blue california

Small Business medical sales guide

1-100 employees

Effective April 1, 2026

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i For more information, visit **blueshieldca.com/broker**.

Why Blue Shield of California

Our mission is to ensure all Californians have access to high-quality health care at an affordable price

We are the only major health plan to voluntarily cap our income at two percent of revenue, returning the difference back to our customers and the communities we serve.

Helping California's small businesses grow with the right health coverage

Whether it's a budding one-person operation or a booming 100-employee enterprise, small businesses across California share the same need for a healthy and productive workforce.

That's why we offer a wide range of small business health plans with solutions for controlling costs and promoting health.

From Central Valley farms to Silicon Valley startups, from San Diego surf shops to North Coast lumber mills, over 40,000 California small businesses choose Blue Shield.

Wherever your business is and whatever it may be, Blue Shield has a health plan that is the right size for you.

What we offer your small business

Off-exchange package

Our flagship package includes 60+ plans to offer employees. Plans can combine a variety of products and networks to meet the range of employees' needs.

Mirror package

Offers the same seven standardized plans that are offered on Covered California for Small Business directly from Blue Shield. Mirror PPO plans use the same Full PPO network as off-exchange plans, and mirror HMO plans use the Trio HMO network. Plans in the Mirror package cannot be offered alongside any plans in the off-exchange package.

To learn more about the health insurance marketplace, visit HealthCare.gov or call (800) 318-2596 [TTY: (855) 889-4325].

Understanding our plan names, benefit design, and product types

Our plan names make it easy to understand the benefits each medical plan offers by following this format:

Metal level + network name + product type + deductible + copay

Example
Platinum Access+ HMO 0/20 OffEx

Off-Exchange package plan names end with "OffEx" while Mirror package plan names begin with "Blue Shield."

Metal levels represent the level of coverage provided with a plan

These levels are standardized for all health carriers as part of the Affordable Care Act and are based on the "actuarial value," which indicates the average percentage of member health costs that would be covered by Blue Shield.

1	**Platinum** = 90%	2	**Gold** = 80%
3	**Silver** = 70%	4	**Bronze** = 60%

Deductible and copay are key components of a plan benefit design

A deductible is the amount a member pays for covered services each calendar year before Blue Shield begins to pay. Specific services, such as preventive care, are covered before a member reaches the calendar-year deductible.

A member may have two kinds of deductibles: medical and pharmacy. The medical deductible applies to covered services such as physician office visits. The pharmacy deductible applies to outpatient prescription drugs obtained from a participating provider.

The predetermined amount (copayment) or percentage of the cost (coinsurance) a member is responsible for paying is based on their plan benefits.

Product types within the plan packages

1	Preferred provider organization (PPO) plans
2	Health savings account (HSA) – compatible PPO high-deductible health plans (HDHPs)
3	Health maintenance organization (HMO) plans

2026 Blue Shield of California off-exchange and mirror packages for Small Business

Richest →

Off-exchange HMO plans	Mirror HMO 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 7000/65
Gold HMO 500/35	
Gold HMO 1000/35	
Gold HMO 1500/35	
Silver HMO 2100/70	
Silver HMO 2850/70	
Bronze HMO 7000/65	

Off-exhange PPO plans	Off-exchange savings plans	Mirror PPO plans	Mirror savings plans
Platinum PPO 250/10	Gold PPO Savings 1850/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/15	Mirror Silver 70 PPO Savings 2300/30%
Platinum PPO 0/0	Silver PPO Savings 2300/35%	Mirror Gold 80 PPO 350/25	Mirror Bronze 60 PPO Savings 7500/0%
Platinum PPO 0/10	Silver PPO Savings 2800/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/55	
Platinum PPO 250/15	Bronze PPO Savings 5700/40%	Mirror Bronze 60 PPO 5800/60	
Virtual Blue℠ Platinum PPO 250/20	Bronze PPO Savings 7500		
Gold PPO 0/35			
Gold PPO 500/30			
Gold PPO 750/35			
Gold PPO 1000/30			
Virtual Blue℠ Gold PPO 1500/45			
Silver PPO 1800/65			
Silver PPO 2100/75			
Silver PPO 2550/75			
Virtual Blue℠ Silver PPO 2850/75			
Bronze PPO 4500/65			
Bronze PPO 6500/70			
Bronze PPO 6850/55			
Virtual Blue℠ Bronze PPO 7500/75			
Bronze PPO 6250/65			
Bronze PPO 7500/65			

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Off-exchange HMO plans

All of our off-exchange HMO plans for small business are available with one of three HMO provider network options: Access+ HMO®, Local Access+ HMO®, or Trio HMO. Plan designs are identical, with all specialties and levels of care are included.

1. Access+ HMO plans give members access to over 45,000 doctors and 370 hospitals.*
2. Local Access+ HMO plans give members access to more than 32,000 doctors and 330 hospitals.†
3. Trio HMO plans are available in 47 counties and gives members access to 21,000 doctors and 340 hospitals from the Access+ provider network.‡

All three HMO networks can be sold alongside each other. Trio HMO plans come with valuable bonus features not included with other HMO plans.

A business must be located in the plan's service area to offer an Access+ HMO, Local Access+ HMO, or Trio HMO plan, and eligible employees must live or work in the service area.

