



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

Blue Shield of CA ACO/HDHP 3500 CA	NEW for 2024
Blue Shield of CA HDHP 3500	NEW for 2024

The **new** Blue Shield of California plans for the 2024 benefits plan year are listed on the following page.



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

Blue Shield of California Plan Details: Current Plans

Blue Shield of CA ACO 25 CA	Current Plan for 2024
Blue Shield of CA ACO 40 CA	Current Plan for 2024
Blue Shield of CA ACO/PPO 300 CA South	Current Plan for 2024
Blue Shield of CA ACO/PPO 1700 CA South	Current Plan for 2024
Blue Shield of CA ACO/PPO 5000 CA South	Current Plan for 2024
Blue Shield of CA HMO 20 CA	Current Plan for 2024
Blue Shield of CA HMO 30 CA	Current Plan for 2024
Blue Shield of CA HDHP 5500	Current Plan for 2024
Blue Shield of CA PPO 300	Current Plan for 2024
Blue Shield of CA PPO 500	Current Plan for 2024
Blue Shield of CA PPO 700	Current Plan for 2024
Blue Shield of CA PPO 1000	Current Plan for 2024
Blue Shield of CA PPO 1500	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	ACO 25 CA	ACO 40 CA	ACO/PPO 300 CA	ACO/PPO 1700 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 PPO Network
Single Deductible	\$0	\$2,000	\$300	\$1,700
Family Deductible	\$0	\$4,000	\$600	\$3,400
Single Deductible Out-of-Network	Not covered	Not covered	\$600	\$3,400
Family Deductible Out-of-Network	Not covered	Not covered	\$1,200	\$6,800
Single Out-of-Pocket Max	\$2,000	\$5,000	\$3,000	\$6,000
Family Out-of-Pocket Max	\$4,000	\$10,000	\$5,000	\$12,000
Single Out-of-Pocket Max Out-of-Network	Not covered	Not covered	\$5,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	Not covered	Not Covered	\$10,000	\$24,000
Co-Insurance	0%	40%	15%	25%
Co-Insurance Out-of-Network	Not covered	Not covered	35%	50%
Doctor Visits	\$25	\$40	\$25	\$40
Specialist Visits	\$25	\$40	\$50	\$60
Lab & X-Ray	0%	0%	\$25	\$40
Emergency Room Visits	\$250	\$250	\$250 + 15%	25%
Urgent Care Visits	\$25	\$40	\$25	\$40
Outpatient Facility	\$250	40% after ded	15% after ded	25% after ded
Outpatient Surgery	0%	0%	15% after ded	25% after ded
Hospital Inpatient	\$350	40% after ded	\$250/admit + 15% after ded	25% after ded
Rx Deductible (Non-Generic)	N/A	\$100/\$300	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$15
Brand Rx (Tier 2)	\$35	\$40	\$35	\$50
Non-Formulary Rx (Tier 3)	\$50	\$60	\$50	\$75



Benefits	ACO/PPO 5000 CA	HMO 20 CA	HMO 30 CA	HDHP 5500
Network Name	Blue Shield of California Tandem ACO/PPO Network	Blue Shield of California Access+HMO	Blue Shield of California Access+ HMO	Blue Shield of California PPO; nationally except Hawaii through Blue Card
Single Deductible	\$5,000	\$0	\$0	\$5,500
Family Deductible	\$10,000	\$0	\$0	\$11,000
Single Deductible Out-of-Network	\$10,000	Not Covered	Not Covered	\$11,000
Family Deductible Out-of-Network	\$10,000	Not Covered	Not Covered	\$22,000
Single Out-of-Pocket Max	\$6,850	\$2,000	\$2,000	\$6,550
Family Out-of-Pocket Max	\$13,700	\$4,000	\$4,000	\$13,100
Single Out-of-Pocket Max Out-of-Network	\$13,700	Not Covered	Not Covered	\$15,000
Family Out-of-Pocket Max Out-of-Network	\$20,000	Not Covered	Not Covered	\$30,000
Co-Insurance	40%	0%	0%	40%
Co-Insurance Out-of-Network	50%	Not Covered	Not Covered	50%
Doctor Visits	\$45	\$20	\$30	40% after ded
Specialist Visits	\$65	\$20	\$30	40% after ded
Lab & X-Ray	\$45	0%	0%	40% after ded
Emergency Room Visits	40%	\$250	\$250	40% after ded
Urgent Care Visits	\$45	\$20	\$30	40% after ded
Outpatient Facility	40% after ded	\$150	\$300	40% after ded
Outpatient Surgery	40% after ded	0%	0%	40% after ded
Hospital Inpatient	40% after ded	\$350	\$500	40% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/Med
Generic Rx (Tier 1)	\$15	\$10	\$10	\$15 after ded
Brand Rx (Tier 2)	\$50	\$35	\$35	\$50 after ded
Non-Formulary Rx (Tier 3)	\$75	\$50	\$50	\$75 after ded



