blue california

2027 PLAN CHANGES

Broker Reference Guide

Covered California, mirrored and direct through Blue Shield plans

PLAN-BY-PLAN DETAIL

Use this guide to compare 2026 and 2027 benefits, identify changes, and support client conversations.

Prepared for broker reference | Effective January 1, 2027 where noted

Find the plan detail you need

Each plan has a dedicated reference page with 2026, 2027 and change columns.

ON-EXCHANGE PPO	Platinum PPO • Gold PPO • Silver 70/94/87/73 PPO • Bronze HDHP • Bronze 60 PPO • Minimum Coverage PPO
ON-EXCHANGE HMO	Platinum Trio HMO • Gold Trio HMO • Silver 70/94/87/73 Trio HMO • New Bronze 60 Trio HMO
OFF-EXCHANGE	New Bronze 7250 PPO • Silver 70 PPO/HMO • Silver 1850 PPO • Silver 2800 HDHP PPO • Bronze 7500 Trio HMO

READING THE TABLES

2027 is highlighted in light blue. Change columns are highlighted in magenta. “Deductible applies” language is retained whereprovided.

Back to Home

Premium PPO

Condensed plan comparison | 2026→2027 | Individual | Family

Platinum PPO

ON EXCHANGE / MIRRORED

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$5,000 | $10,000 → $5,500 | $11,000		+$500 | +$1,000
CARE & FACILITY			
Primary care / home visit / acupuncture / urgent care / rehab / mental health office visit	$15 → $20		+$5
Specialist care office visit	$30 → $45		+$15
Emergency room copay	$175 → $225		+$50
Laboratory tests	$15 → $25		+$10
X-rays and diagnostic imaging	$30 → $35		+$5
Imaging	10% → 15%		+5%
Inpatient behavioral health / SUD services	10% up to $15 → 10% up to $20		+$5
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$9 / $27 → $10 / $30		+$1 / +$3
Tier 2 pharmacy retail / mail	$16 / $48 → $25 / $75		+$9 / +$27
Tier 3 pharmacy retail / mail	$25 / $75 → $45 / $135		+$20 / +$60

No medical deductible. Most updates are higher copays and a $500 individual / $1,000 family OOP maximum increase.

Gold PPO

ON EXCHANGE / MIRRORED

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$9,200 | $18,400 → $9,600 | $19,200		+$400 | +$800
CARE & FACILITY			
Specialist care office visit	$70 → $80		+$10
X-ray and diagnostic imaging	$75 → $85		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$18 / $54 → $19 / $57		+$1 / +$3
Tier 3 pharmacy retail / mail	$85 / $255 → $90 / $270		+$5 / +$15

No medical deductible. Changes are limited to moderate increases in OOP maximum, specialist, imaging and pharmacy costs.

Silver PPO | Core and richest CSR

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 70 PPO and Silver 70 PPO AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
CARE & FACILITY			
Specialist care visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 2 pharmacy retail / mail; deductible applies	$60 / $180 → $65 / $195		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$90 / $270 → $95 / $285		+$5 / +$15

Lower deductible improves earlier access; higher OOP maximum increases total exposure for members with significant utilization.

Silver 94 PPO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$0 → $200 | $400		+$200 | +$400
Out-of-pocket maximum	$1,400 | $2,800 → $3,000 | $6,000		+$1,600 | +$3,200
CARE & FACILITY			
Hospital services and stay	No deductible → Deductible applies		Deductible applies
Transplant facility and inpatient facility services	No deductible → Deductible applies		Deductible applies
Skilled nursing care	No deductible → Deductible applies		Deductible applies
Inpatient behavioral health / SUD services	No deductible → Deductible applies		Deductible applies

A $200 individual / $400 family deductible is new and now applies to specified inpatient and facility services.

Silver PPO | 87 and 73

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 87 PPO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$1,400 | $2,800 → $1,100 | $2,200		-$300 | -$600
Out-of-pocket maximum	$3,350 | $6,700 → $4,000 | $8,000		+$650 | +$1,300
CARE & FACILITY			
Specialist care visit	$25 → $30		+$5
Laboratory tests	$30 → $35		+$5
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$8 / $24 → $10 / $30		+$2 / +$6
Tier 2 pharmacy retail / mail; deductible applies	$25 / $75 → $30 / $90		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$45 / $135 → $50 / $150		+$5 / +$15

The deductible decreases, while the OOP maximum and selected visit, lab and pharmacy costs increase.

Silver 73 PPO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$8,100 | $16,200 → $9,600 | $19,200		+$1,500 | +$3,000
CARE & FACILITY			
Specialist care visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 3 pharmacy retail / mail; deductible applies	$85 / $255 → $95 / $285		+$10 / +$30

Lower deductible supports earlier access; OOP maximum, specialist and pharmacy costs increase.

