

Blue Shield of California plans for small businesses

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)

2020 Blue Shield of California off-exchange and mirror packages for small business

	HMO plans	Mirror HMO plans
Richer plans	Platinum HMO 0/20	Mirror Platinum 90 HMO 0/15
	Platinum HMO 0/25	Mirror Gold 80 HMO 250/25
	Platinum HMO 0/30	Mirror Silver 70 HMO 2250/50
Leaner plans	Gold HMO 0/30	
	Gold HMO 500/35	
	Gold HMO 1000/30	
	Gold HMO 1500/35	
	Silver HMO 2350/65	

	PPO plans	HDHP plans	Mirror PPO plans
Richer plans	Platinum PPO 0/0	Silver PPO Savings 2000/25%	Mirror Platinum 90 PPO 0/15
	Platinum PPO 0/10	Silver PPO Savings 2500/35%	Mirror Gold 80 PPO 250/25
	Platinum PPO 250/15	Bronze PPO Savings 5300/40%	Mirror Silver 70 PPO 2250/50
Leaner plans	Gold PPO 0/20	Bronze PPO Savings 6900	Mirror Bronze 60 PPO 6300/65
	Gold PPO 500/30		
	Gold PPO 750/30		
	Gold PPO 1200/35		
	Silver PPO 1800/55		
	Silver PPO 2300/45		
	Bronze PPO 5000/70		
	Bronze PPO 6850/65		
	Bronze PPO 6000/50		

Off-exchange HMO plans

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

Benefits ¹	PLATINUM COVERAGE			GOLD COVERAGE				SILVER COVERAGE	
	Platinum HMO 0/20 OffEx	Platinum HMO 0/25 OffEx	Platinum HMO 0/30 OffEx	Gold HMO 0/30	Gold HMO 500/35 OffEx	Gold HMO 1000/35	Gold HMO 1500/35 OffEx	Silver HMO 2350/65 OffEx	
Calendar-year facility deductible	\$0	\$0	\$0	\$0	\$500	\$1,000	\$1,500	\$2,350	
Calendar-year out-of-pocket maximum	\$1,900	\$2,350	\$2,950	\$6,750	\$7,500	\$7,500	\$7,500	\$7,800	
Copay	\$20	\$25	\$30	\$30	\$35	\$35	\$35	\$65	
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	
Inpatient hospitalization	\$500	\$250	\$500	\$600	20% ²	20% ²	20% ²	45% ²	
Emergency room services not resulting in admission	\$200	\$250	\$250	\$325	\$300 ²	\$300 ²	\$300 ²	40% 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	\$0	\$100	\$100	Integrated with medical \$350	
Retail prescriptions^{1,3} (up to a 30-day supply)	Tier 1 drugs	\$5	\$5	\$5	\$15	\$15	\$15	\$15	\$20 ²
	Tier 2 drugs	\$15	\$15	\$15	\$35	\$35	\$35	\$35 ²	\$85 ²
	Tier 3 drugs	\$25	\$25	\$25	\$55	\$55	\$55	\$55 ²	\$115 ²
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%	40% ²	20% ²	45% ²
Chiropractic (up to 15 visits per member per calendar year)	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	
Acupuncture	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	
Teladoc⁴	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

4 Trio HMO plans \$0 copay, all other non-Trio HMO plans have \$5 copay.

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 ¹	PLATINUM		
	Platinum PPO 0/0 OffEx	Platinum PPO 0/10 OffEx	Platinum PPO 250/15 OffEx
Calendar-year medical deductible	\$0	\$0	\$250
Calendar-year out-of-pocket maximum	\$4,000	\$4,000	\$4,300
Copay	\$0	\$10	\$15
Preventive health benefits	No charge	No charge	No charge
Inpatient hospitalization	10%	10%	10% ²
Emergency room services not resulting in admission	\$250 + 10%	\$100 + 10%	\$150 + 10%
Prenatal and preconception physician office visits	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0	\$0
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$0	\$5
	Tier 2 drugs	\$30	\$30
	Tier 3 drugs	\$50	\$50
	Tier 4 and specialty drugs	30%	30%
Chiropractic (Up to 12 visits per member per calendar year)	\$10	\$10	\$10
Acupuncture	\$25	\$25	\$25 ²
Teladoc⁴	\$0/\$5	\$0/\$5	\$0/\$5

† Based on PPO membership. Source: CDI and DMHC Covered Lives data, 12/31/18.

