

SmartShopper

Rewarding members for shopping for healthcare

Blue Cross of Idaho makes it easy for members to compare the cost of procedures at different healthcare facilities. When members choose the more-affordable, highly effective option, they will be rewarded with cash – and everyone saves.

The Issue

The cost for healthcare procedures like mammographs, CT scans and knee replacements can vary depending on where they are performed. Extra charges for a hospital stay, doctor's fees, lab work, anesthesia and other services related to a procedure can also add up, meaning higher copays or coinsurance for members and overall healthcare spend for employers.

SmartShopper

SmartShopper empowers members to shop around for the care they need while helping both members and employers cut healthcare costs. Using the CostAdvisor cost transparency tool, members can search for services and find the estimated cost based on their plan benefits. At the same time, they can see the SmartShopper cash reward offered for using different facilities. When members select a SmartShopper-eligible location, they're sent a reward. Making the moreaffordable choice leads to savings for members and employers.

How it Works:

- After a provider recommends a medical procedure, a member logs in to their Blue Cross of Idaho member account at members.bcidaho.com and accesses the CostAdvisor tool.
- In the tool, the member searches for a service or procedure, using filters to refine the search.



 Search results will show the member a list of facilities, plus the estimated cost and the cash reward amount. Facility contact information and patient reviews are also included.



- The member chooses a facility and makes an appointment or contacts the SmartShopper Personal Assistant team to schedule it.
- If the member visits a facility with a cash reward (based on submitted claims), the reward will be on its way to the member four to six weeks after the date of the procedure.

Program Savings

- 55 percent of members who use SmartShopper select the lower-cost care option
 - 60 percent of appointments are made for the lower-cost option when members use the SmartShopper Personal Assistant to schedule care
- Employers save an average of \$606 per claim when members select a care option that offers a cash reward.

FAQs

Are members required to use the SmartShopper program?

No. Blue Cross of Idaho will let members know how to use CostAdvisor to shop for care, why they will benefit by selecting the lower-cost option and how they can earn a cash reward through the SmartShopper program. However, they are not required to use the SmartShopper program.

Are members penalized for not using a lower-cost facility when they need to get a procedure done?

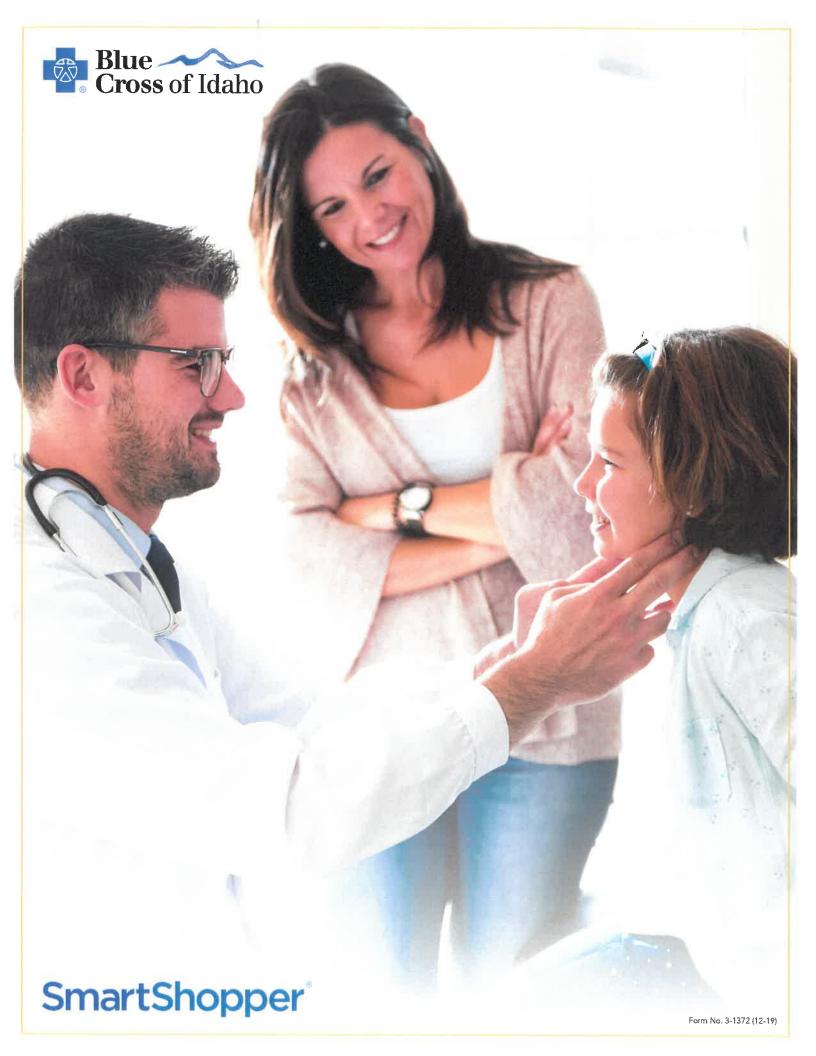
No. Blue Cross of Idaho wants to reward members who select a more affordable facility, but there is no penalty for not using the lower-cost facility. Members are welcome to use any facility they prefer, although they will get the most out of their benefit when they use in-network facilities. They will pay any applicable copay or coinsurance for care at any facility.

