

Blue Shield Trio HMO Plan

Frequently Asked Questions

If you have any questions about your health plan benefits, call your dedicated Shield Concierge team at **(855) 747-5800**. 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/cosm](https://www.blueshieldca.com/cosm) for basic information about the Trio HMO plan.

GENERAL PLAN INFORMATION

1. What Is the Trio HMO plan?

The Trio HMO plan is an innovation in health care: the accountable care organization (ACO). In an ACO, the focus is on you. Blue Shield works with a network of doctors and hospitals that share responsibility for coordinating care for you and your family. We work together to cover all the bases to keep you healthy. The Trio HMO plan is affordable and predictable – low copays, no deductibles and almost no claim forms.

With the Trio HMO plan, you have access to a quality network of local doctors and hospitals. You need to select a primary care physician (PCP), who is responsible for the overall coordination of your care.

Important: The Trio HMO plan is available to active County of San Mateo employees. This plan is also available to retirees **who do not have Medicare**.

2. How is the Trio HMO plan different from the Access+ HMO plan?

The Trio HMO plan offers the same medical benefits as the Access+ HMO® plan. Additionally, Trio also offers:

- **A lower premium.** The Trio HMO plan will cost you less than the Access+ HMO plan.
- **A select network that focuses on coordinating your care.** The local doctors and hospitals in Trio's network coordinate your care. This helps to keep you healthy, avoid redundant processes and reduce costs. (**Note:** When you're enrolled in Trio, you can change your PCP at any time. However, the PCP must be in the Trio ACO HMO Network, which is smaller than the Access+ HMO Network.)
- **Access to Shield Concierge, a team of experts and dedicated customer service representatives.** With Shield Concierge, you call one toll-free number for help with all of your questions about your medical coverage and care. (For more information about Shield Concierge, see **Question #3 below**.)
- **A complimentary Fitbit Zip® wireless activity tracker for Walkadoo®, a fun and social walking program.** With the Trio HMO plan, you get a complimentary Fitbit Zip if you enroll in the Walkadoo program. You can clip this device to your belt or

hip pocket. It tracks steps taken, distance traveled and calories burned. The Fitbit Zip includes a large tap display so you can quickly see your daily stats. (For more information about Walkadoo, see **Question #5 below.**) **Important: Only Trio HMO plan subscribers are eligible for the complimentary Fitbit Zip.** Spouses and dependents are not eligible for the free Fitbit Zip. However, all Blue Shield of California members age 18 and over are eligible for the free Walkadoo program available through **mywellvolution.com**.

3. What is Shield Concierge?

Just as a hotel concierge assists guests with everything from transportation to restaurant reservations, the Shield Concierge team is ready to assist in meeting many of your needs.

The Shield Concierge team includes health advocates, registered nurses, health coaches, pharmacists, pharmacy technicians, clinical support coordinators and dedicated customer service representatives. This team provides personalized support on all aspects of your care, including benefits, claims, providers, care coordination, case management, health coaching, pharmacy and more.

The Shield Concierge team can:

- Help you find a Trio ACO HMO network provider
- Work with you and your doctor to coordinate care across all providers
- Help you manage a chronic condition, such as asthma, diabetes or coronary artery disease
- Connect you with NurseHelp 24/7SM
- Explain pharmacy benefits coverage, including formulary use
- Assist you with claims, transfers, and much more

Shield Concierge makes personalized service as easy as a phone call. You call one toll-free number for help with all of your questions about your medical coverage and care.

4. Does the Trio HMO plan offer any wellness programs?

With the Trio HMO plan, you can participate in Wellvolution[®], Blue Shield's easy, social and fun approach to wellness. Wellvolution features easy-to-use online programs that can help you improve your well-being. You can also invite family and friends to join.

Important: All Blue Shield of California members age 18 and older are eligible to participate in the Wellvolution programs described below. However, a Trio HMO plan subscriber's spouse and dependents are not eligible for the complimentary Fitbit Zip for Walkadoo.

