



This document contains a list of plan names with networks for Blue Shield of California 2022 HMO, PPO, POS, and EPO products. Click the links below for quick access.

HMO plans and networks

- [Large Group: Access+ HMO®](#)
- [Large Group: Local Access+ HMO®](#)
- [Large Group: SaveNet HMO](#)
- [Large Group: Trio ACO HMO](#)
- [Individual and Family Plans \(IFP\): Trio ACO HMO](#)
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POS plans and network

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PPO plans and networks

- [Large Group: Full PPO](#)
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EPO plans and networks

- [Large Group: Full](#)
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2022 Blue Shield HMO plans: [Access+ HMO®](#), [Local Access+ HMO®](#), [SaveNet HMO](#), or [Trio ACO HMO](#) networks

Blue Shield Large Group HMO plans Access+ HMO® network	
Access+ HMO® Facility Coinsurance 15-20%	Access+ HMO® Per Admit 10-250
Access+ HMO® Facility Coinsurance 20-20%	Access+ HMO® Per Admit 20-250
Access+ HMO® Facility Coinsurance 25-25%	Access+ HMO® Per Admit 20-500
Access+ HMO® Facility Coinsurance 30-30%	Access+ HMO® Per Admit 25-750
Access+ HMO® Facility Coinsurance 40-40%	Access+ HMO® Per Admit 40-1000
Access+ HMO® Facility Deductible 15-10%/250	Access+ HMO® Per Day 15-500
Access+ HMO® Facility Deductible 15-10%/500	Access+ HMO® Per Day 25-750
Access+ HMO® Facility Deductible 15-10%/750	Access+ HMO® Zero Admit 10
Access+ HMO® Facility Deductible 15-10%/1500	Access+ HMO® Zero Admit 15
Access+ HMO® Facility Deductible 20-25%/1500	Access+ HMO® Zero Admit 20
Access+ HMO® Facility Deductible 30-10%/1500	Access+ HMO® Zero Admit 30
Access+ HMO® Facility Deductible 30-30%/2000	Access+ HMO® Zero Facility Deductible 30-20%
Access+ HMO® Facility Deductible 40-40%/2000	Away from Home Care - High Option Full HMO 5 Inpatient
Access+ HMO® Facility Deductible 40-40%/5800	Away from Home Care - Low Option Full HMO 10-200/Day Inpatient

2022 Blue Shield HMO Plans, continued

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

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

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2022 Blue Shield HMO Plans, continued

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

Blue Shield Individual and Family Plans (IFP) HMO plans Trio ACO HMO network	
\$0 Cost Share Trio HMO AI-AN (On-Exchange)	Silver 70 Trio HMO (On-Exchange and Mirrored)
Bronze 7500 Trio HMO (Off-Exchange)	Silver 70 Trio HMO AI-AN (On-Exchange)
Gold 80 Trio HMO (On-Exchange and Mirrored)	Silver 70 Off Exchange Trio HMO (Off-Exchange)
Gold 80 Trio HMO AI-AN (On-Exchange)	Silver 73 Trio HMO (On-Exchange)
Platinum 90 Trio HMO (On-Exchange and Mirrored)	Silver 87 Trio HMO (On-Exchange)
Platinum 90 Trio HMO AI-AN (On-Exchange)	Silver 94 Trio HMO (On-Exchange)

Blue Shield Small Business HMO plans Access+ HMO® network	
<i>Plans come with or without an infertility (INF) rider.</i>	
Gold Access+ HMO® 0/30 OffEx	Platinum Access+ HMO® 0/20 OffEx
Gold Access+ HMO® 1000/35 OffEx	Platinum Access+ HMO® 0/25 OffEx
Gold Access+ HMO® 1500/35 OffEx	Platinum Access+ HMO® 0/30 OffEx
Gold Access+ HMO® 500/35 OffEx	Silver Access+ HMO® 2000/60 OffEx
	Silver Access+ HMO® 2750/65 OffEx

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2022 Blue Shield HMO Plans, continued

Blue Shield Small Business HMO plans Local Access+ HMO® network <i>Plans come with or without an infertility (INF) rider.</i>	
Gold Local Access+ HMO® 0/30 OffEx	Platinum Local Access+ HMO® 0/20 OffEx
Gold Local Access+ HMO® 1000/35 OffEx	Platinum Local Access+ HMO® 0/25 OffEx
Gold Local Access+ HMO® 1500/35 OffEx	Platinum Local Access+ HMO® 0/30 OffEx
Gold Local Access+ HMO® 500/35 OffEx	Silver Local Access+ HMO® 2000/60 OffEx
	Silver Local Access+ HMO® 2750/65 OffEx

