# Blue Standard and Blue Premium Plans
# Blue Cross NC

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

| Medical | Blue Standard 2026 | | | | Blue Premium 2026 | | | |
|---|---|---|---|---|---|---|---|---|
| | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network |
| Employee Only | $1,200 | $2,200 | $3,200 | $4,400 | $900 | $1,950 | $2,800 | $3,850 |
| Employee/Child(ren) | $2,400 | $4,400 | $6,400 | $8,800 | $1,800 | $3,900 | $5,600 | $7,700 |
| Employee/Spouse | $2,400 | $4,400 | $6,400 | $8,800 | $1,800 | $3,900 | $5,600 | $7,700 |
| Employee/Family | $2,400 | $4,400 | $6,400 | $8,800 | $1,800 | $3,900 | $5,600 | $7,700 |
| Annual Maximum | None | None | None | None | None | None | None | None |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |

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

| Medical | Blue Standard 2026 | | | | Blue Premium 2026 | | | |
|---|---|---|---|---|---|---|---|---|
| | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network |
| Employee Only | $4,200 | $6,200 | $6,800 | $9,400 | $3,200 | $5,000 | $5,600 | $7,200 |
| Employee/Child(ren) | $8,400 | $12,400 | $13,600 | $18,800 | $6,400 | $10,000 | $11,200 | $15,400 |
| Employee/Spouse | $8,400 | $12,400 | $13,600 | $18,800 | $6,400 | $10,000 | $11,200 | $15,400 |
| Employee/Family | $8,400 | $12,400 | $13,600 | $18,800 | $6,400 | $10,000 | $11,200 | $15,400 |
| Medical OOP Limit Any One Member | $4,200 | $6,200 | $6,800 | $9,400 | $3,200 | $5,000 | $5,600 | $7,200 |
| Medical And Pharmacy Limit Any One Member | $5,800 | $7,800 | $8,400 | $11,000 | $4,800 | $6,600 | $7,200 | $8,800 |

| Employer Funded HRA | Blue Standard 2026 | | Blue Premium 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 2026 | | | | Blue Premium 2026 | | | |
|---|---|---|---|---|---|---|---|---|
| | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network | Enhanced Network | Preferred Network | Non-Preferred Network | Out-of-Network |
| Hospital Inpatient Services | 15% | 25% | 40%, Tier 3 ded/oop | 50% | 10% | 25% | 40% Tier 3 ded/oop | 50% |
| Hospital Outpatient Services | 15%, no deductible* | 25% | 40%, Tier 3 ded/oop | 50% | 10%, no deductible* | 25% | 40% Tier 3 ded/oop | 50% |
| Physician Inpatient Visits | 15% | 25% | 25%, Tier 2 ded/oop | 50% | 10% | 25% | 25% Tier 2 ded/oop | 50% |
| Physician Surgery, Office | $85 | 25% | 25%, Tier 2 ded/oop | 50% | $75 | 25% | 25%, Tier 2 ded/oop | 50% |
| Physician Surgery, IP and OP | $200 | 25% | 25%, Tier 2 ded/oop | 50% | $100 | 25% | 25%, Tier 2 ded/oop | 50% |
| Hospital Emergency Room Provider | 20% | 20%, Tier 1 ded/oop | 20%, Tier 1 ded/oop | 20%, Tier 1 ded/oop | 15% | 15% Tier 1 ded/oop | 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 | 20%, Tier 4 ded/oop | 15% | 15% Tier 2 ded/oop | 15% Tier 3 ded/oop | 15% Tier 4 ded/oop |
| Urgent Care Facility | $35 | 25% | 40%, Tier 3 ded/oop | 50% | $20 | 25% | 40%, Tier 3 ded/oop | 50% |
| PCP Office Services, Excluding Surgery | $25 | 25% | 25%, Tier 2 ded/oop | 50% | $20 | 25% | 25%, Tier 2 ded/oop | 50% |
| Specialist Office Services, Excluding Surgery | $65 | 25% | 25%, Tier 2 ded/oop | 50% | $50 | 25% | 25%, Tier 2 ded/oop | 50% |
| X-Rays and Lab Services, Including Interpretation At Office, Urgent Care | 15%, no deductible* | 25% | 25%, Tier 2 ded/oop | 50% | 10%, no deductible* | 25% | 25% Tier 2 ded/oop | 50% |
| X-Rays and Lab Services, At OP Hospital or Independent Facility | 15%, no deductible* | 25% | 40%, Tier 3 ded/oop | 50% | 10%, no deductible* | 25% | 40% Tier 3 ded/oop | 50% |
| Advanced Radiology (MRI, PET, CT), Office | $200 | 25% | 25%, Tier 3 ded/oop | 50% | $125 | 25% | 25% Tier 2 ded/oop | 50% |
| Advanced Radiology (MRI, PET, CT), OP Hospital | $200 | 25% | 40%, Tier 3 ded/oop | 50% | $125 | 25% | 40% Tier 3 ded/oop | 50% |
| Anesthesia (IP or OP) | 15%* | 25% | 40%, Tier 3 ded/oop | 50% | 10%* | 25% | 40% Tier 3 ded/oop | 50% |
| Preventive Care | $0 | $0 | $0 | 50% | $0 | $0 | $0 | 50% |
| Hospital IP MH and SA | 15% | 15%, Tier 1 ded/oop | 15%.Tier 1 ded/oop | 50% | 10% | 10%, Tier 1 ded/oop | 10% Tier 1 ded/oop | 50% |
| Physician Office MH and SA | $25 | $25 | $25 | 50% | $20 | $20 | $20 | 50% |
| Pt, OT and ST, No Visit Limit | $25 | $40 | 40%, Tier 3 ded/oop | 50% | $20 | $35 | 40% Tier 3 ded/oop | 50% |
| Maternity, Hospital | 15% | 25% | 40%, Tier 3 ded/oop | 50% | 10% | 25% | 40% Tier 3 ded/oop | 50% |
| Maternity, Physicians Global | $200 | 25% | 25%, Tier 2 ded/oop | 50% | $100 | 25% | 25% Tier 2 ded/oop | 50% |
| Durable Medical Equipment | 15% | 15%, Tier 1 ded/oop | 40%, Tier 3 ded/oop | 50% | 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.
*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.