



This document contains a list of plan names with networks for Blue Shield of California 2023 HMO, PPO, POS, and EPO products as of January 1, 2023. Grandfathered plans and new plans launched after January 1, 2023, do not appear on this list. Grandfathered plans are plans that were purchased on or before March 23, 2010, when the Affordable Care Act was introduced.

**Click the links below for quick access.**

#### HMO plans and networks

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

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#### PPO plans and networks

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#### EPO plans and networks

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#### Medicare Advantage plans:

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### 2023 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 20-250
Access+ HMO® Facility Coinsurance 20-20%	Access+ HMO® Per Admit 20-500
Access+ HMO® Facility Coinsurance 25-25%	Access+ HMO® Per Admit 25-750
Access+ HMO® Facility Coinsurance 30-30%	Access+ HMO® Per Admit 40-1000
Access+ HMO® Facility Coinsurance 40-40%	Access+ HMO® Per Day 15-500
Access+ HMO® Facility Deductible 15-10%/250	Access+ HMO® Per Day 20-250
Access+ HMO® Facility Deductible 15-10%/500	Access+ HMO® Per Day 20-500
Access+ HMO® Facility Deductible 15-10%/750	Access+ HMO® Per Day 25-750
Access+ HMO® Facility Deductible 15-10%/1500	Access+ HMO® Per Day 30-500
Access+ HMO® Facility Deductible 20-25%/1500	Access+ HMO® Zero Admit 10

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

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

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

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Blue Shield Large Group HMO plans Trio ACO HMO network	
Trio HMO Facility Deductible 40-40%/2000	Trio HMO Zero Admit 30
Trio HMO Facility Deductible 40-40%/5800	Trio HMO Zero Facility Deductible 30-20%
Trio HMO Per Admit 10-250	

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

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Blue Shield Small Business HMO plans Access+ HMO® network <i>Plans come with or without an infertility (INF) rider.</i>	
Bronze Access+ HMO® 7000/70 OffEx	Gold Access+ HMO® 1000/35 OffEx
Silver Access+ HMO® 2300/70 OffEx	Gold Access+ HMO® 1500/35 OffEx
Silver Access+ HMO® 2750/70 OffEx	Platinum Access+ HMO® 0/20 OffEx
Gold Access+ HMO® 0/30 OffEx	Platinum Access+ HMO® 0/25 OffEx
Gold Access+ HMO® 500/35 OffEx	Platinum Access+ HMO® 0/30 OffEx

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Blue Shield Small Business HMO plans Local Access+ HMO® network <i>Plans come with or without an infertility (INF) rider.</i>	
Bronze Local Access+HMO® 7000/70 OffEx	Gold Local Access+ HMO® 1000/35 OffEx
Silver Local Access+ HMO® 2300/70 OffEx	Gold Local Access+ HMO® 1500/35 OffEx
Silver Local Access+ HMO® 2750/70 OffEx	Platinum Local Access+HMO® 0/20 OffEx
Gold Local Access+ HMO® 0/30 OffEx	Platinum Local Access+HMO® 0/25 OffEx
Gold Local Access+ HMO® 500/35 OffEx	Platinum Local Access+HMO® 0/30 OffEx

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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 500/35 OffEx
Blue Shield Trio Silver 70 HMO 2500/55 + Child Dental (On-Exchange and Mirrored)	Gold Trio HMO 1000/35 OffEx
Blue Shield Trio Platinum 90 HMO 0/20 + Child Dental (On-Exchange and Mirrored)	Gold Trio HMO 1500/35 OffEx
Bronze Trio HMO 7000/70 OffEx	Platinum Trio HMO 0/20 OffEx
Silver Trio HMO 2300/70 OffEx	Platinum Trio HMO 0/25 OffEx
Silver Trio HMO 2750/70 OffEx	Platinum Trio HMO 0/30 OffEx
Gold Trio HMO 0/30 OffEx	

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## 2023 Blue Shield PPO plans: Full PPO, Exclusive PPO, or Tandem PPO networks

