

# 2023 Harvard Pilgrim Health Care Plans for SBSB

Effective January 1, 2023 – December 31, 2023 Non-Group

Plan Name	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>1</sup>	
														Retail	Mail
<b>Open Plans</b>															
<b>HMO 25 - Flex</b> Metal level - Platinum MD0000200289 RX0000200171 DN0000200108	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	Flex Provider: \$150 copay Other: \$500 copay	Flex Provider: Covered in full Other: \$40 copay	\$30 copay	Non-hospital based: \$100 copay Hospital based: \$200 copay	Non-hospital based: \$20 copay, Hospital based: \$40 copay	\$40 copay	5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
<b>HMO 500 - Flex</b> Metal level - Gold MD0000200290 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 1000 - Flex</b> Metal level - Gold MD0000200291 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 2000 - Flex</b> Metal level - Gold MD0000200293 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO HSA 3400 - Flex</b> Metal level - Silver MD0000200304 RX0000200178 DN0000200111	Deductible then \$35 copay/ Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,500/\$15,000 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay Per Visit	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/ Deductible then \$80/ Deductible then \$120/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$160/ Deductible then \$360/ Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO 3500 - Flex</b> Metal level - Bronze MD0000200238 RX0000200133 DN0000200101	Deductible then \$40 copay/ Deductible then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible then \$750 copay	Deductible then \$65 copay	Deductible then 20%	Flex Provider: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 Others: Deductible then \$75	Deductible then \$75 copay	Non-hospital based: Deductible then \$500 Hospital based: Deductible then \$1,000	Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$65 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 50%/ Deductible then 50%/ Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 50%/ Deductible then 50%/ Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
<b>Closed Plans - HMO – Only for existing members on 2022 version</b>															
<b>Focus HMO 1500</b> Metal level - Gold MD0000200308 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 2000 with Coinsurance - Flex</b> Metal level - Gold MD0000200296 RX0000200173 DN0000200109	\$40 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>Focus HMO 2500</b> Metal level - Gold MD0000200310 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO HSA 2500 - Flex</b> Metal level - Silver MD0000200302 RX0000200176 DN0000200111	Deductible then \$35 copay/ Deductible then \$55 copay	\$2,500/\$5,000 Non-embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/ Deductible then \$80/ Deductible then \$120/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$160/ Deductible then \$360/ Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO HSA 3600 - Flex</b> Metal level - Bronze MD0000200305 RX0000200179 DN0000200111	Deductible then \$75 copay/ Deductible then \$150 copay	\$3,600/\$7,200 Embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$1,500 copay	Deductible then \$150 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$150 copay Per Visit	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$150 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/ Deductible then 50%/ Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then 50%/ Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
<b>HMO 4000 - Flex</b> Metal level - Silver MD0000200299 RX0000200174 DN0000200110	\$45 copay/\$75 copay Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$350 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)

<sup>1</sup> Preventive Rx applies for all HSA plans.

Plan Name	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>1</sup>	
														Retail	Mail
<b>Closed Plans - PPO—Only for existing members on 2022 version</b>															
<b>PPO 500 - Flex</b> Metal level - Gold MD0000200314 RX0000200172 DN0000200112	IN: \$25 copay/\$50 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>PPO 1000 - Flex</b> Metal level - Gold MD0000200315 RX0000200172 DN0000200112	IN: \$25 copay/\$50 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>PPO 1500 - Flex</b> Metal level - Silver MD0000200316 RX0000200174 DN0000200113	IN: Deductible then \$40 copay/Deductible then \$75 copay OON: Deductible then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO 2000 Value - Flex</b> Metal level - Silver MD0000200318 RX0000200174 DN0000200113	IN: Deductible then \$25 copay/Deductible then \$40 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$40 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$40 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO HSA 2000 - Flex</b> Metal level - Silver MD0000200239 RX0000200130 DN0000200102	IN: Deductible then \$30 copay/Deductible then \$60 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$7,050/\$14,100 OON: \$14,100/\$28,200 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$500 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$30 copay, Hospital based: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
<b>PPO 3000 - Flex</b> Metal level - Silver MD0000200319 RX0000200174 DN0000200113	IN: \$55 copay/\$75 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$1,000 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$100 copay OON: Deductible then 20%	IN: Deductible then \$100 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO HSA 3000 - Flex</b> Metal level - Silver MD0000200321 RX0000200177 DN0000200114	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay, Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>PPO 4000 - Flex</b> Metal level - Silver MD0000200320 RX0000200174 DN0000200113	IN: \$45 copay/\$75 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$4,000/\$8,000 OON: \$7,000/\$14,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$350 copay Other: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay, Hospital based: Deductible then \$750 copay OON: Deductible then 20%	IN: Non-hospital based: \$45 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO HSA 5000 - Flex</b> Metal level - Bronze MD0000200323 RX0000200180 DN0000200116	IN: Deductible then \$75 copay/Deductible then \$150 copay OON: Deductible then 20%	IN: \$5,000/\$10,000 OON: \$8,000/\$16,000 Embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: None OON: 20%	IN: Deductible then \$1,500 copay OON: Same as IN	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Deductible then \$1,500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$500 copay, Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$65 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

<sup>1</sup> Preventive Rx applies for all HSA plans.