Blue Cross of Idaho

BOISE STATE UNIVERSITY

Student Health Insurance Plan

Member Handbook for Boise State University International Students

Form No. 20-4093 (05-26)

Policy Form Numbers:
SHIPP (08-26)

WELCOME, MEMBER

Boise State University (BSU) and Blue Cross of Idaho have partnered to provide you with a health insurance benefit plan that provides you with access to provider and mental health care through our PPO Network.

We're so glad to have you as a Blue Cross of Idaho member. And, we look forward to working with you to make sure you have the care you need, when you need it.

WHO IS BLUE CROSS OF IDAHO

Blue Cross of Idaho is a trusted, local company that's been serving Idahoans for more than 80 years. We're excited to welcome you to the Treasure Valley while you attend Boise State University. To support your health and wellbeing during your time here, we partnered with BSU in 2026 to provide student health insurance coverage.

Where do I go when I need help?

Contact customer service at 208-810-2877.

Where to Get Care?

Boise State University Health Services: Health Services is the University's on-campus health facility in the Norco building. It's staffed by licensed providers and all services are covered at no cost. This means copays, deductibles, and coinsurance are not required.

HOURS OF OPERATION:

Monday-Tuesday: 7am-6pm
Wednesday: 10am-6pm
Thursday -Friday: 7am –6pm
Saturday & Sunday CLOSED

CLINIC CONTACT INFORMATION:

Phone: (208) 426-1459
Fax: (208) 426-3005
E-mail: ***healthservices@boisestate.edu***
Mailing address:
1910 University Drive,
Boise, ID 83725-1351

EMERGENCY:

If have an emergency CALL 911.
Police/Fire/Ambulance: 911 Campus
Security: (208) 426-6911) 426-1527
boisestate.edu/care

BLUE CROSS OF IDAHO PPO NETWORK:

If you need to see a provider outside of the University Health Services you have access to providers in the Blue Cross of Idaho PPO network. Copays, deductibles and co-insurance may apply. Check your summary of benefits to see details on the plan.

Follow the steps below to find an in-network provider.

STEP 1: Select a network and location.
Visit ***bcidaho.com/findcare***. Make sure PPO (Preferred Provider Organization) is selected from the Network drop-down menu. In the next field, enter a location where you want to get care.

STEP 2: Search for a provider
Search for a provider by entering a name or specialty in the search bar. You can also start by selecting the type of care you are looking for,such as dental care or urgent care.

STEP 3: Refine your search
Use filters to help narrow your search results. You can sort by location, gender, rating and more.

STEP 4: Explore providers
Select a healthcare provider to see if they are accepting new patients, what networks they accept, read reviews and more.

Getting Started with Your Plan

YOU HAVE INSURANCE – NOW WHAT?

Stay connected on your health journey. Here are a few things to keep in mind.

- **Create a Blue Cross of Idaho member account:** Visit ***members.bcidaho.com*** to register for a member account. Once you are registered you can download your member ID card. You can also use your member account to keep track of your deductible status, submit claims, review your benefits, and more.
- **Save your digital member ID card:** In the event you need care, your card has important information such as your plan type and provider network.
- **Download our mobile app:** You'll always have your plan details and member ID card at your fingertips. Find it in the Apple App Store and the Google Play Store.

Scan this QR code with your phone camera to quickly download the Blue Cross of Idaho mobile app.

