



**CHOICES
THAT
MATTER**

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 HDHP 4000	BS-CA HMO 30	BS-CA PPO 1000	BS-CA PPO 500	BS-CA PPO 5000
Network Name	Blue Shield of California PPO; nationally except Hawaii through Blue Card	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
Deductible					
Single (In-Network/OON)	\$4,000 / \$8,000	\$0 / Not Covered	\$1,000 / \$2,000	\$500 / \$1,000	\$5,000 / \$10,000
Family (In-Network/OON)	\$8,000 / \$16,000	\$0 / Not Covered	\$2,000 / \$4,000	\$1,500 / \$2,000	\$10,000 / \$10,000
Out-of-Pocket Max					
Single (In-Network/OON)	\$6,725 / \$14,000	\$2,000 / Not Covered	\$4,000 / \$8,000	\$4,000 / \$7,000	\$6,850 / \$13,700
Family (In-Network/OON)	\$13,450 / \$28,000	\$4,000 / Not Covered	\$8,000 / \$16,000	\$8,000 / \$14,000	\$13,700 / \$20,000
Coinsurance (In-Network/OON)	10% / 30%	0% / Not Covered	20% / 40%	15% / 35%	40% / 50%
Primary / Specialist	10% after ded / 10% after ded	\$30 / \$30	\$30 / \$60	\$30 / \$60	\$45 / \$65
Lab & X-Ray	10% after ded	0%	\$30	\$30	\$45
Urgent Care Visit	10% after ded	\$30	\$30	\$30	\$45
Emergency Room Visit	10% after ded	\$250	20%	\$250 + 15%	40%
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	\$300 / 0%	20% after ded / 20% after ded	15% after ded / 15% after ded	40% after ded / 40% after ded
Hospital Inpatient	10% after ded	\$500	20% after ded	\$250/admit + 15% after ded	40% after ded
Rx Deductible (Non-Generic)	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	\$10 / \$35 / \$50	\$10 / \$35 / \$50	\$10 / \$30 / \$50	\$15 / \$50 / \$75