Medicare Advantage

Enrollment Guide

2027 PLAN YEAR

St. Luke's Advantage Rx 01 (HMO)
St. Luke's Advantage Rx 02 (HMO)
St. Luke's Advantage Rx 03 (HMO)

medicare.stlukeshealthplan.org

St Luke's HEALTH PLAN

Your Medicare Advantage Summary of Benefits is here.

Please see the summary that aligns with your county of residence:

- St. Luke's Advantage Rx **01** (HMO) – Ada, Canyon and Elmore
- St. Luke's Advantage Rx **02** (HMO) – Blaine and Valley
- St. Luke's Advantage Rx **03** (HMO) – Jerome and Twin Falls

Choosing to enroll?

If you choose to enroll, please review the helpful pre-enrollment checklist included in this packet.

Your enrollment methods include:

1. Mail the enrollment form in this guide to the address listed.
2. Enroll online at medicare.stlukeshealthplan.org/enroll.
3. Call one of our licensed sales agents or a local broker. Before your conversation, you'll need to sign the Scope of Appointment Form required by Medicare, which gives permission for the discussion. Signing it does not mean you have to enroll.

Have questions?

Our sales team can be reached at 833-840-1216 (TTY users call 711). We are available every day from 8 a.m. to 8 p.m. (MT) October 1 to March 31, and Monday to Friday from 8 a.m. to 8 p.m. (MT) April 1 to September 30.

What's next?

You will receive a confirmation letter that your enrollment has been approved. Watch your mail for your member ID card to arrive prior to your effective date of coverage. If you enroll during the Annual Enrollment Period (AEP), your member ID card will be mailed no later than December 15. For all other enrollments, it will be sent within 10 days of application approval.

Thank you for considering St. Luke's Health Plan.

St. Luke's Advantage Rx (HMO) is a Medicare Advantage plan with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in St. Luke's Advantage Rx (HMO) depends on contract renewal. This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premiums and cost sharing may vary by plan and county. By reviewing this guide, you are not required to enroll.

Summary of Benefits 2027

St. Luke's Advantage Rx 01 (HMO)

The Summary of Benefits is meant to help you understand what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete description of your plan, see your Evidence of Coverage (EOC) on our website at **medicare.stlukeshealthplan.org** or contact us for a copy.

Who can join St. Luke's Advantage Rx 01 (HMO)?

To join this Medicare Advantage plan, you must be enrolled in Medicare Part A and Part B and your permanent residence is in one of these counties: **Ada, Canyon and Elmore.**

If you want to compare other Medicare health plans, use the Medicare Plan Finder on **medicare.gov** or ask other health plans for their Summary of Benefits booklets.

If you want to know more about the coverage and costs of Original Medicare, review the current "Medicare & You" handbook, available online at **medicare.gov**, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (excluding some federal holidays). TTY users call 1-877-486-2048.

What is an HMO plan?

A Health Maintenance Organization (HMO) Medicare Advantage plan uses a network of doctors, hospitals, pharmacies and other providers. With our St. Luke's Advantage Rx 01 (HMO) plan, you must receive care within our network—except in emergencies or when you need urgent care outside the area.

You can access our provider directory online at **medicare.stlukeshealthplan.org/find-a-doctor**, or call us if you require a printed copy.

Part D prescription drugs.

The St. Luke's Advantage Rx plan covers Part D prescription drugs.

You can find our drug formulary on our website at **medicare.stlukeshealthplan.org/druglist** as well as a list of participating pharmacies at **medicare.stlukeshealthplan.org/pharmacies**.

Need assistance? The Pharmacy Help Desk is available 24 hours a day, seven days a week: 833-840-2573 (TTY users call 711).

How to reach customer service.

We accept all relay calls. Language assistance services and auxiliary aids are available at no cost.

Call: 833-840-1214 (TTY users call 711)

Hours: October 1 to March 31
Seven days a week, 8 a.m. to 8 p.m. (MT)

April 1 to September 30
Monday to Friday, 8 a.m. to 8 p.m. (MT)

PREMIUMS, DEDUCTIBLES AND LIMITS	COST
Monthly plan premium You must continue to pay your Medicare Part B premium.	$77
Medical deductible These services apply to the medical deductible: • Inpatient care, including hospital and psychiatric admission • Ambulatory surgical services • Outpatient hospital care and observation services • Durable medical equipment (DME) • Medicare Part B drugs (including chemotherapy and radiation) • Outpatient blood services Refer to the Evidence of Coverage for details.	$250
Pharmacy deductible Applies to Tier 3, 4 and 5 drugs. Deductible doesn't apply to covered insulin.	$299
Maximum out-of-pocket The most you pay out-of-pocket during the calendar year for covered services and supplies; you will still be responsible for your monthly premiums. Supplemental benefit costs do not apply to the maximum out-of-pocket limit.	$5,950

MEDICAL BENEFITS	COST
Inpatient hospital care Covers an unlimited number of days for an inpatient hospital stay; prior authorization may be required	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient hospital and ambulatory surgical center services	$0-$400 copay after deductible Copay amount varies by service
Doctor's office visits Primary care provider (PCP) or specialist	$0 copay (PCP) $30 copay (specialist)
Medicare-approved preventive care Including annual wellness exam, recommended screenings and immunizations for the flu, pneumonia and COVID-19	$0 copay

