



**CHOICES
THAT
MATTER**

Medical Plan Offerings— Blue Shield of California 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](https://login.trinet.com)).

CHOICES THAT MATTER

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New Plans

Current Plans

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

There are no **new** Blue Shield of California plans for the 2025 benefits plan year.

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Blue Shield of California Plan Details: Current Plans

Blue Shield of CA ACO 25 CA	Current Plan for 2025
Blue Shield of CA ACO 40 CA	Current Plan for 2025
Blue Shield of CA ACO/HDHP 3500 CA	Current Plan for 2025
Blue Shield of CA ACO/PPO 300 CA South	Current Plan for 2025
Blue Shield of CA ACO/PPO 1700 CA South	Current Plan for 2025
Blue Shield of CA ACO/PPO 5000 CA South	Current Plan for 2025
Blue Shield of CA HMO 20 CA	Current Plan for 2025
Blue Shield of CA HMO 30 CA	Current Plan for 2025
Blue Shield of CA HDHP 3500	Current Plan for 2025
Blue Shield of CA HDHP 5500	Current Plan for 2025
Blue Shield of CA PPO 300	Current Plan for 2025
Blue Shield of CA PPO 500	Current Plan for 2025
Blue Shield of CA PPO 700	Current Plan for 2025
Blue Shield of CA PPO 1000	Current Plan for 2025
Blue Shield of CA PPO 1500	Current Plan for 2025
Blue Shield of CA PPO 5000	Current Plan for 2025
Blue Shield of CA HDHP 5500 MA	Current Plan for 2025

The current Blue Shield of California plans for the 2025 benefits plan year are listed on the following pages.

TRINET III-25Q1



Benefits	ACO 25 CA	ACO 40 CA	ACO/HDHP 3500 CA	ACO/PPO 300 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 ACO/PPO Network
Single Deductible	\$0	\$2,000	\$3,500	\$300
Family Deductible	\$0	\$4,000	\$7,000	\$600
Single Deductible Out-of-Network	Not Covered	Not Covered	\$7,000	\$600
Family Deductible Out-of-Network	Not Covered	Not Covered	\$14,000	\$1,200
Single Out-of-Pocket Max	\$2,000	\$5,000	\$6,725	\$3,000
Family Out-of-Pocket Max	\$4,000	\$10,000	\$13,450	\$5,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$13,000	\$5,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$26,000	\$10,000
Co-Insurance	0%	40%	10%	15%
Co-Insurance Out-of-Network	Not Covered	Not Covered	30%	35%
Doctor Visits	\$25	\$40	10% after ded	\$25
Specialist Visits	\$25	\$40	10% after ded	\$50
Lab & X-Ray	0%	0%	10% after ded	\$25
Emergency Room Visits	\$250	\$250	10% after ded	\$250 + 15%
Urgent Care Visits	\$25	\$40	10% after ded	\$25
Outpatient Facility	\$250	40% after ded	10% after ded	15% after ded
Outpatient Surgery	0%	0%	10% after ded	15% after ded
Hospital Inpatient	\$350	40% after ded	10% after ded	\$250/admit + 15% after ded
Rx Deductible (Non-Generic)	N/A	\$100/\$300	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10 after ded	\$10
Brand Rx (Tier 2)	\$35	\$40	\$35 after ded	\$35
Non-Formulary Rx (Tier 3)	\$50	\$60	\$55 after ded	\$50



Benefits	ACO/PPO 1700 CA	ACO/PPO 5000 CA	HMO 20 CA	HMO 30 CA
Network Name	Blue Shield of California Tandem PPO Network	Blue Shield of California Tandem ACO/PPO Network	Blue Shield of California Access+HMO	Blue Shield of California Access+ HMO
Single Deductible	\$1,700	\$5,000	\$0	\$0
Family Deductible	\$3,400	\$10,000	\$0	\$0
Single Deductible Out-of-Network	\$3,400	\$10,000	Not Covered	Not Covered
Family Deductible Out-of-Network	\$6,800	\$10,000	Not Covered	Not Covered
Single Out-of-Pocket Max	\$6,000	\$6,850	\$2,000	\$2,000
Family Out-of-Pocket Max	\$12,000	\$13,700	\$4,000	\$4,000
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$13,700	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$24,000	\$20,000	Not Covered	Not Covered
Co-Insurance	25%	40%	0%	0%
Co-Insurance Out-of-Network	50%	50%	Not Covered	Not Covered
Doctor Visits	\$40	\$45	\$20	\$30
Specialist Visits	\$60	\$65	\$20	\$30
Lab & X-Ray	\$40	\$45	0%	0%
Emergency Room Visits	25%	40%	\$250	\$250
Urgent Care Visits	\$40	\$45	\$20	\$30
Outpatient Facility	25% after ded	40% after ded	\$150	\$300
Outpatient Surgery	25% after ded	40% after ded	0%	0%
Hospital Inpatient	25% after ded	40% after ded	\$350	\$500
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$15	\$15	\$10	\$10
Brand Rx (Tier 2)	\$50	\$50	\$35	\$35
Non-Formulary Rx (Tier 3)	\$75	\$75	\$50	\$50



