



Medical Plan Offerings— Blue Shield of California 2024*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.trinet.com)).

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Blue Shield of California Plan Details: **New Plans**

| | |
|------------------------------------|--------------|
| Blue Shield of CA ACO/HDHP 3500 CA | NEW for 2024 |
| Blue Shield of CA HDHP 3500 | NEW for 2024 |

The **new** Blue Shield of California plans for the 2024 benefits plan year are listed on the following page.



| Benefits | ACO/HDHP 3500 CA | HDHP 3500 |
|---|---|---|
| Network Name | Blue Shield of California Tandem ACO/PPO Network | Blue Shield of California PPO; nationally except Hawaii through Blue Card |
| Single Deductible | \$3,500 | \$3,500 |
| Family Deductible | \$7,000 | \$7,000 |
| Single Deductible Out-of-Network | \$7,000 | \$7,000 |
| Family Deductible Out-of-Network | \$14,000 | \$14,000 |
| Single Out-of-Pocket Max | \$6,725 | \$6,725 |
| Family Out-of-Pocket Max | \$13,450 | \$13,450 |
| Single Out-of-Pocket Max Out-of-Network | \$13,000 | \$13,000 |
| Family Out-of-Pocket Max Out-of-Network | \$26,000 | \$26,000 |
| Co-Insurance | 10% | 10% |
| Co-Insurance Out-of-Network | 30% | 30% |
| Doctor Visits | 10% after ded | 10% after ded |
| Specialist Visits | 10% after ded | 10% after ded |
| Lab & X-Ray | 10% after ded | 10% after ded |
| Emergency Room Visits | 10% after ded | 10% after ded |
| Urgent Care Visits | 10% after ded | 10% after ded |
| Outpatient Facility | 10% after ded | 10% after ded |
| Outpatient Surgery | 10% after ded | 10% after ded |
| Hospital Inpatient | 10% after ded | 10% after ded |
| Rx Deductible (Non-Generic) | Integrated w/Med | Integrated w/Med |
| Generic Rx (Tier 1) | \$10 after ded | \$10 after ded |
| Brand Rx (Tier 2) | \$35 after ded | \$35 after ded |
| Non-Formulary Rx (Tier 3) | \$55 after ded | \$55 after ded |

Blue Shield of California Plan Details: Current Plans

| | |
|---|-----------------------|
| Blue Shield of CA ACO 25 CA | Current Plan for 2024 |
| Blue Shield of CA ACO 40 CA | Current Plan for 2024 |
| Blue Shield of CA ACO/PPO 300 CA South | Current Plan for 2024 |
| Blue Shield of CA ACO/PPO 1700 CA South | Current Plan for 2024 |
| Blue Shield of CA ACO/PPO 5000 CA South | Current Plan for 2024 |
| Blue Shield of CA HMO 20 CA | Current Plan for 2024 |
| Blue Shield of CA HMO 30 CA | Current Plan for 2024 |
| Blue Shield of CA HDHP 5500 | Current Plan for 2024 |
| Blue Shield of CA PPO 300 | Current Plan for 2024 |
| Blue Shield of CA PPO 500 | Current Plan for 2024 |
| Blue Shield of CA PPO 700 | Current Plan for 2024 |
| Blue Shield of CA PPO 1000 | Current Plan for 2024 |
| Blue Shield of CA PPO 1500 | Current Plan for 2024 |
| Blue Shield of CA PPO 5000 | Current Plan for 2024 |

The current Blue Shield of California plans for the 2024 benefits plan year are listed on the following pages.

