



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

2024 Blue Shield of California Off-Exchange Package for Small Business

Off-exchange PPO plans

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

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
Platinum PPO 250/10	\$250	\$10	\$3,500	\$150+10% ²	\$0	\$10	\$35	\$55	20%
Platinum PPO 0/0	\$0	\$0	\$5,000	\$250+10%	\$0	\$0	\$35	\$55	30%
Platinum PPO 0/10	\$0	\$10	\$4,700	\$150+10%	\$0	\$10	\$35	\$55	30%
Platinum PPO 250/15	\$250	\$15	\$4,300	\$150+10% ²	\$0	\$10	\$35	\$55	30%
Gold PPO 0/35	\$0	\$35	\$8,500	\$250+30%	\$0	\$20	\$45	\$60	30%
Gold PPO 500/30	\$500	\$30	\$8,500	\$250+20% ²	\$100	\$15	\$50 ²	\$80 ²	30% ²
Gold PPO 750/30	\$750	\$30	\$8,150	\$250+20% ²	\$250	\$10	\$40 ²	\$70 ²	30% ²
Gold PPO 1000/35	\$1,000	\$35	\$8,150	\$250+20% ²	\$300	\$10	\$40 ²	\$70 ²	30% ²
Silver PPO 2000/60	\$2,000	\$60	\$8,750	\$300+35% ²	\$350	\$25	\$80 ²	\$115 ²	30% ²
Silver PPO 2350/65 ⁴	\$2,350	\$65	\$8,750	\$350+40% ²	\$350	\$25	\$50	\$115 ²	40% ²
Silver PPO 2550/70	\$2,550	\$70	\$8,750	\$350+40% ²	\$300	\$25	\$75 ²	\$115 ²	40% ²
Bronze PPO 5500/65	\$5,500	\$65 ²	\$9,100	50% ²	\$500	\$20	50% ²	50% ²	50% ²
Bronze PPO 6500/70	\$6,500	\$70 ²	\$9,100	50% ²	\$300	\$20	\$130	\$160	50% ²
Bronze PPO 6850/55	\$6,850	\$55 ²	\$9,100	50% ²	\$650	\$20	\$65 ²	\$90 ²	30% ²
Bronze PPO 6250/65	\$6,250	\$65 ²	\$9,100	50% ²	Integrated with medical	\$20	\$65 ²	\$90 ²	30% ²
Bronze PPO 7500/65	\$7,500	\$65 ²	\$9,100	50% ²	Integrated with medical	\$20	50% ²	50% ²	50% ²

Off-exchange PPO Savings plans

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

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
Gold PPO Savings 1750/15% HDHP PrevRx	\$1,750	15% ²	\$4,000	\$150+15% ²	Integrated with medical	\$10 ²	\$30 ²	\$50 ²	30% ²
Silver PPO Savings 2300/30%	\$2,300	30% ²	\$7,900	30% ²	Integrated with medical	\$25 ²	\$70 ²	\$100 ²	30% ²
Silver PPO Savings 2600/35% HDHP PrevRx	\$2,600	35% ²	\$7,900	\$150+35% ²	Integrated with medical	35% ²	35% ²	35% ²	35% ²
Bronze PPO Savings 5700/40%	\$5,700	40% ²	\$7,500	\$250+40% ²	Integrated with medical	40% ²	40% ²	40% ²	40% ²
Bronze PPO Savings 7500	\$7,500	\$0 ²	\$7,500	\$0 ²	Integrated with medical	\$0 ²	\$0 ²	\$0 ²	\$0 ²

Off-exchange Virtual BlueSM PPO plans

Virtual BlueSM virtual care is powered by Accolade Care and in-person care is available on the Tandem PPO network.

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
Virtual BlueSM Platinum PPO 250/20	\$250	\$0 ⁵	\$4,500	\$150 + 150% ²	\$0	\$5	\$30	\$50	\$0
Virtual BlueSM Gold PPO 1500/45	\$1,500	\$0 ⁵	\$8,000	\$250 + 20% ²	\$300	\$10	\$40 ²	\$70 ²	30% ²
Virtual BlueSM Silver PPO 2700/75	\$2,700	\$0 ⁵	\$8,500	\$350 + 40% ²	\$250	\$25	\$75 ²	\$115 ²	40% ²
Virtual BlueSM Bronze PPO 7500/75	\$7,500	\$0 ⁵	\$8,750	50% ²	Integrated with medical	50% ²	50% ²	50% ²	50% ²

Off-exchange HMO Plans

All HMO plans are available on the Access+ HMO[®], Local Access+ HMO[®], Trio HMO[®] networks.

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
Platinum HMO 0/20	\$0	\$20	\$2,300	\$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 0/35	\$0	\$35	\$7,500	\$325	\$0	\$20	\$35	\$55	20%
Gold HMO 500/35	\$500	\$35	\$7,500	\$300 ²	\$0	\$15	\$35	\$55	20%
Gold HMO 1000/35	\$1,000	\$35	\$7,500	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Gold HMO 1500/35	\$1,500	\$35	\$7,500	\$300 ²	\$100	\$15	\$35 ²	\$55 ²	20% ²
Silver HMO 2300/70	\$2,300	\$70	\$8,750	50% ²	\$450	\$25	\$85 ²	\$115 ²	40% ²
Silver HMO 2750/70	\$2,750	\$70	\$8,750	50% ²	Integrated with medical	\$25	\$90	\$115 ²	45% ²
Bronze HMO 7000/70	\$7,000	\$70	\$9,100	50% ²	Integrated with medical	\$25	\$115 ²	\$160 ²	50% ²

2024 Blue Shield of California Mirror Package for Small Business

Mirror PPO plans

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

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
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% ²	\$0	\$15	\$50	\$80	20%
Mirror Silver 70 PPO 2500/55	\$2,500	\$55	\$8,600	35% ²	\$300	\$20	\$75 ²	\$105 ²	30% ²
Mirror Bronze 60 PPO 6300/60	\$6,300	\$60 ²	\$9,100	40% ²	\$500	\$17 ²	40% ²	40% ²	40% ²

Mirror HDHP PPO plans

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

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
Mirror Silver 70 HDHP PPO 2300/30%	\$2,300	30%	\$7,900	30% ²	Integrated with medical	25% ¹	\$75	\$100 ²	30% ²
Mirror Bronze 60 HDHP PPO 2300/30%	\$7,500	\$0 ²	\$7,500	\$0 ²	Integrated with medical	\$0 ²	\$0 ²	\$0 ²	\$0 ²

Mirror HMO plans

Mirror HMO plans use the Access+[®] and Trio HMO[®] networks except for the Bronze plan, which is only available on the Trio HMO[®] network. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange.

Plan	Deductible ¹	Copay	Out-of-pocket maximum	Emergency room	Rx deductible ¹	Pharmacy benefits ³			
						Tier 1	Tier 2	Tier 3	Tier 4 & Specialty
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 ²	\$0	\$15	\$40	\$70	20%
Mirror Silver 70 HMO 2500/55	\$2,500	\$55	\$8,750	35% ²	\$300	\$19	\$85 ²	\$110 ²	30% ²
Mirror Bronze 50 Trio HMO 7000/70	\$7,000	\$70	\$9,100	50% ²	Integrated with medical	\$25	\$115 ²	\$160 ²	50% ²

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).

⁵ \$0 copays and \$0 deductible for all virtual visits with a Virtual Blue provider. For care from other network providers, in-network and out-of-network cost-sharing will apply.