Blue Shield of California Plans for Small Businesses

Our plan names align closely with Covered California for Small Business. The names make it easy to understand the benefits each plan offers. The plan names follow this format:

Metal tier + network name + product type + deductible + copay + suffix (off-exchange)

2023 Blue Shield of California off-exchange and mirror packages for small business

	Off-exchange HMO plans	Mirror HMO plans
Richer plans	Platinum HMO 0/20	Mirror Platinum 90 HMO 0/20
	Platinum HMO 0/25	Mirror Gold 80 HMO 250/35
	Platinum HMO 0/30	Mirror Silver 70 HMO 2500/55
	Gold HMO 0/30	
	Gold HMO 500/35	
	Gold HMO 1000/35	
	Gold HMO 1500/35	
	Silver HMO 2300/70	
	Silver HMO 2750/70	
Leaner plans	Bronze HMO 7000/70	

	Off-exchange PPO plans	Off-exchange HDHP plans	Mirror PPO plans
Richer plans	Platinum PPO 250/10	Gold PPO Savings 1750/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/15
	Platinum PPO 0/0	Silver PPO Savings 2300/25%	Mirror Gold 80 PPO 350/25
	Platinum PPO 0/10	Silver PPO Savings 2600/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/55
	Platinum PPO 250/15	Bronze PPO Savings 5700/40%	Mirror Bronze 60 PPO 6300/65
	Gold PPO 0/25	Bronze PPO Savings 7000	
	Gold PPO 500/30		
	Gold PPO 750/30		
	Gold PPO 1000/35		
	Virtual Blue℠ Gold PPO 1500/45		
	Silver PPO 2000/60		
	Silver PPO 2350/65		
	Silver PPO 2550/70		
	Bronze PPO 5500/65		
	Bronze PPO 6500/70		
	Bronze PPO 6850/55		
	Virtual Blue℠ Bronze PPO 7500/75		
	Bronze PPO 6250/65		
Leaner plans	Bronze PPO 7500/65		

Off-exchange HMO plans

All HMO plans available on the Access+ HMO®, Local Access+ HMO®, or Trio ACO networks.

Benefits*		Platinum coverage			Gold coverage				Silver coverage		Bronze coverage
		Platinum HMO 0/20 OffEx	Platinum HMO 0/25 OffEx	Platinum HMO 0/30 OffEx	Gold HMO 0/30 OffEx	Gold HMO 500/35 OffEx	Gold HMO 1000/35 OffEx	Gold HMO 1500/35 OffEx	Silver HMO 2300/70 OffEx	Silver HMO 2750/70 OffEx	Bronze Trio HMO 7000/70 OffEx
Calendar-year medical deductible		$0	$0	$0	$0	$500	$1,000	$1,500	$2,300	$2,750	$7,000
Calendar-year out-of-pocket maximum		$2,000	$2,350	$2,700	$7,000	$7,500	$7,500	$8,150	$8,750	$8,750	$8,750
Primary Care		$20	$25	$30	$30	$35	$35	$35	$70	$70	$70
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		$500	$250	$500	$600	20%†	20%†	20%†	40%†	45%†	50%†
Emergency room services (not resulting in admission)		$200	$250	$250	$325	$300†	$300†	$300†	50%†	50%†	50%†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$0	$0	$0	$100	$100	$400	$0	$0
Retail prescriptions*‡ (up to a 30-day supply)	Tier 1 drugs	$5	$5	$5	$20	$15	$15	$15	$25†	$25	$25
	Tier 2 drugs	$15	$15	$15	$35	$35	$35†	$35†	$85†	$90	$115
	Tier 3 drugs	$25	$25	$25	$55	$55	$55†	$55†	$115†	$115	$160
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%	20%†	20%†	40%†	45%†	50%†
Chiropractic (up to 15 visits per member per calendar year)		$15	$15	$15	$15	$15	$15	$15	$15	$15	$15
Acupuncture		$15	$15	$15	$15	$15	$15	$15	$15	$15	$15
Teladoc		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

Off-exchange PPO plans

PPO plans are available on both the Full PPO Network and Tandem PPO Network. Groups may offer plans from both networks.

Benefits*		Platinum coverage			
		Platinum PPO 250/10 OffEx	Platinum PPO 0/0 OffEx	Platinum PPO 0/10 OffEx	Platinum PPO 250/15 OffEx
Calendar-year medical deductible		$250	$0	$0	$250
Calendar-year out-of-pocket maximum		$3,000	$5,000	$4,700	$4,300
Primary Care		$10	$0	$10	$15
Preventive health benefits		No charge	No charge	No charge	No charge
Inpatient hospitalization		10%†	10%	10%	10%†
Emergency room services (not resulting in admission)		$150 + 10%†	$250 + 10%	$150 + 10%	$150 +10%†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$0	$0
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$10	$0	$5	$5
	Tier 2 drugs	$25	$30	$30	$30
	Tier 3 drugs	$40	$50	$50	$50
	Tier 4 and specialty drugs	20%	30%	30%	30%
Chiropractic (Up to 20 visits per member per calendar year)		$10	$10	$10	$10
Acupuncture		$25†	$25	$25	$25†
Teladoc		$0	$0	$0	$0

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

Continued

Off-exchange PPO plans

PPO plans are available on both the Full PPO Network and Tandem PPO Network. Groups may now offer plans from both networks.

