors who provide free, unbiased, confidential assistance to anyone with Medicare and their caregivers.

SHIBA counselors can help you:

- Compare options to make the most of your Medicare benefits
 - During the Fall Open Enrollment Period 10/15 – 12/7
 - When you’re new to Medicare
 - During Special Enrollment Periods
- Get help with Medicare costs
- File appeals and grievances
- Evaluate long-term care insurance
- If you experience inappropriate or high-pressure sales tactics
- If you suspect errors on your Medicare Summary Notice or Explanation of Benefits
- If you want to help save money to preserve the Medicare program

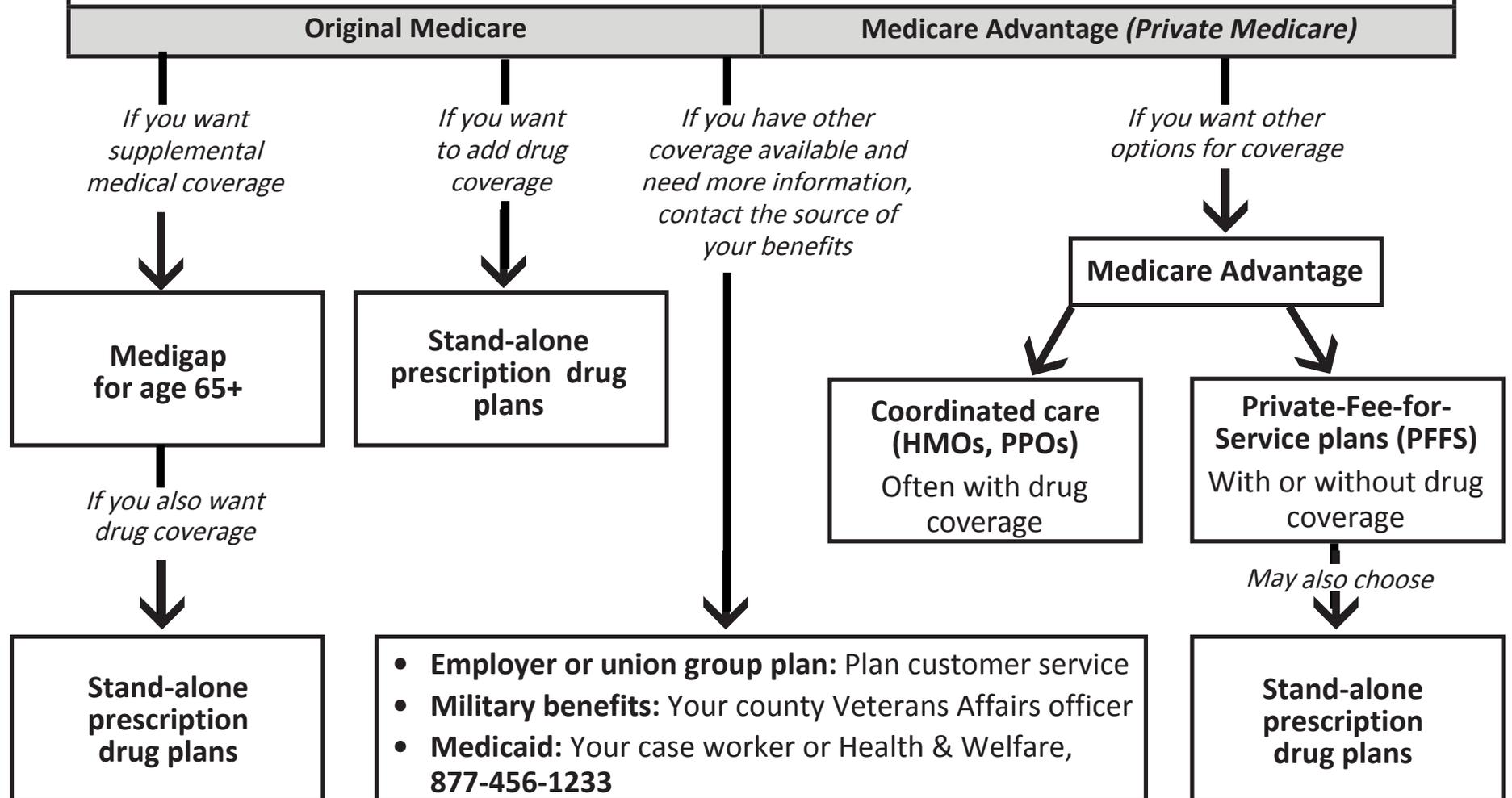
Call SHIBA to report Medicare fraud! 800-247-4422

START HERE: Your Medicare Options

You have Medicare, Part A and Part B. It covers basic hospital and medical services but leaves part of the cost for you to share. Below is the range of options for health and prescription drug coverage, and where you can find the information you need to make the best choice.

Whichever Medicare path is best for you, please follow these important principles:

1. Make sure your providers, including hospitals, accept your insurance. Call their business office.
2. Make sure your plan covers your prescription drugs. Use the part D Plan Finder at www.medicare.gov.
3. Keep records. Document phone calls (date, time, name, numbers, notes) and save important letters.



Save Money with Extra Help and Medicare Savings Programs

Two programs are available to help people with Medicare stretch their health care dollars.

1. **Help with prescription drug costs:** The federal government's Extra Help program, also called the Limited Income Subsidy (LIS), saves qualifying beneficiaries money on Medicare Part D plans.

Extra Help:

- Cuts the plan's monthly premium, often to \$0
- Reduces the yearly deductible, often to \$0
- Greatly reduces pharmacy co-pays, even on expensive medications
- Eliminates most costs in the (donut hole) coverage gap
- Allows you to switch plans at any time
- Qualify based on income and resources
- *The only way to know if you qualify is to apply!*

Call SHIBA at **1-800-247-4422**; we can help you apply. Or you can apply through the Social Security Administration online at SSA.gov, visit your local office or call **1-800-772-1213**. Social Security will forward your application to Idaho Health and Welfare to see if you qualify for the Medicare Savings Programs.

Income/resource upper limits for 2015 are \$1,491/\$13,640 single, \$2,011/\$27,250 for a married couple.

2016 income/resource limits will be released in March 2016.

Humana LI-NET (**1-800-783-1307**) will work as a temporary plan with your pharmacy, so you get help right away.

2. **Help with Part A and Part B premiums, deductibles and co-payments, and prescription drug costs:**

The Medicare Savings Programs (MSP) can help pay for Medicare premiums. MSP might also pay Part A and Part B deductibles, co-payments and co-insurance, depending on your level of income, even if you are enrolled in a Medicare Advantage plan. *MSP automatically includes Part D Extra Help benefits.*

To see if you qualify:

- Call Health and Welfare at **1-877-456-1233**
- Visit a Health and Welfare office
- Call SHIBA at **1-800-247-4422** for assistance or download an application at www.healthandwelfare.idaho.gov

If you have Medicare and full Medicaid or Supplemental Security Income (SSI), you already receive this benefit.

About Estate Recovery and these assistance programs:

- Extra Help (LIS) does NOT use Estate Recovery
- Medicare Savings Programs (MSP) do NOT recover costs from your estate
- Full Medicaid does use Estate Recovery
- For more information call the Idaho Medicaid Estate Recovery Office at **1-866-849-3843**

Medicare Beneficiaries Under 65

If you are between ages 18 and 65 and qualify for **Social Security Disability Insurance (SSDI)**, you start Medicare after receiving SSDI checks for 24 months. If your disability is Amyotrophic Lateral Sclerosis (ALS), the 24-month waiting period is waived.

People who have **End-Stage Renal Disease (ESRD)** may have Medicare at any age. Medicare publication number 10128, *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services available on the Medicare.gov website*, is an excellent source of information about the coverage rules and options for ESRD.

If you or someone you help is under 65 and new to Medicare:

- SHIBA counselors assist **ALL** people eligible for Medicare and their caregivers. Call **800-247-4422**.
- Medigap companies in Idaho are not required to sell you a Medicare supplement policy. You will have a guaranteed right to purchase one when you turn 65.
- You may qualify for limited-income assistance. See page 4 for information on programs and applying.
- You may enroll in any Medicare Advantage (MA) plan available in your county, unless you have ESRD. Beneficiaries with existing ESRD are not eligible to join a MA or MAPD plan. However, if you are already in a plan before you develop ESRD, you may stay in that plan.

- You may enroll in a Part D drug plan, either as a stand-alone prescription drug plan (PDP) or as part of a Medicare Advantage with Prescription Drug (MAPD) plan.

Veterans' Benefits and Medicare

Veterans need to understand how VA and Medicare work together in their individual cases. Veterans who have both Medicare and VA benefits may receive services through either program.

Every county is assigned a Veterans Affairs officer to assist you with your VA benefits. To find your local service officer, call the Office of Veterans Advocacy at **208-577-2300** or visit www.veterans.idaho.gov. Find out about the benefits for *your* case. While some veterans qualify for free services, others are responsible for making co-payments.

VA drug coverage is considered Medicare “creditable,” which protects participants against the penalty for delayed enrollment in Medicare Part D. Some veterans may benefit from using *both* their VA drug benefit *and* a Medicare plan for drugs the VA may not cover. SHIBA counselors can help you with the Part D piece if that will work best for you. Call **800-247-4422**.

TRICARE for Life is for military retirees and their dependents. You must have Medicare Part A *and* Part B. For eligibility information, call the Department of Defense at **866-773-0404**, or visit www.tricare4u.com.

The ABCs—and D—of Medicare

What is Medicare?

Medicare is Federal health insurance for:

- People 65 years of age and older
- People under age 65 who have received Social Security Disability Insurance (SSDI) payments for more than 24 months
- People with End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)

Because Medicare is **health insurance**, you share the costs of your care. Many people choose to purchase additional insurance to help manage their cost share.

This Guide can help you decide how to use your Medicare and whether to choose additional insurance to use with your Medicare. It has information about the following areas of coverage, and plan options that are specific to Idaho:

- Part A: Hospital insurance
- Part B: Medical insurance
- Medicare supplements, also called Medigaps
- Part C: Medicare Advantage plans
- Part D: Prescription Drug insurance

In addition, there is information about limited-income assistance, long-term care insurance and dental insurance available in Idaho.

Some of the items **not** covered by Medicare Part A or Part B

- Long-term care
- Routine dental care and dentures
- Routine vision care and eyeglasses
- Traditional annual physicals with lab tests
- Outpatient prescription drugs
- Alternative care, such as acupuncture and naturopathy
- Hearing aids or exams for fitting hearing aids
- Care when traveling outside the U.S., with limited exceptions

Part A – Original Medicare Hospital Insurance

Service	Benefit	You Pay ¹
Hospitalization Inpatient, not observation; semiprivate room and board; general nursing; and miscellaneous hospital services and supplies	First 60 days	\$1288 (in 2016) deductible per benefit period ²
	Days 61 – 90	\$322 (in 2016) per day
	Days 91 – 150 ³	\$644 (in 2016) per day
	Beyond 150 days	All costs
Skilled Nursing Facility (SNF) After three midnights of inpatient hospitalization, within 30 days of discharge, in a facility approved by Medicare	Days 1 – 20	\$0
	Days 21 – 100	\$161 (in 2016) per day
	Beyond 100 days	All costs
Home Health Care	Visits limited to part- time or intermittent skilled care	Nothing for services
Hospice Care Available only to the terminally ill	As long as a doctor certifies medical need	Limited cost-sharing for outpatient drugs and inpatient respite care
Blood	Blood	First three pints unless replaced ⁴

Amounts cited are for 2016 and are subject to change each year.

