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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) 250-2872**
Monday - Friday: 8 a.m. - 8 p.m.
Saturday: 8 a.m. - 6 p.m.
blueshieldca.com/go

blue 
california



Subscriber
FIRST M LAST

ID# 000000000000

SHPS SCRIPPS COASTAL MED CTR

SCHLOTFELDT II, RONALD B.

(619) 278-3300

08/01/21

Network Name **Trio ACO HMO**
Group # **X0001004**
Effective **01/01/2022**
Copays
Primary Care 0% Specialist 0%
Urgent Care Center 0%
Emergency Room 0%

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

Gold 80 Trio HMO AI-AN



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Gold 80 Trio HMO AI-AN



Dear FIRST M LAST:

Thank you for your continued membership with Blue Shield of California.

Your revised ID cards are attached. They include the changes you requested and important information about your health coverage. Please keep one with you at all times. You'll need your card when you visit a doctor, call customer service and access your online account at **blueshieldca.com**.

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.

Blue Shield of California

By accepting this card and any benefits it entitles the holder, the holder acknowledges that the agreement is a contract between the named subscriber and Blue Shield of California. Blue Shield is an independent corporation operating under a license from the Blue Shield Association, which permits Blue Shield to use the Blue Shield name and service marks in California.

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 tiered network medical	\$0	\$0
Individual HMO medical	\$0	\$8,200
Individual in-network pharmacy	\$0	Included*
Family tiered network medical	\$0	\$0
Family HMO medical	\$0	\$16,400
Family in-network pharmacy	\$0	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) 250-2872** Shield Concierge
- 711** TTY
- (877) 263-9952** Mental Health Customer Svc. NurseHelp 24/7
- (800) 810-2583** To locate providers outside of CA CA Provider Customer Service (includes hospitals for pre-auth)
- (800) 541-6652** CA Provider Customer Service (includes hospitals for pre-auth)
- (888) 970-0932** Pharmacists Only
- (855) 342-9105** Vision Benefits and Claims Inquiries
- (800) 605-8202** 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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