MEDICAL BENEFITS	COST
Emergency care Copay waived if admitted to the hospital within 24 hours; includes emergency care obtained outside the U.S.	$130 copay
Diagnostic radiology services Outpatient diagnostic radiology services (CT, MRI, PET, nuclear medicine, mammography)	$0-$300 copay Copay amount varies by service
Outpatient X-rays	$15 copay
Therapeutic radiology	20% coinsurance
Lab services Including A1c and Protime Testing	$0 copay
Genetic testing Prior authorization may be required for testing and analysis	20% coinsurance
Skilled nursing facility Prior authorization required; limited up to 100 days per benefit period; no prior hospital stay required	Days 1-20: $0 copay per day Days 21-100: $221 copay per day
Durable medical equipment and supplies Prior authorization may be required	20% coinsurance after deductible
Ambulance (worldwide coverage) Prior authorization required for non-emergency transportation; includes ground and air transport	$295 copay per one-way transport
Part B drug coverage Prior authorization or step therapy is required for some drugs; insulin is covered up to a maximum of $35 per month supply	20% coinsurance after deductible; insulin not subject to deductible

MENTAL HEALTHCARE	COST
Inpatient psychiatric services Prior authorization may be required; 190-day lifetime limit for care not provided in a general hospital	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient services Per group or individual therapy visit	$0 copay

ALTERNATIVE CARE	COST
Non-Medicare-covered acupuncture visits No prior authorization required; maximum 18 visits per calendar year	$30 copay
Medicare-covered acupuncture visits For chronic low back pain; maximum 20 visits per calendar year	$30 copay
Medicare-covered chiropractic visits Prior authorization required after 18 visits	$15 copay
Occupational, physical or speech therapy visits Prior authorization is required after the 20th combined visit	$20 copay

Extra benefits.

Here are some more benefits provided under your plan.

HEARING	COST
Routine or Medicare-covered hearing exam One per calendar year	$0 copay
Hearing aid allowance Applies to one or two hearing aids once every three years	$1,000 allowance

VISION	COST
Routine eye exam Including exam to treat glaucoma and diabetic retinopathy	$0 copay
Routine prescription eyeglasses or contact lenses Covered once per calendar year	$150 reimbursement
Eyeglasses or contact lenses after cataract surgery	$0 copay

PREVENTIVE DENTAL	COST
Oral exams Up to two per calendar year	$0 copay
Routine or periodontal maintenance cleaning Up to two per calendar year combined	$0 copay
Dental x-rays Covers bitewings once per calendar year and full-mouth x-rays once every five years from last date of service	$0 copay

Dental benefits are administered by Delta Dental of Idaho. Services are covered when received from participating Delta Dental network providers. Out-of-network services are not covered. Limitations, exclusions and eligibility requirements may apply. Refer to the Evidence of Coverage (EOC) for complete details.

OTHER	COST
Foot care Routine podiatry services including diagnosis and treatment of injuries or conditions; limit six visits per calendar year; copays for these services do not apply to maximum out-of-pocket	$30 copay
Cancer screenings and oncology office visits Includes one supplemental breast screening per calendar year (such as breast MRI or ultrasound) for high-risk individuals when medically necessary	$0 copay
St. Luke's On-Demand Virtual Care Same-day visit with a St. Luke's provider; extended evening and weekend hours	$0 copay
St. Luke's Lifestyle Medicine Comprehensive program for lifestyle and behavior change	$0 copay

Your prescription benefits.

Pharmacy deductible: You are responsible for the cost of your prescription drugs until you have met the deductible.

Tiers 1 and 2: $0
Tiers 3, 4 and 5: $299

Insulin: Your deductible does not apply to covered insulin; you won't pay more than $35 per one-month supply of each covered insulin product, regardless of the cost-sharing tier.

You may pay less for certain drugs if you get a 100-day supply. Covered insulin costs no more than $70 for a two- or three-month supply.

The cost-sharing table below shows what you will pay for your prescription medications. During the initial coverage stage, you pay your copay/coinsurance and the rest is covered by the plan.

RETAIL PHARMACY	1-30 DAYS
Tier 1: Preferred generic	$0
Tier 2: Generic	$5
Tier 3: Preferred brand	25%
Tier 4: Non-preferred	35%
Tier 5: Specialty	30%

Out-of-pocket costs (copay or coinsurance) up to $2,400, your share is:

When your out-of-pocket drug costs reach the $2,400 annual out-of-pocket cost set by Medicare, the plan pays the full cost for your covered drugs for the rest of the calendar year.

Review the full list of tiers and drug formularies at **medicare.stlukeshealthplan.org/druglist**. Part D pharmacy benefits administration is managed by Judi Rx.

Need help paying for prescriptions?

The Medicare Prescription Payment Plan is an option that works with your current drug coverage to help you manage your out-of-pocket drug costs by spreading them across monthly payments throughout the year. It may help you manage your expenses; it does not save you money or lower your drug costs. Participation is voluntary. To learn more and see if this payment option is right for you, visit **medicare.gov/prescription-payment-plan**.

Disclaimers

The information provided is a brief summary of your benefits, not a complete description. Limitations, copays and restrictions may apply. See your Evidence of Coverage (EOC) for the specific details of your plan.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service team or see your EOC for more information, including cost-sharing for out-of-network services.

St. Luke's Advantage Rx 01 (HMO) is a Medicare Advantage plan with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in St. Luke's Advantage Rx (HMO) depends on contract renewal.

Summary of Benefits 2027

St. Luke's Advantage Rx 02 (HMO)

The Summary of Benefits is meant to help you understand what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete description of your plan, see your Evidence of Coverage (EOC) on our website at **medicare.stlukeshealthplan.org** or contact us for a copy.

