



**CHOICES
THAT
MATTER**



Medical Plan Offerings— Harvard Pilgrim Healthcare 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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Harvard Pilgrim Healthcare Plan Details: **New Plans**

There are no **new** Harvard Pilgrim plans for the 2025 benefits plan year.

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Harvard Pilgrim Healthcare: Current Plans

HPHC HMO 20	Current Plan for 2025
HPHC HMO 30	Current Plan for 2025
HPHC PPO 500	Current Plan for 2025
HPHC PPO 1000	Current Plan for 2025
HPHC PPO 2000	Current Plan for 2025
HPHC PPO/HDHP 3500	Current Plan for 2025

The current Harvard Pilgrim plans for the 2025 benefits plan year are listed on the following pages.



Harvard Pilgrim
Health Care

Side-by-side Medical Plan Comparison
2025 Benefits Plan Year

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Benefits	HMO 20	HMO 30	PPO 500	PPO 1000
Network Name	HMO or HMO Open Access	HMO or HMO Open Access	Access America or Access America Value	Access America or Access America Value
Single Deductible	\$0	\$1,000	\$500	\$1,000
Family Deductible	\$0	\$2,000	\$1,000	\$2,000
Single Deductible Out-of-Network	Not Covered	Not Covered	\$500	\$1,000
Family Deductible Out-of-Network	Not Covered	Not Covered	\$1,000	\$2,000
Single Out-of-Pocket Max	\$3,000	\$3,000	\$1,500	\$2,000
Family Out-of-Pocket Max	\$6,000	\$6,000	\$3,000	\$4,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$1,500	\$2,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$3,000	\$4,000
Co-Insurance	0%	0%	10%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	30%	40%
Doctor Visits	\$20	\$30	\$20	\$30
Specialist Visits	\$35	\$45	\$20	\$30
Lab & X-Ray	0%	0% after ded	10% after ded	20% after ded
Emergency Room Visits	\$100	\$150	\$100	\$100
Urgent Care Visits	\$35	\$45	\$20	\$30
Outpatient Facility	0%	0% after ded	10% after ded	20% after ded
Outpatient Surgery	0%	0% after ded	10% after ded	20% after ded
Hospital Inpatient	\$250	0% after ded	10% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$20	\$15	\$15
Brand Rx (Tier 2)	\$30	\$30	\$30	\$30
Non-Formulary Rx (Tier 3)	\$45	\$45	\$50	\$50



Harvard Pilgrim
Health Care

Side-by-side Medical Plan Comparison
2025 Benefits Plan Year

a Point32Health company

Benefits	PPO 2000	PPO/HDHP 3500
Network Name	Access America or Access America Value	Access America or Access America Value
Single Deductible	\$2,000	\$3,500
Family Deductible	\$4,000	\$7,000
Single Deductible Out-of-Network	\$2,000	\$7,000
Family Deductible Out-of-Network	\$4,000	\$14,000
Single Out-of-Pocket Max	\$6,000	\$7,000
Family Out-of-Pocket Max	\$12,000	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$6,000	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$12,000	\$26,000
Co-Insurance	20%	35%
Co-Insurance Out-of-Network	40%	55%
Doctor Visits	\$40	35% after ded
Specialist Visits	\$40	35% after ded
Lab & X-Ray	20% after ded	35% after ded
Emergency Room Visits	\$250	35% after ded
Urgent Care Visits	\$40	35% after ded
Outpatient Facility	20% after ded	35% after ded
Outpatient Surgery	20% after ded	35% after ded
Hospital Inpatient	20% after ded	35% after ded
Rx Deductible (Non-Generic)	N/A	Integrated w/Med
Generic Rx (Tier 1)	\$20	\$15
Brand Rx (Tier 2)	\$40	\$30
Non-Formulary Rx (Tier 3)	\$80	\$50

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Harvard Pilgrim Healthcare: Eliminated Plan

For 2025, the following plans will no longer be offered:

Tufts Advantage HMO 2000	ELIMINATED for 2025
Tufts Advantage HMO 2000 MA	ELIMINATED for 2025