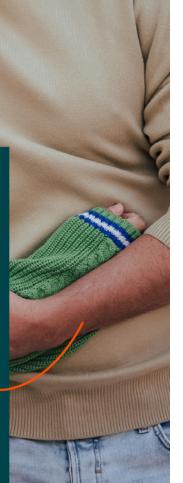


Medical Plan Offerings– Florida Blue 2025*

*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).

CHOICES THAT MATTER



Disclaimer: © 2025 TriNet Group, Inc. All rights reserved. This communication is for informational purposes only, is not legal, tax or accounting advice, and is not an offer to buy, sell or procure insurance. In the event of any conflict with the official plan documents, the plan documents shall control. Communications and plan documents are subject to the terms, exclusions and limitations prescribed by the applicable insurance carrier certificates. TriNet is the single-employer sponsor of all its benefit plans, which does not include voluntary benefits that are not ERISA-covered group health insurance plans. TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.

PY25 TN III-Q2



Plan Offerings

Plan Highlights	FL Blue HDHP 3500	FL Blue HDHP 6350	FL Blue HMO 20	FL Blue HMO 40	FL Blue PPO 1000	FL Blue PPO 1500
Network Name	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii & Massachusetts through Blue Card	Blue Care	Blue Care	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card
Deductible						
Single (In-Network/OON)	\$3,500 / \$7,000	\$6,350 / \$12,700	\$0 / Not Covered	\$5,000 / Not Covered	\$1,000 / \$2,000	\$1,500 / \$3,000
Family (In-Network/OON)	\$7,000 / \$14,000	\$12,700 / \$25,400	\$0 / Not Covered	\$10,000 / Not Covered	\$2,000 / \$4,000	\$3,000 / \$6,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$7,000 / \$13,000	\$6,350 / \$25,400	\$2,000 / Not Covered	\$5,000 / Not Covered	\$2,500 / \$4,000	\$3,500 / \$6,000
Family (In-Network/OON)	\$14,000 / \$26,000	\$12,700 / \$50,800	\$4,000 / Not Covered	\$10,000 / Not Covered	\$5,000 / \$8,000	\$7,000 / \$12,000
Coinsurance (In-Network /OON)	30% / 40%	0% / 50%	0% / Not Covered	0% / Not Covered	20% / 40%	30% / 50%
Primary / Specialist	30% after ded / 30% after ded	0% after ded / 0% after ded	\$20 / \$35	\$40 / \$65	\$30 / \$45	\$35 / \$50
Lab & X-Ray	30% after ded	0% after ded	0%	\$65	\$50	\$50
Urgent Care Visit	30% after ded	0% after ded	\$50	\$85	\$45	\$50
Emergency Room Visit	30% after ded	0% after ded	\$100	\$300	\$250	\$250
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	0% after ded / 0% after ded	0% / \$100	0% after ded / 0% after ded	\$45 / 20% after ded	30% after ded / 30% after ded
Hospital Inpatient	30% after ded	0% after ded	\$250	0% after ded	20% after ded	30% 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 / \$40 after ded / \$60 after ded	0% after ded / 0% after ded / 0% after ded	\$10 / \$40 / \$60	\$10 / \$40 / \$60	\$10 / \$40 / \$60	\$10 / \$40 / \$60

MEDICAL

Plan Offerings

Plan Highlights	FL Blue PPO 2000	FL Blue PPO 5500 Copay	FL Blue PPO 750
Network Name	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card	FL: Blue Options; nationally except Hawaii through Blue Card
Deductible			
Single (In-Network/OON)	\$2,000 / \$4,000	\$5,500 / \$11,000	\$750 / \$2,250
Family (In-Network/OON)	\$4,000 / \$8,000	\$11,000 / \$22,000	\$1,875 / \$6,750
Out-of-Pocket Max			
Single (In-Network/OON)	\$5,000 / \$16,000	\$6,850 / \$20,000	\$2,000 / \$4,000
Family (In-Network/OON)	\$10,000 / \$32,000	\$13,700 / \$40,000	\$3,000 / \$8,000
Coinsurance (In-Network /OON)	30% / 50%	30% / 50%	10% / 30%
Primary / Specialist	\$35 / \$50	\$50 / \$75	\$25 / \$40
Lab & X-Ray	\$50	30% after ded	\$50
Urgent Care Visit	\$50	\$75	\$75
Emergency Room Visit	\$250	\$500	\$350
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	30% after ded / 30% after ded	10% after ded / 10% after ded
Hospital Inpatient	30% after ded	30% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	\$100	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$40 / \$60	\$10 / \$60 after Rx ded / \$100 after Rx ded	\$10 / \$35 / \$50