



**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](https://login.TriNet.com)).

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Plan Offerings

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

Plan Offerings

Plan Highlights	HPHC PPO 2000	HPHC PPO 2000 MA	HPHC PPO 500	HPHC PPO 500 MA	HPHC PPO/HDHP 2000	HPHC PPO/HDHP 2000 MA
Network Name	Access America/ Access America Value					
<b>Deductible</b>						
Single (In-Network/OON)	\$2,000 / \$2,000	\$2,000 / \$2,000	\$500 / \$500	\$500 / \$500	\$2,000 / \$5,000	\$2,000 / \$5,000
Family (In-Network/OON)	\$4,000 / \$4,000	\$4,000 / \$4,000	\$1,000 / \$1,000	\$1,000 / \$1,000	\$4,000 / \$10,000	\$4,000 / \$10,000
<b>Out-of-Pocket Max</b>						
Single (In-Network/OON)	\$6,000 / \$6,000	\$6,000 / \$6,000	\$1,500 / \$1,500	\$1,500 / \$1,500	\$4,000 / \$10,000	\$4,000 / \$10,000
Family (In-Network/OON)	\$12,000 / \$12,000	\$12,000 / \$12,000	\$3,000 / \$3,000	\$3,000 / \$3,000	\$7,500 / \$20,000	\$7,500 / \$20,000
Coinsurance (In-Network/OON)	20% / 40%	20% / 40%	10% / 30%	10% / 30%	10% / 30%	10% / 30%
Primary / Specialist	\$40 / \$40	\$40 / \$40	\$20 / \$20	\$20 / \$20	10% after ded / 10% after ded	10% after ded / 10% after ded
Lab & X-Ray	20% after ded	20% after ded	10% after ded	10% after ded	10% after ded	10% after ded
Urgent Care Visit	\$40	\$40	\$20	\$20	10% after ded	10% after ded
Emergency Room Visit	\$250	\$250	\$100	\$100	10% after ded	10% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded			
Hospital Inpatient	20% after ded	20% after ded	10% after ded	10% after ded	10% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	Integrated with Med	Integrated with Med
Prescriptions (Tier 1 / 2 / 3)	\$20 / \$40 / \$80	\$20 / \$40 / \$80	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50	\$15 / \$30 / \$50

Plan Offerings

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