blue california

Blue Shield of California offers choices for Small Business

We offer a wide variety of plans reflecting different plan package options, plan families, networks, and metal levels to ensure there is the right plan for every small business. This guide helps explain the options available.

2026 Blue Shield of California off-exchange and mirror packages for Small Business

Richest → Leanest

Off-exchange HMO plans	Mirror HMO plans
Platinum HMO 0/20	Mirror Platinum 90 HMO 0/20
Platinum HMO 0/25	Mirror Gold 80 HMO 250/35
Platinum HMO 0/30	Mirror Silver 70 HMO 2500/55
Gold HMO 0/35	Mirror Bronze 60 Trio HMO 7000/65
Gold HMO 500/35	
Gold HMO 1000/35	
Gold HMO 1500/35	
Silver HMO 2100/70	
Silver HMO 2850/70	
Bronze HMO 7000/65	

Richest → Leanest

Off-exhange PPO plans	Off-exchange savings plans	Mirror PPO plans	Mirror savings plans
Platinum PPO 250/10	Gold PPO Savings 1850/15% HDHP PrevRx	Mirror Platinum 90 PPO 0/15	Mirror Silver 70 PPO Savings 2300/30%
Platinum PPO 0/0	Silver PPO Savings 2300/35%	Mirror Gold 80 PPO 350/25	Mirror Bronze 60 PPO Savings 7500/0%
Platinum PPO 0/10	Silver PPO Savings 2600/35% HDHP PrevRx	Mirror Silver 70 PPO 2500/55	
Platinum PPO 250/15	Bronze PPO Savings 5700/40%	Mirror Bronze 60 PPO 5800/60	
Virtual Blue℠ Platinum PPO 250/20	Bronze PPO Savings 7500		
Gold PPO 0/35			
Gold PPO 500/30			
Gold PPO 750/35			
Gold PPO 1000/30			
Virtual Blue℠ Gold PPO 1500/45			
Silver PPO 1800/65			
Silver PPO 2100/75			
Silver PPO 2550/75			
Virtual Blue℠ Silver PPO 2850/75			
Bronze PPO 4500/65			
Bronze PPO 6500/70			
Bronze PPO 6850/55			
Virtual Blue℠ Bronze PPO 7500/75			
Bronze PPO 6250/65			
Bronze PPO 7500/65			

2026 Blue Shield of California off-exchange package for Small Business

Off-exchange HMO plans

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

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits			
						Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Platinum HMO 0/20	$0	$0	$2,300 / $4,600	$20/visit	$200/visit	$10 / $15[1]	$25 /$40[1]	$30 / $50[1]	20%
Platinum HMO 0/25	$0	$0	$2,500 / $5,000	$25/visit	$250/visit	$10 / $15[1]	$25 / $40[1]	$30 / $50[1]	20%
Platinum HMO 0/30	$0	$0	$2,700 / $5,400	$30/visit	$250/visit	$10 / $15[1]	$25 / $40[1]	$30 / $50[1]	20%
Gold HMO 0/35	$0	$0	$7,500 / $15,000	$35/visit	$325/visit	$20 / $25[1]	$50 / $70[1]	$70 / $100[1]	20%
Gold HMO 500/35	$500 / $1,000	$100 / $200	$7,800 / $15,600	$35/visit	$300/visit[2]	$20 / $25[1]	$50 / $70[1,2]	$70 / $100[1,2]	20%[2]
Gold HMO 1000/35	$1,000 / $2,000	$100 / $200	$7,500 / $15,000	$35/visit	$300/visit[2]	$20 / $25[1]	$50 / $70[1,2]	$70 / $100[1,2]	20%[2]
Gold HMO 1500/35	$1,500 / $3,000	$150 / $300	$8,000 / $16,000	$35/visit	$300/visit[2]	$20 / $25[1]	$50 / $70[1,2]	$70 / $100[1,2]	20%[2]
Silver HMO 2100/70	$2,100 / $4,200	$450 / $900	$9,300 / $18,600	$70/visit	50%[2]	$25 / $30[1]	$85 / $110[1,2]	$115 / $155[1,2]	40%
Silver HMO 2850/70	$2,850 / $5,700	Integrated with medical deductible	$9,450 / $18,900	$70/visit	50%[2]	$25 / $30[1]	$90 / $115[1]	$115 / $155[1,2]	45%[2]
Bronze HMO 7000/65	$7,000 / $14,000	Integrated with medical deductible	$9,800 / $19,600	$65/visit	50%[2]	$25 / $30[1]	$115 / $145[1,2]	$160 / $210[1,2]	50%[2]

Off-exchange PPO plans

PPO and PPO Savings plans are available on both the Full PPO Network and Tandem Network. Groups may offer plans from both networks.

