blue CALIFORNIA

Individual and Family Plans: Trio HMO

Effective 1/2027



Trio HMO from Blue Shield of California



The providers you need, close to home
Our Trio HMO plan gives you access to a quality network of local doctors and hospitals that focus on delivering care and helping members navigate the healthcare system.

Choose an IFP Trio HMO network primary care physician (PCP) who can guide you in getting care you need.* You can choose an in-person PCP or a virtual PCP who you can see by video or phone from the comfort of your home. To find in-person and virtual Trio HMO doctors, visit blueshieldca.com/networkifphmo. For a list of Trio HMO medical groups and hospitals in your area, visit blueshieldca.com/hmo-providers.

* If you do not choose a PCP, we may assign you a virtual PCP. You can always change your PCP at any time.



How to choose your plan
We have a variety of Trio HMO plans to choose from. To find the right plan for you, think about how much you are willing to pay for your monthly premium and your healthcare. Generally, the higher your monthly premium, the less you'll pay out of pocket when you get care. If you choose a lower monthly premium, you will likely pay more out of pocket when you get care. Choose the plan that feels like the right balance for you.

Financial assistance
You may be eligible for government financial assistance to help pay your monthly premiums for any Blue Shield Trio HMO plan offered through Covered California. For example, a family of four living in Orange County and earning $125,000 per year could qualify for $737 in monthly subsidies.* Or a single individual age 30 living in Los Angeles County and earning $40,000 per year could qualify for $171 in monthly subsidies. Visit blueshieldca.com/getblue to check your eligibility or contact your broker or Blue Shield to guide you through the next steps.

* Family of four subsidy is based on two adults age 40 and two kids ages 10 and 13. For illustrative purposes only. Covered California determines subsidy eligibility and amount.

		Bronze 7500 Trio HMO	Blue Shield Bronze 60 Trio HMO	Blue Shield Silver 70 Trio HMO
Plan can be purchased through		Blue Shield only	Blue Shield and Covered California	Blue Shield and Covered California
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$7,500 per individual / $15,000 per family[1]	$5,800 per individual / $11,600 per family[1]	$4,700 per individual / $9,400 per family[1]
Calendar year pharmacy deductible		Included in the medical deductible	$450 per individual / $900 per family[1]	$50 per individual / $100 per family[1]
Calendar year out-of-pocket maximum[2]		$11,650 per individual / $23,300 per family	$11,650 per individual / $23,300 per family	$11,650 per individual / $23,300 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$65	$60	$50
Specialist	Office visit (in-person or telehealth)	$95	$100 for first 3 visits per calendar year prior to deductible, then $100 after deductible[3]	$100
Mental health / substance use disorders	Office visit (in-person or telehealth)	$65	$60	$50
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$65	$50	$50
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$115	40% (subject to deductible)	$95
Emergency and urgent care services				
Emergency room	Physician services	50%	$0	$0
	Facility services (waived if admitted to the hospital)	50% (subject to deductible)	40% (subject to deductible)	$400 per visit
Urgent care center services	(in-person or telehealth)	$65 per visit	$60 per visit	$50 per visit

		Bronze 7500 Trio HMO	Blue Shield Bronze 60 Trio HMO	Blue Shield Silver 70 Trio HMO
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	50%	40% (subject to deductible)	30%
	Facility services	50% (subject to deductible)	40% (subject to deductible)	30% (subject to deductible)
Outpatient	Physician services	$150 per surgery	40% (subject to deductible)	30%
	Facility services	50% (subject to deductible)	40% (subject to deductible)	30%
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[4]	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
Tier 1	90 day supply home delivery	$0	$0	$0
	30 day supply	$15 per prescription	$20 per prescription	$20 per prescription
	90 day supply home delivery	$45 per prescription	$60 per prescription	$60 per prescription
Tier 2	30 day supply	$115 per prescription (subject to deductible)	40% (up to $500 per prescription and subject to pharmacy deductible)	$65 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	$345 per prescription (subject to deductible)	40% (up to $1,500 per prescription and subject to pharmacy deductible)	$195 per prescription (subject to pharmacy deductible)

		Bronze 7500 Trio HMO	Blue Shield Bronze 60 Trio HMO	Blue Shield Silver 70 Trio HMO
Tier 3	30 day supply	50% (up to $500 per prescription and subject to deductible)	40% (up to $500 per prescription and subject to pharmacy deductible)	$95 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	50% (up to $1,500 per prescription and subject to deductible)	40% (up to $1,500 per prescription and subject to pharmacy deductible)	$285 per prescription (subject to pharmacy deductible)
Tier 4	30 day supply	50% (up to $500 per prescription and subject to deductible)	40% (up to $500 per prescription and subject to pharmacy deductible)	20% (up to $250 per prescription and subject to pharmacy deductible)
	90 day supply home delivery	50% (up to $1,500 per prescription and subject to deductible)	40% (up to $1,500 per prescription and subject to pharmacy deductible)	20% (up to $750 per prescription and subject to pharmacy deductible)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	Yes	Yes	No
Out of state care coverage	BlueCard® service area	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	$20 per visit (12 visits per member per calendar year)	Not covered	Not covered