What's included in the estimated cost that a member sees in the CostAdvisor tool?

The estimated cost to a member for a procedure includes the services and fees that usually come with medical procedures. These include hospital stays, facility and doctor's fees, lab work, anesthesia and follow-up visits.



Need more information?
Not sure how this will benefit your team?
Visit *bcidaho.com/smartshopper* to learn
how you and your employees can be smart shoppers.



SmartShopper[®]

It pays to shop around for care. Use SmartShopper to compare the cost of medical procedures at different hospitals and clinics so you can save more of your healthcare dollars. You may be eligible for a cash reward if you choose an affordable, effective location for a procedure.

HOW SMARTSHOPPER WORKS

When your doctor asks you to get a procedure, SmartShopper lets you shop around for care by helping you compare the cost of procedures at different locations.

Access SmartShopper through our online Find a Provider tool, which lets you search for:

- Healthcare providers
- Hospitals
- Medical procedures

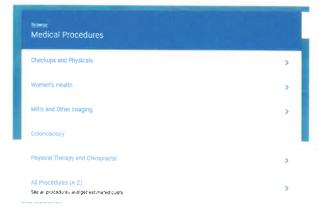
When you use the Find a Provider tool to search for medical procedures, like MRIs, mammograms and colonoscopies, your search results will show you an estimated cost of care for procedures. This cost is based on your plan benefits.

If the procedure at a location is eligible for a cash reward, you'll also see the SmartShopper cash reward amount. (Keep in mind that not all procedures are eligible for a SmartShopper cash reward.)

HOW TO FIND CARE AND COMPARE COSTS:

- Log in to your member account.
- Select Cost Advisor on the right menu.
- Select Estimate Costs Now!
- Search for care by selecting Browse by Category or entering a procedure name in the search bar. You'll be taken to a page that tells you if your procedure is eligible for SmartShopper.
- Select Next Page. Your search results will show you:
 - Facility name, location, contact information and a link to get directions
 - A star rating and link to facility reviews
 - Your estimated cost of care
 - Your SmartShopper cash reward amount, if eligible
 - Keep in mind that not all facilities are eligible to offer a cash reward amount. Those that are eligible may display different cash reward amounts. These cash reward amounts are based on how affordable a procedure is at a given facility.





- If you're eligible to get a cash reward at a location where you'd like to go for care, hover over the SmartShopper Cash Reward amount and select the text Claim My Reward that appears.
- The next page breaks down the cost of your procedure. From the left-side menu, select *Claim Your Reward*. Important: You must select *Claim Your Reward* in order for your reward to be processed.
- Finally, schedule your appointment in one of two ways:
 - Contact the clinic or hospital and schedule the appointment yourself. You can find the phone number on the previous page of your search results.
 - Call the SmartShopper Personal Assistant Team at 866-832-2436 for help. Be sure to reference the Search Confirmation Number displayed at the top of the Claim Your Reward page.
- After you've had your procedure, you'll get your cash reward in the mail within four to six weeks.

Search Confirmation Number: **OX31YKLGIUV**

Your Procedure Cost

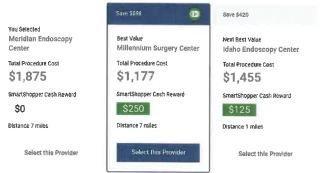
\$1,177

SmartShopper Cash Reward

\$250

In your network

You can choose high-quality, better value healthcare.





