

Below is a list of plan names (with networks) for Blue Shield of California 2020 HMO, PPO, POS, and EPO products.

- [HMO plans and networks](#)
- [PPO plans and networks](#)
- [POS plans and networks](#)
- [EPO plans and networks](#)

2020 Blue Shield HMO plans and networks

Blue Shield Large Group HMO plans Access+ HMO, Local Access+ HMO, SaveNet HMO, or Trio ACO HMO network	
Access+ HMO® Zero Admit 10	Access+ HMO® Zero Facility Deductible 30-20%
Access+ HMO® Zero Admit 15	Access+ HMO® Facility Deductible 15-10%/250
Access+ HMO® Zero Admit 20	Access+ HMO® Facility Deductible 15-10%/500
Access+ HMO® Zero Admit 30	Access+ HMO® Facility Deductible 15-10%/750
Access+ HMO® Per Admit 10-250	Access+ HMO® Facility Deductible 15-10%/1500
Access+ HMO® Per Admit 20-250	Access+ HMO® Facility Deductible 20-25%/1500
Access+ HMO® Per Admit 20-500	Access+ HMO® Facility Deductible 30-10%/1500
Access+ HMO® Per Admit 25-750	Access+ HMO® Facility Deductible 30-30%/2000
Access+ HMO® Per Admit 40-1000	Access+ HMO® Facility Deductible 40-40%/2000
Access+ HMO® Per Day 15-500	Access+ HMO® Facility Deductible 40-40%/5800
Access+ HMO® Per Day 25-750	Access+ HMO® SaveNet Zero Admit 10
Access+ HMO® Facility Coinsurance 15-20%	Access+ HMO® SaveNet Zero Admit 20
Access+ HMO® Facility Coinsurance 20-20%	Access+ HMO® SaveNet Zero Admit 30
Access+ HMO® Facility Coinsurance 25-25%	Access+ HMO® SaveNet Per Admit 10-250
Access+ HMO® Facility Coinsurance 30-30%	Access+ HMO® SaveNet Per Admit 20-500
Access+ HMO® Facility Coinsurance 40-40%	Access+ HMO® SaveNet Per Admit 25-750

Table continues on next page.

Blue Shield Large Group HMO plans Access+ HMO, Local Access+ HMO, SaveNet HMO, or Trio ACO HMO network	
Access+ HMO® SaveNet Per Admit 40-1000	Local Access+ HMO® Per Admit 25-750
Access+ HMO® SaveNet Facility Coinsurance 15-20%	Local Access+ HMO® Per Admit 40-1000
Access+ HMO® SaveNet Facility Coinsurance 20-20%	Local Access+ HMO® Facility Coinsurance 15-20%
Access+ HMO® SaveNet Facility Coinsurance 25-25%	Local Access+ HMO® Facility Coinsurance 20-20%
Access+ HMO® SaveNet Facility Coinsurance 40-40%	Local Access+ HMO® Facility Coinsurance 25-25%
Access+ HMO® SaveNet Facility Deductible 15-10%/1500	Local Access+ HMO® Facility Coinsurance 40-40%
Access+ HMO® SaveNet Facility Deductible 20-25%/1500	Local Access+ HMO® Facility Deductible 15-10%/1500
Access+ HMO® SaveNet Facility Deductible 30-30%/2000	Local Access+ HMO® Facility Deductible 20-25%/1500
Access+ HMO® SaveNet Facility Deductible 40-40%/2000	Local Access+ HMO® Facility Deductible 30-30%/2000
Access+ HMO® SaveNet Facility Deductible 40-40%/5800	Local Access+ HMO® Facility Deductible 40-40%/2000
Local Access+ HMO® Zero Admit 10	Local Access+ HMO® Facility Deductible 40-40%/5800
Local Access+ HMO® Zero Admit 20	Trio HMO Zero Admit 10
Local Access+ HMO® Zero Admit 30	Trio HMO Zero Admit 15
Local Access+ HMO® Per Admit 10-250	Trio HMO Zero Admit 20
Local Access+ HMO® Per Admit 20-500	Trio HMO Zero Admit 30
Local Access+ HMO® Per Admit 25-750	Trio HMO Per Admit 10-250

Table continues on next page.