Benefits*		Gold coverage			
		Gold PPO 0/25 OffEx	**Gold PPO 500/30 OffEx**	**Gold PPO 750/30 OffEx**	**Gold PPO 1000/35 OffEx**
Calendar-year medical deductible		$0	$500	$750	$1,000
Calendar-year out-of-pocket maximum		$8,500	$8,500	$8,150	$8,150
Primary Care		$25	$30	$30	$35
Preventive health benefits		No charge	No charge	No charge	No charge
Inpatient hospitalization		30%	20%†	20%†	20%†
Emergency room services (not resulting in admission)		$250 + 30%	$250 + 20%†	$250 + 20%†	$250 + 20%†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$100	$250	$300
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$15	$15	$10	$10
	Tier 2 drugs	$45	$50†	$40†	$40†
	Tier 3 drugs	$60	$80†	$70†	$70†
	Tier 4 and specialty drugs	30%	30%†	30%†	30%†
Chiropractic*† (up to 20 visits per member per calendar year)		$10	$10	$10	$10
Acupuncture		$25	$25†	$25†	$25†
Teladoc		$0	$0	$0	$0

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† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

Off-exchange PPO plans

PPO plans are available on both the Full PPO Network and Tandem PPO Network. Groups may offer plans from both networks.

Benefits*		Silver coverage			Bronze coverage				
		Silver PPO 2000/60 OffEx	Silver PPO 2350/65 OffEx∞	Silver PPO 2500/70 OffEx	Bronze PPO 5500/65 OffEx	Bronze PPO 6500/70 OffEx	Bronze PPO 6850/55 OffEx	Bronze PPO 6250/65 OffEx	Bronze PPO 7500/65 OffEx
Calendar-year medical deductible		$2,000	$2,350	$2,500	$5,500	$6,500	$6,850	$6,250	$7,500
Calendar-year out-of-pocket maximum		$8,750	$8,750	$8,750	$8,750	$8,750	$8,750	$8,750	$8,750
Primary Care		$60	$65†	$70	$65†	$70†	$55†	$65†	$65†
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		35%†	40%†	40%†	50%†	50%†	35%†	40%†	50%†
Emergency room services (not resulting in admission)		$300 + 35%†	$350 + 40%†	$350 + 40%†	50%†	50%†	50%†	50%†	50%†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$300	$350	$300	$500	$300	$650	Integrated with medical	Integrated with medical
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$20	$25	$25	$20	$20	$20	$20	$20
	Tier 2 drugs	$80†	$50	$75†	50%†	$130†	$65†	$65†	50%†
	Tier 3 drugs	$115†	$115†	$115†	50%†	$160†	$90†	$90†	50%†
	Tier 4 and specialty drugs	30%†	40%†	40%†	50%†	50%†	30%†	30%†	50%†
Chiropractic (up to 12 visits per member per calendar year)		$15	$15	$15	$15	$15	$15	$15	50%†
Acupuncture		$25†	$25†	$25†	$25†	$25†	$25†	$25†	50%†
Teladoc		$0	$0	$0	$0	$0	$0	$0	$0†

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

∞ Plan includes Value Based Benefits:

The following services are provided at $0 Copay Share when you see a Participating Provider for treatment of diabetes, asthma, chronic obstructive pulmonary disease (COPD), or coronary artery disease (CAD); the Calendar Year Deductible does not apply to these services:

- Primary care or Specialist care office visits when your provider determines that the purpose of the visit is to treat a condition listed above;
- Lipid panel in a laboratory center or Outpatient Department of a Hospital (diabetes and CAD only);
- Metabolic panel in a laboratory center or Outpatient Department of a Hospital (diabetes and CAD only);
- Blood glucose, creatinine clearance, hemoglobin A1c, liver function, and microalbumin tests in a laboratory center or Outpatient Department of a Hospital (diabetes only); and
- Peak flow meter (asthma and COPD only).

Off-Exchange Virtual Blue℠ PPO plans

Virtual Blue plans are available on the Tandem PPO network. This plan is designed for people who prefer the conventional 24/7 virtual care for most primary, specialty, and behavioral health visits access to in-person care.

