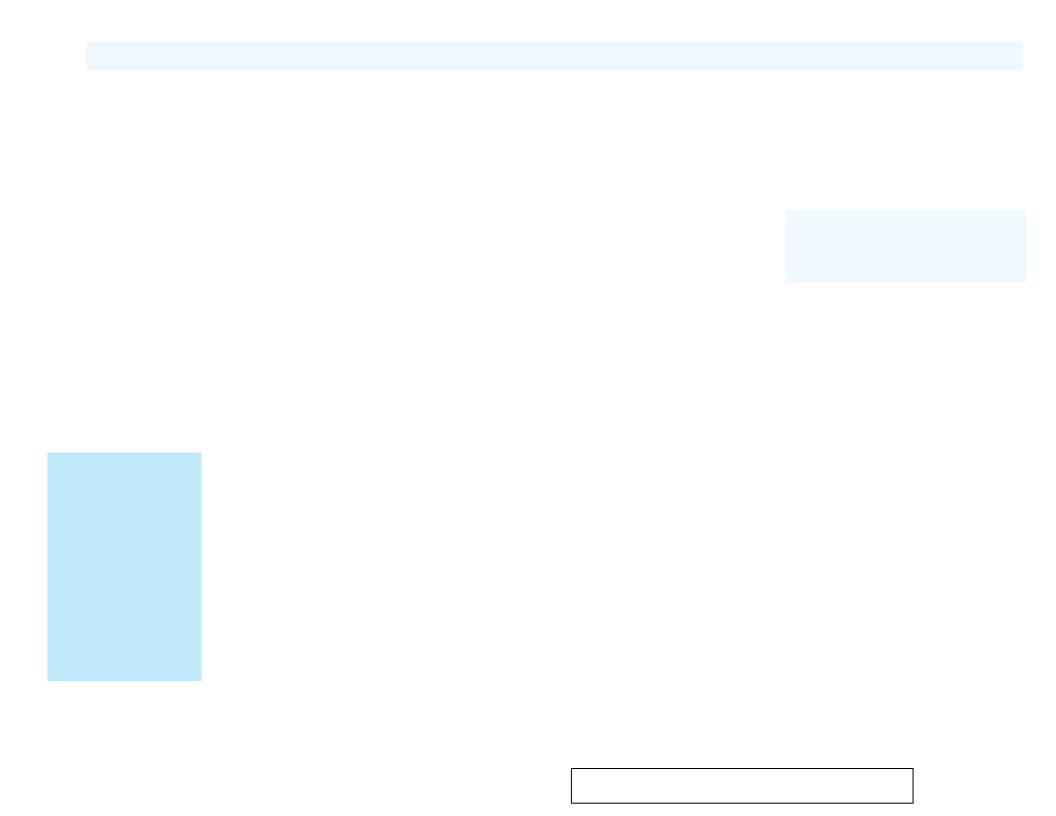
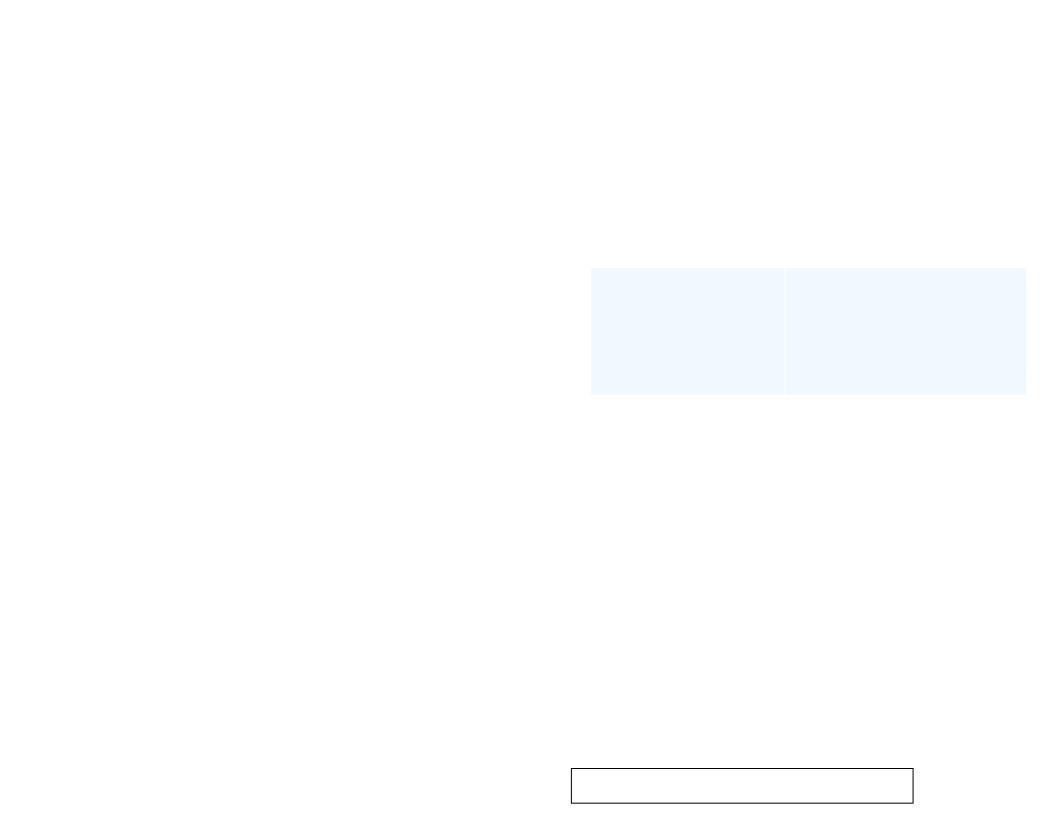
Coverage Period: Beginning On or After 1/1/2024 CalPERS Trio HMO  Coverage for: Individual + Family Plan Type: HMO  The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: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