Who can join St. Luke's Advantage Rx 02 (HMO)?

To join this Medicare Advantage plan, you must be enrolled in Medicare Part A and Part B and your permanent residence is in one of these counties: **Blaine and Valley.**

If you want to compare other Medicare health plans, use the Medicare Plan Finder on **medicare.gov** or ask other health plans for their Summary of Benefits booklets.

If you want to know more about the coverage and costs of Original Medicare, review the current "Medicare & You" handbook, available online at **medicare.gov**, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (excluding some federal holidays). TTY users call 1-877-486-2048.

What is an HMO plan?

A Health Maintenance Organization (HMO) Medicare Advantage plan uses a network of doctors, hospitals, pharmacies and other providers. With our St. Luke's Advantage Rx 02 (HMO) plan, you must receive care within our network—except in emergencies or when you need urgent care outside the area.

You can access our provider directory online at **medicare.stlukeshealthplan.org/find-a-doctor**, or call us if you require a printed copy.

Part D prescription drugs.

The St. Luke's Advantage Rx plan covers Part D prescription drugs.

You can find our drug formulary on our website at **medicare.stlukeshealthplan.org/druglist** as well as a list of participating pharmacies at **medicare.stlukeshealthplan.org/pharmacies**.

Need assistance? The Pharmacy Help Desk is available 24 hours a day, seven days a week: 833-840-2573 (TTY users call 711).

How to reach customer service.

We accept all relay calls. Language assistance services and auxiliary aids are available at no cost.

Call: 833-840-1214 (TTY users call 711)

Hours: October 1 to March 31
Seven days a week, 8 a.m. to 8 p.m. (MT)

April 1 to September 30
Monday to Friday, 8 a.m. to 8 p.m. (MT)

PREMIUMS, DEDUCTIBLES AND LIMITS	COST
Monthly plan premium You must continue to pay your Medicare Part B premium.	$142
Medical deductible These services apply to the medical deductible: • Inpatient care, including hospital and psychiatric admission • Ambulatory surgical services • Outpatient hospital care and observation services • Durable medical equipment (DME) • Medicare Part B drugs (including chemotherapy and radiation) • Outpatient blood services Refer to the Evidence of Coverage for details.	$500
Pharmacy deductible Applies to Tier 3, 4 and 5 drugs. Deductible doesn't apply to covered insulin.	$299
Maximum out-of-pocket The most you pay out-of-pocket during the calendar year for covered services and supplies; you will still be responsible for your monthly premiums. Supplemental benefit costs do not apply to the maximum out-of-pocket limit.	$6,950

MEDICAL BENEFITS	COST
Inpatient hospital care Covers an unlimited number of days for an inpatient hospital stay; prior authorization may be required	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient hospital and ambulatory surgical center services	$0-$400 copay after deductible Copay amount varies by service
Doctor's office visits Primary care provider (PCP) or specialist	$0 copay (PCP) $30 copay (specialist)
Medicare-approved preventive care Including annual wellness exam, recommended screenings and immunizations for the flu, pneumonia and COVID-19	$0 copay

MEDICAL BENEFITS	COST
Emergency care Copay waived if admitted to the hospital within 24 hours; includes emergency care obtained outside the U.S.	$130 copay
Diagnostic radiology services Outpatient diagnostic radiology services (CT, MRI, PET, nuclear medicine, mammography)	$0-$300 copay Copay amount varies by service
Outpatient X-rays	$15 copay
Therapeutic radiology	20% coinsurance
Lab services Including A1c and Protime Testing	$0 copay
Genetic testing Prior authorization may be required for testing and analysis	20% coinsurance
Skilled nursing facility Prior authorization required; limited up to 100 days per benefit period; no prior hospital stay required	Days 1-20: $0 copay per day Days 21-100: $221 copay per day
Durable medical equipment and supplies Prior authorization may be required	20% coinsurance after deductible
Ambulance (worldwide coverage) Prior authorization required for non-emergency transportation; includes ground and air transport	$295 copay per one-way transport
Part B drug coverage Prior authorization or step therapy is required for some drugs; insulin is covered up to a maximum of $35 per month supply	20% coinsurance after deductible; insulin not subject to deductible

MENTAL HEALTHCARE	COST
Inpatient psychiatric services Prior authorization may be required; 190-day lifetime limit for care not provided in a general hospital	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient services Per group or individual therapy visit	$0 copay

ALTERNATIVE CARE	COST
Non-Medicare-covered acupuncture visits No prior authorization required; maximum 18 visits per calendar year	$30 copay
Medicare-covered acupuncture visits For chronic low back pain; maximum 20 visits per calendar year	$30 copay
Medicare-covered chiropractic visits Prior authorization required after 18 visits	$15 copay
Occupational, physical or speech therapy visits Prior authorization is required after the 20th combined visit	$20 copay

Extra benefits.

Here are some more benefits provided under your plan.

HEARING	COST
Routine or Medicare-covered hearing exam One per calendar year	$0 copay
Hearing aid allowance Applies to one or two hearing aids once every three years	$1,000 allowance

VISION	COST
Routine eye exam Including exam to treat glaucoma and diabetic retinopathy	$0 copay
Routine prescription eyeglasses or contact lenses Covered once per calendar year	$150 reimbursement
Eyeglasses or contact lenses after cataract surgery	$0 copay

PREVENTIVE DENTAL	COST
Oral exams Up to two per calendar year	$0 copay
Routine or periodontal maintenance cleaning Up to two per calendar year combined	$0 copay
Dental x-rays Covers bitewings once per calendar year and full-mouth x-rays once every five years from last date of service	$0 copay

Dental benefits are administered by Delta Dental of Idaho. Services are covered when received from participating Delta Dental network providers. Out-of-network services are not covered. Limitations, exclusions and eligibility requirements may apply. Refer to the Evidence of Coverage (EOC) for complete details.