Blue Shield Large Group PPO plans Full PPO network	
Active Choice® Classic 600 80/50	Full PPO Combined Deductible 35-500 80/60
Active Choice® Classic 850 70/50 1000 Deductible	Full PPO Combined Deductible Value 10-1000 90/70
Active Choice® Classic 850 80/60	Full PPO Combined Deductible Value 15-1500 80/50
Active Choice® Plus 1000 20 80/60	Full PPO Combined Deductible Value 20-2000 80/50
Active Choice® Plus 1000 80/60	Full PPO Combined Deductible Value 25-2500 80/50
Active Choice® Plus 300 20 80/60	Full PPO Combined Deductible Value 30-3000 80/50
Active Choice® Plus 300 80/60	Full PPO Combined Deductible Value 40-4000 80/50
Full PPO Combined Deductible 0-250 80/60	Full PPO Combined Deductible Value 50-4500 80/50
Full PPO Combined Deductible 0-250 90/70	Full PPO No Network Deductible 10 100/50
Full PPO Combined Deductible 0-400 90/70	Full PPO No Network Deductible 20 100/50
Full PPO Combined Deductible 10-250 90/70	Full PPO Savings Embedded Deductible 3000/5200
Full PPO Combined Deductible 10-500 90/70	Full PPO Savings Embedded Deductible 3000/6000
Full PPO Combined Deductible 15-250 90/70	Full PPO Savings Embedded Deductible 3000 100%
Full PPO Combined Deductible 20-200 90/70	Full PPO Savings Embedded Deductible 3500
Full PPO Combined Deductible 20-250 80/60	Full PPO Savings Embedded Deductible 4000
Full PPO Combined Deductible 25-250 80/60	Full PPO Savings Embedded Deductible 4400 100%
Full PPO Savings Two-Tier Embedded Deductible 1500/3000/3000 90/60	Full PPO Savings Embedded Deductible 5500
Full PPO Savings Two-Tier Embedded Deductible 1500/3000/3000 90/70	Full PPO Savings Embedded Deductible 6350 100%

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Blue Shield Large Group PPO plans	
Full PPO network	
Full PPO Savings Two-Tier Embedded Deductible 1500/3000/3000 with \$0 HDHP Preventive Drug Benefit	Full PPO Savings Embedded Deductible 5500 with Value Formulary
Full PPO Savings Two-Tier Embedded Deductible 1500/3000/3000 100%	Full PPO Split Deductible 0-500 80/60
Full PPO Savings Two-Tier Embedded Deductible 1800/3000/3600	Full PPO Split Deductible 10-250 90/70
Full PPO Savings Two-Tier Embedded Deductible 2250/3000/4500	Full PPO Split Deductible 15-500 90/60
Full PPO Savings Two-Tier Embedded Deductible 2250/3000/4500 with \$0 HDHP Preventive Drug Benefit	Full PPO Split Deductible 20-500 80/60
Full PPO Savings Two-Tier Embedded Deductible 1500/3000/3000 with Value Formulary	Full PPO Split Deductible 25-750 80/60
Full PPO Split Deductible 0-1750 80/60	Full PPO Split Deductible 30-2000 70/50
Full PPO Combined Deductible 25-250 90/60	Full PPO Split Deductible 35-1000 80/60
Full PPO Combined Deductible 30-500 90/60	Full PPO Split Deductible 40-4000 70/50
Full PPO Combined Deductible 30-750 80/60	Shield Spectrum PPO <sup>SM</sup> 250-90/70 Standard

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Blue Shield Large Group PPO plans Tandem PPO network	
Tandem PPO Combined Deductible 0-250 80/60	Tandem PPO Savings Embedded Deductible 3000 100%
Tandem PPO Combined Deductible 0-250 90/70	Tandem PPO Savings Embedded Deductible 6350 100%
Tandem PPO Combined Deductible 0-400 90/70	Tandem PPO Savings Two-Tier Embedded Deductible 1500/3000/3000
Tandem PPO Combined Deductible 10-250 90/70	Tandem PPO Split Deductible 0-500 80/60
Tandem PPO Combined Deductible Value 10-1000 90/70	Tandem PPO Split Deductible 0-1750 80/60
Tandem PPO Combined Deductible 15-250 90/70	Tandem PPO Split Deductible 10-250 90/70
Tandem PPO Combined Deductible 20-200 90/70	Tandem PPO Split Deductible 20-500 80/60
Tandem PPO Combined Deductible 20-250 80/60	Tandem PPO Split Deductible 25-750 80/60
Tandem PPO Combined Deductible 25-250 80/60	Tandem PPO Split Deductible 30-1500 80/50
Tandem PPO Combined Deductible 25-250 90/60	Tandem PPO Split Deductible 35-1000 80/60
Tandem PPO No Network Deductible 10 100/50	Tandem PPO Split Deductible 40-3000 70/50
Tandem PPO Savings Embedded Deductible 3000	Virtual Blue SM PPO Combined Deductible 20-250 80/60
Tandem PPO Savings Embedded Deductible 4425	Virtual Blue SM PPO Split Deductible 50-1000 70/50
Tandem PPO Savings Embedded Deductible 5500	Virtual Blue SM PPO Split Deductible 50-3000 60/50