Benefits	PPO 300	PPO 500	PPO 700	PPO 1000
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	\$300	\$500	\$700	\$1,000
Family Deductible	\$600	\$1,500	\$1,800	\$2,000
Single Deductible Out-of-Network	\$600	\$1,000	\$1,400	\$2,000
Family Deductible Out-of-Network	\$1,200	\$2,000	\$2,800	\$4,000
Single Out-of-Pocket Max	\$3,000	\$4,000	\$4,000	\$4,000
Family Out-of-Pocket Max	\$5,000	\$8,000	\$8,000	\$8,000
Single Out-of-Pocket Max Out-of-Network	\$5,000	\$7,000	\$8,000	\$8,000
Family Out-of-Pocket Max Out-of-Network	\$10,000	\$14,000	\$16,000	\$16,000
Co-Insurance	15%	15%	20%	20%
Co-Insurance Out-of-Network	35%	35%	40%	40%
Doctor Visits	\$25	\$30	\$30	\$30
Specialist Visits	\$50	\$60	\$60	\$60
Lab & X-Ray	\$25	\$30	\$30	\$30
Emergency Room Visits	\$250 + 15%	\$250 + 15%	20%	20%
Urgent Care Visits	\$25	\$30	\$30	\$30
Outpatient Facility	15% after ded	15% after ded	20% after ded	20% after ded
Outpatient Surgery	15% after ded	15% after ded	20% after ded	20% after ded
Hospital Inpatient	\$250/admit + 15% after ded	\$250/admit + 15% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$35	\$30	\$35	\$35
Non-Formulary Rx (Tier 3)	\$50	\$50	\$50	\$50



Benefits	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
Single Deductible	\$1,500	\$5,000
Family Deductible	\$3,000	\$10,000
Single Deductible Out-of-Network	\$3,000	\$10,000
Family Deductible Out-of-Network	\$6,000	\$10,000
Single Out-of-Pocket Max	\$5,500	\$6,850
Family Out-of-Pocket Max	\$11,000	\$13,700
Single Out-of-Pocket Max Out-of-Network	\$11,000	\$13,700
Family Out-of-Pocket Max Out-of-Network	\$22,000	\$20,000
Co-Insurance	25%	40%
Co-Insurance Out-of-Network	50%	50%
Doctor Visits	\$35	\$45
Specialist Visits	\$70	\$65
Lab & X-Ray	\$35	\$45
Emergency Room Visits	25%	40%
Urgent Care Visits	\$35	\$45
Outpatient Facility	25% after ded	40% after ded
Outpatient Surgery	25% after ded	40% after ded
Hospital Inpatient	25% after ded	40% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Generic Rx (Tier 1)	\$10	\$15
Brand Rx (Tier 2)	\$35	\$50
Non-Formulary Rx (Tier 3)	\$50	\$75

Blue Shield of California: Eliminated Plans

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

Blue Shield of CA ACO/HDHP 3000 CA South	ELIMINATED for 2024
Blue Shield of CA HDHP 3000	ELIMINATED for 2024