

Blue Shield Trio HMO Plan

Frequently Asked Questions Municipalities, Colleges, Schools Insurance Group

Effective Date: January 1, 2023

If you have any questions about your health plan benefits, call your dedicated Shield Concierge team at (855) 829-3566. The team is available to assist you from 7 a.m. to 7 p.m. Pacific time, Monday through Friday. You can also go to blueshieldca.com/trio for information about the Trio HMO plan.

This document provides an overview of the Trio HMO plan benefits. Your *Evidence of Coverage* (EOC) and other plan documents provide a more complete description of the plan's benefits and coverage, including limitations and exclusions. If there are any discrepancies between the information contained in this document and the EOC and other plan documents, the plan documents will prevail.

GENERAL

1. What is Trio HMO?

The Trio HMO plan gives you access to a specially selected quality network of local doctors, hospitals, and other providers, all working together to coordinate your care. With Trio, you have an affordable plan option with no deductible – just fixed copays.

To enroll in the Trio HMO plan, you and your eligible dependents must enroll in the same plan and must also live or work within the Trio HMO service area. To see if you live in the Trio HMO service area, visit blueshieldca.com/triocheck.

When you enroll in the Trio HMO plan, you'll need to select a primary care physician (PCP) for yourself and your covered dependents from the Trio HMO Network. Your PCP coordinates all your care and refers you to specialists and hospitals within their medical group/independent practice association (IPA). Each member of your family can choose a different physician and medical group/ IPA.

To find out if your current doctor is in the Trio network:

- Go to blueshieldca.com/networkTrioHMO.
- Select *Primary Care Physician*.
- Enter your location, and then click *Continue*.
- Select *Doctor Name*.

If you need guidance on how to use our Find a Doctor tool, visit blueshieldca.com/watchfindadoctor.

Please note: Just like the Access+ HMO plan, when you're enrolled in Trio, you can change your PCP at any time. However, the PCP must be in the Trio HMO Network, which is smaller than the Access+ HMO Network.

2. What additional services are available to me as a Trio HMO member?

- **Shield Concierge.** Call one toll-free number that connects you to a team of registered nurses, pharmacists, health coaches, customer service representatives, and more. This team is ready to answer your benefit and health-related questions. (For more information, see **Question #3** below.)
- **LifeSpring meal delivery program for qualified patients experiencing a serious illness.** This program provides chef-inspired, prepared meals right to a member's door — at no extra cost. To find out if you're eligible for this program, or for more information, contact Shield Concierge.
- **Call the Car service for qualified patients experiencing a serious illness.** This program provides non-emergency medical transportation — at no extra cost. To find out if you're eligible for this program, or for more information, contact Shield Concierge.

In addition, as with the Access+ HMO plan, Trio offers Teladoc medical and mental health services by phone or video for a \$0 copay. To learn more, visit blueshieldca.com/teladoc.

3. What is Shield Concierge?

The Shield Concierge team provides personalized support on all aspects of your care. You call one toll-free number – (855) 829-3566 – for assistance.

The Shield Concierge team can:

- Help you find a provider in the Trio network
- Assist you in transferring medical records and prescriptions
- Work with you and your doctor to coordinate care across all providers
- Help you manage a chronic condition such as diabetes
- Connect you with a registered nurse for health counseling
- Explain pharmacy benefits coverage, including formulary use
- Answer your questions about plan benefits, claims, and more

HEALTH AND WELLNESS PROGRAMS

1. Does the Trio HMO plan offer programs to help me live a healthier lifestyle?

Yes. Wellvolution®, a digital lifestyle platform, is included in your Blue Shield health plan. Wellvolution includes the tools you need to take control of your physical and mental health, so you can become a healthier and better you. Visit [wellvolution.com](https://www.wellvolution.com) to get started today. For specific information about mental health programs, visit [wellvolution.com/mentalhealth](https://www.wellvolution.com/mentalhealth).

2. Does the Trio HMO plan offer wellness discount programs?

Yes. We offer a wide range of discount programs to help you take better care of yourself. For details, visit [blueshieldca.com/wellnessdiscounts](https://www.blueshieldca.com/wellnessdiscounts).

MEDICAL BENEFITS

1. Do I need to select a PCP in the Trio network?

Yes. You must select a PCP in the Trio network. You can choose a PCP or have one assigned to you. PCPs perform preventive care and treat medical conditions. They also coordinate other health care, including referrals to specialists and hospitals within their medical group/IPA. Each member of your family can choose a different physician and medical group/IPA.

To find a PCP in the Trio network:

- Go to [blueshieldca.com/networkTrioHMO](https://www.blueshieldca.com/networkTrioHMO).
- Select *Primary Care Physician* to search by PCP specialty.
- Enter your location, and then click *Continue*.
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.).

You will need your selected PCP's ID number when you enroll in the Trio plan for the first time. To find this number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

Note the Altais/Everside clinic is NOT a participating provider under the Trio plan.