		Silver 70 Off Exchange Trio HMO	Blue Shield Silver 73 Trio HMO	Blue Shield Silver 87 Trio HMO
Plan can be purchased through		Blue Shield only	Covered California only	Covered California only
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$4,700 per individual / $9,400 per family[1]	$4,700 per individual / $9,400 per family[1]	$1,100 per individual / $2,200 per family[1]
Calendar year pharmacy deductible		$50 per individual / $100 per family[1]	$50 per individual / $100 per family[1]	$50 per individual / $100 per family[1]
Calendar year out-of-pocket maximum[2]		$11,650 per individual / $23,300 per family	$9,600 per individual / $19,200 per family	$4,000 per individual / $8,000 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$50	$50	$15
Specialist	Office visit (in-person or telehealth)	$100	$100	$30
Mental health / substance use disorders	Office visit (in-person or telehealth)	$50	$50	$15
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$50	$50	$35
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$95	$95	$50
Emergency and urgent care services				
Emergency room	Physician services	$0	$0	$0
	Facility services (waived if admitted to the hospital)	$400 per visit	$400 per visit	$200 per visit
Urgent care center services	(in-person or telehealth)	$50 per visit	$50 per visit	$15 per visit
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	30%	30%	20%
	Facility services	30% (subject to deductible)	30% (subject to deductible)	20% (subject to deductible)

		Silver 70 Off Exchange Trio HMO	Blue Shield Silver 73 Trio HMO	Blue Shield Silver 87 Trio HMO
Outpatient	Physician services	30%	30%	20%
	Facility services	30%	30%	20%
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[4]	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
	90 day supply home delivery	$0	$0	$0
Tier 1	30 day supply	$20 per prescription	$20 per prescription	$10 per prescription
	90 day supply home delivery	$60 per prescription	$60 per prescription	$30 per prescription
Tier 2	30 day supply	$65 per prescription (subject to pharmacy deductible)	$55 per prescription (subject to pharmacy deductible)	$30 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	$195 per prescription (subject to pharmacy deductible)	$165 per prescription (subject to pharmacy deductible)	$90 per prescription (subject to pharmacy deductible)
Tier 3	30 day supply	$95 per prescription (subject to pharmacy deductible)	$95 per prescription (subject to pharmacy deductible)	$50 per prescription (subject to pharmacy deductible)
	90 day supply home delivery	$285 per prescription (subject to pharmacy deductible)	$285 per prescription (subject to pharmacy deductible)	$150 per prescription (subject to pharmacy deductible)

		Silver 70 Off Exchange Trio HMO	Blue Shield Silver 73 Trio HMO	Blue Shield Silver 87 Trio HMO
Tier 4	30 day supply	20% (up to $250 per prescription and subject to pharmacy deductible)	20% (up to $250 per prescription and subject to pharmacy deductible)	15% (up to $150 per prescription and subject to pharmacy deductible)
	90 day supply home delivery	20% (up to $750 per prescription and subject to pharmacy deductible)	20% (up to $750 per prescription and subject to pharmacy deductible)	15% (up to $450 per prescription and subject to pharmacy deductible)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	No	No	No
Out of state care coverage	BlueCard® service area	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	Not covered	Not covered	Not covered

		Blue Shield Silver 94 Trio HMO	Blue Shield Gold 80 Trio HMO	Blue Shield Platinum 90 Trio HMO
Plan can be purchased through		Covered California only	Blue Shield and Covered California	Blue Shield and Covered California
Benefit amounts reflect member costs when receiving care from in-network providers				
Deductibles and maximum out-of-pocket				
Calendar year medical deductible		$200 per individual / $400 per family[1]	$0	$0
Calendar year pharmacy deductible		$0	$0	$0
Calendar year out-of-pocket maximum[2]		$3,000 per individual / $6,000 per family	$9,600 per individual / $19,200 per family	$5,500 per individual / $11,000 per family
Care from your providers (physician services)				
Primary care	Preventive care	$0	$0	$0
	Office visit (in-person or telehealth)	$5	$40	$20
Specialist	Office visit (in-person or telehealth)	$8	$80	$45
Mental health / substance use disorders	Office visit (in-person or telehealth)	$5	$40	$20
Labs and tests (diagnostic X-ray, imaging, pathology, and laboratory services)				
Laboratory and pathology services at a laboratory center		$10	$40	$25
Basic imaging services (including X-rays and ultrasounds) at an outpatient radiology center		$10	$85	$35
Emergency and urgent care services				
Emergency room	Physician services	$0	$0	$0
	Facility services (waived if admitted to the hospital)	$50 per visit	$350 per visit	$225 per visit
Urgent care center services	(in-person or telehealth)	$5 per visit	$40 per visit	$20 per visit
Care at the hospital (inpatient and outpatient services in a hospital setting)				
Inpatient	Physician services	10%	$0	$0
	Facility services	10% (subject to deductible)	$375 per day (up to 5 days per admission)	$325 per day (up to 5 days per admission)