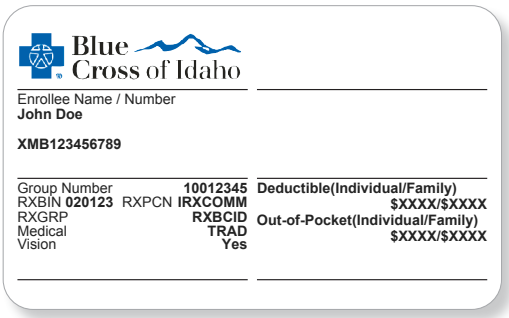
App Store

Google Play

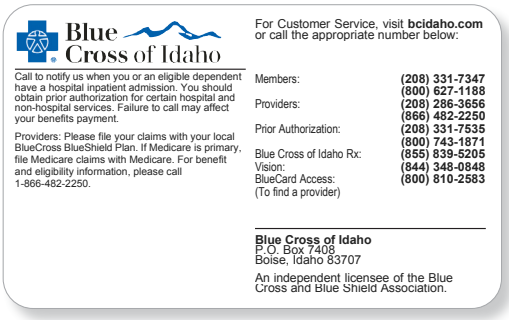
- **Show your member ID card to your doctor:** No matter how long you've been a member, be sure to show your member ID card to your doctor, pharmacist or any other healthcare provider (including at Boise State University Health Services) when you get services, so they can file claims on your behalf and make sure you receive the full benefits of your coverage.
- **Check your benefits statements:** Whenever Blue Cross of Idaho receives a claim for services you received, we create a statement that lists what your provider charged and what (if anything) you may owe. For more about explanation of benefits (EOB), see Understanding Your Benefits Statement on page 7.

SAMPLE MEMBER ID CARD

Please look at your card for details specific to your plan.



Example



Example

Note: Your card might look different. This picture is only an example. Please contact us if you need help understanding your card.

Student Health Insurance

Benefits at a Glance

In-Network

HOW MUCH YOU'LL PAY EACH YEAR FOR CARE YOU RECEIVE	
Medical Deductible	$200 person/ $600 family
Medical and Prescription Out-of-Pocket Limit	$5,000 person/ $15,000 family
BENEFITS YOU ARE MOST LIKELY TO NEED	
Boise State Health Services (services administered through on-campus clinic)	$0
Physician and Specialist Office Visit	$25 copay
Diagnostic test (x-ray, blood work)	10% coinsurance after deductible
Preventive care/screening	$0
Outpatient Mental Health, Substance Use Disorder Office Visit	$25 copay
Outpatient Mental Health, Substance Use Disorder Facility Stay/Services	10% coinsurance after deductible
BENEFITS FOR THE UNEXPECTED	
Emergency room visit	$200 copay
Imaging (CT/PET scans, MRIs)	$100 copay per procedure
Pregnancy care (childbirth/delivery services)	Covered as any other illness*
Outpatient surgery (facility, physician/surgeon fees)	10% coinsurance after deductible
Inpatient hospital	
Facility fee (e.g., hospital room)	$100 copay per admission
Physician/surgeon fee	10% coinsurance after deductible
IN CASE YOU NEED PRESCRIPTIONS	
Preferred Generic Rx	$15 copay
Non-Preferred Generic Rx	$75 copay
Preferred Brand Name Rx	$50 copay
Non-Preferred Brand Name Rx	$75 copay
Preferred Specialty Rx	$75 copay
Non-Preferred Specialty Rx	$75 copay

*Review policy contract for a comprehensive list of covered services

Networks

UNDERSTANDING NETWORKS

The International Student Health Insurance plan includes our statewide preferred provider network (PPO). This is our largest network, and includes healthcare providers and acute hospitals throughout the state.

YOUR BENEFITS TRAVEL WITH YOU

When you need out-of-state coverage, the BlueCard® Program is available. BlueCard gives you in-network emergency or urgent healthcare coverage services while traveling or staying in another Blue Cross and Blue Shield Service area. Search for participating providers at ***provider.bcbs.com***

Blue Cross of Idaho partners with BlueCross BlueShield Global Solutions to provide 24/7/365 support and expert coordination in the event of a medical evacuation emergency. Call +1-610-897-2123 or toll free at 855-686-7705 to speak with a service member.

WHAT IF I'M SICK?

When you're sick but know that it's not life threatening, know you have options to get care that aren't the emergency room (ER).

- Visit the Boise State University Health Center
- Contact your doctor right away to make an appointment
- Use the member app to find in-network clinics near you.

