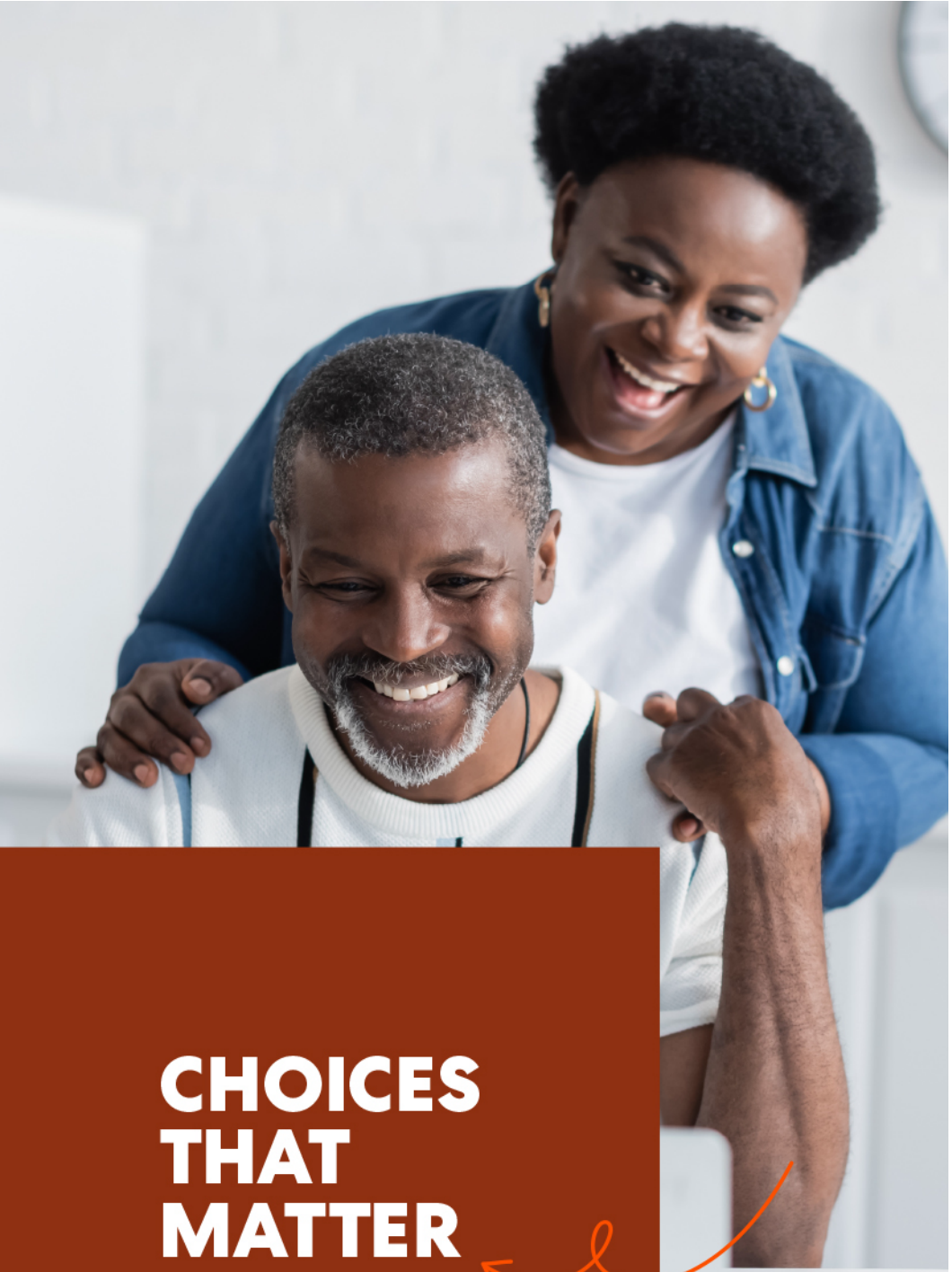

Medical Plan Offerings - Blue Shield of California (BSCA) 2026*

*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).