OTHER	COST
Foot care Routine podiatry services including diagnosis and treatment of injuries or conditions; limit six visits per calendar year; copays for these services do not apply to maximum out-of-pocket	$30 copay
Cancer screenings and oncology office visits Includes one supplemental breast screening per calendar year (such as breast MRI or ultrasound) for high-risk individuals when medically necessary	$0 copay
St. Luke's On-Demand Virtual Care Same-day visit with a St. Luke's provider; extended evening and weekend hours	$0 copay
St. Luke's Lifestyle Medicine Comprehensive program for lifestyle and behavior change	$0 copay

Your prescription benefits.

Pharmacy deductible: You are responsible for the cost of your prescription drugs until you have met the deductible.

Tiers 1 and 2: $0
Tiers 3, 4 and 5: $299

Insulin: Your deductible does not apply to covered insulin; you won't pay more than $35 per one-month supply of each covered insulin product, regardless of the cost-sharing tier.

You may pay less for certain drugs if you get a 100-day supply. Covered insulin costs no more than $70 for a two- or three-month supply.

The cost-sharing table below shows what you will pay for your prescription medications. During the initial coverage stage, you pay your copay/coinsurance and the rest is covered by the plan.

RETAIL PHARMACY	1-30 DAYS
Tier 1: Preferred generic	$0
Tier 2: Generic	$5
Tier 3: Preferred brand	25%
Tier 4: Non-preferred	35%
Tier 5: Specialty	30%

Out-of-pocket costs (copay or coinsurance) up to $2,400, your share is:

When your out-of-pocket drug costs reach the $2,400 annual out-of-pocket cost set by Medicare, the plan pays the full cost for your covered drugs for the rest of the calendar year.

Review the full list of tiers and drug formularies at **medicare.stlukeshealthplan.org/druglist**. Part D pharmacy benefits administration is managed by Judi Rx.

Need help paying for prescriptions?

The Medicare Prescription Payment Plan is an option that works with your current drug coverage to help you manage your out-of-pocket drug costs by spreading them across monthly payments throughout the year. It may help you manage your expenses; it does not save you money or lower your drug costs. Participation is voluntary. To learn more and see if this payment option is right for you, visit **medicare.gov/prescription-payment-plan**.

Disclaimers

The information provided is a brief summary of your benefits, not a complete description. Limitations, copays and restrictions may apply. See your Evidence of Coverage (EOC) for the specific details of your plan.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service team or see your EOC for more information, including cost-sharing for out-of-network services.

St. Luke's Advantage Rx 02 (HMO) is a Medicare Advantage plan with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in St. Luke's Advantage Rx (HMO) depends on contract renewal.

Summary of Benefits 2027

St. Luke's Advantage Rx 03 (HMO)

The Summary of Benefits is meant to help you understand what we cover and what you pay. It doesn't list every service we cover or every limitation or exclusion. To get a complete description of your plan, see your Evidence of Coverage (EOC) on our website at **medicare.stlukeshealthplan.org** or contact us for a copy.

Who can join St. Luke's Advantage Rx 03 (HMO)?

To join this Medicare Advantage plan, you must be enrolled in Medicare Part A and Part B and your permanent residence is in one of these counties: **Jerome and Twin Falls.**

If you want to compare other Medicare health plans, use the Medicare Plan Finder on **medicare.gov** or ask other health plans for their Summary of Benefits booklets.

If you want to know more about the coverage and costs of Original Medicare, review the current "Medicare & You" handbook, available online at **medicare.gov**, or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (excluding some federal holidays). TTY users call 1-877-486-2048.

What is an HMO plan?

A Health Maintenance Organization (HMO) Medicare Advantage plan uses a network of doctors, hospitals, pharmacies and other providers. With our St. Luke's Advantage Rx 03 (HMO) plan, you must receive care within our network—except in emergencies or when you need urgent care outside the area.

You can access our provider directory online at **medicare.stlukeshealthplan.org/find-a-doctor**, or call us if you require a printed copy.

Part D prescription drugs.

The St. Luke's Advantage Rx plan covers Part D prescription drugs.

You can find our drug formulary on our website at **medicare.stlukeshealthplan.org/druglist** as well as a list of participating pharmacies at **medicare.stlukeshealthplan.org/pharmacies**.

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PREMIUMS, DEDUCTIBLES AND LIMITS	COST
Monthly plan premium You must continue to pay your Medicare Part B premium.	$107
Medical deductible These services apply to the medical deductible: • Inpatient care, including hospital and psychiatric admission • Ambulatory surgical services • Outpatient hospital care and observation services • Durable medical equipment (DME) • Medicare Part B drugs (including chemotherapy and radiation) • Outpatient blood services Refer to the Evidence of Coverage for details.	$250
Pharmacy deductible Applies to Tier 3, 4 and 5 drugs. Deductible doesn't apply to covered insulin.	$299
Maximum out-of-pocket The most you pay out-of-pocket during the calendar year for covered services and supplies; you will still be responsible for your monthly premiums. Supplemental benefit costs do not apply to the maximum out-of-pocket limit.	$5,950