¹ There is no Part A premium for most people.

² An inpatient hospital or SNF benefit period begins the day you receive service as an inpatient in a hospital and ends after you have been out of the hospital or associated SNF for 60 days in a row. You could experience several benefit periods and pay several deductibles in a calendar year.

³ You get 90 lifetime reserve days. Once these days are used, they are not replaced. There is a 190-day lifetime limit for inpatient mental health services.

⁴ You may meet this deductible under either Part A or Part B. You don't have to meet it twice.

Remember: Medicare pays only for Medicare-approved charges, not for all costs of medical services provided.

Part B – Original Medicare Medical Insurance

Covered Services ¹	You Pay monthly Part B premium ² plus:
Physician services	20% of Medicare-allowed amount after annual deductible ³
Emergency room, urgent care	20% of Medicare-allowed amount after annual deductible
Hospital observation stay	Co-payment determined by Medicare payment formula ⁴ after annual deductible
Diagnostic tests, MRIs, CT scans, and x-rays	20% of Medicare-allowed amount after annual deductible
Diabetes supplies: test meters, strips, and lancets	20% of Medicare-allowed amount after annual deductible
Drugs administered in outpatient facility	20% of Medicare-allowed amount after annual deductible
Physical, occupational, and speech therapy	20% of Medicare-allowed amount after annual deductible; annual limit on amount Medicare covers
Durable Medical Equipment, prosthetics/orthotics, supplies ⁶ (DMEPOS)	20% of Medicare-allowed amount after annual deductible
Ambulance transportation	20% of Medicare-allowed amount after annual deductible
Home health care (same as Part A)	Nothing for covered services
Outpatient mental health treatment	20% of Medicare-allowed amount after annual deductible
Preventive services, some clinical lab services (blood tests, urinalysis)	Nothing for most tests or procedures; fees for office visits or other costs may apply

¹ These rules apply only to Medicare-approved services.

² The Part B premium may vary according to income or if you owe penalties. The standard premium is \$121.80 in 2016.

³ The standard part B deductible is \$166 per year in 2016 for covered services or items. After that Medicare pays 80 percent of the allowed amount and you pay 20 percent, if the provider accepts assignment. There is no out-of-pocket maximum.

⁴ The Outpatient Prospective Payment System determines your share of payment, which varies by region, hospital, and the services you receive.

⁵ Beginning in 2013, people living in the Boise-Metro area and those visiting the area must use Medicare-contracted providers for certain Durable Medical Equipment and supplies. Call Medicare at **800-633-4227** for more information.

Part B Preventive Services

Whether you choose Original Medicare or a Medicare Advantage plan, you are encouraged to make full use of Medicare-covered Part B preventive services. Many of these screening procedures and vaccinations are free if you get them from a provider who accepts Medicare assignment or, in the case of Medicare Advantage plans, from a provider who is in-network. Be aware that you may have to pay certain facility fees or office-visit charges. Ask your doctor about which services are right for you.

Sign up for your own account at www.MyMedicare.gov. It will help you keep track of when you are eligible for your next test.

“Welcome to Medicare” Preventive Visit (one-time)
Annual “Wellness” Visit
Abdominal Aortic Aneurysm Screening
Alcohol Misuse Screening and Counseling
Bone Mass Measurement
Breast Cancer Screening (Mammogram) and Diagnostic Tests
Cardiovascular Disease (CVD) Risk Reduction Visit
Cardiovascular Disease Screenings
Cervical and Vaginal Cancer Screenings (Pap Tests and Pelvic Exams) with Clinical Breast Exam
Colorectal Cancer Screenings -Fecal Occult Blood Test -Colonoscopy -Flexible Sigmoidoscopy -Barium Enema*

Depression Screening
Diabetes Screenings and Self-Management Training*
Flu Shots
Glaucoma Tests*
Hepatitis B Shots
HIV Screening
Medical Nutrition Therapy Services
Obesity Screening and Counseling
Pneumococcal Shot
Prostate Cancer Screening
Sexually transmitted infections screening and counseling
Counseling to Prevent Tobacco Use

*These services are subject to cost-sharing

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Medicare.gov
The Official U.S. Government Site for Medicare

type search term here Search

Sign Up / Change Plans | Your Medicare Costs | What Medicare Covers | Drug Coverage (Part D) | Supplements & Other Insurance | Claims & Appeals | Manage Your Health | Forms, Help, & Resources

Is my test, item, or service covered?

type your test, item, or service here Go

Find health & drug plans | Apply for Medicare | Get started with Medicare

50 MEDICARE 1965-2015 MEDICAID ANNIVERSARY

The Medicare Plan Finder tool, accessed by selecting “Find health & drug plans” on Medicare.gov allows you to evaluate and compare Medicare Advantage and Medicare Prescription Drug plans.

The Plan Finder allows you to compare benefits and learn how different Medicare Advantage plans cover your medications, co-pays, and premiums. General searches only require your zip code. Personalized searches require more information but show your current plan if you have Extra Help and medications previously entered in the system.

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Home

Medicare Plan Finder

Attention: You can review, compare and join a 2016 plan through December 7, 2015.

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.

General Search
A general plan search only requires your zip code.

ZIP Code:

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans

Plan Finder Multimedia
Step by step overview on how to complete a plan search
Lesson 1- Getting Started

Personalized Search
A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number:
Example: 123456789A
Where can I find my Medicare Number?

Last Name:

Effective Date for Part A: Month Year

Not Part A? Select here.

Date of Birth: Month Day Year

By selecting this button you are agreeing to the terms and conditions of the [User Agreement](#)

Find Plans

Medicare Part D – Prescription Drug Coverage

What is Part D?

Medicare Part D is prescription drug coverage provided by private insurance companies under a contract with Medicare. Everyone who has Medicare is eligible for a Part D plan—you are eligible if you have Medicare Part A, Part B, or both, regardless of your income or your health.

You pay premiums, share part of the costs of the drugs, and follow certain rules. This applies whether you purchase your insurance through “stand-alone” prescription drug plans (PDPs) or through Medicare Advantage with Prescription Drug plans (MAPDs) that combine health and drug coverage. (For more about Part D choices with Medicare Advantage plans, see p. 34-35.)

There are big differences in how well different plans cover different drugs and in how much you pay. It is important that you get good information on the best plans for your unique situation—**every year**. Consider your drug list, your eligibility for assistance programs and other coverage you may have from an employer plan, military service, or Indian Health Service.

To learn what you need to know for yourself or those with Medicare that you assist, read the section on Part D in *Medicare and You*, which covers these and other Part-D related topics.

Enrollment Periods

You can join a Part D plan during your Medicare Initial Enrollment Period, the Annual Enrollment Period (**October 15th through December 7th**), or at other special times, such as after a move or if you qualify for limited-income assistance.

- To switch to a different plan, just enroll in a new PDP or MAPD during a valid enrollment period. *You do not need to take any other action to end your prior plan.*
- **Caution:** If you have employer or union coverage, call your benefits administrator before you make any changes, or before you sign up for any other coverage. If you drop employer or union coverage, you may not be able to get it back. You also may not be able to drop employer or union **drug** coverage without also dropping the employer or union **health** coverage.
- **Caution:** If you belong to a Medicare Advantage with Prescription Drug plan, the drug coverage that is part of the plan is the **only** drug coverage you can use. Joining a PDP will cause you to be dropped from your MAPD.
- If you wish to completely drop your participation in Part D, you must submit a signed statement to your plan. Please speak with a SHIBA counselor to make sure you understand the possible consequences of this move.
- If you move away from your plan’s service area, you must enroll in a new plan in your new state within 63 days, *even if you are enrolled in a national plan.*
- If such a plan is available, you may switch to a plan with a **5-Star Overall Plan Rating** between December 8th and November 30th. You may switch once per year. Plan ratings can be found at www.medicare.gov using the Plan Finder.

To get help finding the best plan for you:

Call SHIBA at **800-247-4422** or Visit www.medicare.gov to use the Plan Finder or call Medicare at **800-633-4227**

How it Works: Making the Most of Your Prescription Drug Plan

Coverage: While all drug plans must comply with Medicare rules, plans vary greatly. Each plan has its own “formulary,” or list of prescription drugs it covers. Plans are allowed to manage access to their drugs through one or more of three *restrictions*:

- **Prior authorization:** The plan will not cover the drug unless your doctor requests the plan’s permission to prescribe it and the plan approves the request.
- **Step therapy:** The plan requires that you try less-expensive medications on its formulary before it will cover a more-expensive drug. Your doctor may request an exception if you have unsuccessfully tried the less-expensive drugs, or if he or she determines that the desired drug is medically necessary.
- **Quantity limits:** For cost or safety reasons, some plans may limit the number of doses that they will cover over a period of time (for example, 60 doses per month). If you require more than the allowed amount, your doctor must submit proof that it is medically necessary; the plan may then grant an exception to its rule.

Choosing a plan with the fewest or no restrictions can save money, even if its premium or co-payments are higher. If you choose a plan with restrictions and your request for an exception is denied, you will pay full price and get the drug without the plan. Also, having fewer restrictions will reduce delays and paperwork.

Cost: There are a wide range of monthly premiums for Part D plans. More costly premiums do not guarantee better coverage, nor do lower premiums promise lower cost. Many plans have a deductible that must be paid by you before the plan begins to pay.

A penalty may be added to your premium if you have been eligible for Part D but have gone without coverage. If you had “creditable” (as good as Part D) drug coverage, for example through an employer group plan or from the VA, there is no penalty. If you do not receive a letter of proof of creditable coverage, ask for one.

