



**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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# CHOICES THAT MATTER

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

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

# CHOICES THAT MATTER

## Blue Shield of California Plan Details: Current Plans

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 PPO 500	Current Plan for 2025
Blue Shield of CA PPO 1000	Current Plan for 2025
Blue Shield of CA PPO 5000	Current Plan for 2025

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



Benefits	HMO 30 CA	HDHP 3500	PPO 500	PPO 1000
<b>Network Name</b>	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
<b>Single Deductible</b>	\$0	\$3,500	\$500	\$1,000
<b>Family Deductible</b>	\$0	\$7,000	\$1,500	\$2,000
<b>Single Deductible Out-of-Network</b>	Not Covered	\$7,000	\$1,000	\$2,000
<b>Family Deductible Out-of-Network</b>	Not Covered	\$14,000	\$2,000	\$4,000
<b>Single Out-of-Pocket Max</b>	\$2,000	\$6,725	\$4,000	\$4,000
<b>Family Out-of-Pocket Max</b>	\$4,000	\$13,450	\$8,000	\$8,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	\$13,000	\$7,000	\$8,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	\$26,000	\$14,000	\$16,000
<b>Co-Insurance</b>	0%	10%	15%	20%
<b>Co-Insurance Out-of-Network</b>	Not Covered	30%	35%	40%
<b>Doctor Visits</b>	\$30	10% after ded	\$30	\$30
<b>Specialist Visits</b>	\$30	10% after ded	\$60	\$60
<b>Lab &amp; X-Ray</b>	0%	10% after ded	\$30	\$30
<b>Emergency Room Visits</b>	\$250	10% after ded	\$250 + 15%	20%
<b>Urgent Care Visits</b>	\$30	10% after ded	\$30	\$30
<b>Outpatient Facility</b>	\$300	10% after ded	15% after ded	20% after ded
<b>Outpatient Surgery</b>	0%	10% after ded	15% after ded	20% after ded
<b>Hospital Inpatient</b>	\$500	10% after ded	\$250/admit + 15% after ded	20% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	Integrated w/Med	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$10	\$10 after ded	\$10	\$10
<b>Brand Rx (Tier 2)</b>	\$35	\$35 after ded	\$30	\$35
<b>Non-Formulary Rx (Tier 3)</b>	\$50	\$55 after ded	\$50	\$50



Benefits	PPO 5000
<b>Network Name</b>	Blue Shield of California PPO; nationally except Hawaii through Blue Card
<b>Single Deductible</b>	\$5,000
<b>Family Deductible</b>	\$10,000
<b>Single Deductible Out-of-Network</b>	\$10,000
<b>Family Deductible Out-of-Network</b>	\$10,000
<b>Single Out-of-Pocket Max</b>	\$6,850
<b>Family Out-of-Pocket Max</b>	\$13,700
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$13,700
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$20,000
<b>Co-Insurance</b>	40%
<b>Co-Insurance Out-of-Network</b>	50%
<b>Doctor Visits</b>	\$45
<b>Specialist Visits</b>	\$65
<b>Lab &amp; X-Ray</b>	\$45
<b>Emergency Room Visits</b>	40%
<b>Urgent Care Visits</b>	\$45
<b>Outpatient Facility</b>	40% after ded
<b>Outpatient Surgery</b>	40% after ded
<b>Hospital Inpatient</b>	40% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A
<b>Generic Rx (Tier 1)</b>	\$15
<b>Brand Rx (Tier 2)</b>	\$50
<b>Non-Formulary Rx (Tier 3)</b>	\$75