



**CHOICES
THAT
MATTER**



Medical Plan Offerings– Harvard Pilgrim 2026*

*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).

Disclaimer: © 2025 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 buy, sell or procure insurance. In the event of any conflict with the official plan documents, the plan documents shall control. Communications and plan documents are subject to the terms, exclusions and limitations prescribed by the applicable insurance carrier certificates. 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. TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.

Plan Offerings

Plan Highlights	HPHC HMO 20	HPHC HMO 30	HPHC PPO 1000	HPHC PPO 2000	HPHC PPO 500	HPHC PPO/HDHP 2000
Network Name	HMO/HMO Open Access	HMO/HMO Open Access	Access America/ Access America Value	Access America/ Access America Value	Access America/ Access America Value	Access America/ Access America Value
Deductible						
Single (In-Network/OON)	\$0 / Not Covered	\$1,000 / Not Covered	\$1,000 / \$1,000	\$2,000 / \$2,000	\$500 / \$500	\$2,000 / \$5,000
Family (In-Network/OON)	\$0 / Not Covered	\$2,000 / Not Covered	\$2,000 / \$2,000	\$4,000 / \$4,000	\$1,000 / \$1,000	\$4,000 / \$10,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$3,000 / Not Covered	\$3,000 / Not Covered	\$2,000 / \$2,000	\$6,000 / \$6,000	\$1,500 / \$1,500	\$4,000 / \$10,000
Family (In-Network/OON)	\$6,000 / Not Covered	\$6,000 / Not Covered	\$4,000 / \$4,000	\$12,000 / \$12,000	\$3,000 / \$3,000	\$7,500 / \$20,000
Coinsurance (In-Network/OON)	0% / Not Covered	0% / Not Covered	20% / 40%	20% / 40%	10% / 30%	10% / 30%
Primary / Specialist	\$20 / \$35	\$30 / \$45	\$30 / \$30	\$40 / \$40	\$20 / \$20	10% after ded / 10% after ded
Lab & X-Ray	\$0	0% after ded	20% after ded	20% after ded	10% after ded	10% after ded
Urgent Care Visit	\$35	\$45	\$30	\$40	\$20	10% after ded
Emergency Room Visit	\$100	\$150	\$100	\$250	\$100	10% after ded
Hospital Outpatient (Facility / Surgery)	\$0 / \$0	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	10% after ded / 10% after ded
Hospital Inpatient	\$250	0% after ded	20% after ded	20% after ded	10% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	Integrated w/Med
Prescriptions (Tier 1 / 2 / 3)	\$10 / \$30 / \$45	\$20 / \$30 / \$45	\$15 / \$30 / \$50	\$20 / \$40 / \$80	\$15 / \$30 / \$50	\$15 / \$30 / \$50

Plan Offerings

Plan Highlights	HPHC PPO/HDHP 4000	HPHC PPO/HDHP 6350
Network Name	Access America/ Access America Value	Access America/ Access America Value
Deductible		
Single (In-Network/OON)	\$4,000 / \$8,000	\$6,350 / \$10,000
Family (In-Network/OON)	\$8,000 / \$16,000	\$12,700 / \$20,000
Out-of-Pocket Max		
Single (In-Network/OON)	\$6,850 / \$14,000	\$6,350 / \$20,000
Family (In-Network/OON)	\$13,700 / \$28,000	\$12,700 / \$40,000
Coinsurance (In-Network/OON)	10% / 30%	0% / 0%
Primary / Specialist	10% after ded / 10% after ded	0% after ded / 0% after ded
Lab & X-Ray	10% after ded	0% after ded
Urgent Care Visit	10% after ded	0% after ded
Emergency Room Visit	10% after ded	0% after ded
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded	0% after ded / 0% after ded
Hospital Inpatient	10% after ded	0% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med
Prescriptions (Tier 1 / 2 / 3)	\$15 after ded / \$30 after ded / \$50 after ded	0% after ded / 0% after ded / 0% after ded