

# **Gem County – Summary of Benefits**

*Benefit Period: January 1 through December 31*



**GemPlan General Manager**

**1575 Baldy Ave.  
Pocatello, ID 83201  
(208) 237-9696 or (800) 632-0905**

| Summary of Benefits – Gem County   |  | Effective Date: October 1, 2022  |                                       | Preferred Blue® Large Group                            |  |
|--|--|--|---------------------------------------|--|--|
|  |  |  |                                       | In-Network   | Out-of-Network   |
| Benefit Period* Deductible (Individual/Family)   |  |  |                                       | \$200/\$400  |  |
| Coinsurance  |  |  |                                       | You pay 20% of the allowed amount for covered services | You pay 40% of the allowed amount for covered services |
| Individual Out-of-Pocket Limit (Does not include: deductible, drugs, Temporomandibular Joint (TMJ) Services, dental and vision, non-covered services and charges over the allowed amount)  |  |  |                                       | \$1,960  | \$3,920  |
| Family Out-of-Pocket Limit (Does not include deductible, drugs, Temporomandibular Joint (TMJ) Services, dental and vision, non-covered services and charges over the allowed amount.) (No Participant may contribute more than the Individual Out-of-Pocket amount toward the Family Out-of-Pocket amount) |  |  |                                       | \$3,920  | \$7,840  |
| COVERED SERVICES<br>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. Some services may require prior authorization.  |  | In-Network deductible and/or coinsurance payment required before insurance pays? | In-Network                            | Out-of-Network   |  |
|  |  |  | The amount you pay                    |  |  |
| Ambulance Transportation Services  |  | Yes  | You pay 20% of the allowed amount     | You pay 40% of the allowed amount                      |  |
| Chiropractic Care (Limited to 18 visits combined per participant, per benefit period.)   |  | Yes  | You pay 20% of the allowed amount     | You pay 50% of the allowed amount                      |  |
| Contraceptive Services:  |  | No   | You pay a \$25 copayment per device   | Not covered, you pay 100% of the allowed amount        |  |
| • Diaphragms and Intrauterine Devices  |  |  |                                       |  |  |
| • Depo-Provera Injections  |  |  |                                       |  |  |
| • Implantables   |  | No   | You pay a \$100 copayment per implant |  |  |
| Dental Services Related to Accidental Injury (Covered only for the 12-month period immediately following the date of injury, providing your group's contract remains in effect during that 12-month period.)   |  | Yes  | You pay 20% of the allowed amount     | You pay 40% of the allowed amount                      |  |
| Diabetes Self-Management Education Services (Only for accredited providers approved by BCI.)   |  |  |                                       |  |  |
| Diagnostic Services (Including diagnostic mammogram.)  |  | Yes  | You pay 20% of the allowed amount     |  |  |
| Durable Medical Equipment  |  |  |                                       |  |  |
| Emergency Services** – Facility and Professional Services  |  | Yes  | You pay 20% of the allowed amount     | You pay 40% of the allowed amount                      |  |
| Home Health Skilled Nursing  |  | Yes  | You pay 20% of the allowed amount     | You pay 40% of the allowed amount                      |  |
| Home Intravenous Therapy   |  | Yes  |                                       |  |  |
| Hospice Services   |  | No   | You pay nothing of the allowed amount | Not covered, you pay 100% of the allowed amount        |  |
| Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)  |  | Yes  | You pay 20% of the allowed amount     | You pay 40% of the allowed amount                      |  |

| COVERED SERVICES<br><i>By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. Some services may require prior authorization.</i> |  | In-Network deductible and/or coinsurance payment required before insurance pays? | In-Network  | Out-of-Network                                  |
|--|--|--|---|---|
|  |  |  | The amount you pay  |   |
| Inpatient Physical Rehabilitation  |  | Yes  | You pay 20% of the allowed amount   | Not covered, you pay 100% of the allowed amount |
| Mammogram Preventive Screening Services  |  | No   | You pay nothing of the allowed amount   | You pay 40% of the allowed amount               |
| Maternity Services and/or Involuntary Complications of Pregnancy   |  | Yes  | You pay 20% of the allowed amount   |   |
| Mental Health— Inpatient (Facility and Professional Services)  |  |  |   |   |
| Mental Health— Outpatient  | Psychotherapy Services                   | No   | You pay a \$20 copayment per visit  |   |
|  | Facility and other Professional Services |  |   |   |
| Orthotic Devices   |  | Yes  | You pay 20% of the allowed amount   |   |
| Outpatient Rehabilitation and Habilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 20 visits combined per participant, per benefit period.)   |  | Yes  | You pay 50% of the allowed amount   | Not covered, you pay 100% of the allowed amount |
| Physician Office Visit (Other services rendered during a physician office visit will be subject to deductible and coinsurance.)  |  | No   | You pay a \$20 copayment per visit  | You pay 40% of the allowed amount               |
| Post Mastectomy Reconstructive Surgery   |  | Yes  | You pay 20% of the allowed amount   |   |
| Prosthetic Appliances  |  |  |   |   |
| Skilled Nursing Facility (Limited to 30 days combined per participant, per benefit period)   |  |  |   |   |
| Selected Therapy Services (Including chemotherapy, enterostomal therapy, growth hormone therapy, radiation, renal dialysis, respiratory therapy, and inpatient occupational therapy.)  |  |  |   |   |
| Surgical/Medical (Professional Services)   |  |  |   |   |
| Temporomandibular Joint (TMJ) Services(\$2,000 combined lifetime benefit limit per participant.)   |  |  |   |   |
| Transplant Services  |  | Yes  | You pay 20% of the allowed amount   | You pay 40% of the allowed amount               |
| Preventive Care Benefits (See plan for specifically listed preventive care services)   |  | Yes/No   | You pay nothing for services specifically listed up to \$500 per participant, per benefit period.<br><br>For services in excess of \$500 you pay deductible and coinsurance | You pay 40% of the allowed amount               |
| Immunizations (See plan for specifically listed immunizations)   |  | No   | You pay nothing for listed immunizations  |   |

\*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

**\*\*Emergency Services**

For the treatment of Emergency Medical Conditions or Accidental Injuries of sufficient severity to necessitate immediate medical care by, or that require Ambulance Transportation Service to, the nearest appropriate Facility Provider, BCI will provide In-Network benefits for Covered Services provided by either a Contracting or Noncontracting Facility Provider and facility-based Professional Providers only. If the nearest

Facility Provider is Noncontracting, once the Participant is stabilized and is no longer receiving emergency care the Participant (at BCI's option) may transfer to the nearest appropriate Contracting Facility Provider for further care in order to continue to receive In-Network benefits for Covered Services. If the Participant is required to transfer, transportation to the Contracting Facility Provider will be a Covered Service under the Ambulance Transportation Service provision of this Plan.

| Prescription Drug Benefits   |   |                          |
|--|---|--------------------------|
| <b>Retail</b><br>(34 day supply with one copayment)  | <b>Generic</b>  | You pay a \$10 copayment |
|  | <b>Preferred Brand Name</b>   | You pay a \$25 copayment |
|  | <b>Non-Preferred Brand Name Drugs</b>   | You pay a \$40 copayment |
| <b>Mail Order</b><br>(90 day supply with one copayment)  | <b>Generic</b>  | You pay a \$20 copayment |
|  | <b>Preferred Brand Name</b>   | You pay a \$50 copayment |
|  | <b>Non-Preferred Brand Name Drugs</b>   | You pay a \$80 copayment |
| <b>Diabetic Supplies</b><br><ul style="list-style-type: none"> <li>• Insulin Syringes</li> <li>• Needles/Pen Needles</li> <li>• Lancets</li> <li>• Test Strips</li> <li>• Insulin Pump Supplies</li> </ul> | You pay a \$10 copayment per item. Insulin syringes/needles have no Copayment if purchased within ninety (90) days of insulin purchase. |                          |

\*For brand name drugs that have a corresponding generic substitute your pharmacist should fill your prescription with the generic (unless indicated otherwise by your physician) and you will pay the lowest copayment. If you purchase the brand name drug and it has a corresponding generic equivalent, you will be responsible for the difference in cost between the generic and brand name drug plus the applicable brand name copayment.

**This summary describes the general features of this program; it is not a contract.**  
**All provisions of the Group Master Plan apply to this program**  
**Noncontracting providers may bill you for amounts over the maximum allowance.**



| Summary of Benefits – Gem County   | Effective Date: October 1, 2022 | Traditional Dental   |
|--|---------------------------------|--|
| Individual/Family Deductible   |                                 | \$0  |
| Individual Benefit Period Maximum  |                                 | \$1,000  |
| Waiting Period   |                                 | Twenty-four (24) month waiting period for Late Enrollees for Major Dental Services |
| Preventive Services  |                                 |  |
| Oral Examinations One examination every six months.  |                                 | You pay nothing of the allowed amount**  |
| Fluoride Limited to one (1) application per benefit period and limited to participant’s who are under age twenty (20).   |                                 |  |
| Sealants: Limited to permanent posterior unrestored dentition of Participants under age sixteen (16). Also limited to one (1) time per tooth in any three (3) consecutive Benefit Periods.   |                                 |  |
| X-rays, Bitewings Once per benefit period.   |                                 |  |
| X-rays, Complete Mouth Series or Panoramic x-ray One time in any five consecutive benefit periods.   |                                 |  |
| Prophylaxis (Cleaning) Once every six months. (Regardless of type)   |                                 |  |
| Basic Services   |                                 |  |
| Fillings Restorations involving multiple surfaces will be combined and paid according to the number of surfaces treated; same tooth surface restoration is covered once in a two year period.  |                                 | You pay nothing of the allowed amount**  |
| Extractions  |                                 |  |
| Root Canal Therapy   |                                 |  |
| Periodontal Maintenance Once every six months. (Regardless of type)  |                                 |  |
| Scaling and Root planing Once per quadrant of the mouth every three benefit periods.   |                                 |  |
| Occlusal Guard One appliance every two benefit periods.  |                                 |  |
| Osseous Surgery Once per quadrant of the mouth every three years.  |                                 |  |
| Space Maintainers Limited to Participant’s who are under age sixteen (16). Benefits limited to deciduous teeth. Includes all adjustments made within six (6) months of installation.   |                                 |  |
| Major Services   |                                 |  |
| Predetermination required on all major services  |                                 |  |
| Bridges, Inlays, Onlays, Crowns, Veneers, and Full or Partial Dentures Five year replacement.  |                                 | You pay 50% of the allowed amount**  |
| Dental Implants Including the implant body, implant abutment and implant crown – benefits may be available up to the Maximum Allowance of a standard complete or partial denture, or bridge. Implant body and abutment-limited to once per tooth per lifetime. Implant crown –five year replacement. |                                 |  |

\*See Group Master Plan for requirements of the Dental Maximum Carryover, if this is a selected benefit.

