



## 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.

### 2025 Blue Shield of California off-exchange and mirror packages for Small Business

Leanest ↑ Richest	Off-exchange HMO plans		Mirror HMO plans	Leanest ↑ Richest	Off-exchange PPO plans		Off-exchange savings plans	Mirror PPO plans	Mirror savings plans
	Platinum HMO 0/20		Mirror Platinum 90 HMO 0/20		Platinum PPO 250/10		Gold PPO Savings 1750/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/15	Mirror Silver 70 PPO Savings 2300/30%
	Platinum HMO 0/25		Mirror Gold 80 HMO 250/35		Platinum PPO 0/0		Silver PPO Savings 2300/30%	Mirror Gold 80 PPO 350/25	Mirror Bronze 60 PPO Savings 7500/0%
	Platinum HMO 0/30		Mirror Silver 70 HMO 2500/55		Platinum PPO 0/10		Silver PPO Savings 2600/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/55	
	Gold HMO 0/35		Mirror Bronze 60 Trio HMO 7000/70		Platinum PPO 250/15		Bronze PPO Savings 5700/40%	Mirror Bronze 60 PPO 6300/60	
	Gold HMO 500/35				Virtual Blue <sup>SM</sup> Platinum PPO 250/20		Bronze PPO Savings 7500		
	Gold HMO 1000/35				Gold PPO 0/35				
	Gold HMO 1500/35				Gold PPO 500/30				
	Silver HMO 2300/70				Gold PPO 750/30				
	Silver HMO 2750/70				Gold PPO 1000/30				
Leanest ↑ Richest	Bronze HMO 7000/70				Virtual Blue <sup>SM</sup> Gold PPO 1500/45				
					Silver PPO 1700/60				
					Silver PPO 2100/65				
					Silver PPO 2350/70				
					Virtual Blue <sup>SM</sup> Silver PPO 2700/75				
					Bronze PPO 4500/65				
					Bronze PPO 6500/70				
					Bronze PPO 6850/55				
					Virtual Blue <sup>SM</sup> Bronze PPO 7500/75				
					Bronze PPO 6250/65				
Leanest ↑ Richest					Bronze PPO 7500/65				

## 2025 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	\$2,300 / \$4,600	\$20/visit	\$200/visit	\$20	\$5 / \$10 <sup>1</sup>	\$15 / \$30 <sup>1</sup>	\$25 / \$45 <sup>1</sup>
Platinum HMO 0/25	\$0	\$0	\$2,350 / \$4,700	\$25/visit	\$250/visit	\$25	\$5 / \$10 <sup>1</sup>	\$25 / \$40 <sup>1</sup>	\$30 / \$50 <sup>1</sup>
Platinum HMO 0/30	\$0	\$0	\$2,700 / \$5,400	\$30/visit	\$250/visit	\$30	\$5 / \$10 <sup>1</sup>	\$25 / \$40 <sup>1</sup>	\$30 / \$50 <sup>1</sup>
Gold HMO 0/35	\$0	\$0	\$7,500 / \$15,000	\$35/visit	\$325/visit	\$35	\$20 / \$25 <sup>1</sup>	\$50 / \$70 <sup>1</sup>	\$70 / \$90 <sup>1</sup>
Gold HMO 500/35	\$500 / \$1,000	\$0	\$7,500 / \$15,000	\$35/visit	\$300/visit <sup>2</sup>	\$35	\$15 / \$20 <sup>1</sup>	\$50 / \$70 <sup>1</sup>	\$70 / \$90 <sup>1</sup>
Gold HMO 1000/35	\$1,000 / \$2,000	\$100 / \$200	\$7,500 / \$15,000	\$35/visit	\$300/visit <sup>2</sup>	\$40	\$15 / \$20 <sup>1</sup>	\$40 / \$60 <sup>1,2</sup>	\$60 / \$90 <sup>1,2</sup>
Gold HMO 1500/35	\$1,500 / \$3,000	\$100 / \$200	\$7,500 / \$15,000	\$35/visit	\$300/visit <sup>2</sup>	\$40	\$15 / \$20 <sup>1</sup>	\$40 / \$60 <sup>1,2</sup>	\$60 / \$90 <sup>1,2</sup>
Silver HMO 2300/70	\$2,300 / \$4,600	\$450 / \$900	\$8,750 / \$17,500	\$70/visit	50% <sup>2</sup>	50% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	\$85 / \$110 <sup>1,2</sup>	\$115 / \$155 <sup>1,2</sup>
Silver HMO 2750/70	\$2,750 / \$5,500	Integrated with medical deductible	\$8,750 / \$17,500	\$70/visit	50% <sup>2</sup>	\$70	\$25 / \$30 <sup>1</sup>	\$90 / \$115 <sup>1</sup>	\$115 / \$155 <sup>1,2</sup>
Bronze HMO 7000/70	\$7,000 / \$14,000	Integrated with medical deductible	\$8,850 / \$17,700	\$70/visit	50% <sup>2</sup>	\$65	\$25 / \$30 <sup>1</sup>	\$115 / \$145 <sup>1,2</sup>	\$160 / \$210 <sup>1,2</sup>