| Benefits | ACO 25 CA | ACO 40 CA | ACO/PPO 300 CA | ACO/PPO 1700 CA |
|---|--|--|--|--|
| Network Name | Blue Shield of California Trio ACO HMO network | Blue Shield of California Trio ACO HMO network | Blue Shield of California Tandem ACO/PPO Network | Blue Shield of California Tandem PPO Network |
| Single Deductible | \$0 | \$2,000 | \$300 | \$1,700 |
| Family Deductible | \$0 | \$4,000 | \$600 | \$3,400 |
| Single Deductible Out-of-Network | Not covered | Not covered | \$600 | \$3,400 |
| Family Deductible Out-of-Network | Not covered | Not covered | \$1,200 | \$6,800 |
| Single Out-of-Pocket Max | \$2,000 | \$5,000 | \$3,000 | \$6,000 |
| Family Out-of-Pocket Max | \$4,000 | \$10,000 | \$5,000 | \$12,000 |
| Single Out-of-Pocket Max Out-of-Network | Not covered | Not covered | \$5,000 | \$12,000 |
| Family Out-of-Pocket Max Out-of-Network | Not covered | Not Covered | \$10,000 | \$24,000 |
| Co-Insurance | 0% | 40% | 15% | 25% |
| Co-Insurance Out-of-Network | Not covered | Not covered | 35% | 50% |
| Doctor Visits | \$25 | \$40 | \$25 | \$40 |
| Specialist Visits | \$25 | \$40 | \$50 | \$60 |
| Lab & X-Ray | 0% | 0% | \$25 | \$40 |
| Emergency Room Visits | \$250 | \$250 | \$250 + 15% | 25% |
| Urgent Care Visits | \$25 | \$40 | \$25 | \$40 |
| Outpatient Facility | \$250 | 40% after ded | 15% after ded | 25% after ded |
| Outpatient Surgery | 0% | 0% | 15% after ded | 25% after ded |
| Hospital Inpatient | \$350 | 40% after ded | \$250/admit + 15% after ded | 25% after ded |
| Rx Deductible (Non-Generic) | N/A | \$100/\$300 | N/A | N/A |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 | \$15 |
| Brand Rx (Tier 2) | \$35 | \$40 | \$35 | \$50 |
| Non-Formulary Rx (Tier 3) | \$50 | \$60 | \$50 | \$75 |

| Benefits | ACO/PPO 5000 CA | HMO 20 CA | HMO 30 CA | HDHP 5500 |
|---|---|---|--|---|
| Network Name | Blue Shield of California Tandem ACO/PPO Network | Blue Shield of California Access+HMO | Blue Shield of California Access+ HMO | Blue Shield of California PPO; nationally except Hawaii through Blue Card |
| Single Deductible | \$5,000 | \$0 | \$0 | \$5,500 |
| Family Deductible | \$10,000 | \$0 | \$0 | \$11,000 |
| Single Deductible Out-of-Network | \$10,000 | Not Covered | Not Covered | \$11,000 |
| Family Deductible Out-of-Network | \$10,000 | Not Covered | Not Covered | \$22,000 |
| Single Out-of-Pocket Max | \$6,850 | \$2,000 | \$2,000 | \$6,550 |
| Family Out-of-Pocket Max | \$13,700 | \$4,000 | \$4,000 | \$13,100 |
| Single Out-of-Pocket Max Out-of-Network | \$13,700 | Not Covered | Not Covered | \$15,000 |
| Family Out-of-Pocket Max Out-of-Network | \$20,000 | Not Covered | Not Covered | \$30,000 |
| Co-Insurance | 40% | 0% | 0% | 40% |
| Co-Insurance Out-of-Network | 50% | Not Covered | Not Covered | 50% |
| Doctor Visits | \$45 | \$20 | \$30 | 40% after ded |
| Specialist Visits | \$65 | \$20 | \$30 | 40% after ded |
| Lab & X-Ray | \$45 | 0% | 0% | 40% after ded |
| Emergency Room Visits | 40% | \$250 | \$250 | 40% after ded |
| Urgent Care Visits | \$45 | \$20 | \$30 | 40% after ded |
| Outpatient Facility | 40% after ded | \$150 | \$300 | 40% after ded |
| Outpatient Surgery | 40% after ded | 0% | 0% | 40% after ded |
| Hospital Inpatient | 40% after ded | \$350 | \$500 | 40% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | Integrated w/Med |
| Generic Rx (Tier 1) | \$15 | \$10 | \$10 | \$15 after ded |
| Brand Rx (Tier 2) | \$50 | \$35 | \$35 | \$50 after ded |
| Non-Formulary Rx (Tier 3) | \$75 | \$50 | \$50 | \$75 after ded |