FAQs

What's included in the estimated cost that I see when I search for care?

The estimated costs you see when you search for care include the services and fees that usually come with medical procedures. These include hospital stays, facility and doctor's fees, lab work and anesthesia.

Why do facilities charge more or less for the same procedure?

Each facility may have different expenses for the services it offers. Extra charges for a hospital stay, doctor's fees, lab work, anesthesia and other services related to a procedure can also add up at some facilities.

Will I be penalized for not using a lower-cost facility when I need a procedure?

No. Blue Cross of Idaho gives you the option to shop around for care with both Cost Advisor and SmartShopper when you need a procedure. If you select a low-cost, effective facility for care, you may be eligible for a cash reward. However, there is no penalty for using a facility that doesn't offer the lowest cost for care. You can use any facility you prefer, but keep in mind that you'll get the most out of your benefit when your use an in-network facility.

I don't have access to a computer. Is there a way I can still use SmartShopper?

Yes. The SmartShopper Personal Assistant Team can help you search for locations to get care and even schedule your appointment. Please call them at **866-832-2436**.





Highlights of your preventive care benefits Applies to non-grandfathered individual and group plans

You pay nothing – no coinsurance, copayment or deductible – for covered preventive care services when you visit innetwork providers. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

The listed preventive care services may be adjusted to agree with federal government changes, updates and revisions.

Updates for 2020: Added skin cancer prevention counseling for adults and children. Replaced the term "alcohol misuse assessment" with "alcohol-unhealthy use screening." Added anemia screening for children.

Services for adults (18 years and older)	Services for adults (continued)	Services for children (17 years and younger)
 Alcohol – unhealthy use screening Annual adult physical examinations Aortic aneurysm ultrasound Behavioral counseling for participants who are overweight or obese Bone density Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer Chemistry panels Cholesterol screening Colorectal cancer screening Complete blood count (CBC) Diabetes screening Dietary counseling (limited to three visits per participant, per benefit period) Health risk assessment for depression Hepatitis B virus screening Hepatitis C virus infection screening HIV assessment Lung cancer screening for participants age 55 and older Pap test 	 PSA test Screening and assessment for interpersonal and domestic violence Screening mammogram Skin cancer prevention counseling Smoking cessation counseling visit Sexually transmitted infections assessment Transmittable diseases screening (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB]) Thyroid-stimulating hormone (TSH) Urinalysis (UA) Urinary incontinence screening Well-woman visits for recommended age-appropriate preventive services Services for pregnant women or women who may become pregnant Breastfeeding support, supplies and counseling Gestational diabetes screening Iron deficiency screening Preeclampsia screening Prescribed contraceptive coverage* RhD incompatibility screening Urine culture 	 Anemia screening Dental fluoride application for participants age 5 and younger Lipid disorder screening Preventive lead screening Rubella screening Skin cancer prevention counseling Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings Newborn screenings: Hearing test Metabolic screening (PKU, thyroxine, sickle cell) Screening EKG Please note: Not all children require all the services identified above. Your provider should give you information about your child's growth, development and general health, and answer any questions you may have.
*For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100 percent of the cost of women's preventive		

*For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100 percent of the cost of women's preventive prescription drugs and devices as specifically listed on the BCI Formulary on the Blue Cross of Idaho website, *bcidaho.com*; deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one time, as applicable to the specific contraceptive drug or supply. Prescribed contraceptive services include diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.



Immunization

Acellular pertussis

Diphtheria

Haemophilus influenzae B

Hepatitis B

Influenza

Measles

Mumps

Pneumococcal (pneumonia)

Poliomyelitis (polio)

Rotavirus

Rubella

Tetanus

Varicella (chicken pox)

Hepatitis A

Meningococcal

Human Papillomavirus (HPV)

Zoster

Other immunizations not specifically listed may be covered at the discretion of Blue Cross of Idaho when medically necessary.

Please note: Your provider must bill these services as preventive/wellness services.

The descriptions above are general in nature, to allow for an overall view of Blue Cross of Idaho's preventive care coverage. For complete descriptions of your policy and policy changes, please read your policy amendment language.



Our Online Enrollment Center (OEC) makes gathering employee data easy for you and enrollment simple for your employees. How?

We set it up according to your group's needs. When you sign in, you'll have access to all of your group's information. The easy-to-use site guides employees through the process so they can choose their own benefits. The OEC captures their choices so all you have to do is approve them before submitting to us. And you'll be able to use it throughout the year to add or remove employees, make updates or run reports.

ADVANTAGES OF THE OEC

- · Faster, more secure and paper-free
- Easy to perform daily HR tasks and create or run reports
- Quickly add new or search for plan members
- View enrollment status and coverage history
- Customizable messages and reminders for employees
- · Accepts year-round updates for life events, initial enrollments and more

Ready to get started?

Your Blue Cross of Idaho representative can help, or you can email us at OnlineEnrollment@bcidaho.com.

FREQUENTLY ASKED QUESTIONS

What if not all of my employees have a computer?

Employees who do not have a computer have options! The OEC is accessible from anywhere – including mobile devices, public computers or any computer at work. The paper application is still available, too. If an employee chooses a paper application, he or she can turn it in to you and you can enter it into the OEC.

Will I lose control over accurately managing my employees benefits?

No. As a group administrator, all decision-making is still in your hands. Once the enrollment elections are complete, you will approve the changes your employees have made. You can also run transaction history reports on a group level to keep track of all changes being made.

How easy would the site be for my employee's to use?

Easy! The OEC guides employees through each screen by asking specific questions. Employees can get help by following the member guide in the resource section or by calling the number on the bottom of their screen.

What if some of my employees only speak Spanish?

No se preocupe - don't worry! The Online Enrollment Center is available in both English and Spanish.



Give your employees more options when they and their covered dependents need care.

Blue Cross of Idaho's telehealth provider MDLIVE lets members access non-emergency care 24/7. This means your employees could miss fewer workdays when they or their covered family members need care. They may also be less likely to use more costly services for non-emergency issues.

MDLIVE at a glance

- Has the nation's largest virtual care network
- Made up of state-licensed, board-certified physicians averaging 15 years of practice experience
- Certified by the National Committee for Quality Assurance (NCQA) and follows Utilization Review Accreditation Commission (URAC) guidelines for quality care

MDLIVE at a glance

- The nation's largest virtual care network
- More than 25 million members
- State-licensed, boardcertified physicians averaging 15 years of practice experience
- NCQA certified/accredited and follows URAC guidelines for quality care

Once registered, your employees can access a board-certified provider for a virtual consult to diagnose non-emergency medical issues. They can connect over the phone or through secure video on their computer, tablet or the MDLIVE mobile app. These providers can even send a prescription straight to the patient's pharmacy.

Medical conditions MDLIVE treats:

- Allergies
- Cold/flu
- Constipation
- Cough
- Diarrhea
- Ear problems

- Fever
- Headache
- Insect bites
- Nausea/vomiting
- Pink eye
- Rash

- Respiratory problems
- Sore throats
- Urinary problems/UTI
- Vaginitis
- And more

MDLIVE™ is an independent company that enables the virtual visit between the member and doctor on behalf of Blue Cross of Idaho.

Behavioral health conditions MDLIVE treats:

Your employees can also get virtual behavioral healthcare. These secure and confidential virtual consultations with licensed behavioral therapists can take place in the privacy of the employee's home.

- Addictions
- Bipolar disorder
- Child and adolescent issues
- Depression
- Eating disorders

- Grief and loss
- Life changes
- Men's issues
- Panic disorders
- Parenting issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma and PTSD
- Women's issues
- And more

How your employees can get virtual care through MDLIVE:

Create an account. Registration takes fewer than 10 minutes on average.

- Visit MDLIVE.com/bcidaho
- Download the MDLIVE mobile app to a phone or tablet from the Apple App Store or Google Play Store.
- Chat online with Sophie, the MDLIVE personal health assistant, by texting "bcidaho" to MDLIVE (635483).
- Call 888-920-2975 (TTY: 800-770-5531) for help.

Connect with a provider.

- **By phone:** 888-920-2975 (TTY: 800-770-5531)
- Online: MDLIVE.com/bcidaho
 - o Sign in to set up a secure videoconferencing session with a provider.
- MDLIVE mobile app
 - o Log in to connect with a provider.







If you have a chronic health condition, Blue Cross of Idaho's Disease Management (DM) program can help you manage it at all points along your healthcare journey.

Members who are eligible for DM can work directly with a case manager for health coaching if they have been diagnosed with:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease
- Congestive heart failure

Eligible members can work with a case manager who will coach them and create a personalized care plan. Case managers make sure members get the education, resources, coaching and coordination of care they need to better manage their condition(s).

Whether it's through healthy diet and exercise, following medication instructions, regular monitoring, or lifestyle choices, DM can help members reach their best health.

Health depends on many factors: financial and job security, support systems, family and friends, plus emotional and physical health. We take all of this into account when we partner with members.

Disease Management services:

- Regular health and lifestyle newsletters to keep you up-to-date on the latest information about your condition(s) and ways to manage your health
- Online coaching tools, like videos and educational materials
- Help finding local support groups and community resources
- Case management from a licensed healthcare professionals who will work with you oneon-one over the phone to help you set and achieve individual health goals
- Help collaborating and coordinating care with your physician(s)

To learn more about this program:

Please call 208-387-6924 or toll free at 800-627-6655 (TTY 800-377-1363).

You can also email diseasemanagement@bcidaho.com.





WHAT YOU GET WITH DENTAL BLUE CONNECT

Personal Care

Everyone is different, and that's why Willamette Dental Group dentists create a personalized plan for you and your needs. During your first visit, your dentist will review your oral and overall health. You'll work with your dentist to get a proactive dental care plan so you get what you need to do to improve and maintain good oral health.

Proactive Care

Proactive care means focusing on preventing disease. And this is achieved by practicing evidence-based dentistry, evaluating your specific circumstances scientifically then creating a treatment plan tailored to you. All services are based on the latest research and years of reliable science, leading to the safest, most effective treatment available.

Quality Care

All Willamette Dental Group dentists meet high standards for licenses, endorsements and certifications. The dentists focus on patient care, access to timely appointments and patient satisfaction while focusing on prevention. This approach ensures you get the best possible oral health outcomes.

Convenient Care

Willamette Dental Group providers are found at more than 50 dental offices throughout Idaho, Washington and Oregon. Most offices are open Monday through Friday from 7 a.m.-6 p.m. MT and select Saturdays. The network offers a variety of specialists so you can get the type of care you need, when you need it. With no deductibles, you can plan on low copayments and out-of-pocket costs.





Your Primary Care Dentist

You get the most out of your Dental Blue Connect plan benefits when you visit a Willamette Dental Group dentist. Better yet, you get partners to help you reach your best oral health through a team of providers, from your dentist to hygienist to dental assistant.

Willamette Dental Group's patient satisfaction survey results found that 92 percent of patients were satisfied with their experience, averaged across all Willamette Dental Group offices.

Scheduling an Appointment

To schedule an appointment that meets your needs, please call the Willamette Dental Group appointment center.

Toll Free: 855-4DENTAL (855-433-6825)

Appointment Center Hours: 8 a.m.-7 p.m. MT Monday-Friday 8 a.m.-5 p.m. MT Saturday

Office Hours

Most Willamette Dental Group offices are open 7 a.m.-6 p.m. MT Monday through Friday and select Saturdays from 7 a.m.-6 p.m. MT.

What to Expect at Your First Visit

At your first visit to a Willamette Dental Group office, your new providers will give you a thorough exam. This will include X-rays, teeth cleaning and a review of potential oral health risks. Your dentist will create a proactive dental care plan so you'll know how often to get cleanings and what kind of treatments may work for you.

Office Visit Charges

At the end of your office visit, you will receive a statement of services to show you the cost savings from your plan. You can give this statement to your Flexible Spending Account (FSA) administrator as proof of services for claims. Plan to make payments at the time of service. You can make payments using cash, personal check or credit card.

Dental Emergencies

In case of a dental emergency:

- You can make a same-day or next-day appointment at Willamette Dental Group offices during regular office hours.
- You can speak to an on-call provider over the phone when offices are closed.

If you need to travel 50 miles or more to a Willamette Dental Group office for an emergency service:

- You can get emergency treatment from any licensed dentist. You may be reimbursed for emergency dental treatment up to the amount stated in your certificate of coverage.
- Contact the Member Services
 Department for reimbursement after you've received service.