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Plan Offerings

Plan Highlights	BS-CA ACO 1700	BS-CA ACO 25	BS-CA ACO 40	BS-CA ACO/HDHP 4000 CA South	BS-CA ACO/PPO 300 CA South	BS-CA ACO/PPO 5000 CA South
Network Name	Blue Shield of California Tandem ACO/PPO Network	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 ACO/PPO Network	Blue Shield of California Tandem ACO/PPO Network
Deductible						
Single (In-Network/OON)	$1,700 / $3,400	$0 / Not Covered	$2,000 / Not Covered	$4,000 / $8,000	$300 / $600	$5,000 / $10,000
Family (In-Network/OON)	$3,400 / $6,800	$0 / Not Covered	$4,000 / Not Covered	$8,000 / $16,000	$600 / $1,200	$10,000 / $10,000
Out-of-Pocket Max						
Single (In-Network/OON)	$6,000 / $12,000	$2,000 / Not Covered	$5,000 / Not Covered	$6,725 / $14,000	$3,000 / $5,000	$6,850 / $13,700
Family (In-Network/OON)	$12,000 / $24,000	$4,000 / Not Covered	$10,000 / Not Covered	$13,450 / $28,000	$5,000 / $10,000	$13,700 / $20,000
Coinsurance (In-Network/OON)	25% / 50%	0% / Not Covered	40% / Not Covered	10% / 30%	15% / 35%	40% / 50%
Primary / Specialist	$40 / $60	$25 / $25	$40 / $40	10% after ded / 10% after ded	$25 / $50	$45 / $65
Lab & X-Ray	$40 after ded	$0	0%	10% after ded	$25	$45
Urgent Care Visit	$40	$25	$40	10% after ded	$25	$45
Emergency Room Visit	25%	$250	$250	10% after ded	$250 + 15%	40%
Hospital Outpatient (Facility / Surgery)	25% after ded / 25% after ded	$250 / 0%	40% after ded / 0%	10% after ded / 10% after ded	15% after ded / 15% after ded	40% after ded / 40% after ded
Hospital Inpatient	25% after ded	$350	40% after ded	10% after ded	$250/admit + 15% after ded	40% after ded
Rx Deductible (Non-Generic)	N/A	N/A	$100/$300	Integrated w/Med	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$15 / $50 / $75	$10 / $35 / $50	$10 / $40 after Rx ded / $60 after Rx ded	$10 after ded / $35 after ded / $55 after ded	$10 / $35 / $50	$15 / $50 / $75

Plan Offerings

Plan Highlights	BS-CA HDHP 4000	BS-CA HDHP 5500	BS-CA HMO 20	BS-CA HMO 30	BS-CA PPO 1000	BS-CA PPO 1500
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 Access+HMO	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
Deductible						
Single (In-Network/OON)	$4,000 / $8,000	$5,500 / $11,000	$0 / Not Covered	$0 / Not Covered	$1,000 / $2,000	$1,500 / $3,000
Family (In-Network/OON)	$8,000 / $16,000	$11,000 / $22,000	$0 / Not Covered	$0 / Not Covered	$2,000 / $4,000	$3,000 / $6,000
Out-of-Pocket Max						
Single (In-Network/OON)	$6,725 / $14,000	$6,550 / $15,000	$2,000 / Not Covered	$2,000 / Not Covered	$4,000 / $8,000	$5,500 / $11,000
Family (In-Network/OON)	$13,450 / $28,000	$13,100 / $30,000	$4,000 / Not Covered	$4,000 / Not Covered	$8,000 / $16,000	$11,000 / $22,000
Coinsurance (In-Network/OON)	10% / 30%	40% / 50%	0% / Not Covered	0% / Not Covered	20% / 40%	25% / 50%
Primary / Specialist	10% after ded / 10% after ded	40% after ded / 40% after ded	$20 / $20	$30 / $30	$30 / $60	$35 / $70
Lab & X-Ray	10% after ded	40% after ded	0%	0%	$30	$35
Urgent Care Visit	10% after ded	40% after ded	$20	$30	$30	$35
Emergency Room Visit	10% after ded	40% after ded	$250	$250	20%	25%
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	40% after ded / 40% after ded	$150 / 0%	$300 / 0%	20% after ded / 20% after ded	25% after ded / 25% after ded
Hospital Inpatient	10% after ded	40% after ded	$350	$500	20% after ded	25% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 after ded / $35 after ded / $55 after ded	$15 after ded / $50 after ded / $75 after ded	$10 / $35 / $50	$10 / $35 / $50	$10 / $35 / $50	$10 / $35 / $50

Plan Offerings

Plan Highlights	BS-CA PPO 300	BS-CA PPO 500	BS-CA PPO 5000	BS-CA PPO 700
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
Deductible				
Single (In-Network/OON)	$300 / $600	$500 / $1,000	$5,000 / $10,000	$700 / $1,400
Family (In-Network/OON)	$600 / $1,200	$1,500 / $2,000	$10,000 / $10,000	$1,800 / $2,800
Out-of-Pocket Max				
Single (In-Network/OON)	$3,000 / $5,000	$4,000 / $7,000	$6,850 / $13,700	$4,000 / $8,000
Family (In-Network/OON)	$5,000 / $10,000	$8,000 / $14,000	$13,700 / $20,000	$8,000 / $16,000
Coinsurance (In-Network/OON)	15% / 35%	15% / 35%	40% / 50%	20% / 40%
Primary / Specialist	$25 / $50	$30 / $60	$45 / $65	$30 / $60
Lab & X-Ray	$25	$30	$45	$30
Urgent Care Visit	$25	$30	$45	$30
Emergency Room Visit	$250 + 15%	$250 + 15%	40%	20%
Hospital Outpatient (Facility / Surgery)	15% after ded / 15% after ded	15% after ded / 15% after ded	40% after ded / 40% after ded	20% after ded / 20% after ded
Hospital Inpatient	$250/admit + 15% after ded	$250/admit + 15% after ded	40% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $35 / $50	$10 / $30 / $50	$15 / $50 / $75	$10 / $35 / $50