\*\*If you choose a Noncontracting or Nonparticipating Provider, you pay your coinsurance, deductible, and any difference between what Blue Cross of Idaho allows and what the Out-of-Network provider charges.

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.

| Gem County Core Vision<br>Effective Date: October 1, 2021   |  | VISION CARE BENEFITS (VSP)   |  |
|---|--|--|--|
| For Covered Providers and Services  |  |  |  |
| Copayment   |  | You pay \$10 per eye exam and \$25 per Medically Necessary Contact Lenses.                       |  |
| Service Frequency Limitations   |  |  |  |
| Prescription Glasses—Basic Frames and Lenses are covered in full.   |  | You may receive one (1) eye exam every twelve (12) months  |  |
| Medically Necessary Contact Lenses—You pay nothing after Copayment (in lieu of eyeglasses)  |  | You may receive one (1) pair of spectacle lenses or contact lenses every twenty-four (24) months |  |
| Elective Contacts—includes an allowance of \$130 for contact lens exam and materials in place of benefits for Prescribed Lenses and Frames. |  | You may receive one (1) frame every twenty-four (24) months                                      |  |
| Payment for Services Rendered   |  |  |  |
| Participating VSP Doctor  |  | You pay nothing of Maximum Allowance after Copayment   |  |
| Nonparticipating VSP Doctor   |  |  |  |
| Professional Fees   |  |  |  |
| Eye Exam  |  | \$50   |  |
| Materials—lenses per pair   |  |  |  |
| Single Vision, up to  |  | \$50   |  |
| Bifocals, up to   |  | \$75   |  |
| Trifocals, up to  |  | \$100  |  |
| Lenticular  |  | \$125  |  |
| Frame, up to  |  | \$70   |  |
| Contact Lenses— per pair  |  |  |  |
| Medically Necessary, up to  |  | \$210  |  |
| Elective, up to   |  | \$105  |  |

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.

| Gem County Buy-Up Vision<br>Effective Date: October 1, 2021   |  | VISION CARE BENEFITS (VSP)  |  |
|---|--|---|--|
| For Covered Providers and Services  |  |   |  |
| Copayment   |  | You pay \$10 per eye exam and \$25 per Medically Necessary Contact Lenses.                  |  |
| Service Frequency Limitations   |  |   |  |
| Prescription Glasses—Basic Frames and Lenses are covered in full.   |  | You may receive one (1) eye exam every twelve (12) months                                   |  |
| Medically Necessary Contact Lenses—You pay nothing after Copayment (in lieu of eyeglasses)  |  | You may receive one (1) pair of spectacle lenses or contact lenses every twelve (12) months |  |
| Elective Contacts—includes an allowance of \$130 for contact lens exam and materials in place of benefits for Prescribed Lenses and Frames. |  | You may receive one (1) frame every twelve (12) months                                      |  |
| Payment for Services Rendered   |  |   |  |
| Participating VSP Doctor  |  | You pay nothing of Maximum Allowance after Copayment  |  |
| Nonparticipating VSP Doctor   |  |   |  |
| Professional Fees   |  |   |  |
| Eye Exam  |  | \$50  |  |
| Materials—lenses per pair   |  |   |  |
| Single Vision, up to  |  | \$50  |  |
| Bifocals, up to   |  | \$75  |  |
| Trifocals, up to  |  | \$100   |  |
| Lenticular  |  | \$125   |  |
| Frame, up to  |  | \$70  |  |
| Contact Lenses— per pair  |  | \$210   |  |
| Medically Necessary, up to  |  |   |  |
| Elective, up to   |  | \$105   |  |

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.

# VSP Member Reimbursement Form



To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP  
PO Box 385018  
Birmingham, AL 35238-0518

Ref #

## Member Information

Policyholder/Employee ID or Last 4 Digits of SSN  /  /  Date of Birth

First Name  Last Name

Address  Apt

City  State  Zip

(  )  -  Employer/Group  
Daytime Phone #

## Patient Information

First Name  Last Name

Member ☐ Spouse ☐ Child ☐ Domestic Partner ☐  /  /  Date of Birth

If the patient is a child over the age of 18:

Is the child a full-time student? Yes ☐ No ☐ Is the child disabled? Yes ☐ No ☐

## Claim Information (Dollar amounts must match the attached receipts)

|   |   |   |
|---|---|---|
| Exam \$ <input type="text"/> . <input type="text"/>                                       | Lens Type: (Choose One)<br>Single <input type="checkbox"/> Progressive <input type="checkbox"/> | Date services were received<br><input type="text"/> / <input type="text"/> / <input type="text"/>   |
| Frame \$ <input type="text"/> . <input type="text"/>                                      | Bi-focal <input type="checkbox"/> Lenticular <input type="checkbox"/>                           | Check here if another insurance company has made payment to you, another insurer or the doctor's office. <input type="checkbox"/><br><br>If so, attach a copy of the statement showing payment. |
| Lens \$ <input type="text"/> . <input type="text"/>                                       | Tri-focal <input type="checkbox"/> Contacts <input type="checkbox"/>                            |   |
| Lens tints \$ <input type="text"/> . <input type="text"/><br>or coatings                  |   |   |
| Contacts \$ <input type="text"/> . <input type="text"/>                                   |   |   |
| Total Paid \$ <input type="text"/> . <input type="text"/><br>(Do not add tax or shipping) |   |   |

## Provider Information

Store or Dr Name  
(  )  -   
Store or Dr Phone Number

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

Claimant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. Note: Information about the cost of the [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://members.bcidaho.com/my-account/my-account-my-contract.page>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-627-1188 to request a copy.

| Important Questions   | Answers   | Why This Matters:  |
|---|---|--|
| What is the overall <a href="#">Deductible</a> ?                                | <b>\$200</b> person/ <b>\$400</b> family  | Generally, you must pay all of the costs from <a href="#">Providers</a> up to the <a href="#">Deductible</a> amount before this <a href="#">Plan</a> begins to pay. If you have other family members on the <a href="#">Plan</a> , each family member must meet their own individual <a href="#">Deductible</a> until the total amount of <a href="#">Deductible</a> expenses paid by all family members meets the overall family <a href="#">Deductible</a> .   |
| Are there services covered before you meet your <a href="#">Deductible</a> ?    | Yes. Pharmacy, services that require <a href="#">Copays</a> , listed immunizations or <a href="#">In-Network</a> hospice care and preventive mammograms are covered before you meet your <a href="#">Deductible</a> . | This <a href="#">Plan</a> covers some items and services even if you haven't yet met the <a href="#">Deductible</a> amount. But a <a href="#">Copayment</a> or <a href="#">Coinsurance</a> may apply.  |
| Are there other <a href="#">Deductibles</a> for specific services ?             | No. There are no other specific <a href="#">Deductibles</a> .   | You don't have to meet <a href="#">Deductibles</a> for specific services.  |
| What is the <a href="#">Out-of-pocket Limit</a> for this <a href="#">Plan</a> ? | For <a href="#">In-Network Provider</a> <b>\$1,960</b> person/ <b>\$3,920</b> family For <a href="#">Out-of-Network Provider</a> <b>\$3,920</b> person/ <b>\$7,840</b> family   | The <a href="#">Out-of-pocket Limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">Plan</a> , they have to meet their own <a href="#">Out-of-pocket Limits</a> until the overall family <a href="#">Out-of-pocket Limit</a> has been met.  |
| What is not included in the <a href="#">Out-of-pocket Limit</a> ?               | <a href="#">Premiums</a> , <a href="#">Balance-Billing</a> charges, <a href="#">Deductibles</a> , <a href="#">Copays</a> , pharmacy and health care this <a href="#">Plan</a> doesn't cover.                          | Even though you pay these expenses, they don't count toward the <a href="#">Out-of-pocket Limit</a> .  |
| Will you pay less if you use a <a href="#">Network Provider</a> ?               | Yes. See <a href="http://www.bcidaho.com">www.bcidaho.com</a> or call <b>1-800-627-1188</b> for a list of <a href="#">Network Providers</a> .   | This <a href="#">Plan</a> uses a <a href="#">Provider Network</a> . You will pay less if you use a <a href="#">Provider</a> in the <a href="#">Plan's Network</a> . You will pay the most if you use an <a href="#">Out-of-Network Provider</a> , and you might receive a bill from a <a href="#">Provider</a> for the difference between the <a href="#">Provider's</a> charge and what your <a href="#">Plan</a> pays ( <a href="#">Balance Billing</a> ). Be aware your <a href="#">Network Provider</a> might use an <a href="#">Out-of-Network Provider</a> for some services (such as lab work). Check with your <a href="#">Provider</a> before you get services. |
| Do you need a <a href="#">Referral</a> to see a <a href="#">Specialist</a> ?    | No.   | You can see the <a href="#">Specialist</a> you choose without a <a href="#">Referral</a> .   |



All [copayments](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event   | Services You May Need                                   | What You Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|--|---|---|--|---|
|  |   | Network Provider<br>(You will pay the least)  | Out-of-Network Provider<br>(You will pay the most)   |   |
| If you visit a health care <a href="#">provider's</a> office or clinic   | Primary care visit to treat an injury or illness        | \$20 <a href="#">Copay</a> /visit   | 40% <a href="#">Coinsurance</a>  | Does not apply to additional services.  |
|  | <a href="#">Specialist</a> visit                        | \$20 <a href="#">Copay</a> /visit   | 40% <a href="#">Coinsurance</a>  | Does not apply to additional services.  |
|  | <a href="#">Preventive Care/Screening</a> /immunization | No charge for listed immunizations or preventive <a href="#">Screening</a> mammograms. No charge for listed <a href="#">Preventive Services</a> up to \$500, then 20% <a href="#">Coinsurance</a> . | No charge for listed immunizations, 40% <a href="#">Coinsurance</a> preventive and <a href="#">Screening</a> . | You may have to pay for services that aren't preventive. Ask your <a href="#">Provider</a> if the services needed are preventive. Then check what your <a href="#">Plan</a> will pay for. |
| If you have a test   | <a href="#">Diagnostic Test</a> (x-ray, blood work)     | 20% <a href="#">Coinsurance</a>   | 40% <a href="#">Coinsurance</a>  | ----- none -----  |
|  | Imaging (CT/PET scans, MRIs)                            | 20% <a href="#">Coinsurance</a>   | 40% <a href="#">Coinsurance</a>  | ----- none -----  |
| If you need drugs to treat your illness or condition<br><br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.bcidaho.com">www.bcidaho.com</a> | Generic drugs   | \$10 <a href="#">Copay</a> /prescription (retail)/\$20 <a href="#">Copay</a> /prescription (mail order)   | \$10 <a href="#">Copay</a> /prescription (retail)/\$20 <a href="#">Copay</a> /prescription (mail order)        | Covers up to a 34 day supply (retail prescription); or up to 90 day supply (mail order prescription). Additional <a href="#">Out-of-Network</a> charges may apply.                        |
|  | Preferred brand drugs                                   | \$25 <a href="#">Copay</a> /prescription (retail)/\$50 <a href="#">Copay</a> /prescription (mail order)   | \$25 <a href="#">Copay</a> /prescription (retail)/\$50 <a href="#">Copay</a> /prescription (mail order)        | Covers up to a 34 day supply (retail prescription); or up to 90 day supply (mail order prescription). Additional <a href="#">Out-of-Network</a> charges may apply.                        |
|  | Non-preferred brand drugs                               | \$40 <a href="#">Copay</a> /prescription (retail)/\$80 <a href="#">Copay</a> /prescription (mail order)   | \$40 <a href="#">Copay</a> /prescription (retail)/\$80 <a href="#">Copay</a> /prescription (mail order)        | Covers up to a 34 day supply (retail prescription); or up to 90 day supply (mail order prescription). Additional <a href="#">Out-of-Network</a> charges may apply.                        |
|  | <a href="#">Specialty Drugs</a>                         | \$40 <a href="#">Copay</a> /prescription (retail)/\$80 <a href="#">Copay</a> /prescription (mail order)   | \$40 <a href="#">Copay</a> /prescription (retail)/\$80 <a href="#">Copay</a> /prescription (mail order)        | Coverage may include limitations and <a href="#">Preauthorization</a> may be required.  |

**Questions:** Call 1-800-627-1188 or visit us at [www.bcidaho.com/SBC](http://www.bcidaho.com/SBC).

| Common Medical Event  | Services You May Need                            | What You Will Pay  |  | Limitations, Exceptions, & Other Important Information   |
|---|--|--|--|--|
|   |  | Network Provider<br>(You will pay the least)   | Out-of-Network Provider<br>(You will pay the most) |  |
| If you have outpatient surgery  | Facility fee (e.g., ambulatory surgery center)   | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
|   | Physician/surgeon fees                           | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
| If you need immediate medical attention                                   | <a href="#">Emergency Room Care</a>              | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Out-of-Network</a> services paid at <a href="#">In-Network</a> if <a href="#">Emergency Medical Condition</a> .  |
|   | <a href="#">Emergency Medical Transportation</a> | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | ----- none -----   |
|   | <a href="#">Urgent Care</a>                      | \$20 <a href="#">Copay</a> /visit  | 40% <a href="#">Coinsurance</a>                    | Does not apply to additional services.   |
| If you have a hospital stay   | Facility fee (e.g., hospital room)               | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
|   | Physician/surgeon fee                            | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
| If you have mental health, behavioral health, or substance abuse services | Outpatient services                              | \$20 <a href="#">Copay</a> /visit, 20% <a href="#">Coinsurance</a> for facility and other services | 40% <a href="#">Coinsurance</a>                    | ----- none -----   |
|   | Inpatient services                               | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
| If you are pregnant   | Office Visits                                    | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | For pregnancy services, <a href="#">Cost Sharing</a> does not apply to certain <a href="#">Preventive Services</a> . Depending on the type of services, a <a href="#">Copay</a> , <a href="#">Coinsurance</a> or <a href="#">Deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
|   | Childbirth/delivery professional services        | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | ----- none -----   |
|   | Childbirth/delivery facility services            | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | ----- none -----   |
| If you need help recovering or have other special health needs            | <a href="#">Home Health Care</a>                 | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
|   | <a href="#">ReHabilitation Services</a>          | 50% <a href="#">Coinsurance</a>  | Not covered  | Coverage is limited to 20 visit annual max for Habilitation and <a href="#">ReHabilitation Services</a> .  |
|   | <a href="#">Habilitation Services</a>            | 50% <a href="#">Coinsurance</a>  | Not covered  | Coverage is limited to 20 visit annual max for Habilitation and <a href="#">ReHabilitation Services</a> .  |
|   | <a href="#">Skilled Nursing Care</a>             | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | Coverage is limited to 30 day annual max.  |
|   | <a href="#">Durable Medical Equipment</a>        | 20% <a href="#">Coinsurance</a>  | 40% <a href="#">Coinsurance</a>                    | <a href="#">Preauthorization</a> required.   |
|   | <a href="#">Hospice Services</a>                 | No charge. <a href="#">Deductible</a> does not apply.  | Not covered  | ----- none -----   |

| Common Medical Event                   | Services You May Need      | What You Will Pay                            |  | Limitations, Exceptions, & Other Important Information |
|--|----------------------------|--|--|--|
|  |                            | Network Provider<br>(You will pay the least) | Out-of-Network Provider<br>(You will pay the most) |  |
| If your child needs dental or eye care | Children's eye exam        | Not covered                                  | Not covered  | ----- none -----                                       |
|  | Children's glasses         | Not covered                                  | Not covered  | ----- none -----                                       |
|  | Children's dental check-up | Not covered                                  | Not covered  | ----- none -----                                       |



Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of other [excluded services](#).)

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li><li>• Dental care (Adult)</li><li>• Dental check-up (Child)</li><li>• Eye exam (Child)</li><li>• Glasses (Child)</li><li>• Hearing aids</li><li>• Infertility treatment</li><li>• Long-term care</li></ul> | <ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Routine foot care</li><li>• Weight loss programs</li></ul> |
|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care
- Non-emergency care when traveling outside the U.S.

## Your Rights to Continue Coverage:

### \*\* Group health coverage -

There are agencies that can help if you want to continue coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA(3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). Other coverage options may be available to you too, including buying individual insurance through Your Health Idaho. For more information about Your Health Idaho, visit [www.YourHealthIdaho.org](http://www.YourHealthIdaho.org) or call 1-855-944-3246.

## Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

For any initial questions concerning a claim, or to appeal a claim or benefit decision, please contact Customer Service at 1-208-331-7347 or 1-800-627-1188, [www.bcidaho.com](http://www.bcidaho.com), or at P.O. Box 7408, Boise, ID 83707.

If your plan is subject to ERISA, you may contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

If your plan is fully insured or self-funded and subject to the Idaho Insurance Code, you may also receive assistance from the Idaho Department of Insurance at 1-800-721-3272 or [www.DOI.Idaho.gov](http://www.DOI.Idaho.gov)

## Does this plan provide Minimum Essential Coverage? Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you will have to make payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for the month.

## Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

**Questions:** Call 1-800-627-1188 or visit us at [www.bcidaho.com/SBC](http://www.bcidaho.com/SBC).

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [Coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copay</a>                              | \$20  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 20%   |
| ■ Other <a href="#">coinsurance</a>                             | 20%   |

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

|                    |          |
|--------------------|----------|
| Total Example Cost | \$12,731 |
|--------------------|----------|

In this example, Peg would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductible                 | \$200   |
| Copayments                 | \$40    |
| Coinsurance                | \$1,920 |
| What isn't Covered         |         |
| Limits or exclusions       | \$60    |
| The total Peg would pay is | \$2,220 |

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copay</a>                              | \$20  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 20%   |
| ■ Other <a href="#">coinsurance</a>                             | 20%   |

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$7,389 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductible                 | \$200   |
| Copayments                 | \$1,220 |
| Coinsurance                | \$30    |
| What isn't Covered         |         |
| Limits or exclusions       | \$55    |
| The total Joe would pay is | \$1,505 |

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

|   |       |
|---|-------|
| ■ The <a href="#">plan's</a> overall <a href="#">deductible</a> | \$200 |
| ■ <a href="#">Specialist copay</a>                              | \$20  |
| ■ Hospital (facility) <a href="#">coinsurance</a>               | 20%   |
| ■ Other <a href="#">coinsurance</a>                             | 20%   |

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$1,930 |
|--------------------|---------|

In this example, Mia would pay:

| Cost Sharing               |       |
|----------------------------|-------|
| Deductible                 | \$200 |
| Copayments                 | \$40  |
| Coinsurance                | \$350 |
| What isn't Covered         |       |
| Limits or exclusions       | \$0   |
| The total Mia would pay is | \$590 |

**Questions:** Call 1-800-627-1188 or visit us at [www.bcidaho.com/SBC](http://www.bcidaho.com/SBC).

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

## DISCRIMINATION IS AGAINST THE LAW

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

Blue Cross of Idaho:

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

If you need these services, contact Blue Cross of Idaho Customer Service Department. Call 1-800-627-1188 (TTY: 1-800-377-1363), or call the customer service phone number on the back of your card. If you believe that Blue Cross of Idaho has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Blue Cross of Idaho's Grievances and Appeals Department at:

Manager, Grievances and Appeals 3000 E. Pine Ave., Meridian, ID 83642 Telephone:  
1-800-274-4018  
Fax: 208-331-7493  
Email: [grievances&appeals@bcidaho.com](mailto:grievances&appeals@bcidaho.com) TTY: 1-800-377-1363

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

# Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

## Appeal

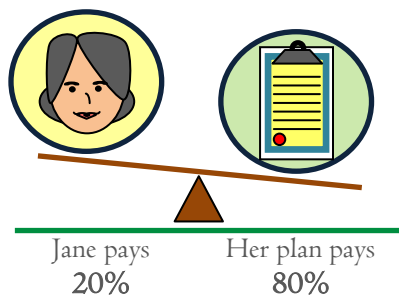
A request for your health insurer or **plan** to review a decision or a **grievance** again.

## Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

## Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance **plus** any **deductibles** (See page 4 for a detailed example.) you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



## Complications of Pregnancy

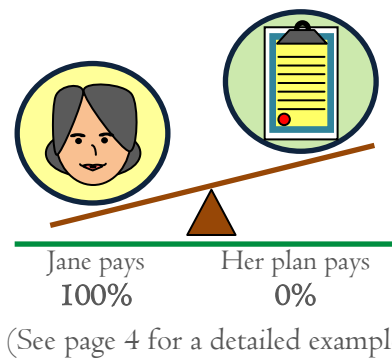
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

## Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

## Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

## Emergency Room Care

**Emergency services** you get in an emergency room.

## Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

## Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

## Grievance

A complaint that you communicate to your health insurer or **plan**.

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

## Home Health Care

Health care services a person receives at home.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

## In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

## In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

## Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

## Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

## Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

## Out-of-network Co-insurance

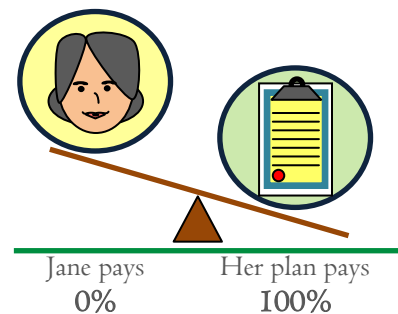
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

## Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

## Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.



(See page 4 for a detailed example.)

## Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.



## Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

## Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

## Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

## Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

## Prescription Drug Coverage

**Health insurance** or **plan** that helps pay for **prescription drugs** and medications.

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

## Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

## Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

## Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

## Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

## UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

# How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

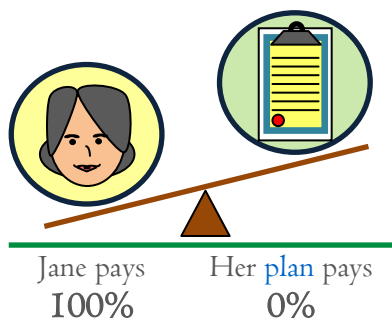
Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>

Beginning of Coverage  
Period

December 31<sup>st</sup>  
End of Coverage Period



## Jane hasn't reached her \$1,500 deductible yet

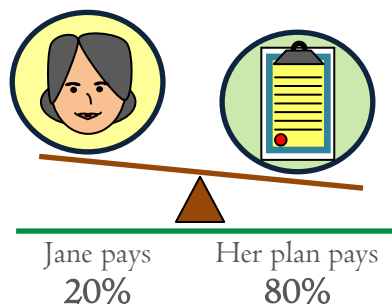
Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0

more  
costs



## Jane reaches her \$1,500 deductible, co-insurance begins

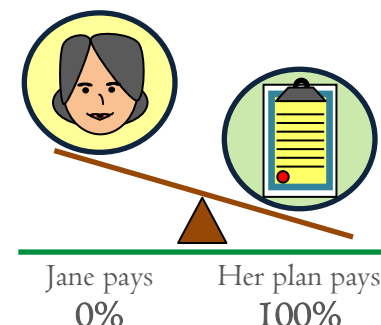
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60

more  
costs



## Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200





# WELLNESS BENEFITS

## WELLNESS

- Plan pays 100% for annual flu shots
- Plan pays 100% up to \$500 for Wellness/Preventive Services such as office visits, vaccinations or immunizations, then subject to deductible & co-insurance.

Refer to the Schedule of benefits for more details.

## MAMMOGRAM

1 Mammogram, wellness or diagnosis, paid at 100% per calendar year.

## SMOKING CESSATION

- Plan pays 50% up to \$500 lifetime benefit.
- Includes Rx, prescription or over-the-counter.
- Call GemPlan for pre-authorization.
- Give copy of receipts to GemPlan for reimbursement.

## DIABETES EDUCATION

Pays up to \$500 for Outpatient Diabetes Education. Subject to deductible & co-insurance.

Refer to the Schedule of Benefits for more details.

## WEIGHT LOSS

- Plan pays 50% up to \$300 maximum per calendar year.
- Can be used for physician or dietician visits.
- Memberships in weight loss programs such as Weight Watchers (food not covered)
- Call GemPlan for pre-authorization.
- Give copy of receipts to GemPlan for reimbursement.

## QUESTIONS?

Give GemPlan a call at 800.632.0905





**Idaho is in 52nd out of 52 states and U.S. territories for breast cancer screenings, according to the American Cancer Society. We can do better! Here are answers to some frequently asked questions that may help give clarity to our customers about breast cancer screenings.**

## **1. What is the difference between regular mammograms and 3D mammograms?**

The difference between 3D mammograms and 2D mammograms is like the difference between a circle and a sphere. Regular mammograms are 2D images and are flat. When the radiologist reviews the 3D mammogram, he or she can, to a certain degree, move the image to see into areas of overlapping tissue, which can reduce the need for more testing.

## **2. Are regular and 3D mammograms covered by Blue Cross of Idaho insurance?**

Yes. One, in-network screening mammogram per year is covered with no copayment, deductible, coinsurance or out-of-pocket costs. A diagnostic mammogram may be subject to deductible, coinsurance and out-of-pocket costs. Out-of-network benefits are subject to deductible, coinsurance and out-of-pocket costs.

The Blue Cross and Blue Shield Association and Blue Cross of Idaho medical policy that considered 3D mammograms investigational for breast cancer screening was archived by Blue Cross of Idaho fall of 2018 and since then considers 3D screening mammogram a covered service.

### 3. How often should a woman have a mammogram?

Blue Cross of Idaho uses the U.S. Preventive Services Task Force (USPSTF) guidelines for breast cancer screening, which includes:

#### USPSTF 2016

|   |  |
|---|--|
| <b>Women aged 40 to 49 with average risk</b>    | The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years  |
| <b>Women aged 50 to 74 with average risk</b>    | Biennial screening (every other year) mammography is recommended.  |
| <b>Women aged 75 or older with average risk</b> | Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.   |
| <b>Women with dense breasts</b>                 | Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging (MRI), digital breast tomosynthesis (DBT) or other methods in women identified to have dense breasts on an otherwise negative screening mammogram. |

### 4. What are the cost associated with breast cancer?

The average costs of a patient in the first 12 months following a diagnosis of breast cancer vary widely based on the stage of cancer.

- For members with Stage 0, the average annual cost is \$60,637
- For members with Stage I/II, the average annual cost is \$82,121
- For members with Stage III, the average annual cost is \$129,387
- For members with Stage IV, the average annual cost is \$134,682

According to the Comprehensive Care Alliance for Idaho, 35 percent of new cases of invasive breast cancer were diagnosed at a late Stage III/IV, driving costs even higher.

The cost of a screening mammography is significantly lower at an average of \$153 for a 2D mammogram and \$226 for a 3D mammogram. It's important to remember that the cost of breast cancer is more than monetary, it's also the emotional and physical impact to the patient, their family, friends and coworkers. Encourage your employees and their covered dependents to get screened for breast cancer – early detection saves lives!.

# HELPING PEOPLE HELP THEMSELVES



*Healthy living goes beyond eating a balanced diet and physical exercise. Emotional well-being, strong personal/working relationships, positive attitudes on life, family, and work is critical for a healthy lifestyle. There are times, we may not be able to cope with the stresses of everyday life, or we may feel unable to resolve all the decisions associated with personal, family issues, or career challenges. In such cases, it's a relief to have someone to turn to.*

Rocky Mountain EAP (RMEAP) is that someone. RMEAP professional services are designed to help you and your dependent family members cope with a variety of personal, family, or career challenges. These services are provided in collaboration with your County and the GemPlan.

- **Confidential**, professional counseling for you and your dependent family members
- No out-of-pocket expenses
- Toll-free, 24-hour hot line
- Prompt, timely and convenient counseling, with a provider of your choice, in a location of your choosing, within the provider network
- Referral to the community services or programs, when and if necessary

**REMEMBER:** The decision to use RMEAP is voluntary and most importantly, **confidential**. To schedule an appointment, simply call **1-208-227-0152**, or **1-866-260-9490**.

**Your County** is offering this benefit at no out-of-pocket expense to employees and dependent family members. Coverage under this benefit is for **8 visits** per incident per fiscal year.

## — PROFESSIONAL SERVICES —

RMEAP therapists are caring and experienced individuals who hold a minimum, 5yr's post-masters in counseling. Each one is certified and licensed by your states appropriate agency. The scope of work that RMEAP provides covers a wide range of issues such as:

Abuse (Mental/Physical/Emotional)  
Marriage  
Depression  
Family Related Issues  
Grief

Managing Stress  
Alcohol/Drug Abuse  
Relationships  
Work Related Issues  
Anxiety

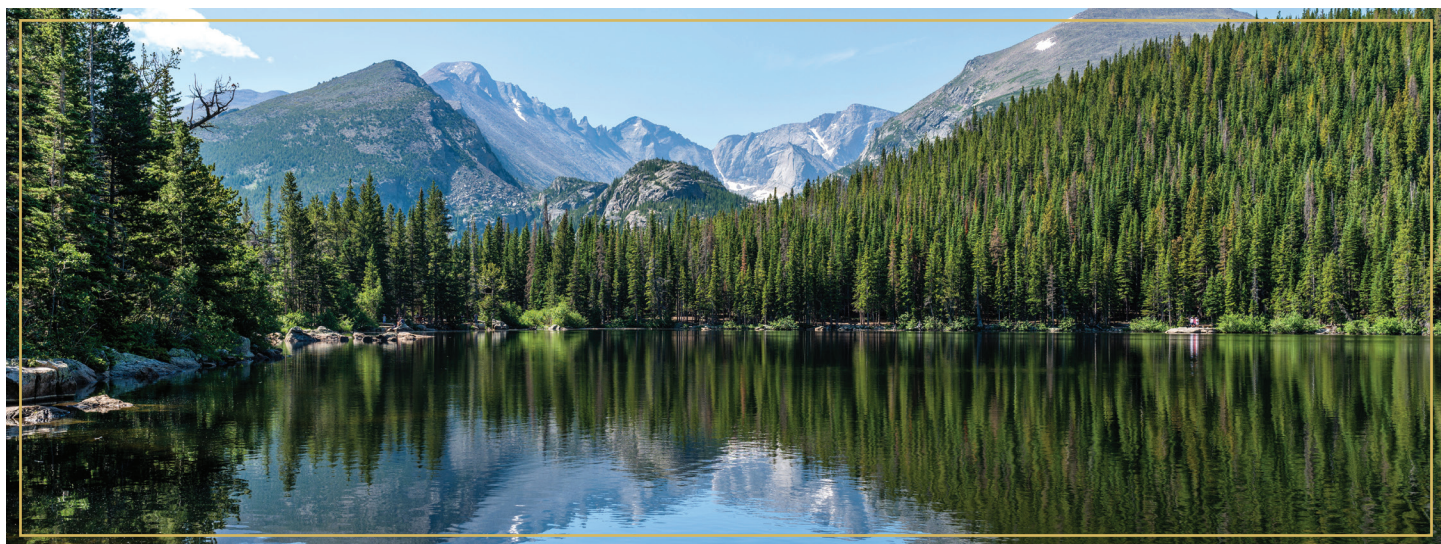
### The Cornerstone of RMEAP is Confidentiality

All discussions (during your therapy sessions) between you and your EAP therapist are confidential. RMEAP therapists follow federal laws and regulation regarding confidentiality. Disclosure of any information to third parties is performed only with your written consent, except if you pose an imminent threat or harm to self or others; by court order; or in situations of abuse such as child or elder abuse.

## CONFIDENTIAL ASSISTANCE WITH WORK/LIFE ISSUES IS ONLY A CALL AWAY

Please call **1-208-227-0152**, Monday through Friday, during regular business hours, for an appointment. The 24hr hot line is available for crisis situations: **1-866-260-9490**.





**At GemPlan, we strive to address what's causing the rising costs of healthcare. This is why we bring you tools and resources to help you improve your health. Better health can mean lower healthcare costs and a happier outlook knowing that you are the best you can be.**

GemPlan is offering you access to the Blue Cross of Idaho's WellConnected wellness website to help you live a healthier life. Here you can find helpful online tools and resources such as:

- Health assessment
- Mobile app
- Wellness blog
- Health library
- Activity devices syncing
- Health trackers
- Wellness workshops
- Daily health tip

Don't miss your chance to win great prizes! Visit the WellConnected site between November 1 and December 31 for a chance to win a FitBit Inspire.

## REGISTER ON THE BLUE CROSS OF IDAHO WEBSITE

If you don't already have an online member account, registering is easy.

Visit ***members.bcidaho.com***, select **Register** and follow the instructions.

## ACCESS THE WELLCONNECTED WEBSITE

Once you are logged in, select the **WellConnected** link in the middle of your member home page.

Your first time in the WellConnected website, you must set up your profile



GemPlan will roll out many programs throughout 2020, including quarterly challenges you can participate in. Each challenge will give you a chance to win prizes, like FitBits or gift cards.



Our Find a Doctor tool makes it easy to find in-network providers in your neighborhood and anywhere in the country.

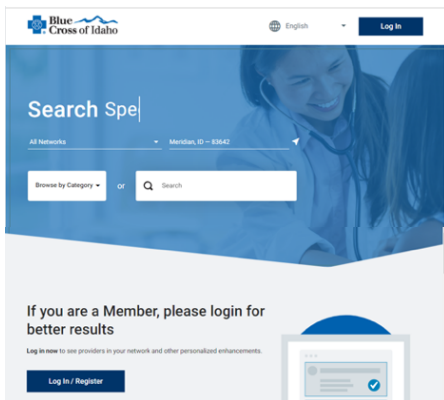
Blue Cross of Idaho works with healthcare providers who agree to provide services at discounted rates to help save you money. When you see an in-network provider, you get the most out of your health benefits. You can visit an out-of-network provider, but you may pay more out-of-pocket. Follow the steps below to find an in-network provider.

## STEP 1:

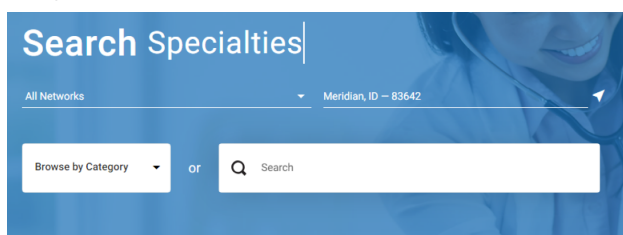
- Visit **bcidaho.com**. Select **Find a Doctor** on the homepage.

## STEP 2:

- Select the **Log In** button at the top right or the **Log In / Register** button and log in to your member account. You'll get better results when you log in.



- If you don't want to log in or don't have an online account (creating one is easy), you can still search for a doctor by selecting your network from the dropdown list.



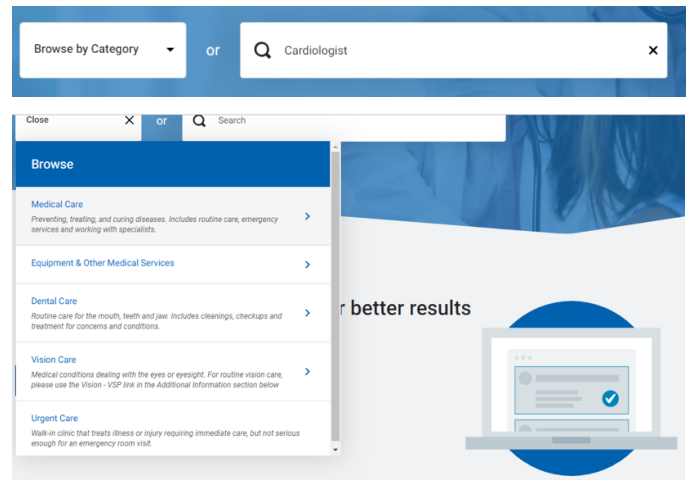
- Choose your network.
  - If you don't know your network, select **All Networks**.

## STEP 3:

- Enter a location to search or use the auto-populated location. You can enter a state, city or zip code.

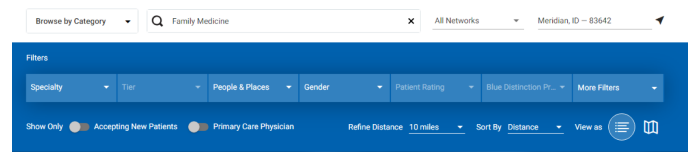
## STEP 4:

- Begin your search by either selecting a category from the **Browse by Category** dropdown or by entering a name or specialty in the search box.



## STEP 5:

- Use the top navigation menu to narrow or expand your search results. You can sort by location, gender, rating, etc.

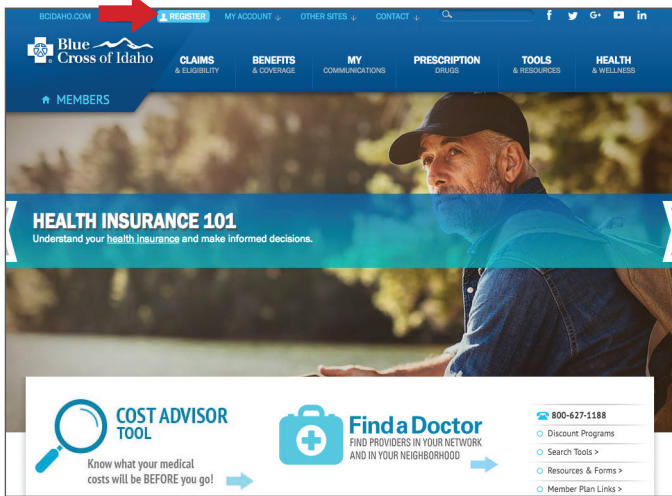


## STEP 6:

- Select the name of a healthcare provider from the results displayed to learn more about him or her.
- Once you select a healthcare provider, you can find out more about his or her accepted networks, specialty, education and any practice limitations. You can also read reviews from patients and much more.

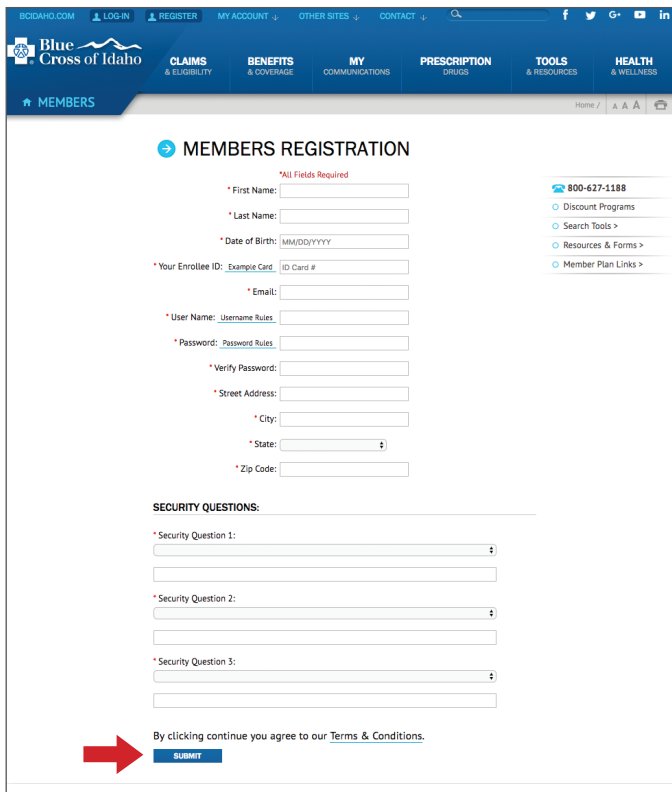
## STEP 1:

- Visit [members.bcidaho.com](http://members.bcidaho.com). Select **Register** from the menu at the top of the page.



## STEP 2:

- Enter your first and last name and email address. Then create a username and password. To help identify you if you forget your password, select three security questions with answers only you know. Click **Submit**.



**MEMBERS REGISTRATION**

\*All Fields Required

\* First Name:

\* Last Name:

\* Date of Birth:

\* Your Enrollee ID:

\* Email:

\* User Name:

\* Password:

\* Verify Password:

\* Street Address:

\* City:

\* State:

\* Zip Code:

**SECURITY QUESTIONS:**

\* Security Question 1:

\* Security Question 2:

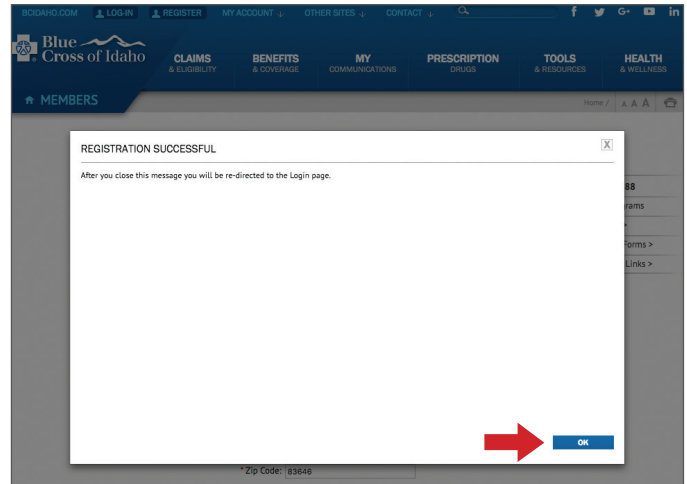
\* Security Question 3:

By clicking continue you agree to our [Terms & Conditions](#).

**SUBMIT**

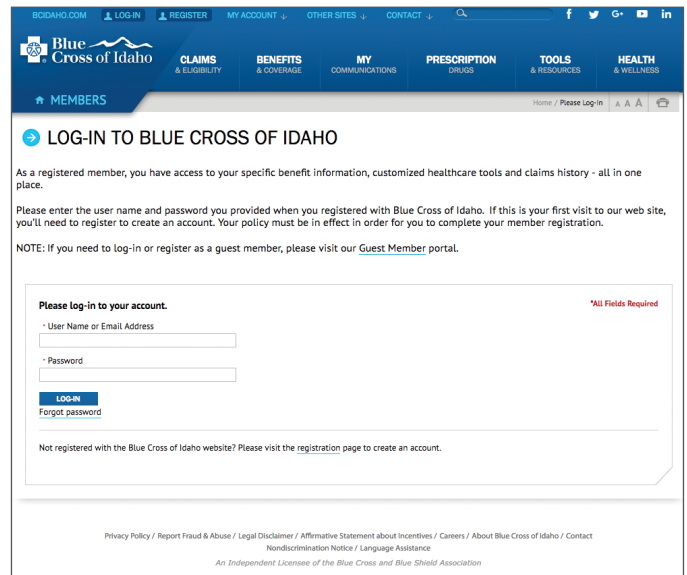
## STEP 3:

- A pop-up box will appear once your registration is successful. Select **OK** to be redirected to the Login page.



## STEP 4:

- You're successfully registered!
- Select **Login** from the top menu to enter your username and password. You can now access your EOBs, benefits, out-of-pocket amounts, ID card and other important plan information anytime.



**LOG-IN TO BLUE CROSS OF IDAHO**

As a registered member, you have access to your specific benefit information, customized healthcare tools and claims history - all in one place.

Please enter the user name and password you provided when you registered with Blue Cross of Idaho. If this is your first visit to our web site, you'll need to register to create an account. Your policy must be in effect in order for you to complete your member registration.

NOTE: If you need to log-in or register as a guest member, please visit our [Guest Member portal](#).

**Please log-in to your account.**

\* User Name or Email Address:

\* Password:

**LOG-IN**

[Forgot password](#)

Not registered with the Blue Cross of Idaho website? Please visit the [registration](#) page to create an account.

Privacy Policy / Report Fraud & Abuse / Legal Disclaimer / Affirmative Statement about Incentives / Careers / About Blue Cross of Idaho / Contact  
Nondiscrimination Notice / Language Assistance  
An Independent Licensee of the Blue Cross and Blue Shield Association



### Procedures:

- Stereotactic radiosurgery
- Intensity-modulated radiation therapy (IMRT)
- Proton beam therapy
- Spinal cord stimulator
- Removal of kidney tumors
- Dental surgery related to an accident
- Eyelid surgery
- Invasive treatment of lower extremity veins
- Jaw surgery
- Nasal and sinus surgery
- Reconstructive and cosmetic/plastic surgery, including breast reconstruction after mastectomy
- Surgery for snoring or sleep problems
- Transplants (organ, tissue, etc.)
- Gender reassignment services
- Experimental or investigational procedures

### Services:

- Acute inpatient hospitalization
- Long-term acute care hospital (LTACH) admissions
- Rehabilitation and long-term care facility admissions
- Skilled nursing facility admissions
- Sub-acute and transitional care admissions
- Certain inpatient and outpatient surgical procedures
- Certain genetic testing
- Bone stimulation for fracture healing
- Hyperbaric oxygen therapy
- Non-emergency ambulance transport
- Behavioral Health Services
  - Psychological testing/neuropsychological evaluation testing
  - Electroconvulsive therapy (ECT)
  - Intensive outpatient program (IOP)
  - Partial hospitalization program (PHP)
  - Residential treatment center (RTC)

### Durable Medical Equipment:

- Equipment with costs of more than \$1,000 (including rent-to-purchase items)
- Hospital-grade breast pumps
- Continuous positive airway pressure (CPAP)/bilevel positive airway pressure (BiPAP)
- Oral appliances for sleep apnea
- Covered orthotics and prosthetics with costs of more than \$1,000

### AIM Specialty Health:

- Sleep therapy
- Sleep studies
- Nuclear cardiology
- Magnetic resonance imaging (MRI)/magnetic resonance angiography (MRA), computed tomography (CT)/CT angiogram scan (CTA), positron emission tomography (PET) scan
- Pain management (effective April 1, 2019)
- Musculoskeletal procedures
  - Spine
  - Joints (effective April 1, 2019)

### Pharmacy

- Certain prescription drugs (find a full list at **[members.bcidaho.com](https://members.bcidaho.com)**)
- Growth hormone therapy
- Outpatient IV therapy for infusion drugs (find a list at **[members.bcidaho.com](https://members.bcidaho.com)**)





## Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you – across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core program.

## Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

### To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at [www.BCBS.com](http://www.BCBS.com). 
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,\* iPhone, iPad and iPod Touch.\*\* (Rates from your wireless provider may apply.) 
- Call BlueCard Access® at 1.800.810.BLUE (2583). 

# Take charge of your health, wherever you are.

## In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/  
Indemnity  
Benefits



PPO  
Benefits

## After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.



## Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

**Inpatient claim:** Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

**Professional claim:** You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).

To learn more about the programs described here, call your BCBS company.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

\*Android is a trademark of Google Inc.

\*\*Apple, the Apple logo, iPod, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

**TheBlueCard®**  
Now, Home Is Where The Card Is®



## Balance your budget and healthcare needs with Blue Cross of Idaho's Blue Extras!<sup>sm</sup>, where you'll find discounts on healthcare services near you.

Blue Extras! offers discounted services, programs and products that will help you with your health, wellness and fitness goals. These extras are provided by independent sources that have agreed to offer discounted rates to you as a Blue Cross of Idaho member.

Blue Extras! provides access to discounts on products and services, that include:

- LASIK surgery
- Hearing aids
- Medical alert services
- Vision services and supplies
- Discounted fitness and wellness products
- Massage therapy
- Fitness club memberships
- Childcare and nursery items, which includes nursing supplies, car seats and infant carriers
- Orthodontic values-program offers a \$400 discount off the total cost of treatment from select providers

For more information on Blue Extras!, please visit [members.bcidaho.com](https://members.bcidaho.com) and select **Health & Wellness**, then **Discount Programs**.





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No.  
1210-0149

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|  |          |   |  |
|--|----------|---|--|
| 3. Employer name   |          | 4. Employer Identification Number (EIN) |  |
| 5. Employer address  |          | 6. Employer phone number                |  |
| 7. City  | 8. State | 9. ZIP code                             |  |
| 10. Who can we contact about employee health coverage at this job? |          |   |  |
| 11. Phone number (if different from above)                         |          | 12. Email address                       |  |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

☐ Employer won't offer health coverage

☒ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



## Continuation Coverage Rights Under COBRA General Notice

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should contact GemPlan.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;



- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after GemPlan has been notified that a qualifying event has occurred. The employer must notify GemPlan of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify GemPlan within 60 days after the qualifying event occurs. You must provide this notice to your spouse &/or dependent child(ren) losing coverage.**

### **How is COBRA continuation coverage provided?**

Once GemPlan receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.





There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify GemPlan in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The qualified beneficiary must provide the Plan documentation of the SSA disability determination. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after that determination.

***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights, including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).



## **Keep your Plan informed of address changes**

To protect your family's rights, let GemPlan know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to GemPlan.

## **Plan contact information**

GemPlan  
1575 Baldy Ave.  
Pocatello, ID 83201  
Phone: 208-237-9696 or 800-632-0905

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid   | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  |
|--|---|
| Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |
| ALASKA – Medicaid  | FLORIDA – Medicaid  |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> | Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268   |
| ARKANSAS – Medicaid  | GEORGIA – Medicaid  |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (855-692-7447)   | Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162 ext 2131  |

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| <b>CALIFORNIA – Medicaid</b><br>Website:<br><a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a><br>Phone: 916-440-5676   | <b>INDIANA – Medicaid</b><br>Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a><br>Phone 1-800-457-4584   |
| <b>IOWA – Medicaid and CHIP (Hawki)</b><br>Medicaid Website:<br><a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br><a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>Hawki Phone: 1-800-257-8563  | <b>MONTANA – Medicaid</b><br>Website:<br><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084  |
| <b>KANSAS – Medicaid</b><br>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a><br>Phone: 1-800-792-4884  | <b>NEBRASKA – Medicaid</b><br>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178  |
| <b>KENTUCKY – Medicaid</b><br>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a><br><br>KCHIP Website:<br><a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> | <b>NEVADA – Medicaid</b><br>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900  |
| <b>LOUISIANA – Medicaid</b><br>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  | <b>NEW HAMPSHIRE – Medicaid</b><br>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218  |
| <b>MAINE – Medicaid</b><br>Enrollment Website:<br><a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br><a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a><br>Phone: 1-800-977-6740.<br>TTY: Maine relay 711   | <b>NEW JERSEY – Medicaid and CHIP</b><br>Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 |
| <b>MASSACHUSETTS – Medicaid and CHIP</b><br>Website:<br><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br>Phone: 1-800-862-4840   | <b>NEW YORK – Medicaid</b><br>Website:<br><a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>MINNESOTA – Medicaid</b><br>Website:<br><a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Phone: 1-800-657-3739  | <b>NORTH CAROLINA – Medicaid</b><br>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100  |

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| <b>MISSOURI – Medicaid</b>   | <b>NORTH DAKOTA – Medicaid</b>  |
| Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005  | Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825   |
| <b>OKLAHOMA – Medicaid and CHIP</b>  | <b>UTAH – Medicaid and CHIP</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742  | Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669 |
| <b>OREGON – Medicaid</b>   | <b>VERMONT– Medicaid</b>  |
| Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075 | Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427   |
| <b>PENNSYLVANIA – Medicaid</b>   | <b>VIRGINIA – Medicaid and CHIP</b>   |
| Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462  | Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282  |
| <b>RHODE ISLAND – Medicaid and CHIP</b>  | <b>WASHINGTON – Medicaid</b>  |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)  | Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022   |
| <b>SOUTH CAROLINA – Medicaid</b>   | <b>WEST VIRGINIA – Medicaid</b>   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  | Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  |
| <b>SOUTH DAKOTA - Medicaid</b>   | <b>WISCONSIN – Medicaid and CHIP</b>  |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  | Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002                                     |
| <b>TEXAS – Medicaid</b>  | <b>WYOMING – Medicaid</b>   |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493  | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269       |

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number.

The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

## **Newborns' and Mothers' Health Protection Act (NMHPA)**

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO would NOT be an attending provider.



## IMPORTANT NOTICE

In 1998, Congress passed HR 4328, also known as the *Women's Health and Cancer Rights Act of 1998*. This legislation requires group health plans and health insurance issuers of group health insurance to cover reconstructive surgery following a mastectomy/lumpectomy and to notify you of this coverage annually.

Specifically, if health plans and insurers cover mastectomies/lumpectomies, they must also cover, in a manner determined in consultation with the attending physician and the patient:

1. Reconstruction of the breast on which the mastectomy/lumpectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and treatment of physical complications at all stages of the mastectomy/lumpectomy, including lymphedemas.

Benefits are subject to the standard surgical deductibles, copayments and coinsurance amounts of your contract/policy. If you have any questions, please contact our Customer Services Department at 1-800-627-1188.



# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## BENEFITS & PROTECTIONS

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

\*Special “hours of service” requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

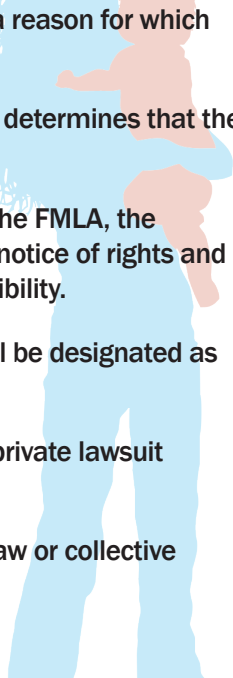
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## EMPLOYER RESPONSIBILITIES

## ENFORCEMENT



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**[www.dol.gov/whd](http://www.dol.gov/whd)**

U.S. Department of Labor | Wage and Hour Division





# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at **1-866-4-USA-DOL** or visit its website at **<http://www.dol.gov/vets>**. An interactive online USERRA Advisor can be viewed at **<http://www.dol.gov/elaws/userra.htm>**.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: **<http://www.dol.gov/vets/programs/userra/poster.htm>**. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor  
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date — April 2017



# MHPAEA ENFORCEMENT FACT SHEET

*United States Department of Labor  
Employee Benefits Security Administration*

## **Mental Health Parity and Addiction Equity Act**

The Mental Health Parity and Addiction Equity Act (“MHPAEA”) provides important protections for individuals with mental health and substance use disorder conditions. The statutory provisions became effective for plan years beginning on or after October 3, 2009. The Department published interim final regulations effective for plan years beginning on or after July 1, 2010 and final regulations became effective for plan years beginning on or after July 1, 2014.

Since October 2010, EBSA has conducted over 1,500 investigations related to MHPAEA and cited over 170 violations for noncompliance with these rules.

## **Examples of MHPAEA Violations**

### **Insufficient Benefits**

- Not offering out-of-network providers or inpatient benefits to treat mental health or substance use disorders even though these benefits are available for medical/surgical benefits.

### **Higher Financial Requirements**

- Charging higher copays to see mental health providers than those charged for medical/surgical providers.

### **More Restrictive Quantitative Treatment Limitations (QTLs)**

- Imposing visit limits on mental health benefits that are more restrictive than those applied to medical/surgical visits.

### **More Restrictive Non-Quantitative Treatment Limitations (NQTLs)**

- Imposing broad preauthorization requirements on all mental health and substance use disorder treatments, even though these same plans only required pre-authorization on a select few medical/surgical treatments.
- Requiring written treatment plans for mental health services while not requiring similar plans to receive medical/surgical treatment.

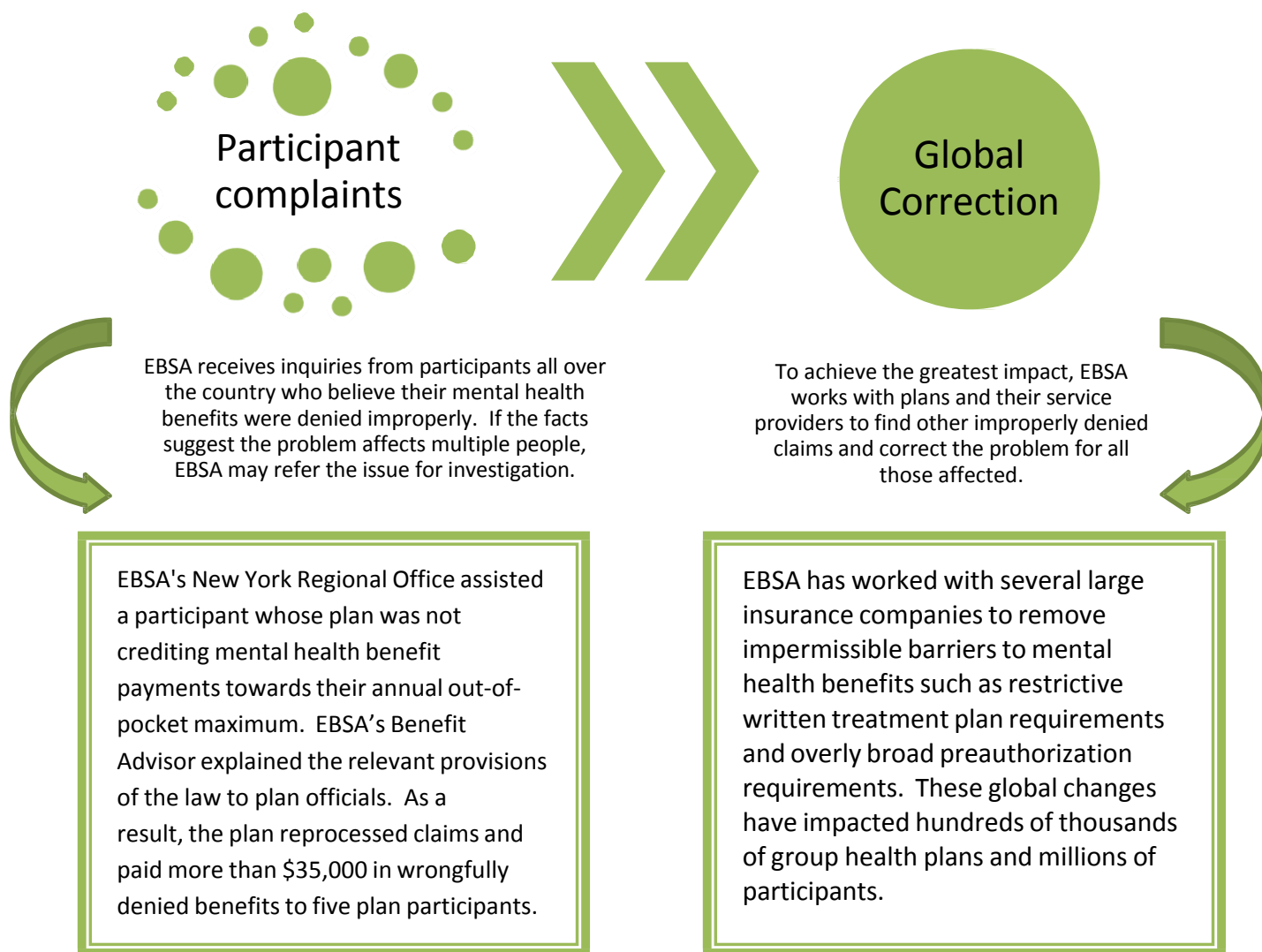
### **Lower Annual Dollar Limits on Benefits**

- Imposing annual dollar limits on coverage of mental health benefits when such limitations are not imposed on medical/surgical benefits.

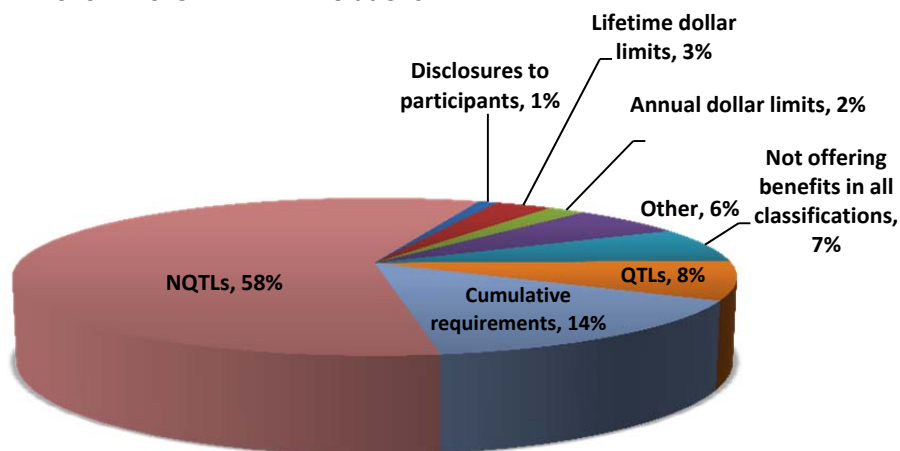
### **Inadequate Disclosures**

- Not disclosing the criteria used for determining medical necessity and/or reasons for benefit denials.

## EBSA Process for Addressing MHPAEA Violations



### FY2010-FY2015 MHPAEA Violations



### Need Help with Your Employee Benefits?

#### Contact EBSA

U.S. Department of Labor  
 Frances Perkins Building, 200  
 Constitution Ave., NW, Washington, DC  
 20210  
[www.dol.gov](http://www.dol.gov)  
 Telephone: 1-866-444-EBSA (3272)

# NOTICE OF PRIVACY PRACTICES

Effective February 18, 2020

THIS NOTICE DESCRIBES HOW YOUR PERSONAL FINANCIAL AND HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

45 CFR 164.520(b)(1)(i)

This notice applies to the privacy practices of Blue Cross of Idaho Health Service, Inc. and Blue Cross of Idaho Care Plus, Inc., affiliated entities. Blue Cross of Idaho maintains the privacy of your protected health information and is required to comply with the terms of this notice currently in effect. We may share your personal financial and health information with each other as needed for our treatment, payment and healthcare operations. We are committed to protecting the privacy of your personal financial and health information in any form, whether oral, written or electronic. We keep your personal information private by maintaining physical, electronic, and procedural safeguards that comply with legal requirements. This notice explains our privacy practices, our legal duties, and your rights concerning your personal information. We reserve the right to change the way your personal information is used or disclosed. Blue Cross of Idaho provides our members notice of its legal duties and privacy practices with respect to protected health information. If we make a material change to the notice, we will post the revised notice on our website and send current members information about the change and how to obtain a revised notice the next time we send out a mailing to all members.

## Uses and Disclosures of Personal Financial Information

We use certain financial information to carry out insurance activities as allowed by law. This includes information collected from you when you apply for our products or services, such as your name, address, age, and social security number. We may verify or obtain additional information through others, such as adult family members, employers, other insurers, physicians, hospitals, and other medical providers. We disclose information only to our affiliates and others who perform services within the scope of healthcare operations on our behalf. For example, information is disclosed to our affiliates and others to help us evaluate requests for insurance or benefits, perform general administrative activities, and process claims. In addition, we disclose information to law enforcement and regulatory agencies to help us prevent fraud. We do not make any disclosures of your financial information to other companies who may want to sell their products or services to you.

## Uses and Disclosures of Personal Health Information

We use your personal health information for treatment, healthcare payment and operations as allowed or required by law. We must use and disclose your personal health information to provide information:

- To you or someone who has the right to act on your behalf (your legal or personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- As required by law.

We have the right to use and disclose your personal health information for treatment, to pay for your healthcare, and to carry out our healthcare operations. For example, we may use or disclose your personal health information:

- To pay or deny your claims, to collect your premiums, to share your benefit payment information with your other insurers, and to inform your providers regarding your eligibility for coverage under a health plan;
- To provide customer services to you, or to resolve any complaints you may have;
- To inform the policyholder about determinations made regarding claims submitted for all dependents on the policy;
- To send you a reminder to obtain preventive health services or to inform you about alternative medical treatments or other health-related benefits and services that may interest you (such as our Disease Management Programs);
- To the Idaho Health Data Exchange (IHDE), a collaboration to improve coordination and quality of care, and to other health care entities that provide health care operations on our behalf, and other health improvement or health care cost-reduction programs;
- With others who help us conduct our business operations. However, we will not share your information with these outside groups unless they agree to protect it;
- If you are an enrollee of a group health plan, to share information with the plan sponsor (employer) or the group health plan through which you receive health benefits. However, we will not share detailed health information with your benefit plan unless they agree in writing to protect it;

We may use or disclose personal health information for the following purposes under limited circumstances:

- To meet regulatory requirements of state and federal agencies (such as the Idaho Department of Insurance);
- For public health activities (such as reporting disease outbreaks, child abuse, neglect or domestic violence);
- For government health care oversight activities (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a court order);
- For law enforcement purposes (such as providing limited information to locate a missing person);
- For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avoid a serious and imminent threat to health or safety;
- To a coroner, medical examiner, funeral director or organ donation organizations (for reasons such as to identify a deceased person, determine a cause of death, or as authorized by law);
- To a correctional institution or to a law enforcement official (for reasons such as the health and safety of the inmates and for the safety and security of the correctional institution);
- To specialized government functions (such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others);
- To workers compensation carriers or others involved in workers compensation systems (for reasons such as to report information on job-related injuries); and
- To others involved in your health care or payment for health care (for reasons such as to inform your spouse of the status of a claim).

We may not use or disclose any genetic information for our underwriting purposes. We may not sell your personal health information, or use or disclose your personal health information for marketing communications, without your written authorization except where permitted by law.

### **Other Uses and Disclosures of Your Personal Health Information**

By law, we must have your written authorization to use or disclose your personal health information for any purpose that is not set out in this notice (for reasons such as the disclosure of psychotherapy notes). You may revoke your written authorization at any time, except if we have already acted based on your authorization.

### **Potential Impact of State Law**

In some situations, we are required to follow state privacy or other applicable laws that provide greater privacy protections to individuals. If a state law that we follow requires that we not use or disclose protected health information (such as age of majority or parental notification restrictions), then we may not use or disclose that information.

### **Breach Notification**

In the event of a breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

### **Your Rights**

By law, you have the right to:

- Inspect and get a copy of your personal health information held by us upon your written request. An electronic copy may be available in certain circumstances upon request. There may be a fee for copies of this information;
- Have your personal health information amended if you believe (and we agree) that it is wrong or if information is missing. You must make this request in writing and the request must explain why you think the information should be amended;
- Receive, upon written request, a list of instances in which we may have disclosed your personal health information for purposes other than those described in this notice. This list does not include disclosures made for treatment, payment or healthcare operations, certain other activities, and those authorized by you;
- Ask us, upon written request, to communicate with you in a different manner or at a different place (for example, by sending materials to a post office box instead of your home address). Please include in your request if you believe you will be harmed if we sent your information to your current mailing address.
- Ask us to restrict how your personal health information is used and disclosed in order to pay your claims and run our healthcare operations. We are not required to agree to any restriction that you may request; and
- Get a copy of this notice at any time.

### **Questions and Complaints**

If you believe we have violated your privacy rights set out in this notice, you may file a complaint with us at the following address:

Information Privacy Officer  
Blue Cross of Idaho  
P.O. Box 7408  
Boise, ID 83707  
1-877-488-7788

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not penalize or in any other way retaliate against you for filing a complaint with the Secretary or with us.

Please contact our Information Privacy Officer at 1-877-488-7788 for more information about this notice.



## Board of Trustees

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Boundary County  
(208) 267-2242

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(208) 236-7210

September 1, 2022

## GemPlan – Notice of Grandfathered Health Plan

GemPlan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan manager at (208) 237-9696.

Thank you,

GemPlan Team