



## Medical Plan Offerings— Harvard Pilgrim Healthcare 2024\*

\*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)).

**CHOICES THAT MATTER**

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## INDEX

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### New Plans

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## Harvard Pilgrim Healthcare Plan Details: **New Plans**

HPHC HMO 20	NEW for 2024
HPHC HMO 30	NEW for 2024
HPHC Advantage HMO 2000	NEW for 2024
HPHC PPO/HDHP 3500	NEW for 2024
HPHC PPO 500	NEW for 2024
HPHC PPO 1000	NEW for 2024
HPHC PPO 2000	NEW for 2024

The **new** Harvard Pilgrim plans for the 2024 benefits plan year are listed on the following pages.



# Harvard Pilgrim Health Care

Side-by-side Medical Plan Comparison  
2024 Benefits Plan Year

Benefits	HMO 20	HMO 30	Advantage HMO 2000	PPO/HDHP 3500
<b>Network Name</b>	Access America or Access America Value	Access America or Access America Value	Access America or Access America Value	Access America Best Buy
<b>Single Deductible</b>	\$0	\$1,000	\$2,000	\$3,500
<b>Family Deductible</b>	\$0	\$2,000	\$4,000	\$7,000
<b>Single Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$7,000
<b>Family Deductible Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$14,000
<b>Single Out-of-Pocket Max</b>	\$3,000	\$3,000	\$6,000	\$7,000
<b>Family Out-of-Pocket Max</b>	\$6,000	\$6,000	\$12,000	\$14,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$13,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	Not Covered	Not Covered	Not Covered	\$26,000
<b>Co-Insurance</b>	0%	0%	0%	35%
<b>Co-Insurance Out-of-Network</b>	Not Covered	Not Covered	Not Covered	55%
<b>Doctor Visits</b>	\$20	\$30	\$40	35% after ded
<b>Specialist Visits</b>	\$35	\$45	\$50	35% after ded
<b>Lab &amp; X-Ray</b>	0%	0% after ded	0% after ded	35% after ded
<b>Emergency Room Visits</b>	\$100	\$150	\$250	35% after ded
<b>Urgent Care Visits</b>	\$35	\$45	\$50	35% after ded
<b>Outpatient Facility</b>	0%	0% after ded	0% after ded	35% after ded
<b>Outpatient Surgery</b>	0%	0% after ded	0% after ded	35% after ded
<b>Hospital Inpatient</b>	\$250	0% after ded	0% after ded	35% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	N/A	Integrated w/Med
<b>Generic Rx (Tier 1)</b>	\$10	\$20	\$20	\$15
<b>Brand Rx (Tier 2)</b>	\$30	\$30	\$40	\$30
<b>Non-Formulary Rx (Tier 3)</b>	\$45	\$45	\$80	\$50



# Harvard Pilgrim Health Care

Side-by-side Medical Plan Comparison  
2024 Benefits Plan Year

Benefits	PPO 500	PPO 1000	PPO 2000
<b>Network Name</b>	Access America Best Buy	Access America Best Buy	Access America Best Buy
<b>Single Deductible</b>	\$500	\$1,000	\$2,000
<b>Family Deductible</b>	\$1,000	\$2,000	\$4,000
<b>Single Deductible Out-of-Network</b>	\$500	\$1,000	\$2,000
<b>Family Deductible Out-of-Network</b>	\$1,000	\$2,000	\$4,000
<b>Single Out-of-Pocket Max</b>	\$1,500	\$2,000	\$6,000
<b>Family Out-of-Pocket Max</b>	\$3,000	\$4,000	\$12,000
<b>Single Out-of-Pocket Max Out-of-Network</b>	\$1,500	\$2,000	\$6,000
<b>Family Out-of-Pocket Max Out-of-Network</b>	\$3,000	\$4,000	\$12,000
<b>Co-Insurance</b>	10%	20%	20%
<b>Co-Insurance Out-of-Network</b>	30%	40%	40%
<b>Doctor Visits</b>	\$20	\$30	\$40
<b>Specialist Visits</b>	\$20	\$30	\$40
<b>Lab &amp; X-Ray</b>	10% after ded	20% after ded	20% after ded
<b>Emergency Room Visits</b>	\$100	\$100	\$250
<b>Urgent Care Visits</b>	\$20	\$30	\$40
<b>Outpatient Facility</b>	10% after ded	20% after ded	20% after ded
<b>Outpatient Surgery</b>	10% after ded	20% after ded	20% after ded
<b>Hospital Inpatient</b>	10% after ded	20% after ded	20% after ded
<b>Rx Deductible (Non-Generic)</b>	N/A	N/A	N/A
<b>Generic Rx (Tier 1)</b>	\$15	\$20	\$20
<b>Brand Rx (Tier 2)</b>	\$30	\$40	\$40
<b>Non-Formulary Rx (Tier 3)</b>	\$50	\$80	\$80