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

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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)	Silver Full PPO 2350/65 OffEx
Blue Shield Silver 70 PPO 2500/55+ Child Dental (On-Exchange and Mirrored)	Silver Full PPO 2550/70 OffEx
Blue Shield Gold 80 PPO 350/25+ Child Dental (On-Exchange and Mirrored)	Gold Full PPO 0/25 OffEx
Blue Shield Platinum 90 PPO 0/15+ Child Dental (On-Exchange and Mirrored)	Gold Full PPO 500/30 OffEx
Bronze Full PPO 5500/65 OffEx	Gold Full PPO 750/30 OffEx
Bronze Full PPO 6250/65 OffEx	Gold Full PPO 1000/35 OffEx
Bronze Full PPO 6500/70 OffEx	Platinum Full PPO 0/0 OffEx
Bronze Full PPO 6850/55 OffEx	Platinum Full PPO 0/10 OffEx
Bronze Full PPO 7500/65 OffEx	Platinum Full PPO 250/10 OffEx
Silver Full PPO 2000/60 OffEx	Platinum Full PPO 250/15 OffEx

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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	Platinum Tandem PPO 0/0 OffEx
Bronze Tandem PPO 6250/65 OffEx	Platinum Tandem PPO 0/10 OffEx
Bronze Tandem PPO 6500/70 OffEx	Platinum Tandem PPO 250/10 OffEx
Bronze Tandem PPO 6850/55 OffEx	Platinum Tandem PPO 250/15 OffEx
Bronze Tandem PPO 7500/65 OffEx	Bronze Tandem PPO Savings 5700/40% OffEx
Silver Tandem PPO 2000/60 OffEx	Bronze Tandem PPO Savings 7000 OffEx
Silver Tandem PPO 2350/65 OffEx	Silver Tandem PPO Savings 2300/25% OffEx
Silver Tandem PPO 2550/70 OffEx	Silver Tandem PPO Savings 2600/35% HDHP PreRx OffEx
Gold Tandem PPO 0/25 OffEx	Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx
Gold Tandem PPO 500/30 OffEx	Virtual Blue SM Bronze Tandem PPO 7500/75 OffEx
Gold Tandem PPO 750/30 OffEx	Virtual Blue SM Gold Tandem PPO 1500/45 OffEx
Gold Tandem PPO 1000/35 OffEx	

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## 2023 Blue Shield EPO plans: Full or Tandem networks

Blue Shield Large Group EPO plans Full network	
Full EPO 10-250 90%	Full EPO Per Admit 10-250
Full EPO 20-500 80%	Full EPO Zero Admit 20
Full EPO 25-1500 80%	Full EPO Zero Admit 30
Full EPO 25-2500 80%	Full EPO Facility Coinsurance 20-20%
Blue Shield Large Group EPO plans Tandem network	
Tandem EPO 10-250 90%	Tandem EPO Per Admit 10-250
Tandem EPO 20-500 80%	Tandem EPO Zero Admit 20
Tandem EPO 25-1500 80%	Tandem EPO Zero Admit 30
Tandem EPO 25-2500 80%	Tandem EPO Facility Coinsurance 20-20%

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## 2023 Blue Shield POS plans: Added Advantage POS<sup>SM</sup> network

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

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## 2023 Medicare HMO and PPO plans

Blue Shield Medicare HMO plans	
Group Medicare Advantage HMO	
Blue Shield Medicare 65 Plus	
Individual Medicare Advantage HMO	
Blue Shield 65 Plus	Blue Shield Advantage Optimum Plan
Blue Shield 65 Plus Plan 2	Blue Shield Advantage Optimum Plan 1
Blue Shield 65 Plus Choice Plan	Blue Shield TotalDual Plan (D-SNP)†
Blue Shield Balance	Blue Shield Inspire (D-SNP)†
Blue Shield Enhanced*	Blue Shield Inspire
<p>* Blue Shield Enhanced is the only Medicare Advantage HMO plan that includes UCLA Medical Group and Ronald Reagan UCLA Medical Center in the provider network.</p> <p>† Blue Shield TotalDual (HMO D-SNP) and Blue Shield Inspire (HMO D-SNP) plans do not include the following providers in their networks: UCLA Medical Group, Sutter Health, Scripps Clinic Medical Group, Scripps Coastal Medical Center, Scripps Physicians Medical Group, Scripps Memorial Hospital, Scripps Mercy Hospital, Scripps Green Hospital, Scripps Memorial Hospital Encinitas, and Scripps Mercy Hospital Chula Vista Paradise.</p>	

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Blue Shield Medicare PPO plans	
Group Medicare Advantage PPO	
Blue Shield Medicare	CCPOA Medical Plan Medicare
Individual Medicare Advantage PPO	
Blue Shield Select	

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