



**CHOICES
THAT
MATTER**



Medical Plan Offerings– Harvard Pilgrim 2025*

*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).

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Plan Offerings

Plan Highlights	HPHC HMO 20	HPHC HMO 30	HPHC PPO 1000	HPHC PPO 2000	HPHC PPO 500	HPHC PPO/HDHP 3500
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	\$3,500 / \$7,000
Family (In-Network/OON)	\$0 / Not Covered	\$2,000 / Not Covered	\$2,000 / \$2,000	\$4,000 / \$4,000	\$1,000 / \$1,000	\$7,000 / \$14,000
Out-of-Pocket Max						
Single (In-Network/OON)	\$3,000 / Not Covered	\$3,000 / Not Covered	\$2,000 / \$2,000	\$6,000 / \$6,00	\$1,500 / \$1,500	\$7,000 / \$13,000
Family (In-Network/OON)	\$6,000 / Not Covered	\$6,000 / Not Covered	\$4,000 / \$4,000	\$12,000 / \$12,000	\$3,000 / \$3,000	\$14,000 / \$26,000
Coinsurance (In-Network/OON)	0% / Not Covered	0% / Not Covered	20% / 40%	20% / 40%	10% / 30%	35% / 55%
Primary / Specialist	\$20 / \$35	\$30 / \$45	\$30 / \$30	\$40 / \$40	\$20 / \$20	35% after ded / 35% after ded
Lab & X-Ray	\$0	0% after ded	20% after ded	20% after ded	10% after ded	35% after ded
Urgent Care Visit	\$35	\$45	\$30	\$40	\$20	35% after ded
Emergency Room Visit	\$100	\$150	\$100	\$250	\$100	35% 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	35% after ded / 35% after ded
Hospital Inpatient	\$250	0% after ded	20% after ded	20% after ded	10% after ded	35% 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 after ded / \$30 after ded / \$50 after ded