Bronze PPO | HDHP and Bronze 60

Condensed plan comparison | 2026→2027 | Individual | Family

Bronze HDHP PPO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$7,200 | $14,400 → $7,800 | $15,600		+$600 | +$1,200
Out-of-pocket maximum	$7,200 | $14,400 → $7,800 | $15,600		+$600 | +$1,200
HSA self and family deductible	$7,200 → $7,800		+$600
PHARMACY & VIRTUAL			
Teladoc medical / mental health consultation	Deductible applies → No deductible		No deductible

Deductible and OOP maximum increase; Teladoc medical and mental health consultations no longer require the deductible.

Bronze 60 PPO and Bronze 60 PPO AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
Specialist care visit; deductible applies	$95 → $100		+$5

The primary changes are a higher OOP maximum and a $5 specialist visit increase.

Minimum Coverage PPO

Condensed plan comparison | 2026→2027 | Individual | Family

Minimum Coverage PPO

ON EXCHANGE

PLAN ECONOMICS

	2026	2027	Change
Deductible	$10,600 | $21,200	→ $12,000 | $24,000	+$1,400 | +$2,800
Out-of-pocket maximum	$10,600 | $21,200	→ $12,000 | $24,000	+$1,400 | +$2,800

Both deductible and OOP maximum increase by $1,400 individual / $2,800 family.

Premium Trio HMO

Condensed plan comparison | 2026→2027 | Individual | Family

Platinum Trio HMO and AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$5,000 | $10,000	→ $5,500 | $11,000	+$500 | +$1,000
CARE & FACILITY			
Primary care / home visit / acupuncture / urgent care / rehab / mental health office visit		$15 → $20	+$5
Specialist care / Trio+ visit		$30 → $45	+$15
Outpatient surgeon services		$20 → $50	+$30
Emergency room		$175 → $225	+$50
Ambulatory surgery center / outpatient surgery		$75 → $100	+$25
Hospital stay / transplant facility inpatient services		$225 → $325	+$100
Laboratory tests		$15 → $25	+$10
X-ray and diagnostic imaging		$30 → $35	+$5
Advanced imaging freestanding / outpatient		$75 → $90	+$15
Skilled nursing care		$125 → $175	+$50
Mental health outpatient		$15 → 10% up to $20	Up to +$5
Mental health inpatient		$225 → $325	+$100
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail		$9 / $27 → $10 / $30	+$1 / +$3
Tier 2 pharmacy retail / mail		$16 / $48 → $25 / $75	+$9 / +$27
Tier 3 pharmacy retail / mail		$25 / $75 → $45 / $135	+$20 / +$60

No medical deductible. Copay increases span routine, hospital, behavioral health and pharmacy services.

Gold Trio HMO and AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$9,200 | $18,400	→ $9,600 | $19,200	+$400 | +$800
CARE & FACILITY			
Specialist care / Trio+ visit		$70 → $80	+$10
Outpatient surgeon services		$60 → $75	+$15
Ambulatory surgery center / outpatient surgery		$130 → $150	+$20
X-ray and diagnostic imaging		$75 → $85	+$10
Advanced imaging freestanding / outpatient		$75 → $125	+$50
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail		$18 / $54 → $19 / $57	+$1 / +$3
Tier 3 pharmacy retail / mail		$85 / $255 → $90 / $270	+$5 / +$15

No medical deductible. The largest listed service change is advanced imaging, increasing by $50.

Silver Trio HMO | 70 and 94

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 70 Trio HMO and AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
CARE & FACILITY			
Specialist care / Trio+ visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 2 pharmacy retail / mail; deductible applies	$60 / $180 → $65 / $195		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$90 / $270 → $95 / $285		+$5 / +$15

Lower deductible improves earlier access; higher OOP maximum increases total exposure at higher utilization.

Silver 94 Trio HMO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$0 → $200 | $400		+$200 | +$400
Out-of-pocket maximum	$1,400 | $2,800 → $3,000 | $6,000		+$1,600 | +$3,200
CARE & FACILITY			
Inpatient / special transplant facility	No deductible → Deductible applies		Deductible applies
Skilled nursing care	No deductible → Deductible applies		Deductible applies
Mental health inpatient	No deductible → Deductible applies		Deductible applies

A new $200 individual / $400 family deductible applies to the listed inpatient and facility categories.

