



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.

2027 Blue Shield of California off-exchange and mirror packages for Small Business

Richest ↑ ↓ Leanest	Off-exchange HMO plans	Mirror HMO plans	Richest ↑ ↓ Leanest	Off-exchange PPO plans	Off-exchange Savings Plan	Mirror PPO plans	Mirror Savings Plan
	Platinum HMO 0/20	Mirror Platinum 90 HMO 0/25		Platinum PPO 250/10	Gold PPO Savings 1900/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/25	Mirror Silver 70 PPO Savings 2450/30%
	Platinum HMO 0/25	Mirror Gold 80 HMO 325/40		Platinum PPO 0/0	Silver PPO Savings 2450/30%	Mirror Gold 80 PPO 500/30	Mirror Bronze 60 PPO Savings 7850/0%
	Platinum HMO 0/30	Mirror Silver 70 HMO 2500/60		Platinum PPO 0/10	Silver PPO Savings 2950/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/60	
	Gold HMO 0/35	Mirror Bronze 60 Trio HMO 7000/65		Platinum PPO 250/15	Bronze PPO Savings 6000/40%	Mirror Bronze 60 PPO 5800/60	
	Gold HMO 500/35			Gold PPO 0/35	Bronze PPO Savings 7850		
	Gold HMO 1000/35			Gold PPO 500/30			
	Gold HMO 1500/35			Gold PPO 750/35			
	Silver HMO 2100/70			Gold PPO 1000/30			
	Silver HMO 2850/70			Silver PPO 1800/65			
Leanest	Bronze HMO 7000/65		Leanest	Silver PPO 2100/75 ³			
				Silver PPO 2550/75			
				Bronze PPO 4500/65			
				Bronze PPO 6500/70			
				Bronze PPO 6850/55			
				Bronze PPO 6250/65			
				Bronze PPO 7500/65			

2027 Blue Shield of California off-exchange package for Small Business

Off-exchange HMO plans

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

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Tier 1	Pharmacy benefits		Tier 4 and specialty
							Tier 2	Tier 3	
Platinum HMO 0/20	\$0	\$0	\$3,500 / \$7,000	\$20/visit	\$500/visit	\$10 / \$15 ¹	\$25 / \$40 ¹	\$30 / \$50 ¹	20%
Platinum HMO 0/25	\$0	\$0	\$3,500 / \$7,000	\$25/visit	\$500/visit	\$10 / \$15 ¹	\$25 / \$40 ¹	\$30 / \$50 ¹	20%
Platinum HMO 0/30	\$0	\$0	\$3,000 / \$6,000	\$30/visit	\$500/visit	\$10 / \$15 ¹	\$25 / \$40 ¹	\$30 / \$50 ¹	20%
Gold HMO 0/35	\$0	\$0	\$8,100 / \$16,200	\$35/visit	\$600/visit	\$20 / \$25 ¹	\$50 / \$70 ¹	\$70 / \$100 ¹	20%
Gold HMO 500/35	\$500 / \$1,000	\$100 / \$200	\$7,800 / \$15,600	\$35/visit	\$500/visit ²	\$20 / \$25 ¹	\$50 / \$70 ^{1,2}	\$70 / \$100 ^{1,2}	20% ²
Gold HMO 1000/35	\$1,000 / \$2,000	\$100 / \$200	\$7,500 / \$15,000	\$35/visit	\$500/visit ²	\$20 / \$25 ¹	\$50 / \$70 ^{1,2}	\$70 / \$100 ^{1,2}	20% ²
Gold HMO 1500/35	\$1,500 / \$3,000	\$150 / \$300	\$8,000 / \$16,000	\$35/visit	\$500/visit ²	\$20 / \$25 ¹	\$50 / \$70 ^{1,2}	\$70 / \$100 ^{1,2}	20% ²
Silver HMO 2100/70	\$2,100 / \$4,200	\$450 / \$900	\$9,500 / \$19,000	\$70/visit	50% ²	\$25 / \$30 ¹	\$85 / \$110 ^{1,2}	\$115 / \$155 ^{1,2}	40% ²
Silver HMO 2850/70	\$2,850 / \$5,700	Integrated with medical deductible	\$9,500 / \$19,000	\$70/visit	50% ²	\$25 / \$30 ¹	\$90 / \$115 ^{1,2}	\$115 / \$155 ^{1,2}	45% ²
Bronze HMO 7000/65	\$7,000 / \$14,000	Integrated with medical deductible	\$11,650 / \$23,300	\$65/visit	50% ²	\$25 / \$30 ¹	\$115 / \$145 ^{1,2}	\$160 / \$210 ^{1,2}	50% ²