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

4 Tandem PPO plans \$0 copay, all Full PPO plans have \$5 copay.

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 ¹	GOLD			
	Gold PPO 0/20 OffEx	Gold PPO 500/30 OffEx	Gold PPO 750/30 OffEx	Gold PPO 1200/35 OffEx
Calendar-year medical deductible	\$0	\$500	\$750	\$1,200
Calendar-year out-of-pocket maximum	\$7,650	\$7,800	\$7,800	\$7,800
Copay	\$20	\$30	\$30	\$35
Preventive health benefits	No charge	No charge	No charge	No charge
Inpatient hospitalization	30%	20% ²	20% ²	20% ²
Emergency room services not resulting in admission	\$250 + 30%	\$250 + 20% ²	\$250 + 20% ²	\$250 + 20% ²
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$100	\$250	\$300
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$15	\$15	\$10 ²
	Tier 2 drugs	\$40	\$50 ²	\$40 ²
	Tier 3 drugs	\$60	\$80 ²	\$70 ²
	Tier 4 and specialty drugs	30%	30% ²	30% ²
Chiropractic^{1,2} Up to 12 visits per member per calendar year	\$10	\$10	\$10	\$10
Acupuncture	\$25	\$25 ²	\$25 ²	\$25 ²
Teladoc⁴	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

4 Tandem PPO plans \$0 copay, all Full PPO plans have \$5 copay.

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 ¹	SILVER		BRONZE		
	Silver PPO 1800/55 OffEx	Silver PPO 2300/45 OffEx	Bronze PPO 5000/70 OffEx	Bronze PPO 6850/65 OffEx	Bronze PPO 6500/50 OffEx
Calendar-year medical deductible	\$1,800	\$2,300	\$5,000	\$6,850	\$6,500
Calendar-year out-of-pocket maximum	\$7,800	\$7,800	\$7,800	\$7,800	\$7,800
Copay	\$55	\$45	\$70 ²	\$65 ²	50% ²
Preventive health benefits	No charge	No charge	No charge ¹	No charge	No charge
Inpatient hospitalization	35% ²	40% ²	30% ²	25% ²	50% ²
Emergency room services not resulting in admission	\$300 + 35% ²	\$350 + 40% ²	50% ²	50% ²	50% ²
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge
Calendar-year pharmacy deductible	\$300	\$300	Integrated with medical	Integrated with medical	\$0
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$20	\$20	\$20 ²	50% ²
	Tier 2 drugs	\$75 ²	\$75 ²	\$65 ²	50% ²
	Tier 3 drugs	\$115 ²	\$115 ²	\$90 ²	50% ²
	Tier 4 and specialty drugs	30% ²	40% ²	30% ²	30% ²
Chiropractic Up to 12 visits per member per calendar year	\$15	\$15	\$15	\$15	50% ²
Acupuncture	\$25 ²	\$25 ²	\$25 ²	\$25 ²	50% ²
Teladoc⁴	\$0/\$5	\$0/\$5	\$0/\$5	\$0/\$5	50% ²

