

Effective 1/1/20

Individual and Family

Trio HMO

health plans



We believe in the pursuit of good health and wellness – because when you feel great, you are unstoppable. That’s why we’re committed to providing you with access to affordable health care and a quality network of doctors.

Trio HMO from Blue Shield of California

The providers you need, within reach

You may not have to choose between the hospitals you want and the prices you can afford. Our Trio HMO plans are designed to give you access to a quality network of doctors and hospitals – including Dignity Health, Hoag Memorial, John Muir, Providence, St. Joseph, St. Jude, UC San Francisco, and more – at an affordable price.

Trio keeps care high and premiums down by working with providers committed to a better system and helping members navigate both their coverage and the healthcare system.

Like a traditional HMO plan, you are matched with a primary care physician (PCP) from our Trio ACO HMO Network who coordinates your care. You can change your PCP if you prefer a different doctor. To find Trio doctors and hospitals in your area, visit blueshieldca.com/networkifphmo.

Where is Trio available?

Trio HMO plans are offered in 26 California counties. To see if Trio plans are available in your area, visit blueshieldca.com/triocheck or contact your Blue Shield sales representative.

Your plan options

We have a variety of Trio HMO health plans to choose from, but how do you choose the plan that's right for you?

To pick a plan, you need to consider the right mix of monthly premiums and the cost of care. Generally, the more you pay per month for your plan premium, the less you pay when you get care. And the less you pay per month for your plan premium, the more you pay when you get care.



One call, many experts

Shield Concierge

Whether you need help finding a PCP, have a question about your bill, filling a prescription, or even need 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
- Pharmacy technicians
- Registered nurses
- Health coaches
- Pharmacists
- Social workers

Stay covered even when you travel

Whether you're traveling for work or pleasure, every Blue Shield HMO plan comes with BlueCard®, giving you access to emergency care, urgent care, and follow-up care resulting from an initial emergency or urgent care visit in all 50 states.



Platinum and Gold plans

With no deductible, these plans are a great choice if you see the doctor often.



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.



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

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

These plans are available only through Covered California.

To get a quote and apply, call us at **(800) 660-3007**
or visit [blueshieldca.com/directsales](https://www.blueshieldca.com/directsales).

Talk to a doctor from anywhere, anytime

Teladoc provides 24/7 access to a national network of U.S. board-certified doctors and pediatricians who are always available to consult on a variety of medical issues and may also prescribe medications via phone or online video consultations. There is no copay for this service.

Get home visits with Heal

Did you know doctors still make house calls? Through Heal™, you can see a board-certified primary care doctor at a time and place that's best for you. And best of all, the copay for your first visit will be \$0. Scheduling when and where you want to see a doctor gives you freedom from the time, cost, and stress of traveling to an appointment. Visit heal.com/cities to see if Heal is available in your area.

Financial assistance

You may be eligible for financial assistance to help pay your monthly premiums for any Blue Shield Trio HMO plan offered through Covered California. Contact your Blue Shield sales representative to guide you through the qualification process.

Healthy Savings

Healthy Savings®, powered by Solutran, gives Blue Shield members access to healthier foods at a reduced price without having to clip, print, or download coupons. Healthy Savings partners with major grocers such as Safeway, Albertsons, Kroger, Walmart, and Sam's Club, allowing Blue Shield members to access savings on healthy foods at the point of sale. Visit blueshieldca.com/healthysavings for more information on this program, which is available at no extra cost.



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

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.

Participating provider/network provider – A provider (including 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 a member pays to Blue Shield each month for their 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 drugs and low-cost, brand drugs in the *Blue Shield Standard Drug Formulary*.

Tier 2 – Preferred brand drugs and non-preferred generic drugs in the *Blue Shield Standard Drug Formulary*.

Tier 3 – Non-preferred brand and non-preferred generic drugs in the *Blue Shield Standard Drug Formulary*.

Tier 4 – Specialty drugs or drugs that cost more than \$600.

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.

