



trio HMO

Subscriber ID# **XEQ912227720**  
**AMANDA COLLINS**  
Member  
**CONNER JORDAN**

PHYSICIAN CHOICE MED GRP OF SAN  
LUIS OBISPO

GOODMAN, STEVEN B.  
(805) 541-3200

**02/01/25**

Network Name **IFP Trio HMO**  
Group # **X0001000**  
Effective **01/01/2025**

**Copays**

Primary Care	\$60	Specialist	\$85
Urgent Care Center	\$60	Teladoc	\$0
Emergency Room	50%		

Plan Type  
RX  
RxBIN  
RxPCN

**HMO**  
**YES**  
**026696**  
**77993333**

**Bronze 7500 Trio HMO**





**Providers:** Please file all claims with your local BCBS licensee in whose service area the member received services or, when Medicare is primary, file all claims with Medicare. This member has limited benefits outside of California. For more information visit: **blueshieldca.com/provider**  
Plan is state regulated.

	<b>Deductible</b>	<b>Out-of-pocket maximum</b>
Individual HMO medical	\$7,500	\$8,850
Individual in-network pharmacy	\$0	Included*
Family HMO medical	\$15,000	\$17,700
Family in-network pharmacy	\$0	Included*

*\*Pharmacy included in medical deductibles/out-of-pocket maximums.*

**CA Medical claims to:** Blue Shield of California, P.O. Box 272540, Chico, CA 95927-2540

**Pediatric Dental Claims to:** Claims Processing, P.O. Box 30567, Salt Lake City, UT 84130-0567

We are here to help:  
**blueshieldca.com/go**

**(844) 250-2873** Shield Concierge  
**711** TTY  
**(877) 263-9952** Mental Health Customer Svc.  
**(877) 304-0504** NurseHelp 24/7  
**(800) 810-2583** To locate providers outside of CA  
**(800) 541-6652** CA Provider Customer Service  
(includes hospitals for pre-auth)  
**(800) 375-7948** Pharmacists Only  
**(877) 601-9083** Vision Benefits and Claims Inquiries  
**(888) 702-4171** Pediatric Dental Benefits and Claims Inquiries  
**(800) 835-2362** Teladoc

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