



**CHOICES
THAT
MATTER**

Medical Plan Offerings - Blue Shield of California (BSCA) 2025*

*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 3500 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 | \$3,500 / \$7,000 | \$300 / \$600 | \$5,000 / \$10,000 |
| Family (In-Network/OON) | \$3,400 / \$6,800 | \$0 / Not Covered | \$4,000 / Not Covered | \$7,000 / \$14,000 | \$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 / \$13,000 | \$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 / \$26,000 | \$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 | 0% / \$250 | 0% / 40% after ded | 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 3500 | 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) | \$3,500 / \$7,000 | \$5,500 / \$11,000 | \$0 / Not Covered | \$0 / Not Covered | \$1,000 / \$2,000 | \$1,500 / \$3,000 |
| Family (In-Network/OON) | \$7,000 / \$14,000 | \$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 / \$13,000 | \$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 / \$26,000 | \$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 | 0% / \$150 | 0% / \$300 | 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 |