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting **blueshieldca.com/employerplans**.

* The Access+ HMO network is subject to change without notice. For a complete and up-to-date list of hospitals available in the Access+ HMO network, please use Blue Shield's Find a Doctor tool at **blueshieldca.com/networkHMO**.

† The Local Access + HMO network is subject to change without notice. For a complete up-to-date list of hospitals available in the Local Access + HMO network, please use Blue Shield's Find a Doctor tool at **blueshieldca.com/networklocalaccess**.

‡ The Trio network is subject to change without notice. For a complete up-to-date list of hospitals available in the Trio network, please use BlueShield's Find a Doctor tool at **blueshieldca.com/networktrioHMO**.

Off-exchange HMO plan names 2026

Metal level name	2025 Small Business plan	Maps to	2026 Small Business plan
Platinum	Platinum Access+ HMO® 0/20 OffEx	→	Platinum Access+ HMO® 0/20 OffEx
Platinum	Platinum Local Access+ HMO® 0/20 OffEx	→	Platinum Local Access+ HMO® 0/20 OffEx
Platinum	Platinum Trio HMO 0/20 OffEx	→	Platinum Trio HMO 0/20 OffEx
Platinum	Platinum Access+ HMO® 0/25 OffEx	→	Platinum Access+ HMO® 0/25 OffEx
Platinum	Platinum Local Access+ HMO® 0/25 OffEx	→	Platinum Local Access+ HMO® 0/25 OffEx
Platinum	Platinum Trio HMO 0/25 OffEx	→	Platinum Trio HMO 0/25 OffEx
Platinum	Platinum Access+ HMO® 0/30 OffEx	→	Platinum Access+ HMO® 0/30 OffEx
Platinum	Platinum Local Access+ HMO® 0/30 OffEx	→	Platinum Local Access+ HMO® 0/30 OffEx
Platinum	Platinum Trio HMO 0/30 OffEx	→	Platinum Trio HMO 0/30 OffEx
Gold	Gold Access+ HMO® 0/35 OffEx	→	Gold Access+ HMO® 0/35 OffEx
Gold	Gold Local Access+ HMO® 0/35 OffEx	→	Gold Local Access+ HMO® 0/35 OffEx
Gold	Gold Trio HMO® 0/35 OffEx	→	Gold Trio HMO® 0/35 OffEx
Gold	Gold Access+ HMO® 500/35 OffEx	→	Gold Access+ HMO® 500/35 OffEx
Gold	Gold Local Access+ HMO® 500/35 OffEx	→	Gold Local Access+ HMO® 500/35 OffEx
Gold	Gold Trio HMO 500/35 OffEx	→	Gold Trio HMO 500/35 OffEx
Gold	Gold Access+ HMO® 1000/35 OffEx	→	Gold Access+ HMO® 1000/35 OffEx
Gold	Gold Local Access+ HMO® 1000/35 OffEx	→	Gold Local Access+ HMO® 1000/35 OffEx
Gold	Gold Trio HMO 1000/35 OffEx	→	Gold Trio HMO 1000/35 OffEx
Gold	Gold Access+ HMO® 1500/35 OffEx	→	Gold Access+ HMO® 1500/35 OffEx
Gold	Gold Local Access+ HMO® 1500/35 OffEx	→	Gold Local Access+ HMO® 1500/35 OffEx
Gold	Gold Trio HMO 1500/35 OffEx	→	Gold Trio HMO 1500/35 OffEx
Silver	**Updated** Silver Access+ HMO® 2300/70 OffEx	→	Silver Access+ HMO® 2100/70 OffEx
Silver	**Updated** Silver Local Access+ HMO® 2300/70 OffEx	→	Silver Local Access+ HMO® 2100/70 OffEx
Silver	**Updated** Silver Trio HMO® 2300/70 OffEx	→	Silver Trio HMO® 2100/70 OffEx
Silver	**Updated** Silver Access+ HMO® 2750/70 OffEx	→	Silver Access+ HMO® 2850/70 OffEx
Silver	**Updated** Silver Local Access+ HMO® 2750/70 OffEx	→	Silver Local Access+ HMO® 2850/70 OffEx
Silver	**Updated** Silver Trio HMO® 2750/70 OffEx	→	Silver Trio HMO® 2850/70 OffEx
Bronze	**Updated** Bronze Trio HMO 7000/70 OffEx	→	Bronze Trio HMO 7000/65 OffEx

Off-exchange HMO plans

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

		Platinum coverage			Gold coverage			
Benefits		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
Calendar-year medical deductible*		$0	$0	$0	$0	$500 / $1,000	$1,000 / $2,000	$1,500 / $3,000
Calendar-year out-of-pocket maximum*		$2,300 / $4,600	$2,500 / $5,000	$2,700 / $5,400	$7,500 / $15,000	$7,800 / $15,600	$7,500 / $15,000	$8,000 / $16,000
Primary care		$20/visit	$25/visit	$30/visit	$35/visit	$35/visit	$35/visit	$35/visit
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		$500/ admission	$250/day	$500/day	$600/day	20%[2]	20%[2]	20%[2]
Emergency room services (not resulting in admission)		$200/visit	$250/visit	$250/visit	$325/visit	$300/visit[2]	$300/visit[2]	$300/visit[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge	No Charge	No Charge	No Charge	No Charge
Calendar-year pharmacy deductible		$0	$0	$0	$0	$100 / $200	$100 / $200	$150 / $300
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$10 / $15[1]	$10 / $15[1]	$10 / $15[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]
	Tier 2 drugs	$25 / $40[1]	$25 / $40[1]	$25 / $40[1]	$50 / $70[1]	$50 / $70[1,2]	$50 / $70 [1,2]	$50 / $70 [1,2]
	Tier 3 drugs	$30 / $50[1]	$30 / $50[1]	$30 / $50[1]	$70 / $100[1]	$70 / $100[1,2]	$70 / $100[1,2]	$70 / $100[1,2]
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%[2]	20%[2]	20%[2]
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Acupuncture		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Teladoc		No charge	No charge	No charge	No charge	No charge	No charge	No charge

