



Individual and Family

Trio HMO Health Plans



Effective
1/24

To get a quote and apply, contact your broker or visit blueshieldca.com/getblue.

Trio HMO from Blue Shield of California

The providers you need within reach

Our Trio HMO plans are designed to limit your costs while giving you access to a quality network of local doctors and hospitals – including Dignity Health, Hoag Memorial, Good Samaritan, John Muir, Loma Linda, Providence, Scripps, St. Joseph, St. Jude, UC San Francisco, and more – often for a lower monthly rate than most PPO plans.

Trio HMO keeps premiums down by working with providers committed to quality outcomes and helping members navigate their coverage and the healthcare system. Choose a primary care physician (PCP) from our Trio ACO HMO Network to guide you in getting the care you need. To find Trio HMO doctors and hospitals in your area, visit blueshieldca.com/networkifphmo.

Where is Trio HMO available?

Trio HMO plans are offered in 28 California counties. To see if Trio HMO plans are available in your area, visit blueshieldca.com/triocheck or contact your broker.

Shield Concierge – One call, many experts

Whether you need help finding a PCP or filling a prescription, have a question about your bill, or would like some health coaching, one call to Shield Concierge can help. Shield Concierge is a team of experts all working together for you. Your Shield Concierge team includes:

- Customer service representatives
- Registered nurses
- Pharmacists
- Pharmacy technicians
- Health coaches
- Social workers

You are covered when you travel

Whether you're traveling for work or pleasure, every Blue Shield HMO plan comes with BlueCard® and Blue Shield Global Core to give you access to emergency and urgent care services throughout the U.S. as well as when traveling abroad.

Your plan options

We have a variety of Trio HMO health plans to choose from. To choose the right plan for you, consider the right mix of monthly premiums and the cost of care. Generally, the higher your monthly premium, the less you'll pay out of pocket when you get care. If you choose a lower monthly premium, you'll pay more out of pocket when you get care.



Platinum

90

Gold

80

Platinum and Gold plans

Platinum and Gold plans have the highest monthly premiums, but with no deductible and lower copays than most Blue Shield plans, these plans are a great choice if you think you'll need care more often.

Silver

70

Silver plans

The Blue Shield Silver 70 HMO plans are a great choice if you see the doctor occasionally and are looking for a good balance between your monthly plan premiums and the cost when you receive care.

Silver

94

Silver

87

We also offer three Silver cost-sharing reduction plans through Covered California that feature lower copays, deductibles, and out-of-pocket maximums for those who meet certain income requirements and other criteria:

Silver

73

- Blue Shield Silver 94 Trio HMO
- Blue Shield Silver 87 Trio HMO
- Blue Shield Silver 73 Trio HMO

Bronze

7500

Bronze plan

This plan offers the lowest monthly premium, but the highest costs when you get care. It is a great choice if you rarely see the doctor and want to be protected in case something goes wrong.

Talk to a doctor from anywhere, anytime

Teladoc provides 24/7/365 access to a network of U.S. board-certified doctors, pediatricians, and mental health professionals who can be consulted on a variety of medical and mental health issues and may prescribe certain medications via phone or online video consultations. There is no copay for this service, and it is available prior to meeting the medical deductible.

Financial assistance

You may be eligible for government financial assistance to help pay your monthly premiums for any Blue Shield Trio HMO plan offered through Covered California. Visit blueshieldca.com/assistance to check your eligibility, or contact your broker or Blue Shield to guide you through the qualification process.





See page 5 for helpful definitions of important medical terms.

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. Plan benefits are only available when using providers in the Trio ACO HMO Network. Services received from providers outside of your medical group are not covered, except for emergency, urgent, and follow-up care.

For complete plan details, visit blueshieldca.com/policies.

