

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)

2019 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 0/30
	Platinum HMO 0/30	Mirror Silver 70 HMO 2000/45
Leaner plans	Gold HMO 0/30	
	Gold HMO 500/35	
	Gold HMO 1500/35	
	Silver HMO 1975/55	

	PPO plans	HDHP plans	Mirror PPO plans
Richer plans	Platinum PPO 0/10*	Silver PPO Savings 2000/20%	Mirror Platinum 90 PPO 0/15
	Platinum PPO 250/15*	Bronze PPO Savings 5300/40%	Mirror Gold 80 PPO 0/30
	Gold PPO 0/20	Bronze PPO Savings 66500	Mirror Silver 70 PPO 2000/45
Leaner plans	Gold PPO 500/30		Mirror Bronze 60 PPO 6300/75
	Gold PPO 750/30*		
	Gold PPO 1200/35		
	Silver PPO 1700/55*		
	Silver PPO 2000/45*		
	Bronze PPO 4500/70*		
	Bronze PPO 6000/65		
	Bronze PPO 6000/50%*		

* Tandem PPO Network.

Off-exchange HMO plans

All HMO plans available on the Access+, Local Access+, or Trio ACO networks. Groups can offer Access+ and Trio plans together. Local Access+ plans cannot be offered alongside Access+ or Trio plans.

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 1500/35 OffEx	Silver HMO 1975/55 OffEx	
Calendar-year facility deductible	\$0	\$0	\$0	\$0	\$500	\$1,500	\$1,975	
Calendar-year out-of-pocket maximum	\$1,650	\$2,000	\$2,500	\$5,750	\$5,600	\$7,000	\$7,550	
Copay	\$20 per visit	\$25 per visit	\$30 per visit	\$30 per visit	\$35 per visit	\$35 per visit	\$55 per visit	
Preventive health benefits	No charge	No charge	No charge	No charge	No charge	No charge	No charge	
Inpatient hospitalization	\$500 per admission	\$250 per day, up to 3 days per admission	\$500 per day, up to 4 days	\$600	20% ²	20% ²	40% ²	
Emergency room services not resulting in admission	\$200 per visit	\$250 per visit	\$250 per visit	\$250 per visit	\$250 per visit (after deductible)	\$200 per visit (after deductible)	40% per visit (after deductible)	
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	No charge, deductible waived	No charge, deductible waived	No charge, deductible waived	
Calendar-year pharmacy deductible	\$0	\$0	\$0	\$0	\$0	\$250	Integrated with medical	
Retail prescriptions ^{1,3.} (up to a 30-day supply)	Tier 1 drugs	\$5	\$5	\$5	\$15	\$15	\$15	\$20
	Tier 2 drugs	\$15	\$15	\$15	\$30	\$30	\$30	\$60
	Tier 3 drugs	\$25	\$25	\$25	\$50	\$50	\$50	\$85
	Tier 4 and specialty drugs	20%	20%	20%	20%	20%	20%	40%
Chiropractic (up to 15 visits per member per calendar year)	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	
Acupuncture services	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	\$15 per visit	
Teladoc	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	

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.

Off-exchange PPO plans

PPO plans notated with an * 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 0/10 OffEx*	Platinum PPO 250/15 OffEx*	
Calendar-year medical deductible	\$0	\$250	
Calendar-year out-of-pocket maximum	\$3,600	\$3,900	
Copay	\$10 per visit	\$15 per visit	
Preventive health benefits	No charge	No charge ^{1,3}	
Inpatient hospitalization²	10%	10% ²	
Emergency room services not resulting in admission	\$100 per visit + 10%	\$100 per visit + 10% ²	
Prenatal and preconception physician office visits	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$5	\$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)	50%	50%	
Acupuncture by a licensed acupuncturist	\$25	\$25 ²	
Teladoc	\$5 copay	\$5 copay	

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

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Off-exchange PPO plans

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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	\$7,000	\$7,550	\$7,550	\$7,550	
Copay	\$20 per visit	\$30 per visit	\$30 per visit	\$35 per visit	
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 per visit + 30%	\$200/visit + 20% ²	\$100 per visit + 20% ²	\$100 per visit + 20% ²	
Prenatal and preconception physician office visits	No charge	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	\$200	\$300	
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$15 per prescription ²	\$15 per prescription ²	\$10 per prescription ²	\$10 per prescription ²
	Tier 2 drugs	\$40 per prescription	\$40 per prescription	\$30 per prescription	\$30 per prescription
	Tier 3 drugs	\$60 per prescription	\$60 per prescription	\$50 per prescription	\$50 per prescription
	Tier 4 and specialty drugs	30%	30%	30%	30%
Chiropractic^{1,2} Up to 12 visits per member per calendar year	50%	50%	50%	50%	
Acupuncture by a licensed acupuncturist	\$25 per visit	\$25 per visit ²	\$25 per visit ²	\$25 per visit ²	
Teladoc	\$5 copay	\$5 copay	\$5 copay	\$5 copay	

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Off-exchange PPO plans

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Benefits ¹	SILVER		BRONZE			
	Silver PPO 1700/55 OffEx*	Silver PPO 2000/45 OffEx*	Bronze PPO 4500/70 OffEx*	Bronze PPO 6000/65 OffEx	Bronze PPO 6500/50% OffEx*	
Calendar-year medical deductible	\$1,700	\$2,000	\$4,500	\$6,000	\$6,500	
Calendar-year out-of-pocket maximum	\$7,550	\$7,550	\$7,350	\$7,550	\$7,550	
Copay	\$55 per visit	\$45 per visit	\$70 ² per visit	\$65 ² per visit	50% ² per visit	
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	\$250 per visit + \$35% ²	\$250 per visit + 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	\$200	Integrated with medical	Integrated with medical	Integrated with medical	
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$15 per prescription	\$20 per prescription	\$20 per prescription ²	\$20 per prescription ²	50% ²
	Tier 2 drugs	\$50 per prescription ²	\$55 per prescription ²	\$55 per prescription ²	\$55 per prescription ²	50% ²
	Tier 3 drugs	\$80 per prescription ²	\$80 per prescription ²	\$80 per prescription ²	\$80 per prescription ²	50% ²
	Tier 4 and specialty drugs	30% per prescription ²	40% per prescription ²	30% per prescription ²	30% per prescription ²	50% ²
Chiropractic Up to 12 visits per member per calendar year	50%	50%	50%	50%	50% ²	
Acupuncture by a licensed acupuncturist	\$25 per visit ²	\$25 per visit ²	\$25 per visit ²	\$25 per visit ²	50% ²	
Teladoc	\$5 copay	\$5 copay	\$5 copay	\$5 copay	50% ²	

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Small Business HSA-compatible HDHP PPO plans

Benefits ¹	SILVER	BRONZE	
	Silver PPO Savings 2000/20% OffEx*	Bronze PPO Savings 5300/40% OffEx	Bronze Full PPO Savings 6650 OffEx
Calendar-year integrated medical and pharmacy deductible	\$2,000	\$5,300	\$6,650
Calendar-year out-of-pocket maximum	\$6,500	\$6,650	\$6,650
Copay	20% ²	40% ²	\$0 ²
Preventive health benefits	No charge	No charge	No charge
Inpatient hospitalization	20% ²	40% ²	\$0 ²
Emergency room services not resulting in admission	\$150 per visit + 20% ²	\$250 per visit + 40% ²	\$0 ²
Prenatal and preconception physician office visits	No charge	No charge	No charge
Retail prescriptions³ (up to a 30-day supply)	Tier 1 drugs	\$20 ²	\$0 ²
	Tier 2 drugs	\$55 ²	\$0 ²
	Tier 3 drugs	\$80 ²	\$0 ²
	Tier 4 and specialty drugs	30% ²	\$0 ²
Chiropractic (Up to 12 visits per member per calendar year)	50% ²	50% ²	\$0 ²
Acupuncture	\$25 per visit ²	\$25 per visit ²	\$0 ²
Teladoc	\$40 consult (\$5 after deductible)	\$40 consult (\$5 after deductible)	\$40 consult (\$0 after deductible)

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HMO mirror plans

with the Trio ACO HMO Network

Benefits ¹	Platinum 90 HMO 0/15	Gold 80 HMO 0/30	Silver 70 HMO 2000/45	
Calendar-year medical deductible	\$0	\$0	\$2,000	
Calendar-year out-of-pocket maximum	\$3,350	\$7,200	\$7,550	
Copay	\$15	\$30	\$45	
Preventive health benefits	No charge	No charge	No charge	
Inpatient hospitalization	\$250	\$600	20% ²	
Emergency room services	\$150	\$325	\$350	
Prenatal and preconception physician office visits	No charge	No charge	No charge	
Calendar-year pharmacy deductible	\$0	\$0	\$200	
Retail prescriptions ³ (up to a 30-day supply)	Tier 1 drugs	\$5	\$15	\$15 ²
	Tier 2 drugs	\$15	\$55	\$55 ²
	Tier 3 drugs	\$25	\$75	\$85 ²
	Tier 4 drugs	10%	20% up to a max of \$250	20% ²
Chiropractic	Not covered	Not covered	Not covered	
Acupuncture	\$15	\$30	\$45	
Teladoc	\$5	\$5	\$5	

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PPO mirror plans with the Full PPO Network

Benefits ¹	Platinum 90 PPO 0/15	Gold 80 PPO 0/30
Calendar-year medical deductible	\$0	\$0
Calendar-year out-of-pocket maximum	\$3,350	\$7,200
Copay	\$15	\$30
Preventive health benefits	No charge	No charge
Inpatient hospitalization	10%	20%
Emergency room services	\$150	\$325
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	\$30
Teladoc	\$5	\$5

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Benefits ¹	Silver 70 PPO 2000/45	Bronze 60 PPO 6300/75
Calendar-year medical deductible	\$2,000	\$6,300
Calendar-year out-of-pocket maximum	\$7,550	\$7,550
Copay	\$45	\$75 ²
Preventive health benefits	No charge	No charge
Inpatient hospitalization	20% ²	100% ²
Emergency room services	\$350	100% ²
Prenatal and preconception physician office visits	No charge	No charge
Calendar-year pharmacy deductible	\$2,200	\$500
Retail prescriptions ³ (up to a 30-day supply)	Tier 1 drugs	\$15 ²
	Tier 2 drugs	\$55 ²
	Tier 3 drugs	\$85 ²
	Tier 4 drugs	20% ²
Chiropractic	Not covered	Not covered
Acupuncture	\$45	\$75 ²
Teladoc	\$5	\$5 ²

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