Blue Standard and Blue Premium Out-of-Area Plans
Blue Cross NC

DEDUCTIBLE: Copays do not apply to the deductible. Deductibles -accumulate.

Medical	Blue Standard Out-of-Area Plan 2026			Blue Premium Out-of-Area Plan 2026		
	Novant Health Network	Blue Options® PPO Network	Out-of-Network	Novant Health Network	Blue Options® PPO Network	Out-of-Network
Employee Only	$1,200	$1,200	$2,200	$900	$900	$1,950
Employee/Child(ren)	$2,400	$2,400	$4,400	$1,800	$1,800	$3,900
Employee/Spouse	$2,400	$2,400	$4,400	$1,800	$1,800	$3,900
Employee/Family	$2,400	$2,400	$4,400	$1,800	$1,800	$3,900
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

OUT-OF-POCKET MAXIMUM: Includes deductible, coinsurance and copays. All out-of-pocket tiers -accumulate. Medical and pharmacy OOP are separate limits.

Medical	Blue Standard Out-of-Area Plan 2026			Blue Premium Out-of-Area Plan 2026		
	Novant Health Network	Blue Options® PPO Network	Out-of-Network	Novant Health Network	Blue Options® PPO Network	Out-of-Network
Employee Only	$4,200	$4,200	$7,800	$3,200	$3,200	$6,700
Employee/Child(ren)	$8,400	$8,400	$15,600	$6,400	$6,400	$13,400
Employee/Spouse	$8,400	$8,400	$15,600	$6,400	$6,400	$13,400
Employee/Family	$8,400	$8,400	$15,600	$6,400	$6,400	$13,400
Medical OOP Limit Any One Member	$4,200	$4,200	N/A	$3,200	$3,200	N/A
Medical And Pharmacy Limit Any One Member	$5,800	$5,800	N/A	$4,800	$4,800	

Employer-Funded HRA	Blue Standard Out-of-Area Plan 2026		Blue Premium Out-of-Area Plan 2026	
	Fixed Funding	Wellness Incentive Up To	Fixed Funding	Wellness Incentive Up To
Employee Only	$0	$900	$0	$900
Employee/Child(ren)	$0	$900	$375	$900
Employee/Spouse	$0	$1,175	$450	$1,175
Employee/Family	$0	$1,175	$750	$1,175

All coinsurance amounts in-network and out-of-network are after the calendar year deductible, except where noted.

Medical	Blue Standard Out-of-Area Plan 2026			Blue Premium Out-of-Area Plan 2026		
	Novant Health Network	Blue Options® PPO Network	Out-of-Network	Novant Health Network	Blue Options® PPO Network	Out-of-Network
Hospital Inpatient Services	10%	15%	40%	5%	10%	40%
Hospital Outpatient Services	10%, No Deductible*	15%	40%	5%, No Deductible*	10%	40%
Physician Inpatient Visits	10%	15%	40%	5%	10%	40%
Physician Surgery, Office	$85	$95	40%	$75	$85	40%
Physician Surgery, IP And OP	$200	$225	40%	$100	$125	40%
Hospital Emergency Room Provider	20%	20%, Tier 1 ded/oop	20%, Tier 1 ded/oop	15%	15%, Tier 1 ded/oop	15%, Tier 1 ded/oop
Hospital Emergency Room Facility	20%	20%, Tier 2 ded/oop	20%, Tier 3 ded/oop	15%	15%, Tier 2 ded/oop	15%, Tier 3 ded/oop
Urgent Care Facility	$35	$40	25%	$20	$30	20%
PCP Office Services, Excluding Surgery	$25	$30	40%	$10	$20	40%
Specialist Office Services, Excluding Surgery	$65	$75	40%	$50	$60	40%
X-Rays and Lab Services, Including Interpretation	10%, No Deductible*	15%, No Deductible	40%	5%, No Deductible*	10%, No Deductible	40%
At Office, Urgent Care X-Rays and Lab Services, At OP Hospital or Independent Facility	10%, No Deductible*	15%, No Deductible	40%	5%, No Deductible*	10%, No Deductible	40%
Advanced Radiology (MRI, PET, CT), Office	$200	$225	40%	$125	$150	40%
Advanced Radiology (MRI, PET, CT), OP Hospital	$200	$225	40%	$125	$150	40%
Anesthesia (IP)	10%*	15%	40%	5%*	10%	40%
Preventive Care	$0	$0	40%	$0	$0	40%
Hospital IP MH and SA	10%	10%, Tier 1 ded/oop	40%	5%	5%, Tier 1 ded/oop	40%
Physician Office MH and SA	$25	$25	40%	$10	$10	40%
PT, OT and ST, No Visit Limit	$25	$30	40%	$10	$20	40%
Maternity, Hospital	10%	15%	40%	5%	10%	40%
Maternity, Physician Global	$200	$225	40%	$100	$125	40%
Durable Medical Equipment	10%	15%	40%	5%	10%	40%

Network Name	Description
Novant Health Network	Known as tier 1 or Novant Health Network. Includes all Novant Health facilities, clinics and providers. Also, includes some independent providers in our communities.
Blue Options® PPO Network	Known as tier 2 or Preferred Network. This is the default in-network tier and includes the Blue Options® PPO Network.
Out-of-Network	Known as tier 3. Applies to facility charges at local non-domestic facilities.

For full plan information visit the benefits home page on I-Connect > Blue Cross NC summary benefit coverage.
* Not all hospital-based providers at Novant Health facilities are in the Novant Health Plus Network (tier 1), so you will receive the Alternative Network (tier 2) benefit if the hospital-based provider is not in the Novant Health Plus Network. Novant Health is seeking to expand the number of hospital-based providers in the Novant Health Network.
Ded/oop is an abbreviation of deductible and out-of-pocket maximum.