Harvard Pilgrim Health Care | Beth Israel Lahey Health

a Point32Health company

2025 Beth Israel Lahey Health Benefit Comparison

	Domestic & Community HMO Plan		HMO Plus Plan[1]			Tiered POS Plan			
						In-Network			Out-of-network (out of HPHC network) What you pay
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
Annual deductible[2]	None	$1,500 per member $3,000 per family	$250 per member $500 per family	$2,000 per member $4,000 per family	$3,500 per member $7,000 per family	$250 per member $500 per family	$2,000 per member $4,000 per family	$3,500 per member $7,000 per family	$5,000 per member $10,000 per family
Annual medical out-of-pocket maximum	$3,500 per member $7,000 per family	$4,000 per member $8,000 per family	$3,500 per member $7,000 per family	$4,500 per member $9,000 per family		$3,000 per member $6,000 per family	$4,500 per member $9,000 per family		$6,000 per member $12,000 per family
Annual Rx out-of-pocket maximum	$3,000 per member $6,000 per family		$3,000 per member $6,000 per family			$3,000 per member $6,000 per family			
Total annual out-of-pocket maximum	$6,500 per member $13,000 per family	$7,000 per member $14,000 per family	$6,500 per member $13,000 per family	$7,500 per member $15,000 per family		$6,000 per member $12,000 per family	$7,500 per member $15,000 per family		$12,000 per member $18,000 per family
Preventive care visits	No charge		No charge			No charge			Deductible, then 50% coinsurance
PCP visits	No charge	$55 copay (No charge for children up to age 19)	No charge	$60 copay (No charge for children up to age 19)	$110 copay	No charge	$60 copay (No charge for children up to age 19)	$75 copay	Deductible, then 50% coinsurance
Specialist visits	$40 copay	$65 copay ($40 copay for children up to age 19)	$35 copay	$75 copay ($35 copay for children up to age 19)	$120 copay	$30 copay	$75 copay ($30 copay for children up to age 19)	$100 copay	Deductible, then 50% coinsurance
Outpatient mental health/substance use disorder treatment (group and individual)	No charge		No charge			No charge			Deductible, then 50% coinsurance
Inpatient mental health/substance use disorder treatment	10% coinsurance		Deductible, then no charge			Deductible, then no charge			Deductible, then 50% coinsurance
Emergency room (ER) treatment	$200 copay		$200 copay			$150 copay			
Emergency admission	10% coinsurance		Deductible, then no charge			Deductible, then no charge			
Urgent care (only HPHC participating urgent care centers)	$40 copay	$90 copay ($40 copay for children up to age 19)	$35 copay	$85 copay ($35 copay for children up to age 19)	$125 copay	$30 copay	$70 copay ($30 copay for children up to age 19)	$110 copay	Deductible, then 50% coinsurance
Hospital inpatient	10% coinsurance	Deductible, then 30% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 50% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance
	Children up to age 19: 10% coinsurance								

[1] If you live 20 or more miles from a Tier 1 BILH primary care provider (PCP) and you live within Harvard Pilgrim's enrollment area (MA, ME, NH, and certain areas of CT, RI, VT and NY), you and your covered dependents may participate in the Out of Area version of this plan. Under the HMO Plus Out of Area plan, you can receive services from a Tier 2 hospital, doctor or other clinician and pay the Tier 1 benefit level. To learn more about the HMO Plus Out of Area plan, visit harvardpilgrim.org/bilh or contact your organization's benefits department.

[2] Amounts applied toward all deductibles will be applied to deductibles in tiers. The maximum deductible amount paid in one calendar year will not exceed the Tier 3 deductible amount.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company

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	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	
Day surgery	10% coinsurance	Deductible, then 30% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 50% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance
	Children up to age 19: 10% coinsurance								
Routine Eye Exam (one exam every 12 months)	$40 copay	$65 copay ($40 copay for children up to age 19)	$35 copay	$75 copay ($35 copay for children up to age 19)	$120 copay ($35 copay for children up to age 19)	$30 copay	$75 copay ($30 copay for children up to age 19)	$100 copay ($30 copay for children up to age 19)	Deductible, then 50% coinsurance
Short-Term Outpatient Therapy (PT/OT) (Hospital and non-hospital affiliated – combined limit of 72 visits per calendar year)	$40 copay	$65 copay ($40 copay for children up to age 19)	$35 copay	$75 copay ($35 copay for children up to age 19)		$30 copay	$75 copay ($30 copay for children up to age 19)		Deductible, then 50% coinsurance
Chiropractic Care (Up to 12 visits per calendar year)	$40 copay		$35 copay		$75 copay	$30 copay		$75 copay	Deductible, then 50% coinsurance
Skilled Nursing Facility (100 days per calendar year)	10% coinsurance		No charge			No charge			Deductible, then 50% coinsurance
Lab/X-ray/diagnostic services and High-end radiology (MRI, CT, PET)									
In physician's office or non-hospital affiliated facility	No charge	$75 copay (waived for children up to age 19)	No charge	$75 copay (waived for children up to age 19)	$75 copay	No charge	$75 copay (waived for children up to age 19)	$75 copay	Deductible, then 50% coinsurance
In hospital or hospital affiliated facility	10% coinsurance	Deductible, then 30% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 50% coinsurance	Deductible, then no charge	Deductible, then 30% coinsurance (deductible, then no charge for children up to age 19)	Deductible, then 40% coinsurance	
	Children up to age 19: 10% coinsurance								
Prescription drugs									
BILH Pharmacy & Home Delivery	30-day supply: $5 (Generic) / $25 (Preferred brand) / $40 (Non-preferred brand) / $40 (Specialty) 90-day supply: $12.50 (Generic) / $62.50 (Preferred brand) / $100 (Non-preferred brand) / $100 (Specialty)								
30-day supply: In-Network Pharmacies (90-day supply not available outside BILH pharmacies)	$10 (Generic) / $30 (Preferred brand) / $60 (Non-preferred brand) / Specialty not covered								

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Please refer to the Schedule of Benefits and Benefit Handbook for details and a complete list of benefits. The Schedule of Benefits and Benefit Handbook govern in any case in which the information in this document is different.