

Blue Shield Trio HMO plan

Frequently Asked Questions

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If you have any questions about your health plan benefits, call your dedicated Shield Concierge team at **(855) 599-2657**. 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/teamsters1932 for information about the Trio HMO plan.

GENERAL

1. What is the Trio HMO plan?

With the Trio HMO plan, you get access to a quality network of doctors, hospitals, and other providers at an affordable price. The Trio HMO keeps your costs down because Blue Shield partners with an accountable care organization (ACO). An ACO is a group of doctors, hospitals, and other health care providers that share information about your care and coordinate it to give you better treatment and keep your costs down.

With Trio HMO, you have low copays, no deductibles, and almost no claim forms. When you enroll in this plan, you'll need to select a primary care physician (PCP). Your PCP will be responsible for the overall coordination of your care.

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. Plus, Trio offers:

- **A lower employee premium contribution.** The Trio HMO plan will cost you less than the Access+ HMO plan.
- **A select network that focuses on coordinating your care.** Trio's lower premium is made possible because Trio network providers team up to coordinate your care to help keep you healthy – and reduce your costs.
- **Access to Shield Concierge, a team of healthcare experts and dedicated customer service representatives.** With Shield Concierge, you call one toll-free number for answers to all of your benefit and health-related questions. (For more information about Shield Concierge, see **Question #3** below.)
- **Teladoc virtual care from board-certified doctors 24/7 by phone or online video chat – at no cost.** You can get Teladoc consults at no cost starting on your 2020 plan effective date. To learn more about Teladoc, see **Question #4** below.
- **On-demand house calls with Heal™ doctors – with no copayment for the first visit, and no charge for prescription delivery service after any visit.** This benefit is available starting on your 2020 plan effective date. To learn more about Heal, see **Question #5** below.

- **Meal delivery program and non-emergency transportation for qualified patients recovering from serious illness.** To learn more about this program, see **Question #6** below.

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, pharmacy, health coaching, care coordination, case management, and more.

The Shield Concierge team can:

- Help you find a provider in the Trio ACO HMO Network
- 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, and much more

Shield Concierge makes personalized service as easy as a phone call. You call one toll-free number for help with all your benefit and health-related questions.

4. What is Teladoc?

With Teladoc, you can talk to board-certified doctors and pediatricians 24/7 by phone or video at no extra cost. These doctors can treat non-emergency medical issues and prescribe medications when needed.

Before you can use Teladoc, you'll need to register and complete your medical history. This gives Teladoc doctors the information they need to make an accurate diagnosis. If you're already a Trio HMO member, you can set up your Teladoc account at **teladoc.com/bsc**.

Note: Teladoc consults are available at no charge starting on your 2020 plan effective date.

5. What is Heal?

With this service, you can schedule in-person healthcare visits with Heal doctors wherever you are – at home, in the office, or even a hotel. You pay nothing for your first

Heal visit. Plus, there is no charge for prescription delivery service after any visit. (You are still responsible for the prescription copay.) Heal is available in many locations across California. If you are already a Trio HMO member, you can schedule an appointment with a Heal doctor at heal.com.

Note: This benefit is available starting on your 2020 plan effective date.

6. Is the meal delivery program and non-emergency transportation only for qualified patients recovering from serious illness?

Yes. A Blue Shield Case Manager will determine if you are eligible for these programs and, if so, will authorize meal delivery service and transportation for you.

With the LifeSpring meal delivery program, qualified patients recovering from serious illness can get ready-to-heat meals that fit their dietary needs delivered right to their door. Through the Call the Car service, they can also get medical transportation from their home to medical appointments, dialysis centers, and other healthcare facilities as needed.

To find out if you are eligible for these services, or to get more information, contact your dedicated Shield Concierge team.

HEALTH AND WELLNESS PROGRAMS

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

Yes. Wellvolution® is our all-new digital platform for health and well-being. It offers apps and programs to help you achieve your health goals – at no extra cost. You choose the areas to focus on:

- **Prevent and reverse disease** – Prevent diabetes and reverse cardiovascular disease and other conditions.
- **Eat better** – Get help with meal planning, use nutritional calculators, and lose weight.
- **Exercise more** – Get support with movement tracking, workout routines, and coaching.
- **Manage stress** – Meditate, practice mindfulness, and more.
- **Sleep better** – Track sleep patterns and enjoy relaxation exercises for better rest.
- **Quit smoking** – Get the support you need to stop smoking with nicotine replacement therapy and other methods.

Get started with Wellvolution today:

1. Visit **wellvolution.com** to set up your new account (even if you've signed up before).
2. Answer a few questions about your health goals.
3. Discover the apps and programs that are right for you.

2. Does Trio HMO offer wellness discount programs?

Yes. You can get help saving money and living healthier with a wide range of discount programs,¹ including Fitness Your Way™. This program gives you access to more than 800 fitness centers in California and more than 10,000 nationwide for just \$25 per month.* The wellness discount programs also include acupuncture and chiropractic services; therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

* Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

3. Do you offer discounts for acupuncture and other alternative care services?

Yes. As part of the wellness discounts described above, you can save on alternative care services such as acupuncture, chiropractic services, and therapeutic massage from practitioners in the ChooseHealthy® program.