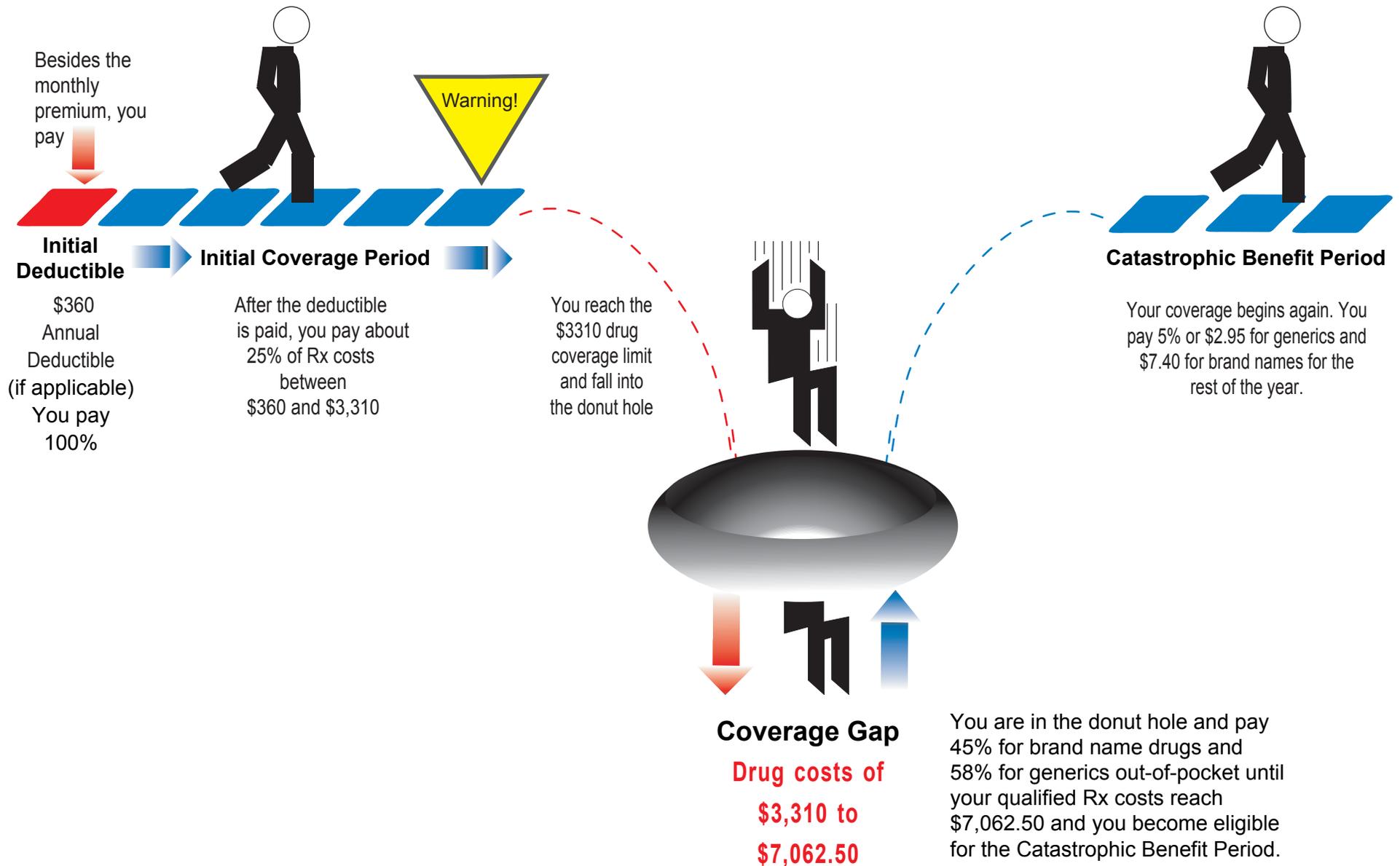
Your *cost share*, about 25 percent, happens through either **co-payments** (a set amount that stays the same all year) or **co-insurance** (a percentage that changes as drug prices change.) If you have a choice, co-payments tend to cost less.

Everything you can do to keep your drug costs down helps you avoid or delay entering the **Coverage Gap** (or “Donut Hole”), the period when your cost share rises steeply. The Gap is changing, however. The part you must pay in the Gap, formerly 100 percent, will be reduced every year until 2020, when your Gap cost share reaches 25 percent.

Convenience: Plans have pharmacy networks. Your costs are greatly affected by whether the **pharmacy** you use is *preferred* (the lowest cost), *in-network*, or *out-of-network* (where you pay the full cost, as if you had no insurance.) If you live in a remote area, make sure your plan works with your local pharmacy. See if your plan offers a *mail-order option*, which is convenient and can save money. And if you plan to travel, you may want to enroll in a *national plan*.

Remember—plans change their formularies and rules every year. Do a benefits checkup **every fall**. Speak with a SHIBA counselor, or use the Drug Plan Finder at www.medicare.gov to get your best combination of coverage, access, and cost.

2016 Coverage Gap "Donut Hole" in Medicare Part D



2016 Stand-Alone Prescription Drug Plans

These plans may be purchased by Original Medicare beneficiaries, Medigap policyholders, and Medicare Advantage Private Fee-For-Service members.* Find out which of these plans covers you best by entering your list of medications in the Part D Drug Plan Finder at www.medicare.gov or call SHIBA at **800-247-4422**.

Parent company name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Gap Coverage	100% Extra Help plan premium
Aetna Medicare 855-338-7030	Aetna Medicare Rx Saver (065)	X	\$32.30	\$360.00	No	X
Cigna Medicare Rx 800-735-1459	Cigna Medicare Rx Secure (153)	X	\$41.70	\$360.00	No	
	Cigna Medicare Rx Secure-Extra (276)	X	\$46.30	\$250.00	No	
EMI Health 888-236-4823	Educators Rx Basic (004)		\$121.00	\$360.00	No	
	Educators Rx Advantage (007)		\$162.10	\$0.00	No	
EnvisionRx Plus 866-250-2005	EnvisionRxPlus Silver (031)	X	\$39.00	\$360.00	No	X
Express Scripts Medicare 866-477-5704	Express Scripts Medicare - Value (133)	X	\$40.20	\$360.00	No	X
	Express Scripts Medicare – Choice (216)	X	\$73.60	\$360.00	No	
First Health Part D 855-389-9688	First Health Part D Premier Plus (193)	X	\$72.00	\$0.00	Some	
	First Health Part D Value Plus (154)	X	\$29.90	\$0.00	Some	
Humana Insurance Company 800-706-0872	Humana Enhanced (089)	X	\$66.70	\$0.00	Some	
	Humana Preferred Rx Plan (147)	X	\$35.70	\$360.00	No	X
	Humana Walmart Rx Plan (177)	X	\$18.40	\$360.00	No	

2016 Stand-Alone Prescription Drug Plans

Parent company name, contract, and phone numbers	Plan name and plan number	National plan	Premium	Annual deductible	Gap Coverage	100% Extra Help plan premium
Megellan Rx Medicare 800-424-5759	Megellan Rx Medicare Basic (024)		\$40.00	\$360.00	No	
Regence BlueShield of Idaho 800-369-3171	Regence Medicare Script Basic (001)		\$89.50	\$310.00	No	
	Regence Medicare Script Enhanced (002)		124.60	\$0.00	Some	
SilverScript 866-522-6106	SilverScript Choice (062)		\$23.80	\$0.00	No	X
	SilverScript Plus (063)		\$94.60	\$0.00	Some	
Stonebridge Life Insurance Company 877-527-1958	Transamerica MedicareRx Classic (30)		\$117.50	\$360.00	No	
Symphonix Health 855-355-2280	Symphonix PrimeSaver Rx (064)		\$42.20	\$200.00	No	
	Symphonix Value Rx (32)		\$37.80	360.00	No	X
UnitedHealthcare 888-867-5564	AARP MedicareRx Preferred (030)	X	\$67.50	\$0.00	No	
	AARP MedicareRx Saver Plus (375)	X	\$39.90	\$360.00	No	X
WellCare 888-293-5151	WellCare Classic (168)		\$40.10	\$360.00	No	X
	WellCare Extra (202)		\$75.60	\$0.00	No	

IMPORTANT: Stand-alone Prescription Drug Plans cannot be used in combination with Medicare Advantage HMO, PPO or HMO-POS plans.

Enrollment Periods and Deadlines

Plan	IEP	OEP/GEP/5-Star	SEP/GI	MADP	Late Penalty
Medicare Part A	The 7 months that begin 3 months before age 65; or auto-enrolled after 24 months of receiving Social Security Disability Income. (SSDI)	Anytime, if for free premium; otherwise, GEP is January, February, and March each year; coverage effective July 1.	None	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	None if Part A premium is free. Penalty is 10% of premium per year of delay; lasts twice as long as enrollment was delayed.
Medicare Part B	The 7 months that begin 3 months before age 65; or auto-enrolled after 24 months if already receiving SSDI.	GEP: January, February, and March each year; coverage effective July 1.	Up to 8 months after active work (self or spouse) or EGHP ends, whichever happens first.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	Premium penalty is 10% of current Part B premium per year of delayed enrollment; continues for lifetime.
Medigap	May purchase as soon as you have Part A, Part B, and are age 65. Open enrollment for first 6 months of Part B.	Anytime, but at plan's discretion; company may underwrite or deny for pre-existing health conditions.	63-day GI period from date previous plan ends through no fault of your own.		May cost more. If beyond OEP and GI periods, plan may refuse to insure due to health conditions.
Medicare Advantage	The 7-months that begin 3 months before age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	OEP: Oct. 15-Dec. 7 Enrolled in Medicare during GEP: April 1-June 30; effective July 1 5-Star: December 8 th through November 30 th of next year.	63 days after moving out of a plan's service area or after EGHP ends; 31 days after plan is discontinued. Continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare, Jan. 1-Feb. 14.	None for health coverage. Delayed drug enrollment may incur Part D penalty added to premium.
Medicare Part D	The 7-months that begin 3 months before age 65, or before the date of qualifying for Medicare due to Social Security Disability Income.	OEP: Oct. 15-Dec. 7 Enrolled in Medicare during GEP: April 1-June 30; effective July 1 5-Star: December 8 th through November 30 th of next year.	63 days after moving out of a plan's service area or plan is discontinued, or after EGHP ends. Continuous for those receiving Extra Help or Medicaid.	If in MA plan, may switch to Original Medicare and add a stand-alone Part D plan, Jan. 1-Feb. 14.	Penalty for each month enrollment was delayed is 1% of National Base Beneficiary premium; 24 months of delay becomes 24% penalty; continues for lifetime unless you qualify for Extra Help.

EGHP: Employer Group Health Plan **GI:** Guaranteed Issue **IEP:** Initial Enrollment Period **GEP:** General Enrollment Period **MA:** Medicare Advantage
MADP: Medicare Advantage Disenrollment Period **MAPD:** Medicare Advantage with Prescription Drug **OEP:** Open Enrollment Period **SEP:** Special Enrollment Period **5-Star:** 5-Star overall plan rating

About Medigap Plans

What is a Medigap?

Beneficiaries enrolled in Original Medicare (Parts A and B) are expected to pay some costs (deductibles, co-payments and co-insurance) of their medical care. To help fill these gaps in coverage, private insurance companies sell Medicare supplement insurance policies also known as Medigap plans. ***You must be enrolled in both Part A and Part B to buy a Medigap plan.***

A person with Original Medicare who buys a Medigap policy will have Medicare pay primary and then the Medigap policy will pay secondary. Depending on which Medigap policy (A thru N) you select, you may or may not have to pay any cost share.

Medigap plans are named by letter, Plan A through Plan N, not to be confused with Medicare *Parts A, B, C, and D*. The plans have **standardized benefits**: all plans with the same letter have the same coverage; only the premiums are different. Some companies offer “SELECT” plans, which require using a provider network, or “Innovative” plans, which offer limited extra benefits, such as preventive dental.

All Medigap plans are **guaranteed renewable**. This means that the benefits never change and your policy stays in effect, no matter what health problems you experience, as long as the premiums are paid and the application had no misrepresentation. ***If you enroll in a Medicare Advantage plan, a Medigap policy cannot pay, so you need to contact the company to drop the Medigap.***

Factors that may affect premiums include your age when you took out the policy, health conditions and tobacco use. Some companies offer discounts to married couples or for paying premiums annually. As with all Medicare coverage, Medigap plans are issued to individuals. Call several companies for a rate quote and to see if you like their customer service.