Benefits	HDHP 3500	HDHP 5500	PPO 300	PPO 500
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	\$3,500	\$5,500	\$300	\$500
Family Deductible	\$7,000	\$11,000	\$600	\$1,500
Single Deductible Out-of-Network	\$7,000	\$11,000	\$600	\$1,000
Family Deductible Out-of-Network	\$14,000	\$22,000	\$1,200	\$2,000
Single Out-of-Pocket Max	\$6,725	\$6,550	\$3,000	\$4,000
Family Out-of-Pocket Max	\$13,450	\$13,100	\$5,000	\$8,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$15,000	\$5,000	\$7,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$30,000	\$10,000	\$14,000
Co-Insurance	10%	40%	15%	15%
Co-Insurance Out-of-Network	30%	50%	35%	35%
Doctor Visits	10% after ded	40% after ded	\$25	\$30
Specialist Visits	10% after ded	40% after ded	\$50	\$60
Lab & X-Ray	10% after ded	40% after ded	\$25	\$30
Emergency Room Visits	10% after ded	40% after ded	\$250 + 15%	\$250 + 15%
Urgent Care Visits	10% after ded	40% after ded	\$25	\$30
Outpatient Facility	10% after ded	40% after ded	15% after ded	15% after ded
Outpatient Surgery	10% after ded	40% after ded	15% after ded	15% after ded
Hospital Inpatient	10% after ded	40% after ded	\$250/admit + 15% after ded	\$250/admit + 15% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	\$15 after ded	\$10	\$10
Brand Rx (Tier 2)	\$35 after ded	\$50 after ded	\$35	\$30
Non-Formulary Rx (Tier 3)	\$55 after ded	\$75 after ded	\$50	\$50



Benefits	PPO 700	PPO 1000	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	Blue Shield of California PPO; nationally except Hawaii through Blue Card	Blue Shield of California PPO; nationally except Hawaii through Blue Card
Single Deductible	\$700	\$1,000	\$1,500	\$5,000
Family Deductible	\$1,800	\$2,000	\$3,000	\$10,000
Single Deductible Out-of-Network	\$1,400	\$2,000	\$3,000	\$10,000
Family Deductible Out-of-Network	\$2,800	\$4,000	\$6,000	\$10,000
Single Out-of-Pocket Max	\$4,000	\$4,000	\$5,500	\$6,850
Family Out-of-Pocket Max	\$8,000	\$8,000	\$11,000	\$13,700
Single Out-of-Pocket Max Out-of-Network	\$8,000	\$8,000	\$11,000	\$13,700
Family Out-of-Pocket Max Out-of-Network	\$16,000	\$16,000	\$22,000	\$20,000
Co-Insurance	20%	20%	25%	40%
Co-Insurance Out-of-Network	40%	40%	50%	50%
Doctor Visits	\$30	\$30	\$35	\$45
Specialist Visits	\$60	\$60	\$70	\$65
Lab & X-Ray	\$30	\$30	\$35	\$45
Emergency Room Visits	20%	20%	25%	40%
Urgent Care Visits	\$30	\$30	\$35	\$45
Outpatient Facility	20% after ded	20% after ded	25% after ded	40% after ded
Outpatient Surgery	20% after ded	20% after ded	25% after ded	40% after ded
Hospital Inpatient	20% after ded	20% after ded	25% 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	\$35	\$35	\$50
Non-Formulary Rx (Tier 3)	\$50	\$50	\$50	\$75



Benefits	HDHP 5500 MA
Network Name	Blue Shield of California PPO; nationally except Hawaii through Blue Card
Single Deductible	\$5,500
Family Deductible	\$11,000
Single Deductible Out-of-Network	\$11,000
Family Deductible Out-of-Network	\$22,000
Single Out-of-Pocket Max	\$6,550
Family Out-of-Pocket Max	\$13,100
Single Out-of-Pocket Max Out-of-Network	\$15,000
Family Out-of-Pocket Max Out-of-Network	\$30,000
Co-Insurance	40%
Co-Insurance Out-of-Network	50%
Doctor Visits	40% after ded
Specialist Visits	40% after ded
Lab & X-Ray	40% after ded
Emergency Room Visits	40% after ded
Urgent Care Visits	40% after ded
Outpatient Facility	40% after ded
Outpatient Surgery	40% after ded
Hospital Inpatient	40% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	\$15 after ded
Brand Rx (Tier 2)	\$50 after ded
Non-Formulary Rx (Tier 3)	\$75 after ded