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:

- Go to blueshieldca.com/networktriohmo.
- Select *Alternative Medicine*.
- Enter your location, and then click *Continue*.
- Under Doctor Type, select *Alternative Care Discount Program*.

You can also call **(888) 999-9452**, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time, for assistance.

Alternative care discounts include:

Acupuncture services

Members receive up to 25% off on services including:

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

Chiropractic services

Members receive 25% off on services including:

- Examinations
- Manipulative treatment

- Adjunctive therapeutic procedures
- X-rays
- Supports and appliances

Therapeutic massage services

Members receive 25% off on services including a variety of techniques, such as:

- Swedish massage
- Deep muscle massage
- Deep tissue massage

Health and wellness products

Members can:

- Get discounts of up to 55% on popular health and fitness brands
- Access online health classes and articles at no additional cost

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 one 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/Independent Practice Association (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 .
- 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 HMO plan for the first time. To find this number, click on your doctor's name and select *View details* under "Primary Care Physician ID."

2. 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.

3. 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. To change your PCP, just call your Shield Concierge team.

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

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

5. 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 for instructions.

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 our 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.

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 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.

8. 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.

9. What do I do 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?

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 that is not in the Trio network, please call your Shield Concierge team to see if continuation of care is available to you during your transition to the Trio HMO plan.

10. 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 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, please call your Shield Concierge team.

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. The BlueCard national network includes more than 95% of providers in the United States. The Blue Shield Global Core network includes providers in 170 countries.

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

PHARMACY BENEFITS

1. Do I have pharmacy benefits with Blue Shield?

Please check your health plan documents to verify if you have pharmacy benefits through Blue Shield or with a separate carrier.

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. The formulary assists doctors and members in selecting cost-effective drug therapy. A drug listed in the formulary does not guarantee it will be prescribed by your doctor. To determine whether the formulary applies to your plan, please check your health plan documents.

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

It's easy to access the Blue Shield drug formulary to see if your medication is on the list. Just go to blueshieldca.com/pharmacy.

4. I am interested in using the 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, it's easy to order a mail-service refill. You can receive up to a 90-day supply, depending on benefits. 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 (TTY: 711)**.

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 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. Your doctor simply needs to contact Blue Shield Pharmacy Services by phone or fax.

6. 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, non-preferred brand-name drugs, and specialty drugs. The tier that your 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.

7. 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.

8. 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, visit blueshieldca.com/pharmacy, or call your Shield Concierge team.

AFTER YOU BECOME A MEMBER

1. When will I receive my 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 PCP on the back. All covered dependents will also receive their own ID card that lists the name of their PCP. Please review your new ID card carefully to make sure all 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.

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

3. How do I register for a Blue Shield online account?

Registering for a Blue Shield online account gives you easy access to your plan benefits. This includes a personalized dashboard with an easy-to-read overview of your health plan.

With an online account, you can do the following, and more:

- **Download your ID card** – Just select *View ID Card*.
- **View or change your PCP at any time** – After you log in, scroll down the main page and you'll see your PCP's name. For further information about your PCP, select *View doctor details*. To change your PCP, select *Edit Profile*. Next, under *My health team*, select *Change primary care physician*, and then *Continue*.
- **Manage access to your dependents' health information** – Request access to your covered dependents' health information so you can view it from your online account by selecting *Manage Family Access*.
- **Learn about your pharmacy benefits** – Select *Be Well* and then *Pharmacy* to learn about your pharmacy benefits. You'll also see our drug formularies, information on the mail service pharmacy, and answers to frequently asked questions about pharmacy.

Registering is simple:

1. Go to **blueshieldca.com/register**. You can also register on our mobile app, which you can download on the App StoreSM or Google PlayTM.
2. When prompted, enter your new Blue Shield member ID number.

4. 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 information anytime, anywhere. With the Blue Shield mobile app, you can:

- View your Blue Shield member ID card
- Find a doctor, hospital, or urgent care center
- Get benefits information*
- 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.

It's easy to get started. From your phone, download the Blue Shield of California mobile app on the App StoreSM or Google PlayTM. 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.

¹ These discount program services are not covered benefits 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 the external program administrators identified below, 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, representations, 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*, *Disclosure Form*, *Evidence of Coverage and Disclosure Form*, *Benefit Booklet*, or *Certificate of Insurance/Policy*. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs are administered by or arranged through the following independent companies:

- Alternative Care Discounts program – services provided by the ChooseHealthy program, made available through ChooseHealthy, Inc., a subsidiary of American Specialty Health Incorporated (ASH)*
- Discount Vision Program – MESVision
- Fitness facilities – Fitness Your Way™ (Tivity Health)
- LASIK – Laser Eye Care of California, LLC, QualSight, Inc.

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

*The alternative care discounts are available to members with a Blue Shield medical plan. You are obligated to pay participating healthcare providers directly for the discounted services. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on products and services available through the ChooseHealthy program are subject to change. Please consult the ChooseHealthy website for current availability.

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