

2023 Harvard Pilgrim Health Care Plans for SBSB

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Effective January 1, 2023 – December 31, 2023 Small Group

For employers with 1 to 5 eligible employees

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 ¹	
														Retail	Mail
Open Plans															
HMO															
HMO 25 - Flex 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% (TS: \$250 coinsurance max)	10/\$50/\$80/\$180/20% (TS: \$750 coinsurance max)
HMO 500 - Flex 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% (TS: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1000 - Flex 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% (TS: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1500 - Flex Metal level - Gold MD0000200292 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	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% (TS: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 - Flex 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% (TS: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 with Coinsurance - Flex 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% (TS: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 Value - Flex Metal level - Silver MD0000200297 RX0000200182 DN0000200110	\$55 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-hospital based: \$750 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (TS: \$500 coinsurance max)	10/\$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (TS: \$1,500 coinsurance max)
HMO 3000 - Flex Metal level - Silver MD0000200298 RX0000200174 DN0000200110	\$55 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Covered in full Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
														Rx Deductible: \$250/\$500	

¹ Preventive Rx applies for all HSA plans.

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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 ¹	
														Retail	Mail
HMO HSA															
HMO HSA 2000 - Flex Metal level - Silver MD0000200301 RX0000200175 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$2,000/\$4,000 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)
HMO HSA 3000 - Flex Metal level - Silver MD0000200303 RX0000200177 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$3,000/\$6,000 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)
HMO HSA 3400 - Flex 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)
PPO															
PPO HSA 3400 - Flex Metal level - Silver MD0000200322 RX0000200178 DN0000200114	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,400/6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: 20% OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then 20% 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)
PPO HSA 5000 - Flex 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)
Connector															
Standard Platinum - Flex MD0000200230 RX0000200125 DN0000200093	\$20 copay/\$40 copay	None	\$3,000/\$6,000 Embedded	None	\$150 copay	\$40 copay	\$500 copay	Flex Provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital based: \$50 copay Hospital based: \$150 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000200269 RX0000200127 DN0000200095	\$30 copay/\$55 copay	None	\$5,000/\$10,000 Embedded	None	\$350 copay	\$55 copay	\$750 copay	\$500 copay	\$25 copay	\$75 copay	\$250 copay	\$55 copay	\$50 copay	\$30/\$60/\$90	\$60/\$120/\$270
HMO 2000 Low - Flex Metal level - Gold MD0000200233 RX0000200128 DN0000200096	\$30 copay/\$55 copay	\$2,000/\$4,000 Embedded	\$5,650/\$11,300 Embedded	None	Deductible then \$350 copay	\$55 copay	Deductible then \$750 copay	Flex Provider: \$250 copay Other: Deductible then \$500 copay	Flex Provider: \$20 copay Other: Deductible then \$50 copay	Deductible then \$75 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: \$55 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$125	\$60/Deductible then \$120/Deductible then \$375
Standard Silver MD0000200234 RX0000200129 DN0000200097	\$30 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$75 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$90	\$60/Deductible then \$120/Deductible then \$270
Standard Low Silver HSA - Flex MD0000200235 RX0000200130 DN0000200098	Deductible then \$30 copay/Deductible then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$30 copay Hospital based: Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
Standard High Bronze HSA - Flex MD0000200236 RX0000200131 DN0000200099	Deductible then \$60 copay/Deductible then \$90 copay	\$3,300/\$6,600 Embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135 copay	Non-hospital based: Deductible then \$350 copay Hospital based: Deductible then \$750 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$90 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$120/Deductible then \$200	Deductible then \$60/Deductible then \$240/Deductible then \$600
HMO 3500 - Flex 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% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

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														Retail	Mail
Closed Plans – Only for existing groups on 2022 version															
Focus HMO															
Focus HMO 1000 Metal level - Gold MD0000200307 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	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)
Focus HMO 2000 Metal level - Gold MD0000200309 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	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)
Focus HMO 3000 Metal level - Silver MD0000200311 RX0000200174 DN0000200110	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$850 copay	\$75 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$300 copay	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)
HMO															
HMO 1500 with Coinsurance - Flex Metal level - Gold MD0000200295 RX0000200173 DN0000200109	\$40 copay/\$75 copay	\$1,500/\$3,000 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)
HMO 4000 - Flex 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)
HMO HSA															
HMO HSA 2500 - Flex 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)
HMO HSA 3600 - Flex 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)

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