

# Blue Shield of California offers choices for small business

We offer a wide variety of plans reflecting different plan package options, plan families, networks, and metal levels to ensure there is the right plan for every small business. This guide helps explain the options available.

## 2022 Blue Shield of California Off-Exchange Package for Small Business

### Off-exchange PPO plans

Plan	Deductible <sup>1</sup>	Copay	Out-of-pocket maximum	Emergency room	Rx deductible <sup>1</sup>	Pharmacy benefits <sup>3</sup>			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
<b>Platinum PPO 250/10</b>	\$250	\$10	\$3,000	\$150 + 10% <sup>2</sup>	\$0	\$10	\$25	\$40	20%
<b>Platinum PPO 0/0</b>	\$0	\$0	\$4,500	\$250 + 10%	\$0	\$0	\$35	\$50	30%
<b>Platinum PPO 0/10</b>	\$0	\$10	\$4,500	\$150 + 10%	\$0	\$5	\$30	\$50	30%
<b>Platinum PPO 250/15</b>	\$250	\$15	\$4,300	\$150 + 10% <sup>2</sup>	\$0	\$5	\$30	\$50	30%
<b>Gold PPO 0/25</b>	\$0	\$25	\$8,100	\$250 + 30%	\$0	\$15	\$40	\$60	30%
<b>Gold PPO 500/30</b>	\$500	\$30	\$8,150	\$250 + 20% <sup>2</sup>	\$100	\$15	\$50 <sup>2</sup>	\$80 <sup>2</sup>	30% <sup>2</sup>
<b>Gold PPO 750/30</b>	\$750	\$30	\$8,150	\$250 + 20% <sup>2</sup>	\$250	\$10	\$40 <sup>2</sup>	\$70 <sup>2</sup>	30% <sup>2</sup>
<b>Gold PPO 1000/35</b>	\$1,000	\$35	\$8,150	\$250 + 20% <sup>2</sup>	\$300	\$10	\$40 <sup>2</sup>	\$70 <sup>2</sup>	30% <sup>2</sup>
<b>Silver PPO 1800/45</b>	\$1,800	\$45	\$8,350	\$300 + 35% <sup>2</sup>	\$300	\$20	\$75 <sup>2</sup>	\$115 <sup>2</sup>	30% <sup>2</sup>
<b>Silver PPO 2400/55</b>	\$2,400	\$55	\$8,200	\$350 + 40% <sup>2</sup>	\$300	\$20	\$75 <sup>2</sup>	\$115 <sup>2</sup>	40% <sup>2</sup>
<b>Silver PPO 2225/50<sup>4</sup></b>	\$2,225	\$50	\$8,200	\$350 + 40% <sup>2</sup>	\$300	\$20	\$50	\$115 <sup>2</sup>	40% <sup>2</sup>
<b>Bronze PPO 6580/55</b>	\$6,850	\$55 <sup>2</sup>	\$8,350	50% <sup>2</sup>	\$650	\$20	\$65 <sup>2</sup>	\$90 <sup>2</sup>	40% <sup>2</sup>
<b>Bronze PPO 6250/65</b>	\$6,250	\$65 <sup>2</sup>	\$8,350	50% <sup>2</sup>	Integrated with medical	\$20	\$65 <sup>2</sup>	\$90 <sup>2</sup>	30% <sup>2</sup>
<b>Bronze PPO 7500/65</b>	\$7,500	\$65 <sup>2</sup>	\$8,350	50% <sup>2</sup>	Integrated with medical	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>