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

4 Tandem PPO plans \$0 copay, all Full PPO plans have \$5 copay.

Small Business HSA-compatible HDHP PPO plans

Benefits ¹	SILVER		BRONZE		
	Silver PPO Savings 2000/25% OffEx	Silver PPO Savings 2500/35% OffEx	Bronze PPO Savings 5300/40% OffEx	Bronze Full PPO Savings 6900 OffEx	
Calendar-year integrated medical and pharmacy deductible	\$2,000	\$2,500	\$5,300	\$6,900	
Calendar-year out-of-pocket maximum	\$6,500	\$6,850	\$6,900	\$6,900	
Copay	25% ²	35% ²	40% ²	\$0 ²	
Preventive health benefits	No charge	No charge	No charge	No charge	
Inpatient hospitalization	25% ²	35% ²	40% ²	\$0 ²	
Emergency room services not resulting in admission	\$150 + 25% ²	\$150 + 35% ²	\$250 per visit + 40% ²	\$0 ²	
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$20 ²	35% ²	40% ²	\$0 ²
	Tier 2 drugs	\$65 ²	35% ²	40% ²	\$0 ²
	Tier 3 drugs	\$100 ²	35% ²	40% ²	\$0 ²
	Tier 4 and specialty drugs	30% ²	35% ²	40% ²	\$0 ²
Chiropractic (Up to 12 visits per member per calendar year)	25% ²	35% ²	50% ²	\$0 ²	
Acupuncture	\$25 ²	\$25 ²	\$25 ²	\$0 ²	
Teladoc⁴	\$0/\$5 ²	\$0/\$5 ²	\$0/\$5 ²	\$0/\$5 ²	

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

4 Tandem PPO plans \$0 copay, all Full PPO plans have \$5 copay.

HMO mirror plans

with the Trio ACO HMO Network

Benefits ¹	Platinum 90 HMO 0/15	Gold 80 HMO 250/25	Silver 70 HMO 2250/50	
Calendar-year medical deductible	\$0	\$250	\$2,250	
Calendar-year out-of-pocket maximum	\$4,500	\$7,800	\$7,800	
Copay	\$15	\$25	\$50	
Preventive health benefits	No charge	No charge	No charge	
Inpatient hospitalization	\$250	\$600 ²	20% ²	
Emergency room services	\$150	\$250 ²	\$400 ²	
Prenatal and preconception physician office visits	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	\$300	
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$5	\$15	\$17 ²
	Tier 2 drugs	\$15	\$50	\$65 ²
	Tier 3 drugs	\$25	\$80	\$90 ²
	Tier 4 drugs	10%	20%	20% ²
Chiropractic	Not covered	Not covered	Not covered	
Acupuncture	\$15	\$25	\$50	
Teladoc	\$0	\$0	\$0	

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

PPO mirror plans with the Full PPO Network

Benefits ¹	Platinum 90 PPO 0/15	Gold 80 PPO 250/25
Calendar-year medical deductible	\$0	\$0
Calendar-year out-of-pocket maximum	\$4,500	\$7,800
Copay	\$15	\$25
Preventive health benefits	No charge	No charge
Inpatient hospitalization	10%	20% ²
Emergency room services	\$150	\$250 ²
Prenatal and preconception physician office visits	No charge	No charge
Calendar-year pharmacy deductible	\$0	\$0
Retail prescriptions ³ (up to a 30-day supply)	Tier 1 drugs	\$5
	Tier 2 drugs	\$15
	Tier 3 drugs	\$25
	Tier 4 drugs	10%
Chiropractic	Not covered	Not covered
Acupuncture	\$15	\$25
Teladoc	\$5	\$5

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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

Benefits ¹	Silver 70 PPO 2250/50	Bronze 60 PPO 6300/75
Calendar-year medical deductible	\$2,250	\$6,300
Calendar-year out-of-pocket maximum	\$7,800	\$7,550
Copay	\$50	\$65 ²
Preventive health benefits	No charge	No charge
Inpatient hospitalization	20% ²	40% ²
Emergency room services	\$400 ²	40% ²
Prenatal and preconception physician office visits	No charge	No charge
Calendar-year pharmacy deductible	\$300	\$500
Retail prescriptions ³ (up to a 30-day supply)	Tier 1 drugs	\$17 ²
	Tier 2 drugs	\$65 ²
	Tier 3 drugs	\$90 ²
	Tier 4 drugs	20% ²
Chiropractic	Not covered	Not covered
Acupuncture	\$50	\$65 ²
Teladoc	\$5	\$5 ²

1 Calendar-year deductible shown is for an individual. See Summary of Benefits for family plan deductibles.

2 Subject to the calendar-year deductible.

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