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Platinum PPO 250/10	$250 / $500	$0	$3,500 / $7,000	$10/visit	$150/visit + 10%[2]	$10 / $15[1]	$35 / $50[1]	$55 / $75[1]	20%
Platinum PPO 0/0	$0	$0	$5,000 / $10,000	No Charge	$250/visit + 10%	$5 / 10[1]	$35 / $50[1]	$55 / $75[1]	30%
Platinum PPO 0/10	$0	$0	$4,700 / $9,400	$10/visit	$150/visit + 10%	$10 / $15[1]	$10 / $15[1]	$55 / $75[1]	30%
Platinum PPO 250/15	$250 / $500	$0	$4,300 / $8,600	$15/visit	$150/visit + 10%[2]	$10 / $15[1]	$35 / $50[1]	$55 / $75[1]	30%
Virtual Blue℠ Platinum PPO 250/20	$250 / $500	$0	$5,000 / $10,000	$0/visit[4]	$150/visit + 10%[2]	$5 / $10[1]	$30 / $45[1]	$50 / $70[1]	30%
Gold PPO 0/35	$0	$100 / $200	$7,900 / $15,800	$35/visit	$250/visit + 30%	$25 / $30[1]	$50 / $70[1]	$70 / $100[1]	30%[2]
Gold PPO 500/30	$500 / $1,000	$200 / $400	$7,900 / $15,800	$30/visit	$250/visit + 20%[2]	$25 / $30[1]	$50 / $70[1,2]	$80 / $110[1,2]	30%[2]
Gold PPO 750/35	$750 / $1,500	$250 / $500	$7,900 / $15,800	$35/visit	$250/visit + 20%[2]	$25 / $30[1]	$50 / $70[1,2]	$80 / $110[1,2]	30%[2]
Gold PPO 1000/30	$1,000 / $2,000	$300 / $600	$7,900 / $15,800	$30/visit	$250/visit + 20%[2]	$25 / $30[1]	$50 / $70[1,2]	$80 / $110[1,2]	30%[2]
Virtual Blue℠ Gold PPO 1500/45	$1,500 / $3,000	$300 / $600	$8,500 / $17,000	$0/visit[4]	$250/visit + 20%[2]	$15 / $20[1]	$40 / $60[1,2]	$70 / $100[1,2]	30%[2]
Silver PPO 1800/65	$1,800 / $3,600	$450 / $900	$9,500 / $19,000	$65/visit	$300/visit + 40%[2]	$30 / $35[1]	$80 / $105[1,2]	$115 / $155[1,2]	30%[2]
Silver PPO 2100/75[3]	$2,100 / $4,200	$400 / $800	$9,700 / $19,400	$75/visit	$400/visit + 45%[2]	$30 / $35[1]	$80 / $105[1,2]	$115 / $155[1,2]	40%[2]
Silver PPO 2550/75	$2,550 / $5,100	$500 / $1,000	$9,700 / $19,400	$75/visit	$350/visit + 45%[2]	$30 / $35[1]	$80 / $105[1,2]	$115 / $155[1,2]	40%[2]
Virtual Blue℠ Silver PPO 2850/75	$2,850 / $5,700	$250 / $500	$9,000 / $18,000	$0/visit[4]	$350/visit + 40%[2]	$25 / $30[1]	$75 / $100[1,2]	$115 / $155[1,2]	40%[2]
Bronze PPO 4500/65	$4,500 / $9,000	$500 / $1,000	$9,800 / $19,600	$65/visit[2]	50%[2]	$25 / $30[1]	50%[2]	50%[2]	50%[2]
Bronze PPO 6500/70	$6,500 / $13,000	$300 / $600	$9,800 / $19,600	$70/visit[2]	50%[2]	$25 / $30[1]	$130 / $160[1,2]	$160 / $210[1,2]	50%[2]
Bronze PPO 6850/55	$6,850 / $13,700	$650 / $1,300	$9,800 / $19,600	$55/visit[2]	50%[2]	$20 / $25[1]	$65 / $95[1,2]	$90 / $140[1,2]	30%[2]
Virtual Blue℠ Bronze PPO 7500/75	$7,500 / $15,000	Integrated with medical deductible	$9,800 / $19,600	$0/visit[4]	50%[2]	$20 / $25[1]	50%[2]	50%[2]	50%[2]
Bronze PPO 6250/65	$6,250 / $12,500	Integrated with medical deductible	$9,800 / $19,600	$65/visit[2]	50%[2]	$20 / $25[1]	$65 / $95[1,2]	$90 / $140[1,2]	30%[2]
Bronze PPO 7500/65	$7,500 / $15,000	Integrated with medical deductible	$9,800 / $19,600	$65/visit[2]	50%[2]	$20 / $25[1]	50%[2]	50%[2]	50%[2]

