

Summary of Benefits and Coverage:



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

CalPERS Trio HMO



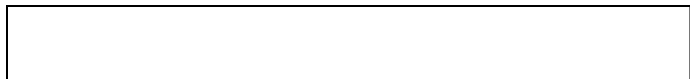
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

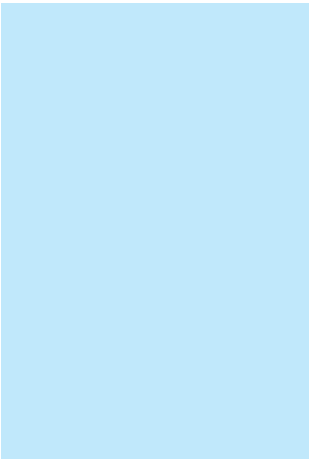
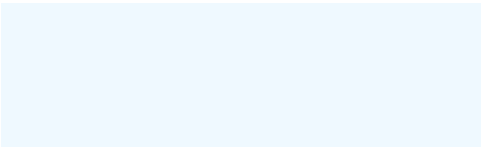
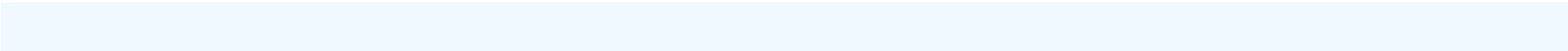
This is only a summary.

1-800-334-5847

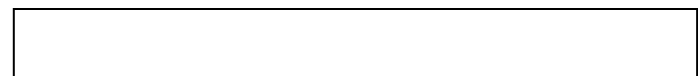
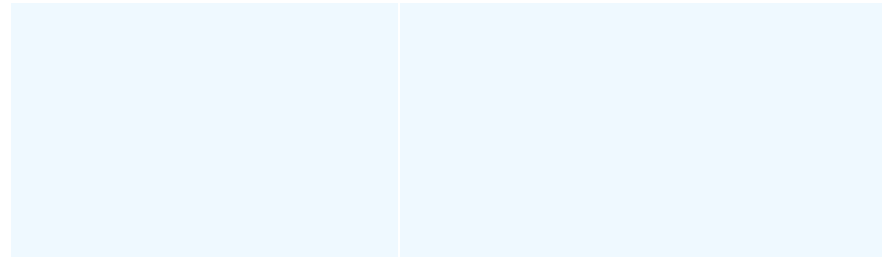
www.blueshieldca.com/calpers

| Summary of Benefits and Coverage | | |
|----------------------------------|--------|---------|
| Plan | Member | Benefit |
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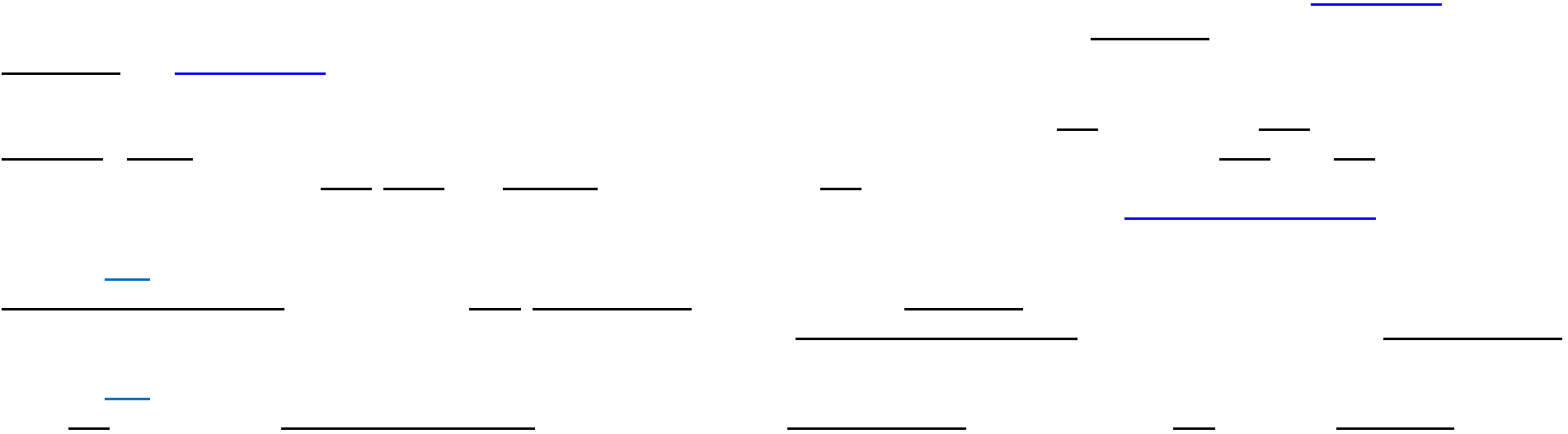


| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|----------------------|-----------------------|---|---|---|
| | | <u>Plan Provider</u> (You will pay the least) | <u>Non Plan Provider</u> (You will pay the most) | |
| | | <i>Retail Extended Quantity of Maintenance Drugs at Select Retail Pharmacies</i> | <i>Retail Mail Service</i> | <i>Extended Quantity of Maintenance Drugs at Select Retail Pharmacies</i> |
| | | <i>Mail Order</i> | | <i>Mail Service</i> |
| | | <i>Retail: Extended Quantity of Maintenance Drugs at Select Retail Pharmacies</i> | <i>Retail Mail Service</i> | |
| | | <i>Mail Order</i> | | |
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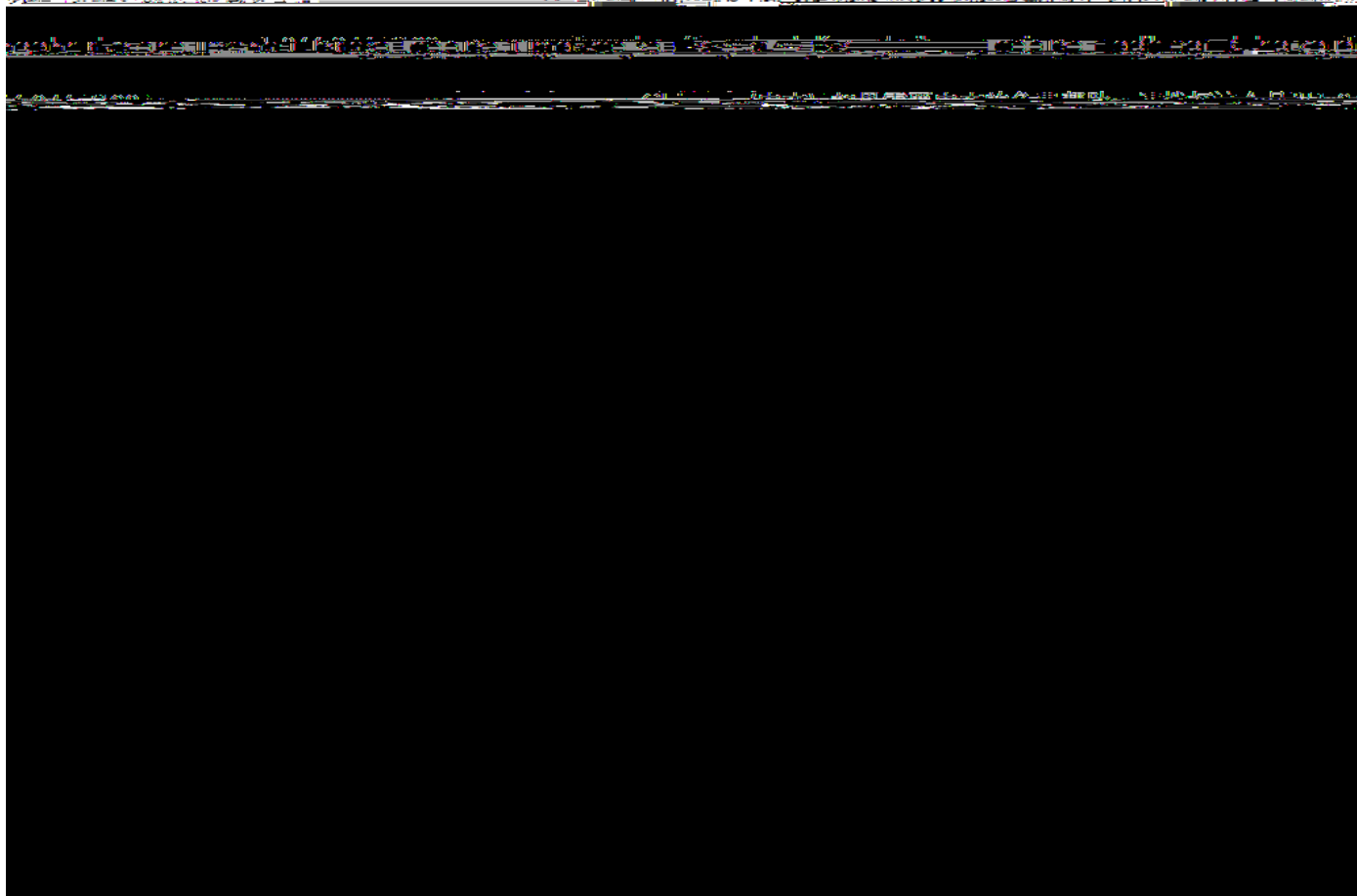
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Language Access Services:

