



**CHOICES  
THAT  
MATTER**

## Medical Plan Offerings - Blue Cross Blue Shield of North Carolina (BCBS of NC) 2026\*

\*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.TriNet.com)).

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Plan Offerings

Plan Highlights	BCBS-NC HDHP 2000	BCBS-NC HDHP 4000	BCBS-NC HDHP 6350	BCBS-NC PPO 1000	BCBS-NC PPO 1500	BCBS-NC PPO 2500 Co-pay
Network Name	Blue Options HSA (Group PPO Plan)	Blue Options HSA (Group PPO Plan)	Blue Options HSA (Group PPO Plan)	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)
<b>Deductible</b>						
Single (In-Network/OON)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,350 / \$12,700	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000
Family (In-Network/OON)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$12,700 / \$25,400	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000
<b>Out-of-Pocket Max</b>						
Single (In-Network/OON)	\$4,000 / \$8,000	\$6,850 / \$13,700	\$6,350 / \$12,700	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,500 / \$11,000
Family (In-Network/OON)	\$7,500 / \$15,000	\$13,700 / \$27,400	\$12,700 / \$25,400	\$6,000 / \$12,000	\$7,000 / \$14,000	\$11,000 / \$22,000
Coinsurance (In-Network/OON)	10% / 40%	10% / 40%	0% / 0%	20% / 30%	20% / 50%	30% / 50%
Primary / Specialist	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	\$20 / \$40	\$25 / \$50	\$35 / \$70
Lab & X-Ray	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded	30% after ded
Urgent Care Visit	10% after ded	10% after ded	0% after ded	\$40	\$50	\$70
Emergency Room Visit	10% after ded	10% after ded	0% after ded	\$250	\$300	\$300
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	30% after ded / 30% after ded
Hospital Inpatient	10% after ded	10% after ded	0% after ded	20% after ded	20% after ded	30% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	Integrated w/Med	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	10% after ded / 10% after ded / 10% after ded	10% after ded / 10% after ded / 10% after ded	0% after ded / 0% after ded / 0% after ded	\$10 / \$20 / \$35	\$10 / \$20 / \$40	\$10 / \$20 / \$40

Plan Offerings

Plan Highlights	BCBS-NC PPO 3500 Co-pay	BCBS-NC PPO 500
Network Name	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)
<b>Deductible</b>		
Single (In-Network/OON)	\$3,500 / \$7,000	\$500 / \$1,000
Family (In-Network/OON)	\$10,500 / \$21,000	\$1,500 / \$3,000
<b>Out-of-Pocket Max</b>		
Single (In-Network/OON)	\$6,500 / \$13,000	\$2,500 / \$5,000
Family (In-Network/OON)	\$13,000 / \$26,000	\$7,500 / \$15,000
Coinsurance (In-Network/OON)	30% / 50%	10% / 30%
Primary / Specialist	\$35 / \$70	\$25 / \$50
Lab & X-Ray	30% after ded	10% after ded
Urgent Care Visit	\$70	\$35
Emergency Room Visit	\$500	\$250
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	10% after ded / 10% after ded
Hospital Inpatient	30% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$25 / \$40	\$10 / \$20 / \$35