

Effective 1/1/18

Individual and Family

Trio HMO



Plan guide



We know you are tirelessly committed to your 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, now within reach

You don’t 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 and UC San Francisco – at an affordable price.

Similar to 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 24 California counties. To see if Trio plans are available in your area, visit blueshieldca.com/triohmo starting November 1, 2017, or contact your broker.



Definitions:

Allowable amount – The total dollar amount Blue Shield allows 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 a member receives care from a primary care physician who helps coordinate the member’s care and refers him or her to other healthcare providers in the plan’s network.

Participating providers/provider network – 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 participating 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 a member’s care and refers him or her to other healthcare providers in the plan’s network.

Tier 1 – Most generic drugs and low-cost, brand drugs in Blue Shield’s standard formulary.

Tier 2 – Preferred brand drugs and non-preferred generic drugs in Blue Shield’s standard formulary.

Tier 3 – Non-preferred brand and non-preferred generic drugs in Blue Shield’s standard formulary.

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

Your plan options

We have a variety of Trio HMO health plans to choose from. 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.

You pay less for monthly premiums ← → You pay more for monthly premiums



You pay more when you get care ← → You pay less when you get care

One call, many experts

Shield Concierge

Whether you need help transferring your medical records from your old health plan or finding a primary care doctor, have a question about your bill, getting a prescription filled, 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 is made up of:

- Customer service representatives
- Registered nurses
- Pharmacists
- Pharmacy technicians
- Health coaches
- 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 urgent care and emergency services in all 50 states.

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 broker or Blue Shield to guide you through the qualification process.

PLATINUM



Platinum and Gold plans

These plans are a great choice if you see the doctor often.

GOLD



SILVER



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



SILVER



SILVER



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

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

These plans are only available through Covered California.

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

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 care.

You are responsible for all charges up to the allowable 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 HMO TRIO	BLUE SHIELD GOLD 80 HMO TRIO	BLUE SHIELD SILVER 70 OFF EXCHANGE HMO TRIO*	BLUE SHIELD SILVER 70 HMO TRIO†	BLUE SHIELD SILVER 94 HMO TRIO†	BLUE SHIELD SILVER 87 HMO TRIO†	BLUE SHIELD SILVER 73 HMO TRIO†
Benefit	With participating providers, members pay!‡						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$25	\$35	\$35	\$5	\$10	\$30
Office visit – specialist	\$30	\$55	\$75	\$75	\$8	\$25	\$75
Urgent care visit	\$15	\$25	\$35	\$35	\$5	\$10	\$30
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$15 ²	\$15 ²	\$3	\$5	\$15 ²
Tier 2 drugs (up to 30-day supply)	\$15	\$55	\$55 ²	\$55 ²	\$10	\$20	\$50 ²
Tier 3 drugs (up to 30-day supply)	\$25	\$75	\$80 ²	\$80 ²	\$15	\$35	\$75 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	\$35	\$35	\$35	\$8	\$15	\$35
X-ray	\$30	\$55	\$75	\$75	\$8	\$25	\$75
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 admission	\$150	\$325	\$350	\$350	\$50	\$100	\$350
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	\$25	\$35	\$35	\$5	\$10	\$30
Calendar-year medical deductible ³	\$0	\$0	\$2,500 per individual/ \$5,000 per family	\$2,500 per individual/ \$5,000 per family	\$75 per individual/ \$150 per family	\$650 per individual/ \$1,300 per family	\$2,200 per individual/ \$4,400 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$3,350 per individual/ \$6,700 per family	\$6,000 per individual/ \$12,000 per family	\$7,000 per individual/ \$14,000 per family	\$7,000 per individual/ \$14,000 per family	\$1,000 per individual/ \$2,000 per family	\$2,450 per individual/ \$4,900 per family	\$5,850 per individual/ \$11,700 per family
Calendar-year pharmacy deductible	\$0	\$0	\$130 per individual/ \$260 per family ^{2,3}	\$130 per individual/ \$260 per family ^{2,3}	\$0	\$50 per individual/ \$100 per family ^{3,4}	\$130 per individual/ \$260 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 make a decision 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 www.coveredca.com for more information.

* This Blue Shield plan must be purchased through Blue Shield, and your broker 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 broker 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.

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

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

3 For family coverage, Blue Shield will pay benefits for an individual member 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/GetBlue](https://www.blueshieldca.com/GetBlue)



Call your broker

Your broker can help you apply for a Blue Shield plan through Blue Shield or through Covered California (www.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](https://www.blueshieldca.com/GetBlue).

We also offer dental, vision and life insurance* plans that are available for purchase with or without a medical plan. Ask your broker for more information or visit [blueshieldca.com/GetBlue](https://www.blueshieldca.com/GetBlue).

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