You are responsible for all charges up to the allowed charges amount until the deductible is met, if applicable. Then, you will be responsible for the copayment or coinsurance noted in the chart. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Trio ACO HMO Network providers.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible

	Blue Shield Platinum 90 Trio HMO	Blue Shield Gold 80 Trio HMO	Blue Shield Silver 70 Off Exchange Trio HMO	Blue Shield Silver 70 Trio HMO
Plan available through	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield only	Covered California only
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$35	\$50	\$50
Office visit – specialist	\$30	\$65	\$90	\$90
Urgent care visit	\$15	\$35	\$50	\$50
Tier 1 drugs (up to 30-day supply)	\$7	\$15	\$19	\$19
Tier 2 drugs (up to 30-day supply)	\$16	\$60	\$60	\$60
Tier 3 drugs (up to 30-day supply)	\$25	\$85	\$90 ²	\$90 ²
Tier 4 drugs (up to 30-day supply)	10% (up to \$250 per prescription)	20% (up to \$250 per prescription)	20% (up to \$250 per prescription) ²	20% (up to \$250 per prescription) ²
Lab	\$15	\$40	\$50	\$50
X-ray	\$30	\$75	\$95	\$95
Inpatient hospitalization	\$225 per day (up to 5 days per admission)	\$330 per day (up to 5 days per admission)	30%	30%
Outpatient surgery	\$75	\$130	30%	30%
Emergency room services not resulting in hospital admission	\$150	\$350	\$450	\$450
Ambulance	\$150	\$250	\$255	\$250
Maternity – delivery (hospital)	\$225 per day (up to 5 days per admission)	\$330 per day (up to 5 days per admission)	30%	30%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	Not covered
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$15	\$35	\$50	\$50
Calendar-year medical deductible ⁴	\$0	\$0	\$5,400 per individual/ \$10,800 per family	\$5,400 per individual/ \$10,800 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$4,500 per individual/ \$9,000 per family	\$8,700 per individual/ \$17,400 per family	\$9,100 per individual/ \$18,200 per family	\$9,100 per individual/ \$18,200 per family
Calendar-year pharmacy deductible ⁴	\$0	\$0	\$150 per individual/ \$300 per family	\$150 per individual/ \$300 per family

This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, refer to the Evidence of Coverage (EOC). You can also view our Summary of Benefits and Coverage (SBC) forms for easy-to-understand overviews of plan benefits and your financial responsibility when accessing services. Plan EOCs and SBCs are available at blueshieldca.com/policies or by calling us at 888) 256-3650.

We also offer special plans for American Indians and Alaska Natives. Visit coveredca.com for more information.

¹ The amounts indicated are a percentage of the allowed charges amounts. Network providers accept Blue Shield's allowed charges amounts as payment in full for covered services.

² All prescription drugs are subject to the calendar-year pharmacy deductible.


³ Subject to the calendar-year medical deductible.

⁴ Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using network providers. Plan benefits are only available when using providers in the Trio ACO HMO Network. Services received from providers outside of your medical group are not covered, except for emergency, urgent, and follow-up care.

For complete plan details, visit blueshieldca.com/policies.

 = Benefit is available prior to meeting any deductible

 = Benefit is subject to a deductible

You are responsible for all charges up to the allowed charges amount until the deductible is met, if applicable. Then, you will be responsible for the copayment or coinsurance noted in the chart. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from Trio ACO HMO Network providers.