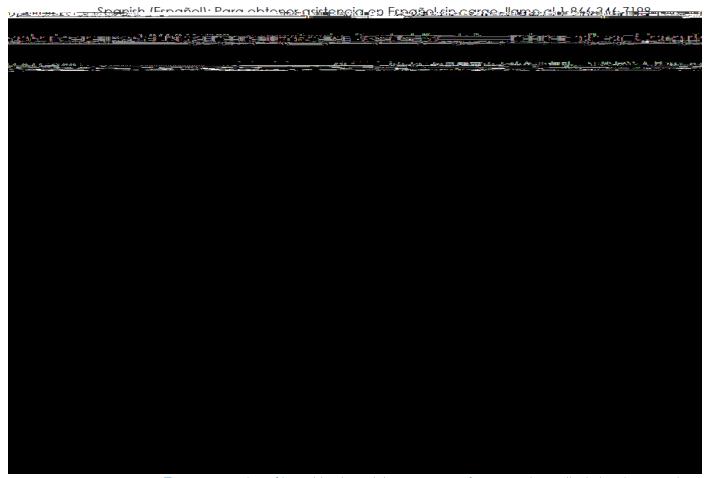


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## Language Access Services:

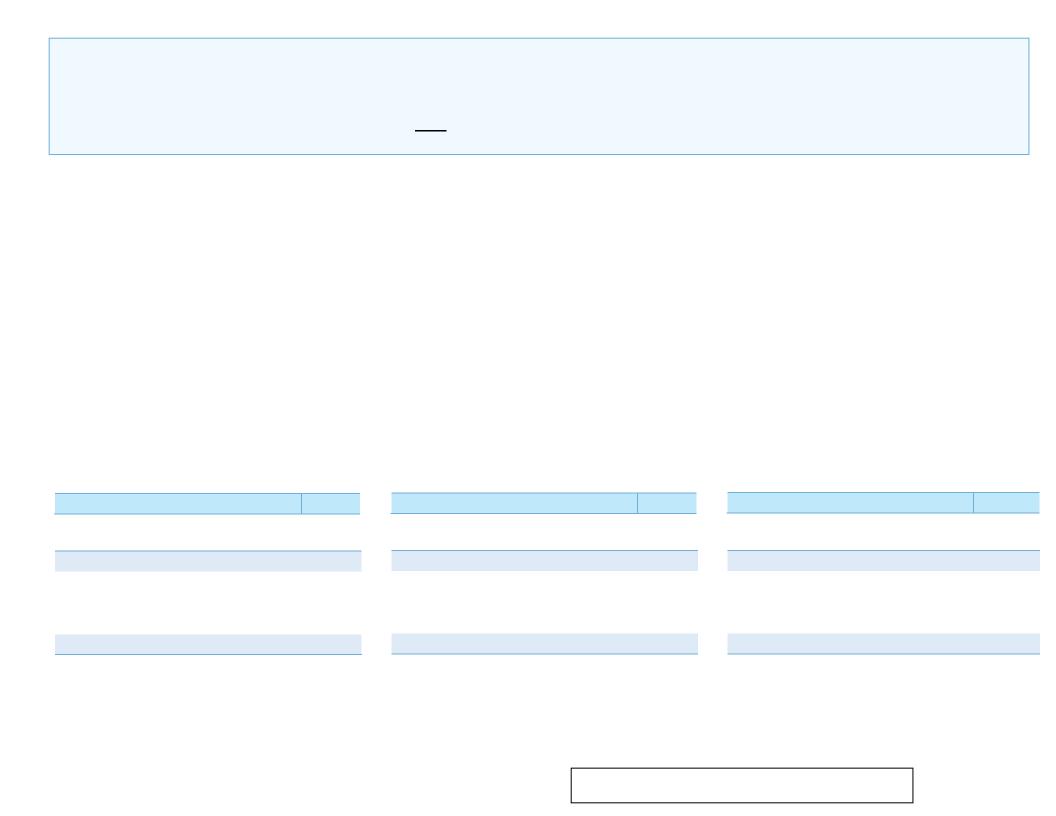
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To see examples of how this <u>plan</u> might cover costs for a sample medical <u>situation</u>, see the next section.——————

PRA Disclosure Statement

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## **NOTICES AVAILABLE ONLINE**

## ondis ri ination and an ua e ssistan e Servi es

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: