



Blue Shield of California Plans for Small Business

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)

2024 Blue Shield of California off-exchange and mirror packages for small business

	Off-exchange HMO plans		Mirror HMO plans	
Leaner 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 0/35		Mirror Bronze 60 Trio HMO 7000/70	
	Gold HMO 500/35			
	Gold HMO 1000/35			
	Gold HMO 1500/35			
	Silver HMO 2300/70			
	Silver HMO 2750/70			
	Bronze HMO 7000/70			
	Off-exchange PPO plans	Off-exchange HDHP plans	Mirror PPO plans	Mirror HDHP plans
Richer plans ↑	Platinum PPO 250/10	Gold PPO Savings 1750/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/15	Mirror Silver PPO Savings 2300/30%
	Platinum PPO 0/0	Silver PPO Savings 2300/30%	Mirror Gold 80 PPO 350/25	Mirror Bronze 60 PPO Savings 7500/0%
	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 6300/60	
	Virtual Blue SM Platinum PPO 250/20	Bronze PPO Savings 7500		
	Gold PPO 0/35			
	Gold PPO 500/30			
	Gold PPO 750/30			
	Gold PPO 1000/35			
	Virtual Blue SM Gold PPO 1500/45			
Silver PPO 2000/60				
Silver PPO 2350/65				
Silver PPO 2550/70				
Virtual Blue SM Silver PPO 2700/75				
Leaner plans ↓	Bronze PPO 5500/65			
	Bronze PPO 6500/70			
	Bronze PPO 6850/55			
	Virtual Blue SM Bronze PPO 7500/75			
	Bronze PPO 6250/65			
	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 0/35 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 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*	\$2,300	\$2,350	\$2,700	\$7,000	\$7,500	\$7,500	\$7,500	\$8,750	\$8,750	\$9,100	
Primary Care	\$20	\$25	\$30	\$35	\$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 & specialty drugs	20%	20%	20%	20%	20%	20% [†]	20% [†]	40% [†]	45% [†]	50% [†]
Chiropractic (up to 20 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*	\$3,500	\$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	\$10
	Tier 2 drugs	\$35	\$35	\$35
	Tier 3 drugs	\$55	\$55	\$55
	Tier 4 and specialty drugs	20%	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

Continued →

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[‡] 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 now offer plans from both networks.

Benefits		Gold Coverage			
		Gold PPO 0/35 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		\$35	\$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	\$20	\$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

* 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	Silver Coverage			Bronze Coverage				
	Silver PPO 2000/60 OffEx	Silver PPO 2350/65 OffEx ²	Silver PPO 2550/70 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	\$2,550	\$5,500	\$6,500	\$6,850	\$6,250	\$7,500
Calendar-year out-of-pocket maximum*	\$8,750	\$8,750	\$8,750	\$9,100	\$9,100	\$9,100	\$9,100	\$9,100
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	\$350	\$350	\$300	\$500	\$300	\$650	Integrated with medical	Integrated with medical
Retail prescriptions[†] (up to a 30-day supply)	Tier 1 drugs	\$25	\$25	\$25	\$20	\$20	\$20	\$20
	Tier 2 drugs	\$80 [†]	\$75	\$75 [†]	50% [†]	\$130	\$65 [†]	\$65 [†]
	Tier 3 drugs	\$115 [†]	\$115 [†]	\$115 [†]	50% [†]	\$160 [†]	\$90 [†]	\$90 [†]
	Tier 4 and specialty drugs	30% [†]	40% [†]	40% [†]	50% [†]	50% [†]	30% [†]	30% [†]
Chiropractic (up to 20 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 BlueSM 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.

	Virtual Blue SM Platinum Coverage	Virtual Blue SM Gold Coverage	Virtual Blue SM Silver Coverage	Virtual Blue SM Bronze Coverage
Benefits	Platinum PPO 250/20	Gold PPO 1500/45	Silver PPO 2700/25	Bronze PPO 7500/75
Calendar-year medical deductible*	\$250	\$1,500	\$2,700	\$7,500
Calendar-year out-of-pocket maximum*	\$4,500	\$8,000	\$8,500	\$8,750
Primary Care				
Virtual Blue SM Care	\$0	\$0	\$0	\$0
In-Person Care	\$20	\$45	\$75	\$75 [†]
Preventive health benefits	No charge	No charge	No charge	No charge
Inpatient hospitalization	10% ²	20% [†]	20% [†]	\$50 [†]
Emergency room services (not resulting in admission)	\$150 + 10% ²	\$250 + 20% [†]	\$350 + 40% [†]	\$50 [†]
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$300 / \$600	\$250	Integrated with medical deductible
Retail prescriptions[‡] (up to a 30-day supply)				
Tier 1 drugs	\$5 Not covered	\$10 / \$15 Not covered	\$25 Not covered	\$20 / \$25 Not covered
Tier 2 drugs	\$30 Not covered	\$40 [†] / \$60 [†] Not covered	\$75 [†] Not covered	50% [†] Not covered
Tier 3 drugs	\$50 Not covered	\$70 [†] / \$100 [†] Not covered	\$115 [†] Not covered	\$50 [†] Not covered
Tier 4 drugs	30% Not covered	30% [†] Not covered	40% [†] Not covered	50% [†] Not covered
Specialty drugs		30% [†] Not covered	40% [†] Not covered	50% [†] Not covered
Chiropractic (up to 20 visits per member per calendar year)	\$10	\$10	\$10	\$15 [†]
Acupuncture	40% ²	\$25 [†]	\$25 [†]	\$25 [†]
Teladoc	N/A	N/A	N/A	N/A

* 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 2300/30% OffEx	Silver PPO Savings 2600/35% HDHP PrevRx	Bronze PPO Savings 5700/40% OffEx	Bronze PPO Savings 7500 OffEx	
Calendar-year medical deductible*	\$1,750	\$2,300	\$2,600	\$5,700	\$7,500	
Calendar-year out-of-pocket maximum*	\$4,000	\$7,900	\$7,900	\$7,500	\$7,500	
Primary Care	15% [†]	30% [†]	35% [†]	40% [†]	\$0 [†]	
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	
Inpatient hospitalization	15% [†]	30% [†]	35% [†]	40% [†]	\$0 [†]	
Emergency room services (not resulting in admission)	\$150 + 15% [†]	30% [†]	\$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% [†]	30% [†]	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 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 Package.

	Platinum Coverage	Gold Coverage	Silver Coverage	Bronze Coverage	
Benefits	Platinum 90 HMO 0/20	Gold 80 HMO 250/35	Silver 70 HMO 2500/55	Bronze 60 Trio HMO 7000/70	
Calendar-year medical deductible*	\$0	\$250	\$2,500	\$7,000	
Calendar-year out-of-pocket maximum*	\$4,500	\$7,800	\$8,750	\$9,100	
Primary Care	\$20	\$35	\$55	\$70	
Preventive health benefits	No charge	No charge	No charge	No charge	
Inpatient hospitalization	\$250	\$600 [†]	35% [†]	50% [†]	
Emergency room services (not resulting in admission)	\$150	\$250 [†]	35% [†]	50% [†]	
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	\$300	Integrated with medical deductible	
Retail prescriptions[‡] (up to a 30-day supply)	Tier 1 drugs	\$5	\$15	\$19	\$25
	Tier 2 drugs	\$20	\$40	\$85 [†]	\$115 [†]
	Tier 3 drugs	\$30	\$70	\$110 [†]	\$160 [†]
	Tier 4 and specialty drugs	10%	20%	30% [†]	50% [†]
Chiropractic (up to 20 visits per member per calendar year)	Not covered	Not covered	Not covered	\$15	
Acupuncture	\$20	\$35	\$55	\$15	
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.

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.

	Platinum Coverage	Gold Coverage	Silver Coverage	Bronze Coverage	
Benefits	Platinum 90 PPO 0/15	Gold 80 PPO 350/25	Silver 70 PPO 2500/55	Bronze 60 PPO 6300/60	
Calendar-year medical deductible*	\$0	\$350	\$2,500	\$6,300	
Calendar-year out-of-pocket maximum*	\$4,500	\$7,800	\$8,600	\$9,100	
Primary Care	\$15	\$25	\$55	\$60 [†]	
Preventive health benefits	No charge	No charge	No charge	No charge	
Inpatient hospitalization	10%	20% [†]	35% [†]	40% [†]	
Emergency room services (not resulting in admission)	\$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	
	Tier 1 drugs	\$10	\$15	\$20	\$17 [†]
Retail prescriptions[‡] (up to a 30-day supply)	Tier 2 drugs	\$25	\$50	\$75 [†]	40% [†]
	Tier 3 drugs	\$40	\$80	\$105 [†]	40% [†]
	Tier 4 and specialty drugs	10%	20%	30% [†]	40% [†]
Chiropractic (up to 20 visits per member per calendar year)	Not covered	Not covered	Not covered	Not covered	
Acupuncture	\$15	\$25	\$55	\$60 [†]	
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.

Mirror HDHP plans

Mirror HDHP 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.

	Silver Coverage	Bronze Coverage	
Benefits	Mirror Silver 70 PPO Savings 2300/30%	Mirror Bronze 60 PPO Savings 7500/0%	
Calendar-year medical deductible*	\$2,300	\$7,500	
Calendar-year out-of-pocket maximum*	\$7,900	\$7,500	
Primary Care	30% [†]	\$0 [†]	
Preventive health benefits	No charge	No charge	
Inpatient hospitalization	30% [†]	\$0 [†]	
Emergency room services (not resulting in admission)	30% [†]	\$0 [†]	
Prenatal and preconception physician office visits	No charge	No charge	
Calendar-year pharmacy deductible	Integrated with medical deductible	Integrated with medical deductible	
	Tier 1 drugs	\$25 [†]	\$0 [†]
	Tier 2 drugs	\$75 [†]	\$0 [†]
	Tier 3 drugs	\$100 [†]	\$0 [†]
	Tier 4 and specialty drugs	30% [†]	\$0 [†]
Chiropractic (up to 20 visits per member per calendar year)	30% [†]	\$0 [†]	
Acupuncture	25% [†]	\$0 [†]	
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.