



Short Term PPO

Protecting you in times of transition



IMPORTANT:

This is a short-term, limited-duration policy,
NOT comprehensive health coverage.

This is a temporary limited policy that has fewer benefits and federal protections than other types of health insurance options, like those on HealthCare.gov.

THIS POLICY	INSURANCE ON HEALTHCARE.GOV
Might not cover you due to preexisting health conditions like diabetes, cancer, stroke, arthritis, heart disease, mental health & substance use disorders	Can't deny you coverage due to preexisting health conditions
Might not cover things like prescription drugs, preventive screenings, maternity care, emergency services, hospitalization, pediatric care, physical therapy & more	Covers all essential health benefits
Might have no limit on what you pay out-of-pocket for care	Protects you with limits on what you pay each year out-of-pocket for essential health benefits
You won't qualify for federal financial help to pay premiums & out-of-pocket costs	Many people qualify for federal financial help
Doesn't have to meet federal standards for comprehensive health coverage.	All plans must meet federal standards

LOOKING FOR COMPREHENSIVE HEALTH INSURANCE?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

QUESTIONS ABOUT THIS POLICY?

For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."



Coverage when you need it

QUALITY, AFFORDABLE HEALTH INSURANCE

Our Short Term PPO plans are the perfect options for individuals who are:

- Temporarily in between coverage plans
- Need coverage before a new employer plan starts
- Outside of enrollment periods
- Not planning to have a baby during the three months of short-term coverage
- Not in need of medical care for preexisting health conditions

ALL SHORT TERM PLANS OFFER:

- \$45 copay for first three pediatric and adult physician office/telehealth visits
- \$1,000,000 annual benefit maximum
- Rx discount program
- Emergency room, urgent care and specialist visits (deductibles apply)
- Inpatient hospital, lab work and X-rays (deductibles apply)

WHAT IS DIFFERENT ABOUT SHORT TERM PLANS?*

- Available year-round
- Coverage up to three months
- Preexisting condition exclusions, including pregnancy care (See Exclusions & Limitations section for more information)
- No coverage for immunizations, preventive care, outpatient mental health and substance use disorder or chiropractic*
- You must wait 12 months in between short-term policies with the same insurance company (63 days if changing insurance companies).

*See policy contract for complete benefit details

ACCESS TO A PHYSICIAN WHEN YOU NEED IT

We offer a \$45 copay benefit for both adult and pediatric office visits before your deductible, excluding urgent care and specialist visits. This means it will be easier for you and your family to see a doctor, when needed, without waiting. This benefit covers three office visits.

2025 Plan Options

In-Network

	\$1,500 Deductible		\$3,000 Deductible	
	20% Coinsurance	50% Coinsurance	20% Coinsurance	50% Coinsurance

WHAT YOU'LL PAY FOR THE CARE YOU RECEIVE EACH YEAR

	How much you'll pay before we start paying for some services			
Medical Deductible	\$1,500	\$1,500	\$3,000	\$3,000
	The percent you'll pay for covered services, after reaching your deductible			
Coinsurance	20%	50%	20%	50%
	The most you'll pay out of pocket for covered care during your benefit period			
Out-of-Pocket Maximum	\$3,000	\$4,000	\$6,000	\$7,000
Annual Benefit Maximum	\$1,000,000			

BENEFITS YOU ARE MOST LIKELY TO NEED AND WHAT YOU PAY

Pediatric Care Office Visit (up to age 18)	\$45 (limit of 3 visits per member, then 20% after deductible)	\$45 (limit of 3 visits per member, then 50% after deductible)	\$45 (limit of 3 visits per member, then 20% after deductible)	\$45 (limit of 3 visits per member, then 50% after deductible)
Primary Care Office Visit				
Specialist Visit				
Urgent Care ¹	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Telehealth Services: MDLIVE				
Immunizations				
Preventive Care	Not covered	Not covered	Not covered	Not covered
Outpatient Mental Health, Substance Use Disorder				

OTHER BENEFITS YOU MAY NEED OR WANT

Emergency Room ²				
Imaging (e.g. MRIs, MRAs, CT Scans)				
Diagnostic Labs				
Diagnostic X-rays				
Inpatient Therapy Visits Speech, physical, and occupational only.	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Therapy Visits Physical only. Limited to \$800/insured per benefit period.				
Inpatient Hospital ³ (e.g. Hospital Stay)				
Chiropractic Care				
Pregnancy Care, Delivery, After Care Involuntary complications with pregnancy are covered. Only covered for the insured and eligible dependents.	Not covered	Not covered	Not covered	Not covered

IF YOU NEED PRESCRIPTIONS, THIS IS WHAT YOU PAY

Rx Preferred Generic	<p>Rx Discount Program: With the discount Rx program, you will pay a lower Blue Cross of Idaho contracted price for your prescriptions at in-network pharmacies.</p>
Rx Non-Preferred Generic	
Rx Preferred Brand	
Rx Non-Preferred Brand	
Rx Preferred Specialty	
Rx Non-Preferred Specialty	

¹ Urgent Care is the middle ground between your primary care provider and the Emergency Room. If you have a minor illness or injury that can't wait until tomorrow, Urgent Care is the way to go.