MEDICAL BENEFITS	COST
Inpatient hospital care Covers an unlimited number of days for an inpatient hospital stay; prior authorization may be required	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient hospital and ambulatory surgical center services	$0-$400 copay after deductible Copay amount varies by service
Doctor's office visits Primary care provider (PCP) or specialist	$0 copay (PCP) $30 copay (specialist)
Medicare-approved preventive care Including annual wellness exam, recommended screenings and immunizations for the flu, pneumonia and COVID-19	$0 copay

MEDICAL BENEFITS	COST
Emergency care Copay waived if admitted to the hospital within 24 hours; includes emergency care obtained outside the U.S.	$130 copay
Diagnostic radiology services Outpatient diagnostic radiology services (CT, MRI, PET, nuclear medicine, mammography)	$0-$300 copay Copay amount varies by service
Outpatient X-rays	$15 copay
Therapeutic radiology	20% coinsurance
Lab services Including A1c and Protime Testing	$0 copay
Genetic testing Prior authorization may be required for testing and analysis	20% coinsurance
Skilled nursing facility Prior authorization required; limited up to 100 days per benefit period; no prior hospital stay required	Days 1-20: $0 copay per day Days 21-100: $221 copay per day
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Ambulance (worldwide coverage) Prior authorization required for non-emergency transportation; includes ground and air transport	$295 copay per one-way transport
Part B drug coverage Prior authorization or step therapy is required for some drugs; insulin is covered up to a maximum of $35 per month supply	20% coinsurance after deductible; insulin not subject to deductible

MENTAL HEALTHCARE	COST
Inpatient psychiatric services Prior authorization may be required; 190-day lifetime limit for care not provided in a general hospital	**After deductible:** Days 1-5: $400 copay per day Days 6+: $0 copay per day
Outpatient services Per group or individual therapy visit	$0 copay

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Extra benefits.

Here are some more benefits provided under your plan.

HEARING	COST
Routine or Medicare-covered hearing exam One per calendar year	$0 copay
Hearing aid allowance Applies to one or two hearing aids once every three years	$1,000 allowance

VISION	COST
Routine eye exam Including exam to treat glaucoma and diabetic retinopathy	$0 copay
Routine prescription eyeglasses or contact lenses Covered once per calendar year	$150 reimbursement
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PREVENTIVE DENTAL	COST
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OTHER	COST
Foot care Routine podiatry services including diagnosis and treatment of injuries or conditions; limit six visits per calendar year; copays for these services do not apply to maximum out-of-pocket	$30 copay
Cancer screenings and oncology office visits Includes one supplemental breast screening per calendar year (such as breast MRI or ultrasound) for high-risk individuals when medically necessary	$0 copay
St. Luke's On-Demand Virtual Care Same-day visit with a St. Luke's provider; extended evening and weekend hours	$0 copay
St. Luke's Lifestyle Medicine Comprehensive program for lifestyle and behavior change	$0 copay

Your prescription benefits.

Pharmacy deductible: You are responsible for the cost of your prescription drugs until you have met the deductible.

Tiers 1 and 2: $0
Tiers 3, 4 and 5: $299

Insulin: Your deductible does not apply to covered insulin; you won't pay more than $35 per one-month supply of each covered insulin product, regardless of the cost-sharing tier.

You may pay less for certain drugs if you get a 100-day supply. Covered insulin costs no more than $70 for a two- or three-month supply.

The cost-sharing table below shows what you will pay for your prescription medications. During the initial coverage stage, you pay your copay/coinsurance and the rest is covered by the plan.

RETAIL PHARMACY	1-30 DAYS
Tier 1: Preferred generic	$0
Tier 2: Generic	$5
Tier 3: Preferred brand	25%
Tier 4: Non-preferred	35%
Tier 5: Specialty	30%

Out-of-pocket costs (copay or coinsurance) up to $2,400, your share is:

When your out-of-pocket drug costs reach the $2,400 annual out-of-pocket cost set by Medicare, the plan pays the full cost for your covered drugs for the rest of the calendar year.

Review the full list of tiers and drug formularies at **medicare.stlukeshealthplan.org/druglist**. Part D pharmacy benefits administration is managed by Judi Rx.

Need help paying for prescriptions?

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Disclaimers

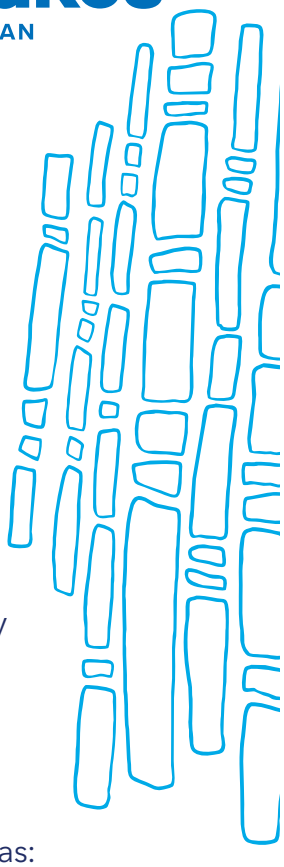
The information provided is a brief summary of your benefits, not a complete description. Limitations, copays and restrictions may apply. See your Evidence of Coverage (EOC) for the specific details of your plan.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service team or see your EOC for more information, including cost-sharing for out-of-network services.

St. Luke's Advantage Rx 03 (HMO) is a Medicare Advantage plan with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in St. Luke's Advantage Rx (HMO) depends on contract renewal.