Medigaps in Idaho

All Medigap policies must follow federal and state laws. Rules governing Medigaps can differ by state. Medigaps in Idaho are regulated by the Idaho Department of Insurance.

In Idaho:

- Medigap providers are not required to sell policies to Medicare beneficiaries under age 65.
- Premium rates for females and males must be the same.
- Rates are different for smokers and non-smokers.
- All policies being sold are “issue-age” or “community” rated.
- Premiums may go up only because of inflation or the pool’s health-care costs but not because the policyholder gets older.

Medigap Innovative Plans

The insurance company can offer some additional benefits at no extra cost to the Medicare beneficiary. With the approval of the state Innovative benefits cannot be used to change or reduce the standardized benefits, including a change of any cost-sharing provision.

Medigap Innovative Plan benefits can include but are not limited to: annual physical exam, preventive dental care, preventive vision care or routine hearing exam to name a few.

When Can I Buy a Medigap Policy?

There is no annual open enrollment season. During your *Medigap Open Enrollment Period and Guaranteed Issue periods* the companies must sell you a Medigap policy without underwriting unless you are under age 65. Some companies will sell policies to those under 65 who are receiving Medicare due to disability. At other times insurance companies can underwrite (consider your medical history) and refuse your application or make you wait for pre-existing conditions to be covered.

- Medigap open enrollment period**
 If you are 65 or older, your open enrollment period for Medigaps begins the day your Part B starts and continues for six months; it cannot be changed once it starts. During this period all Medigap insurers doing business in Idaho must accept you for any plan they offer in this state, and they cannot base your premiums on your medical history. If you have **not** had continuous creditable coverage for at least six months prior to the open enrollment period, some insurers may impose a pre-existing waiting period for benefits to be paid.
- Guaranteed Issue**
 Certain special circumstances trigger Guaranteed Issue rights. See the table on this page. At these times you are entitled to purchase a Medigap plan with the same rights as during the six-month Medigap open enrollment, except there is no pre-existing waiting period.

Medigap Waiting Periods

Medigap policies can “look back” for pre-existing conditions that were diagnosed or treated for up to six months before a new policy starts, and can refuse to cover those conditions for up to six months after the policy takes effect. The policies must pay for everything else they cover during this waiting period. The waiting period can be eliminated or shortened if you recently had “creditable coverage” before applying for the Medigap. Most forms of health coverage count as prior creditable coverage. Not all companies use the look-back/waiting period before paying benefits on pre-existing conditions.

Guaranteed Issue Situations	Plan choices
(Trial Right) You joined a Medicare Advantage plan <i>when you first enrolled in Medicare, but within the first 12 months of joining the plan</i> you want to switch to Original Medicare.	ALL PLANS
(Trial Right) You terminated a Medigap policy to enroll in a Medicare Advantage plan or Medicare Select policy <i>for the first time</i> , and now you want to switch back <i>after no more than 12 months of enrollment</i> .	Original plan. If not available, then A,B,C,F,F-High, K or L
Your Medicare Advantage plan coverage ends because the plan is leaving the Medicare program or stops giving care in your area.* <i>63-day limit</i>	A,B,C,F,F-High, K or L
Your employer group health plan (including retiree, union, or COBRA coverage) ends.* <i>63-day limit</i>	A,B,C,F,F-High, K or L
Your Medicare Advantage plan, Medicare Select policy, or employer group health plan ends because you move out of the plan’s service area.* <i>63-day limit</i>	A,B,C,F,F-High, K or L
You leave any plan—Medicare Advantage or Medigap—because they have committed fraud. For example, marketing materials were misleading or quality standards were not met.* <i>63-day limit</i>	A,B,C,F,F-High, K or L
Your Medigap insurance company goes bankrupt or your Medigap policy coverage otherwise ends through no fault of your own.* <i>63-day limit</i>	A,B,C,F,F-High, K or L

*These Guaranteed issue protections start the day your prior coverage ends and last for 63 days.

What Do Medigap Plans Cover?

Medigap plans help pay the beneficiary's deductibles, co-payments and co-insurance in Original Medicare Part A and Part B. These standardized plans offer the same benefits from company to company. Premium rate comparisons start on page 20.

An **X** indicates that the Medigap policy pays 100% of your cost share for the described benefit. Boxes with a percentage indicate that, after you meet the Part B deductible, the plan pays this percentage of your cost share. Blank boxes indicate that the plan does not cover your share of this benefit. Dollar amounts may be revised for 2016.

Original Medicare	Plans	A	B	C	D	F¹	G	K	L	M	N
Hospital co-insurance — Co-insurance for inpatient days 61-90 and days 91-150, and payment in full for an additional 365 lifetime days.		X	X	X	X	X	X	X	X	X	X
Part B co-insurance — Pays the 20% co-insurance for Part B services.		X	X	X	X	X	X	50%	75%	X	X ²
First three pints of blood per calendar		X	X	X	X	X	X	50%	75%	X	X
Hospice care — Co-insurance for respite care and other Part A-covered services.		X	X	X	X	X	X	50%	75%	X	X
Hospital (Part A) deductible — Covers deductible in each benefit period.			X	X	X	X	X	50%	75%	50%	X
Skilled Nursing Facility — Covers co-insurance for days 21-100 each benefit period.				X	X	X	X	50%	75%	X	X
Part B deductible — Covers the annual deductible.				X		X					
Part B excess charges — Covers the 15% excess charge when a provider does not accept the Medicare-allowed amount as payment in full.						X	X				
Emergency care outside of the United States — 80% of emergency care costs during the first 60 days of each trip, after an annual deductible of \$250, up to a maximum lifetime benefit of \$50,000.				X	X	X	X				X
Out-of-pocket maximum — For Plans K and L, annual total you spend on covered benefits before the plan pays 100%.								\$4,940 (2015)	\$2,470 (2015)		

¹ Offers a high-deductible option. After you have paid \$2,180 (2015 - 2016 amount not available at time of printing) in cost sharing, Plan F-High pays 100% for the rest of the year.

² Plan N pays 100% of the Part B co-insurance, except for a \$20 co-payment for some office visits and \$50 for emergency room visits that do not result in an inpatient admission.

³ The amounts for 2016 were not available at the time of printing and may be different than those listed.

Medigap Plans Available in Idaho

The plans listed in this table, and their premium rates, were filed by the respective companies and approved by the Idaho Department of Insurance (DOI). Availability of plans vary by location, and coverage and rates often change during the year. DOI cannot certify the accuracy of the information and recommends consumers contact the company for current rates and plans offered in their area. The appearance of a company on this list does not constitute an endorsement of a company or its policies by the Idaho Department of Insurance, SHIBA, or its volunteers. This list was current as of November 5, 2015.

Current rate information is available on the SHIBA website: shiba.idaho.gov Select: **Medigap (Medicare Supplement Insurance)**

Company Name	Phone Number	Idaho Medicare Supplement Plans										
		Medicare Supplement policies by plan type										
		A	B	C	D	F	Fhd	G	K	L	M	N
American Republic Insurance Company	800-247-2190	X				X			X	X		
Americo Financial Life & Annuity Ins. Co	800-231-0801	X				X		X				X
Bankers Fidelity Life Insurance Company	866-458-7500	X				X	X	X	X			X
Blue Cross of Idaho	888-492-2583	X				X			X		X	X
Central States Indemnity Co of Omaha	866-887-9323	X	X	X		X		X				X
Colonial Penn Life Insurance Company	800-800-2254	X	X			X	X	X	X	X	X	X
Combined Insurance Co of America	800-544-5531	X				X						X
Continental Life Insurance Co	800-264-4000	X	X			X	X	X				X
Coventry Health & Life Insurance Company	866-364-5663	X	X			X		X				X
Equitable Life & Casualty	800-352-5160	X				X		X				X
Everence Association Inc.	800-348-7468	X				X		X				X
First Health Life & Health Insurance Co	800-247-2898	X	X			X		X				X
Gerber Life Insurance Company	855-258-2580	X				X		X				
Globe Life & Accident Insurance Co	800-654-5433	X	X	X		X	X					
Government Personnel Mutual Life Ins Co	866-242-7573	X		X		X		X				X
Guarantee Trust Life Insurance Co	800-323-6907	X				X		X				X
Humana Insurance Company	800-633-4227	X	X	X		X	X		X	X		X
Humana Dental Insurance Company	800-633-4227	X				X	X	X	X			X
Individual Assurance Co LHA	866-868-3274	X				X		X				X
Liberty National Life Insurance Company	800-333-0637	X	X			X	X					X
Loyal American Life Insurance Co	800-459-4272	X	X	X	X	X		X				X

The plans listed in this table, and their premium rates, were filed by the respective companies and approved by the Idaho Department of Insurance (DOI). Availability of plans vary by location, and coverage and rates often change during the year. DOI cannot certify the accuracy of the information and recommends consumers contact the company for current rates and plans offered in their area. The appearance of a company on this list does not constitute an endorsement of a company or its policies by the Idaho Department of Insurance, SHIBA, or its volunteers. This list was current as of November 5, 2015.

Current rate information is available on the SHIBA website: shiba.idaho.gov Select: **Medigap (Medicare Supplement Insurance)**

Company Name	Phone Number	Idaho Medicare Supplement Plans										
		Medicare Supplement policies by plan type										
		A	B	C	D	F	Fhd	G	K	L	M	N
Manhattan Life Insurance Company	800-877-7703	X		X		X		X				X
Medico Corp Life Insurance Company	800-228-6080	X				X	X					
Mutual of Omaha Insurance Company	800-931-8974	X				X		X				
Oxford Life Insurance Company	800-308-2318	X				X						X
Regence Blue Shield of Idaho	888-734-3623	X		X					X			
Reserve National Insurance Company	800-654-9106	X		X		X	X	X				X
Sentinel Security Life Insurance Company	888-510-0668	X	X	X	X	X						
Standard Life & Accident Ins. Co.	888-350-1488	X	X	X	X	X	X	X				X
State Farm Mutual Automobile Ins. Co.	888-845-7856	X		X		X						
State Mutual Insurance Co.	888-764-1936	X	X	X	X	X	X	X			X	X
Sterling Life Insurance Co.	800-688-0010	X	X	X		X		X	X			X
Thrivent Financial for Lutherans	800-847-4836	X	X	X	X	X	X	X		X	X	
Transamerica Life Insurance Company	800-752-9797	X	X	X	X	X		X	X	X	X	X
Transamerica Premier Life Ins. Co	800-851-9777					X		X				X
United American Insurance Co.	800-331-2512	X	X	X	X	X	X	X	X	X		X
United Commercial Travelers of America	800-848-0123	X				X		X				X
United Healthcare Insurance Co.	877-470-6997	X	X	X		X			X	X		X
United National Life Insurance Company	800-323-6907	X			X	X		X				X
USAA Life Insurance Company	800-531-8535	X				X						X
Woodmen of the World	877-223-3666	X	X	X	X	X		X				X