² An Emergency Room treats life- or limb-threatening health conditions.

³ Services performed while in hospital are covered under those respective cost sharing.

Important tips

- Remember to enroll every family member you want covered
- If your benefit period extends beyond one month, you can choose to pay in full for all months of coverage. If you choose to not pay in full, you must enroll in automated clearing house (ACH), to allow for automatic withdrawal from your bank account to pay your monthly premium
- Your new plan coverage starts at 12:01 a.m. on the effective date as shown on your ID card

Apply online with five easy steps

MEDICAL DEDUCTIBLE OPTIONS
\$1,500 / \$3,000

COINSURANCE OPTIONS
20% / 50%

1

Pick your benefit period

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

2

Pick your deductible

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

3

Pick your coinsurance

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

4

We show you your premium

This is what you pay for the plan you choose, either monthly or in total — if you don't like what you see, you can select other options that will work best for you

5

Decide how you want to pay your premium

Pay in full for the entire coverage period or pay monthly by setting up automatic payments



At Blue Cross of Idaho, we have you covered!

Apply today.

ONLINE

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

PAPER APPLICATION

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

NEED MORE CHOICES?

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

LOCAL, INDEPENDENT AGENTS

bcidaho.com/ind-agents

BLUE CROSS OF IDAHO CUSTOMER SERVICE ADVOCATES

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

ONLINE

bcidaho.com/individual





How prior authorization works

WHAT IS PRIOR AUTHORIZATION?

Prior authorization is a pre-approval process to determine if health services, procedures, or prescriptions are medically necessary and eligible for coverage.

HOW DOES PRIOR AUTHORIZATION WORK?

When your provider wants to perform a procedure, service, or prescribe a medication, your provider will contact us for prior authorization. The request must come from your provider.

Not all procedures, services, or prescriptions require prior authorization. To find out which ones do, you can call the phone number on the back of your member ID card. Our customer service advocates will be able to help you determine if you need prior authorization. Your provider is responsible for determining if prior authorization is needed. There are also tools available for your provider to find the items that need prior authorization.

After receiving the prior authorization request from your provider and reviewing all the necessary information, we will contact your provider to let them know if the procedure, service, or prescription has been approved.

In some cases, if necessary, we may ask for more information. Your provider will be able to discuss the approval with you and answer any questions. You will then be able to move forward with the procedure, service, or prescription.

WHAT HAPPENS IF I DON'T GET PRIOR AUTHORIZATION?

If we review the claim for a service that required a prior authorization and prior authorization was given, it will be processed normally. But if we require prior authorization and your provider has not gotten it before treating you, payment may be denied.

If a service is denied and you didn't have prior authorization, you can still appeal our decision using the Blue Cross of Idaho appeal process.

WHAT IS PRIOR AUTHORIZATION?

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

Do you qualify for Short Term PPO?

Answer each question and consider each individual applying for medical coverage. Fraud or intentional misrepresentation of material fact will result in the rescission of your plan.

1. Has anyone listed on this application been refused or denied health insurance coverage?
 YES NO

2. Does anyone listed on this application currently have Medicare, Medicaid or other health insurance coverage that will remain in force beyond the effective date of this coverage?
 YES NO

3. Are you, your spouse or any eligible dependent, whether listed on this application or not, now pregnant, or have reason to suspect you might be pregnant, or is anyone listed on this application a newborn less than 60 days of age?
 YES NO

4. Is anyone on this application over 275 pounds or have they had bariatric surgery?
 YES NO

5. Is anyone listed on this application:
 - a. Currently admitted to a healthcare facility?
 - b. Planning an inpatient treatment of any kind?
 - c. Planning outpatient or inpatient surgery or a procedure in the next three months? YES NO

6. Within the past two years, has anyone listed on this application had a problem for which medical advice hasn't been sought?
 YES NO

