



San Bernardino County 2026 – Retirees

November 2025



Blue Shield plans available for Retirees

Medical plans:

- Shield Signature Plans: non-Medicare: High or Low Options
- COB Shield Signature: High Option
- PPO plans – non-Medicare: High or Low Options
- Trio HMO

Medicare Integrated Plans:

- Blue Shield 65 Plus (HMO) – GMAPD High
- Blue Shield 65 Plus (HMO) – GMAPD Low
- Blue Shield of California Medicare Rx Plan (PDP)

Health plans
include:

Pharmacy Benefits
NurseHelp 24/7
Teladoc Health
Health Programs



Which Plan is Right for
Me?

Trio HMO or Shield Signature?



Shield Signature

A good choice if you'd like...

A broader HMO network that offers more choice of doctors.

- Choose your own doctor (Level 1), self-refer to physicians (Level 2) for office visits only
- Teladoc 24/7 phone/video doctor visits for \$0 copay
- Digitally-enabled wellness programs
- Covered urgent and emergency care while traveling



Trio HMO

A select, integrated provider network that provides you with more coordinated care:

- Choose your doctor from a select network of quality medical groups and physicians
- Teladoc 24/7 phone/video doctor visits for \$0 copay
- Digitally-enabled wellness programs
- Covered urgent and emergency care while traveling

Which Plan is Right for Me?

- Compare the benefits and costs in relation to your specific health care needs
- Copays are fixed in the Blue Shield 65 Plus plan, while coinsurance can vary in the Blue Shield PPO COB Plan
- Both plans offer similar Rx benefits at fixed copays
- The Blue Shield 65 Plus plan offers comprehensive coverage at an affordable price
- Emergency and Urgent Care services are available nationwide from both plans
- If you travel extensively and receive routine services in other states, or you do not live in the Blue Shield 65 Plus service area, you would not be able to select the Blue Shield 65 Plus plan. Eligible retirees who reside outside California or the service area would need to enroll in the PPO COB Plan
- The PPO COB Plan does not include SilverSneakers
- Both plans include Teladoc Health



Benefits

Blue Shield GMAPD High and Low Plans

	Blue Shield 65 Plus High Option	Blue Shield 65 Plus Low Option
Annual Deductible	\$0	\$0
Annual Out of Pocket Maximum	\$3,400	\$3,400
Office Visit PCP and Specialist	\$10 Copay	\$0 Copay
Inpatient Hospital Admission	\$0 Copay per Admission	\$0 Copay per Admission
Outpatient Surgery	\$0 Copay	\$0 Copay
Ambulance Services	\$0 Copay per Medicare-covered one way trip	\$125 Copay per Medicare-covered one way trip
Emergency Services	\$20 Copay (waived if admitted to a hospital within one day for the same condition)	\$50 Copay (waived if admitted to a hospital within one day for the same condition)
Diagnostic Lab/X-ray	\$0 Copay	\$0 Copay
Part D Drug Coverage		
Cost sharing for a 30-day supply obtained at a network pharmacy	Tier 1 Generic Drugs: \$10 Copay Tier 2 Preferred Drugs: \$20 Copay Tier 2 Covered Insulins: \$20 Copay Tier 3 Non-Preferred Drugs: \$40 Copay Tier 4 Injectable Drugs: 20% coinsurance (up to \$100 copay maximum) Tier 4 Covered Insulins: The lesser of \$35 copay or 20% coinsurance Tier 5 Specialty Tier Drugs: 20% coinsurance (up to \$100 copay maximum)	Tier 1 Generic Drugs: \$10 Copay Tier 2 Preferred Brand Drugs: \$30 Copay Tier 2 Covered Insulins: \$30 Copay Tier 3 Non-Preferred Drugs: \$60 Copay Tier 4 Injectable Drugs: 20% coinsurance (up to \$100 copay maximum) Tier 4 Covered Insulins: The lesser of \$35 copay or 20% coinsurance Tier 5 Specialty Tier Drugs: 20% coinsurance (up to \$100 copay maximum)

Shield Signature High Option (HMO)