Benefits*			(New) Virtual Blue℠ Gold	(New) Virtual Blue℠ Bronze
			PPO 1500/45	Bronze PPO 7500/75
Calendar-year medical deductible			$1,500	$7,500
Calendar-year out-of-pocket maximum			$8,750	$8,750
Primary Care	Virtual Blue℠ Care		$0	$0
	In-Person Care		$45	$75†
Preventive Care			No charge	No charge
Inpatient Hospital Services			20%†	15%†
Emergency room services (not resulting in admission)			$250 + 20%†	$150 + 15%†
Prenatal and preconception physician office visits			No charge	No charge
Calendar-year pharmacy deductible			$300 / $600	Integrated with medical deductible
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs		$10 / $15	$20/$25
			Not covered	Not covered
	Tier 2 drugs		$40† / $60†	50%†
			Not covered	Not covered
	Tier 3 drugs		$70 † / $100 †	$50 †
			Not covered	Not covered
	Tier 4 drugs		30% †	50% †
			Not covered	Not covered
	Specialty Drugs		30% †	50% †
			Not covered	Not covered
Chiropractic (up to 20 visits per member per calendar year)			$10	15%†
Acupuncture			$25†	$25†
Teladoc			$0	$0†

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

HSA-compatible HDHP PPO plans

PPO plans are available on both the Full PPO Network and Tandem PPO Network. Groups may offer plans from both networks.

Benefits*		Gold Coverage	Silver Coverage		Bronze Coverage	
		Gold PPO Savings 1750/15% HDHP PrevRx	Silver PPO Savings 2300/25% OffEx	Silver PPO Savings 2600/35% HDHP PrevRx	Bronze PPO Savings 5700/40% OffEx	Bronze PPO Savings 7000 OffEx
Calendar-year integrated medical and pharmacy deductible		$1,750	$2,300	$2,600	$5,700	$7,000
Calendar-year out-of-pocket maximum		$3,300	$7,500	$7,500	$7,000	$7,000
Primary Care		15%†	25%†	35%†	40%†	$0†
Preventive health benefits		No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		15%†	25%†	35%†	40%†	$0†
Emergency room services (not resulting in admission)		$150 + 15%†	$150 + 25%†	$150 + 35%†	$250 + 40%†	$0†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$10†	$25†	35%†	40%†	$0†
	Tier 2 drugs	$30†	$70†	35%†	40%†	$0†
	Tier 3 drugs	$50†	$100†	35%†	40%†	$0†
	Tier 4 and specialty drugs	$30%†	30%†	35%†	40%†	$0†
Chiropractic (up to 20 visits per member per calendar year)		15%†	25%†	35%†	50%†	$0†
Acupuncture		$25†	$25†	$25†	$25†	$0†
Teladoc		$0†	$0†	$0†	$0†	$0†

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

Mirror HMO plans

Mirror HMO plans use the Trio HMO network. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange Package.

Benefits*		Platinum coverage Platinum 90 HMO 0/20	Gold coverage Gold 80 HMO 250/35	Silver coverage Silver 70 HMO 2500/55
Calendar-year medical deductible		$0	$250	$2,500
Calendar-year out-of-pocket maximum		$4,500	$7,800	$8,600
Primary Care		$20	$35	$55
Preventive health benefits		No charge	No charge	No charge
Inpatient hospitalization		$250	$600†	40%†
Emergency room services		$150	$250†	$35%†
Prenatal and preconception physician office visits		No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$300
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$5	$15	$19
	Tier 2 drugs	$20	$40	$85†
	Tier 3 drugs	$30	$70	$110†
	Tier 4 drugs	10%	20%	30%†
Chiropractic		Not covered	Not covered	Not covered
Acupuncture		$20	$35	$55
Teladoc		$0	$0	$0

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.

Mirror PPO plans

Mirror PPO plans use the same Full PPO Network as off-exchange plans. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange Package.

Benefits*		Platinum Coverage Platinum 90 PPO 0/15	Gold Coverage Gold 80 PPO 350/25	Silver Coverage Silver 70 PPO 2500/55	Bronze Coverage Bronze 60 PPO 6300/65
Calendar-year medical deductible		$0	$350	$2,500	$6,300
Calendar-year out-of-pocket maximum		$4,500	$7,800	$8,600	$8,200
Primary Care		$15	$25	$55	$65†
Preventive health benefits		No charge	No charge	No charge	No charge
Inpatient hospitalization		10%	20%†	35%†	40%†
Emergency room services		$200	$20%†	35%†	40%†
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$300	$500
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$10	$15	$20	$18†
	Tier 2 drugs	$25	$50	$75†	40%†
	Tier 3 drugs	$40	$80	$105†	40%†
	Tier 4 drugs	10%	20%	30%†	40%†
Chiropractic		Not covered	Not covered	Not covered	Not covered
Acupuncture		$15	$25	$55	$65†
Teladoc		$0	$0	$0	$0

* Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

† Subject to the calendar-year deductible.

‡ Pharmacy benefits cost shares reflect fulfillment through network pharmacy and Level A pharmacies for Trio HMO and Tandem PPO plans.