## 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	\$150/visit + 10% <sup>2</sup>	\$10 / \$15 <sup>1</sup>	\$35 / \$50 <sup>1</sup>	\$55 / \$75 <sup>1</sup>	20%
Platinum PPO 0/0	\$0	\$0	\$5,000 / \$10,000	No Charge	\$250/visit + 10%	No Charge	\$35 / \$50 <sup>1</sup>	\$55 / \$75 <sup>1</sup>	30%
Platinum PPO 0/10	\$0	\$0	\$4,700 / \$9,400	\$10/visit	\$150/visit + 10%	\$10 / \$15 <sup>1</sup>	\$10 / \$15 <sup>1</sup>	\$55 / \$75 <sup>1</sup>	30%
Platinum PPO 250/15	\$250 / \$500	\$0	\$4,300 / \$8,600	\$15/visit	\$150/visit + 10% <sup>2</sup>	\$10 / \$15 <sup>1</sup>	\$35 / \$50 <sup>1</sup>	\$55 / \$75 <sup>1</sup>	30%
Virtual Blue <sup>SM</sup> Platinum PPO 250/20	\$250 / \$500	\$0	\$4,500 / \$9,000	\$0/visit <sup>4</sup>	\$150/visit + 10% <sup>2</sup>	\$5 / \$10 <sup>1</sup>	\$30 / \$45 <sup>1</sup>	\$50 / \$70 <sup>1</sup>	30%
Gold PPO 0/35	\$0	\$0	\$7,900 / \$15,800	\$35/visit	\$250/visit + 30%	\$25 / \$30 <sup>1</sup>	\$50 / \$70 <sup>1</sup>	\$70 / \$100 <sup>1</sup>	30%
Gold PPO 500/30	\$500 / \$1,000	\$150 / \$300	\$7,900 / \$15,800	\$30/visit	\$250/visit + 20% <sup>2</sup>	\$15 / \$20 <sup>1</sup>	\$50 / \$70 <sup>1,2</sup>	\$80 / \$110 <sup>1,2</sup>	30% <sup>2</sup>
Gold PPO 750/30	\$750 / \$1,500	\$250 / \$500	\$7,900 / \$15,800	\$30/visit	\$250/visit + 20% <sup>2</sup>	\$15 / \$20 <sup>1</sup>	\$50 / \$70 <sup>1,2</sup>	\$80 / \$110 <sup>1,2</sup>	30% <sup>2</sup>
Gold PPO 1000/30	\$1,000 / \$2,000	\$250 / \$500	\$7,900 / \$15,800	\$30/visit	\$250/visit + 20% <sup>2</sup>	\$15 / \$20 <sup>1</sup>	\$50 / \$70 <sup>1,2</sup>	\$80 / \$110 <sup>1,2</sup>	30% <sup>2</sup>
Virtual Blue <sup>SM</sup> Gold PPO 1500/45	\$1,500 / \$3,000	\$300 / \$600	\$8,000 / \$16,000	\$0/visit <sup>4</sup>	\$250/visit + 20% <sup>2</sup>	\$10 / \$15 <sup>1</sup>	\$40 / \$60 <sup>1,2</sup>	\$70 / \$100 <sup>1,2</sup>	30% <sup>2</sup>
Silver PPO 1700/60	\$1,700 / \$3,400	\$300 / \$600	\$8,500 / \$17,000	\$60/visit	\$300/visit + 35% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	\$80 / \$105 <sup>1,2</sup>	\$115 / \$155 <sup>1,2</sup>	30% <sup>2</sup>
Silver PPO 2100/65	\$2,100 / \$4,200	\$350 / \$700	\$8,750 / \$17,500	\$65/visit	\$350/visit + 40% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	\$75 / \$100 <sup>1</sup>	\$115 / \$155 <sup>1,2</sup>	40% <sup>2</sup>
Silver PPO 2350/70 <sup>3</sup>	\$2,350 / \$4,700	\$300 / \$600	\$8,750 / \$17,500	\$70/visit	\$350/visit + 40% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	\$75 / \$100 <sup>1,2</sup>	\$115 / \$155 <sup>1,2</sup>	40% <sup>2</sup>
Virtual Blue <sup>SM</sup> Silver PPO 2700/75	\$2,700 / \$5,400	\$250 / \$500	\$8,500 / \$17,000	\$0/visit <sup>4</sup>	\$350/visit + 40% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	\$75 / \$100 <sup>1,2</sup>	\$115 / \$155 <sup>1,2</sup>	40% <sup>2</sup>
Bronze PPO 4500/65	\$4,500 / \$9,000	\$500 / \$1,000	\$8,850 / \$17,700	\$65/visit <sup>2</sup>	50% <sup>2</sup>	\$25 / \$30 <sup>1</sup>	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>
Bronze PPO 6500/70	\$6,500 / \$13,000	\$300 / \$600	\$8,850 / \$17,700	\$70/visit <sup>2</sup>	50% <sup>2</sup>	\$20 / \$25 <sup>1</sup>	\$130 / \$160 <sup>1,2</sup>	\$160 / \$210 <sup>1,2</sup>	50% <sup>2</sup>
Bronze PPO 6850/55	\$6,850 / \$13,700	\$650 / \$1,300	\$8,850 / \$17,700	\$55/visit <sup>2</sup>	50% <sup>2</sup>	\$20 / \$25 <sup>1</sup>	\$65 / \$95 <sup>1,2</sup>	\$90 / \$140 <sup>1,2</sup>	30% <sup>2</sup>
Virtual Blue <sup>SM</sup> Bronze PPO 7500/75	\$7,500 / \$15,000	Integrated with medical deductible	\$8,750 / \$17,500	\$0/visit <sup>4</sup>	50% <sup>2</sup>	\$20 / \$25 <sup>1</sup>	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>
Bronze PPO 6250/65	\$6,250 / \$12,500	Integrated with medical deductible	\$8,850 / \$17,700	\$65/visit <sup>2</sup>	50% <sup>2</sup>	\$20 / \$25 <sup>1</sup>	\$65 / \$95 <sup>1,2</sup>	\$90 / \$140 <sup>1,2</sup>	30% <sup>2</sup>
Bronze PPO 7500/65	\$7,500 / \$15,000	Integrated with medical deductible	\$8,850 / \$17,700	\$65/visit <sup>2</sup>	50% <sup>2</sup>	\$20 / \$25 <sup>1</sup>	50% <sup>2</sup>	50% <sup>2</sup>	50% <sup>2</sup>