Blue Shield Large Group HMO plans Access+ HMO, Local Access+ HMO, SaveNet HMO, or Trio ACO HMO network	
Trio HMO Per Admit 20-250	Trio HMO Zero Facility Deductible 30-20%
Trio HMO Per Admit 20-500	Trio HMO Facility Deductible 15-10%/250
Trio HMO Per Admit 25-750	Trio HMO Facility Deductible 15-10%/500
Trio HMO Per Admit 40-1000	Trio HMO Facility Deductible 15-10%/750
Trio HMO Per Day 15-500	Trio HMO Facility Deductible 15-10%/1500
Trio HMO Per Day 25-750	Trio HMO Facility Deductible 20-25%/1500
Trio HMO Facility Coinsurance 15-20%	Trio HMO Facility Deductible 30-10%/1500
Trio HMO Facility Coinsurance 20-20%	Trio HMO Facility Deductible 30-30%/2000
Trio HMO Facility Coinsurance 25-25%	Trio HMO Facility Deductible 40-40%/2000
Trio HMO Facility Coinsurance 30-30%	Trio HMO Facility Deductible 40-40%/5800
Trio HMO Facility Coinsurance 40-40%	

Blue Shield Individual and Family Plans (IFP) HMO plans Trio ACO HMO Network	
Silver 70 Trio HMO (On-Exchange)	Gold 80 Trio HMO AI-AN (On-Exchange)
Silver 73 Trio HMO (On-Exchange)	Silver 70 Trio HMO AI-AN (On-Exchange)
Silver 87 Trio HMO (On-Exchange)	\$0 Cost Share Trio HMO AI-AN (On-Exchange)
Silver 94 Trio HMO (On-Exchange)	Silver 70 Trio HMO (Off-Exchange)
Gold 80 Trio HMO (On-Exchange)	Gold 80 Trio HMO (Mirrored)
Platinum 90 Trio HMO (On-Exchange)	Platinum 90 Trio HMO (Mirrored)
Platinum 90 Trio HMO AI-AN (On-Exchange)	

Blue Shield Small Business HMO plans
Access+® HMO, Local Access+ HMO, and Trio ACO HMO networks

*Plans are available with the Access+®, Local Access+, or Trio HMO network.
Plans come with or without an infertility (INF) rider.*

Silver HMO 2350/65 (Off-Exchange)	Gold HMO 1500/35 (Off-Exchange)
Gold HMO 0/30 (Off-Exchange)	Platinum HMO 0/20 (Off-Exchange)
Gold HMO 500/35 (Off-Exchange)	Platinum HMO 0/25 (Off-Exchange)
Gold HMO 1000/35 (Off-Exchange)	Platinum HMO 0/30 (Off-Exchange)

Blue Shield Small Business HMO plans
Trio ACO HMO Network only

Plans come with or without an infertility (INF) rider.

Trio Silver 70 HMO 2250/50 + Child Dental (On-Exchange/Mirrored)	Trio Platinum 90 HMO 0/15 + Child Dental (On-Exchange/Mirrored)
Trio Gold 80 HMO 250/2530 + Child Dental (On-Exchange/Mirrored)	

[top](#)

2020 Blue Shield PPO plans and networks

Blue Shield Large Group PPO plans Active Choice PPO, Full PPO, or Tandem PPO network	
Active Choice® Plan 500 80/50	Full PPO Combined Deductible 35-500 80/60
Active Choice® Plan 750 70/50	Full PPO Combined Deductible Value 10-1000 90/70
Active Choice® Plan 750 70/50 1000 Deductible	Full PPO Combined Deductible Value 15-1500 80/50
Active Choice® Plan 750 80/60	Full PPO Combined Deductible Value 20-2000 80/50
Active Choice® Plan 500 80/50 1500 Deductible	Full PPO Combined Deductible Value 25-2500 80/50
Full PPO Combined Deductible 0-400 90/70	Full PPO Combined Deductible Value 30-3000 80/50
Full PPO Combined Deductible 10-250 90/70	Full PPO Combined Deductible Value 40-4000 80/50
Full PPO Combined Deductible 10-500 90/70	Full PPO Combined Deductible Value 50-4500 80/50
Full PPO Combined Deductible 15-250 90/70	Full PPO No Network Deductible 10 100/50
Full PPO Combined Deductible 20-200 90/70	Full PPO No Network Deductible 20 100/50
Full PPO Combined Deductible 20-250 80/60	Full PPO Savings Two-Tier Embedded Deductible 1400/2800/2800
Full PPO Combined Deductible 25-250 80/60	Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000
Full PPO Combined Deductible 25-250 90/60	Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000 100%
Full PPO Combined Deductible 30-500 90/60	Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000 with Value-Based Tier Drug Benefit
Full PPO Combined Deductible 30-750 80/60	Full PPO Savings Two-Tier Embedded Deductible 1800/2800/3600

Table continues on next page.

Blue Shield Large Group PPO plans Active Choice PPO, Full PPO, or Tandem PPO network	
Full PPO Savings Two-Tier Embedded Deductible 2250/2800/4500	Tandem PPO Combined Deductible 0-400 90/70
Full PPO Savings Two-Tier Embedded Deductible 2250/2800/4500 with Value-Based Tier Drug Benefit	Tandem PPO Combined Deductible 15-250 90/70
Full PPO Savings Embedded Deductible 2800	Tandem PPO Combined Deductible 20-200 90/70
Full PPO Savings Embedded Deductible 3000	Tandem PPO Combined Deductible 20-250 80/60
Full PPO Savings Embedded Deductible 3000 100%	Tandem PPO Combined Deductible 25-250 80/60
Full PPO Savings Embedded Deductible 3500	Tandem PPO Combined Deductible 25-250 90/60
Full PPO Savings Embedded Deductible 4000	Tandem PPO Combined Deductible Value 10-1000 90/70
Full PPO Savings Embedded Deductible 4400 100%	Tandem PPO No Network Deductible 10 100/50
Full PPO Savings Embedded Deductible 5500	Tandem PPO Savings Embedded Deductible 3000
Full PPO Split Deductible 35-1000 80/60	Tandem PPO Savings Embedded Deductible 4425
Full PPO Split Deductible 0-1750 80/60	Tandem PPO Split Deductible 0-1750 80/60
Full PPO Split Deductible 10-250 90/70	Tandem PPO Split Deductible 10-250 90/70
Full PPO Split Deductible 15-500 90/60	Tandem PPO Split Deductible 20-500 80/60
Full PPO Split Deductible 20-500 80/60	Tandem PPO Split Deductible 25-750 80/60
Full PPO Split Deductible 25-750 80/60	Tandem PPO Split Deductible 30-1500 80/50
Full PPO Split Deductible 30-2000 70/50	Tandem PPO Split Deductible 35-1000 80/60
Full PPO Split Deductible 40-4000 70/50	Tandem PPO Split Deductible 40-3000 70/50
Tandem PPO Combined Deductible 10-250 90/70	

Blue Shield Individual and Family Plans (IFP) PPO plans Exclusive PPO Network	
Bronze 60 HDHP PPO (On-Exchange)	Platinum 90 PPO AI-AN (On-Exchange)
Bronze 60 HDHP PPO AI-AN (On-Exchange)	Minimum Coverage PPO (On-Exchange)
Bronze 60 PPO (On-Exchange)	\$0 Cost Share PPO AI-AN (On-Exchange)
Bronze 60 PPO AI-AN (On-Exchange)	Bronze 60 HDHP PPO (Mirrored)
Silver 70 PPO (On-Exchange)	Platinum 90 PPO (On-Exchange/Mirrored)
Silver 70 PPO AI-AN (On-Exchange)	Minimum Coverage PPO (Mirrored)
Silver 73 PPO (On-Exchange)	Bronze 60 PPO (Mirrored)
Silver 87 PPO (On-Exchange)	Silver 70 PPO (Off-Exchange)
Silver 94 PPO (On-Exchange)	Silver 1950 PPO (Off-Exchange)
Gold 80 PPO (On-Exchange/Mirrored)	Silver 2600 HDHP PPO (Off-Exchange)
Gold 80 PPO AI-AN (On-Exchange)	

Blue Shield Small Business PPO plans
Full PPO Provider Network or Tandem PPO Network

**Plans marked with an asterisk are available with either the Full or Tandem PPO network.
Plans come with or without an infertility (INF) rider.*

Bronze PPO 5000/70 (Off-Exchange)*	Platinum PPO 250/15 (Off-Exchange)*
Bronze PPO 6850/65 (Off-Exchange)*	Bronze 60 Full PPO 6300/65 + Child Dental (On-Exchange/Mirrored)
Bronze PPO 6500/50 (Off-Exchange)*	Silver 70 Full PPO 2250/50 + Child Dental (On-Exchange/Mirrored)
Silver PPO 1800/55 (Off-Exchange)*	Gold 80 Full PPO 250/25 + Child Dental (On-Exchange/Mirrored)
Silver PPO 2300/45 (Off-Exchange)*	Platinum 90 Full PPO 0/15 + Child Dental (On-Exchange/Mirrored)
Gold PPO 0/20 (Off-Exchange)	Bronze PPO Savings 5300/40%* (Off-Exchange)
Gold PPO 500/30 (Off-Exchange)*	Bronze PPO Savings 6900* (Off-Exchange)
Gold PPO 750/30 (Off-Exchange)*	Silver PPO Savings 2000/25% IND* (Off-Exchange)
Gold PPO 1200/35 (Off-Exchange)*	Silver PPO Savings 2000/25% FAM* (Off-Exchange)
Platinum PPO 0/0 (Off-Exchange)*	Silver PPO Savings 2500/35% IND* (Off-Exchange)
Platinum PPO 0/10 (Off-Exchange)*	Silver PPO Savings 2500/35% FAM* (Off-Exchange)*

[top](#)

2020 Blue Shield POS plans and networks

Blue Shield Midsize and Large Group POS plans Full PPO Provider Network	
Added Advantage POS SM 300-100/90/70	Added Advantage POS SM 500-100/80/60

[top](#)

2020 Blue Shield EPO plans and networks

Blue Shield Large Group EPO plans Full or Tandem Provider Network	
Full EPO Per Admit 10-250	Tandem EPO Per Admit 10-250

[top](#)