2. How can I find out if my current doctor is in the Trio network, so I can select my doctor as my PCP?

To find out if your current doctor is in the Trio network:

- Go to [blueshieldca.com/networkTrioHMO](https://www.blueshieldca.com/networkTrioHMO).
- Select *Primary Care Physician*.
- Enter your location, and then click *Continue*.
- Select *Doctor Name*.

If you need guidance on how to use our Find a Doctor tool, visit [blueshieldca.com/watchfindadoctor](https://www.blueshieldca.com/watchfindadoctor).

3. What if my current doctor is not in the Trio network?

If your doctor is not in the Trio network, you can search for a new one at blueshieldca.com/networkTrioHMO. See **Question 1** above in this section for instructions.

4. What should I do once I've selected a PCP?

Once you've selected a PCP, you'll need to give Blue Shield the physician's name and ID number. To find your selected PCP's ID number, click on your doctor's name and select *View details* under "Primary Care Physician ID." If you need help finding a doctor, contact Shield Concierge.

5. What happens if I don't select a PCP when I enroll in the Trio HMO plan?

If you don't select a PCP during open enrollment, Blue Shield will automatically match you and any enrolled dependents with one based on your ZIP code, age, and gender.

If you prefer a different PCP than the one you were matched with, contact Shield Concierge for help in changing your PCP.

To find a new PCP in the Trio HMO network

- Go to blueshieldca.com/networkTrioHMO.
- Select *Primary Care Physician* to search by PCP specialty.
- Enter your location, and then click *Continue*.
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.).

If you change PCPs, you will need to give Blue Shield your new PCP's ID number. To find this number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

6. If I need to see a specialist, do I need a referral from my PCP?

Yes. If you want to pay your regular plan copayment to see a specialist, you will need a referral from your PCP before seeing a specialist.

If your PCP participates in the Trio+ *Specialist* program, you may go directly to a specialist within your physician's medical group/IPA without a referral. You will pay a slightly higher copayment. Medical groups/IPAs that participate in the Trio+ *Specialist* program are identified in our online directories and on your Blue Shield member ID card.

Important: Self-referral is only for an initial consultation with a specialist. Any follow-up care or treatment by a specialist requires a referral from your PCP.

If your PCP does not participate in the Trio+ *Specialist* program, you will need a referral from your doctor to see a specialist.

7. Can I self-refer to an OB/GYN?

Trio plan members can self-refer to an OB/GYN within their medical group/IPA for any OB/GYN-related services. You do not need a referral, and you will not have to pay an additional copayment.

8. Does this plan include preventive care, and what is the cost?

Yes. If you see a doctor in the Trio HMO Network, you have access to services defined as routine preventive care. Your medical plan covers the costs for preventive health services when care is provided through network providers. For details about preventive care benefits, visit blueshieldca.com/preventive.

9. What if I'm a new enrollee in the Trio HMO plan, and I'm in the middle of receiving care for a medical condition from a provider that is not in the Trio network?

As a new member, you may be entitled to a medical review that may allow you to continue your current treatment plan with your prior provider for a specified time frame due to a specific diagnosis.

If you have a continuity of care issue, please contact Shield Concierge for assistance. Blue Shield may assign a case manager to assist you with your specific continuity of care needs.

10. What if I'm a new enrollee in the Trio HMO plan, and I've received authorization for a medical procedure – but it takes place after my Trio coverage goes into effect? Do I need to get a new authorization?

Yes. If you have been scheduled for treatment that required authorization from your former doctor who is not in the Trio network, you will need new authorization from a doctor who is in the Trio network. If you have questions, contact Shield Concierge.

11. Do I have coverage while traveling outside California or the United States?

When you're outside California or out of the country, you and your family can get urgent and emergency care through the BlueCard® and Blue Shield Global Core programs. To find a provider in the United States, visit provider.bcbs.com, or call **(800) 810-BLUE (2583)**. To find a provider outside the country, visit bcbsglobalcore.com, or call **(804) 673-1177** collect.

12. My children are going to college outside California. How do they access care while they are away from home?

The [Away From Home Care® program](#) gives students, long-term travelers, workers on long-distance assignments, and families living apart flexible coverage across most of the country for extended periods of time. The Away From Home Care program is not available in all areas and states. Benefits from the host plan may differ from benefits in the Trio plan. To find out whether your family is eligible, call Shield Concierge.

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

Yes, Trio HMO members have pharmacy covered through Blue Shield's partnership with CVS. You can view our pharmacy FAQs, learn about prescriptions by mail, and more at blueshieldca.com/pharmacy.

2. What is a drug formulary?

A formulary is a list of medications approved by the Food and Drug Administration (FDA) that are selected based on safety, effectiveness, and cost, and that are covered under your Blue Shield prescription drug benefit. A drug listed in the formulary does not guarantee it will be prescribed by your doctor.