1 HMO plan pharmacy benefits are offered on the RX Spectrum network. Members have the choice of filling their 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.

Off-exchange HMO plans

Benefits		Silver coverage		Bronze coverage
		Silver HMO 2100/70 OffEx	Silver HMO 2850/70 OffEx	Bronze HMO 7000/65 OffEx
Calendar-year medical deductible*		$2,100 / $4,200	$2,850 / $5,700	$7,000 / $14,000
Calendar-year out-of-pocket maximum*		$9,300 / $18,600	$9,450 / $18,900	$9,800 / $19,600
Primary care		$70/visit	$70/visit	$65/visit
Preventive health benefits		No charge	No charge	No charge
Inpatient hospitalization		40%[2]	45%[2]	50%[2]
Emergency room services (not resulting in admission)		50%[2]	50%[2]	50%[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge
Calendar-year pharmacy deductible		$450 / $900	Integrated with medical deductible	Integrated with medical deductible
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$25 / $30[1]	$25 / $30[1,]	$25 / $30[1]
	Tier 2 drugs	$85 / $110[1,2]	$90 / $115[1]	$115 / $145[1,2]
	Tier 3 drugs	$115 / $155[1,2]	$115 / $155[1,2]	$160 / $210[1,2]
	Tier 4 and specialty drugs	45%[2]	45%[2]	50%[2]
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit
Acupuncture		$15/visit	$15/visit	$15/visit
Teladoc		No charge	No charge	No charge

1 HMO plan pharmacy benefits are offered on the RX Spectrum network. Members have the choice of filling their 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.

Off-exchange PPO plans

All of our off-exchange PPO plans are available with our Full PPO Network or our Tandem PPO Network and include providers in all 58 California counties. The Tandem PPO Network is a statewide, high-performing subset of our Full PPO Network, providing the same plan benefits as Full PPO plans at a lower price. Groups may offer Tandem PPO plans alongside Full PPO plans for added savings and flexibility.

1. Our Full PPO Network gives members access to more than 80,000 doctors and 380 hospitals (in-network).
2. Our Tandem PPO Network gives members access to more than 55,000 doctors and 350 hospitals from the Full PPO network.

All off-exchange PPO plans let you see any doctor or specialist without a referral, including non-network providers at higher cost. Now, all PPOs include Virtual Blue, offering $0 co-pay virtual visits (subject to deductible) and provider selection by language, education, and demographics.

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting **blueshieldca.com/employerplans**.