Silver Trio HMO | 87 and 73

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 87 Trio HMO and AI/AN

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$1,400 | $2,800 → $1,100 | $2,200		-$300 | -$600
Out-of-pocket maximum	$3,350 | $6,700 → $4,000 | $8,000		+$650 | +$1,300
CARE & FACILITY			
Specialist care / Trio+ visit	$25 → $30		+$5
Laboratory tests	$30 → $35		+$5
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$8 / $24 → $10 / $30		+$2 / +$6
Tier 2 pharmacy retail / mail; deductible applies	$25 / $75 → $30 / $90		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$45 / $135 → $50 / $150		+$5 / +$15

The deductible decreases; the OOP maximum and listed visit, lab and pharmacy costs increase.

Silver 73 Trio HMO

ON EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$8,100 | $16,200 → $9,600 | $19,200		+$1,500 | +$3,000
CARE & FACILITY			
Specialist care / Trio+ visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 3 pharmacy retail / mail; deductible applies	$85 / $255 → $95 / $285		+$10 / +$30

The deductible decreases while the OOP maximum and selected specialist and pharmacy costs increase.

New on-exchange HMO

Condensed plan comparison | 2026 → 2027 | Individual | Family

NEW Bronze 60 Trio HMO and AI/AN

NEW

PLAN ECONOMICS	2027
Deductible	New → $5,800 | $11,600
Out-of-pocket maximum	New → $11,650 | $23,300
Specialist care; deductible applies	New → $100; first 3 visits FDC
X-ray / diagnostic imaging; deductible applies	New → 40%
Advanced imaging; deductible applies	New → 40%
Emergency room; deductible applies	New → 40%
Outpatient facility; deductible applies	New → 40%
Tiers 2–4 retail / mail; deductible applies	New → 40% up to $500 / $1,500
CARE & FACILITY	
Primary care / home visit / acupuncture / urgent care / rehab / mental health office visit	New → $60
Laboratory tests	New → $50
PHARMACY & VIRTUAL	
Rx deductible	New → $450 | $900
Teladoc consultation	New → No charge
Tier 1 pharmacy retail / mail	New → $20 / $60

New coordinated-care HMO option with no-charge Teladoc, defined early visit copays and 40% cost sharing for listed major services.

New off-exchange PPO

Condensed plan comparison | 2026 → 2027 | Individual | Family

Virtual Blue $0 | BlueCard Compatible

NEW Bronze 7250 PPO

NEW

PLAN ECONOMICS	2027
Primary care / home visit / urgent care / mental health office / other practitioner; deductible applies	$65; first 3 visits FDC
Specialist care; deductible applies	$95; first 3 visits FDC
X-ray / diagnostic imaging; deductible applies	50%
Advanced imaging; deductible applies	50%
Emergency room; deductible applies	50%
Outpatient facility; deductible applies	0%
Virtual Blue	**$0**
Deductible	$7,250 | $14,500
Out-of-pocket maximum	$11,650 | $23,300
Tiers 2–4 retail / mail; deductible applies	0% up to $500 / $1,500
CARE & FACILITY	
Laboratory tests	$70
PHARMACY & VIRTUAL	
Teladoc consultation	New → No charge
Tier 1 pharmacy retail / mail	New → $10 / $30

New lower-premium PPO with no-charge Teladoc, first-three-visit copays and 50% cost sharing for listed major services.

Off-exchange Silver 70

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 70 PPO

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
CARE & FACILITY			
Specialist care visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 2 pharmacy retail / mail; deductible applies	$60 / $180 → $65 / $195		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$90 / $270 → $95 / $285		+$5 / +$15

Lower deductible improves early usability; OOP maximum and selected specialist and pharmacy costs increase.

Silver 70 HMO

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$5,200 | $10,400 → $4,700 | $9,400		-$500 | -$1,000
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
CARE & FACILITY			
Specialist care / Trio+ visit	$90 → $100		+$10
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$19 / $57 → $20 / $60		+$1 / +$3
Tier 2 pharmacy retail / mail; deductible applies	$60 / $180 → $65 / $195		+$5 / +$15
Tier 3 pharmacy retail / mail; deductible applies	$90 / $270 → $95 / $285		+$5 / +$15

Lower deductible improves early usability; OOP maximum and selected specialist and pharmacy costs increase.

Off-exchange PPO | Silver 1850 and HDHP

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 1850 PPO

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Deductible	$1,750 | $3,500 → $1,850 | $3,700		+$100 | +$200
Out-of-pocket maximum	$9,250 | $18,500 → $11,500 | $23,000		+$2,250 | +$4,500
Emergency room; deductible applies	35% → $300 + 40%		+$300 +5%
Outpatient surgery / facility; deductible applies	35% → $250 + 40%		+$250 +5%
Inpatient / special transplant facility; deductible applies	35% → 40%		+5%
Advanced imaging outpatient; deductible applies	35% → $150 + 35%		+$150
Mental health inpatient; deductible applies	35% → 40%		+5%
PHARMACY & VIRTUAL			
Rx deductible	$300 | $600 → $350 | $700		+$50 | +$100
Virtual primary care	Not covered → $0		New $0
Tier 3 pharmacy retail / mail	$90 / $270 → $150 / $450		+$60 / +$180

New $0 virtual primary care offsets increases in deductibles, OOP maximum and several major-service cost shares.

