



when you feel great,
you're unstoppable.

Health Plan Choices:

Access+ HMO plan

Trio HMO plan

Savings Plus PPO 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	<ul style="list-style-type: none">» Higher premium than Trio HMO plan» Access to a larger network of doctors, specialists and hospitals» No deductible
Trio HMO plan	<ul style="list-style-type: none">» Lower premium than the Access+ HMO plan» Low copayments for most covered services» Coordinated high-quality network of local doctors, specialists and hospitals» No deductible» Shield Concierge personalized service
Saving Plus PPO plan	<ul style="list-style-type: none">» Freedom to see network or non-network doctors» No specialist referrals needed

Access+ HMO plan highlights

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 31 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 from the American Specialty Health (ASH) Plans 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.

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, plus marriage and family counseling through Blue Shield's mental health service administrator (MHSA) provider network.

Preventive care – You have access to services defined as routine preventive care without having to pay a copayment or meet the plan's deductible. Visit blueshieldca.com/preventive to learn more.

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.

Teladoc – With Teladoc's around-the-clock phone and online video appointments, you have access to board-certified doctors who are ready to treat many medical issues. You pay only \$5 each time you use Teladoc.

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."

Pharmacy benefits

Visit blueshieldca.com/pharmacy to find our drug formulary and learn about prescriptions by mail. Our Blue Shield Plus Drug Formulary is a list of our preferred brand-name and generic drugs. You may save money if your medication is a preferred prescription drug. If you take stabilized doses of covered medications for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. Shipping is free, and you may save on your copay.

Trio HMO plan highlights

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 31 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 from the American Specialty Health (ASH) Plans 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.

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, plus marriage and family counseling through Blue Shield's mental health service administrator (MHSA) provider network.

Preventive care – You have access to services defined as routine preventive care without having to pay a copayment or meet the plan's deductible. 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 help with 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.

Teladoc – With Teladoc's around-the-clock phone and online video appointments, you have access to board-certified doctors who are ready to treat many medical issues. You pay only \$5 each time you use Teladoc.

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."

Pharmacy benefits

Visit blueshieldca.com/pharmacy to find our drug formulary and learn about prescriptions by mail. Our Blue Shield Plus Drug Formulary is a list of our preferred brand-name and generic drugs. You may save money if your medication is a preferred prescription drug. If you take stabilized doses of covered medications for chronic

Savings Plus PPOSM plan highlights

With the Savings Plus PPOSM plan, you can see any doctor you choose for most services. You can also self-refer to specialists. You will usually pay less for services that are provided by PPO network providers.

Plan features

Care away from home – Through the BlueCard® and Blue Shield Global Core programs, you have access to care across the United States and urgent and emergency care around the world. You can receive urgent or emergency care from any provider. However, using a BlueCard provider can be more cost-effective.

Chiropractic and acupuncture services – Visit any chiropractor or acupuncturist in the Blue Shield PPO network.

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

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, plus marriage and family counseling. You can access these services through Blue Shield's mental health service administrator (MHSA) provider network, Blue Shield's PPO network and non-network providers.

Teladoc – With Teladoc's around-the-clock phone and online video appointments, you have access to board-certified doctors who are ready to treat many medical issues. You pay \$40 each time you use Teladoc, until you meet the plan's deductible. Thereafter, the cost is \$8 per appointment.

Find your doctor

To find providers within California, go to blueshieldca.com/pponetwork and select the type of provider you need. Enter your location, then click Continue.

To find providers outside of California go to provider.bcbs.com and enter XEA. Search for the type of provider you need.

Pharmacy benefits

Visit blueshieldca.com/pharmacy to find our drug formulary and learn about prescriptions by mail. Our Blue Shield Plus Drug Formulary is a list of our preferred brand-name and generic drugs. You may save money if your medication is a preferred prescription drug. If you take stabilized doses of covered medications for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. Shipping is free, and you may save on your copay.

Extra support

Heal™ – Schedule in-person healthcare visits with Heal doctors wherever you are – at home, in the office or even a hotel. Only available to PPO plan members and POS plan members (using Level 2 benefits.)

LifeReferrals 24/7SM – Experienced professionals are ready to help you with personal, family and work issues at any time.

NurseHelp 24/7SM – Registered nurses are available to answer your health questions at any time, every day.

Prenatal Program – Expectant mothers get 24/7 phone access to nurses and other support during pregnancy.

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 massage therapy; and eye exams, frames, contact lenses and LASIK surgery. Learn more at **blueshieldca.com/wellnessdiscounts**.

Wellvolution® – This online wellness program makes getting serious about your health, some serious fun. Wellvolution includes:

Health Risk Assessment – Take a quick and confidential assessment to receive a personalized report with suggestions for ways to improve your health.

Diabetes Prevention Program(DPP) – Take a one-minute quiz at **www.solera4me.com/shield** to see if you qualify for this program. The DPP can help qualifying members lose weight, adopt healthier habits and reduce the risk of developing type 2 diabetes.

Daily Challenge® – Receive a suggestion for one simple wellness-related task to help you live healthier each day.

QuitNet® – Get the help you need from the largest quit-smoking community in the world.

Heal is a trademark of Get Heal, Inc.

LifeReferrals 24/7 is a service mark of Blue Shield of California.

NurseHelp 24/7 is a service mark of Blue Shield of California.

* 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.

The Diabetes Prevention Program is provided by Solera Health, an independent company.

Daily Challenge, QuitNet and Walkadoo are registered trademarks of MYH, Inc.

Wellvolution is a registered trademark of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

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 are categorized in the following tiers in the Prescription Drug Coverage Summary:

- 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.

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.

- For the Trio HMO plan call **(855) 747-5800**, 7 a.m. to 7 p.m. PST, Monday through Friday.
- For the other plan(s) call **(855) 256-9404**, 7 a.m. to 7 p.m. PST, Monday through Friday.

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://www.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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Google Play is a trademark of Google Inc.

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