Off-Exchange PPO plan names 2026

Metal level name	2025 Small Business plan	Maps to	2026 Small Business plan
Platinum	Platinum Full PPO 250/10 OffEx	→	Platinum Full PPO 250/10 OffEx
Platinum	Platinum Tandem PPO 250/10 OffEx	→	Platinum Tandem PPO 250/10 OffEx
Platinum	Platinum Full PPO 0/0 OffEx	→	Platinum Full PPO 0/0 OffEx
Platinum	Platinum Tandem PPO 0/0 OffEx	→	Platinum Tandem PPO 0/0 OffEx
Platinum	Platinum Full PPO 0/10 OffEx	→	Platinum Full PPO 0/10 OffEx
Platinum	Platinum Tandem PPO 0/10 OffEx	→	Platinum Tandem PPO 0/10 OffEx
Platinum	Platinum Full PPO 250/15 OffEx	→	Platinum Full PPO 250/15 OffEx
Platinum	Platinum Tandem PPO 250/15 OffEx	→	Platinum Tandem PPO 250/15 OffEx
Platinum	Virtual Blue℠ Platinum Tandem PPO 250/20 OffEx	→	Virtual Blue℠ Platinum Tandem PPO 250/20 OffEx
Gold	Gold Full PPO 0/35 OffEx	→	Gold Full PPO 0/35 OffEx
Gold	Gold Tandem PPO 0/35 OffEx	→	Gold Tandem PPO 0/35 OffEx
Gold	Gold Full PPO 500/30 OffEx	→	Gold Full PPO 500/30 OffEx
Gold	Gold Tandem PPO 500/30 OffEx	→	Gold Tandem PPO 500/30 OffEx
Gold	**Updated** Gold Full PPO 750/30 OffEx	→	Gold Full PPO 750/35 OffEx
Gold	**Updated** Gold Tandem PPO 750/30 OffEx	→	Gold Tandem PPO 750/35 OffEx
Gold	Gold Full PPO 1000/30 OffEx	→	Gold Full PPO 1000/30 OffEx
Gold	Gold Tandem PPO 1000/35	→	Gold Tandem PPO 1000/30
Gold	Virtual Blue℠ Gold Tandem PPO 1500/45	→	Virtual Blue℠ Gold Tandem PPO 1500/45
Silver	**Updated** Silver Full PPO 1700/60 OffEx	→	Silver Full PPO 1800/65 OffEx
Silver	**Updated** Silver Tandem PPO 1700/60 OffEx	→	Silver Tandem PPO 1800/65 OffEx
Silver	**Updated** Silver Full PPO 2100/65 OffEx	→	Silver Full PPO 2100/75 OffEx
Silver	**Updated** Silver Tandem PPO 2100/65 OffEx	→	Silver Tandem PPO 2100/75 OffEx
Silver	**Updated** Silver Full PPO 2350/70 OffEx	→	Silver Full PPO 2550/75 OffEx
Silver	**Updated** Silver Tandem PPO 2350/70 OffEx	→	Silver Tandem PPO 2550/75 OffEx
Silver	**Updated** Virtual Blue℠ Silver Tandem PPO 2700/75 OffEx	→	Virtual Blue℠ Silver Tandem PPO 2850/75 OffEx
Bronze	Bronze Full PPO 4500/65 OffEx	→	Bronze Full PPO 4500/65 OffEx
Bronze	Bronze Tandem PPO 4500/65 OffEx	→	Bronze Tandem PPO 4500/65 OffEx
Bronze	Virtual Blue℠ Bronze Tandem PPO 7500/75	→	Virtual Blue℠ Bronze Tandem PPO 7500/75
Bronze	Bronze Tandem PPO 6500/70 OffEx	→	Bronze Tandem PPO 6500/70 OffEx
Bronze	Bronze Full PPO 6850/55 OffEx	→	Bronze Full PPO 6850/55 OffEx
Bronze	Bronze Tandem PPO 6850/55 OffEx	→	Bronze Tandem PPO 6850/55 OffEx
Bronze	Bronze Full PPO 6250/65 OffEx	→	Bronze Full PPO 6250/65 OffEx
Bronze	Bronze Tandem PPO 6250/65 OffEx	→	Bronze Tandem PPO 6250/65 OffEx
Bronze	Bronze Full PPO 7500/65 OffEx	→	Bronze Full PPO 7500/65 OffEx
Bronze	Bronze Tandem PPO 7500/65 OffEx	→	Bronze Tandem PPO 7500/65 OffEx

Off-exchange PPO plans

PPO plans are available on the Full PPO network or Tandem PPO network. Groups may offer plans from both networks.

Benefits		Platinum coverage				Gold coverage			
		Platinum PPO 250/10 OffEx	Platinum PPO 0/0 OffEx	Platinum PPO 0/10 OffEx	Platinum PPO 250/15 OffEx	Gold PPO 0/35 OffEx	Gold PPO 500/30 OffEx	Gold PPO 750/35 OffEx	Gold PPO 1000/30 OffEx
Calendar-year medical deductible*		$250 / $500	$0	$0	$250 / $500	$0	$500 / $1,000	$750 / $1,500	$1,000 / $2,000
Calendar-year out-of-pocket maximum*		$3,500 / $7,000	$5,000 / $10,000	$4,700 / $9,400	$4,300 / $8,600	$7,900 / $15,800	$7,900 / $15,800	$7,900 / $15,800	$7,900 / $15,800
Primary care		$10/visit	No charge	$10/visit	$15/visit	$35/visit	$30/visit	$35/visit	$30/visit
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		10%[2]	10%	10%	10%[2]	30%	20%[2]	20%[2]	20%[2]
Emergency room services (not resulting in admission)		$150/visit + 10%[2]	$250/visit + 10%	$150/visit + 10%	$150/visit + 10%[2]	$250/visit + 30%	$250/visit + 20%[2]	$250/visit + 20%[2]	$250/visit + 20%[2]
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		$0	$0	$0	$0	$100 / $200	$200/$400	$250/$500	$300/$600
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$10 / $15[1]	$5 / $10[1]	$10 / $15[1]	$10 / $15[1]	$25 / $30[1]	$25 / $30[1]	$25 / $30[1]	$15 / $20[1]
	Tier 2 drugs	$35 / $50[1]	$35 / $50[1]	$35 / $50[1]	$35 / $50[1]	$50 / $70[1]	$50 / $70[1,2]	$50 / $70[1,2]	$50 / $70[1,2]
	Tier 3 drugs	$55 / $75[1]	$55 / $75[1]	$55 / $75[1]	$55 / $75[1]	$70 / $100[1]	$80 / $110[1,2]	$80 / $110[1,2]	$80 / $110[1,2]
	Tier 4 and specialty drugs	20%	30%	30%	30%	30%[2]	30%[2]	30%[2]	30%[2]
Chiropractic (up to 20 visits per member per calendar year)		$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit	$10/visit
Acupuncture		$25/visit[2]	$25/visit	$25/visit	$25/visit[2]	$25/visit	$25/visit[2]	$25/visit[2]	$25/visit[2]
Teladoc		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available