IN AN EMERGENCY, YOU'RE COVERED

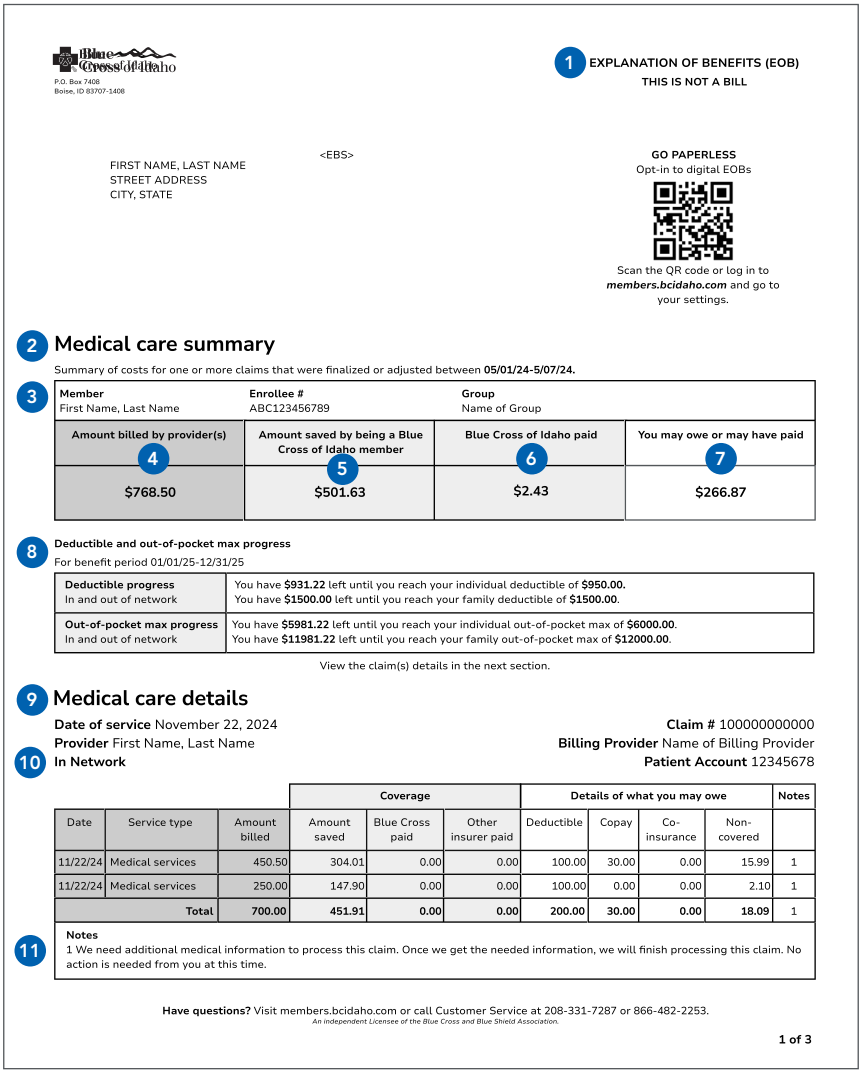
Your Blue Cross of Idaho plan comes with an important protection. In an emergency, it doesn't matter what emergency room (ER) you go to. Your plan treats emergencies at all hospitals as if they were in your network.[1] For care that is urgent, but not an emergency, you can take your pick from our large selection of in-network urgent care clinics.

[1] We know that sometimes you don't get to pick where the ambulance takes you in an emergency. If you end up at an ER or urgent care clinic that doesn't belong to one of our local networks, they are allowed to charge you for the difference between what they bill and the amount Blue Cross of Idaho allows for that service. This is called balance billing.

Understanding Your Benefits Statement

An explanation of benefits (EOB) statement shows the cost of your care, how much your plan paid and how much you might owe after you get care.

1. **This is not a bill:** when you get an EOB, keep in mind that it's not a bill, but an explanation.
2. **Medical care summary:** a summary of all charges, coverage and amount owed for the services referenced in the EOB.
3. **Patient:** the person who got the service. This could be you or a family member covered by your plan.
4. **Amount billed by provider(s):** what your provider billed for your care.
5. **Amount saved by being a Blue Cross of Idaho member**: the negotiated savings from providers that is passed along to members.
6. **Blue Cross of Idaho paid:** the amount Blue Cross of Idaho paid the provider for this service.
7. **You may owe or may have paid:** the amount you are responsible for paying your provider. You should get a bill from the provider's office that shows the amount you owe and how to pay.
8. **Deductible and out-of-pocket max progress:** the amount of your deductible and out-of-pocket maximum you have met as of the date of the eob.
9. **Medical care details:** details of the specific services you received.
10. **Network:** notes if the provider is part of the Blue Cross of Idaho network, or is out of network. In-network providers agree to charge Blue Cross of Idaho members less for care.
11. **Notes:** why we processed the claim the way we did.



Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707-1408

1 EXPLANATION OF BENEFITS (EOB)
THIS IS NOT A BILL

<EBS>

FIRST NAME, LAST NAME
STREET ADDRESS
CITY, STATE

GO PAPERLESS
Opt-in to digital EOBs

Scan the QR code or log in to ***members.bcidaho.com*** and go to your settings.

2 **Medical care summary**

Summary of costs for one or more claims that were finalized or adjusted between **05/01/24-5/07/24.**

3

Member	Enrollee #	Group
First Name, Last Name	ABC123456789	Name of Group

4 Amount billed by provider(s)	5 Amount saved by being a Blue Cross of Idaho member	6 Blue Cross of Idaho paid	7 You may owe or may have paid
$768.50	$501.63	$2.43	$266.87

8 **Deductible and out-of-pocket max progress**

For benefit period 01/01/25-12/31/25

Deductible progress In and out of network	You have **$931.22** left until you reach your individual deductible of **$950.00.** You have **$1500.00** left until you reach your family deductible of **$1500.00**.
Out-of-pocket max progress In and out of network	You have **$5981.22** left until you reach your individual out-of-pocket max of **$6000.00**. You have **$11981.22** left until you reach your family out-of-pocket max of **$12000.00**.

View the claim(s) details in the next section.

9 **Medical care details**

Date of service November 22, 2024
Provider First Name, Last Name
10 **In Network**

Claim # 100000000000
Billing Provider Name of Billing Provider
Patient Account 12345678

			Coverage			Details of what you may owe				Notes
Date	Service type	Amount billed	Amount saved	Blue Cross paid	Other insurer paid	Deductible	Copay	Co-insurance	Non-covered	
11/22/24	Medical services	450.50	304.01	0.00	0.00	100.00	30.00	0.00	15.99	1
11/22/24	Medical services	250.00	147.90	0.00	0.00	100.00	0.00	0.00	2.10	1
	Total	**700.00**	**451.91**	**0.00**	**0.00**	**200.00**	**30.00**	**0.00**	**18.09**	1

11 **Notes**
1 We need additional medical information to process this claim. Once we get the needed information, we will finish processing this claim. No action is needed from you at this time.

Have questions? Visit members.bcidaho.com or call Customer Service at 208-331-7287 or 866-482-2253.
An independent Licensee of the Blue Cross and Blue Shield Association.

1 of 3

Example

GET LESS PAPER WITH DIGITAL EOBS

Log in to the member website at ***members.bcidaho.com*** or visit the **Blue Cross of Idaho member app** to sign up for digital EOBs and be alerted when a new EOB is ready.

Common Health Insurance Terms

Primary Care Provider: Your PCP is a doctor, physician assistant or nurse practitioner who will help you understand the healthcare system and make sure you get the services that are right for you. Your PCP will be your first contact whenever you need medical care. It's a good idea to choose a primary care provider (PCP) within your network. PCPs can come from different medical specialties, including family practice, primary care, internal medicine, obstetrics/gynecology and pediatrics. Which PCP specialty you should choose depends on your health, medical history and medical needs.

Deductible: A set dollar amount you pay for some types of covered care. When you meet your deductible, it goes away until the start of the next plan year.

Claim: A request for payment to Blue Cross of Idaho for care you received. In most cases, your provider will send a claim to us.

Coinsurance *(also known as cost sharing)*: The cost for care that your plan splits with you. For example, if we your plan pays 70% of the cost of a bill, you would pay 30%.

Copayment: A set amount you pay directly to a doctor or healthcare provider for care, such as $30 for an office visit.

Explanation of benefits (EOB): A document shared with you after you get care that shows the cost of your care, how much your plan paid and how much you might owe. It is not a bill.

Out-of-pocket maximum: The maximum amount that you pay for healthcare each year. The deductible, copayments and coinsurance all contribute toward your out-of-pocket maximum each year.

Provider: A doctor, specialist, nurse practitioner or physician assistant who gives you care, or a hospital, pharmacy or clinic where you get care.

