blue CALIFORNIA

# Blue Shield of California: Coverage you can count on

## San Bernardino County Retirees

Your health plan options 2027



# 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 65 Plus Part D– Prescription coverage

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 broader HMO network that offers more choice of doctors

- Choose your own PCP (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 PCP from a select network of quality medical groups and physicians (level 1), 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 65 Plus 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 |
| Ofice 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<br><br>Cost sharing for a 30-day supply obtained at a preferred network pharmacy | Tier 1 Generic Drugs: $10 Copay<br>Tier 2 Preferred Drugs: $20 Copay<br>Tier 2 Covered Insulins: $20 Copay<br>Tier 3 Non-Preferred Drugs: $40 Copay<br>Tier 4 Injectable Drugs: 20% coinsurance (up to $100 copay maximum)<br>Tier 4 Covered Insulins: The lesser of $35 copay or 20% coinsurance<br>Tier 5 Specialty Tier Drugs: 20% coinsurance (up to $100 copay maximum) | Tier 1 Generic Drugs: $10 Copay<br>Tier 2 Preferred Brand Drugs: $30 Copay<br>Tier 2 Covered Insulins: $30 Copay<br>Tier 3 Non-Preferred Drugs: $60 Copay<br>Tier 4 Injectable Drugs: 20% coinsurance (up to $100 copay maximum)<br>Tier 4 Covered Insulins: The lesser of $35 copay or 20% coinsurance<br>Tier 5 Specialty Tier Drugs: 20% coinsurance (up to $100 copay maximum) |

Please refer to plans Evidence of Coverage (EOC) for more information

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# Shield Signature High Option (HMO)

| | Signature Level I | Signature Level II |
|---|---|---|
| Deductible | $0 | $0 |
| Calendar Year Out of Pocket Maximum | $1,500 Individual<br>$2,000 Family | No Maximum |
| Office Visits | $10 Copay Primary Care Provider<br>$10 Copay Specialist | $30 Copay Primary Care Provider<br>$30 Copay Specialist |
| Prevenitive 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 |

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# Shield Signature Low Option (HMO)

| | Signature Level I | Signature Level II |
|---|---|---|
| Deductible | $0 | $0 |
| Calendar Year Out of Pocket Maximum | $3,000 Individual<br>$9,000 Family | No Maximum |
| Office Visits | $50 Copay Primary Care Provider<br>$70 Copay Specialist | $80 Copay Primary Care Provider<br>$80 Copay Specialist |
| Prevenitive Health Services | $0 Copay | $80 Copay |
| Inpatient Hospital | $1,000/admission | Not Covered |
| Outpatient Services | $750/surgery | Not Covered |
| Ambulance Services | $300/transport | $300/transport |
| 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) | $250/visit | $250/visit |

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# Trio HMO Plan

| | Trio HMO |
|---|---|
| Annual Deductible | $0 |
| Annual Out of Pocket Maximum | $3,000 per individual<br>$9,000 per family |
| Office Visit PCP | $50 Copay PCP |
| Inpatient Hospital Admission | $1,000/admission |
| Outpatient Surgery | $750/surgery |
| Ambulance Services | $250/transport |
| Emergency Services | $250/visit |
| Diagnostic Lab/X-ray | $0 Copay |

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# PPO 500 80–60 High Option (PPO)

| | In-Network | Out-of-Network |
|---|---|---|
| Deductible | $500: individual<br>$1,000: Family<br>(Combined In-Network and Out-Network) | |
| Calendar Year Out of Pocket Maximum | $2,500: Individual<br>$5,000: Family | $5,000: Individual<br>$10,000: Family |
| Office Visits | 20% Coinsurance Primary Care Provider<br>20% Coinsurance Specialist | 40% Coinsurance Primary Care Provider<br>40% Coinsurance Specialist |
| Prevenitive 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 |

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# PPO 1500 70–50 Low Option (PPO)

| | In-Network | Out-of-Network |
|---|---|---|
| Deductible | $1,500: individual<br>$1,500: Family<br>(Combined In-Network and Out-Network) | |
| Calendar Year Out of Pocket Maximum | $6,000: Individual<br>$6,000: Family | $10,000: Individual<br>$10,000: Family |
| Office Visits | 30% Coinsurance Primary Care Provider<br>30% Coinsurance Specialist | 50% Coinsurance Primary Care Provider<br>50% Coinsurance Specialist |
| Preventive Health Services | $0 | 50% Coinsurance |
| Inpatient Hospital | $500 Copay per admission plus 20% Coinsurance | 50% Coinsurance |
| Outpatient Services | $250 Copay per visit plus 20% Coinsurance | 50% Coinsurance |
| Ambulance Services | 30% Coinsurance | 30% 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 30% Coinsurance | $100 Copay per visit plus 30% Coinsurance |

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# 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<br>$4,000 Family | $5,000 Individual<br>$10,000 Family |
| Office Visits | $10 Copay Primary Care Provider<br>$10 Copay Specialist | 40% Coinsurance Primary Care Provider<br>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 |

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# Programs and Discounts

# Virta diabetes management program

Virta is available to eligible Blue Shield members at no extra cost. This program is clinically proven to help members with type 2 diabetes:

- Lose weight
- Reduce blood sugar and A1C
- Eliminate the need for costly prescription drugs
- Reverse type 2 diabetes
- Increase longevity

**Learn more: virtahealth.com/join/blueshieldca**



Lose weight, lower your A1C, and more

# NurseHelp 24/7SM

Get immediate and reliable health advice and information for your medical concerns.

Registered nurses are available 24 hours a day, 7 days a week, to answer any of your health questions about:

- Symptoms you are experiencing
- Minor illnesses and injuries
- Chronic conditions
- Medical tests and medications
- Preventive care

**Learn more: blueshieldca.com/nursehelp**



Speak with a nurse for health advice 24/7

# Teladoc Health

As a Blue Shield member, you can get 24/7 support for a $0 copayment from Teladoc Health's national network of licensed medical doctors and mental health professionals no matter where you are.

Teladoc Health doctors can treat many medical and mental health conditions including:

- Cold and flu symptoms
- Allergies
- Respiratory infections
- Sinus problems
- Depression, anxiety
- Grief, stress

**Learn more: blueshieldca.com/teladochealth**



Speak with a doctor or mental health professional by phone or video

# 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**

**Many virtual experiences offered** a month

**A variety of fitness** programs

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# What's available through Wellvolution in 2027

The focus will be on prevention and healthy lifestyle support, including:

**Weight management** – Get tailored plans to help you create better eating and fitness habits

**Diabetes prevention** – Find the tools to help reduce your risk of developing type 2 diabetes

**Smoking cessation** – Break the habit with tested strategies that help you beat nicotine cravings and addiction

**Get started at wellvolution.com**



## Programs to help you stay healthy

# New and enhanced programs coming in 2027 (outside Wellvolution)

New programs

- **Joint and muscle care** – Offers personalized exercises, expert support, and advanced motion tracking to help you build strength, move more easily, and reduce pain.
- **Support for managing diabetes, high blood pressure, and obesity** – Provides personalized care from virtual specialists to help you manage these conditions.

Enhanced program

- **Mental health and well-being** – Headspace and Headspace Care will offer easy access to all support features through one mobile app.



More support for your specific health needs

# Wellness discount programs

**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!

**Learn more: blueshieldca.com/wellnessdiscounts**



Save money and live healthier

# We’re here to help

- Member Services
  - Shield Signature, TRIO, PPO plans
    (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.

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

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

Please refer to plans Evidence of Coverage (EOC) for more information

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# 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.

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# 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.

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