Blue High Deductible Health Plan
Blue Cross NC

DEDUCTIBLE: Deductibles cross-accumulate.

	Blue HDHP 2026			
Medical	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Employee Only	$2,000	$3,000	$4,000	$7,000
Employee/Child(ren)	$4,000	$6,000	$8,000	$14,000
Employee/Spouse	$4,000	$6,000	$8,000	$14,000
Employee/Family	$4,000	$6,000	$8,000	$14,000
Annual Maximum	None	None	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

OUT-OF-POCKET MAXIMUM: Includes deductible and coinsurance. All out-of-pocket tiers cross-accumulate. Medical and pharmacy OOP are combined.

	Blue HDHP 2026			
Medical	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Employee Only	$6,000	$7,500	$8,300	$14,000
Employee/Child(ren)	$12,000	$15,000	$16,600	$28,000
Employee/Spouse	$12,000	$15,000	$16,600	$28,000
Employee/Family	$12,000	$15,000	$16,600	$28,000
Medical OOP Limit Any One Member	$6,000	$7,500	$8,300	$14,000
Medical And Pharmacy Limit Any One Member	$6,000	$7,500	$8,300	$14,000

	Blue HDHP 2026
Medical	Wellness Incentive Up To
Employee Only	$250

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

	Blue HDHP 2026			
Medical	Enhanced Network	Preferred Network	Non-Preferred Network	Out-of-Network
Hospital Inpatient Services	10%	25%	40% Tier 3 ded/oop	50%
Hospital Outpatient Services	10%*	25%	40% Tier 3 ded/oop	50%
Physician Inpatient Visits	10%	25%	Tier 2 Benefit Applies	50%
Physician Surgery, Office	10%	25%	Tier 2 Benefit Applies	50%
Physician Surgery, IP and OP	10%	25%	Tier 2 Benefit Applies	50%
Hospital Emergency Room Provider	10%	10%, Tier 1 ded/oop	10%, Tier 1 ded/oop	10%, Tier 1 ded/oop
Hospital Emergency Room, Facility	10%	10%, Tier 2 ded/oop	10%, Tier 3 ded/oop	10%, Tier 4 ded/oop
Urgent Care Facility	10%	25%	40% Tier 3 ded/oop	50%
PCP Office Services, Excluding Surgery	10%	25%	Tier 2 Benefit Applies	50%
Specialist Office Services, Excluding Surgery	10%	25%	Tier 2 Benefit Applies	50%
X-Rays and Lab Services, Including Interpretation At Office, Urgent Care	10%*	25%	Tier 2 Benefit Applies	50%
X-Rays and Lab Services, At OP Hospital or Independent Facility	10%*	25%	40% Tier 3 ded/oop	50%
Advanced Radiology (MRI, PET, CT), Office	10%	25%	Tier 2 Benefit Applies	50%
Advanced Radiology (MRI, PET, CT), OP Hospital	10%	25%	40% Tier 3 ded/oop	50%
Anesthesia (IP or OP)	10%*	25%	40% Tier 3 ded/oop	50%
Preventive Care	$0	$0	Tier 2 Benefit Applies	50%
Hospital IP MH and SA	10%	10%, Tier 1 ded/oop	10%, Tier 1 ded/oop	50%
Physician Office MH and SA	10%	10%, Tier 1 ded/oop	10%, Tier 1 ded/oop	50%
Pt, OT and ST, No Visit Limit	10%	25%, Tier 1 ded/oop	40%, Tier 3 ded/oop	50%
Maternity, Hospital	10%	25%	40%, Tier 3 ded/oop	50%
Maternity, Physicians Global	10%	25%	Tier 2 Benefit Applies	50%
Durable Medical Equipment	10%	10%, Tier 1 ded/oop	40% Tier 3 ded/oop	50%

Network Name	Description
Enhanced 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.
Preferred Network	Known as tier 2 or Preferred Network. This is the default in-network tier and includes the Blue Options® PPO Network.
Non-Preferred Network	Known as tier 3. Applies to facility charges at local non-domestic facilities.
Out-of-Network	Known as tier 4 and is the highest cost tier.

For full plan information visit the benefits home page on I-Connect > Blue Cross NC summary benefit coverage.
Ded/oop is an abbreviation of deductible and out-of-pocket maximum.
*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.