



Health Plan Choices:

Trio HMO plan

Access+ HMO plan

Local Access HMO plan



We want to help you better understand your health plan options.

Below is a high level overview of the health plans offered through Blue Shield of California. See the following pages of this brochure for more details on each of these plans.

Your plan choices

Access+ HMO plan

- » Access to a larger network of doctors, specialists and hospitals
 - » Low copayments for most covered services
 - » No deductible
-

Trio HMO plan

- » Low copayments for most covered services
 - » Coordinated high-quality network of local doctors, specialists and hospitals
 - » No deductible
 - » Shield Concierge personalized service
 - » Discounts on fruits, vegetables and other eligible healthy foods at any participating grocery store with the Healthy Savings® program
 - » Access to myStrength, a digital mental health treatment tool that can help you manage emotional and physical challenges and feel stronger.
-

Local Access HMO plan

- » Low copayments for most covered services
 - » No deductible
-

Access+ HMO plan highlights

For plan details, visit www.blueshieldca.com/sisc.

With the Access+ HMO plan*, you pay a copayment for most covered services like doctor visits, urgent care and emergency care. Your primary care physician (PCP) coordinates all your care as well as refers you to specialists and hospitals within their medical group/Independent Practice Association (IPA).

When you enroll in the HMO plan for the first time, you must choose a PCP for yourself and your covered dependents. Each member of your family can choose a different physician and medical group/IPA.

Plan features

Coverage for students or families living apart – The Away From Home Care® program offers students, long-term travelers, workers on long-distance assignments and families living apart access to health care from Blue Shield and Blue Cross plans across the country. The program is available in 29 states and the District of Columbia, but availability varies by county within each state. HMO benefits vary by state.

Coverage while traveling – You are covered for emergency and urgent care services across the United States and around the world through the BlueCard® and Blue Shield Global Core programs.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist in the American Specialty Health Plans of California, Inc. (ASH) provider network without a referral from your PCP.

Emergency care – You're covered for emergency care around the world regardless of whether the provider is in your plan's HMO network.

Hearing aid and ancillary equipment benefit – Coverage includes an allowance for the purchase of hearing aid and ancillary equipment, along with visits for fitting, counseling and adjustments.

Mental health and substance use disorder care – You have access to inpatient and outpatient care for issues such as depression, alcohol/substance use disorder and mental illness. You can access these services through Blue Shield's mental health service administrator (MHSA) provider network.

Preventive care – You have access to services defined as routine preventive care. You do not have to pay a copayment or meet the plan's deductible for these services. Visit blueshieldca.com/preventive to learn more.

Specialty care* – Access+ SpecialistSM makes it easy to self-refer to a specialist within your medical group or IPA for a consultation.

Find your doctor

Go to blueshieldca.com/networkhmo and select the provider you are looking for. Enter your location, then click Continue.

You may need your selected PCP's ID number when you enroll in the plan for the first time. To find this number, click on the doctor's name and then select View details under "Primary Care Physician ID."

* To use this option, members must select a PCP who is affiliated with a medical group or IPA that is an Access+ provider group, which offers the Access+ Specialist feature. Members should then select a specialist within that medical group or IPA. Access+ Specialist visits for mental health services must be provided by a participating mental health service administrator (MHSA) network provider. For ongoing care from a specialist, you'll need to get a referral from your PCP.

Access+ HMO is a registered trademark of Blue Shield of California.

Trio HMO plan highlights

For plan details, visit www.blueshieldca.com/sisc.

The Trio HMO plan is made up of a network of local doctors, specialists and hospitals that work closely together to coordinate your care. The goal of Trio HMO is to ensure that all aspects of your care are more connected to help improve your overall well-being, whether it be managing a chronic disease or reducing your stay at a hospital. Through this coordination, care is delivered more efficiently, resulting in lower monthly premiums than our Access + HMO^{*} plan.

To enroll in Trio HMO, you and your eligible dependents must enroll in the same plan and you must also live or work within the Trio HMO service area. Visit blueshieldca.com/triocheck for a listing of the Trio service areas.

When you enroll in Trio HMO for the first time, you must choose a primary care physician (PCP) for yourself and your covered dependents. Each member of your family can choose a different physician and medical group/Independent Practice Association (IPA).