| Benefits | PPO 300 | PPO 500 | PPO 700 | PPO 1000 |
|---|---|---|---|---|
| Network Name | Blue Shield of California PPO; nationally except Hawaii through Blue Card | Blue Shield of California PPO; nationally except Hawaii through Blue Card | Blue Shield of California PPO; nationally except Hawaii through Blue Card | Blue Shield of California PPO; nationally except Hawaii through Blue Card |
| Single Deductible | \$300 | \$500 | \$700 | \$1,000 |
| Family Deductible | \$600 | \$1,500 | \$1,800 | \$2,000 |
| Single Deductible Out-of-Network | \$600 | \$1,000 | \$1,400 | \$2,000 |
| Family Deductible Out-of-Network | \$1,200 | \$2,000 | \$2,800 | \$4,000 |
| Single Out-of-Pocket Max | \$3,000 | \$4,000 | \$4,000 | \$4,000 |
| Family Out-of-Pocket Max | \$5,000 | \$8,000 | \$8,000 | \$8,000 |
| Single Out-of-Pocket Max Out-of-Network | \$5,000 | \$7,000 | \$8,000 | \$8,000 |
| Family Out-of-Pocket Max Out-of-Network | \$10,000 | \$14,000 | \$16,000 | \$16,000 |
| Co-Insurance | 15% | 15% | 20% | 20% |
| Co-Insurance Out-of-Network | 35% | 35% | 40% | 40% |
| Doctor Visits | \$25 | \$30 | \$30 | \$30 |
| Specialist Visits | \$50 | \$60 | \$60 | \$60 |
| Lab & X-Ray | \$25 | \$30 | \$30 | \$30 |
| Emergency Room Visits | \$250 + 15% | \$250 + 15% | 20% | 20% |
| Urgent Care Visits | \$25 | \$30 | \$30 | \$30 |
| Outpatient Facility | 15% after ded | 15% after ded | 20% after ded | 20% after ded |
| Outpatient Surgery | 15% after ded | 15% after ded | 20% after ded | 20% after ded |
| Hospital Inpatient | \$250/admit + 15% after ded | \$250/admit + 15% after ded | 20% after ded | 20% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A | N/A | N/A |
| Generic Rx (Tier 1) | \$10 | \$10 | \$10 | \$10 |
| Brand Rx (Tier 2) | \$35 | \$30 | \$35 | \$35 |
| Non-Formulary Rx (Tier 3) | \$50 | \$50 | \$50 | \$50 |



| Benefits | PPO 1500 | PPO 5000 |
|---|---|---|
| Network Name | Blue Shield of California PPO; nationally except Hawaii through Blue Card | Blue Shield of California PPO; nationally except Hawaii through Blue Card |
| Single Deductible | \$1,500 | \$5,000 |
| Family Deductible | \$3,000 | \$10,000 |
| Single Deductible Out-of-Network | \$3,000 | \$10,000 |
| Family Deductible Out-of-Network | \$6,000 | \$10,000 |
| Single Out-of-Pocket Max | \$5,500 | \$6,850 |
| Family Out-of-Pocket Max | \$11,000 | \$13,700 |
| Single Out-of-Pocket Max Out-of-Network | \$11,000 | \$13,700 |
| Family Out-of-Pocket Max Out-of-Network | \$22,000 | \$20,000 |
| Co-Insurance | 25% | 40% |
| Co-Insurance Out-of-Network | 50% | 50% |
| Doctor Visits | \$35 | \$45 |
| Specialist Visits | \$70 | \$65 |
| Lab & X-Ray | \$35 | \$45 |
| Emergency Room Visits | 25% | 40% |
| Urgent Care Visits | \$35 | \$45 |
| Outpatient Facility | 25% after ded | 40% after ded |
| Outpatient Surgery | 25% after ded | 40% after ded |
| Hospital Inpatient | 25% after ded | 40% after ded |
| Rx Deductible (Non-Generic) | N/A | N/A |
| Generic Rx (Tier 1) | \$10 | \$15 |
| Brand Rx (Tier 2) | \$35 | \$50 |
| Non-Formulary Rx (Tier 3) | \$50 | \$75 |

Blue Shield of California: Eliminated Plans

For 2024, the following plans will no longer be offered:

| | |
|--|---------------------|
| Blue Shield of CA ACO/HDHP 3000 CA South | ELIMINATED for 2024 |
| Blue Shield of CA HDHP 3000 | ELIMINATED for 2024 |