

2010 BLUE CROSS OF IDAHO MEDICARE ADVANTAGE PLANS AT A GLANCE* – SERVING THE STATE OF IDAHO

	Original Medicare	True Blue HMO	Flexi Blue PFFS	Secure Blue PPO	
Service Areas		Ada, Bannock, Benewah, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Gem, Jefferson, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls and Washington Counties	Statewide	Ada, Bannock, Benewah, Boise, Bonner, Bonneville, Boundary, Canyon, Caribou, Cassia, Gem, Jefferson, Kootenai, Latah, Madison, Minidoka, Nez Perce, Oneida, Owyhee, Payette, Power, Shoshone, Twin Falls and Washington Counties	
				In Network Benefits	Out-of-Network Benefits
Premiums <i>Original Medicare has not updated their 2010 rates as of this printing.</i>	\$96.40 Part B	\$114 includes Part D Prescription Drug Coverage \$20 without Part D Prescription Drug Coverage	\$27 premium – includes Part D Prescription Drug Coverage	\$42 includes Part D Prescription Drug Coverage \$5 without Part D Prescription Drug Coverage	
Deductible	\$135 – Part B	None	None	None	None
Out-of-Pocket Maximum	None	\$3,000 per calendar year, all plan services included	\$3,000 per calendar year, includes only Medicare-covered services	\$3,000 per calendar year combined in- and out-of-network services, all plan services included	
	You Pay	You Pay	You Pay	You Pay	You Pay
Inpatient Hospital Care	\$1,068 deductible for each benefit period	\$100 per admission	\$150 per day for days 1-10 \$0 per day for days 11-90	\$500 per inpatient admission	\$750 per inpatient admission
Inpatient Mental Healthcare	\$1,068 deductible for each benefit period 190 day lifetime maximum	\$100 per admission 190 day lifetime maximum	\$150 per day for days 1-10 \$0 per day for days 11-90 190 day lifetime maximum	\$500 per inpatient admission 190 day lifetime maximum	\$750 per inpatient admission 190 day lifetime maximum
Skilled Nursing Facility	\$0 per day for days 1-20 \$133.50 per day for days 21-100 Limit of 100 days for each benefit period	\$50 per day for days 1-12 \$0 per day for days 13-100 Limit of 100 days for each benefit period	\$0 per day for days 1-19 \$128 per day for days 20-100 Limit of 100 days for each benefit period	\$50 per day for days 1-12 \$0 per day for days 13-100 Limit of 100 days for each benefit period	\$50 per day for days 1-12 \$0 per day for days 13-100 Limit of 100 days for each benefit period
Home Healthcare	\$0	\$0	\$0	10%	25%
Primary Care (PCP) Office Visit	20%	\$15	\$30	\$25	25%
Specialist Office Visit	20%	\$25	\$30	\$25	25%
Chiropractic Services	20%	\$25	\$30	\$25	25%
Podiatry Services	20%	\$25	\$30	\$25	25%
Outpatient Mental Health	45%	\$25	\$30 in office or 20% in medical facility	\$25	25%
Outpatient Substance Abuse	20%	\$25	\$30 in office or 20% in medical facility	\$25	25%
Outpatient Services/Surgery	20%	\$0	20%	10%	25%
Ambulance	20%	\$150 per run	\$150 per run	\$150 per run	\$150 per run
Emergency Room Visit	20%	\$50 Worldwide coverage	\$50 Worldwide coverage	\$50 Worldwide coverage	\$50 Worldwide coverage
Urgent Care	20%	\$25 Worldwide coverage	\$30 Worldwide coverage	\$25 Worldwide coverage	\$25 Worldwide coverage
Outpatient Physical Therapy, Occupational Therapy, Speech/Language Therapy	20% Benefit capped at \$1,750 per year	\$15 No benefit cap	\$30 Additional facility charges may apply, no benefit cap	\$25 No benefit cap	25% No benefit cap
Durable Medical Equipment and Prosthetic Devices	20%	\$0	20%	10%	25%
Diagnostic Tests, Lab & X-rays	20% for diagnostic tests and x-rays \$0 for lab services	\$0	20%	10%	25%
Additional Benefits					
Dental Services	Not included	\$0 \$500 maximum benefit for preventive	Not included	Not included	Not included
Vision Exam	20% Medicare-covered exams only	\$25 for Medicare-covered and routine exams (limited to 1 exam per year)	\$30 for Medicare-covered exams only (limited to 1 exam per year)	\$25 for Medicare-covered and routine exams (limited to 1 exam per year)	25% for Medicare-covered and routine exams (limited to 1 exam per year)
Eyewear	Medicare-covered cataract glasses only	\$0 for Medicare-covered cataract glasses Routine eyewear benefit up to \$200 every 2 years	\$30 for Medicare-covered cataract glasses only	\$0 for Medicare-covered cataract glasses Routine eyewear benefit up to \$100 every 2 years	\$0 for Medicare-covered cataract glasses Routine eyewear benefit up to \$50 every 2 years
Routine Physical Exams	Not included	\$15 1 exam per year	\$30 1 exam per year	\$25 1 exam per year	25% 1 exam per year
Preventive Services such as immunizations, pap smears, annual exams, mammograms, cancer & prostate screenings		\$0 Office visit copayment may apply	\$0 Office visit copayment may apply	10% Office visit copayment may apply	25% Office visit copayment may apply
Health/Wellness Education	Smoking Cessation	Disease management programs for Congestive Heart Failure, Diabetes and Asthma Newsletter 24-hour Nurseline, WalkingWorks Program, Smoking Cessation	Disease management programs for Congestive Heart Failure, Diabetes and Asthma Newsletter Smoking Cessation	Disease management programs for Congestive Heart Failure, Diabetes and Asthma Newsletter Smoking Cessation	
Part D Prescription Drug Coverage	Original Medicare	True Blue HMO	Flexi Blue PFFS	Secure Blue PPO	
Formulary		Expanded	Expanded	Expanded	
	You Pay	You Pay	You Pay	You Pay	
Deductible		\$0	\$0	\$310	
After your plan deductible, up to \$2,830 total drug costs	You must purchase stand alone Prescription Drug Plan (PDP)	\$6 Generic \$30 Preferred Brand \$40 Non-preferred Brand 25% Specialty or Injectable	\$5 Generic \$30 Preferred Brand \$60 Non-preferred Brand 25% Specialty or Injectable	\$6 Generic \$20 Preferred Brand \$35 Non-preferred Brand 25% Specialty or Injectable	
Between \$2,830 – \$4,550 30-day supply		\$6 for Generic drugs You pay 100% for all other drugs	You pay 100%	You pay 100%	
Catastrophic Coverage over \$4,550 in out-of-pocket costs		\$2.50 copay for generic drugs \$6.30 copay for all other drugs	\$2.50 copay for generic drugs \$6.30 copay for all other drugs	\$2.50 copay for generic drugs \$6.30 copay for all other drugs	