	Signature Level I	Signature Level II
Deductible	\$0	\$0
Calendar Year Out of Pocket Maximum	\$1,500 Individual \$2,000 Family	No Maximum
Office Visits	\$10 Copay Primary Care Provider \$10 Copay Specialist	\$30 Copay Primary Care Provider \$30 Copay Specialist
Preventive Health Services	\$0 Copay	\$30 Copay
Inpatient Hospital	\$0 Copay	Not Covered
Outpatient Services	\$0 Copay	Not Covered
Ambulance Services	\$0 Copay	Not Covered
Emergency Services (If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the participating provider payment under Inpatient facility services/ Hospital services and stay)	\$50 Copay	\$50 Copay



PPO 500 80-60 High Option (PPO)

	In-Network	Out-of-Network
Deductible	\$500: individual \$1,000: Family (Combined In-Network and Out-Network)	
Calendar Year Out of Pocket Maximum	\$2,500: Individual \$5,000: Family	\$5,000: Individual \$10,000: Family
Office Visits	20% Coinsurance Primary Care Provider 20% Coinsurance Specialist	40% Coinsurance Primary Care Provider 40% Coinsurance Specialist
Preventive Health Services	\$0	40% Coinsurance
Inpatient Hospital	\$250 Copay per admission plus 20% Coinsurance	40% Coinsurance
Outpatient Services	\$250 Copay per visit plus 20% Coinsurance	40% Coinsurance
Ambulance Services	20% Coinsurance	20% Coinsurance
Emergency Services (If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay)	\$100 Copay per visit plus 20% Coinsurance	\$100 Copay per visit plus 20% Coinsurance

Custom PPO Hybrid Coordination of Benefits (COB) Plan

	In-Network	Out-of-Network
Deductible	\$0	\$500
Calendar Year Out of Pocket Maximum	\$2,000 Individual \$4,000 Family	\$5,000 Individual \$10,000 Family
Office Visits	\$10 Copay Primary Care Provider \$10 Copay Specialist	40% Coinsurance Primary Care Provider 40% Coinsurance Specialist
Preventive Health Services	\$0 Copay	40% Coinsurance
Inpatient Hospital	\$0 Copay	40% Coinsurance
Outpatient Services	\$0 Copay	40% Coinsurance
Ambulance Services	\$0 Copay	\$0 Copay
Emergency Services (If admitted to the Hospital, this payment for emergency room services does not apply. Instead, you pay the Participating Provider payment under Inpatient facility services/ Hospital services and stay.)	\$20 Copay	\$20 Copay



Blue Shield of California Medicare Rx Plan (PDP) Pharmacy Benefits

Cost sharing for a 30-day supply obtained at a network pharmacy	PPO High Option	PPO Hybrid Option
Tier 1 Generic Drugs	\$10 Copay	\$10 Copay
Tier 2 Preferred Brand Drugs Tier 2 Covered Insulins	\$25 Copay	\$25 Copay
Tier 3 Non-Preferred Drugs	\$35 Copay	\$35 Copay
Tier 4 Injectable Drugs	\$10 Copay	30% Coinsurance (up to a \$150 copay maximum)
Tier 4 Covered Insulins	\$10 Copay	The lesser of \$35 copay or 25% coinsurance
Tier 5 Specialty Tier Drugs	\$10 Copay	30% Coinsurance (up to a \$150 copay maximum)



Programs and Discounts

Virta diabetes management program



Clinically proven to help members

- Reverse their type 2 diabetes
- Eliminate the need for costly prescription drugs
- Lose weight
- Increase longevity

virtahealth.com/join/blueshieldca

Care Options Included for all Plans



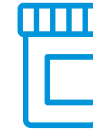
NurseHelp 24/7

- Connect with a registered nurse who can offer reliable information about treating minor illness and injuries, 24/7
- Chat online at blueshieldca.com/nursehelp or call (877) 304-0504



Teladoc

- \$0, 24/7 Teladoc general medical – talk to a doctor by phone or video for conditions such as the flu, allergies, sinus problems
- \$0, 24/7 Teladoc mental health – get support from a mental health professional by phone or video



Mail Service Pharmacy

- Receive up to a 90-day supply of covered maintenance drugs for only 2 copayments
- Shipping is free

The SilverSneakers **Experience**

Members engage
in the way that is
best for them



gym



home



community

Classes specifically
**designed for
seniors**

Classes offered
at **community-
based locations**

**35,000+ virtual
experiences**
a month

**Brain health, fall
prevention &
mental fitness**
programs



Lose weight and reverse your risk for chronic condition



Wellvolution

Online and in-person clinical programs to help you improve your health, lose weight, and feel better.