### 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 1750/15% HDHP PrevRx	\$1,750 / \$3,500	Integrated with medical deductible	\$4,000 / \$8,000	15% <sup>2</sup>	\$150/visit + 15% <sup>2</sup>	\$15 / \$20 <sup>1,2</sup>	\$30 / \$50 <sup>1,2</sup>	\$50 / \$80 <sup>1,2</sup>	30% <sup>2</sup>
Silver PPO Savings 2300/30%	\$2,300 / \$4,600	Integrated with medical deductible	\$7,900 / \$15,800	30% <sup>2</sup>	30% <sup>2</sup>	\$25 / \$30 <sup>1,2</sup>	\$75 / \$100 <sup>1,2</sup>	\$100 / \$150 <sup>1,2</sup>	30% <sup>2</sup>
Silver PPO Savings 2600/35% HDHP PrevRx	\$2,600 / \$5,200	Integrated with medical deductible	\$7,900 / \$15,800	35% <sup>2</sup>	\$150/visit + 35% <sup>2</sup>	35% / 40% <sup>1,2</sup>	35% / 40% <sup>1,2</sup>	35% / 40% <sup>1,2</sup>	35% <sup>2</sup>
Bronze PPO Savings 5700/40%	\$5,700 / \$11,400	Integrated with medical deductible	\$7,500 / \$15,000	40% <sup>2</sup>	\$250/visit + 40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>
Bronze PPO Savings 7500	\$7,500 / \$15,000	Integrated with medical deductible	\$7,500 / \$15,000	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>