No Annual Maximum, No Deductible

With no annual maximum and no deductible, you will never exhaust your dental coverage. You don't need to satisfy a deductible before you can receive benefits.

Predictable, Low Out-of-Pocket Costs

Out-of-pocket costs for covered dental services are predictable, low copayments. Combined with the low premium, you and your family won't be surprised by any unknown costs.

Orthodontic Benefits for All Ages

Orthodontic coverage is included for adults and children. With no waiting periods and a predictable, low copayment, you have access to affordable orthodontic care.

Exceptional Patient Satisfaction

Willamette Dental Group is dedicated to creating the best patient experience possible, as shown through an average score of 92 percent on a patient satisfaction survey.

Proactive Dental Care

Through dentist-patient partnerships, we focus on promoting your long-term health rather than merely correcting what is bothering you today.



CONTACT WILLAMETTE DENTAL GROUP

For more information about Willamette Dental Group, visit willamettedental.com

For questions about your plan, contact Willamette Dental Group Member Services Department:

9 a.m.-6 p.m. MT Monday-Friday

Phone: 855-433-6825

E-mail: memberservices@willamettedental.com



FIND A DENTAL PROVIDER

With more than 50 locations throughout Idaho, Washington and Oregon, there's likely a Willamette Dental Group office in your neighborhood.

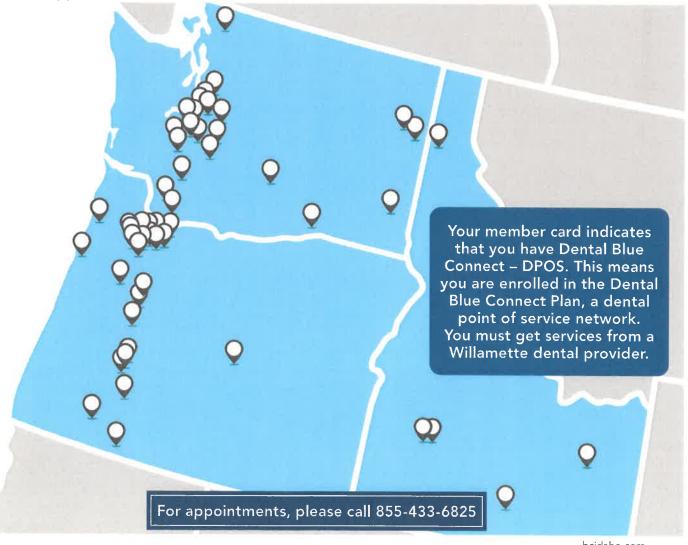
- Find a Willamette Dental Group provider by visiting bcidaho.com and selecting Find a Doctor.
- Under the **Additional Information** header at the bottom of the page, select Dental Blue Connect -Willamette Dental Group.
- From here, you can select Find a Dentist.
- Once you've found a dentist, call 855-433-6825 to schedule an appointment.

Learn More About the Dentists with Online Profiles

If you want to learn more about the office or provider you've selected, be sure to visit locations.willamettedental.com.



You'll find star ratings for each of the providers and patient comments. You'll also find a biography, photo and education information for all of the dentists.



ORTHODONTIC BENEFITS

For the Entire Family

As part of your Dental Blue Connect plan benefits:

- You get full consultation, X-rays, study models, case presentation, required appliances and follow-up treatment.
- Both adults and children can get orthodontic care.
- There are no age restrictions and no waiting periods before you can begin treatment.

Your dentist will refer you to a Willamette Dental Group orthodontist for a consultation. You'll receive an initial examination, X-rays, study models and case presentation as part of the consultation. After the orthodontist reviews the information gathered from these visits, you'll receive a treatment plan. This will outline how to best realign your teeth as well as the costs and timeline.

Find the overall orthodontic service copayment in your certificate of coverage. Your total copayment depends on the extent of the treatment necessary. In some cases, the amount you pay may be less than what is listed in your certificate of coverage. Keep in mind that you'll need to pay an office visit copayment for each visit.

You must receive all orthodontic services from a Willamette Dental Group provider to get benefits. If the coverage terminates before orthodontic treatment is completed, additional charges may apply. View your certificate of coverage for a complete description of benefits, exclusions and limitations.