Plan features

Coverage for students or families living apart – The Away From Home Care[®] program offers students, long-term travelers, workers on long-distance assignments and families living apart access to health care from Blue Shield and Blue Cross plans across the country. The program is available in 29 states and the District of Columbia, but availability varies by county within each state. HMO benefits vary by state.

Coverage while traveling – You are covered for emergency and urgent care services across the United States and around the world through the BlueCard[®] and Blue Shield Global Core programs.

Chiropractic and acupuncture services – Visit any participating chiropractor or acupuncturist in the American Specialty Health Plans of California, Inc. (ASH) provider network without a referral from your PCP.

Emergency care – You're covered for emergency care around the world regardless of whether the provider is in your plan's HMO network.

Healthy Savings[®] program – Get discounts on fruits, vegetables and other eligible healthy foods with this program designed to help you eat healthier. Just scan your Healthy Savings card or app at the checkout counter of any participating grocery store for instant savings.

Hearing aid and ancillary equipment benefit – Coverage includes an allowance for the purchase of hearing aid and ancillary equipment, along with visits for fitting, counseling and adjustments.

Mental health and substance use disorder care – You have access to inpatient and outpatient care for issues such as depression, alcohol/substance use disorder and mental illness. You can access these services through Blue Shield's mental health service administrator (MHSA) provider network.

myStrength – Get help managing stress, sleeping better, and more with this digital mental health treatment tool.

Preventive care – You have access to services defined as routine preventive care. You do not have to pay a copayment or meet the plan's deductible for these services. Visit blueshieldca.com/preventive to learn more.

Shield Concierge – Get support managing your health needs for a wide range of conditions from a team specially trained on the specific health benefits and programs available to you. You'll also receive personalized service for everything from finding a doctor to understanding benefits and claims.

Urgent care – For non-emergencies, you can receive care at an urgent care center that's affiliated with your doctor's medical group or IPA. Your cost will usually be lower than the cost for a hospital emergency room visit.

Find your doctor

Go to blueshieldca.com/networktriohmo and select the provider you are looking for. Enter your location, then click Continue. You may need your selected PCP's ID number when you enroll in the plan for the first time. To find this number, click on the doctor's name and then select View details under "Primary Care Physician ID."

* To use this option, members must select a PCP who is affiliated with a medical group or IPA that is a Trio+ provider group, which offers the Trio+ Specialist feature. Members should then select a specialist within that medical group or IPA. Trio+ Specialist visits for mental health services must be provided by a participating mental health service administrator (MHSA) network provider. For ongoing care from a specialist, you'll need to get a referral from your PCP.

Local Access HMO plan highlights

For plan details, visit www.blueshieldca.com/sisc.

Our Local Access HMO plan offers the same benefits as the Access+ HMO plan. The only difference is that your monthly premiums are lower than the Access+ HMO® plan, and you will need to see providers in the Blue Shield Local Access HMO network.

To enroll in the Local Access HMO plan, you and your eligible dependents must enroll in the same plan and you must also live or work within the Local Access HMO service area.

When you enroll in the Local Access HMO plan for the first time, you must choose a primary care physician (PCP) for yourself and your covered dependents. Each member of your family can choose a different physician and medical group/Independent Practice Association (IPA).

Plan features

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Coverage while traveling – You are covered for emergency and urgent care services across the United States and around the world through the BlueCard® and Blue Shield Global Core programs.

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Access+ HMO is a registered trademark of Blue Shield of California.

Programs and services

The following programs and services are offered with the plan(s) described in this document.

ID protection – Protecting your financial well-being is as important as protecting your health. This is why we offer identity protection services. These include credit monitoring, identity repair assistance and identity theft insurance.

Maternity Program – This program is designed to give you and your partner digital and virtual support for your pregnancy and postpartum needs.

Shield Support – Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer and others. Services include personalized health coaching, care plan development, provider coordination and more.

Wellness discount programs – Get help saving money and living healthier with a wide range of discount programs* including fitness club memberships; acupuncture, chiropractic services and therapeutic massage; and eye exams, frames, contact lenses and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

Wellvolution[®] – Achieve your health goals with Wellvolution, our digital platform for health and well-being. Wellvolution offers over 50 tested apps and programs to help you exercise more, eat healthier, reduce stress and more. Two popular mental health apps, Headspace and Ginger, are now available. Visit wellvolution.com to learn more.

* These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.

The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access those covered services prior to using the discount program.