In Network: The group of doctors, hospitals, and clinics that Blue Cross of Idaho contracts with who've agreed to see our members for a lower cost.

Out of Network: The providers who have not contracted with Blue Cross of Idaho. You'll pay more when you see an out-of-network provider.

Brand-Name vs. Generic Medicine: Essentially, generic medicine is an exact copy of the active ingredients in a brand-name drug. It has the same active ingredients in the same dosage and form as a brand-name drug, but it costs a lot less. It pays to ask your doctor if generic medicine is right for you.

Appealing a Denied Claim

YOU'RE WITHIN YOUR RIGHTS TO APPEAL A CLAIM – HERE ARE TWO WAYS.

Online

Click on ***members.bcidaho.com/grievances-and-appeals***. If you're not already signed in to your member account, you'll be asked for your user name and password. Follow a few simple steps to submit your appeal.

By mail

Follow the steps outlined on the back of every explanation of benefits (EOB) you receive. The information on the EOB tells you to write a letter stating the reasons you believe our claim decision was incorrect. Include comments, documents, medical records or other relevant information with your letter.

You can also request copies of any guidelines or documents Blue Cross of Idaho used to make our decision. Send your letter and all documentation to the Appeals and Grievance Coordinator no later than 180 days after you receive notification of denied payment of services, using the following address:

Appeals and Grievance Coordinator
Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707

We will mail you a decision within 30 days from the day we receive your appeal. You or your authorized representative may request copies of all documents related to this appeal at no charge.

In Idaho, after exhausting the Blue Cross of Idaho appeals process, you may contact the Idaho Department of Insurance and request an external review of health claims denied for "medical necessity" or as an "investigational" service or supply.

HOW TO VOICE A COMPLAINT

If you are ever unsatisfied, you can voice a complaint online by sending us an email, writing a letter, or calling Customer Service at the number on the back of your member ID card. We research and address all complaints and will make every effort to resolve your issue in a timely manner.

Online

Click on ***members.bcidaho.com/grievances-and-appeals***. If not logged on, you will be prompted for your user name and password. Follow a few simple steps to submit your complaint.

Email: ***customerservice@bcidaho.com***

Mailing address:

Blue Cross of Idaho
P.O. Box 7408
Boise, ID 83707

Blue Cross of Idaho is committed to ensuring you have the best customer experience possible.

Prior Authorization

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. Prior authorization is part of the process we call Utilization Management (UM). UM works to help you get the right healthcare at the right time for the right price. Our UM team looks at healthcare services requested by your provider to ensure they are the right treatments. They will compare the treatment requested by your provider with established national and local medical guidelines to make the decision of whether this treatment is authorized. If this is not the recommended treatment, we may deny coverage. This does not mean you cannot receive the treatment or medical device, only that Blue Cross of Idaho will not provide a covered portion of the costs for that treatment. If the service is denied, you will still have the right to appeal the decision.

HOW DOES PRIOR AUTHORIZATION WORK?

- Prior authorization is required on certain (not all) procedures, services and prescriptions of medicines.
- The provider is required to determine what procedure requires prior authorization and has tools available to help them do that. You can also see what requires prior authorization in the section below on "Services That Need Prior Authorization".
- If a procedure, service, or prescription of a medication is needed that requires prior authorization, your provider will contact us for that prior authorization. The request must come from your provider.
- After Blue Cross of Idaho receives the prior authorization request from your provider and reviews 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.

- If it has been approved, you can move forward with the procedure, service or prescription. Your provider will be able to discuss the approval with you and answer any questions.
- If we review the claim for a service that required a prior authorization and prior authorization was given it will be processed normally and the procedure, service or prescription can be moved forward.
- If the prior authorization is denied with your provider, a letter will be mailed to you stating why the requested treatment or medical device was denied, what criteria was used to make the decision (Blue Cross of Idaho Medical Policies, InterQual evidence based clinical criteria, etc.), and a suggestion to discuss alternative treatment with your provider. This same letter will be sent to your provider by fax immediately upon the decision being reached.
- You can follow-up with your provider to see if there are alternative treatments available.

WHAT HAPPENS IF I DON'T GET PRIOR AUTHORIZATION?