St. Luke's Health Plan Nondiscrimination Notice

St. Luke's Health Plan will not discriminate against any eligible individuals based on race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity and sex stereotypes). St. Luke's Health Plan will not terminate any eligible individual because of the health status or the healthcare needs of the eligible individual, or because they exercised any right under St. Luke's Health Plan's complaint resolution system.



St. Luke's Health Plan:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact customer service at the toll-free number shown on your ID card and ask a customer service associate for assistance or visit stlukeshealthplan.org/legal/accessibility for more information.

If you believe that St. Luke's Health Plan has failed to provide these services or discriminated in another way, please contact our compliance officer and section 1557 coordinator at 208-385-3167. Additionally, you can also file a grievance by sending an email to **complaints@stlukeshealthplan.org**, or by writing to the following address:
St. Luke's Health Plan
800 E Park Blvd.
Boise, ID 83712

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to **complaints@stlukeshealthplan.org**. 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 **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, 1-800-537-7697 (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

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St. Luke's Health Plan provides free language services to people whose primary language is not English, including qualified interpreters or information written in other languages.

If you need help in a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Please call St. Luke's Health Plan at 1-833-478-5853.

Spanish	Farsi
Si necesita ayuda en [Español], llame a St. Luke's Health Plan al 1-833-478-5853. Este es un servicio gratis.	اگر به زبان [فارسی] نیاز به کمک دارید، با «طرح سلامت St. Luke به شماره 1-833-478-5853 تماس بگیرید. این خدمات رایگان است.
Arabic	**Nepali**
إذا كنت تحتاج إلى المساعدة في [العربيةّ]، الرجاء الاتصال بـ St. Luke's Health Plan على رقم 1-833-478-5853. هذه خدمة مجانية.	तपाईंलाई [नेपाली] मा मद्दत चाहिन्छ भने St. Luke's Health Plan लाई 1-833-478-5853 मा फोन गर्नुहोस्। यो एउटा नि: शुल्क सेवा हो।
Kiswahili (Swahili)	**Kirundi**
Ikiwa unahitaji usaidizi katika [Kiswahili], pigia St. Luke's Health Plan kwa 1-833-478-5853. Huduma hii hailipiswhi.	Mu gihe woba ukeneye ubufasha mu [kirundi], hamagara St. Luke's Health Plan kuri 1-833-478-5853. Bikorwa k'ubuntu.
Russian	**Burmese**
Если вам нужна помощь на [русском], позвоните в клинику Святого Луки по номеру 1-833-478-5853. Это бесплатная услуга.	[မြန်မာ] ဘာသာစကားအကူအညီရယူလိုပါက St. Luke's Health Plan ၊ ဖုန်း- 1-833-478-5853 သို့ ခေါ်ဆိုပါ။ ၎င်းသည် အခမဲ့ဝန်ဆောင်မှုဖြစ်ပါသည်။
Ukrainian	**Romanian**
Якщо вам потрібна допомога [українською], зателефонуйте до клініки Святого Луки за номером 1-833-478-5853. Це безкоштовна послуга.	Dacă aveți nevoie de ajutor în [română], sunați la St. Luke's Health Plan la numărul 1-833-478-5853. Acesta este un serviciu gratuit.
Japanese	**French**
[日本語]でのサポートが必要な場合、St. Luke's Health Plan (1-833-478-5853) までお電話ください。これは無料サービスです。	Si vous avez besoin d'aide en [français] , veuillez appeler St. Luke's Health Plan en composant le 1 833 478 5853. Ce service est proposé gratuitement.
Chinese	**Vietnamese**
如果您需要［简体中文］方面的帮助，请致电 1-833-478-5853 与 St. Luke's Health Plan 联系。此项服务免费。	Nếu quý vị cần hỗ trợ bằng [tiếng Việt], hãy gọi St. Luke's Health Plan qua số 1-833-478-5853. Đây là dịch vụ miễn phí.
	Korean
	[한국어]로 도움이 필요한 경우, 1-833-478-5853번으로 St. Luke's Health Plan에게 전화하십시오. 본 서비스는 무료로 제공됩니다.

St Luke's HEALTH PLAN

2027 Enrollment Form

Who can use this form?
People with Medicare who want to join a Medicare Advantage (MA) Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?
You can join a plan:

- Between October 15 – December 7 each year (for coverage starting January 1)
- Within three months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit *Medicare.gov* to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare ID number (the number on your red, white and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items Section 1. The items in Section 2 are optional- you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall Annual Enrollment Period (October 15 – December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?
Send your completed and signed form to:

St. Luke's Health Plan
Attn: MA Enrollment
PO Box 1739
Boise, ID 83702

Email: slplanenrollment@slhealthplan.org

Or enroll online at medicare.stlukeshealthplan.org. Once they process your request to join, they'll contact you.

How do I get help with this form?
Call St. Luke's Health Plan at **833-840-1216 (TTY: 711)**, or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, seven days a week.

En español: Llame St. Luke's Health Plan al **833-840-1216 (TTY: 711)** o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness
If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., Social Security checks) may be considered your permanent residence address.