### Off-exchange PPO Savings plans

Plan	Deductible <sup>1</sup>	Copay	Out-of-pocket maximum	Emergency room	Rx deductible <sup>1</sup>	Pharmacy benefits <sup>3</sup>			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
<b>Gold PPO Savings 1750/15% HDHP PrevRx</b>	\$1,750	15% <sup>2</sup>	\$3,000	\$150 + 15% <sup>2</sup>	Integrated with medical	\$10 <sup>2</sup>	\$30 <sup>2</sup>	\$50 <sup>2</sup>	30% <sup>2</sup>
<b>Silver PPO Savings 2100/25%</b>	\$2,100	25% <sup>2</sup>	\$6,900	\$150 + 25% <sup>2</sup>	Integrated with medical	\$20 <sup>2</sup>	\$65 <sup>2</sup>	\$100 <sup>2</sup>	30% <sup>2</sup>
<b>Silver PPO Savings 2600/35% HDHP PrevRx</b>	\$2,600	35% <sup>2</sup>	\$7,000	\$150 + 35% <sup>2</sup>	Integrated with medical	35% <sup>2</sup>	35% <sup>2</sup>	35% <sup>2</sup>	35% <sup>2</sup>
<b>Bronze PPO Savings 5700/40%</b>	\$5,700	40% <sup>2</sup>	\$7,000	\$250 + 40% <sup>2</sup>	Integrated with medical	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>
<b>Bronze PPO Savings 7000</b>	\$7,000	\$0 <sup>2</sup>	\$7,000	\$0 <sup>2</sup>	Integrated with medical	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>	\$0 <sup>2</sup>

## Off-exchange HMO plans

Plan	Deductible <sup>1</sup>	Copay	Out-of-pocket maximum	Emergency room	Rx deductible <sup>1</sup>	Pharmacy benefits <sup>3</sup>			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Platinum HMO 0/20	\$0	\$20	\$1,900	\$200	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/25	\$0	\$25	\$2,350	\$250	\$0	\$5	\$15	\$25	20%
Platinum HMO 0/30	\$0	\$30	\$2,700	\$250	\$0	\$5	\$15	\$25	20%
Gold HMO 0/30	\$0	\$30	\$6,750	\$325	\$0	\$15	\$35	\$55	20%
Gold HMO 500/35	\$500	\$35	\$7,500	\$300 <sup>2</sup>	\$0	\$15	\$35	\$55	20%
Gold HMO 1000/35	\$1,000	\$35	\$7,500	\$300 <sup>2</sup>	\$100	\$15	\$35 <sup>2</sup>	\$55 <sup>2</sup>	20% <sup>2</sup>
Gold HMO 1500/35	\$1,500	\$35	\$8,150	\$300 <sup>2</sup>	\$100	\$15	\$35 <sup>2</sup>	\$55 <sup>2</sup>	20% <sup>2</sup>
Silver HMO 2000/60	\$2,000	\$60	\$8,350	50% <sup>2</sup>	\$400	\$20 <sup>2</sup>	\$85 <sup>2</sup>	\$115 <sup>2</sup>	40% <sup>2</sup>

## 2022 Blue Shield of California Mirror Package for Small Business

## Mirror PPO plans

Plan	Deductible <sup>1</sup>	Copay	Out-of-pocket maximum	Emergency room	Rx deductible <sup>1</sup>	Pharmacy benefits <sup>3</sup>			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Mirror Platinum 90 PPO 0/15	\$0	\$15	\$4,500	\$200	\$0	\$10	\$25	\$40	10%
Mirror Gold 80 PPO 350/25	\$350	\$25	\$7,800	20% <sup>2</sup>	\$0	\$15	\$50	\$80	20%
Mirror Silver 70 PPO 2250/50	\$2,250	\$50	\$8,200	30% <sup>2</sup>	\$300	\$17	\$70 <sup>2</sup>	\$100 <sup>2</sup>	30% <sup>2</sup>
Mirror Bronze 60 PPO 6300/65	\$6,300	\$65 <sup>2</sup>	\$8,200	40% <sup>2</sup>	\$500	\$18 <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>

## Mirror HMO plans

Plan	Deductible <sup>1</sup>	Copay	Out-of-pocket maximum	Emergency room	Rx deductible <sup>1</sup>	Pharmacy benefits <sup>3</sup>			Tier 4 & Specialty
						Tier 1	Tier 2	Tier 3	
Mirror Platinum 90 HMO 0/20	\$0	\$20	\$4,500	\$150	\$0	\$5	\$20	\$30	10%
Mirror Gold 80 HMO 250/35	\$250	\$35	\$7,800	\$250 <sup>2</sup>	\$0	\$15	\$40	\$70	20%
Mirror Silver 70 HMO 2250/55	\$2,250	\$55	\$8,200	30% <sup>2</sup>	\$300	\$17	\$80 <sup>2</sup>	\$110 <sup>2</sup>	30% <sup>2</sup>

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

2 Subject to the calendar-year deductible.

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

4 Plan includes **Value Based Benefits**:

The following services are provided at \$0 Copay 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).