



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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CHOICES THAT MATTER

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

Blue Shield of CA HDHP 3500	NEW for 2024
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The **new** Blue Shield of California plan for the 2024 benefits plan year is listed on the following page.



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

Blue Shield of California Plan Details: Current Plans

Blue Shield of CA HMO 30 CA	Current Plan for 2024
Blue Shield of CA PPO 500	Current Plan for 2024
Blue Shield of CA PPO 1000	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	HMO 30 CA	PPO 500	PPO 1000	PPO 5000
Network Name	Blue Shield of California Access+ HMO	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	\$0	\$500	\$1,000	\$5,000
Family Deductible	\$0	\$1,500	\$2,000	\$10,000
Single Deductible Out-of-Network	Not Covered	\$1,000	\$2,000	\$10,000
Family Deductible Out-of-Network	Not Covered	\$2,000	\$4,000	\$10,000
Single Out-of-Pocket Max	\$2,000	\$4,000	\$4,000	\$6,850
Family Out-of-Pocket Max	\$4,000	\$8,000	\$8,000	\$13,700
Single Out-of-Pocket Max Out-of-Network	Not Covered	\$7,000	\$8,000	\$13,700
Family Out-of-Pocket Max Out-of-Network	Not Covered	\$14,000	\$16,000	\$20,000
Co-Insurance	0%	15%	20%	40%
Co-Insurance Out-of-Network	Not Covered	35%	40%	50%
Doctor Visits	\$30	\$30	\$30	\$45
Specialist Visits	\$30	\$60	\$60	\$65
Lab & X-Ray	0%	\$30	\$30	\$45
Emergency Room Visits	\$250	\$250 + 15%	20%	40%
Urgent Care Visits	\$30	\$30	\$30	\$45
Outpatient Facility	\$300	15% after ded	20% after ded	40% after ded
Outpatient Surgery	0%	15% after ded	20% after ded	40% after ded
Hospital Inpatient	\$500	\$250/admit + 15% after ded	20% after ded	40% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$15
Brand Rx (Tier 2)	\$35	\$30	\$35	\$50
Non-Formulary Rx (Tier 3)	\$50	\$50	\$50	\$75

Blue Shield of California: Eliminated Plans

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

Blue Shield of CA HDHP 3000	ELIMINATED for 2024
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