Off-exchange PPO savings plans

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Gold PPO Savings 1850/15% HDHP PrevRx	$1,850 / $3,700	Integrated with medical deductible	$4,500 / $9,000	15%[2]	$150/visit + 15%[2]	$15 / $20[1,2]	$30 / $50[1,2]	$50 / $80[1,2]	30%[2]
Silver PPO Savings 2300/30%	$2,300 / $4,600	Integrated with medical deductible	$8,500 / $17,000	30%[2]	30%[2]	$25 / $30[1,2]	$75 / $100[1,2]	$100 / $150[1,2]	30%[2]
Silver PPO Savings 2800/35% HDHP PrevRx	$2,800 / $5,600	Integrated with medical deductible	$8,500 / $17,000	35%[2]	$150/visit + 35%[2]	35% / 40%[1,2]	35% / 40%[1,2]	35% / 40%[1,2]	35%[2]
Bronze PPO Savings 5700/40%	$5,700 / $11,400	Integrated with medical deductible	$8,500 / $17,000	50%[2]	$250/visit + 40%[2]	40%[2]	40%[2]	40%[2]	40%[2]
Bronze PPO Savings 7500	$7,500 / $15,000	Integrated with medical deductible	$7,500 / $15,000	No charge[2]	No charge[2]	No charge[2]	No charge[2]	No charge[2]	No charge[2]

2026 Blue Shield of California Mirror package for Small Business

Mirror HMO plans

Mirror HMO plans use the Access+® and Trio HMO® networks except for the Bronze plan which is only available on the Trio HMO® network.
Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange.

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Mirror Platinum 90 HMO 0/20	$0	$0	$4,500 / $9,000	$20/visit	$150/visit	$5 / $7[1]	$20 / 35[1]	$30 / $50[1]	10%[1]
Mirror Gold 80 HMO 250/35	$250 / $500	$0	$7,800 / $15,600	$35/visit	$250/visit[2]	$15 / $20[1]	$40 / $60[1]	$70 / $100[1]	20%[1]
Mirror Silver 70 HMO 2500/55	$2,500 / $5,000	$300 / $600	$8,750 / $17,500	$55/visit	35%[2]	$19 / $24[1]	$85 / $110[1,2]	$110 / $150[1,2]	20%[1]
Mirror Bronze 60 Trio HMO 7000/65	$7,000 / $14,000	Integrated with medical deductible	$9,800 / $19,600	$65/visit	50%[2]	$25 / $30[1]	$115/ $145[1,2]	$160/ $210[1,2]	50%[1]

Mirror PPO plans

Mirror PPO and Savings plans use the same Full PPO Networks as off-exchange plans. Plans in the Mirror Package cannot be offered alongside any plans from the Off-Exchange.

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Mirror Platinum 90 PPO 0/15	$0	$0	$4,500 / $9,000	$15/visit	$200/visit	$10	$25	$40	10%
Mirror Gold 80 PPO 350/25	$350 / $700	$0	$7,800 / $15,600	$25/visit	20%[2]	$15	$50	$80	20%
Mirror Silver 70 PPO 2500/55	$2,500 / $5,000	$300 / $600	$8,600 / $17,200	$55/visit	35%[2]	$20	$75[2]	$105[2]	30%[2]
Mirror Bronze 60 PPO 5800/60	$5,800 / $11,600	$450 / $900	$9,800 / $19,600	$65/visit	40%[2]	$20	40%[2]	40%[2]	40%[2]

Mirror PPO savings plans

Plan name	Deductible (individual/family)	Pharmacy deductible (individual/family)	Out-of-pocket maximum	Copay	Emergency room	Pharmacy benefits Tier 1	Tier 2	Tier 3	Tier 4 and Specialty
Mirror Silver 70 PPO Savings 2300/30%	$2,300 / $4,600	Integrated with medical deductible	$8,500 / $17,000	30%[2]	30%[2]	$25[2]	$75[2]	$100[2]	30%[2]
Mirror Bronze 60 PPO Savings 7500/0%	$7,500 / $15,000	Integrated with medical deductible	$7,500 / $15,000	No charge[2]	No charge[2]	No charge[2]	No charge[2]	No charge[2]	No charge[2]

1 Pharmacy benefits cost shares reflect fulfillment through RX Spectrum network at a Level A Preferred or Level B Non-Preferred participating pharmacy. Higher cost share applies for prescriptions filled at a level B Non-Preferred participating pharmacy.

2 Subject to the calendar-year deductible.

3 Value Based Program services are provided at $0 cost share when seeing a participating provider for treatment of diabetes, asthma, chronic obstructive pulmonary disease (COPD), or coronary artery disease (CAD).

4 $0 copays and $0 deductible for all virtual visits with a Virtual Blue provider. For care from other network providers, in-network and out-of-network cost-sharing will apply.