Silver 2800 HDHP PPO | Deductible structure

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Individual within a family deductible	$2,600 | $5,200 → $2,800 | $5,600		+$200 | +$400
Out-of-network individual within a family deductible	$5,200 | $10,400 → $5,600 | $11,200		+$400 | +$800
Out-of-pocket maximum	$7,500 | $15,000 → $8,800 | $17,600		+$1,300 | +$2,600
HSA self-only and family individual deductible	$2,600 | $3,400 → $2,800 | $3,500		+$200 | +$100
HSA reference OOP maximum	$7,500 | $15,000 → $8,700 | $16,400		+$1,200 | +$2,400

The source deck lists multiple deductible and OOP structures. Values are preserved here as labeled for broker reference.

Off-exchange HDHP services and Bronze HMO

Condensed plan comparison | 2026→2027 | Individual | Family

Silver 2800 HDHP PPO | Service cost share

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Emergency room; deductible applies	35% → $150 + 40%		+$150 +5%
Ambulance; deductible applies	35% → 40%		+5%
Outpatient surgery / facility; deductible applies	35% → $250 + 35%		+$250
Inpatient / special transplant facility; deductible applies	35% → 40%		+5%
Advanced imaging outpatient; deductible applies	35% → $100 + 40%		+$100 +5%
Mental health inpatient; deductible applies	35% → 40%		+5%
PHARMACY & VIRTUAL			
Virtual primary care	Not covered → $0		New $0
Teladoc consultation	Deductible applies → No deductible		No deductible
Tier 1 pharmacy retail / mail; deductible applies	35% → $20 / $60		$20 / $60
Tiers 2–4 pharmacy; deductible applies	35% → 40%		+5%

Virtual primary care becomes $0, Teladoc no longer requires the deductible, and most listed major services move to updated cost sharing.

Bronze 7500 Trio HMO

OFF EXCHANGE

PLAN ECONOMICS	2026	2027	Change
Out-of-pocket maximum	$9,800 | $19,600 → $11,650 | $23,300		+$1,850 | +$3,700
Advanced imaging; deductible applies	$350 → 50%		50%
CARE & FACILITY			
Specialist care / Trio+ visit	$85 → $95		+$10
Acupuncture services	$50 → $65		+$15
Outpatient hospital X-ray / advanced imaging	No deductible → Deductible applies		Deductible applies
PHARMACY & VIRTUAL			
Tier 1 pharmacy retail / mail	$25 / $75 → $15 / $45		-$10 / -$30
Tier 3 pharmacy retail / mail; deductible applies	$160 / $480 → 50%		50%

OOP maximum and selected service costs increase; Tier 1 pharmacy copays decrease by $10 retail / $30 mail.

Grandfathered plans closures

Protecting clients. Preserving broker relationships.

A more detailed withdrawal and migration notice will be sent to all impacted subscribers in late September (90-day notice).

Plan mapping

GF Plan Name	Migrated Plan
Active Start 35	Silver 1850
Balance 2500	Silver 1850
Vital Shield Plus Gen RX 900	Bronze 7250 PPO
Vital Shield 900	Bronze 7250 PPO
Shield Savings PPO 1800	Silver 2800 HDHP

Identifying impacted members is easy, follow the steps below:

1. Access your online client list in Broker Connection.
2. Select the **"Grandfathered"** plan filter.
3. Click **Search.**
4. Review the resulting list of impacted members.

Broker Takeaway

- Clients will be automatically mapped to a similar ACA plan
- Commissions will remain unchanged on mapped enrollments
- Beginning October 1, 2026, you can change a client's renewal plan using the
- Broker Renewal Tool if another option better meets their needs

Reference the right source for enrollment decisions

This deck organizes the provided 2027 change details for easier plan-by-plan review.

1	Confirm the plan and market	Use the section label to distinguish on-exchange, mirrored and off-exchange plan details.
2	Compare 2026 and 2027	Review individual and family values, then use the change columns to explain year-over-year differences.
3	Verify final plan documents	Use the applicable Evidence of Coverage, Summary of Benefits and Coverage, and enrollment materials for final benefit terms and eligibility.

IMPORTANT

This reference guide summarizes the supplied change deck and does not replace controlling plan documents.


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CALIFORNIA