* This benefit information provided herein is a brief summary, but not a comprehensive description of available benefits. Additional information about benefits is available to assist you in making a decision about your coverage. This is an advertisement; call Customer Service for more information or to request this information in alternate formats and languages. Unless stated otherwise, all exclusions and limitations are the same as those under Medicare.



2010 Benefits At A Glance

Remember the days when health insurance was the last thing on your mind? **They're back.**

Medicare Advantage Plans

True Blue[®] HMO | Secure BlueSM PPO | Flexi BlueSM PFFS

It's time to enjoy many benefits without much cost.

When it comes to health insurance, we understand that everyone's different. Your needs are different than your neighbors. That's why we offer you choices.

It's time to plan your route.

At this point in life, you've got options. And we'd hate to miss out on our opportunity to provide you with more of them. Just open this booklet. Inside you will find your one-stop-shop for plan comparisons. Take a look and see how our benefits compare to Original Medicare.

Making your choice is as easy as 1, 2, 3.

Step 1, Compare: Inside we've outlined our Medicare Advantage options. Take a look and see which plan, premium and benefit package fits your needs.

Step 2, Decide: With our low cost Medicare Advantage plans you get coverage beyond original Medicare with predictable costs.

Step 3, Sign Up: We're available, 8:00 a.m. to 8:00 p.m. seven days a week, call 1-888-492-2583. For the hearing impaired, please call TDD/TTY 1-800-377-1363. And of course, you can always enroll on the Web at www.bcidaho.com/medicare

General Information

The Blue HMO, Secure Blue PPO and Flexi Blue PFFS are Medicare Advantage organizations with a Medicare contract and are Medicare approved Part D sponsors.

Some covered services or medications may require prior authorization. You must continue to pay your Medicare Part B premium if you choose a Medicare Advantage plan. Switching your Part C method of payment (direct billing or premium withholding) can take up to three months. You are responsible for you Part C premium payment during this transition period.

If you are enrolled in a Medicare Advantage coordinated care (HMO or PPO) plan or a Medicare PFFS plan that includes Medicare

prescription drugs, you may not enroll in a Part D Prescription Drug plan unless you disenroll from the HMO, PPO, or PFFS plan. Enrollment in a Medicare Advantage plan is only available during certain times of the year or in certain situations. Call Customer Service to find out when you are able to enroll. Medicare beneficiaries may enroll in our plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital can continue to treat you if it agrees to accept our terms and conditions of payment, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.bcidaho.com/PFFSterms.

For True Blue HMO, you must use plan providers except in emergent or urgent care situations. If you obtain routine care from out-of-network providers neither Medicare nor Blue Cross of Idaho will be responsible for the costs. For Secure Blue PPO, you may visit of out-of-network providers but may pay more except in the case of emergent or urgent care situations. Secure Blue PPO provides reimbursement for all covered benefits regardless of whether they are received in-network, as long as they are medically necessary. You must also use network pharmacies to access your prescription drug benefit except in non-routine circumstances. Quantity limits may apply for mail order prescriptions. Call Customer Service for information on mail order prescription drug service.

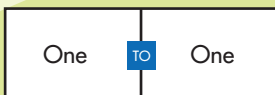
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call, 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048. For full information contact Blue Cross of Idaho at 1-888-494-2583 or TDD/TTY 1-800-377-1363 for the hearing impaired. We are available from 8 a.m. to 8 p.m. seven days a week.

Serving the State of Idaho

1-208-387-6673 or 1-888-492-2583

TDD/TTY for the hearing impaired: 1-800-377-1363

P.O. Box 8406 Boise, ID 83707 • 8:00 a.m. to 8:00 p.m. seven days a week.



It's a ratio that most accurately represents our dedication to unparalleled customer service and to you,

OUR NUMBER-ONE PRIORITY.

www.bcidaho.com/medicare

An Independent Licensee of the Blue Cross and Blue Shield Association