



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)).

**CHOICES
THAT
MATTER**

©2026 TriNet Group, Inc. All rights reserved. This communication is for informational purposes only, is not legal, tax or accounting advice, and is not an offer to sell, buy or procure insurance. It may contain links to third-party sites or information for reference only. Inclusion does not imply TriNet's endorsement of or responsibility for third-party content. TriNet is the single-employer sponsor of all its benefit plans, which does not include Enrich products and voluntary benefits that are not ERISA-covered group health insurance plans. Official plan documents govern, and TriNet may amend benefit plans or change offerings and deadlines.

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)
Deductible						
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
Out-of-Pocket Max						
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 with Med	Integrated with Med	Integrated with 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)
Deductible		
Single (In-Network/OON)	\$3,500 / \$7,000	\$500 / \$1,000
Family (In-Network/OON)	\$10,500 / \$21,000	\$1,500 / \$3,000
Out-of-Pocket Max		
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