Trio HMO Per Admit 10-250

Coverage Period: Beginning On or After 1/1/2024 Coverage for: Individual + Family | Plan Type: HMO

^{*} For more information about limitations and exceptions, see the plan or policy document at

<u>rovider</u>	Limitations, Exceptions, & Other
nost)	Important Information
ered	Preauthorization is required. Failure to obtain preauthorization may result in non-payment of benefits. Retail and Network Specialty Pharmacies: Covers up to a 30-day supply; Specialty drugs must be obtained at a Network Specialty Pharmacy. Mail Service: Covers up to a 90-day supply.

^{*} For more information about limitations and exceptions, see the plan or policy document at www.bscabook.com/M0034274_EOC.pdf.



Common Medical Event

^{*} For more information about limitations and exceptions, see the plan or policy document at www.bscabook.com/M0034274 EOC.pdf.

guage Access Service	es:	
Т	To see examples of how this plan might cover costs for a sample medical situation, see the next section.————————————————————————————————————	

Peg is Having a Baby

(9 months of <u>participating</u> pre-natal care and a hospital delivery)

"The <u>SO</u> Dv@ralV <u>deductible</u>	\$0
" Specialist copayment	\$10
" Hospital (facility) copayment	\$250
" Other <u>copayment</u>	\$0

This EXAMPLE event includes services like: Specialist office visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist

ODQDJLQType-2ROHdbettes

(a year of routine <u>participating</u> care of a well-controlled condition)

OLD.V 6LPSOH)U

(<u>participating</u> emergency room visit and follow up care)



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices.

You can also call for language assistance services: (866) 346-7198 (TTY: 711).

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at (888) 256-3650 (TTY: 711).

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al (866) 346-7198 (TTY: 711).

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al (888) 256-3650 (TTY: 711).

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