		Blue Shield Silver 94 Trio HMO	Blue Shield Gold 80 Trio HMO	Blue Shield Platinum 90 Trio HMO
Outpatient	Physician services	10%	$75 per visit	$50 per visit
	Facility services	10%	20%	10%
Dental and vision care for kids (pediatric dental and vision for children up to age 19)				
Dental	Oral exam	$0	$0	$0
	Preventive cleaning	$0	$0	$0
	Topical fluoride	$0	$0	$0
Vision	Comprehensive eye exam	$0	$0	$0
	Glasses (collection frames)[4]	$0	$0	$0
	Contacts (hard or soft, elective or non-elective)	$0	$0	$0
Prescription drugs from your local network pharmacy or Amazon Pharmacy home delivery				
Contraceptive drugs and devices	30 day supply	$0	$0	$0
	90 day supply home delivery	$0	$0	$0
Tier 1	30 day supply	$3 per prescription	$19 per prescription	$10 per prescription
	90 day supply home delivery	$9 per prescription	$57 per prescription	$30 per prescription
Tier 2	30 day supply	$10 per prescription	$60 per prescription	$25 per prescription
	90 day supply home delivery	$30 per prescription	$180 per prescription	$75 per prescription
Tier 3	30 day supply	$15 per prescription	$90 per prescription	$45 per prescription
	90 day supply home delivery	$45 per prescription	$270 per prescription	$135 per prescription
Tier 4	30 day supply	10% (up to $150 per prescription)	20% (up to $250 per prescription)	10% (up to $250 per prescription)
	90 day supply home delivery	10% (up to $450 per prescription)	20% (up to $750 per prescription)	10% (up to $750 per prescription)
Additional features				
Health savings account (HSA) eligible	Consult with your financial or tax advisor if you have questions about HSAs	No	No	No

		Blue Shield Silver 94 Trio HMO	Blue Shield Gold 80 Trio HMO	Blue Shield Platinum 90 Trio HMO
Out of state care coverage	BlueCard® service area	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*	Limited coverage - refer to the *Evidence of Coverage*
Other professional services	Teladoc Health consultation	$0	$0	$0
	Chiropractic services	Not covered	Not covered	Not covered

This chart provides details on plan deductibles, copayments, and coinsurance amounts for common services when using in-network providers. It is not a contract. Plan benefits are only available when using providers in the IFP Trio HMO network. Services received from providers outside of your network and medical group are not covered, except for emergency, urgent, and follow-up care. For complete plan details, refer to the *Evidence of Coverage* available at blueshieldca.com/policies or call us at **(888) 256-3650**.

1 Family coverage has an individual deductible within the family deductible. Blue Shield will pay benefits for an individual member on the family plan once the member meets the individual deductible amount. Blue Shield will pay benefits for all covered family members once the family deductible is satisfied. The family deductible can be satisfied when two family members meet their individual deductibles, or when the combined deductible contributions of three or more members reaches the family deductible limit.

2 Family coverage includes an individual out-of-pocket maximum (OOPM) within the overall family OOPM. Blue Shield pays 100% for covered services for a family member once that person meets their individual OOPM. Blue Shield pays 100% for all covered family members once the family OOPM is met. The family OOPM can be reached when two members meet their individual OOPM or when the combined OOPM amounts of three or more members reach the family limit.

3 The first three visits are available for a $100 copay prior to meeting the calendar-year medical deductible. Members will pay the full contracted rate for subsequent visits until their calendar-year medical deductible has been satisfied. Then, once again, members will pay a $100 copay for specialist office visits.

4 Collection frames are pre-selected frames by the Benefit Administrator, which are fully covered with no out-of-pocket costs. Non-collection frames are other standard retail or designer frames with a fixed allowance.

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Have questions, need a quote, or want to apply?



Visit blueshieldca.com/getblue or contact your broker.

Amazon Pharmacy is independent of Blue Shield of California and is contracted to provide prescription home delivery services to members with Blue Shield pharmacy benefits. Members are responsible for their share of costs, as stated in their benefit plan details.

Language Assistance Notice
For assistance in English at no cost, call **(866) 346-7198**. Para obtener asistencia en español sin cargo, llame al **(866) 346-7198**. 如果需要中文的免费帮助，请拨打这个号码 **(866) 346-7198**.

Nondiscrimination Notice
The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

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Back to top