### 2025 Blue Shield of California Mirror package for Small Business

#### 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 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 0/20	\$0	\$0	\$4,500 / \$9,000	\$20/visit	\$150/visit	\$20	\$5 / \$7 <sup>1</sup>	\$20 / \$35 <sup>1</sup>	\$30 / \$50 <sup>1</sup>
Mirror Gold 80 HMO 250/35	\$250 / \$500	\$0	\$7,800 / \$15,600	\$35/visit	\$250/visit <sup>2</sup>	\$35	\$15 / \$20 <sup>1</sup>	\$40 / \$60 <sup>1</sup>	\$70 / \$100 <sup>1</sup>
Mirror Silver 70 HMO 2500/55	\$2,500 / \$5,000	\$300 / \$600	\$8,750 / \$17,500	\$55/visit	35% <sup>2</sup>	\$55	\$19 / \$24 <sup>1</sup>	\$85 / \$110 <sup>1,2</sup>	\$110 / \$150 <sup>1,2</sup>
Mirror Bronze 60 Trio HMO 7000/70	\$7,000 / \$14,000	Integrated with medical deductible	\$8,850 / \$17,700	\$70/visit	50% <sup>2</sup>	\$65	\$25 / \$30 <sup>1</sup>	\$115 / \$145 <sup>1,2</sup>	\$160 / \$210 <sup>1,2</sup>

### Mirror PPO plans

Mirror PPO and Savings 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 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 PPO 0/15	\$0	\$0	\$4,500 / \$9,000	\$15/visit	\$200/visit	\$10	\$25	\$40	10%
Mirror Gold 80 PPO 350/25	\$350 / \$700	\$0	\$7,800 / \$15,600	\$25/visit	20% <sup>2</sup>	\$15	\$50	\$80	20%
Mirror Silver 70 PPO 2500/55	\$2,500 / \$5,000	\$300 / \$600	\$8,600 / \$17,200	\$55/visit	35% <sup>2</sup>	\$20	\$75 <sup>2</sup>	\$105 <sup>2</sup>	30% <sup>2</sup>
Mirror Bronze 60 PPO 6300/60	\$5,800 / \$11,600	\$450 / \$900	\$8,850 / \$17,700	\$60/visit	40% <sup>2</sup>	\$19	40% <sup>2</sup>	40% <sup>2</sup>	40% <sup>2</sup>

### Mirror 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
Mirror Silver 70 PPO Savings 2300/30%	\$2,300 / \$4,600	Integrated with medical deductible	\$7,900 / \$15,800	30% <sup>2</sup>	30% <sup>2</sup>	\$25 <sup>2</sup>	\$75 <sup>2</sup>	\$100 <sup>2</sup>	30% <sup>2</sup>
Mirror Bronze 60 PPO Savings 7500/0%	\$7,500 / \$15,000	Integrated with medical deductible	\$7,500 / \$15,000	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>	No charge <sup>2</sup>

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

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).

4 \$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.