

2025 New Hampshire Plan Offerings

Off Exchange plans

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

2025 New Hampshire Plans – Effective January 1, 2025, through December 31, 2025.

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 MD0000201327 RX0000201175	Tier 1	\$25/\$50	Medical: None Rx: \$2,000/\$4,000	\$8,700/\$17,400	25%	\$300 copay	\$150 copay	\$35 copay	25%	25%	25%	25%	25%	\$50 copay	\$25 copay	\$10/\$35/\$60/Rx Deductible, then 35%/Rx Deductible, then 40%
	Tier 2	Deductible, then 40%	\$3,000/\$6,000		40%		Deductible, then 40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO Gold 1400 MD0000201328 RX0000201176	Tier 1	\$25/\$50	\$1,400/\$2,800	\$7,500/\$15,000	10%	T1 Deductible, then \$300 copay	Deductible, then \$150 copay	\$35 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$50 copay	\$25 copay	\$5/\$25/\$50/T1 Deductible, then 30%/T1 Deductible, then 35%
	Tier 2	Deductible, then 30%	\$2,800/\$5,600		30%		Deductible, then 30%		Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Silver 2500 MD0000201329 RX0000201192	Tier 1	\$40/\$80	\$2,500/\$5,000	\$9,100/\$18,200	20%	T1 Deductible, then \$500	Deductible, then \$250	\$50 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$60	\$40 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	Tier 2	Deductible, then 40%	\$7,000/\$14,000		40%		Deductible, then 40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO Silver 3500 MD0000201333 (dental) MD0000201334 (no dental) RX0000201178	Tier 1	\$40/\$80	\$3,500/\$7,000	\$8,200/\$16,400	20%	T1 Deductible, then \$500 copay	Deductible, then \$250 copay	\$50 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then 40%	\$5,000/\$10,000		40%		Deductible, then 40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO HSA Silver 3500 MD0000201321 RX0000201167	Tier 1	Deductible, then 10%	\$3,500/\$7,000	\$7,500/\$15,000	10%	T1 Deductible, then 10%	Deductible, then 10%	T1 Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	T1 Deductible, then, 20%/20%/20%/35%/40%
	Tier 2	Deductible, then covered in full	\$7,500/\$15,000		0%		Deductible, then covered in full		Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	
NH Local Choice HMO Silver 4000 MD0000201338 RX0000201182	Tier 1	\$40/Deductible, then \$80	\$4,000/\$8,000	\$7,250/\$14,500	0%	T1 Deductible, then \$500	Deductible, then \$250	\$50 copay	Deductible, then \$1,000 per Admit	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$75	\$60	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then covered in full	\$7,250/\$14,500		0%		Deductible, then covered in full		Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	
NH Local Choice HMO Silver 5000 MD0000201345 (dental) MD0000201346 (no dental) RX0000201196	Tier 1	\$30/\$50	\$5,000/\$10,000	\$8,500/\$17,000	10%	T1 Deductible, then \$500 copay	Deductible, then \$250 copay	\$40 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$50 copay	\$30 copay	\$10/\$35/\$75/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then 40%	\$7,000/\$14,000		40%		Deductible, then 40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	

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

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							Hospital Based	Freestanding									
Non-Standard Plans																	
NH Local Choice HMO HSA Bronze 6000 MD0000201323 RX0000201172	Tier 1	Deductible, then 35%	\$6,000/\$12,000	\$7,500/\$15,000	35%	T1 Deductible, then 35%	Deductible, then 35%	T1 Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	T1 Deductible, then, 20%/20%/20%/35%/40%	
	Tier 2	Deductible, then covered in full	\$7,500/\$15,000		0%		Deductible, then covered in full		Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		Deductible, then covered in full
NH Local Choice HMO Bronze 6500 MD0000201351 RX0000201188	Tier 1	First 3 PCP visits: \$40. All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,900/\$17,800	20%	T1 Deductible then \$500	Deductible, then \$250	T1 Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$10/\$35/T1 Deductible, then 30%/T1 Deductible, then 35%/T1 Deductible, then 40%	
	Tier 2	Deductible, then 40%	\$7,500/\$15,000		40%		Deductible, then 40%		Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		Acupuncture: T1 Deductible, then 20%; Chiro: T2 Deductible, then 40%
NH Local Choice HMO Bronze 7200 MD0000201352 RX0000201189	Tier 1	First 3 PCP visits: \$40. All other visits: Deductible, then 50%	\$7,200/\$14,400	\$8,700/\$17,400	50%	T1 Deductible, then 50%	Deductible, then 50%	T1 Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$10/\$35/T1 Deductible, then 35%/T1 Deductible, then 35%/T1 Deductible, then 40%	
	Tier 2	Deductible, then covered in full	\$8,700/\$17,400		0%		Deductible, then covered in full		Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		Acupuncture: T1 Deductible, then 50%; Chiro: T2 Deductible, then covered in full
NH Local Choice HMO Bronze 8000 MD0000201318 RX0000201197	Tier 1	First 2 PCP visits: Covered in full. All other visits: Deductible, then	\$8,000/\$16,000	\$9,100/\$18,200	0%	T1 Deductible, then covered in full	Deductible, then covered in full	T1 Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	T1 Deductible, then, \$10/\$35/35%/35%/40%	
	Tier 2	Deductible, then covered in full	\$9,100/\$18,200		0%		Deductible, then covered in full		Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full		Acupuncture: T1 Deductible, then covered in full; Chiro: T2 Deductible, then covered in full
Standard Plans																	
NH Local HMO Gold 1500 Standard MD0000201317 RX0000201170		\$30/\$60	\$1,500/\$3,000	\$7,800/\$15,600	25%	Deductible, then 25%	Deductible, then 25%	\$45 copay	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
NH Local HMO Silver 5000 Standard MD0000201319 RX0000201168		\$40/\$80	\$5,000/\$10,000	\$8,000/\$16,000	40%	Deductible, then 40%	Deductible, then 40%	\$60 copay	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	\$40 copay	\$40 copay	\$20/\$40/Deductible, then \$80/Deductible, then \$350
NH Local HMO Bronze 7500 Standard MD0000201324 RX0000201173		\$50/\$100	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 50%	Deductible, then 50%	\$75 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$50 copay	\$50 copay	\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$500

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