Harvard Pilgrim Health Care

a Point32Health company

2026 New Hampshire Plan Offerings

On Marketplace plans

On Marketplace plans are offered through the federal health insurance marketplace, **HealthCare.gov**. These plans may be best suited for individuals and families who qualify for financial help in paying for health care. These plans are also available directly through Harvard Pilgrim Health Care for individuals not eligible for a subsidy.

2026 New Hampshire Plans — Effective January 1, 2026, through December 31, 2026.
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 + $0 Rx list + $0 Virtual Urgent Care MD0000201597, RX0000201309 59025NH0370103-01	Tier 1	$25 copay/$50 copay	Medical: None Rx: $2,000/$4,000	$8,700/$17,400	25%	25%	25%	$35 copay	25%	25%	25%	25%	25%	50 copay	$25 copay	$10/$35/Rx Ded, then $60/Rx Ded, then 35%/Rx Ded, then 45%
	Tier 2	Ded, then 40%	$3,000/$6,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: $25 copay Chiro: Ded, then 40%	
NH Local Choice HMO Gold 1400 + $0 Rx list + $0 Virtual Urgent Care MD0000201609, RX0000201310 59025NH0370104-01	Tier 1	$25 copay/$50 copay	$1,400/$2,800	$7,500/$15,000	10%	Ded, then $300 copay	Ded, then $150 copay	$35 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then $50	$25 copay	$5/$25/T1 Ded, then $50/T1 Ded, then 30%/T1 Ded, then 40%
	Tier 2	Ded, then 30%	$2,800/$5,600		30%		Ded, then 30%		Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Acupuncture: $25 copay Chiro: Ded, then 30%	
NH Local Choice HMO Silver 3500 + $0 Rx list + $0 Virtual Urgent Care MD0000201595, RX0000201312 59025NH0370106-01	Tier 1	$40 copay/$80 copay	$3,500/$7,000	$8,200/$16,400	20%	Ded, then $500 copay	Ded, then $250 copay	$50 copay	Ded, then $1,000 copay	Ded, then $150 copay	Ded, then 20%	Ded, then 20%	Ded, then $75 copay	Ded, then $60 copay	$40 copay	$10/$35/T1 Ded, then $60/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	$5,000/$10,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: $40 copay Chiro: Ded, then 40%	
NH Local Choice HMO Silver 5000 + $0 Rx list + $0 Virtual Urgent Care MD0000201600, RX0000201316 59025NH0370107-01	Tier 1	$30 copay/$50 copay	$5,000/$10,000	$8,500/$17,000	10%	Ded, then $500 copay	Ded, then $250 copay	$40 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then $50 copay	$30 copay	$10/$35/T1 Ded, then $75/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 40%	$7,000/$14,000		40%		Ded, then 40%		Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Acupuncture: $30 copay Chiro: Ded, then 40%	
NH Local Choice HMO HSA Bronze 6000 MD0000201590, RX0000201308 59025NH0370102-01	Tier 1	Ded, then 35%	$6,000/$12,000	$7,500/$15,000	35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	T1 Ded, then, 20%/20%/20%/35%/45%
	Tier 2	Ded, then covered in full	$7,500/$15,000		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: T1 Ded, then 35% Chiro: T2 Ded, then covered in full	
NH Local Choice HMO Bronze 8000 + $0 Rx list + $0 Virtual Urgent Care MD0000201605, RX0000201321 59025NH0370109-01	Tier 1	Covered in full for the first 2 PCP visits All other visits: Deductible, then covered in full	$8,000/$16,000	$9,100/$18,200	0%	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	T1 Ded, then, $10/$35/35%/35%/45%
	Tier 2	Ded, then covered in full	$9,100/$18,200		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: T1 Ded, then covered in full; Chiro: T2 Ded, then covered in full	
Standard Plans																
NH Local HMO Gold 2000 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201585, RX0000201302 59025NH0370098-01		$30 copay/$60 copay	$2,000/$4,000	$8,200/$16,400	25%	Ded, then 25%	Ded, then 25%	$45 copay	Ded, then 25%	Ded, then 25%	Ded, then 25%	Ded, then 25%	Ded, then 25%	$30 copay	$30 copay	$15/$30/$60/$250
NH Local HMO Silver 6000 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201586, RX0000201322 59025NH0370099-01		$40 copay/$80 copay	$6,000/$12,000	$8,900/$17,800	40%	Ded, then 40%	Ded, then 40%	$60 copay	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	$40 copay	$40 copay	$20/$40/Ded, then $80/Ded, then $350
NH Local HMO Bronze 7500 Standard + $0 Rx list + $0 Virtual Urgent Care MD0000201591, RX0000201306 59025NH0370100-01		$50 copay/$100 copay	$7,500/$15,000	$10,000/$20,000	50%	Ded, then 50%	Ded, then 50%	$75 copay	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	$50 copay	$50 copay	$25/Ded, then $50/Ded, then $100/Ded, then $500