1 PPO 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).

Off-exchange PPO plans

Benefits		Silver coverage			Bronze coverage				
		Silver PPO 1800/65 OffEx	Silver PPO 2100/75 OffEx[3]	Silver PPO 2550/75 OffEx	Bronze PPO 4500/65 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*		$1,800 / $3,600	$2,100 / $4,200	$2,550 / $5,100	$4,500 / $9,000	$6,500 / $13,000	$9,800 / $19,600	$6,250 / $12,500	$7,500 / $15,000
Calendar-year out-of-pocket maximum*		$9,500 / $19,000	$9,700 / $19,400	$9,700 / $19,400	$9,800 / $19,600	$9,800 / $19,600	$9,800 / $19,600	$9,800 / $19,600	$9,800 / $19,600
Primary care		$65/visit	$75/visit[3]	$75/visit	$65/visit[2]	$70/visit[2]	$55/visit[2]	$65/visit[2]	$65/visit[2]
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		35%[2]	40%[2]	40%[2]	50%[2]	50%[2]	35%[2]	40%[2]	50%[2]
Emergency room services (not resulting in admission)		$300/visit + 40%[2]	$400/visit + 45%[2]	$350/visit + 45%[2]	50%[2]	50%[2]	50%[2]	50%[2]	50%[2]
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		$450 / $900	$400 / $800	$500 / $1,000	$500 / $1,000	$300 / $600	$650 / $1,300	Integrated with medical deductible	Integrated with medical deductible
Retail prescriptions[1] (up to a 30-day supply)	Tier 1 drugs	$30 / $35[1]	$30 / $35[1]	$30 / $35[1]	$25 / $30[1]	$25 / $30[1]	$20 / $25[1]	$20 / $25[1]	$20 / $25[1]
	Tier 2 drugs	$80 / $105[1,2]	$80 / $105[1,2]	$80 / $105[1,2]	50%[2]	$130/$160[1,2]	$65/$95[1,2]	$65/$95[1,2]	50%[2]
	Tier 3 drugs	$115/$155[1,2]	$115/$155[1,2]	$115/$155[1,2]	50%[2]	$160/$210[1,2]	$90/$140[1,2]	$90/$140[1,2]	50%[2]
	Tier 4 and specialty drugs	30%[2]	40%[2]	40%[2]	50%[2]	50%[2]	30%[2]	30%[2]	50%[2]
Chiropractic (up to 20 visits per member per calendar year)		$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	50%[2]
Acupuncture		$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	50%[2]
Teladoc		Not available	Not available	Not available	Not available	Not available	Not available	Not available	Not available

1 PPO 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).

Virtual Blue℠ plan

Convenient and flexible

This plan is designed for people who prefer the convenience of 24/7 virtual care for most primary, specialty, and behavioral health visits, while retaining access to in-person care. Virtual Blue also offers coordination with virtual and in-person providers, such as physicians, hospitals, urgent care centers, labs, and pharmacies.

Plan highlights

- $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.
- Ability to choose your doctors for virtual or in-person care. Seeing out-of-network providers is also possible, but their services will likely cost more.
- Access to 24/7 medical and behavioral health care including 20 specialties, such as psychiatry and psychology, is available via text, phone, video, or chat.
- Ability to select a virtual primary care physician including pediatricians, OB/GYNs, and internal medicine and general practitioners, and continue to see that same doctor for ongoing care.
- A dedicated virtual care team made up of your primary care physician, a health coach, and a behavioral health care manager will work together to develop treatment plans.
- A behavioral health care manager can help you locate a therapist or behavioral health specialist, both virtually and in-person. They can also schedule appointments and recommend well-being programs.

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting **blueshieldca.com/employerplans**.

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		Virtual Blue℠ Platinum Platinum PPO 250/20	Virtual Blue℠ Gold Gold PPO 1500/45	Virtual Blue℠ Silver Silver PPO 2850/75	Virtual Blue℠ Bronze Bronze PPO 7500/75
Calendar-year medical deductible*		$250 / $500	$1,500 / $3,000	$2,850 / $5,700	$7,500 / $15,000
Calendar-year out-of-pocket maximum*		$5,000 / $10,000	$8,500 / $17,000	$9,000 / $18,000	$9,800 / $19,600
Primary care	Virtual Blue care	No charge	No charge	No charge	No charge
	In-person care	$20/visit	$45/visit	$75/visit	$75/visit[2]
Inpatient hospitalization		10%[2]	20%[2]	40%[2]	50%[2]
Emergency room services (not resulting in admission)		$150/visit + 10%[2]	$250/visit + 20%[2]	$350/visit + 40%[2]	50%[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$300 / $600	$250 / $500	Integrated with medical deductible
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$5 / $10[1]	$15 / $20[1]	$25 / $30[1]	$20 / $25[1]
	Tier 2 drugs	$30 / $45[1]	$40 / $60[1,2]	$75 / $100[1,2]	50%[2]
	Tier 3 drugs	$50 / $70[1]	$70 / $100[1,2]	$115 / $155[1,2]	50%[2]
	Tier 4 drugs	30%	30%[2]	40%[2]	50%[2]
Chiropractic (up to 20 visits per member per calendar year)		$10/visit	$10/visit	$15/visit	50%[2]
Acupuncture		$25/visit[2]	$25/visit[2]	$25/visit[2]	50%[2]
Teladoc		Not available	Not available	Not available	Not available

1 PPO 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.

HSA-compatible HDHP PPO plans

Many small businesses opt for high-deductible PPO plan coverage for their employees. The deductibles are higher, but monthly rates are lower, and the plans come with the option to open a health savings account (HSA) to help pay for qualified medical expenses.

