

2026 New Hampshire Plan Offerings

Off Marketplace plans

Off Marketplace plans are offered directly from Harvard Pilgrim Health Care, allowing individuals and families to choose from a larger selection of plans.

2026 New Hampshire Plans — Effective January 1, 2026, through December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the **Schedule of Benefits**.

Product Name	In-Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Maximum (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
Non-Standard Plans																
NH Local Choice HMO Gold + \$0 Rx list + \$0 Virtual Urgent Care MD0000201597, RX0000201309	Tier 1	\$25 copay/\$50 copay	Medical: None Rx: \$2,000/\$4,000	\$8,700/\$17,400	25%	25%	25%	\$35 copay	25%	25%	25%	25%	25%	50 copay	\$25 copay	\$10/\$35/Rx Ded, then \$60/Rx Ded, then 35%/Rx Ded, then 45%
	Tier 2	Ded, then 40%	\$3,000/\$6,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: \$25 copay Chiro: Ded, then 40%		
NH Local Choice HMO Gold 1400 + \$0 Rx list + \$0 Virtual Urgent Care MD0000201609, RX0000201310	Tier 1	\$25 copay/\$50 copay	\$1,400/\$2,800	\$7,500/\$15,000	10%	Ded, then \$300	Ded, then \$150 copay	\$35 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$50	\$25 copay	\$5/\$25/T1 Ded, then \$50/T1 Ded, then 30%/T1 Ded, then 40%
	Tier 2	Ded, then 30%	\$2,800/\$5,600		30%		Ded, then 30%		Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Acupuncture: \$25 copay Chiro: Ded, then 30%	
NH Local Choice HMO Silver 2500 + \$0 Rx list + \$0 Virtual Urgent Care MD0000201593, RX0000201311	Tier 1	\$40 copay/\$80 copay	\$2,500/\$5,000	\$9,100/\$18,200	20%	Ded, then \$500	Ded, then \$250 copay	\$50 copay	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then \$60	\$40 copay	\$10/\$35/T1 Ded, then \$100/T1 Ded, then 30%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	\$7,000/\$14,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: \$40 copay Chiro: Ded, then 40%	
NH Local Choice HMO Silver 3500 + \$0 Rx list + \$0 Virtual Urgent Care MD0000201594 (DN), RX0000201312 MD0000201595 (no DN), RX0000201312	Tier 1	\$40 copay/\$80 copay	\$3,500/\$7,000	\$8,200/\$16,400	20%	Ded, then \$500	Ded, then \$250 copay	\$50 copay	Ded, then \$1,000 copay	Ded, then \$150 copay	Ded, then 20%	Ded, then 20%	Ded, then \$75 copay	Ded, then \$60 copay	\$40 copay	\$10/\$35/T1 Ded, then \$60/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	\$5,000/\$10,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: \$40 copay Chiro: Ded, then 40%	
NH Local Choice HMO HSA Silver 3500 MD0000201589, RX0000201307	Tier 1	Ded, then 10%	\$3,500/\$7,000	\$8,000/\$16,000	10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	T1 Ded, then, 20%/20%/20%/35%/45%
	Tier 2	Ded, then covered in full	\$8,000/\$16,000		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: T1 Ded, then 10%; Chiro: T2 Ded, then covered in full		
NH Local Choice HMO Silver 5000 + \$0 Rx list + \$0 Virtual Urgent Care MD0000201601 (DN), RX0000201316 MD0000201600 (no DN), RX0000201316	Tier 1	\$30 copay/\$50 copay	\$5,000/\$10,000	\$8,500/\$17,000	10%	Ded, then \$500	Ded, then \$250 copay	\$40 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$50	\$30 copay	\$10/\$35/T1 Ded, then \$75/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	\$7,000/\$14,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: \$30 copay Chiro: Ded, then 40%	
NH Local Choice HMO HSA Bronze 6000** MD0000201590, RX0000201308	Tier 1	Ded, then 35%	\$6,000/\$12,000	\$7,500/\$15,000	35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	T1 Ded, then, 20%/20%/20%/35%/45%
	Tier 2	Ded, then covered in full	\$7,500/\$15,000		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: T1 Ded, then 35%; Chiro: T2 Ded, then covered in full	
NH Local Choice HMO Bronze 6500 + \$0 Rx list + \$0 Virtual Urgent Care** MD0000201606, RX0000201320	Tier 1	\$40 for the first 3 PCP visits All other visits: Deductible then 20%	\$6,500/\$13,000	\$8,900/\$17,800	20%	Ded, then \$500	Ded, then \$250 copay	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	\$10/\$35/T1 Ded, then 30%/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	\$7,500/\$15,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: T1 Ded, then 20%; Chiro: T2 Ded, then 40%	
NH Local Choice HMO Bronze 8000 + \$0 Rx list + \$0 Virtual Urgent Care** MD0000201605, RX0000201321	Tier 1	Covered in full for the first 2 PCP visits All other visits: Deductible, then covered in full	\$8,000/\$16,000	\$9,100/\$18,200	0%	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	T1 Ded, then, \$10/\$35/35%/35%/45%
	Tier 2	Ded, then covered in full	\$9,100/\$18,200		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: T1 Ded, then covered in full; Chiro: T2 Ded, then covered in full	
Standard Plans																
NH Local HMO Gold 2000 Standard + \$0 Rx list + \$0 Virtual Urgent Care MD0000201585, RX0000201302		\$30 copay/\$60 copay	\$2,000/\$4,000	\$8,200/\$16,400	25%	Ded, then 25%	Ded, then 25%	\$45 copay	Ded, then 25%	Ded, then 25%	Ded, then 25%	Ded, then 25%	Ded, then 25%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
NH Local HMO Silver 6000 Standard + \$0 Rx list + \$0 Virtual Urgent Care MD0000201586, RX0000201322		\$40 copay/\$80 copay	\$6,000/\$12,000	\$8,900/\$17,800	40%	Ded, then 40%	Ded, then 40%	\$60 copay	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	\$40 copay	\$40 copay	\$20/\$40/Ded, then \$80/Ded, then \$350
NH Local HMO Bronze 7500 Standard + \$0 Rx list + \$0 Virtual Urgent Care** MD0000201591, RX0000201306		\$50 copay/\$100 copay	\$7,500/\$15,000	\$10,000/\$20,000	50%	Ded, then 50%	Ded, then 50%	\$75 copay	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	\$50 copay	\$50 copay	\$25/Ded, then \$50/Ded, then \$100/Ded, then \$500

* Members will pay higher cost-sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

** All Bronze plans are eligible for a Health Savings Account (HSA).

All plans are Medicare Creditable for 2026.

Harvard Pilgrim has the right to refuse renewal of these plans, in accordance with applicable law.