7. Has anyone listed on this application had a Blue Cross of Idaho short-term policy within the past 12 months **OR** a short-term policy with any other carrier within the past 63 days?
 YES NO

8. Within the last five years, have you or any family member listed on this application ever seen a doctor for, been diagnosed with, had treatment, surgery, hospitalization, medications, tests or been advised to have treatment for, or shown signs of having any of the following:
 - a. AIDS or tested positive for HIV
 - b. Emphysema, chronic obstructive pulmonary disease (COPD), chronic bronchitis or sinusitis
 - c. Coronary artery disease (CAD), heart attack, heart failure or a heart condition
 - d. Stroke, transient ischemic attack (TIA), carotid artery disease or other circulatory diseases
 - e. Crohn's disease, ulcerative colitis, gallbladder disease or other gastrointestinal disorders
 - f. Cirrhosis, hepatitis, chronic kidney disease, end-stage renal disease (ESRD) or other liver or kidney diseases
 - g. Hemophilia or other blood disorders
 - h. Alcoholism, alcohol or chemical dependency, drug or alcohol abuse, or cited for a DUI
 - i. Cancer or tumor
 - j. Rheumatoid or psoriatic arthritis, fibromyalgia, or other autoimmune disorders
 - k. Joint disorders or replacement
 - l. Diabetes, prediabetes, insulin resistance or metabolic syndrome
 - m. Seizure disorders YES NO

Exclusions and Limitations

I. PREEXISTING CONDITION WAITING PERIOD

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

II. GENERAL EXCLUSIONS AND LIMITATIONS

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

- A. Not Medically Necessary. If services requiring Prior Authorization by Blue Cross of Idaho are performed by a Contracting Provider and benefits are denied as not Medically Necessary, the cost of said services are not the financial responsibility of the Insured. However, the Insured could be financially responsible for services found to be not Medically Necessary when provided by a Noncontracting Provider.
- B. In excess of the Maximum Allowance.
- C. For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures, unless necessary to treat an Accidental Injury or unless an attending Physician certifies in writing that the Insured has a non-dental, life-endangering condition which makes hospitalization necessary to safeguard the Insured's health and life.
- D. Not prescribed by or upon the direction of a Physician or other Professional Provider; or which are furnished by any individuals or facilities other than Licensed General Hospitals, Physicians, and other Providers.
- E. Investigational in nature.
- F. Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Insured is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts, or other laws providing compensation for work-related injuries or conditions. This exclusion applies whether or not the Insured claims such benefits or compensation or recovers losses from a third party.
- G. Provided or paid for by any federal governmental entity except when payment under the Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity where its charges therefore would vary, or would be affected by the existence of coverage under the Policy, or for which payment has been made under Medicare Part A and/or Medicare Part B, or would have been made if an Insured had applied for such payment except when payment under this Policy is expressly required by federal law.
- H. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- I. Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.
- J. Received from a dental, vision, or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- K. For Surgery intended mainly to improve appearance or for complications arising from Surgery intended mainly to improve appearance, except for:
 - 1. Reconstructive Surgery necessary to treat an Accidental Injury, infection or other Disease of the involved part; or
 - 2. Reconstructive Surgery to correct Congenital Anomalies in an Insured who is a dependent child.
- L. Rendered prior to the Insured's Effective Date.
- M. For personal hygiene, comfort, beautification (including non-surgical services, drugs, and supplies intended to enhance the appearance) even if prescribed by a Physician.
- N. For exercise or relaxation items or services even if prescribed by a Physician, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs, spas, hot tubs, whirlpool baths, waterbeds or swimming pools.
- O. For convenience items including but not limited to Durable Medical Equipment such as bath equipment, cold therapy units, duplicate items, home traction devices, or safety equipment.
- P. For relaxation or exercise therapies, including but not limited to, educational, recreational, art, aroma, dance, sex, sleep, electro sleep, vitamin, chelation, homeopathic or naturopathic, massage, or music even if prescribed by a Physician.
- Q. For telephone consultations, and all computer or Internet communications, except as provided by MDLIVE or in connection with Telehealth Virtual Care Services.
- R. For failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses or for mileage, transportation, food or lodging expenses billed by a Physician or other Professional Provider.
- S. For Outpatient Occupational Therapy, Outpatient Speech Therapy, Inpatient or Outpatient Custodial Care; or for Inpatient or Outpatient services consisting mainly of educational therapy, behavior modification, self-care or self-help training, except as specified as a Covered Service in this Policy.
- T. For Inpatient admissions that are primarily for Diagnostic Services, Therapy Services, or Physical Rehabilitation, except as specified in this Policy; or for Inpatient admissions when the Insured is ambulatory and/or confined primarily for bed rest, a special diet, behavioral problems, environmental change or for treatment not requiring continuous bed care or when skilled nursing is not required.
- U. For any cosmetic foot care, including but not limited to, treatment of corns, calluses and toenails (except for surgical care of ingrown or diseased toenails).
- V. Related to Dentistry or Dental Treatment, even when Medically Necessary, including but not limited to, dental implants, appliances, or prosthetics, or treatment related to Orthodontia and orthognathic Surgery and any surgical or other treatment of temporomandibular joint syndrome.
- W. For hearing aids or examinations for the prescription or fitting of hearing aids, except as specified as a Covered Service in this Policy.
- X. For any treatment sexual dysfunction, or sexual inadequacy, including erectile dysfunction and/or impotence, even if related to a medical condition.
- Y. For orthoptics, eyeglasses or contact lenses or the vision examination for prescribing or fitting eyeglasses or contact lenses.
- Z. Made by a Licensed General Hospital for the Insured's failure to vacate a room on or before the Licensed General Hospital's established discharge hour.
- AA. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury, except as specified as a Covered service in this Policy.
- AB. Furnished by a facility that is primarily a nursing home, a convalescent home, or a rest home.
- AC. For Acute Care, rehabilitative care, diagnostic testing, evaluation or treatment of Mental or Nervous Conditions, Alcoholism, Substance Use Disorder or Addiction, or for Pain Rehabilitation.