OMB No. 0938-1378 Expires: 02/28/2029

Section 1: All questions in this section are mandatory (unless marked optional)

Confirm the plan you are applying for by checking the box below:

☐ **St. Luke's Advantage Rx 01 (HMO)** – H3012-001
$77/month. Available in Ada, Canyon & Elmore counties only

☐ **St. Luke's Advantage Rx 02 (HMO)** – H3012-002
$142/month. Available in Blaine & Valley counties only

☐ **St. Luke's Advantage Rx 03 (HMO)** – H3012-003
$107/month. Available in Jerome & Twin Falls counties only

Your Information

First Name:	**Last Name:**	**M.I.**

Birth Date:	**Sex:** ☐ Male ☐ Female	**Telephone:**	**Alt. Telephone** (optional)**:**

Email Address (optional)**:**	**County** (optional)**:**

Medicare Beneficiary Identifier (MBI): *The number on your red, white and blue Medicare card*	(Optional) Part A Effective Date: Part B Effective Date:

Permanent residence street address. (Don't enter a P.O. Box. Note: For individuals experiencing homelessness, a P.O. Box may be considered your permanent residence address):

Street Address:	**City:**	**State:**	**Zip Code:**

Mailing address, if different from your permanent address (P.O. Box allowed):

Address:	**City:**	**State:**	**Zip Code:**

Answer These Important Questions

Will you have other prescription drug coverage (such as VA or Tricare) in addition to St. Luke's Health Plan, Inc.?	☐ Yes ☐ No

If you selected Yes:	☐ VA	☐ Tricare	☐ Other (specify):

Member ID for this coverage:	**Coverage Start Date:**
Group ID for this coverage:	**Coverage End Date:**

Section 2: All questions in this section are optional

You are not required to answer the following questions, and you cannot be denied coverage if you choose not to answer. If you have questions, please call 833-840-1214 (TTY: 711), October 1 to March 31, seven days a week from 8 a.m. to 8 p.m. and April 1 to September 30, Monday through Friday, from 8 a.m. to 8 p.m.

Alternate Formats

Select one of the options below if you want information in an accessible format:

☐ Braille ☐ Large Print ☐ Audio CD ☐ Data CD

Current Employment

Do you work? ☐ Yes ☐ No	**Does your spouse work?** ☐ Yes ☐ No

Your Eligibility for Enrollment

Typically, you may enroll in a Medicare Advantage plan only during the Annual Enrollment Period (AEP) from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of these boxes, you are certifying that, to the best of your knowledge, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled. If none of these statements apply to you or you're not sure, you can call **833-840-1216 (TTY: 711)** to see if you are eligible to enroll. We are available October 1 to March 31, seven days a week, from 8 a.m. to 8 p.m. and April 1 to September 30, Monday to Friday from 8 a.m. to 8 p.m.

☐	I am new to Medicare.
☐	I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP) January 1 through March 31.
☐	I recently moved outside of the service area for my current plan or I recently moved and this plan is a new available option for me. I moved or will move on:
☐	I am enrolling during the Annual Enrollment Period (AEP), which runs October 15 – December 7.
☐	I recently was released from incarceration. I was released on:
☐	I recently returned to the United States after living permanently outside the U.S. I moved or will move back to the U.S. on:
☐	I recently obtained lawful presence status in the United States. I got or will get this status on:
☐	I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid). This change happened on:

☐	I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help). This change happened on:
☐	I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP).
☐	I am in a Medicare Advantage Plan and have had Medicare for less than three months. I want to make a change.
☐	I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term acute care facility). I moved/will move into/out of the facility on:
☐	I recently left a PACE (Programs of All-Inclusive Care for the Elderly) program. I left the PACE program on:
☐	I recently involuntarily lost other my creditable prescription drug coverage (coverage that's as good as Medicare prescription drug coverage. I lost my drug coverage on:
☐	I left coverage from my employer or union (including COBRA coverage). I left or will leave on:
☐	I'm in a qualified State Pharmaceutical Assistance Program (SPAP) or I am losing Extra Help from an SPAP.
☐	My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
☐	I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on:
☐	I was enrolled in a Special Needs Plan (SNP) and I want to choose a different plan. My enrollment in that plan started on:
☐	I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on:
☐	I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
☐	I have had Medicare prior to now, but I am now turning 65.
☐	I already have Hospital (Part A) and recently signed up for Medical (Part B). I want to join a Medicare Advantage Plan.
☐	I am in a plan that has had a star rating of less than three stars for the last three years. I want to join a plan with a star rating of three stars or higher.
☐	I requested plan materials in an accessible format and was not given equal time to make an enrollment decision.
☐	Other (please explain):

Select Your Premium Payment Option

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by choosing one of the following options.

If you don't select an option below, and you are currently enrolled on one of our plans, we will keep your current billing option in place. If you are not currently enrolled on one of our plans and you don't select an option below, we will send you a monthly invoice. You can pay that invoice by calling **833-840-1214** (TTY: 711), October 1 to March 31, seven days a week, from 8 a.m. to 8 p.m. and April 1 to September 30, Monday to Friday from 8 a.m. to 8 p.m. or through your MyChart account.

☐ **Automatic deduction from monthly Social Security or Railroad Retirement Board (RRB) benefit check**

The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. You are responsible for paying your premium until we notify you of your start date. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point that withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

I get monthly benefits from: ☐ Social Security ☐ RRB

☐ **Direct pay**

You will receive a monthly invoice for your premium amount. You can pay the invoice by check, by credit card over the phone, or by setting up auto-pay in your MyChart account. Premiums are due by the 1st of the month. You can't set up auto-pay in MyChart until you have been approved to join the plan.

Acknowledgement. Please read and sign below.

