



**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).

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Plan Offerings

Plan Highlights	BCBS-NC HDHP 3500	BCBS-NC HDHP 6350	BCBS-NC PPO 1000	BCBS-NC PPO 1500	BCBS-NC PPO 2500 Co-pay	BCBS-NC PPO 3500 Co-pay
Network Name	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)	Blue Options (Group PPO Plan)
Deductible						
Single (In-Network/OON)	\$3,500 / \$7,000	\$6,350 / \$12,700	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Family (In-Network/OON)	\$7,000 / \$14,000	\$12,700 / \$25,400	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$10,500 / \$21,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$7,000 / \$13,000	\$6,350 / \$12,700	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,500 / \$11,000	\$6,500 / \$13,000
Family (In-Network/OON)	\$14,000 / \$26,000	\$12,700 / \$25,400	\$6,000 / \$12,000	\$7,000 / \$14,000	\$11,000 / \$22,000	\$13,000 / \$26,000
Coinsurance (In-Network/OON)	10% / 30%	0% / 0%	20% / 30%	20% / 50%	30% / 50%	30% / 50%
Primary / Specialist	10% after ded / 10% after ded	0% after ded / 0% after ded	\$20 / \$40	\$25 / \$50	\$35 / \$70	\$35 / \$70
Lab & X-Ray	10% after ded	0% after ded	20% after ded	20% after ded	30% after ded	30% after ded
Urgent Care Visit	10% after ded	0% after ded	\$40	\$50	\$70	\$70
Emergency Room Visit	10% after ded	0% after ded	\$250	\$300	\$300	\$500
Hospital Outpatient (Facility / Surgery)	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	30% after ded / 30% after ded
Hospital Inpatient	10% after ded	0% after ded	20% after ded	20% after ded	30% after ded	30% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	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	\$10 / \$25 / \$40

Plan Offerings

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