Prevent and treat disease

Lower your risk for diabetes, cardiovascular disease and other conditions

Live Healthy

Manage stress, exercise more, eat and sleep better, and quit smoking

Learn more and find a program that fits your lifestyle at [wellvolution.com](https://www.wellvolution.com)



Preventive Care

Covered annual screenings at no charge, including:

- Routine physical exam
- Ear/eye exam (up to age 18)
- Immunizations/screenings according to age schedule
- Visit blueshieldca.com/preventive to learn more

Wellness discount programs



Save money and live healthier

Fitness and exercise

- Gym membership discounts
- 800 fitness centers in California and thousands more nationwide

Alternative care discounts – save up to 25%

- Acupuncture services
- Chiropractic services
- Massage therapy

Vision care – save up to 20%

- Routine eye exams
- Frames, lenses, and non-prescription sunglasses
- Hard contact lenses
- LASIK surgery (in select states)
- And more!

blueshieldca.com/wellnessdiscounts

We're here to help

- **Member Services**
 - **PPO COB plan**
(855) 829-3566
7:00 a.m. to 7:00 p.m. PT, Monday through Friday
 - **Blue Shield 65 Plus (HMO)**
(800) 776-4466 (TTY: 711)
8:00 a.m. to 8:00 p.m. PT, seven days a week
 - **Blue Shield of California Medicare Rx Plan (PDP)**
(888) 239-6469 (TTY: 711)
8:00 a.m. to 8:00 p.m. PT, seven days a week





Thank you



Appendix

Medicare Advantage – Blue Shield GMAPD Plus (HMO)

- The Blue Shield 65 Plus (HMO) plan is also referred to as “GMA-PD” or “Group Medicare Advantage - Prescription Drug”.
 - Blue Shield of California is an HMO plan with a Medicare contract.
 - IMA-PD (Individual) or GMA-PD (Group)
 - Includes Medicare Parts A, B, and D
 - **Plan is available to retirees who have both Medicare Part A and Part B, who live in the plan service area, who are a United States citizen or lawfully present in the United States, and who meet the Plan Sponsor’s eligibility requirements.**
- Members must continue to pay Medicare Part B premiums.
 - Members must receive all routine care from network providers. If members receive routine care from out-of-network providers (except in emergency or urgent situations), neither Medicare nor Blue Shield will be responsible for the costs.



How is Blue Shield 65 Plus different from Original Medicare?

Original Medicare (Medicare Parts A & B)

- Part A (Hospital Insurance) and Part B (Medical Insurance)
- Administered by the Federal government
- Beneficiaries have their choice of any provider who accepts Medicare
- Available nationwide
- Beneficiaries present their Medicare card when seeking services
- Beneficiaries must pay annual Medicare Part B deductible and usually pay 20% coinsurance of Medicare allowable costs on covered services

Blue Shield 65 Plus

- Combines Parts A, B, and D into one plan, which is called Part C.
- Offered by private companies (i.e., Blue Shield) approved by CMS to provide, at a minimum, all Medicare-covered benefits.
- Members must see providers in Blue Shield 65 Plus provider network.
- Members must live in the Blue Shield 65 Plus service area.
- Members present their Blue Shield 65 Plus ID card when seeking services.
- Members pay fixed copayments or coinsurance for covered services.



How is the PPO COB Plan different from Blue Shield GMAPD Plan?

PPO COB Plan

- Members must have Medicare Parts A & B
- Claims are paid by both the Federal Government and Blue Shield. Blue Shield administers the Rx benefit.
- Members have their choice of any provider who accepts Medicare, Blue Shield, or any combination of the two.
- Available nationwide
- Members present their Medicare card and their Blue Shield card when seeking services.
- Coordinates with Medicare and in many cases, members will owe nothing after both plans pay. In some instances, a small coinsurance will be paid.

Blue Shield 65 Plus

- Combines Parts A, B, and D into one plan, which is called Part C.
- Offered by private companies (i.e., Blue Shield) approved by CMS to provide, at a minimum, all Medicare-covered benefits.
- Members must see providers in Blue Shield 65 Plus provider network.
- Members must live in Blue Shield 65 Plus service area to be eligible for the plan.
- Members present their Blue Shield 65 Plus ID card when seeking services.
- Members pay fixed copayments or coinsurance for covered services.





Blue Shield of California is an independent member of the Blue Shield Association