- I must keep both Hospital (Part A) and Medical (Part B) to stay in St. Luke's Health Plan, Inc.
- By joining this Medicare Advantage (MA) Plan, I acknowledge that St. Luke's Health Plan, Inc. will share my information with Medicare, who may use it to track my enrollment, to make payment, and for other purposes allowed by federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time, and that enrollment in this plan will automatically end my enrollment in another MA plan. Note: exceptions apply for MA Private Fee-for-Service (PFFS) and Medical Savings Account (MSA) plans.
- I understand that when my St. Luke's Health Plan, Inc. coverage begins, I must get all of my medical and prescription drug benefits from St. Luke's Health Plan, Inc. Benefits and services provided by St. Luke's Health Plan, Inc. and contained in my St. Luke's Health Plan, Inc. Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor St. Luke's Health Plan, Inc. will pay for benefits or services that are not covered.

- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under state law to complete this enrollment.
  2. Documentation of this authority is available upon request by Medicare.

Signature:	**Date:**

☐ Affirmation (in lieu of signature): I understand and agree I am enrolling in a St. Luke's Health Plan Medicare Advantage plan. I affirm I am either the beneficiary or a representative of the beneficiary authorized under Idaho state law to complete this enrollment.

Your relationship to the beneficiary:	☐ Self ☐ Authorized Representative ☐ Other (specify):

If you are the Authorized Representative, sign or affirm above and fill out the fields below. If applicable, please attach a power of attorney or other documentation proving authority.

First and Last Name:	**Telephone:**

Address:	**City & State:**	**Zip:**

This section for Agents/Brokers only:		
Broker/Agent Name (if assisted in enrollment):		
Broker ID:	**Broker Email:**	
Date enrollment form taken by Broker/Agent:		
Enrollment performed via:	☐ Telephone/Teleconference	☐ In-person

2027 Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a representative toll-free at **833-840-1216 (TTY: 711)**, October 1 to March 31, seven days a week, from 8 a.m. to 8 p.m. and April 1 to September 30, Monday to Friday from 8 a.m. to 8 p.m.

Understanding the Benefits	
☐	The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit medicare.stlukeshealthplan.org to view or call **833-840-1214 (TTY: 711)** to request a copy of the EOC.
☐	Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
☐	Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
☐	Review the formulary to make sure your drugs are covered.
Understanding Important Rules	
☐	In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
☐	Benefits, premiums and/or copayments/coinsurance may change on January 1, 2028.
☐	Except in emergency or urgent situations, we do not cover services by out-of-network providers. Out-of-network doctors are those that are not listed in our provider directory.
☐	Effect on Current Coverage: if you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

St Luke's HEALTH PLAN

Scope of Appointment Form

St. Luke's Medicare Advantage

The Centers for Medicare and Medicaid Services (CMS) requires agents and brokers to document the scope of a marketing appointment prior to any sales meeting to ensure understanding of what will be discussed between the agent/broker and the Medicare beneficiary or their authorized representative. All information provided on this form is confidential. The form should be completed by the Medicare beneficiary or their legal, authorized representative.

Please indicate the type of product(s) you want the broker/agent to discuss:	
☐ Medicare Advantage Plans (Part C)	
Beneficiary Information	
Beneficiary First Name:	**Beneficiary Last Name:**
Person Completing the Form	
Your name:	
Your relationship to the beneficiary:	☐ Self ☐ Authorized Representative ☐ Other (please specify):
Signature:	

This Section to be Completed by Broker		
Broker/Agent Name:		
Broker ID:	Broker email:	
Date enrollment form taken by Broker/Agent:		
Enrollment performed via:	☐ Telephone/Teleconference	☐ In-person
Beneficiary Address:	Street:	
	City: State: Zip:	
Date Appointment Completed:		
Plans discussed at this meeting:		

Disclaimer

By signing this form, you agree to a meeting with a sales agent or broker to discuss the product(s) you selected on page 1. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. The person does not work directly for the federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

MEDICARE ADVANTAGE PLANS (PART C)

Medicare Health Maintenance Organization (HMO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan: A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

Medicare Special Needs Plan (SNP): A special type of Medicare Advantage Plan available that provides more focused and specialized health care for specific groups of people, such as those who have both Medicare and Medicaid, who reside in a nursing home, or have certain chronic medical conditions. There are plans available to anyone who has both Medical Assistance from the State and Medicare, plans for people with diabetes, and plans for anyone with Medicare living in an assisted living facility (ALF) or living at home but has complex health issues which require comprehensive care.

Scope of Appointment documentation is subject to CMS record retention requirements and must be saved for at least 10 years and provided to St. Luke's Health Plan upon request. Agents must ensure correct Scope of Appointment form is selected for beneficiary's plan enrollment change.

St. Luke's Advantage Rx (HMO) is a Medicare Advantage plan with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in St. Luke's Advantage Rx (HMO) depends on contract renewal. This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Benefits, premiums and cost sharing may vary by plan and county. By reviewing this guide, you are not required to enroll.

Except in emergency or urgent situations, the plan does not cover services by out-of-network providers. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations.

Preventive dental benefits are administered by Delta Dental of Idaho. Services are covered when received from participating Delta Dental network providers. Out-of-network services are not covered. Limitations, exclusions and eligibility requirements may apply. Participating dentists may be found at **deltadentalid.com** or by calling 800-356-7586 (TTY: 711) for assistance in finding a participating provider.

Pharmacy benefits are administered by Judi Rx. For a complete description of what your plan covers, see the Evidence of Coverage (EOC) online at **medicare.stlukeshealthplan.org**. Limitations, copays, prior authorizations and restrictions may apply. If you need help, our dedicated customer service team is ready to support.

St Luke's
HEALTH PLAN

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