



**CHOICES
THAT
MATTER**

Medical Plan Offerings— Blue Cross Blue Shield of North Carolina (BCBS of NC) 2025*

*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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BCBS of North Carolina Plan Details: [New Plans](#)

There are no [new](#) BCBS of North Carolina plans for the 2025 benefits plan year.

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BCBS of North Carolina Plan Details: Current Plans

BCBS of NC HDHP 3500	Current Plan for 2025
BCBS of NC HDHP 6350	Current Plan for 2025
BCBS of NC PPO 500	Current Plan for 2025
BCBS of NC PPO 1000	Current Plan for 2025
BCBS of NC PPO 1500	Current Plan for 2025
BCBS of NC PPO 2500 Co-pay	Current Plan for 2025
BCBS of NC PPO 3500 Co-pay	Current Plan for 2025
BCBS of NC HDHP 6350 MA	Current Plan for 2025
BCBS of NC PPO 500 MA	Current Plan for 2025
BCBS of NC PPO 1000 MA	Current Plan for 2025

The current BCBS of North Carolina plans for the 2025 benefits plan year are listed on the following pages.



Benefits	HDHP 3500	HDHP 6350	PPO 500	PPO 1000
Network Name	Blue Options HSA (Group PPO Plan)	Blue Options HSA (Group PPO Plan)	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)
Single Deductible	\$3,500	\$6,350	\$500	\$1,000
Family Deductible	\$7,000	\$12,700	\$1,500	\$2,000
Single Deductible Out-of-Network	\$7,000	\$12,700	\$1,000	\$2,000
Family Deductible Out-of-Network	\$14,000	\$25,400	\$3,000	\$4,000
Single Out-of-Pocket Max	\$7,000	\$6,350	\$2,500	\$3,000
Family Out-of-Pocket Max	\$14,000	\$12,700	\$7,500	\$6,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$12,700	\$5,000	\$6,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$25,400	\$15,000	\$12,000
Co-Insurance	10%	0%	10%	20%
Co-Insurance Out-of-Network	30%	0%	30%	30%
Doctor Visits	10% after ded	0% after ded	First three visits-\$0, then \$25	First three visits-\$0, then \$20
Specialist Visits	10% after ded	0% after ded	\$50	\$40
Lab & X-Ray	10% after ded	0% after ded	10% after ded	20% after ded
Emergency Room Visits	10% after ded	0% after ded	\$250	\$250
Urgent Care Visits	10% after ded	0% after ded	\$35	\$40
Outpatient Facility	10% after ded	0% after ded	10% after ded	20% after ded
Outpatient Surgery	10% after ded	0% after ded	10% after ded	20% after ded
Hospital Inpatient	10% after ded	0% after ded	10% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	10% after ded	0% after ded	\$10	\$10
Brand Rx (Tier 2)	10% after ded	0% after ded	\$20	\$20
Non-Formulary Rx (Tier 3)	10% after ded	0% after ded	\$35	\$35

Benefits	PPO 1500	PPO 2500 Co-pay	PPO 3500 Co-pay	HDHP 6350 MA
Network Name	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)	BlueOptions	Blue Options HSA (Group PPO Plan)
Single Deductible	\$1,500	\$2,500	\$3,500	\$6,350
Family Deductible	\$3,000	\$5,000	\$10,500	\$12,700
Single Deductible Out-of-Network	\$3,000	\$5,000	\$7,000	\$12,700
Family Deductible Out-of-Network	\$6,000	\$10,000	\$21,000	\$25,400
Single Out-of-Pocket Max	\$3,500	\$5,500	\$6,500	\$6,350
Family Out-of-Pocket Max	\$7,000	\$11,000	\$13,000	\$12,700
Single Out-of-Pocket Max Out-of-Network	\$7,000	\$11,000	\$13,000	\$12,700
Family Out-of-Pocket Max Out-of-Network	\$14,000	\$22,000	\$26,000	\$25,400
Co-Insurance	20%	30%	30%	0%
Co-Insurance Out-of-Network	50%	50%	50%	0%
Doctor Visits	First three visits-\$0, then \$25	First three visits-\$0, then \$35	First three visits-\$0, then \$35	0% after ded
Specialist Visits	\$50	\$70	\$70	0% after ded
Lab & X-Ray	20% after ded	30% after ded	30% after ded	0% after ded
Emergency Room Visits	\$300	\$300	\$500	0% after ded
Urgent Care Visits	\$50	\$70	\$70	0% after ded
Outpatient Facility	20% after ded	30% after ded	30% after ded	0% after ded
Outpatient Surgery	20% after ded	30% after ded	30% after ded	0% after ded
Hospital Inpatient	20% after ded	30% after ded	30% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/Med
Generic Rx (Tier 1)	\$10	\$10	\$10	0% after ded
Brand Rx (Tier 2)	\$20	\$20	\$25	0% after ded
Non-Formulary Rx (Tier 3)	\$40	\$40	\$40	0% after ded



Benefits	PPO 500 MA	PPO 1000 MA
Network Name	Blue Options	Blue Options (Group PPO Plan)
Single Deductible	\$500	\$1,000
Family Deductible	\$1,000	\$2,000
Single Deductible Out-of-Network	\$1,000	\$2,000
Family Deductible Out-of-Network	\$2,000	\$4,000
Single Out-of-Pocket Max	\$1,500	\$3,000
Family Out-of-Pocket Max	\$3,000	\$6,000
Single Out-of-Pocket Max Out-of-Network	\$3,000	\$6,000
Family Out-of-Pocket Max Out-of-Network	\$6,000	\$12,000
Co-Insurance	20%	20%
Co-Insurance Out-of-Network	50%	30%
Doctor Visits	First three visits-\$0, then \$10	First three visits-\$0, then \$20
Specialist Visits	\$25	\$40
Lab & X-Ray	20% after ded	20% after ded
Emergency Room Visits	\$300	\$250
Urgent Care Visits	\$20	\$40
Outpatient Facility	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded
Hospital Inpatient	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Generic Rx (Tier 1)	\$4	\$10
Brand Rx (Tier 2)	\$25	\$20
Non-Formulary Rx (Tier 3)	\$35	\$35