- AD. Incurred by an Insured for care or treatment of any condition arising from or related to pregnancy, childbirth, or delivery, except as specified as a Covered Service in this Policy.
- AE. For weight control or treatment of obesity or morbid obesity, including but not limited to Surgery for obesity, except when Surgery for obesity is Medically Necessary to control other medical conditions that are eligible for Covered Services under this Policy, and nonsurgical methods have been unsuccessful in treating the obesity. For reversals or revisions of Surgery for obesity, except when required to correct an immediately life-endangering condition.
- AF. For use of operating, cast, examination, or treatment rooms or for equipment located in a Contracting or Noncontracting Provider's office or facility, except for emergency room facility charges in a Licensed General Hospital, unless specified as a Covered Service in this Policy.
- AG. For an elective abortion, unless to preserve the life of the female upon whom the abortion is performed.
- AH. For sterilization or the reversal of sterilization procedures, including but not limited to, vasovasostomies or salpingoplasties.
- AI. Treatment for reproductive procedures, including but not limited to, ovulation induction procedures and pharmaceuticals, intrauterine insemination, in vitro fertilization, embryo transfer or similar procedures, or procedures that in any way augment or enhance an Insured's reproductive ability, including but not limited to laboratory services, radiology services or similar services related to treatment for reproduction procedures.
- AJ. For Transplant Services and Artificial Organs, except as specified as a Covered Service in this Policy.
- AK. For Chiropractic Care.
- AL. For acupuncture.
- AM. For surgical procedures that alter the refractive character of the eye, including but not limited to, radial keratotomy, myopic keratomileusis, Laser-In-Situ Keratomileusis (LASIK), and other surgical procedures of the refractive-keratoplasty type, to cure or reduce myopia or astigmatism, even if Medically Necessary. Additionally, reversals, revisions, and/or complications of such surgical procedures are excluded, except when required to correct an immediately life-endangering condition.
- AN. For pastoral, spiritual, bereavement, family and/or marriage counseling.
- AO. For homemaker and housekeeping services or home-delivered meals.
- AP. For Hospice Home Care.
- AQ. For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.
- AR. For which an Insured would have no legal obligation to pay in the absence of coverage under this Policy or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage or charges in connection with work for compensation or charges; or for which reimbursement or payment is contemplated under an agreement with a third party.
- AS. For a routine or periodic mental or physical examination or laboratory test that is not connected with the care and treatment of an actual Illness, Disease or Accidental Injury or for an examination or laboratory test required for any employment related purpose; or related to an occupational injury; for a marriage license; or for insurance, school or camp application; or for sports participation physical; or a screening examination including routine hearing examinations, unless specified as a Covered Service under this Policy.
- AT. For routine or preventive immunizations.
- AU. For breast reduction Surgery or Surgery for gynecomastia.
- AV. For nutritional supplements.
- AW. For replacements or nutritional formulas, except when administered enterally due to impairment in digestion and absorption of an oral diet and is the sole source of caloric need or nutrition in an Insured.
- AX. For vitamins and minerals, unless required through a written prescription and cannot be purchased over the counter.
- AY. For alterations or modifications to a home or vehicle.
- AZ. For special clothing, including shoes (unless permanently attached to a brace).
- AAA. Provided to a person enrolled as an Eligible Dependent, but who no longer qualifies as an Eligible Dependent due to a change in eligibility status that occurred after enrollment.
- AAB. Provided outside the United States, which if had been provided in the United States, would not be a Covered Service under this Policy.
- AAC. Furnished by a Provider or caregiver that is not listed as a Covered Provider, including but not limited to, naturopaths and homeopaths.
- AAD. For Outpatient pulmonary and/or cardiac rehabilitation.
- AAE. For complications arising from the acceptance or utilization of services, supplies or procedures that are not a Covered Service.
- AAF. For the use of Hypnosis, as anesthesia or other treatment, except as specified as a Covered Service.
- AAG. For arch supports, orthopedic shoes, and other foot devices.
- AAH. For well-baby or well-child care furnished by a Physician or other Professional Provider to an Insured who is not a patient at a Licensed General Hospital or Ambulatory Surgical Facility.
- AAI. Contraceptives, oral or other, whether medication or device, except as specified as a Covered Service.
- AAJ. For wigs.
- AAK. For cranial molding helmets, unless used to protect post cranial vault surgery.
- AAL. For surgical removal of excess skin that is the result of weight loss or gain, including but not limited to association with prior weight reduction (obesity) surgery.
- AAM. For the purchase of Therapy or Service Dogs/Animals and the cost of training/maintaining said animals.
- AAN. For procedures including but not limited to breast augmentation, liposuction, Adam's apple reduction, rhinoplasty and facial reconstruction and other procedures considered cosmetic in nature.
- AAO. For the treatment of injuries sustained while operating a motor vehicle under the influence of alcohol and/or narcotics. For purposes of this Policy exclusion, "Under the influence" as it relates to alcohol means having a whole blood alcohol content of .08 or above or a serum blood alcohol content of .10 or above as measured by a laboratory approved by the State Police or a laboratory certified by the Centers for Medicare and Medicaid Services. For purposes of this Policy exclusion, "Under the influence" as it relates to narcotics means impairment of driving ability caused by the use of narcotics not prescribed or administered by a Physician.
- AAP. Any newly FDA approved Prescription Drug, biological agent, or other agent until it has been reviewed and implemented by BCI's Pharmacy and Therapeutics Committee.
- AAQ. All services, supplies, devices and treatment that are not FDA approved.
- AAR. Prescription Drug benefits, except as specifically provide as a Covered Service under the Policy.