Off-exchange PPO plans

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

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Tier 1	Pharmacy benefits		Tier 4 and specialty
Platinum PPO 250/10	\$250 / \$500	\$0	\$3,500 / \$7,000	\$10/visit	30% ²	\$10 / \$15 ¹	\$35 / \$50 ¹	\$55 / \$75 ¹	30%
Platinum PPO 0/0	\$0	\$0	\$5,000 / \$10,000	No charge	30%	\$5 / \$10 ¹	\$35 / \$50 ¹	\$55 / \$75 ¹	30%
Platinum PPO 0/10	\$0	\$0	\$4,700 / \$9,400	\$10/visit	30%	\$10 / \$15 ¹	\$35 / \$50 ¹	\$55 / \$75 ¹	30%
Platinum PPO 250/15	\$250 / \$500	\$0	\$4,300 / \$8,600	\$15/visit	30% ²	\$10 / \$15 ¹	\$35 / \$50 ¹	\$55 / \$75 ¹	30%
Gold PPO 0/35	\$0	\$100 / \$200	\$7,900 / \$15,800	\$35/visit	40%	\$25 / \$30 ¹	\$50 / \$70 ^{1,2}	\$70 / \$100 ^{1,2}	30% ²
Gold PPO 500/30	\$500 / \$1,000	\$200 / \$400	\$7,900 / \$15,800	\$30/visit	30% ²	\$25 / \$30 ¹	\$50 / \$70 ^{1,2}	\$80 / \$110 ^{1,2}	30% ²
Gold PPO 750/35	\$750 / \$1,500	\$250 / \$500	\$7,900 / \$15,800	\$35/visit	30% ²	\$25 / \$30 ¹	\$50 / \$70 ^{1,2}	\$80 / \$110 ^{1,2}	30% ²
Gold PPO 1000/30	\$1,000 / \$2,000	\$300 / \$600	\$7,900 / \$15,800	\$30/visit	30% ²	\$25 / \$30 ¹	\$50 / \$70 ^{1,2}	\$80 / \$110 ^{1,2}	30% ²
Silver PPO 1800/65	\$1,800 / \$3,600	\$450 / \$900	\$11,000 / \$22,000	\$65/visit	50% ²	\$30 / \$35 ¹	\$80 / \$105 ^{1,2}	\$115 / \$155 ^{1,2}	40% ²
Silver PPO 2100/75 ³	\$2,100 / \$4,200	\$400 / \$800	\$11,000 / \$22,000	\$75/visit	50% ²	\$30 / \$35 ¹	\$80 / \$105 ^{1,2}	\$115 / \$155 ^{1,2}	40% ²
Silver PPO 2550/75	\$2,550 / \$5,100	\$500 / \$1,000	\$11,000 / \$22,000	\$75/visit	50% ²	\$30 / \$35 ¹	\$80 / \$105 ^{1,2}	\$115 / \$155 ^{1,2}	40% ²
Bronze PPO 4500/65	\$4,500 / \$9,000	\$500 / \$1,000	\$11,000 / \$22,000	\$65/visit ²	50% ²	\$25 / \$30 ¹	50% ²	50% ²	50% ²
Bronze PPO 6500/70	\$6,500 / \$13,000	\$300 / \$600	\$11,000 / \$22,000	\$70/visit ²	50% ²	\$25 / \$30 ¹	\$130 / \$160 ^{1,2}	\$160 / \$210 ^{1,2}	50% ²
Bronze PPO 6850/55	\$6,850 / \$13,700	\$650 / \$1,300	\$11,000 / \$22,000	\$55/visit ²	50% ²	\$20 / \$25 ¹	\$65 / \$95 ^{1,2}	\$90 / \$140 ^{1,2}	30% ²
Bronze PPO 6250/65	\$6,250 / \$12,500	Integrated with medical deductible	\$11,000 / \$22,000	\$65/visit ²	50% ²	\$20 / \$25 ¹	\$65 / \$95 ^{1,2}	\$90 / \$140 ^{1,2}	30% ²
Bronze PPO 7500/65	\$7,500 / \$15,000	Integrated with medical deductible	\$11,000 / \$22,000	\$65/visit ²	50% ²	\$20 / \$25 ¹	50% ²	50% ²	50% ²