HDHPs paired with integrated HSAs offer numerous benefits:

1. Access to a great network of providers
2. Lower monthly premiums
3. HSA funds are tax free*
4. Funds can be used to pay for deductibles, copayments, coinsurance, dental services, vision services, prescription and over-the-counter medications, and menstrual care products

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting **blueshieldca.com/employerplans**.

* In California, HSA payroll contributions are still taxed at the state level, but the contributions are not subject to federal tax.

HSA-compatible HDHP PPO plan names 2026

Metal level name	2025 Small Business plan	Maps to	2026 Small Business plan
Gold	Updated Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	→	Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx
Gold	Updated Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	→	Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx
Silver	Silver Full PPO Savings 2300/30% OffEx	→	Silver Full PPO Savings 2300/30% OffEx
Silver	Silver Tandem PPO Savings 2300/30% OffEx	→	Silver Tandem PPO Savings 2300/30% OffEx
Silver	Updated Silver Full PPO Savings 2600/35% OffEx HDHP PrevRx OffEx	→	Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx
Silver	Updated Silver Tandem PPO Savings 2600/35% OffEx HDHP PrevRx OffEx	→	Silver Tandem PPO Savings 2800/35% HDHP PrevRx OffEx
Bronze	Bronze Full PPO Savings 5700/40% OffEx	→	Bronze Full PPO Savings 5700/40% OffEx
Bronze	Bronze Tandem PPO Savings 5700/40% OffEx	→	Bronze Tandem PPO Savings 5700/40% OffEx
Bronze	Bronze Full PPO Savings 7500 OffEx	→	Bronze Full PPO Savings 7500 OffEx
Bronze	Bronze Tandem PPO Savings 7500 OffEx	→	Bronze Tandem PPO Savings 7500 OffEx

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.

		Gold	Silver		Bronze	
Benefits		Gold PPO Savings 1850/15% HDHP PrevRx	Silver PPO Savings 2300/30% OffEx	Silver PPO Savings 2800/35% HDHP PrevRx	Bronze PPO Savings 5700/40% OffEx	Bronze PPO Savings 7500 OffEx
Calendar-year medical deductible*		$1,850 / $3,700	$2,300 / $4,600	$2,800 / $5,600	$5,700 / $11,400	$7,500 / $15,000
Calendar-year out-of-pocket maximum*		$4,500 / $9,000	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000	$7,500 / $15,000
Primary care		15%[2]	30%[2]	35%[2]	50%[2]	No charge[2]
Preventive health benefits		No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		15%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Emergency room services (not resulting in admission)		$150/visit + 15%[2]	30%[2]	$150/visit + 35%[2]	$250/visit + 40%[2]	No charge[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$15 / $20[1,2]	$25 / $30[1,2]	35% / 40%[1,2]	40%[2]	No charge[2]
	Tier 2 drugs	$30 / $50[1,2]	$75 / $100[1,2]	35% / 40%[1,2]	40%[2]	No charge[2]
	Tier 3 drugs	$50 / $80[1,2]	$100 / $150[1,2]	35% / 40%[1,2]	40%[2]	No charge[2]
	Tier 4 and specialty drugs	30%[2]	30%[2]	35%[2]	40%[2]	No charge[2]
Chiropractic (up to 20 visits per member per calendar year)		15%[2]	30%[2]	35%[2]	50%[2]	No charge[2]
Acupuncture		$25/visit[2]	$25/visit[2]	$25/visit[2]	$25/visit[2]	No charge[2]
Teladoc		Not available	Not available	Not available	No available	Not available

1 PPO 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.

Blue Shield of California Mirror Package for Small Business

The Mirror Package for Small Business offers your clients the opportunity to purchase the same plans Blue Shield offers through Covered California for Small Business (CCSB).

This package includes several HMO and PPO options. These plans are also available for purchase on the CCSB online marketplace. Plans from this package can be sold individually, but cannot be offered alongside plans from the Off-Exchange Package.

Compare plan benefit details using our digital Plan Comparison Tool. Choose from any of our plans and compare benefits side-by-side by visiting **blueshieldca.com/employerplans**.

Mirror HMO and Mirror PPO plan names 2026

Mirror HMO plan names

Metal level name	2025 Small Business plan	Maps to	2026 Small Business plan
Platinum	Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental	→	Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental
Gold	Blue Shield Trio Gold 80 HMO 250/35 + Child Dental	→	Blue Shield Trio Gold 80 HMO 250/35 + Child Dental
Silver	Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental	→	Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental
Bronze	Updated Blue Shield Trio Bronze 60 HMO 7000/70 + Child Dental	→	Blue Shield Trio Bronze 60 HMO 7000/65 + Child Dental