Visit www.mywellvolution.com for access to:

- **Well-Being Assessment** – Complete a short questionnaire and receive a confidential, personalized report of your overall well-being, including ways you can improve your health.
- **Daily Challenge** – With Daily Challenge®, you will receive a daily email that includes suggestions for simple and fun wellness-related tasks that can help improve your well-being.
- **QuitNet** – Get the help you need to quit smoking with encouragement and support from the largest quit-smoking community in the world. QuitNet® now includes nicotine replacement therapy (NRT) at no additional cost.
- **Walkadoo** – Walkadoo features daily step goals created just for you and a supportive online community. Simply wear a wireless activity tracker that counts your steps throughout the day. Visit Walkadoo from your smartphone or computer to check your progress.
- **Diabetes Prevention Program** – You may be eligible for the Diabetes Prevention Program. This program can help you lose weight, adopt healthier habits and reduce your risk of developing type-2 diabetes. It's available at no cost to members who qualify. Find out more at solera4me.com/shield.

5. When I sign up for Walkadoo, how do I order the complimentary Fitbit Zip?

Go to mywellvolution.com and click on *Walkadoo* from the *Programs* page to sign up for the program. During the registration process, you will be prompted to order your free Fitbit Zip. **IMPORTANT:** Only Trio HMO plan subscribers are eligible for the complimentary Fitbit Zip. Spouses and dependents can participate in all the programs available through www.mywellvolution.com. However, they are not eligible for the complimentary Fitbit Zip.

All Blue Shield of California members can also connect with any of the approved Walkadoo devices or apps listed on the Walkadoo page on mywellvolution.com. Walkadoo is compatible with all models of Fitbit, Jawbone and Misfit fitness trackers, and most models of the Garmin fitness tracker. In addition, this program is compatible with the Moves app and the Walkadoo app tracker for iPhone® and Android™. If you have one of these devices or one of the mobile apps, you can use it to connect to Walkadoo.

6. Are Trio HMO plan members eligible for any other Wellness programs?

Yes. Just like Access+ HMO plan members, Trio members, including active employees and retirees, can access the Wellness discount programs. These programs help members save money and live healthier with a wide range of discounts.¹ These include discounts for Weight Watchers; membership with 24 Hour Fitness, ClubSport and Renaissance ClubSport; acupuncture, chiropractic services and massage therapy; and

eye exams, frames, contact lenses and LASIK surgery. To learn more about the Wellness discount programs, Trio HMO plan members can visit [blueshieldca.com/hw](https://www.blueshieldca.com/hw).

MEDICAL BENEFITS

1. Do I need to have a Trio HMO PCP?

Yes. As a Trio HMO member, you need to have a PCP in the Trio ACO HMO network. This PCP is responsible for the overall coordination of your care. 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.

2. After I enroll in Trio, can I change my Trio HMO PCP any time during the year?

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 ACO HMO Network, which is smaller than the Access+ HMO Network.

3. I want to change my Trio HMO PCP. How do I find a new PCP in the Trio ACO HMO Network?

To change your Trio HMO PCP, follow these steps:

- 1) Go to [blueshieldca.com/networktriohmo](https://www.blueshieldca.com/networktriohmo)
- 2) Select *Primary Care Physician*, then enter your ZIP code
- 3) Select the type of PCP you're looking for (Family Practice, General Practice, etc.)

For help in finding a new Trio HMO PCP, you can also call Shield Concierge at **(855) 747-5800**.

4. If I need to see a specialist, do I need a referral from my Trio HMO 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 Trio HMO PCP participates in our *Trio+ Specialist* program, you may go directly to a specialist within your physician's medical group or Independent Practice Association (IPA) without a referral. You will pay a slightly higher copayment. Medical groups and IPAs that participate in the *Trio+ Specialist* program are identified in our online directories and on your Blue Shield member ID card.

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

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

Trio HMO 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.

