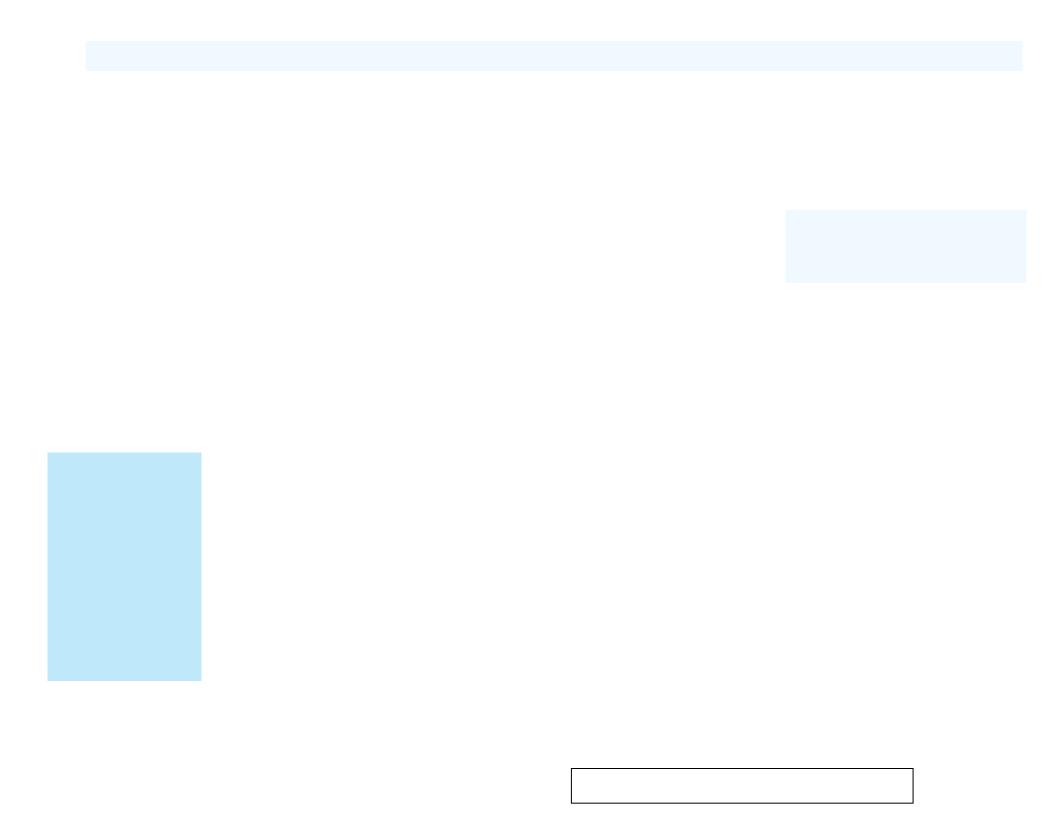
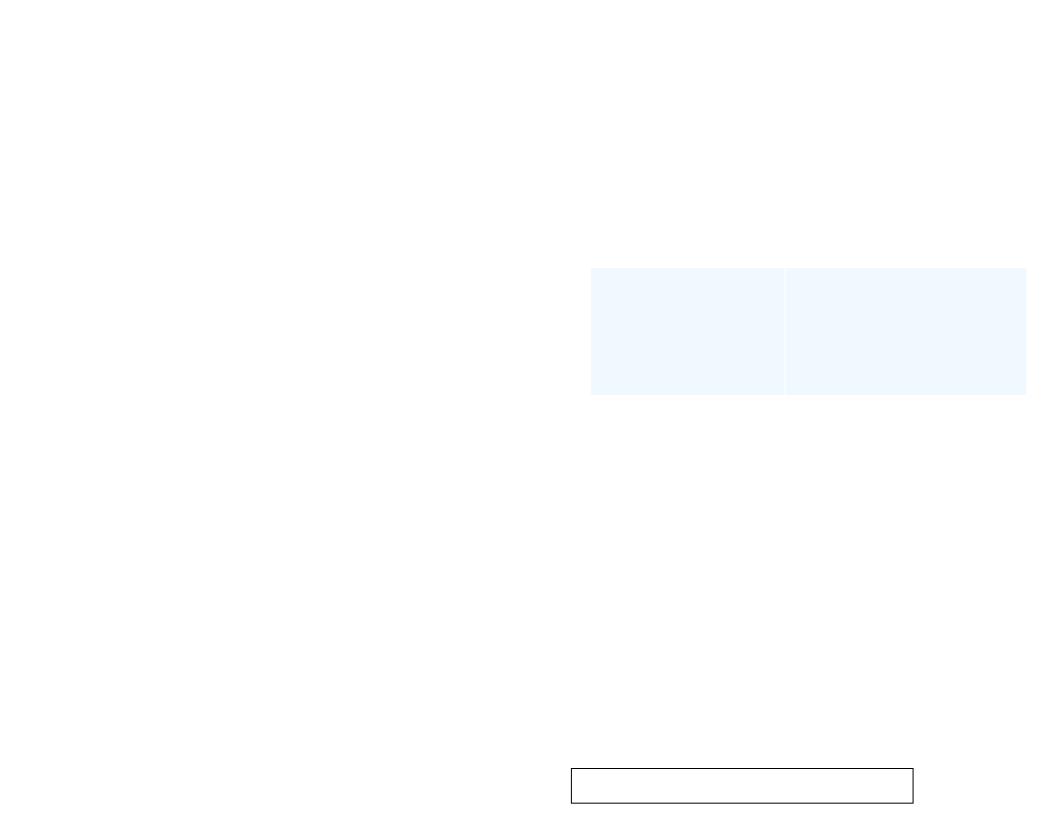
Coverage Period: Beginning On or After 1/1/2024 CalPERS Trio HMO Coverage for: Individual + Family Plan Type: HMO The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. 1-800-334-5847						
						
						
		<u> </u>				



Common Medical Event	Services You May Need	What You	Limitations Evacations 9 Other	
		<u>Plan Provider</u> (You will pay the least)	<u>Non Plan Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Retail Extended Quantity of Maintenance Drugs at Select Retail Pharmacies Mail Order	Retail Mail Service	Extended Quantity of Maintenance Drugs at Select Retail Pharmacies Mail Service
		Retail: Extended Quantity of Maintenance Drugs at Select Retail Pharmacies Mail Order	Retail Mail Service	

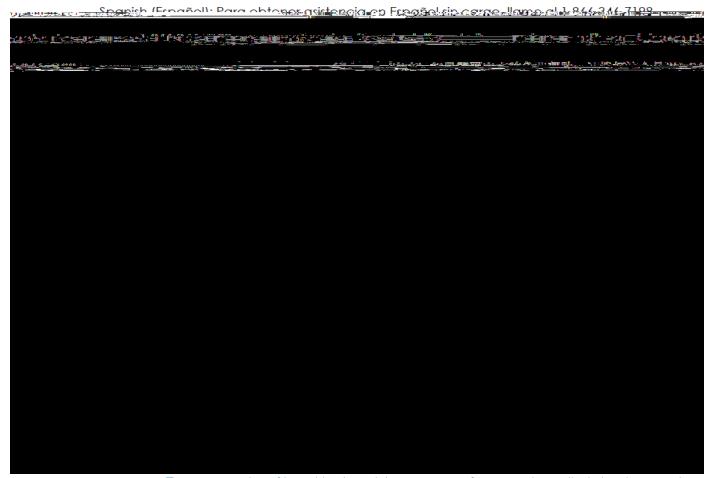


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Language Access Services:

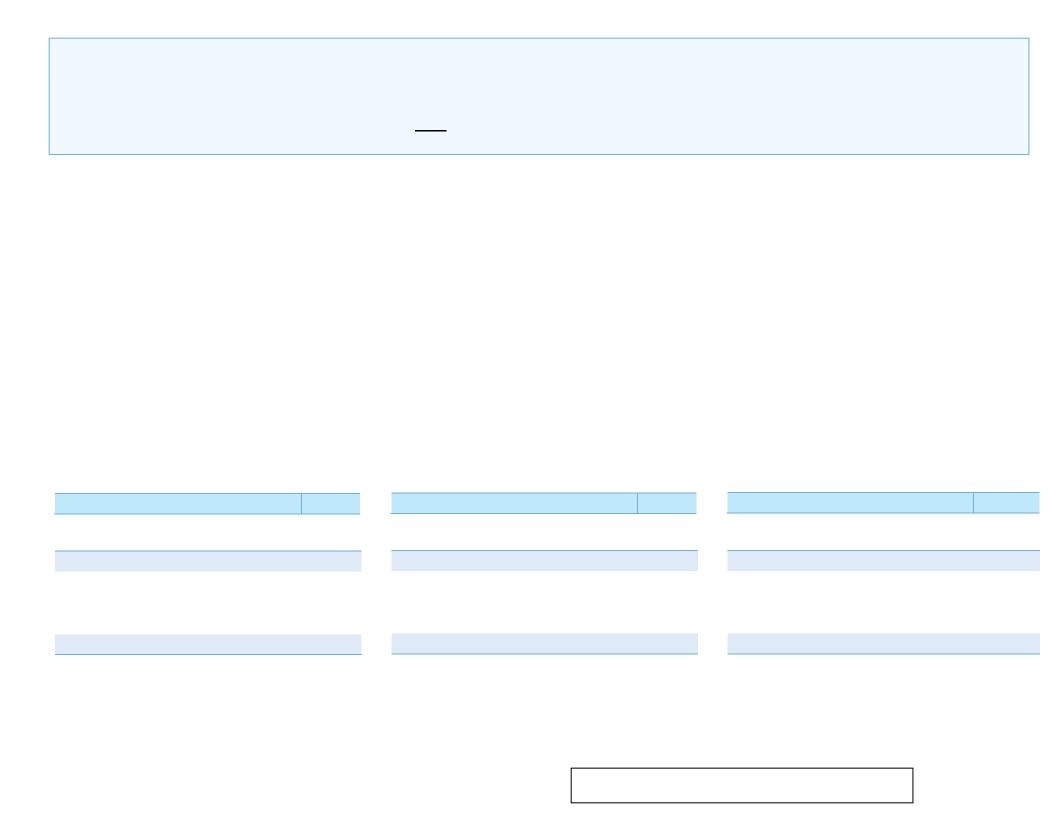
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To see examples of how this <u>plan</u> might cover costs for a sample medical <u>situation</u>, see the next section.——————

PRA Disclosure Statement

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NOTICES AVAILABLE ONLINE

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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: