

2025 New Hampshire Plan Offerings

On Exchange plans

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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 59025NH0370089-01	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 59025NH0370090-01	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 3500 MD0000201334 RX0000201178 59025NH0370092-01	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 Silver 5000 MD0000201346 RX0000201196 59025NH0370094-01	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%	
NH Local Choice HMO HSA Bronze 6000 MD0000201323 RX0000201172 59025NH0370088-01	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	
NH Local Choice HMO Bronze 8000 MD0000201318 RX0000201197 59025NH0370097-01	Tier 1	First 2 PCP visits: Covered in full. All other visits: Deductible, then covered in full	\$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	
Standard Plans																
NH Local HMO Gold 1500 Standard MD0000201317 RX0000201170 59025NH0370084-01		\$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%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
NH Local HMO Silver 5000 Standard MD0000201319 RX0000201168 59025NH0370085-01		\$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%	\$40 copay	\$40 copay	\$20/\$40/Deductible, then \$80/Deductible, then \$350
NH Local HMO Bronze 7500 Standard MD0000201324 RX0000201173 59025NH0370086-01		\$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%	\$50 copay	\$50 copay	\$25/Deductible, then \$50/Deductible, then \$100/Deductible, 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.

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							Hospital Based	Freestanding								
CSR Plans - 73%																
NH Local HMO Silver 3000 Standard CSR73 MD0000201322 RX0000201171 59025NH0370085-04		\$40/\$80	\$3,000/\$6,000	\$6,400/\$12,800	40%	Deductible, then 40%	Deductible, then 40%	\$60 copay	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 Choice HMO Silver 2400 CSR73 MD0000201335 RX0000201179 59025NH0370092-04	Tier 1	\$40/\$80	\$2,400/\$4,800	\$6,500/\$13,000	10%	T1 Deductible, then \$300	Deductible, then \$150 copay	\$50 copay	Deductible, then \$500 copay	Deductible, then \$150 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then 30%	\$4,000/\$8,000		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 3400 CSR73 MD0000201343 RX0000201185 59025NH0370094-04	Tier 1	\$30/\$50	\$3,400/\$6,800	\$7,000/\$14,000	10%	T1 Deductible, then \$500	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%	\$6,800/\$13,600		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%	
CSR Plans - 87%																
NH Local HMO Silver 500 Standard CSR87 MD0000201320 RX0000201169 59025NH0370085-05		\$20/\$40	\$500/\$1,000	\$3,000/\$6,000	30%	Deductible, then 30%	Deductible, then 30%	\$30 copay	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	\$20 copay	\$20 copay	\$10/\$20/Deductible, then \$60/Deductible, then \$250
NH Local Choice HMO Silver 1200 CSR87 MD0000201336 RX0000201180 59025NH0370092-05	Tier 1	\$20/\$40	\$1,200/\$2,400	\$1,900/\$3,800	10%	T1 Deductible, then \$300 copay	Deductible, then \$150 copay	\$30 copay	Deductible, then \$500 copay	Deductible, then \$100 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then \$40 copay	\$40 copay	\$20 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then covered in full	\$1,900/\$3,800		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 1400 CSR87 MD0000201347 RX0000201186 59025NH0370094-05	Tier 1	\$20/\$40	\$1,400/\$2,800	\$1,900/\$3,800	10%	T1 Deductible, then \$300 copay	Deductible, then \$150 copay	\$30 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$40 copay	\$20 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then covered in full	\$1,900/\$3,800		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	
CSR Plans - 94%																
NH Local HMO Silver Standard CSR94 MD0000201326 RX0000201174 59025NH0370085-06		Covered in full/\$10	None/None	\$2,000/\$4,000	25%	25%	25%	\$5 copay	25%	25%	25%	25%	25%	Covered in full	\$10 copay	\$0/\$15/\$50/\$150
NH Local Choice HMO Silver 400 CSR94 MD0000201337 RX0000201181 59025NH0370092-06	Tier 1	\$10/\$20	\$400/\$800	\$700/\$1,400	10%	T1 Deductible, then \$100 copay	Deductible, then \$50 copay	\$20 copay	Deductible, then \$250 copay	Deductible, then \$100 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then \$20 copay	\$20 copay	\$20 copay	\$2/\$10/\$25/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then covered in full	\$700/\$1,400		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	
NH Local Choice HMO Silver 450 CSR94 MD0000201348 RX0000201187 59025NH0370094-06	Tier 1	\$10/\$20	\$450/\$900	\$700/\$1,400	0%	T1 Deductible, then \$100 copay	Deductible, then \$50 copay	\$20 copay	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	\$20 copay	\$20 copay	\$2/\$10/\$25/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	Deductible, then covered in full	\$700/\$1,400		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	

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