DISCRIMINATION IS AGAINST THE LAW

Blue Cross of Idaho and Blue Cross of Idaho Care Plus, Inc., (collectively referred to as Blue Cross of Idaho) complies with applicable Federal civil rights laws and does not discriminate, exclude or treat less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)).

Blue Cross of Idaho:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Blue Cross of Idaho Civil Rights Coordinator at 1-800-627-1188 (TTY: 711).

ATTENTION: If you speak Arabic, Bantu, Chinese, Farsi, French, German, Japanese, Korean, Nepali, Romanian, Russian, Serbo-Croatian, Spanish, Tagalog, or Vietnamese, appropriate auxiliary aids and language assistance services are available free of charge. Call 1-800-627-1188 (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية ، فإن خدمات المساعدة اللغوية متاحة لك مجاناً اتصل على 1-800-627-1188 (الصم والبكم: 711).

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-627-1188 (TTY: 711)。

Farsi: توجه: اگر به زبان فارسی صحبت می کنید، خدمات رایگان پشتیبانی زبان، در دسترس شما است. شماره تماس 1-800-627-1188 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-627-1188 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-627-1188 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-627-1188 (TTY: 711) まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-627-1188 (TTY: 711)번으로 전화해 주십시오.

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 at:

Civil Rights Coordinator
3000 E. Pine Ave., Meridian, ID 83642
Telephone: 1-800-274-4018
Fax: 208-331-7493
Email: grievancesandappeals@bcidaho.com
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator 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 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nepali: ध्यान दनिहोस: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको नमिति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस 1-800-627-1188 (टटिविड: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-627-1188 (телетайп: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-627-1188 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-627-1188 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-627-1188 (TTY: 711).

Ready to enroll?

When you've found your perfect plan, or want more information, go to shoppers.bcidaho.com or call us at **888-GO-CROSS (888-462-7677, TTY: 711)**

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.

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

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