

We are  
california  
blue  of california

We are a California-based health plan that's been serving Californians since 1939. We share your values and understand your need for a health plan that helps you keep living the life you love. And we're dedicated to providing you with affordable and reliable healthcare coverage that fits your individual needs.

To get a quote and apply, contact your broker  
or visit [blueshieldca.com/GetBlue](http://blueshieldca.com/GetBlue).

### Trio ACO HMO health plans

#### A new approach to health coverage

Our new Trio ACO HMO plans are designed to:

- Give members access to a local network of doctors they choose
- Improve the quality of health care
- Reduce costs, and
- Deliver more efficient care

Trio is a three-way alliance between doctors, hospitals and Blue Shield working together to provide members with integrated care that addresses their unique healthcare needs so they can feel their best.

#### Local network doctor choices

Trio plans give members the power to create their own community of care by choosing doctors from a quality network of select local doctors and hospitals in our Trio ACO HMO provider network.

Similar to a traditional HMO plan, Trio ACO HMO plans require members to have a primary care physician (PCP) to coordinate and direct their healthcare needs. During the enrollment process, we'll assign you a PCP to get you started, but you can change your PCP later if you would prefer a different doctor. To find Trio doctors in your area, visit [blueshieldca.com/networkifphmo](http://blueshieldca.com/networkifphmo) starting Oct. 1, 2016.

#### One call, many experts

One of the highlights of any Trio plan is Shield Concierge. This program delivers personalized service that's custom-fit for your needs and includes access to a team of experts all working together for you.

The Shield Concierge team consists of:

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

Whether you have a question about your bill, need help transferring your medical records or getting a prescription filled, or need some health coaching, one call to Shield Concierge can help.

Shield Concierge is your single source for answers and services designed to benefit you and your health.

#### Where is Trio available?

Trio ACO HMO plans are offered in 22 California counties. To see if Trio plans are available in your area, visit [blueshieldca.com/triohmo](http://blueshieldca.com/triohmo) starting Nov. 1, 2016.

Individual and Family  
Trio ACO HMO  
plan guide

Effective January 1, 2017

## Looking for a PPO plan instead?

If Trio ACO HMO isn't available in your area, or if you prefer a PPO plan with access to a broader network of providers, we also 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://blueshieldca.com/GetBlue).

## Your plan options

We have a variety of Trio ACO HMO health plans for you to choose from:

- **Blue Shield Platinum 90 HMO**
- **Blue Shield Gold 80 HMO**
- **Blue Shield Silver 70 HMO**
- **Blue Shield Silver 94 HMO**
- **Blue Shield Silver 87 HMO**
- **Blue Shield Silver 73 HMO**

## How do you choose the plan that's right for you?

Don't worry – we're here to help simplify it for you. Choosing your plan depends on how much you want to pay when you get care versus how much you want to pay monthly for your plan premium. 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. A higher premium plan is typically better if you see a provider frequently, while a lower premium plan is typically better if you rarely see a provider.

### PLATINUM



## Platinum and Gold plans

With **Platinum 90 HMO** and **Gold 80 HMO** plans, you'll pay more for your monthly premium, but pay less when you get care. One of these plans may be a good choice if you see a doctor often.

### GOLD



### SILVER



## Silver plans

**Silver 70 HMO** offers a balance between the cost for monthly plan premiums and the cost for care. This may be a good all-around choice that balances care and affordability.

Depending on your income and other factors, you may be able to enroll in one of our three Silver cost-sharing reduction plans available through Covered California. **Silver 94 HMO**, **Silver 87 HMO** and **Silver 73 HMO** offer lower copayments, lower deductibles and lower out-of-pocket costs so you'll pay less when you get care from network providers.

# Have questions or want to apply?

Visit us at [blueshieldca.com/GetBlue](https://blueshieldca.com/GetBlue)

Call your broker

## How to apply



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

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

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://blueshieldca.com/GetBlue).



See page 4 for helpful definitions of important medical terms.

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

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 involving plan benefits received from providers outside of the member's medical group are not covered, except emergencies.

Please note that some benefits are subject to a deductible. You are responsible for all charges up to the allowable amount until the deductible is met. 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

Benefit	PLATINUM 90 HMO	GOLD 80 HMO	SILVER 70 HMO	SILVER 94 HMO <sup>1</sup>	SILVER 87 HMO <sup>1</sup>	SILVER 73 HMO <sup>1</sup>
With participating providers, members pay: <sup>1</sup>						
Preventive health benefits	\$0	\$0	\$0	\$0	\$0	\$0
Office visit – primary care physician	\$15	\$30	\$35	\$5	\$10	\$30
Office visit – specialist doctor	\$40	\$55	\$70	\$8	\$25	\$55
Urgent care visit	\$15	\$30	\$35	\$5	\$10	\$30
Tier 1 drugs (up to 30-day supply)	\$5	\$15	\$15	\$3	\$5	\$15
Tier 2 drugs (up to 30-day supply)	\$15	\$55	\$55	\$10	\$20	\$50
Tier 3 drugs (up to 30-day supply)	\$25	\$75	\$80	\$15	\$35	\$75
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)	10% (up to \$150 per prescription)	15% (up to \$150 per prescription)	20% (up to \$250 per prescription)
Lab	\$20	\$35	\$35	\$8	\$15	\$35
X-ray	\$40	\$55	\$70	\$8	\$25	\$65
Inpatient hospitalization	\$250 per day (up to 5 days per admission)	\$600 per day (up to 5 days per admission)	20%	10%	15%	20%
Outpatient surgery	\$250	\$600	20%	10%	15%	20%
Emergency room services not resulting in admission	\$150	\$325	\$350	\$50	\$100	\$350
Maternity	\$250 per day (up to 5 days per admission)	\$600 per day (up to 5 days per admission)	20%	10%	15%	20%
Pediatric dental exam	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric eye exam	\$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
Acupuncture (from a licensed acupuncturist)	\$15	\$30	\$35	\$5	\$10	\$30
Calendar-year medical deductible <sup>2</sup>	\$0	\$0	\$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)	\$4,000 per individual/ \$8,000 per family	\$6,750 per individual/ \$13,500 per family	\$6,800 per individual/ \$13,600 per family	\$2,350 per individual/ \$4,700 per family	\$2,350 per individual/ \$4,700 per family	\$5,700 per individual/ \$11,400 per family
Calendar-year pharmacy deductible	\$0	\$0	\$250 per individual/ \$500 per family <sup>2,3</sup>	\$0	\$50 per individual/ \$100 per family <sup>2,3</sup>	\$250 per individual/ \$500 per family <sup>2,3</sup>

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](http://blueshieldca.com/policies) or call (888) 256-3650 to get the forms.

We also offer special plans for American Indians and Alaskan Natives. Visit [www.coveredca.com](http://www.coveredca.com) for more information.

<sup>†</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Prescription drugs not in Tier 1 are subject to the calendar-year pharmacy deductible.



## DEFINITIONS:

**ACO** (accountable care organization) – A group made up of doctors, hospitals, and Blue Shield, who work together to help provide coordinated, high-quality care to members.

**Allowable amount** – The total dollar amount Blue Shield has established for the benefits the member has received.

**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 you pay to Blue Shield each month for your health coverage.

**Primary care physician** – A physician 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.