Original Medicare + Medigap vs. Medicare Advantage Comparison

Original “Fee-for-Service” Medicare with a Medigap	Comparison point:	Medicare Advantage: HMO, PPO, or PFFS
Must have Parts A and B and be at least age 65. Companies must accept all eligible applicants during Medigap open enrollment and Guaranteed Issue periods.	Eligibility	Must have Parts A and B, live in service area and not have End-Stage Renal Disease. Open to all ages.
Standardized plans have the same benefits but premium varies by company, may vary by age at time plan is purchased, and /or whether the beneficiary smokes. Cost sharing varies by plan; no cost sharing with Plan F. Original Medicare has no out-of-pocket maximum.	Costs: <i>Premiums, cost sharing and out-of-pocket maximum</i>	All plan members pay same premium, regardless of age, gender, or health. Cost sharing (co-pays and/or co-insurance) must be paid for most medical services. Plans have an out-of-pocket annual maximum.
Can generally see any provider who accepts Medicare. “SELECT” Medigap plans may require using specific network of providers or specific hospitals. May be used for treatments at specialty medical facilities, such as Mayo Clinics, etc.	Provider choice and availability <i>Always ask your providers what insurance they accept</i>	HMOs and PPOs: Maintain provider networks; they must have available providers in order to accept new members. HMOs: Generally cover in-network only. Referrals may be required for specialist visits. PPOs: Cover out-of-network, but costs may be higher for out-of-network. No referrals required. PFFSs: Set their own reimbursement rates with providers. Check with billing office before each service.
Not included. If you want Rx coverage, you may enroll in a stand-alone Medicare prescription drug plan.	Prescription drug coverage <i>Be sure to use www.medicare.gov Plan Finder</i>	Most plans cover drugs. With HMO and PPO plans, you must use drug coverage included with plan. HMO and PPO plans that do not offer drug coverage are designed for people who have drug coverage through the VA, IHS, etc. If you purchase a PFFS without drug coverage, you may purchase a stand-alone drug plan.
Yes, guaranteed renewable as long as you pay the premium and there was no misrepresentation on the application. Benefits never change. No election season for Medigaps.	Is it renewable?	No, benefits may change yearly. However, you usually remain in a plan unless you dis-enroll at election times, or your plan terminates in your area.
Covers only same as Original Medicare. No routine dental, vision, etc., except “innovative” plans; no alternative medicine.	Extras	Some plans include routine dental, hearing, or vision. Some may offer additional alternative medicine package.
Good for travelers or “snow birds.” May save money for people needing high-cost or frequent care. Customize elements of your Medicare picture – choose doctors and drug plan.	It may be best for:	May save money if you do not need frequent appointments or treatments. Having a coordinated plan may simplify choices. Network plans may be good for people who otherwise can’t find a Medicare provider.
Because Medigaps are standardized, price and customer service are the only difference. Current rates are posted at:	How to comparison shop	Plans are not standardized—use comparison pages in this Guide or at www.medicare.gov , or call SHIBA, 800-247-4422 .
http://www.doi.idaho.gov/shiba/shmedigap.aspx Regulated by Idaho Department of Insurance	Who regulates it?	Regulated by Medicare/CMS; sales agents are licensed by Idaho Department of Insurance.

About Medicare Advantage Plans

What is Medicare Advantage?

Medicare offers two ways to get your benefits: from **Original Medicare** (Part A and Part B), plus Part D, or from a **Medicare Advantage (MA)** plan, which combines Part A, Part B and usually Part D, and is sometimes called Part C. Part C plans with Part D coverage are called **MAPD** plans. Private insurance companies contract with Medicare to offer MA and MAPD coverage.

Medicare pays these plans to provide your Medicare-approved services. The plans must cover everything Medicare covers, but not necessarily at the same rate.

When you enroll in a Medicare Advantage (MA) plan, you agree to that plan's terms and conditions.

Frequent questions:

- **Do I still have Medicare?** Yes, you are still on Medicare and receive Medicare benefits, but you agree to have your health care administered by a private insurance company.
- **What does it cost?** You pay the Part B premium, usually a premium to the plan for coverage, and cost sharing for most services.
- **Are there extras?** Some Medicare Advantage plans offer additional coverage, such as limited routine vision or dental.

Medicare Advantage plans contract with the Centers for Medicare and Medicaid Services (CMS) for one year at a time. This means the policies are not guaranteed renewable. However, if your plan renews its contract with CMS you will continue in it unless you decide to leave it during the annual enrollment period. If your plan does not renew its contract, you have rights that enable you to join another plan or to purchase a Medigap policy.

Who Can Join a Medicare Advantage Plan?

Most people who have Medicare Part A and Part B and live in a plan's service area can join that plan. You can find out if a plan covers your county by using the chart on pages **34-35** of this book, by calling the company, or by using the Plan Finder tool at www.medicare.gov.

There are no restrictions for age, gender or health conditions, with one exception: beneficiaries with End-Stage Renal Disease (ESRD) are not eligible to join a MA or MAPD plan. However, if you are already in a plan before you develop ESRD, you may stay in that plan.

Medicare Advantage Plan Types

There are different types of MA plans. It is important that you speak with the billing office of your providers to make sure that they accept an insurance plan and, if so, whether they are *in-network*.

- **HMOs (Health Maintenance Organizations)** offer health care through a network. In order for the plan to pay for your care, you must use only the providers (doctors, hospitals, and suppliers) that are in the plan's network, except for urgent or emergency care. You may need a referral from a primary care provider in order to see a specialist.
- **HMO-POS (Point-of-Service)** plans **may** allow you to use providers outside the network for a higher cost. Check with the plan for what services can be covered out-of-network.

- **PPOs (Preferred Provider Organizations)** also operate through a network. You may use providers outside the network, but your cost share (co-payment) is lower when you stay in-network. Check with out-of-network providers to make sure they will accept your plan. Referrals are not needed in a PPO plan. However, pre-authorization for some services may be required by the plan. Read your plan summary.

Enrollment periods

You can join a Medicare Advantage plan during your Medicare Initial Enrollment Period; during the Annual Enrollment Period (**October 15th through December 7th**) when you can add, drop, or switch plans; and during Special Enrollment Periods, such as after a move or in any month of the year if you qualify for limited-income assistance.

- To switch to a different plan, simply enroll in a new MA or MAPD. *You do not need to take any other action to end your prior plan.*
- If you want to drop Medicare Advantage coverage and switch to Original Medicare, enroll in a stand-alone Part D plan. If you do not want to have any Part D drug coverage, dis-enroll by writing to your plan.
- If such a plan is available, you may switch to a plan with a **5-Star Overall Plan Rating** between December 8th and November 30th. You may switch once per year. Plan ratings can be found www.medicare.gov using the Plan Finder.

You can use the **Medicare Advantage Disenrollment Period between January 1st and February 14th** to drop a MA or MAPD plan and switch to Original Medicare. You may **not** enroll in a MA or MAPD during this period. You may enroll in a stand-alone Part D plan.

- If you have a health-only MA, you may use this period to drop it, and if you do, you may also enroll in a PDP. *A Part D penalty may apply if you have been without creditable drug coverage before joining the PDP.*

Note: Opting to leave a MA or MAPD does not qualify you for Guaranteed Issue to a Medigap policy, but you may submit an application to any company that sells Medigaps in Idaho.

Important note about drug coverage: If you want to have drug coverage together with either HMO or PPO health coverage, you **must** take the MAPD package from your plan. If you enroll in a health-only Medicare Advantage HMO or PPO plan and then enroll in a stand-alone Part D plan (PDP) *you will be dis-enrolled from your MA plan* and end up with Original Medicare and the PDP. If you are eligible for VA or IHS drug coverage, you can take a health-only MA plan and use the VA or IHS benefit, as long as it covers your drugs. Some retiree plans offer only drug coverage and you could also enroll in a Medicare Advantage HMO or PPO plan without drug coverage and have your drugs covered by the retiree plan.

- **PFFS (Private Fee-for-Service)** is a type of Medicare Advantage plan in which the beneficiary may go to any Medicare-approved provider *who is willing to accept the plan's payment*. Some providers accept these plans on a case-by-case basis, *so be sure to check with the provider's billing office before each service*. If your PFFS plan does not include drug coverage, you may join a stand-alone PDP plan.
- **SNPs (Special Needs Plans)** are specially designed Medicare Advantage plans with membership limited to certain groups of people. Part D coverage is included in all SNPs. Idaho has only one SNP, and it is for beneficiaries who have both Medicare and full Medicaid.
 - **Idaho's SNP:**
Blue Cross of Idaho (H1350)
True Blue Special Needs Plan (HMO SNP 009)**Phone:**
888-492-2583

Choosing a Medicare Advantage Plan

Local availability, coverage and cost are all important considerations when deciding on a plan. Call SHIBA at **800-247-4422**, use the information in this book, or visit www.medicare.gov to use the Plan Finder Tool.

▪ What plans are offered in my area?

If you have Medicare Parts A and B and do not have End-Stage Renal Disease, you may enroll in any plan available in the county where you legally reside. The chart on pages **34-35** of this book shows the plans offered in your county. The plan service areas are also listed in the upper right corner of each plan detail page. Another way to get this information is to go online and use the Plan Finder at www.medicare.gov. It searches by ZIP code and provides a list of plans available in your area.

▪ Will my doctor and hospital accept the plan?

It is important to ask the billing offices of your doctors and hospital if they are in the network for a plan you are considering. Even though a plan may be offered in your area, providers **do not** have to participate. *Call for this information for yourself.* Provider lists on plan web pages and printed materials from a plan may not be up to date.

▪ If I want drug coverage, does the plan's formulary include my medications?

Be sure that you or a helper uses the Drug Plan Finder at www.medicare.gov to see how different plans' formularies and rules cover your drugs. This tool researches the drug coverage in MAPD plans as well as in stand-alone PDP drug plans. Please see "How it works", **page 12**, for more on this essential topic.

▪ Can I afford the plan?

Make sure you understand the coverage, including premiums and cost sharing. The plan detail pages in this book list your share of

the costs. Here are some of the terms you will need to understand:

- **Premiums:** The amount you pay monthly for a plan, whether or not you use services. If you qualify for Extra Help, your premium may be reduced; see the plan description pages. In a few cases, plans have a \$0 premium. **Do not make your plan selection based only on the premium; research what your out-of-pocket costs may be when you use services.**
- **Deductible:** An annual set amount that you must pay for covered services before the plan begins paying. Not all plans have deductibles. Some plans have separate deductibles for drug coverage and health care coverage.
- **Maximum out-of-pocket costs:** After allowable cost-sharing amounts during the plan year reach this amount, the plan pays 100% for any additional allowable expenses. **Caution:** Not all covered services may count toward the out-of-pocket maximum. If you have a frequent need for a certain service, ask the plan if the co-pay would count toward the out-of-pocket maximum.
- **Co-payments:** A fixed amount you pay for each service.
- **Co-insurance:** A percentage of costs you pay for a service.

About Additional Benefits

Original Medicare **does not** cover routine dental, vision care, or hearing aids. Some Medicare Advantage plans are like Original Medicare and do not cover these benefits. Other MA plans choose to cover some care, such as exams or cleanings, up to a capped limit—sometimes for an additional cost.

- The plan description pages in this book show a symbol—**(D)**, **(V)** or **(H)**—if the plan offers such coverage. For details about the benefit, contact the company.

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Ada County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho Secure Blue Idaho	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Connected Care	888-492-2583	H1350-012	HMO	\$85	N/A	\$3,000	\$0	\$0
Blue Cross of Idaho True Blue Rx Option I	888-492-2583	H1350-015	HMO-POS	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	888-833-2364	H2012-022	HMO	\$41	N/A	\$5,700	\$0	\$360
Humana Gold Choice	888-833-2364	H8145-093	PFFS	\$89	N/A	N/A	\$0	\$320
Humana Choice	888-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
Humana Choice	888-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
PacificSource Medicare EssentialsChoice Rx 24	888-863-3637	H3864-024	HMO	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials Rx 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
PacificSource Medicare MyCare Rx 23	888-863-3637	H3864-023	HMO	\$27	N/A	\$3,000	\$0	\$0
Regence BlueShield MedAdvantage HMO	888-369-3171	H1969-002	HMO	\$0	N/A	\$6,700	\$0	\$0
Regence BlueShield MedAdvantage HMO Plus	888-369-3171	H1969-003	HMO	\$49	N/A	\$5,500	\$0	\$0
Regence BlueShield MedAdvantage + Rx Classic	888-369-3171	H1304-009	PPO	\$76	N/A	\$6,700	\$0	\$360
Regence BlueShield MedAdvantage + Rx Enhanced	888-369-3171	H1304-010	PPO	\$219	N/A	\$5,000	\$0	\$0
Regence BlueShield MedAdvantage Basic	888-369-3171	H1304-008	PPO	N/A	\$52	\$6,700	\$0	N/A
SelectHealth Advantage	885-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0
UnitedHealth AARP Medicare Complete Choice	800-555-5757	H2228-031	PPO	\$29	N/A	\$5,500	\$0	\$190
UnitedHealth AARP Medicare Complete Choice Plan 2	800-555-5757	H2228-032	PPO	\$69	N/A	\$3,900	\$0	\$150

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Adams County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0
Bannock County								
Blue Cross of Idaho Secure Blue (PPO)	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue (HMO)	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
HumanaChoice	800-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
HumanaChoice	800-833-2364	H6609-073	PPO	\$203	N/A	\$6,700	\$0	\$360
PacificSource Medicare Essentials RX 21	800-863-3637	H3864-021	HMO	\$91	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer 10	800-863-3637	H4754-010	PPO	N/A	\$49	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX9	800-863-3637	H4754-009	PPO	\$112	N/A	\$3,400	\$0	\$0
Bear Lake								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Benewah								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Bingham County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials RX 21	800-863-3637	H3864-021	HMO	\$91	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer 10	800-863-3637	H4754-010	PPO	N/A	\$49	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX9	800-863-3637	H4754-009	PPO	\$112	N/A	\$3,400	\$0	\$0
SelectHealth Advantage	855-442-9940	H1994-006	HMO	\$69	N/A	\$6,700	\$0	\$0
Blaine County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare EssentialsChoice Rx 24	888-863-3637	H3864-024	HMO	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-006	HMO	\$69	N/A	\$6,700	\$0	\$0
Boise County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
HumanaChoice	800-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
HumanaChoice	800-833-2364	H6609-073	PPO	\$203	N/A	\$6,700	\$0	\$360
PacificSource Medicare EssentialsChoice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Regence MedAdvantage + RX Classic	888-369-3171	H1304-009	PPO	\$76	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + RX Enhanced	888-369-3171	H1304-010	PPO	\$219	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1304-008	PPO	N/A	\$52	\$6,700	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	\$0	\$6,700	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Bonner County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	800-833-2364	H2012-030	HMO	\$51	N/A	\$5,000	\$0	\$320
PacificSource Medicare Essentials RX 20	800-863-3637	H3864-020	HMO	\$59	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer RX 12	800-863-3637	H4754-012	PPO	N/A	\$29	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX 11	800-863-3637	H4754-011	PPO	\$89	N/A	\$3,400	\$0	\$0
Regence MedAdvantage + RX Classic	888-369-3171	H1304-002	PPO	\$116	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + RX Enhanced	888-369-3171	H1304-004	PPO	\$201	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1304-001	PPO	N/A	\$76	\$6,700	\$0	N/A
Bonneville County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Choice	888-833-2364	H8145-093	PFFS	\$89	N/A	N/A	\$0	\$320
Humana Gold Choice	888-833-2364	H8145-097	PFFS	N/A	\$0	N/A	\$0	N/A
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
HumanaChoice	800-833-2364	H6609-073	PPO	\$203	N/A	\$6,700	\$0	\$360
PacificSource Medicare Essentials RX 21	800-863-3637	H3864-021	HMO	\$91	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer 10	800-863-3637	H4754-010	PPO	N/A	\$49	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX9	800-863-3637	H4754-009	PPO	\$112	N/A	\$3,400	\$0	\$0
SelectHealth Advantage	855-442-9940	H1994-006	HMO	\$69	N/A	\$6,700	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Boundary County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	800-833-2364	H2012-030	HMO	\$51	N/A	\$5,000	\$0	\$320
PacificSource Medicare Essentials RX 20	800-863-3637	H3864-020	HMO	\$59	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer RX 12	800-863-3637	H4754-012	PPO	N/A	\$29	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX 11	800-863-3637	H4754-011	PPO	\$89	N/A	\$3,400	\$0	\$0
Butte County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Camas County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Canyon County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Connected Care	888-492-2583	H1350-012	HMO	\$85	N/A	\$3,000	\$0	\$0
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	888-833-2364	H2012-022	HMO	\$41	N/A	\$5,700	\$0	\$360
Humana Gold Choice	888-833-2364	H8145-093	PFFS	\$89	N/A	N/A	\$0	\$320
Humana Gold Choice	888-833-2364	H8145-097	PFFS	N/A	\$0	N/A	\$0	N/A
HumanaChoice	800-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
PacificSource Medicare MyCare Rx 23	888-863-3637	H3864-023	HMO	\$27	N/A	\$3,000	\$0	\$0
Regence MedAdvantage HMO	888-369-3171	H1969-002	HMO	\$0	N/A	\$6,700	\$0	\$0
Regence MedAdvantage HMO Plus	888-369-3171	H1969-003	HMO	\$49	N/A	\$5,500	\$0	\$0
Regence MedAdvantage + RX Classic	888-369-3171	H1304-009	PPO	\$76	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + RX Enhanced	888-369-3171	H1304-010	PPO	\$219	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1304-008	PPO	N/A	\$52	\$6,700	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	\$0	\$6,700	\$0	\$0
UnitedHealth AARP Medicare Complete Choice	800-555-5757	H2228-031	PPO	\$29	N/A	\$5,500	\$0	\$190
UnitedHealth AARP Medicare Complete Choice Plan 2	800-555-5757	H2228-032	PPO	\$69	N/A	\$3,900	\$0	\$150

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Caribou County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Cassia County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-004	HMO	\$45	N/A	\$6,700	\$0	\$0
Clark County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Clearwater County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Custer County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Elmore County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0
Franklin County								
SelectHealth Advantage	855-442-9940	H1994-005	HMO	\$42	N/A	\$6,700	\$0	\$0
Fremont County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Gem County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Connected Care	888-492-2583	H1350-012	HMO	\$85	N/A	\$3,000	\$0	\$0
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
HumanaChoice	800-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
HumanaChoice	800-833-2364	H6609-073	PPO	\$203	N/A	\$6,700	\$0	\$360
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
PacificSource Medicare MyCare Rx 23	888-863-3637	H3864-023	HMO	\$27	N/A	\$3,000	\$0	\$0
Regence MedAdvantage + RX Classic	888-369-3171	H1304-009	PPO	\$76	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + RX Enhanced	888-369-3171	H1304-010	PPO	\$219	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1304-008	PPO	N/A	\$52	\$6,700	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Gooding County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Idaho County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Jefferson County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials RX 21	800-863-3637	H3864-021	HMO	\$91	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer 10	800-863-3637	H4754-010	PPO	N/A	\$49	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX9	800-863-3637	H4754-009	PPO	\$112	N/A	\$3,400	\$0	\$0
Jerome County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue RX Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-004	HMO	\$45	N/A	\$6,700	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Kootenai County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$132	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	800-833-2364	H2012-030	HMO	\$51	N/A	\$5,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
HumanaChoice	800-833-2364	H6609-073	PPO	\$203	N/A	\$6,700	\$0	\$360
PacificSource Medicare Essentials RX 20	800-863-3637	H3864-020	HMO	\$59	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer RX 12	800-863-3637	H4754-012	PPO	N/A	\$29	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX 11	800-863-3637	H4754-011	PPO	\$89	N/A	\$3,400	\$0	\$0
Regence MedAdvantage + Rx Classic	888-369-3171	H1304-002	PPO	\$116	N/A	\$6,700	\$0	\$360
Regence MedAdvantage +Rx Enhanced	888-369-3171	H1304-004	PPO	\$201	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1301-001	PPO	\$76	N/A	\$6,700	\$0	N/A
Latah County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Regence MedAdvantage + Rx Classic	888-369-3171	H1304-002	PPO	\$116	N/A	\$6,700	\$0	\$360
Regence MedAdvantage +Rx Enhanced	888-369-3171	H1304-004	PPO	\$201	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1301-001	PPO	\$76	N/A	\$6,700	\$0	N/A
Lemhi County								
No Medicare Advantage Plans Available								
Lewis County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Lincoln County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Madison County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials RX 21	800-863-3637	H3864-021	HMO	\$91	N/A	\$3,400	\$0	\$0
PacificSource Medicare Explorer 10	800-863-3637	H4754-010	PPO	N/A	\$49	\$3,400	\$0	N/A
PacificSource Medicare Explorer RX9	800-863-3637	H4754-009	PPO	\$112	N/A	\$3,400	\$0	\$0
Minidoka County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-004	HMO	\$45	N/A	\$6,700	\$0	\$0
Nez Perce County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$131	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Regence MedAdvantage + Rx Classic	888-369-3171	H1304-002	PPO	\$116	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + Rx Enhanced	888-369-3171	H1304-004	PPO	\$201	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1301-001	PPO	\$76	N/A	\$6,700	\$0	N/A

