



Individual and Family

Trio HMO Health Plans



Effective
1/26

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 – such as Dignity Health, Hoag Memorial, Good Samaritan, John Muir, Loma Linda, Scripps, MemorialCare, UC San Francisco, and more – often for a lower monthly rate than most of our PPO plans. Trio HMO keeps premiums down by working with providers who are committed to delivering quality outcomes and helping members navigate their coverage and the healthcare system.

Choose a primary care physician (PCP) from our IFP Trio HMO network to guide you in getting the care you need. You can choose an in-person or virtual PCP accessible by video or phone from the comfort of your home. Virtual PCPs through Accolade Care can provide a wide range of care like that provided by in-person PCPs, such as preventive care, diagnosing illnesses, and prescribing most medications. They even provide the referrals required to see a virtual or in-person specialist. You'll have an entire virtual team – including a health coach – to oversee and coordinate all aspects of care.

Members can connect with this virtual team anytime, making it easier than ever to receive prompt attention. To find Trio HMO doctors and hospitals, visit blueshieldca.com/networkifphmo. If you do not choose a PCP, we may assign a virtual PCP. You can always change your PCP at any time.

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.

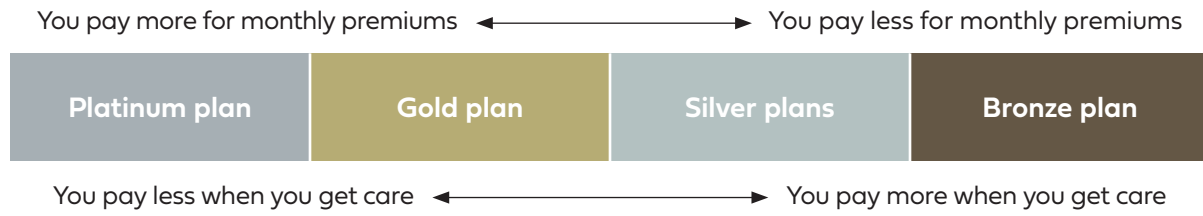
Shield Concierge – One call, many experts

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

Your plan options

We have a variety of Trio HMO plans to choose from. To choose the best 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 offer no deductibles and lower copays than most Blue Shield plans. As a result, they have the highest monthly premiums, but 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 of receiving 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 one of the lowest monthly premiums, but you'll pay more out-of-pocket 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.

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.

Talk to a doctor from anywhere, anytime

Teladoc Health provides 24/7 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. Best of all, there is no copay for this service, and it is available prior to meeting the medical deductible. That means Teladoc Health can be a fast and cost-effective alternative to an urgent care or emergency room visit.

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/getblue 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 IFP Trio 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

	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
<i>Plan available through</i>	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	\$40	\$50	\$50
Office visit – Specialist	\$30	\$70	\$90	\$90
Teladoc Health medical or mental health visit	\$0	\$0	\$0	\$0
Urgent care visit	\$15	\$40	\$50	\$50
Tier 1 drugs (up to 30-day supply)	\$9	\$18	\$19	\$19
Tier 2 drugs (up to 30-day supply)	\$16	\$60	\$60 ²	\$60 ²
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)	\$375 per day (up to 5 days per admission)	30%	30%
Outpatient surgery	\$75	\$130	30%	30%
Emergency room services not resulting in hospital admission	\$175	\$350	\$400	\$400
Ambulance	\$150	\$250	\$255	\$250
Maternity – Delivery (hospital)	\$225 per day (up to 5 days per admission)	\$375 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	\$40	\$50	\$50
Calendar-year medical deductible ⁴	\$0	\$0	\$5,200 per individual/ \$10,400 per family	\$5,200 per individual/ \$10,400 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$5,000 per individual/ \$10,000 per family	\$9,200 per individual/ \$18,400 per family	\$9,800 per individual/ \$19,600 per family	\$9,800 per individual/ \$19,600 per family
Calendar-year pharmacy deductible ⁴	\$0	\$0	\$50 per individual/ \$100 per family	\$50 per individual/ \$100 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 Prescription drugs are subject to the calendar-year pharmacy deductible.

3 Prescription drugs are 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.

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 below. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from IFP Trio HMO network providers.

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 IFP Trio HMO network. Services received from providers outside of your medical group are not covered, except for emergency, urgent, and follow-up care.

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 = Benefit is available prior to meeting any deductible  = Benefit is subject to a deductible

	Blue Shield Silver 94 Trio HMO	Blue Shield Silver 87 Trio HMO	Blue Shield Silver 73 Trio HMO	Blue Shield Bronze 7500 Trio HMO
<i>Plan available through</i>	Covered California only – Income limits apply	Covered California only – Income limits apply	Covered California only – Income limits apply	Blue Shield only
Benefit	With participating providers, members pay: ¹			
Preventive health benefits	\$0	\$0	\$0	\$0
Office visit – Primary care physician	\$5	\$15	\$50	\$65
Office visit – Specialist	\$8	\$25	\$90	\$85
Teladoc Health medical or mental health visit	\$0	\$0	\$0	\$0
Urgent care visit	\$5	\$15	\$50	\$65
Tier 1 drugs (up to 30-day supply)	\$3	\$8	\$19	\$25
Tier 2 drugs (up to 30-day supply)	\$10	\$25 ⁴	\$55 ⁴	\$115 ³
Tier 3 drugs (up to 30-day supply)	\$15	\$45 ⁴	\$85 ⁴	\$160 ³
Tier 4 drugs (up to 30-day supply)	10% (up to \$150 per prescription)	15% (up to \$150 per prescription) ⁴	20% (up to \$250 per prescription) ⁴	50% (up to \$500 per prescription) ³
Lab	\$10	\$30	\$50	\$65
X-ray	\$10	\$50	\$95	\$115
Inpatient hospitalization	10%	20%	30%	50%
Outpatient surgery	10%	20%	30%	50%
Emergency room services not resulting in hospital admission	\$50	\$200	\$400	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	\$50	\$50
Calendar-year medical deductible ⁴	\$0	\$1,400 per individual/ \$2,800 per family	\$5,200 per individual/ \$10,400 per family	\$7,500 per individual/ \$15,000 per family
Calendar-year out-of-pocket maximum (includes deductible)	\$1,400 per individual/ \$2,800 per family	\$3,350 per individual/ \$6,700 per family	\$8,100 per individual/ \$16,200 per family	\$9,800 per individual/ \$19,600 per family
Calendar-year pharmacy deductible ⁴	\$0	\$50 per individual/ \$100 per family	\$50 per individual/ \$100 per family	Included in the medical deductible

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.

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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 Prescription drugs are subject to the calendar-year pharmacy deductible.

³ Prescription drugs are 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.

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 below. Once you reach the plan's out-of-pocket maximum, Blue Shield will pay 100% for most covered services received from IFP Trio HMO network providers.

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 preferred for use and eligible for coverage. Includes all drugs covered under the outpatient prescription drug benefit.
-  **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.
-  **PPO (preferred provider organization)** – A type of health plan in which members can choose to see any provider in the PPO provider network without a referral. Members also have the freedom to use non-network providers for most services if they are willing to pay a higher share of the cost.
-  **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 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 and Therapeutics (P&T) 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 P&T 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 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 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/ifpspecialty2026.

Broker Information

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* 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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