

FIRST M LAST
STREET
CITY, STATE ZIP



blue  of california

Blue Shield of California
Installation & Membership - IFP
PO BOX 629032
EL DORADO HILLS CA 95762-9032

Shield Concierge: **(844) 250-2873**
Monday - Friday: 8 a.m. - 8 p.m.
Saturday: 8 a.m. - 5 p.m.
[blueshieldca.com/go](https://www.blueshieldca.com/go)

blue 
california

Subscriber
FIRST M LAST

ID# 0000000000000

Network Name **Trio ACO HMO**
Group # **X0001000**
Effective **01/01/2022**
Copays
Primary Care \$35 Specialist \$70
Urgent Care Center \$35 Teladoc \$0
Emergency Room \$400

SHPS SCRIPPS COASTAL MED CTR
MOGROVEJO, GABRIELA K.
(619) 502-7300

08/01/21

trio  HMO

Plan Type **HMO**
RX **YES**
RxBIN **004336**
RxPCN **77993333**

Silver 70 Off Exchange TrioHMO



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Primary Care \$35 Specialist \$70
Urgent Care Center \$35 Teladoc \$0
Emergency Room \$400

SCRIPPS CLINIC MEDICAL GRP
SABLOVE, ROBERT S.
(619) 670-5400

08/01/21

trio  HMO

Plan Type **HMO**
RX **YES**
RxBIN **004336**
RxPCN **77993333**

Silver 70 Off Exchange TrioHMO



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Please review the information on your cards including the Primary Care Physician (PCP) and Medical Group. Call the Shield Concierge number listed on the back of your card to request changes or report any errors. Our Shield Concierge team is ready to help you.

Thanks again for choosing Blue Shield of California. We look forward to serving you.

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Providers: Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California. For more information visit blueshieldca.com/provider

| | Deductible | Out-of-pocket maximum |
|---|------------|-----------------------|
| Individual HMO medical | \$3,200 | \$8,200 |
| Individual in-network pharmacy | \$10 | Included* |
| Family HMO medical | \$7,400 | \$16,400 |
| Family in-network pharmacy | \$20 | Included* |
| *Pharmacy included in medical deductibles/out-of-pocket maximums. | | |

CA Medical claims to: Blue Shield of California, P.O. Box 272940, Chico, CA 95927-2940
Pediatric Dental Claims to: Blue Shield of California, P.O. Box 300567, Salt Lake City, UT 94130-0567

We are here to help:
blueshieldca.com/go

(844) 250-2873 Shield Concierge
TTY
(877) 263-9952 Mental Health Customer Svc.
(877) 304-0504 NurseHelp 24/7
(800) 810-2583 To locate providers outside of CA
(800) 541-6652 CA Provider Customer Service (includes hospitals for pre-auth)
(888) 970-0932 Pharmacists Only
(877) 601-9083 Vision Benefits and Claims Inquiries
(888) 702-4171 Pediatric Dental Benefits and Claims Inquiries
(800) 835-2362 Teladoc

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Get the most out of your plan.
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F18638220A+3--1_2



trio ^{HMO}

Subscriber
FIRST M LAST
Member
FIRST

ID# 0000000000000

SHP S CRIPPS COASTAL MED CTR
QUIROS, CARLOS M.
(619) 502-7300 **08/01/21**

Network Name **Trio ACO HMO**
Group # **X0001000**
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Primary Care \$35 Specialist \$70
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