Members or self-insured plan participants who are not satisfied with products or services received from the discount program may use the grievance process described in their Evidence of Coverage, Disclosure Form, Evidence of Coverage and Disclosure Form, Benefit Booklet or Certificate of Insurance/Policy. Blue Shield reserves the right to terminate this program at any time without notice.

Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc., a health company committed to changing lives by guiding people to better health in their communities.

Glossary

Not sure what it means?

Use this glossary as a handy reference for some common health benefit terms.

Below are definitions related to Blue Shield health plan terms. Some terms may not apply to your plan. See your *Evidence of Coverage or Benefit Booklet* for details.

Allowable amount – The total dollar amount Blue Shield has established for the benefits the member has received. Physicians who have contracted with Blue Shield must accept this amount as payment in full. If a member chooses to go outside of our networks, he or she may be responsible for a much larger payment.

Benefits (covered services) – The medically necessary services and supplies covered by the health plan.

Copayment/coinsurance – The predetermined amount (copayment) or a percentage of the cost (coinsurance) for which you are responsible for paying, based on your plan benefits.

Deductible – The dollar amount you must pay for covered services each calendar year before Blue Shield starts paying benefits under your plan. You are responsible for this amount. Specific services, such as preventive care, are covered before you reach the calendar-year deductible.

You may have two kinds of deductibles: medical and pharmacy. Your medical deductible applies to covered services such as physician office visits. Your pharmacy deductible applies to outpatient prescription drugs obtained from a participating provider.

Evidence of Coverage or Benefit Booklet – The official Blue Shield documents that describe member benefits, copayments or coinsurance, exclusions and limitations.

Network providers/participating providers/provider network – A provider (includes doctors, hospitals, urgent care centers, etc.) that has agreed to contract with Blue Shield to provide covered services to members of a given health plan. A participating provider has agreed to accept Blue Shield's contracted rate for covered services.

Out-of-pocket maximum – Your maximum copayment or coinsurance responsibility each calendar year for covered services. Copayments or coinsurance for a small number of covered services do not apply to the annual out-of-pocket maximum. You will continue to be responsible for copayments or coinsurance for these services even after you reach the out-of-pocket maximum.

Prescription drug formulary – The list of preferred medications maintained by Blue Shield for its prescription drug benefits. This list includes both generic and brand-name drugs approved by the Food and Drug Administration (FDA).

Prescription drug tiers – Prescription drugs in a formulary are typically grouped into tiers based on defined categories, such as generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, and specialty drugs. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers. You can find information about what you pay by drug tier in your health plan documents.

Prior authorization – Some services require prior authorization before treatment, in addition to your doctor's referral. A referral and a prior authorization are two different things. For example, when your primary care physician cannot give you the treatment you need, he or she refers you to a specialist. However, if you require a hospital stay or certain surgical procedures, radiological treatments, etc., Blue Shield of California must authorize these medical services before you can receive them. Before receiving such services, call the Member Services or Shield Concierge number on the back of your Blue Shield member ID card to obtain a prior authorization.

Have questions?

Get answers to your questions about the health plan(s) described in this brochure or request printed copies of plan documents.

Call Shield Concierge: **(855) 599-2657**, 7 a.m. to 7 p.m. PST, Monday through Friday.

Visit **blueshieldca.com/sisc**

Take us with you anywhere

Log in to our mobile app and keep your health plan at your fingertips. Our mobile app is available on the App StoreSM and Google PlayTM.



Find us on social media

Follow us on Facebook at facebook.com/BlueShieldCA, Twitter [@BlueShieldCA](https://twitter.com/BlueShieldCA) and Instagram [@BlueShieldofCA](https://instagram.com/BlueShieldofCA) for healthy tips, daily inspiration, member info and support. It's an easy way to stay connected.



Member confidentiality

Blue Shield protects the confidentiality and privacy of your personal and health information, including medical information and individually identifiable information such as your name, address, telephone number and Social Security number. To ensure this, Blue Shield requires a signed authorization form for you to access health information for your spouse or dependents over the age of 18.

To request an authorization form, call Blue Shield Member Services. Or, you can also download the form by going to blueshieldca.com. Just log in, select *Family Members* under "Who's Covered" and then choose *Manage Family*. Scroll to the bottom of the page to download the Authorization for Release of PHI form.

If you don't have access to the Internet, or you have questions about how Blue Shield protects your privacy and confidentiality, please call our Privacy Office directly at (888) 266-8080.

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