Harvard Pilgrim Health Care

a Point32Health company

2027 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.

2027 New Hampshire Plans — Effective January 1, 2027, through December 31, 2027.
This is only a summary of plans. For more complete information, please refer to the **Schedule of Benefits**.

Product Name	Network	Office Visit[1] (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room[2]	Urgent Care[3]		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture	Chiropractic	RX Cost Sharing 30-days retail
							Hospital Based	Freestanding									
NH Local Choice																	
NH Local Choice HMO Gold + $0 Rx list + $0 Virtual Urgent Care MD0000201756, RX0000201403	Tier 1	Designated VPCP: $0 Other: $30/$55	Med: None/None RX: $2,000/$4,000	$8,700/$17,400	25%	$1,000	$120	$40	25%	25%	25%	25%	25%	$55	Not Covered	$30	$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%	Ded then 40%		Ded then 40%	
NH Local Choice HMO Gold 1400 + $0 Rx list + $0 Virtual Urgent Care MD0000201758, RX0000201405	Tier 1	Designated VPCP: $0 Other: $25/$50	$1,400/$2,800	$7,500/$15,000	10%	Ded then $300	Ded then $150	$35	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then $50	Not Covered	$25	$5/$25/T1 Ded then $50/T1 Ded then 30%/T1 Ded then 45%
	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%		Ded then 30%	
NH Local Choice HMO Silver 2500 + $0 Rx list + $0 Virtual Urgent Care MD0000201771(DN), RX0000201406 MD0000201759 (no DN), RX0000201406	Tier 1	Designated VPCP: $0 Other: $45/$80	$2,500/$5,000	$10,500/$21,000	20%	Ded then 20%	Ded then 20%	$55	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then $60	Not Covered	$45	$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%		Ded then 40%	
NH Local Choice HMO Silver 3500 + $0 Rx list + $0 Virtual Urgent Care MD0000201761(DN), RX0000201407 MD0000201760(No DN), RX0000201407	Tier 1	Designated VPCP: $0 Other: $40/$85	$3,500/$7,000	$10,000/$20,000	20%	Ded then $500	Ded then $250	$50	Ded then $1,000 per Admit	Ded then $250	Ded then 20%	Ded then 20%	Ded then $75	Ded then $60	Not Covered	$40	$10/$45/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%		Ded then 40%	
NH Local Choice HMO HSA Silver 3500 MD0000201763(DN), RX0000201408 MD0000201762(No DN), RX0000201408	Tier 1	Designated VPCP: Ded then $0 Other: Ded then 15%	$3,500/$7,000	$8,500/$17,000	15%	Ded then $500	Ded then $250	Ded then 15%	Ded then 15%	Ded then $500	Ded then 15%	Ded then 15%	Ded then 15%	Ded then 15%	Not Covered	Ded then 15%	T1 Ded then, 20%/20%/20%/35%/45%
	Tier 2	Ded then CIF	8,500/17,000		0%		Ded then CIF		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF		Ded then CIF	
NH Local Choice HMO Silver 5000 + $0 Rx list + $0 Virtual Urgent Care MD0000201765(DN), RX0000201409 MD0000201764(No DN), RX0000201409	Tier 1	Designated VPCP: $0 Other: $30/$50	$5,000/$10,000	$9,000/$18,000	20%	Ded then $500	Ded then $250	$40	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then $50	Not Covered	$30	$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%		Ded then 40%	
NH Local Choice HMO Bronze 6500 + $0 Rx list + $0 Virtual Urgent Care MD0000201767, RX0000201410	Tier 1	Designated VPCP: $0 Other: $40/Ded then $85	$6,500/$13,000	$9,500/$19,000	40%	Ded then 40%	Ded then 40%	Ded then $50	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then $85	Not Covered	$40	$10/$50/T1 Ded then 30%/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then 50%	7,500/15,000		50%		Ded then 50%		Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%		Ded then 50%	
NH Local Choice HMO Bronze 8000 + $0 Rx list + $0 Virtual Urgent Care MD0000201768, RX0000201411	Tier 1	Designated VPCP: $0 Other: CIF for the first 2 PCP visits All other visits: Ded then CIF	$8,000/$16,000	$9,100/$18,200	0%	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Not Covered	Ded then CIF	T1 Ded then, $10/$35/35%/35%/45%
	Tier 2	Ded then CIF	9,100/18,200		0%		Ded then CIF		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF		Ded then CIF	
NH Local Choice HMO HSA Bronze 6000 MD0000201769, RX0000201412	Tier 1	Designated VPCP: Ded then $0 Other: Ded then $40/Ded then $60	$6,000/$12,000	$8,500/$17,000	35%	Ded then 35%	Ded then 35%	Ded then $50	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then $60	Not Covered	Ded then $40	T1 Ded then, 30%/30%/30%/35%/45%
	Tier 2	Ded then CIF	8,500/17,000		0%		Ded then CIF		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF		Ded then CIF	
NH Local																	
NH Local HMO Gold 2500 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201772, RX0000201413	N/A	$30/$60	$2,500/$5,000	$8,600/$17,200	25%	Ded then 25%	Ded then 25%	$45	Ded then 25%	Ded then 25%	Ded then 25%	Ded then 25%	Ded then 25%	$30	Not Covered	$30	$15/$30/$60/$250
NH Local HMO Silver 6400 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201774, RX0000201414	N/A	$40/$80	$6,400/$12,800	$10,300/$20,600	40%	Ded then 40%	Ded then 40%	$60	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	$40	Not Covered	$40	$20/$40/Ded then $80/Ded then $350
NH Local HMO Bronze 7500 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201775, RX0000201415	N/A	$50/$100	$7,500/$15,000	$12,000/$24,000	50%	Ded then 50%	Ded then 50%	$75	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	$50	Not Covered	$50	$25/Ded then $50/Ded then $100/Ded then $500

[1] For Members enrolled on non-HSA plans that select a Designated Virtual PCP (VPCP), all virtual visits with the VPCP will be covered with no cost sharing. Members on HSA plans will be responsible for the cost of the visit, up to the deductible.

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

[3] Members enrolled in non-HSA plans pay no cost-sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be responsible for the cost of the visit, up to the deductible.

Glossary: DN = Includes EHB pediatric dental coverage; No DN = Does not include EHB pediatric dental coverage. See your plan documents for benefit and coverage details.