6. What is the cost for preventive care?

You have access to services defined as routine preventive care at no additional charge and without having to pay a copayment or meet the plan's deductible. You can download a list of recommended screenings and immunizations at [blueshieldca.com/preventive](https://www.blueshieldca.com/preventive).

7. 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 who is not in the Trio ACO HMO Network?

If you are currently receiving care – for planned surgeries, pregnancy and newborn care, acute and serious chronic conditions, or a terminal illness – from a provider who is not in the Trio ACO HMO Network, you will need to transition to a Trio ACO HMO provider to continue your care/treatment.

8. I am a new enrollee in the Trio HMO plan. I have received authorization for a medical procedure, but it takes place after my Trio HMO plan 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 ACO HMO Network, you will need new authorization from a doctor who is in the Trio ACO HMO Network.

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

Through the BlueCard® Program, HMO plan members can access emergency and urgent care services across the country and around the world. Getting urgent care with the BlueCard Program can be more cost-effective. It may also eliminate the need to pay for the services at the time you receive them.

10. 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 HMO plan. To find out whether your family is eligible, call Shield Concierge.

11. What is the Alternative Care Discount Program?

IMPORTANT: The Alternative Care Discount Program is not the same as the Alternative Health Plan available to retirees who move outside of the HMO service area.

With the Alternative Care Discount Program, you can save on alternative healthcare services from practitioners participating with American Specialty Health Group, Inc. Just make an appointment with a participating practitioner. Then, show your Blue Shield member ID card at your appointment to get your discount. It's that easy!

To find a participating provider in the Alternative Care Discount Program, go to blueshieldca.com/networktriohmo. Then, select *Alternative Medicine*.

You can also call American Specialty Health Group, Inc. at **(888) 999-9452**, Monday through Friday, 5 a.m. to 6 p.m. Pacific time, for assistance.

Services in the Alternative Care Discount Program include:

Acupuncture services

Members receive 25% off the usual and customary fees for services, including:

- Examinations
- Acupuncture or electro-acupuncture
- Adjunctive therapeutic procedures

Chiropractic services

Members receive 25% off the usual and customary fees for services, including:

- Examinations
- Manipulative treatment
- Adjunctive therapeutic procedures
- X-rays
- Supports and appliances

Massage therapy

Members receive 25% off the usual and customary fees for massage therapy visits. A variety of techniques may be used, including:

- Swedish massage
- Deep-muscle massage
- Deep-tissue massage

Health and wellness products

Members may purchase a broad selection of health improvement and wellness products, fulfilled by an e-retail site. These include:

- Vitamins and minerals
- Food supplements
- Sports nutrition
- Herbs and botanicals

Relaxation resources

- Pilates, yoga and tai chi
- Fitness and activity
- Health books and videos
- Beauty and personal

PHARMACY BENEFITS

1. Do I have the same pharmacy benefits with the Trio HMO plan that I had with the Access+ HMO plan?

Yes. The pharmacy benefits for the Trio HMO plan are exactly the same as those for the Access+ HMO plan.

2. What is a drug formulary?

A formulary is a list of preferred generic and brand-name medications approved by the Food and Drug Administration (FDA) that are covered under your Blue Shield prescription drug benefit. The formulary serves as a guide for physicians and members in selecting the most cost-effective drug therapy. The fact that a drug is listed in the formulary does not guarantee it will be prescribed by your physician. To determine whether the formulary applies to your plan, please check your health plan documents.

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

It's easy to access the Blue Shield Drug Formulary to see if your medication is on the list of preferred prescription drugs. Just go to blueshieldca.com/pharmacy.

4. I am interested in using the Blue Shield mail service pharmacy to refill my prescriptions. How do I get started?

If you take stabilized doses of covered long-term maintenance medications for conditions such as diabetes, you can order a mail-service prescription of up to a 90-day supply. You may save money on your copayment, and there is no charge for shipping.