Off-exchange PPO savings plans

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Tier 1	Pharmacy benefits			Tier 4 and specialty
Gold PPO Savings 1900/15% HDHP PrevRx	\$1,900 / \$3,800	Integrated with medical deductible	\$5,000 / \$10,000	15% ²	\$150/visit + 15% ²	\$15 / \$20 ^{1,2}	\$30 / \$50 ^{1,2}	\$50 / \$80 ^{1,2}	30% / 40% ^{1,2}	
Silver PPO Savings 2450/30%	\$2,450 / \$4,900	Integrated with medical deductible	\$8,700 / \$17,400	30% ²	30% ²	\$25 / \$30 ^{1,2}	30% / 40% ^{1,2}	30% / 40% ^{1,2}	30% / 40% ^{1,2}	
Silver PPO Savings 2950/35% HDHP PrevRx	\$2,950 / \$5,900	Integrated with medical deductible	\$8,700 / \$17,400	35% ²	\$150/visit + 35% ²	35% / 40% ^{1,2}	35% / 40% ^{1,2}	35% / 40% ^{1,2}	40% ²	
Bronze PPO Savings 6000/40%	\$6,000 / \$12,000	Integrated with medical deductible	\$8,700 / \$17,400	40% ²	50% ²	40% ²	40% ²	40% ²	40% ²	
Bronze PPO Savings 7850	\$7,850 / \$15,700	Integrated with medical deductible	\$7,850 / \$15,700	No charge ²	No charge ²	No charge ²	No charge ²	No charge ²	No charge ²	

2027 Blue Shield of California Mirror package for Small Business

Mirror HMO plans

Mirror HMO plans use the Access+® and Local Access+® 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 name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Tier 1	Pharmacy benefits			Tier 4 and specialty
Mirror Platinum 90 HMO 0/25	\$0	\$0	\$5,000 / \$10,000	\$25/visit	\$250/visit	\$10 / \$15 ¹	\$15 / \$20 ¹	\$20 / \$25 ¹	\$25 / \$30 ¹	
Mirror Gold 80 HMO 325/40	\$325 / \$650	\$0	\$8,600 / \$17,200	\$40/visit	\$300/visit ²	\$25 / \$40 ¹	\$50 / \$70 ¹	\$90 / \$115 ^{1,2}	\$115 / \$145 ^{1,2}	
Mirror Silver 70 HMO 2500/60	\$2,500 / \$5,000	\$350 / \$700	\$9,200 / \$18,400	\$60/visit	40% ²	\$40 / \$60 ¹	\$70 / \$100 ¹	\$110 / \$150 ^{1,2}	\$160 / \$210 ^{1,2}	
Mirror Bronze 60 Trio HMO 7000/65	\$7,000 / \$14,000	Integrated with medical deductible	\$11,650 / \$23,300	\$65/visit	50% ²	10%	20%	30% ²	50% ²	

Mirror PPO plans

Mirror PPO and Savings 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.

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits			
						Tier 1	Tier 2	Tier 3	Tier 4 and specialty
Mirror Platinum 90 PPO 0/25	\$0	\$0	\$5,000 / \$10,000	\$25/visit	\$250/visit	\$10 / \$15 ¹	\$30 / \$45 ¹	\$40 / \$60 ¹	10%
Mirror Gold 80 PPO 500/30	\$500 / \$1,000	\$0	\$8,600 / \$17,200	\$30/visit	20% ²	\$20 / \$25 ¹	\$50 / \$70 ¹	\$80 / \$110 ¹	20%
Mirror Silver 70 PPO 2500/60	\$2,500 / \$5,000	\$350 / \$700	\$9,000 / \$18,000	\$60/visit	40% ²	\$25 / \$30 ¹	\$80 / \$105 ^{1,2}	\$110 / \$150 ^{1,2}	30% ²
Mirror Bronze 60 PPO 5800/60	\$5,800 / \$11,600	\$450 / \$900	\$11,650 / \$23,300	\$60/visit	40% ²	\$20 / \$25 ¹	40% ²	40% ²	40% ²

Mirror PPO savings plans

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits			
						Tier 1	Tier 2	Tier 3	Tier 4 and specialty
Mirror Silver 70 PPO Savings 2450/30%	\$2,450 / \$4,900	Integrated with medical deductible	\$8,700 / \$17,400	30% ²	30% ²	\$25 / \$30 ^{1,2}	30% / 40% ^{1,2}	30% / 40% ^{1,2}	30% / 40% ^{1,2}
Mirror Bronze 60 PPO Savings 7850/0%	\$7,850 / \$15,700	Integrated with medical deductible	\$7,850 / \$15,700	No charge ²	No charge ²	No charge ²	No charge ²	No charge ²	No charge ²

1 Plan pharmacy benefits are offered on the Rx Spectrum network. Members have the choice of filling their retail prescriptions at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a Level B Non-Preferred participating pharmacy.

2 Subject to the calendar-year deductible.

3 Value Based Program services are provided at \$0 cost share when seeing a participating provider for treatment of diabetes, asthma, chronic obstructive pulmonary disease (COPD), or coronary artery disease (CAD).