



**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)).

# CHOICES THAT MATTER

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[New Plans](#)

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# CHOICES THAT MATTER

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

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

# CHOICES THAT MATTER

## 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.



# BlueCross BlueShield of North Carolina

Side-by-side Medical Plan Comparison  
2025 Benefits Plan Year

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



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



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