After you enroll in a Blue Shield health plan, it's easy to get started. Go to blueshieldca.com/pharmacy. To receive medications through the mail service pharmacy, you must first register online, by phone or by mail to provide the information required. This includes your name, shipping address, payment method and drug allergies. You will also need to send your prescription to the mail service pharmacy electronically, or by phone, fax, or mail.

Once your prescription is on file with the mail service pharmacy, you can order your refill prescriptions online at caremark.com, or by phone or mail. If you have any questions, you can call the mail service pharmacy at **(866) 346-7200**.

5. 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 most medically and 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 & 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 drug prior authorization review. Your doctor simply needs to contact Blue Shield Pharmacy Services by phone or fax.

Note: Drug prior authorization allows your doctor to obtain advanced approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some select drugs require your doctor to provide information about your prescription to determine coverage.

6. What are drug tiers?

Drugs in a formulary are typically grouped into tiers based on defined categories. The tier that your medication is in determines your portion of the drug cost. A typical drug benefit includes three or four tiers: Tier 1 usually includes generic medications. You can find information about what you pay by drug tier in your health plan documents.

The column titled "Tier" identifies the cost level you pay for a drug.

Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by Blue Shield's P&T Committee based on drug safety, efficacy and cost
3	Non-preferred brand drugs; drugs recommended by Blue Shield's 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

Tier	Description
4	Drugs that are required by the FDA or drug manufacturer to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; drugs manufactured using biotechnology; or drugs with a plan cost (net of rebates) greater than \$600

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

No. You do not need new authorization from Blue Shield to refill this prescription because you still have a Blue Shield plan.

8. I am currently an Access+ HMO member. I take a prescription drug that is listed on Blue Shield's specialty prescription drug list. If I enroll in the Trio HMO plan, will my prescription drug still be on Blue Shield's Specialty Drug List?

Yes. Your prescription drug will be listed on Blue Shield's specialty prescription drug list because you will still have a Blue Shield plan.

9. I have another health carrier. But I'm thinking of enrolling in Blue Shield's Trio HMO plan. I 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, visit blueshieldca.com/pharmacy, or call Shield Concierge.

AFTER YOU BECOME A TRIO HMO PLAN MEMBER

1. When will I receive my new member ID card?

New subscribers will receive a Blue Shield member ID card in the mail before their effective coverage date. The plastic member ID card lists the name of the subscriber on the front, and the name of the Trio HMO PCP on the back. All covered dependents will also receive their own ID card that lists the name of their Trio HMO PCP. Please review your new ID card carefully to make sure all of the information is correct.

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

Once you have registered and logged in to **blueshieldca.com**, you can 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.

To print a temporary card at any time, click *My Plan & Claims* and then *ID Card*. Then, click *View/Print a Temporary ID Card*.

If you order a replacement ID card by mail, you will receive it by U.S. mail within seven to 10 business days.

Note: If you do not have access to a computer, you can call Shield Concierge to order a replacement card.

3. What is the Blue Shield mobile app, and what can I use it for?

The Blue Shield mobile app gives you quick and easy access to important health plan and benefits information anytime, from almost anywhere. With the Blue Shield mobile app, you can:

- View your Blue Shield member ID card
- Get benefits information*
- Find a doctor, hospital or urgent care center
- View deductible and copayment year-to-date totals
- View claims
- Access NurseHelp 24/7SM
- Contact us

* See your health plan documents or check with your company's plan administrator for your specific benefit coverage.

Download the app today from the App StoreSM or Google PlayTM and search for "Blue Shield of California Mobile." Member registration is easy! One username and password gives you 24/7 access to your health plan information from your mobile device, laptop or desktop. Be sure to log in with your username and password to get the most from the app experience. Visit **blueshieldca.com/mobile** for more information, including answers to frequently asked questions.

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Google Play and Android are trademarks of Google Inc.

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¹ The Wellness discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company (Blue Shield Life) 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 and Disclosure (EOC&D)* form, *Benefit Booklet* or *Certificate of Insurance/Policy*. Blue Shield reserves the right to terminate this program at any time without notice.