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Oneida County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Owyhee County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$131	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Regence MedAdvantage + RX Classic	888-369-3171	H1304-009	PPO	\$76	N/A	\$6,700	\$0	\$360
Regence MedAdvantage + RX Enhanced	888-369-3171	H1304-010	PPO	\$219	N/A	\$5,000	\$0	\$0
Regence MedAdvantage Basic	888-369-3171	H1304-008	PPO	N/A	\$52	\$6,700	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0
Payette County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$131	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Connected Care	888-492-2583	H1350-012	HMO	\$85	N/A	\$3,000	\$0	\$0
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$142	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Humana Gold Plus	888-833-2364	H2012-022	HMO	\$41	N/A	\$5,700	\$0	\$360
HumanaChoice	800-833-2364	H6609-009	PPO	\$69	N/A	\$6,000	\$0	\$320
HumanaChoice	800-833-2364	H6609-012	PPO	N/A	\$0	\$3,600	\$0	N/A
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
PacificSource Medicare MyCare Rx 23	888-863-3637	H3864-023	HMO	\$27	N/A	\$3,000	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Power County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
Shoshone County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Teton County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True BlueFreedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
Twin Falls County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross Secure Blue Idaho (PPO)	888-492-2583	H1302-007	PPO	\$139	N/A	\$5,000	\$0	\$350
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue RX Option I (HMO-POS)	888-492-2583	H1350-015	HMO	\$161	N/A	\$6,700	\$0	\$0
Blue Cross of Idaho True Blue Rx Option II (HMO)	888-492-2583	H1350-016	HMO	\$109	N/A	\$6,700	\$0	\$200
PacificSource Medicare EssentialsChoice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-004	HMO	\$45	N/A	\$6,700	\$0	\$0

Medicare Advantage Plans by County

Plan Name	Phone Number	Plan & Contract number	Plan Type	Premium with Rx	Premium without Rx	In-network/In- and Out-of-network MOOP (Maximum out-of-pocket)	Plan Deductible	Part D (Drug Plan) Deductible
Valley County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials Choice RX 24	888-863-3637	H3864-024	HMO-POS	\$65	N/A	\$5,000	\$0	\$0
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
Washington County								
Blue Cross of Idaho Secure Blue	888-492-2583	H1302-004	PPO	N/A	\$42	\$3,400	\$0	N/A
Blue Cross of Idaho True Blue HMO	888-492-2583	H1350-006	HMO	N/A	\$30	\$3,000	\$0	N/A
Blue Cross of Idaho True Blue Freedom II	888-492-2583	H1350-014	HMO	\$303	N/A	\$6,700	\$0	\$175
PacificSource Medicare Essentials RX 16	888-863-3637	H3864-016	HMO	\$79	N/A	\$5,000	\$0	\$0
PacificSource Medicare Explorer 6	888-863-3637	H4754-006	PPO	N/A	\$24	\$3,400	\$0	N/A
SelectHealth Advantage	855-442-9940	H1994-003	HMO	\$0	N/A	\$6,700	\$0	\$0

Ratings Information

Insurer rating services analyze the financial strength of insurance companies. This rating gives the buyer an idea of how financially able the company is to meet the ongoing obligations to its policyholders. Here is a list of the ratings companies you may contact.

Firm name	Telephone	Website
A.M. Best Company	908-439-2200	www.ambest.com
Fitch Inc.	800-893-4824	www.fitchratings.com
Moody's Investor Services, Inc.	212-553-0377	www.moody.com
Standard & Poor's	212-438-2400	www.standardandpoors.com
Weiss Ratings, Inc.	800-289-9222	www.weissratings.com

Idaho Long-Term Care Partnership Program

Long-term care is a wide range of support services that can be provided in one’s home or other residential settings, such as assisted living facilities, and nursing homes. These services help people who have physical or mental limitations with tasks like dressing, walking, eating, grooming, and bathing. Do not count on Medicare to pay for the majority of long-term care needs.

Purchasing long-term care insurance is one option that may be appropriate for some wanting to finance long-term care services. The National Association of Insurance Commissioners (NAIC) has information at www.naic.org that can help with this decision as well as information on how to obtain a Buyer’s Guide to: Long-term Care Insurance published by the NAIC.

The Idaho Long-Term Care Partnership Program is a collaboration of state government and private insurers. Under the Partnership Program, the state will “disregard” some of a policyholder’s assets, equal to the amount the insurance policy pays out in benefits, when it determines eligibility for Medicaid coverage of long-term care. This way a person might qualify for Medicaid assistance without first spending all of their personal assets on care. Only certain types of long-term care policies qualify for the Partnership Program. The list on this page is of companies that are licensed and currently marketing LTC policies in Idaho. Ask each company if they sell Partnership Qualified Policies that meet the terms and conditions of Idaho’s program.

Company Name	Telephone Number
Bankers Life and Casualty Company	800-231-9150
Country Life Insurance Company	309-821-4393
Genworth Life Insurance Company	888-436-9678
John Hancock Life Insurance Company of USA	800-377-7311
LifeSecure Insurance Company	866-582-7701
Massachusetts Mutual Life Insurance Company	800-767-1000
MedAmerica Insurance Company	800-544-0327
Mutual of Omaha Insurance Company	877-894-2478
New York Life Insurance Company	800-710-7945
Northwestern Long Term-Care Insurance Company	800-890-6704
State Farm Mutual Automobile Insurance Company	844-803-1573
Transamerica Life Insurance Company	866-478-5209
Thrivent Financial for Lutherans	800-847-4836

Dental Insurance

Individual dental policies are available to Idaho's Medicare beneficiaries through the following companies. This list was correct at the printing of the *2016 Consumer Guide to Medicare*, but it is not a guarantee the they will be available through 2016.

Company Name	Telephone Number
American Family Life Assurance Company of Columbus	800-992-3522
Ameritas Life Insurance Corporation	877-682-0282
Best Life and Health Insurance Company	800-433-0088
Blue Cross of Idaho	208-395-8200
Central United Life Insurance Company	800-669-9030
Cigna Health and Life Insurance Company	877-244-6260
Colonial Life & Accident Insurance Company	800-325-4368
Delta Dental of Idaho	800-356-7586
Golden Rule Insurance Company/United Health Care	800-944-4699
Independent American Insurance Company	212-355-4141
Madison National Life insurance Company	800-356-9601
Medico Insurance Company	800-547-2401, opt. #2
Pacific Source	866-373-7053
Pennsylvania Life Insurance Company	877-366-5433
Regence BlueShield of Idaho	888-367-2117
Renaissance Life & Health Insurance Company of America	888-780-8988
Standard Security Life Insurance Company of New York	212-355-4141
Starmount Life Insurance Company	888-729-5433
The Chesapeake Life Insurance Company	888-780-8988
The Order of United Commercial Travelers of America	800-848-1124
Time Insurance Company	414-299-7854
Willamette Dental of Idaho	877-329-7965, opt. #3

Glossary

Advance Beneficiary Notice (ABN) - A notice given to Medicare beneficiaries indicating the cost of an item or service that Medicare may not cover.

Administration for Community Living (ACL) - The portion of the federal Department of Health and Human Services that administers the nationwide SHIP program and the Idaho SHIBA program.

Ambulatory Service Center (ASC) — A health-care facility that specializes in providing surgery, including certain pain management and diagnostic (e.g., colonoscopy) services in an outpatient setting.

Annual Enrollment Period (AEP) — The period from Oct. 15 to Dec. 7 in which Medicare beneficiaries may join or dis-enroll from Part D prescription drug coverage or a Medicare Advantage plan. Changes usually become effective Jan. 1. *Also known as Open Enrollment.*

Assignment — A method of payment under Medicare Part B. The provider agrees to accept the amount of the Medicare-approved charge as full payment.

Attained age — A way of establishing rates for Medigap insurance policies where premiums increase based on the age of the insured. Attained age rated policies are not allowed in Idaho.

Beneficiary — The person covered under an insurance plan.

Benefit period — The period for which benefits are payable. Under Medicare Part A, for example, the benefit period begins the day one is admitted to a hospital or skilled nursing facility and ends when the beneficiary has not received services for 60 days in a row.

Benefits — The items that are covered under an insurance plan. Also referred to as coverage.

Catastrophic coverage — In Part D coverage, a level of coverage where the beneficiary pays approximately 5 percent of the drug cost. Catastrophic coverage is reached when the beneficiary's True Out-of-Pocket (TRoOP) costs reach a specified level (\$4,700 in 2015).

Claim — A request for payment of medical services under the terms of an insurance policy. Usually made by either a provider or an insured person.

Centers for Medicare and Medicaid Services (CMS) — The division of the federal Department of Health and Human Services that administers the Medicare and Medicaid programs.

Co-insurance — A fixed percentage paid per service received or prescription filled.

Community rating — A rating method for Medigap insurance that assigns a single rate to all ages and classes of individuals in the group, regardless of risk factors such as age or health.

Consolidated Omnibus Budget Reconciliation Act (COBRA) — Rules that permit former employees to buy insurance at group rates from their former employers' insurance companies for a set period of time after they leave their jobs or retire.

Coordination of Benefits (COB) — The process of determining which coverage pays first, or if at all, when a beneficiary may have other coverage or coverage under multiple plans.

Copayment or copay — A fixed dollar amount paid per service received or prescription filled.

Coverage Gap — The stage in Medicare prescription drug coverage when you have to pay a higher percentage of drug costs. *Also known as the donut hole.* The percentage reduces annually through 2020, at which point, beneficiaries will pay 25 percent of drug costs.

Glossary (continued)

Creditable coverage — Insurance coverage that is determined to be as good as or better than Medicare coverage.

Critical access hospital — a small facility that provides outpatient services, as well as inpatient services on a limited basis, to people in rural areas.

Crossover claim participant — A Medigap company that has claims submitted to them electronically, directly from Medicare. This eliminates the need for the beneficiary to submit claims to a secondary payer.

Custodial Care — Care provided to assist a person with the Activities of Daily Living (ADLs), such as getting into or out of bed, toileting, bathing, eating, etc. Medicare does not cover custodial care.

Deductible — A dollar amount determined by an individual's insurance policy (including Medicare) that must be paid by the insured individual for covered services before Medicare or the insurance policy begins paying.

Diagnostic tests — Tests ordered by a physician to provide information that assists in making a diagnosis when symptoms are present.

Disenrollment — Cancellation of an individual's enrollment in a health plan. Beneficiaries may elect to dis-enroll from a plan or a plan can elect to drop someone from coverage, but only for cause, such as failure to pay plan premiums.

Donut hole — *See Coverage Gap.*

Durable Medical Equipment (DME) — Equipment that is medically necessary and prescribed by a doctor for use in the home, such as oxygen equipment, wheelchairs, and other medically necessary equipment.

Effective date — The date on which coverage through an insurance policy begins.

Electronic Funds Transfer (EFT) — The transfer of funds from one account to another by computer. A method that can be used to pay premiums.

Election period — The timeframe during which an eligible person may join or leave Original Medicare or a Medicare Advantage plan.

Employer Group Health Plan (EGHP) — A health insurance or benefit plan that is offered through an employer of 20 or more employees.

End-Stage Renal Disease (ESRD) — A medical condition in which a person's kidneys no longer function, requiring dialysis or a kidney transplant to maintain life.

Enrollee — A person eligible and receiving benefits from an insurance plan or managed care organization. Also called member when referring to Medicare Advantage plans. *See Beneficiary.*

Excess charges — The difference between the Medicare-approved amount and cannot exceed 15 percent more than the provider's actual charge. *Also known as a limiting charge.*

Explanation of Benefits (EOB) — A form sent to a beneficiary that explains which claims were paid at what level.

Extra Help — A program administered by the Social Security Administration to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance. *Also known as LIS.*

Glossary (continued)

Fee-for-service — A payment method based upon preset fees that will be paid for services.

Foreign travel benefits — Medicare coverage for medically necessary emergency care in a foreign country; covers 80 percent of billed charges not covered by Medicare for Medicare-eligible expenses. Subject to time limits, deductibles, and a lifetime maximum.