Blue Shield Small Business HMO plans Trio ACO HMO network <i>Plans come with or without an infertility (INF) rider.</i>	
Blue Shield Trio Gold 80 HMO 250/35 + Child Dental (On-Exchange and Mirrored)	Gold Trio HMO 1500/35 OffEx
Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental (On-Exchange and Mirrored)	Gold Trio HMO 500/35 OffEx
Blue Shield Trio Silver 70 HMO 2250/55 + Child Dental (On-Exchange and Mirrored)	Platinum Trio HMO 0/20 OffEx
Bronze Trio HMO 7000/70 OffEx	Platinum Trio HMO 0/25 OffEx
Gold Trio HMO 0/30 OffEx	Platinum Trio HMO 0/30 OffEx
Gold Trio HMO 1000/35 OffEx	Silver Trio HMO 2000/60 OffEx
	Silver Trio HMO 2750/65 OffEx

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2022 Blue Shield PPO plans: Full PPO, Exclusive PPO, or Tandem PPO networks

Blue Shield Large Group PPO plans Full PPO network	
Active Choice® 500 80/50	Full PPO Combined Deductible 25-250 90/60
Active Choice® 500 80/50 1500 Deductible	Full PPO Combined Deductible 30-500 90/60
Active Choice® 750 70/50	Full PPO Combined Deductible 30-750 80/60
Active Choice® 750 70/50 1000 Deductible	Full PPO Combined Deductible 35-500 80/60
Active Choice® 750 80/60	Full PPO Combined Deductible Value 10-1000 90/70
Active Choice® Classic 600 80/50	Full PPO Combined Deductible Value 15-1500 80/50
Active Choice® Classic 850 70/50 1000 Deductible	Full PPO Combined Deductible Value 20-2000 80/50
Active Choice® Classic 850 80/60	Full PPO Combined Deductible Value 25-2500 80/50
Active Choice® Plus 1000 20 80/60	Full PPO Combined Deductible Value 30-3000 80/50
Active Choice® Plus 1000 80/60	Full PPO Combined Deductible Value 40-4000 80/50
Active Choice® Plus 300 20 80/60	Full PPO Combined Deductible Value 50-4500 80/50
Active Choice® Plus 300 80/60	Full PPO No Network Deductible 10 100/50
Full PPO Combined Deductible 0-250 80/60	Full PPO No Network Deductible 20 100/50
Full PPO Combined Deductible 0-250 90/70	Full PPO Savings Embedded Deductible 2800
Full PPO Combined Deductible 0-400 90/70	Full PPO Savings Embedded Deductible 3000
Full PPO Combined Deductible 10-250 90/70	Full PPO Savings Embedded Deductible 3000 100%
Full PPO Combined Deductible 10-500 90/70	Full PPO Savings Embedded Deductible 3500
Full PPO Combined Deductible 15-250 90/70	Full PPO Savings Embedded Deductible 4000
Full PPO Combined Deductible 20-200 90/70	Full PPO Savings Embedded Deductible 4400 100%
Full PPO Combined Deductible 20-250 80/60	Full PPO Savings Embedded Deductible 5500
Full PPO Combined Deductible 25-250 80/60	Full PPO Savings Embedded Deductible 6350 100%

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2022 Blue Shield PPO Plans, continued

Blue Shield Large Group PPO plans Full PPO network	
Full PPO Savings Two-Tier Embedded Deductible 1400/2800/2800	Full PPO Split Deductible 0-500 80/60
Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000	Full PPO Split Deductible 10-250 90/70
Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000 with \$0 HDHP Preventive Drug Benefit	Full PPO Split Deductible 15-500 90/60
Full PPO Savings Two-Tier Embedded Deductible 1500/2800/3000 100%	Full PPO Split Deductible 20-500 80/60
Full PPO Savings Two-Tier Embedded Deductible 1800/2800/3600	Full PPO Split Deductible 25-750 80/60
Full PPO Savings Two-Tier Embedded Deductible 2250/2800/4500	Full PPO Split Deductible 35-1000 80/60
Full PPO Savings Two-Tier Embedded Deductible 2250/2800/4500 with \$0 HDHP Preventive Drug Benefit	Full PPO Split Deductible 30-2000 70/50
Full PPO Split Deductible 0-1750 80/60	Full PPO Split Deductible 40-4000 70/50

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Blue Shield Large Group PPO plans Tandem PPO network	
Tandem PPO Combined Deductible 0-250 90/70	Tandem PPO Savings Embedded Deductible 3000
Tandem PPO Combined Deductible 0-400 90/70	Tandem PPO Savings Embedded Deductible 4425
Tandem PPO Combined Deductible 10-250 90/70	Tandem PPO Savings Embedded Deductible 6350 100%
Tandem PPO Combined Deductible 15-250 90/70	Tandem PPO Split Deductible 0-500 80/60
Tandem PPO Combined Deductible 20-200 90/70	Tandem PPO Split Deductible 0-1750 80/60
Tandem PPO Combined Deductible 20-250 80/60	Tandem PPO Split Deductible 10-250 90/70
Tandem PPO Combined Deductible 25-250 80/60	Tandem PPO Split Deductible 20-500 80/60

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2022 Blue Shield PPO Plans, continued