3. What are drug tiers?

Drugs in a formulary are typically grouped into tiers based on defined categories such as generic drugs, preferred brand-name drugs (which will generally have a lower member cost share), non-preferred brand-name drugs, and specialty drugs. The tier that your prescribed medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers. You can find information about what you pay by drug tier in your health plan documents.

4. How do I know if my medication is on Blue Shield's drug formulary?

To see if your medication is on Blue Shield's drug formulary, go to blueshieldca.com/pharmacy. Under *Drug formularies*, select *Large group plans*.

5. I am interested in using the mail service pharmacy to fill my prescriptions. How do I get started?

Go to blueshieldca.com/pharmacy and select *Pharmacy networks* and then *Mail service pharmacy*. Follow the instructions to create your account with CVS Caremark Mail Service Pharmacy™. You can receive by mail up to a 90-day supply of medication you take on a regular basis for chronic or long-term medical conditions. However, opioids are limited to a 30-day supply. If you have questions, call the mail service pharmacy at **(866) 346-7200 (TTY: 711)**. You can also contact Shield Concierge for assistance.

6. Can I get a 90-day supply of prescription maintenance drugs from a retail pharmacy?

Yes. If you take maintenance medications for long-term medical conditions or for chronic conditions such as diabetes, you can obtain a 90-day supply from any participating retail pharmacy in Blue Shield's pharmacy network.

7. What is step therapy, and why is it required for members?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost-effectiveness, and then progressing to other drugs that may have more side effects or risks, or that are more costly. Blue Shield's step therapy typically requires the use of a generic drug first before covering a brand-name drug. We require step therapy to ensure that members get the safest and most cost-effective drug possible.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Blue Shield's Pharmacy and Therapeutics (P&T) Committee, which includes active practicing physicians and pharmacists in the Blue Shield network, performs a rigorous clinical review of coverage policies such as step therapy.

If your doctor feels that a medication is medically necessary for you, your doctor may request an exception to the step therapy requirements by requesting a prior authorization review.

8. I am a new enrollee in the Trio HMO plan. I have received prior authorization for a prescription drug from my previous carrier. Do I need to get authorization from Blue Shield to refill this prescription after my plan's effective date?

The list of drugs that require prior authorization for coverage varies from one health plan carrier to another. If you are currently covered under another carrier and have enrolled in a Blue Shield health plan, your prescribing physician may need to obtain prior authorization from Blue Shield to ensure that your prescription will be covered after your plan's effective date. Be sure to ask your prescribing physician to contact Blue Shield for prior authorization to refill your prescription. For assistance, contact Shield Concierge.

9. I currently take a prescription drug that is listed on my current plan's specialty prescription drug list. How do I verify if this prescription drug is on Blue Shield's specialty drug list?

To verify that your prescription drug is on Blue Shield's specialty drug list, contact Shield Concierge.

AFTER YOU BECOME A MEMBER

1. When will I receive my Blue Shield member ID card?

New subscribers should receive a member ID card in the mail before their effective coverage date. Please review your new ID card carefully to make sure all the information is correct.

2. What are the benefits of registering for a Blue Shield online account?

Registering for a Blue Shield online account gives you access to a personalized dashboard with an easy-to-read overview of your health plan benefits. With an online account, you can do the following – and more:

- Access your digital member ID card online 24/7
- Find all your coverage details in one convenient place
- Request access to your covered dependents' information, such as claims, so you can view it from your online account
- View your copays or coinsurance to know what's covered before your next appointment

To register, go to blueshieldca.com/register. You'll just need your member ID number (located on your Blue Shield member ID card) and your email address.

Note: To access your account information on your smartphone, after you register, download our mobile app at blueshieldca.com/mobile. Be sure to log in with your username and password to get the most from the app experience.

3. How do I get a replacement member ID card?

Get easy access to your digital ID card! Once you've registered for an account at blueshieldca.com/register, you can view your ID card online 24/7 – and never worry about losing it. (See account registration instructions in **Question #2** above.)

Once you have registered and logged in to blueshieldca.com, you can also print a temporary ID card or order a new ID card and have it mailed to you. Except for the paper stock, temporary cards are identical to permanent ID cards. If you order a replacement ID card by mail, you should receive it within seven to 10 business days.

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MyStrength is not a healthcare provider and does not provide medical advice, diagnosis, or treatment.

Language Assistance Notice

For assistance in English at no cost, call the toll-free number on your ID card. You can get this document translated and in other formats, such as large print, braille, and/or audio, also at no cost. Para obtener ayuda en español sin costo, llame al número de teléfono gratis que aparece en su tarjeta de identificación. También puede obtener gratis este documento en otro idioma y en otros formatos, tales como letra grande, braille y/o audio. 如欲免費獲取中文協助，請撥打您 ID 卡上的免費電話號碼。您也可免費獲得此文件的譯文或其他格式版本，例如：大字版、盲文版和/或音訊版。

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