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 [†]	BLUE SHIELD SILVER 94 TRIO HMO [†]	BLUE SHIELD SILVER 87 TRIO HMO [†]	BLUE SHIELD SILVER 73 TRIO HMO [†]
Plan available through	Blue Shield and Covered California	Blue Shield and Covered California	Blue Shield only	Covered California only	Covered California only	Covered California only	Covered California only
Benefit	With participating providers, members pay: ¹						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$30	\$40	\$40	\$5	\$15	\$35
Office visit – specialist	\$30	\$65	\$80	\$80	\$8	\$25	\$75
Urgent care visit	\$15	\$30	\$40	\$40	\$5	\$15	\$35
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$16 ²	\$16 ²	\$3	\$5	\$16 ²
Tier 2 drugs (up to 30-day supply)	\$15	\$55	\$60 ²	\$60 ²	\$10	\$25	\$55 ²
Tier 3 drugs (up to 30-day supply)	\$25	\$80	\$90 ²	\$90 ²	\$15	\$45	\$85 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	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription) ²
Lab	\$15	\$40	\$40	\$40	\$8	\$20	\$40
X-ray	\$30	\$75	\$85	\$85	\$8	\$40	\$85
Inpatient hospitalization	\$250 per day (up to 5 days per admission)	\$600 per day (up to 5 days per admission)	20%	20%	10%	15%	20%
Outpatient surgery	\$100	\$300	20%	20%	10%	15%	20%
Emergency room services not resulting in hospital admission	\$150	\$350	\$400	\$400	\$50	\$150	\$400
Ambulance	\$150	\$250	\$255	\$250	\$30	\$75	\$250
Maternity – delivery (hospital)	\$250 per day (up to 5 days per admission)	\$600 per day (up to 5 days per admission)	20%	20%	10%	15%	20%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eyeglasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year
Acupuncture (from a licensed acupuncturist)	\$15	\$30	\$40	\$40	\$5	\$15	\$35
Calendar-year medical deductible ³	\$0	\$0	\$4,000 per individual/ \$8,000 per family	\$4,000 per individual/ \$8,000 per family	\$75 per individual/ \$150 per family	\$1,400 per individual/ \$2,800 per family	\$3,700 per individual/ \$7,400 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$4,500 per individual/ \$9,000 per family	\$7,800 per individual/ \$15,600 per family	\$7,800 per individual/ \$15,600 per family	\$7,800 per individual/ \$15,600 per family	\$1,000 per individual/ \$2,000 per family	\$2,700 per individual/ \$5,400 per family	\$6,500 per individual/ \$13,000 per family
Calendar-year pharmacy deductible	\$0	\$0	\$300 per individual/ \$600 per family ^{2,3}	\$300 per individual/ \$600 per family ^{2,3}	\$0	\$100 per individual/ \$200 per family ^{3,4}	\$275 per individual/ \$550 per family ^{2,3}

This is not a contract. All benefit descriptions are an overview of plan benefits. For a detailed description of plan benefits and exclusions, please request a copy of the Evidence of Coverage (EOC) by calling us at (888) 256-3650. We also have Summary of Benefits and Coverage (SBC) forms that can help you decide by giving you an easy-to-understand overview of what these plans cover. Visit blueshieldca.com/policies or call (888) 256-3650 to get the forms.

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

* The Blue Shield Silver 70 Off Exchange Trio HMO plan must be purchased through Blue Shield, and your Blue Shield sales representative can help you with

the process. You can enroll in all other Blue Shield medical plans displayed on this chart through Blue Shield or Covered California, unless indicated otherwise.

† This Blue Shield plan must be purchased through Covered California, and your Blue Shield sales representative can help you with the process. You can enroll in all other Blue Shield medical plans displayed on this chart through Blue Shield or Covered California. Qualified individuals may be eligible for financial assistance when applying for a Blue Shield plan through Covered California.

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 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.

4 Prescription drugs not in Tier 1 are subject to the calendar-year pharmacy deductible.

Have questions or want to apply?

 Visit us at blueshieldca.com/directsales.

 Call us at **(800) 660-3007**.

Your Blue Shield sales representative 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, call us at **(800) 660-3007** and ask for the PPO version of this brochure or visit blueshieldca.com/directsales.

We also offer dental plans, vision plans,* and life insurance* plans that are available for purchase with or without a medical plan. Call us at **(800) 660-3007** for more information or visit blueshieldca.com/directsales.

*Underwritten by Blue Shield of California Life & Health Insurance Company.