Formulary — A list of drugs that a health plan will cover. Formulary drugs usually have lower co-payments than non-formulary drugs. *A formulary is also known as a preferred drug list.*

Federal Poverty Level (FPL) — The income level set by the federal government to determine eligibility for many needs-based programs.

Fraud — Occurs when someone intentionally deceives or misrepresents himself or herself in a way that could result in unauthorized payments being made.

General Enrollment Period (GEP) — An enrollment period for people who did not sign up for Part A or Part B of Medicare during their Initial Enrollment Period. It lasts from January through March and coverage becomes effective July 1.

Generic drug — A *drug* sold or dispensed under a name that is not protected by a trademark.

Guaranteed Issue rights — A consumer's right to purchase insurance policies during certain periods and under certain circumstances in which insurance companies are required by law to offer them.

Guaranteed renewable — A policy that cannot be canceled by the insurer for any reason as long as the premium is paid and the policyholder did not give false information to obtain coverage.

Health Maintenance Organization (HMO) — A type of insurance plan that requires beneficiaries to get services from providers who are part of the plan's network. Generally, a primary care provider acts as gatekeeper for services and makes referrals for tests or to specialists. Medicare Advantage plans may be HMOs.

Health Maintenance Organization – Point of Service (HMO-POS) — HMO plans that **may** allow you to get some services out-of-network for a higher copayment or coinsurance.

High-deductible Medigap policies — A Medicare supplement policy in which the beneficiary is responsible for payment of expenses up to a set amount or deductible; once the deductible is met the policy pays 100 percent of covered out-of-pocket expenses.

Hospice — A public or private agency that provides support services to the terminally ill and their families.

Initial Enrollment Period (IEP) — A seven-month period during which a person can enroll in Medicare, Medicare Advantage plans, or Medicare Prescription Drug Plans. It includes three months before the person's 65th birthday, the month of and three months after the person's birthday.

Inpatient care — Care given an admitted patient in a hospital, nursing home, or other medical or post-acute institution.

Institutional care — Care provided in a hospital, skilled or intermediate nursing home, or other state facility certified or licensed by the state primarily affording diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services. **Issue age** — Policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Glossary (continued)

Issue age — Policies whose premiums are based on your age when purchased. Premiums will not increase due to an increase in age; however, premiums may increase for other reasons.

Late enrollment penalty — An amount added to your monthly premium for Medicare Part B or Part D if beneficiaries do not join when they are first eligible. The penalty remains in place as long as the beneficiary has Medicare, with a few exceptions.

Lifetime reserve days — A beneficiary is entitled to 60 additional reserve days after Medicare provides 90 days of benefits for hospitalization. These days are not renewable.

Limiting charge — *See Excess Charge.*

Low or Limited Income Subsidy (LIS) - The LIS program is operated by the Social Security Administration and provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. Also called Extra Help -see Extra Help.

Long-term care (LTC) — A general term that includes a wide range of services that address the health, medical, personal, and social needs of people with chronic or prolonged illnesses, disabilities, and cognitive disorders (such as Alzheimer's). The delivery of LTC services can include skilled nursing care in a nursing home, in-home health and personal care, assisted living, adult day care facilities, and other options. Medicare does not cover LTC.

Long-term care hospital — An acute care hospital that provides treatment for patients who stay, on average, more than 25 days. Most patients are transferred from an intensive or critical care unit. Services provided include comprehensive rehabilitation, respiratory therapy, head trauma treatment and pain management.

Lookback — *See Waiting Period.*

Low or Limited Income Subsidy (LIS) — A program is operated by the Social Security Administration that provides Extra Help with prescription drug costs for individuals who meet the income and asset requirements. *See Extra Help.*

Medicaid — A federal-state partnership designed to ensure that America's aged, sick, and impoverished are cared for. This program provides aid in the form of medical services to poor people who fall below the state-established poverty line. There are strict income and asset guidelines used to qualify people for Medicaid. Administered in Idaho by the Department of Health and Welfare. *Also known as M.A. (Medical Assistance), or Title 19 (XIX).*

Medicare Advantage (MA) — Any health care organization, including health care providers, insurers, health care services contractors, health maintenance organizations, or any combination thereof that provides directly or by contract basic health care services on a prepaid capitated basis to patients enrolled in the plan and the managed health care system. The plan receives a premium from Medicare, plus additional out-of-pocket co-payments, co-insurance or deductibles, and/or monthly premiums from Medicare beneficiaries. *Also known as Managed Care, Part C.*

Medicare Advantage with Prescription Drug Coverage (MAPD) — Medicare Advantage plan that includes a Part D plan.

Medically necessary — Services or supplies that are needed for the diagnosis or treatment of a medical condition and that meet accepted standards of medical practice. *Also known as Reasonable and Necessary.*

Glossary (continued)

Medicare — A federal health insurance program that pays health care costs for the elderly, the permanently disabled, and those with end-stage renal disease.

Medicare Part A — Provides coverage for hospital care, skilled nursing facility care, home health care services, and hospice services.

Medicare Part B — Optional coverage covers a portion of the costs for doctors' care and an array of outpatient services.

Medicare Part C — *See Medicare Advantage.*

Medicare Part D — Prescription drug benefit as authorized by the Medicare Modernization Act of 2003. It is an optional coverage. *Also known as PDP or stand-alone drug coverage.*

Medicare Savings Program (MSP) — A state-administered program that provides assistance with some or all of Medicare premiums, deductibles, and co-insurance for lower-income beneficiaries who are not eligible for full Medicaid benefits. *See Partial Dual Eligible.*

Medicare Select - A type of medigap policy that requires you to use specific hospitals and, in some cases, specific doctors or other health care providers to get full coverage for nonemergency and non-urgent care.

Medigap plans — Private supplemental health insurance plans sold to Medicare beneficiaries that provide coverage for medical expenses not or only partially covered by Medicare. *Also known as a Medicare Supplement.*

National Plan — A Medicare prescription drug insurance plan that allows you to fill your prescriptions at pharmacies nationwide.

Open Enrollment Period (OEP) — A period during which plans must accept all eligible applicants as long as the plan has not met its member capacity.

Original Medicare — Parts A and B of Medicare coverage.

Out-of-Pocket (OOP) cost — The patient's share of any medical care costs not covered by insurance, Medicare, or Medicaid. These are the deductibles, co-insurance, and copayments that beneficiaries are required to pay.

Out-of-Pocket Maximum — A limit, in Medicare Advantage plans, on out-of-pocket expenses. Beneficiaries whose out-of-pocket expenses reach the maximum don't have further financial responsibility for covered expenses for the rest of the plan year.

Outpatient care — Services provided by physicians, clinics, mobile X-ray, or free-standing dialysis unit, including physical therapy, X-ray, and lab tests. The patient does not require admission to the hospital as an inpatient.

Partial dual eligible — Applies to the state of not being eligible for full Medicaid benefits, but eligible to receive assistance with some or all of one's Medicare premiums and cost sharing. *See Medicare Savings Program.*

Point of Service (POS) — An option that is available with some HMO plans that allow the beneficiary to use doctors and hospitals outside the plan for an additional cost.

Preauthorization — A practice that insurance plans use in order to require that providers receive authorization for certain services or prescriptions from the plan before a claim will be paid.

Preferred drug list — *See Formulary.*

Glossary (continued)

Preferred Provider Organization (PPO) — A type of Medicare Advantage Plan in which the beneficiaries pay less if they use doctors, hospitals, and providers that belong to the plan's network. If they use doctors, hospitals, and providers outside of the network there will be an additional cost.

Premium — The total of all sums charged, received, or deposited as consideration for a contract.

Prescription drug — A drug that must have a health care provider's written order (prescription) in order to be dispensed.

Prescription Drug Plan (PDP) — A Medicare Part D plan that covers only drugs. Also known as a stand-alone drug plan.

Preventive care — Health care that is intended to keep people from becoming ill (e.g., checkups, mammograms, immunizations, and screening tests.)

Primary Care Provider (PCP) — The provider who sees a patient regularly for routine and preventive care.

Private Fee-For-Service (PFFS) — A type of Medicare Advantage Plan in which the beneficiary may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what the beneficiary will pay for the services they get.

Provider — The doctor, hospital, home health agency, hospice, nursing facility, or therapist that delivers health services.

Quality Improvement Organization (QIO) — A group of practicing doctors and other health care experts paid by the federal government to check and improve the care given to people with Medicare.

Screening tests — Tests used to try to detect a disease when there is little or no evidence of a suspected disease.

Senior Health Insurance Benefits Advisors (SHIBA) — The Idaho program that uses a statewide network of trained counselors who educate, assist, and advocate for Medicare beneficiaries about their rights and options regarding health insurance so they can make informed choices.

Service area — The specified area that an insurance plan has agreed to cover.

Skilled care — Acute care for an illness or injury that requires the training and skills of a licensed professional nurse, is prescribed by a physician, and is medically necessary for the condition or illness of the patient.

Skilled Nursing Facility (SNF) — A facility at which medically necessary prescribed care is provided by licensed health care professionals.

Social Security Administration (SSA) — The government agency responsible for the Social Security system.

Social Security Disability Insurance (SSDI) — Determined by Social Security, a monthly benefit for eligible people who are unable to work for a year or more due to a disability.

Special Enrollment Period (SEP) — A period during which a beneficiary may leave or enroll in a plan, having to do with meeting special enrollment conditions, such as moving outside a plan service area.

Specialist — A physician who provides expertise and care in a particular area (e.g., surgeon, oncologist, dermatologist, and allergist.)

Special Needs Plan (SNP) — Private insurance plans that provide Medicare benefits, including drug coverage. People eligible for Medicare and Medicaid, those living in certain LTC facilities, and those with severe chronic or disabling conditions may qualify to join.

Glossary (continued)

Stand-alone drug plan — See *Prescription Drug Plan (PDP)*.

State Health Insurance Assistance Program (SHIP) — A nationwide state-based program that offers local one-on-one counseling and assistance to people with Medicare and their families. Through ACL-funded grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. SHIBA is Idaho's SHIP.

Supplemental Security Income (SSI) — Monthly amount paid by Social Security to people with limited income and resources who are disabled, blind, or age 65 or older.

Supplement insurance — Private health insurance designed to fill some of the gaps in Medicare. *Also known as Medigap.*

Tier — Used with prescription drug plans as a way to establish copayments and co-insurance for drugs. The lower the tier within a plan, the lower the cost of the drug. Generally, generic drugs are in the lowest tier(s), with brand name drugs in higher tiers. The same drug may be in different tiers in different plans.

TRICARE — A health insurance program offered by the Department of Defense to military personnel.

Total drug costs — The total amount paid for prescription medicines. It includes what the beneficiary pays and also what the drug plan pays.

True Out-of-Pocket (TrOOP) costs — Total amount a beneficiary pays out of pocket in a Part D plan.

Underwriting — A process by which an insurer determines whether or not, and on what basis, it will accept an application for insurance.

Waiting period — The amount of time that must pass before benefits will be paid or before pre-existing conditions or specific illnesses are covered by a health insurance policy.

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