Blue Shield Large Group PPO plans Tandem PPO network	
Tandem PPO Combined Deductible 25-250 90/60	Tandem PPO Split Deductible 25-750 80/60
Tandem PPO Combined Deductible 0-250 80/60	Tandem PPO Split Deductible 30-1500 80/50
Tandem PPO Combined Deductible Value 10-1000 90/70	Tandem PPO Split Deductible 35-1000 80/60
Tandem PPO No Network Deductible 10 100/50	Tandem PPO Split Deductible 40-3000 70/50

Blue Shield Individual and Family Plans (IFP) PPO plans Exclusive PPO network	
\$0 Cost Share PPO AI-AN (On-Exchange)	Platinum 90 PPO AI-AN (On-Exchange)
Bronze 60 PPO (On-Exchange and Mirrored)	Silver 70 Off Exchange PPO (Off-Exchange)
Bronze 60 PPO AI-AN (On-Exchange)	Silver 70 PPO (On-Exchange and Mirrored)
Bronze 60 HDHP PPO (On-Exchange and Mirrored)	Silver 70 PPO AI-AN (On-Exchange)
Bronze 60 HDHP PPO AI-AN (On-Exchange)	Silver 73 PPO (On-Exchange)
Gold 80 PPO (On-Exchange and Mirrored)	Silver 87 PPO (On-Exchange)
Gold 80 PPO AI-AN (On-Exchange)	Silver 94 PPO (On-Exchange)
Minimum Coverage PPO (On-Exchange and Mirrored)	Silver 1750 PPO (Off-Exchange)
Platinum 90 PPO (On-Exchange and Mirrored)	Silver 2600 HDHP PPO (Off-Exchange)

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Blue Shield Small Business PPO plans Full PPO network	
<i>Plans come with or without an infertility (INF) rider.</i>	
Blue Shield Bronze 60 PPO 6300/65 + Child Dental (On-Exchange and Mirrored)	Gold Full PPO 750/30 OffEx
Blue Shield Silver Full PPO 2250/50 + Child Dental (On-Exchange and Mirrored)	Gold Full PPO 1000/35 OffEx
Blue Shield Gold 80 PPO 350/25 + Child Dental (On-Exchange and Mirrored)	Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx
Blue Shield Platinum 90 PPO 0/15 + Child Dental (On-Exchange and Mirrored)	Platinum Full PPO 0/0 OffEx

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2022 Blue Shield PPO Plans, continued

Blue Shield Small Business PPO plans Full PPO network <i>Plans come with or without an infertility (INF) rider.</i>	
Bronze Full PPO 5500/65 OffEx	Platinum Full PPO 0/10 OffEx
Bronze Full PPO 6250/65 OffEx	Platinum Full PPO 250/10 OffEx
Bronze Full PPO 6500/70 OffEx	Platinum Full PPO 250/15 OffEx
Bronze Full PPO 6850/55 OffEx	Silver Full PPO 1800/45 OffEx
Bronze Full PPO 7500/65 OffEx	Silver Full PPO 2225/50 OffEx
Bronze Full PPO Savings 5700/40% OffEx	Silver Full PPO 2400/55 OffEx
Bronze Full PPO Savings 7000 OffEx	Silver Full PPO Savings 2100/25% OffEx
Gold Full PPO 0/25 OffEx	Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx
Gold Full PPO 500/30 OffEx	

Blue Shield Small Business PPO plans Tandem PPO network <i>Plans come with or without an infertility (INF) rider.</i>	
Bronze Tandem PPO 5500/65 OffEx	Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx
Bronze Tandem PPO 6250/65 OffEx	Platinum Tandem PPO 0/0 OffEx
Bronze Tandem PPO 6500/70 OffEx	Platinum Tandem PPO 0/10 OffEx
Bronze Tandem PPO 6850/55 OffEx	Platinum Tandem PPO 250/10 OffEx
Bronze Tandem PPO 7500/65 OffEx	Platinum Tandem PPO 250/15 OffEx
Bronze Tandem PPO Savings 5700/40% OffEx	Silver Tandem PPO 1800/45 OffEx
Bronze Tandem PPO Savings 7000 OffEx	Silver Tandem PPO 2225/50 OffEx
Gold Tandem PPO 0/25 OffEx	Silver Tandem PPO 2400/55 OffEx
Gold Tandem PPO 500/30 OffEx	Silver Tandem PPO Savings 2100/25% OffEx
Gold Tandem PPO 750/30 OffEx	Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx
Gold Tandem PPO 1000/35 OffEx	

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2022 Blue Shield POS plans: Added Advantage POSSM network

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

2022 Blue Shield EPO plans: Full or Tandem networks

Blue Shield Large Group EPO plans Full network	
Full EPO 25-1500 80%	Full EPO Zero Admit 20
Full EPO 25-2500 80%	Full EPO Zero Admit 30
Full EPO Per Admit 10-250	Full EPO Facility Coinsurance 20-20%

Blue Shield Large Group EPO plans Tandem network	
Tandem EPO 25-1500 80%	Tandem EPO Zero Admit 20
Tandem EPO 25-2500 80%	Tandem EPO Zero Admit 30
Tandem EPO Per Admit 10-250	Tandem EPO Facility Coinsurance 20-20%

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