For more information, call 1-800-432-0000 or visit www.mhfc.com.

Spanish (Español): Para obtener asistencia en Español sin costo, llame al 1-844-344-7199.



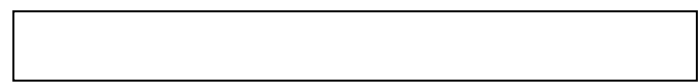
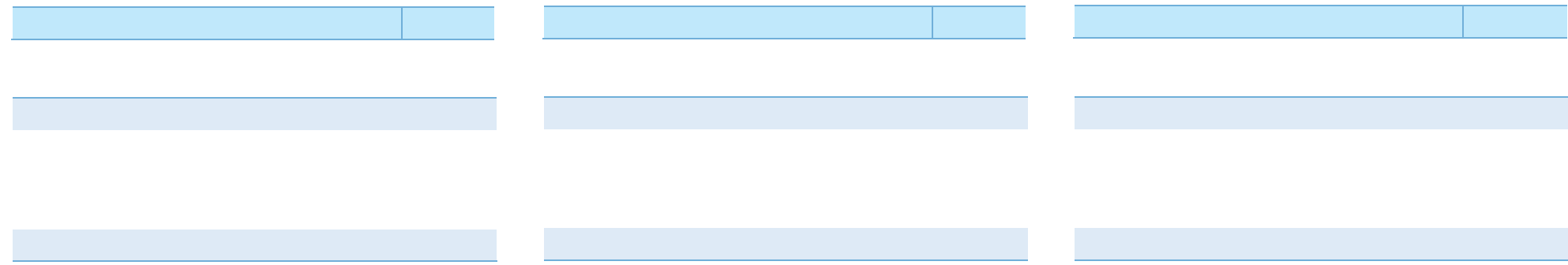
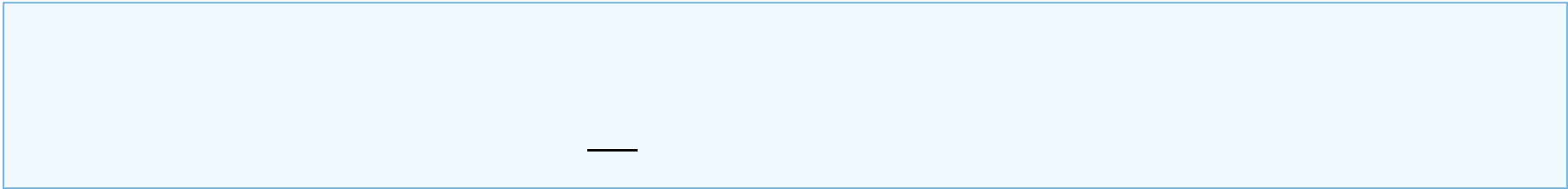
To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.-----

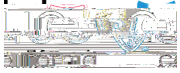
PRA Disclosure Statement

0938-1146

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