



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

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



BlueCross BlueShield of North Carolina

Side-by-side Medical Plan Comparison
2024 Benefits Plan Year

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

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