If a prior authorization is required for a procedure, service or medication and your provider has not gotten it before treating you, payment may be denied. If a service is denied and there wasn't prior authorization, you can still appeal our decision using the Blue Cross of Idaho appeal process.

WHAT SERVICES NEED PRIOR AUTHORIZATION?

You can find a list of services that require prior authorization by:

- Calling Customer Service at the number on the back of your member ID card
- Reviewing the prior authorization list when you log in to your member account at ***members.bcidaho.com***. From there, select ***Coverage***, then ***Medical*** and scroll down to the ***Prior Authorization*** benefit. To see a list of prescriptions that require prior authorization in your account, select ***Pharmacy***, scroll down and click on ***View*** under the section, ***View a complete list of covered drugs and requirements***. You can click in to see both formulary and prior authorization requirements in the ***Coverage information*** section. If there is a "PA" listed next to a drug name in the formulary, then a prior authorization is required.
- Reading your member contract

Prior authorization is part of the process we call Utilization Management (UM). UM is what we call the work we do to make sure you get the right healthcare at the right time and pay the right price.

To do that, our UM team looks at healthcare services to make sure they are the right treatments. They will compare the treatment requested by your provider with established national and local medical guidelines.

Member Rights and Responsibilities

Blue Cross of Idaho recognizes the specific needs of and maintains a mutually respectful relationship with members.

The organization's member rights and responsibilities statement specifies that members have:

1. A right to get information about Blue Cross of Idaho, our services, our healthcare providers and member rights and responsibilities.
2. A right to be treated with respect and understanding of your dignity and your right to privacy.
3. A right to help your healthcare providers make choices about your healthcare.
4. A right to an open discussion of suitable or medically needed treatments for your health conditions, regardless of cost or benefit coverage.
5. A right to voice complaints or appeals about Blue Cross of Idaho or the care you receive from healthcare providers who accept Blue Cross of Idaho health insurance.
6. A right to make suggestions about Blue Cross of Idaho's member rights and responsibilities policy.
7. A responsibility to give information (as you are able to) that Blue Cross of Idaho's healthcare providers need to give you care.
8. A responsibility to follow plans and directions for care that you agree to with your healthcare providers.
9. A responsibility to understand your health problems and help develop treatment goals you and your healthcare provider agree on, to the greatest extent possible.

TECHNOLOGY AND BENEFITS

To ensure you have access to safe and effective care, our Healthcare Operations Department reviews new and existing medical technology, procedures, medications and treatments to make sure they are necessary and effective methods. And because healthcare is constantly changing, Healthcare Operations never stops.

Our Healthcare Operations team includes healthcare professionals who take a look at new technology, treatments or medications to decide whether:

- The technology received final approval from government agencies such as the Food and Drug Administration (FDA).
- There's solid scientific evidence that the technology is a good health therapy.
- The benefits outweigh any harmful effects or risks.
- The technology improves health outcomes as much as or more than current treatments. Once a treatment is approved as a covered benefit under your Blue Cross of Idaho health insurance, your provider may still need prior authorization before giving you that treatment. Your provider will likely take care of contacting us if you need prior authorization for a recommended treatment, but you can also call us yourself.

If you receive services from one of Blue Cross of Idaho's contracting providers without getting prior authorization, and we deny payment for the services, you are not financially responsible. However, if you receive services that are not medically necessary from a provider who does not have a Blue Cross of Idaho contract, you may be responsible for the entire cost of the services.

DISCRIMINATION IS AGAINST THE LAW

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.

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).

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/smartscreen/main.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 ***https://www.hhs.gov/ocr/complaints/index.html***.

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 مجانًا اتصل على 1-800-627-1188 (للصم 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.

Nepali: ध्यान दनिुहोस्: तपार्इंले नेपाली बोल्नुहुन्छ भने तपार्इंको नमिति भाषा सहायता सेवाहरू नःिशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 **(**टटिविाइ**:** 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).

Y0010_MK25507_C

Form No. 3-1187 (08-25)

Have more questions?

If you want more information, go to ***members.bcidaho.com*** or call customer service at 208-810-2877.

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.

3000 East Pine Avenue
Meridian, Idaho 83642-5995

Customer Service: 208-810-2877