PREORTHODONTIC SERVICE COPAYMENTS:

Initial orthodontic examination ...\$25

Study models and X-rays......\$125

Case presentation\$0

These copayments are non-refundable. If you receive treatment, you'll be credited the cost of these copayments as part of your overall orthodontic copayment.



EXCLUSIONS & LIMITATIONS

In addition to the exclusions and limitations listed elsewhere in this contract, the following exclusions and limitations apply to the entire contract, unless otherwise specified.

Exclusions

- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services initiated prior to the effective date of coverage.
- Dental implants and implant related services, unless otherwise specified as covered in the contract.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Exams or consultations needed solely in connection with a service that is not covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia, moderate sedation and deep sedation.
- Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.
- Maxillofacial prosthetic services.
- Night guards, unless specified as covered in the contract.
- Orthognathic surgery.
- Personalized restorations.

- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing or stolen dental appliances.
 Replacement of dental appliances that are damaged due to abuse, misuse or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders.
- Services for the treatment of an occupational injury or disease, including an injury or disease arising out of self-employment or for which benefits are available under workers' compensation or similar law.
- Services for the treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for the treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state or other governmental program, unless required by law.

- Services not included in the contract
- Services where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital anomalies will be covered for dependent children if dental necessity has been established.
- Crowns, casts or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- If the initial root canal therapy was performed by a Willamette Dental Group dentist, the retreatment of the root canal therapy will be covered as part of the initial treatment for the first 24 months. If the initial root canal therapy was performed by a nonparticipating provider, the retreatment of such root canal therapy by a Willamette Dental Group dentist will be subject to the applicable copayments.
- The services provided by a dentist in a hospital setting are covered if medically necessary, authorized in writing by a Willamette Dental Group dentist, the services provided are the same services that would be provided in a dental office and applicable copayments are paid.
- The replacement of an existing denture, crown, inlay, onlay or other prosthetic appliance is covered if the appliance is more than five years old and replacement is dentally necessary.

There when you need us, never when you don't.



3000 East Pine Avenue | Meridian, Idaho | 83642-5995 PO Box 7408 | Boise, Idaho | 83707-1408 1-800-365-2345 | TTY 1-800-377-1363 bcidaho.com





PAY LESS WHEN YOU GET CARE FROM CHOICEDOCS

When you need care, you'll save when you see a primary care provider (PCP) or specialist who's part of our ChoiceDocs program. These PCPs and specialists have shown that they offer effective, affordable healthcare. Depending on your plan, you'll pay a lower or even no copayment for office visits when you see these ChoiceDocs.

How to find ChoiceDocs:

- Visit members.bcidaho.com and log in to your member account
- Select Search Tools in the right menu, then select Find a Provider
- Select Search Now
- From the Browse by Category drop-down menu, select Medical Care and either Primary Care or Specialists
- Select the type of primary care or specialty care that you need
- Choose a ChoiceDocs provider from the list. ChoiceDocs providers have an icon and the text ChoiceDocs next to their listing.

FAQs

Why are some providers part of ChoiceDocs and others aren't?

Costs vary between healthcare providers. Prices can depend on the facility where they practice, what kind of tests they order and other factors. Blue Cross of Idaho looks at the costs that come with the providers we contract with. We use that data to find those who offer effective, affordable care and let you know that these providers are ChoiceDocs in our provider directory.

How much will I have to pay to see a ChoiceDocs provider?

Check your plan documents to find out what your copayments are for PCPs and specialists. You'll pay the amount that's listed under Tier 1 copayment for ChoiceDocs PCP and specialists office visits. If you see non-ChoiceDocs providers, you'll pay what's listed under Tier 2 copayment.

Do I have to visit a ChoiceDocs provider when I need care?

If you do not visit a ChoiceDocs provider, you will only pay the regular plan copayment. You are not charged a higher copayment or extra fees. However, you will save money with a lower or no copayment for office visits if you see a ChoiceDocs provider.







Balance your budget and healthcare needs with Blue Cross of Idaho's Blue Extras!sm, 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** and select **Health & Wellness**, then **Discount Programs**.







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.



- 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:





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.

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

The Blue Card Now, Home Is Where The Card Is*

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

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