Harvard Pilgrim Health Care

a Point32Health company

2027 New Hampshire Plan Offerings

On Marketplace plans

On Marketplace plans are offered through the federal health insurance marketplace, **HealthCare.gov**. These plans may be best suited for individuals and families who qualify for financial help in paying for health care. These plans are also available directly through Harvard Pilgrim Health Care for individuals not eligible for a subsidy.

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 59025NH0370110-01	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 59025NH0370111-01	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 3500 + $0 Rx list + $0 Virtual Urgent Care MD0000201760, RX0000201407 59025NH0370113-01	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 Silver 5000 + $0 Rx list + $0 Virtual Urgent Care MD0000201764, RX0000201409 59025NH0370115-01	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 8000 + $0 Rx list + $0 Virtual Urgent Care MD0000201768, RX0000201411 59025NH0370117-01	Tier 1	Designated VPCP: Ded then $0 Other: 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 59025NH0370118-01	Tier 1	Designated VPCP: $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 59025NH0370119-01	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 59025NH0370120-01	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 59025NH0370121-01	N/A	$50/$100	$7,500/$15,000	$12000/$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.

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							Hospital Based	Freestanding									
CSR 73%																	
NH Local Choice HMO Silver 2500 CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201776, RX0000201416 59025NH0370113-04	Tier 1	Designated VPCP: $0 Other: $40/$80	$2,500/$5,000	$9,500/$19,000	10%	Ded then $300	Ded then $150	$50	Ded then $500 per Admit	Ded then $150	Ded then 10%	Ded then 10%	Ded then $75	Ded then $60	Not Covered	$40	$10/$35/T1 Ded then $60/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then 30%	4,000/8,000		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 HMO Silver 2900 Standard CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201782, RX0000201422 59025NH0370120-04		$40/$80	$2,900/$5,800	$9,000/$18,000	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 Choice HMO Silver 3500 CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201779, RX0000201419 59025NH0370115-04	Tier 1	Designated VPCP: $0 Other: $30/$50	$3,500/$7,000	$8,500/$17,000	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%	
CSR 87%																	
NH Local HMO Silver 800 Standard CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201783, RX0000201423 59025NH0370120-05		Designated VPCP: $0 Other: $20/$40	$800/$1,600	$3,600/$7,200	30%	Ded then 30%	Ded then 30%	$30	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	$20	Not Covered	$20	$10/$20/Ded then $60/ Ded then $250
NH Local Choice HMO Silver 1400 CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201777, RX0000201417 59025NH0370113-05	Tier 1	Designated VPCP: $0 Other: $20/$40	$1,400/$2,800	$2,400/$4,800	10%	Ded then $300	Ded then $150	$30	Ded then $500 per Admit	Ded then $100	Ded then 10%	Ded then 10%	Ded then $40	Ded then $40	Not Covered	$20	$10/$35/T1 Ded then $60/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then $0	2,400/4,800		0%		Ded then $0		Ded then $0	Ded then $0	Ded then $0	Ded then $0	Ded then $0	Ded then $0		Ded then $0	
NH Local Choice HMO Silver 1600 CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201780, RX0000201420 59025NH0370115-05	Tier 1	Designated VPCP: $0 Other: $20/$40	$1,600/$3,200	$2,400/$4,800	10%	Ded then $300	Ded then $150	$30	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then $40	Not Covered	$20	$10/$35/T1 Ded then $60/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then CIF	2,400/4,800		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	
CSR 94%																	
NH Local HMO Silver Standard CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201784, RX0000201424 59025NH0370120-06		Designated VPCP: $0 Other: $0/$10	None/None	$3,500/$7,000	25%	25%	25%	$5	25%	25%	25%	25%	25%	CIF	Not Covered	$10	$0/$15/$50/$150
NH Local Choice HMO Silver 500 CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201781, RX0000201421 59025NH0370115-06	Tier 1	Designated VPCP: $0 Other: $10/$20	$500/$1,000	$2,000/$4,000	0%	Ded then $100	Ded then $50	$20	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then $20	Not Covered	$10	$2/$10/T1 Ded then $25/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then CIF	2,000/4,000		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 400 CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201778, RX0000201418 59025NH0370113-06	Tier 1	Designated VPCP: $0 Other: $10/$20	$400/$800	$2,000/$4,000	10%	Ded then $100	Ded then $50	$20	Ded then $250	Ded then $100	Ded then 10%	Ded then 10%	Ded then $20	Ded then $20	Not Covered	$10	$2/$10/T1 Ded then $25/T1 Ded then 35%/T1 Ded then 45%
	Tier 2	Ded then $0	$2000/$4,000		0%		Ded then $0		Ded then $0	Ded then $0	Ded then $0	Ded then $0	Ded then $0	Ded then $0		Ded then $0	

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