Mirror PPO plan names

Metal level name	2025 Small Business plan	Maps to	2026 Small Business plan
Platinum	Blue Shield Platinum 90 PPO 0/15 + Child Dental	→	Blue Shield Platinum 90 PPO 0/15 + Child Dental
Gold	Blue Shield Gold 80 PPO 350/25 + Child Dental	→	Blue Shield Gold 80 PPO 350/25 + Child Dental
Silver	Blue Shield Silver 70 HDHP PPO 2300/30%	→	Blue Shield Silver 70 HDHP PPO 2300/30%
Silver	Blue Shield Silver 70 PPO 2500/55 + Child Dental	→	Blue Shield Silver 70 PPO 2500/55 + Child Dental
Bronze	Blue Shield Bronze 60 PPO 5800/60 + Child Dental	→	Blue Shield Bronze 60 PPO 5800/60 + Child Dental
Bronze	Blue Shield Bronze PPO Savings 7500/0% + Child Dental	→	Blue Shield Bronze 60 HDHP PPO 7500/0% + Child Dental

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	Gold	Silver	Bronze
Benefits		Platinum 90 HMO 0/20	Gold 80 HMO 250/35	Silver 70 HMO 2500/55	Bronze 60 Trio HMO 7000/65
Calendar-year medical deductible*		$0	$250 / $500	$2,500 / $5,000	$7,000 / $14,000
Calendar-year out-of-pocket maximum*		$4,500 / $9,000	$7,800 / $15,600	$8,750 / $17,500	$9,800 / $19,600
Primary care		$20/visit	$35/visit	$55/visit	$65/visit
Preventive health benefits		No charge	No charge	No charge	No charge
Inpatient hospitalization		$250/day	$600/day[2]	35%[2]	50%[2]
Emergency room services (not resulting in admission)		$150/visit	$250/visit[2]	35%[2]	50%[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$300 / $600	Integrated with medical deductible
Retail prescriptions‡ (up to a 30-day supply)	Tier 1 drugs	$5 / $7[1]	$15 / $20[1]	$19 / $24[1]	$25 / $30[1]
	Tier 2 drugs	$20 / $35[1]	$40 / $60[1]	$85 / $110[1,2]	$115 / $145[1,2]
	Tier 3 drugs	$30 / $50[1]	$70 / $100[1]	$110 / $150[1,2]	$160 / $210[1,2]
	Tier 4 and specialty drugs	10%[1]	20%[1]	30%[1,2]	50%[2]
Chiropractic		Not covered	Not covered	Not covered	$15/visit
Acupuncture		$20/visit	$35/visit	$55/visit	$15/visit
Teladoc		No charge	No charge	No charge	No charge

1 Trio HMO plan pharmacy benefits are offered on the RX Spectrum network. Members have the choice of filling their 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.

Mirror PPO and PPO Savings 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.

		Mirror PPO Plans				Mirror PPO Savings Plans	
Benefits		Platinum 90 PPO 0/15	Gold 80 PPO 350/25	Silver 70 PPO 2500/55	Bronze 60 PPO 5800/60	Silver 70 PPO Savings 2300/30%	Bronze PPO Savings 7500/0%
Calendar-year medical deductible*		$0	$350 / $700	$2,500 / $5,000	$5,800 / $11,600	$2,300 / $4,600	$7,500 / $15,000
Calendar-year out-of-pocket maximum*		$4,500 / $9,000	$7,800 / $15,600	$8,600 / $17,200	$9,8000 / $19,600	$8,500 / $19,600	$7,500 / $15,000
Primary care		$15/visit	$25/visit	$55/visit	$60/visit	30%[2]	No charge[2]
Preventive health benefits		No charge	No charge	No charge	No charge	No charge	No charge
Inpatient hospitalization		50% (up to $2,000/day)[2]	50% (up to $2,000/day)[2]	50% (up to $2,000/day)[2]	50% (up to $2,000/day)[2]	50% (up to $2,000/day)[2]	50% (up to $2,000/day)[2]
Emergency room services (not resulting in admission)		$200/visit	20%[2]	35%[2]	40%[2]	30%[2]	No charge[2]
Prenatal and preconception physician office visits		No charge	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible		$0	$0	$300 / $600	$450 / $900	Integrated with medical deductible	Integrated with medical deductible
Retail prescriptions[‡] (up to a 30-day supply)	Tier 1 drugs	$10	$15	$20	$20	$25[2]	No charge[2]
	Tier 2 drugs	$25	$50	$75[2]	40%[2]	$75[2]	No charge[2]
	Tier 3 drugs	$40	$80	$105[2]	40%[2]	$100[2]	No charge[2]
	Tier 4 and specialty drugs	10%	20%	30%[2]	40%[2]	30%[2]	No charge[2]
Chiropractic		Not covered	Not covered	Not covered	Not covered	30%[2]	No charge[2]
Acupuncture		$15/visit	$25/visit	$55/visit	$60/visit	$25/visit[2]	No charge[2]
Teladoc		Not available	Not available	Not available	Not available	Not available	Not available

1 Tandem PPO 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.

Other coverage

Assisted Reproductive Technology
Infertility treatment benefits are available as supplemental coverage on all PPO, HSA-HDHP, and HMO plans. If your business offers multiple Blue Shield medical plans for employees, supplemental coverage will be included on all medical plans.

Coverage includes authorized professional, hospital, ambulatory center, and ancillary services. Also included are self-administered drugs for the treatment of infertility and injectable drugs administered or prescribed by the provider during a course of treatment. Self-administered, injectable drugs are covered at the applicable drug tier copayment or coinsurance under the Prescription Drug Benefits section of the *Evidence of Coverage* (EOC).

