



## Medical Plan Offerings— Blue Cross Blue Shield of North Carolina (BCBS of NC) 2024\*

\*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**

**trinet**

## INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

[New Plans](#)

[Current Plans](#)

[Eliminated Plan](#)

**Disclaimer:**

© 2023 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. TriNet is the single-employer sponsor of all its benefit plans, which does not include voluntary benefits that are not ERISA-covered group health insurance plans and enrollment is voluntary. Official plan documents always control and TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.

## BCBS of North Carolina Plan Details: **New Plan**

BCBS of NC HDHP 3500

**NEW** for 2024

The **new** BCBS of North Carolina plan for the 2024 benefits plan year is listed on the following page.



Benefits	HDHP 3500
<b>Network Name</b>	Blue Options HSA (Group PPO Plan)
<b>Single Deductible</b>	\$3,500
<b>Family Deductible</b>	\$7,000
<b>Single Deductible Out-of-Network</b>	\$7,000
<b>Family Deductible Out-of-Network</b>	\$14,000
<b>Single Out-of-Pocket Max</b>	\$7,000
<b>Family Out-of-Pocket Max</b>	\$14,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$13,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$26,000
<b>Co-Insurance</b>	10%
<b>Co-Insurance Out-of-Network</b>	30%
<b>Doctor Visits</b>	10% after ded
<b>Specialist Visits</b>	10% after ded
<b>Lab &amp; X-Ray</b>	10% after ded
<b>Emergency Room Visits</b>	10% after ded
<b>Urgent Care Visits</b>	10% after ded
<b>Outpatient Facility</b>	10% after ded
<b>Outpatient Surgery</b>	10% after ded
<b>Hospital Inpatient</b>	10% after ded
<b>Rx Deductible (Non-Generic)</b>	Integrated w/Med
<b>Generic Rx (Tier 1)</b>	10% after ded
<b>Brand Rx (Tier 2)</b>	10% after ded
<b>Non-Formulary Rx (Tier 3)</b>	10% after ded

## BCBS of North Carolina Plan Details: Current Plans

BCBS of NC HDHP 6350	Current Plan for 2024
BCBS of NC PPO 500	Current Plan for 2024
BCBS of NC PPO 1000	Current Plan for 2024
BCBS of NC PPO 1500	Current Plan for 2024
BCBS of NC PPO 2500 Co-pay	Current Plan for 2024
BCBS of NC PPO 3500 Co-pay	Current Plan for 2024
BCBS of NC HDHP 6350 MA	Current Plan for 2024
BCBS of NC PPO 500 MA	Current Plan for 2024
BCBS of NC PPO 1000 MA	Current Plan for 2024

The current BCBS of North Carolina plans for the 2024 benefits plan year are listed on the following pages.



Benefits	HDHP 6350	PPO 500	PPO 1000	PPO 1500
<b>Network Name</b>	Blue Options HSA (Group PPO Plan)	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)	Blue Options (Group PPO Plan)
<b>Single Deductible</b>	\$6,350	\$500	\$1,000	\$1,500
<b>Family Deductible</b>	\$12,700	\$1,500	\$2,000	\$3,000
<b>Single Deductible Out-of-Network</b>	\$12,700	\$1,000	\$2,000	\$3,000
<b>Family Deductible Out-of-Network</b>	\$25,400	\$3,000	\$4,000	\$6,000
<b>Single Out-of-Pocket Max</b>	\$6,350	\$2,500	\$3,000	\$3,500
<b>Family Out-of-Pocket Max</b>	\$12,700	\$7,500	\$6,000	\$7,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$12,700	\$5,000	\$6,000	\$7,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$25,400	\$15,000	\$12,000	\$14,000
<b>Co-Insurance</b>	0%	10%	20%	20%
<b>Co-Insurance Out-of-Network</b>	0%	30%	30%	50%
<b>Doctor Visits</b>	0% after ded	First three visits-\$0, then \$25	First three visits-\$0, then \$20	First three visits-\$0, then \$25
<b>Specialist Visits</b>	0% after ded	\$50	\$40	\$50
<b>Lab &amp; X-Ray</b>	0% after ded	10% after ded	20% after ded	20% after ded
<b>Emergency Room Visits</b>	0% after ded	\$250	\$250	\$300
<b>Urgent Care Visits</b>	0% after ded	\$35	\$40	\$50
<b>Outpatient Facility</b>	0% after ded	10% after ded	20% after ded	20% after ded
<b>Outpatient Surgery</b>	0% after ded	10% after ded	20% after ded	20% after ded
<b>Hospital Inpatient</b>	0% after ded	10% after ded	20% after ded	20% after ded
<b>Rx Deductible (Non-Generic)</b>	Integrated w/Med	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	0% after ded	\$10	\$10	\$10
<b>Brand Rx (Tier 2)</b>	0% after ded	\$20	\$20	\$20
<b>Non-Formulary Rx (Tier 3)</b>	0% after ded	\$35	\$35	\$40



Benefits	PPO 2500 Co-pay	PPO 3500 Co-pay	HDHP 6350 MA	PPO 500 MA
Network Name	Blue Options (Group PPO Plan)	BlueOptions	Blue Options HSA (Group PPO Plan)	Blue Options
Single Deductible	\$2,500	\$3,500	\$6,350	\$500
Family Deductible	\$5,000	\$10,500	\$12,700	\$1,000
Single Deductible Out-of-Network	\$5,000	\$7,000	\$12,700	\$1,000
Family Deductible Out-of-Network	\$10,000	\$21,000	\$25,400	\$2,000
Single Out-of-Pocket Max	\$5,500	\$6,500	\$6,350	\$1,500
Family Out-of-Pocket Max	\$11,000	\$13,000	\$12,700	\$3,000
Single Out-of-Pocket Max Out-of-Network	\$11,000	\$13,000	\$12,700	\$3,000
Family Out-of-Pocket Max Out-of-Network	\$22,000	\$26,000	\$25,400	\$6,000
Co-Insurance	30%	30%	0%	20%
Co-Insurance Out-of-Network	50%	50%	0%	50%
Doctor Visits	First three visits-\$0, then \$35	First three visits-\$0, then \$35	0% after ded	First three visits-\$0, then \$10
Specialist Visits	\$70	\$70	0% after ded	\$25
Lab & X-Ray	30% after ded	30% after ded	0% after ded	20% after ded
Emergency Room Visits	\$300	\$500	0% after ded	\$300
Urgent Care Visits	\$70	\$70	0% after ded	\$20
Outpatient Facility	30% after ded	30% after ded	0% after ded	20% after ded
Outpatient Surgery	30% after ded	30% after ded	0% after ded	20% after ded
Hospital Inpatient	30% after ded	30% after ded	0% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	\$10	0% after ded	\$4
Brand Rx (Tier 2)	\$20	\$25	0% after ded	\$25
Non-Formulary Rx (Tier 3)	\$40	\$40	0% after ded	\$35



**BlueCross BlueShield  
of North Carolina**

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



## BCBS of North Carolina: Eliminated Plan

For 2024, the following plan will no longer be offered:

BCBS of NC HDHP 3000	ELIMINATED for 2024
----------------------	---------------------