	Blue Shield Silver 94 Trio HMO	Blue Shield Silver 87 Trio HMO	Blue Shield Silver 73 Trio HMO	Blue Shield Bronze 7500 Trio HMO
Plan available through	Covered California only	Covered California only	Covered California only	Blue Shield only
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$5	\$15	\$35	\$70
Office visit – specialist	\$8	\$25	\$85	\$80
Urgent care visit	\$5	\$15	\$35	\$70
Tier 1 drugs (up to 30-day supply)	\$3	\$5	\$15	\$25
Tier 2 drugs (up to 30-day supply)	\$10	\$25	\$55	\$115 ³
Tier 3 drugs (up to 30-day supply)	\$15	\$45	\$85	\$160 ³
Tier 4 drugs (up to 30-day supply)	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription)	50% (up to \$500) ³
Lab	\$8	\$20	\$50	\$65
X-ray	\$8	\$40	\$95	\$115
Inpatient hospitalization	10%	20%	30%	50%
Outpatient surgery	10%	20%	30%	50%
Emergency room services not resulting in hospital admission	\$50	\$150	\$350	50%
Ambulance	\$30	\$75	\$250	50%
Maternity – delivery (hospital)	10%	20%	30%	50%
Pediatric dental exam	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Chiropractic (from an American Specialty Health Plans network chiropractor)	Not covered	Not covered	Not covered	\$20 (up to 12 visits per year)
Acupuncture (from an American Specialty Health Plans network acupuncturist)	\$5	\$15	\$35	\$50
Calendar-year medical deductible ⁴	\$0	\$0	\$0	\$7,500 per individual/ \$15,000 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$1,150 per individual/ \$2,300 per family	\$3,000 per individual/ \$6,000 per family	\$6,100 per individual/ \$12,200 per family	\$9,100 per individual/ \$18,200 per family
Calendar-year pharmacy deductible ⁴	\$0	\$0	\$0	Included in the medical deductible

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² All prescription drugs are subject to the calendar-year pharmacy deductible.

³ Subject to the calendar-year medical deductible.

⁴ Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

Definitions

-  **Allowed charges** – The dollar amount Blue Shield uses to determine payment for covered services.
-  **Benefits (covered services)** – The medically necessary services and supplies covered by the health plan.
-  **Coinsurance** – The percentage amount a member pays for benefits after meeting any calendar-year deductible.
-  **Copayment (copay)** – The fixed dollar amount a member pays for benefits after meeting any applicable calendar-year deductible.
-  **Cost sharing** – Costs for healthcare services that are shared between Blue Shield and the member.
-  **Deductible** – The amount a member pays each calendar year for most covered services before Blue Shield begins to pay. Specific covered services, such as preventive care, are covered before a member reaches the calendar-year deductible.
-  **Formulary** – The list of medications that are approved by the Food and Drug Administration and are selected based on safety, effectiveness, and cost.
-  **HMO (health maintenance organization)** – A type of health plan in which members receive care from a primary care physician who helps coordinate their care and refers them to other healthcare providers in the plan's network.
-  **Out-of-pocket maximum** – The combined maximum of the deductible, copayment, and coinsurance amounts for all covered services an individual or family is required to pay each year.
-  **Participating providers/network providers** – A provider (includes doctors and hospitals) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A network provider has agreed to accept Blue Shield's contracted rate for covered services.
-  **Premium** – The amount you pay to Blue Shield each month for your health coverage.
-  **Primary care physician** – A doctor who helps coordinate members' care and refers them to other healthcare providers in their plan's network.
-  **Tier 1** – Most generic and low-cost, preferred brand drugs in the *Blue Shield Standard Drug Formulary*.
-  **Tier 2** – Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the Pharmacy & Therapeutics Committee based on drug safety, efficacy, and cost in the *Blue Shield Standard Drug Formulary*.
-  **Tier 3** – Non-preferred brand drugs; drugs recommended by the Pharmacy & Therapeutics Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier in the *Blue Shield Standard Drug Formulary*.
-  **Tier 4** – Drugs that are biologics; drugs that the Food and Drug Administration or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply.

Have questions, need a quote,
or want to apply?



Visit blueshieldca.com/getblue or contact your broker

Your broker can help you apply for a Blue Shield plan through Blue Shield or through Covered California (coveredca.com), California's health plan marketplace.

If Trio HMO isn't available in your area, we offer PPO plans throughout California. For more information on our PPO plans, ask your broker for the PPO version of this brochure or visit blueshieldca.com/getblue.

We also offer dental plans, vision plans,* and life insurance plans* that are available for purchase with or without a health plan. Ask your broker for more information or visit bsca.com/ifpspecialty2024.



* Underwritten by Blue Shield of California Life & Health Insurance Company.
Blue Shield of California is an independent member of the Blue Shield Association

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