Pediatric dental and vision
Pediatric services – including oral and vision care for children up to age 19 – are benefits the Affordable Care Act (ACA) mandated to be included in all health plans offered to small businesses as essential health benefits.

At Blue Shield, for businesses of one to 100 employees, pediatric dental and vision coverage is an embedded benefit within our small business medical plans.

Small group employer eligibility requirements

To be eligible for Blue Shield of California small group plans, a business must have one to 100 full-time and full-time equivalent employees for at least 50% of the preceding calendar quarter or preceding calendar year.* In determining the number of employees, affiliated companies that are eligible to file a combined state tax return are considered to be one single employer.

Additional requirements are:

- The group must be a person, firm, proprietary or nonprofit corporation, partnership, public agency, association, or guaranteed association.
- The employer's principal business address must be in California.
- The employer must employ at least one W-2 employee (not including a sole proprietor, partners of a partnership, or their spouses or registered domestic partners) that also meets the definition of an "eligible employee."
- The employer must offer Blue Shield coverage to all eligible employees.
- The group cannot be formed primarily for the purpose of obtaining health coverage.
- The group must be a California based employer.
- The group must be actively engaged in business or service.
- The group must have and maintain applicable business license, permits, etc., allowing the company to conduct business in California.

* All other Blue Shield of California underwriting guidelines and eligibility requirements still apply.

Small Group employer participation and contribution

Additional requirements are:

- The employer must meet the following product contribution requirements:

  Medical: One of the following conditions must be met:

  1. A defined contribution of a minimum $100 per employee (or the cost of the total employee rates, whichever is less), or
  2. A minimum of 50% of the total employee rates.

  Dental: The following condition must be met:

  The employer may contribute any amount from 0% to 100% for voluntary dental plans.

  Vision: At least 25% of the total employee rate. The employer may contribute any amount from 0% to 100% for voluntary vision plan.‡

  Life: At least 25% of the total employee rate.+

- The employer must meet the portfolio participation requirements:

  Off-exchange package with or without specialty: 65% participation; 25% when enrolling five or more employees.

  Mirror package with or without specialty: 65% participation; 25% when enrolling five or more employees.

  Specialty-only groups: 65% participation, 25% when enrolling five or more employees.

  1. Life coverage requires at least two enrolled eligible employees.
  2. Voluntary plans require a minimum of one enrolling eligible employee.

- The employer must enroll 100% of the eligible employees if the employer contribution is 100%.

§ When employer contribution for life insurance is 100%, 100% enrollment is required; no waivers are permitted, even for coverage through another employer.
+ Blue Shield vision and life insurance plans are underwritten by Blue Shield of California Life & Health Insurance Company.

New group submission checklist

Every new group is required to submit the following:

- **First Payment:** Completed Small Group Initial Payment form or a business check in the amount of the first month's premium.†
- **Master Group Application** (either paper, Blue Shield MGA spreadsheet when used in conjunction with the Employee Enrollment spreadsheet, or online portal).††
- **Applications** from all enrolling employees and dependents (either paper, Blue Shield Employee Enrollment spreadsheet, or online portal).††
- **Refusal of Coverage forms** (for all eligible employees and any eligible dependents who refuse or waive coverage at the time of open enrollment – either paper, Blue Shield Employee Enrollment spreadsheet, or online portal).††

New groups with one or two eligible employees or less than three full-time and full-time equivalent employees or more than 95 full-time and full-time equivalent employees are required to submit the following additional documentation to verify eligibility.

- Most recently filed **DE9C Quarterly State Tax Withholding Statement.**‡‡
- **Payroll register** for employees hired after the DE9C filing or if any employees are out of state. If a new hire has not been working long enough to be on payroll, please submit a W-4. If the owner is eligible and is not on the DE9C, please provide a completed and signed Small Group Owner Eligibility Form.
- **Legal documents** are required to verify group and owner eligibility and are listed in the Underwriting Guidelines by legal entity type.

Blue Shield reserves the right to require this documentation for new groups with three or more eligible employees or three or more full-time and full-time equivalent employees. Please be advised that this is just a guideline and that other documentation may be required. See underwriting guidelines for requirements for multiple employer groups, start-ups, spin-offs, employers with union and nonunion employees, and groups terminating a leasing arrangement with a PEO.

†† Employer/broker retains these forms when applying through the online portal or using the MGA and/or Employee Enrollment spreadsheet.
† The Small Group Initial Payment form does not need to be uploaded in the Employer Enrollment tool, however, when submitting cases in ShieldLink please include the completed and signed Small Group Initial Payment form with the new group submission.
‡‡ Groups in business and employing at least one eligible common-law employee for longer than 6 weeks but not long enough to file their first DE9C must submit their payroll register covering the preceding 6 weeks.

Our small business health plans are available for groups of up to 100 employees.

Regardless of what size your small business is, you'll find a large selection of plans to meet your employees' priorities. We understand no business is too small to offer coverage and that providing quality benefits is critical in attracting top talent and fueling productivity. Thank you for selecting Blue Shield. You can count on our commitment to deliver the value and service you expect. Whether you're a business of one or 100, we want Blue Shield to be your first choice – today, tomorrow, and into the future.

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Blue Shield of California is an independent member of the Blue Shield Association

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