



**CHOICES
THAT
MATTER**



Medical Plan Offerings– Harvard Pilgrim 2026*

*Carrier availability is based on client headquartered location, as well as client selection.

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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
Deductible						
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
Out-of-Pocket Max						
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	Access America/ Access America Value	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)	\$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
Out-of-Pocket Max						
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	10% after ded / 10% after ded	10% after ded / 10% 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 w/Med	Integrated w/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
Deductible				
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
Out-of-Pocket Max				
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 w/Med	Integrated w/Med	Integrated w/Med	Integrated w/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