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							Hospital Based	Freestanding								
CSR 73%																
NH Local HMO Silver 3000 Standard CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201587, RX0000201303 59025NH0370099-04		$40 copay/$80 copay	$3,000/$6,000	$7,400/$14,800	40%	Ded, then 40%	Ded, then 40%	$60 copay	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	Ded, then 40%	$40 copay	$40 copay	$20/$40/Ded, then $80/Ded, then $350
NH Local Choice HMO Silver 3500 CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201604, RX0000201317 59025NH0370107-04	Tier 1	$30 copay/$50 copay	$3,500/$7,000	$7,000/$14,000	10%	Ded, then $500 copay	Ded, then $250 copay	$40 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then $50 copay	$30 copay	$10/$35/T1 Ded, then $75/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then covered in full	$7,000/$14,000		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: $40 copay Chiro: Ded, then covered in full	
NH Local Choice HMO Silver 2500 CSR73 + $0 Rx list + $0 Virtual Urgent Care MD0000201596, RX0000201313 59025NH0370106-04	Tier 1	$40 copay/$80 copay	$2,500/$5,000	$7,000/$14,000	10%	Ded, then $300 copay	Ded, then $150 copay	$50 copay	Ded, then $500 copay	Ded, then $150 copay	Ded, then 10%	Ded, then 10%	Ded, then $75 copay	Ded, then $60 copay	$40 copay	$10/$35/T1 Ded, then $60/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then 30%	$4,000/$8,000		30%		Ded, then 30%		Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Acupuncture: $30 copay Chiro: Ded, then 30%	
CSR 87%																
NH Local HMO Silver 700 Standard CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201588, RX0000201304 59025NH0370099-05		$20 copay/$40 copay	$700/$1,400	$3,300/$6,600	30%	Ded, then 30%	Ded, then 30%	$30 copay	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	$20 copay	$20 copay	$10/$20/Ded, then $60/Ded, then $250
NH Local Choice HMO Silver 1600 CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201602, RX0000201318 59025NH0370107-05	Tier 1	$20 copay/$40 copay	$1,600/$3,200	$2,100/$4,200	10%	Ded, then $300 copay	Ded, then $150 copay	$30 copay	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then $40 copay	$20 copay	$10/$35/T1 Ded, then $60/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then covered in full	$2,100/$4,200		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: $20 copay Chiro: Ded, then covered in full	
NH Local Choice HMO Silver 1400 CSR87 + $0 Rx list + $0 Virtual Urgent Care MD0000201598, RX0000201314 59025NH0370106-05	Tier 1	$20 copay/$40 copay	$1,400/$2,800	$2,100/$4,200	10%	Ded, then $300 copay	Ded, then $150 copay	$30 copay	Ded, then $500 copay	Ded, then $100 copay	Ded, then 10%	Ded, then 10%	Ded, then $40 copay	Ded, then $40 copay	$20 copay	$10/$35/T1 Ded, then $60/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then covered in full	$2,100/$4,200		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: $20 copay Chiro: Ded, then covered in full	
CSR 94%																
NH Local HMO Silver Standard CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201592, RX0000201305 59025NH0370099-06		Covered in full/$10	None/None	$2,200/$4,400	25%	25%	25%	$5 copay	25%	25%	25%	25%	25%	Covered in full	$10 copay	$0/$15/$50/$150
NH Local Choice HMO Silver 500 CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201603, RX0000201319 59025NH0370107-06	Tier 1	$10 copay/$20 copay	$500/$1,000	$800/$1,600	0%	Ded, then $100 copay	Ded, then $50 copay	$20 copay	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then $20 copay	$10 copay	$2/$10/T1 Ded, then $25/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then covered in full	$800/$1,600		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: $10 copay Chiro: Ded, then covered in full	
NH Local Choice HMO Silver 400 CSR94 + $0 Rx list + $0 Virtual Urgent Care MD0000201599, RX0000201315 59025NH0370106-06	Tier 1	$10 copay/$20 copay	$400/$800	$800/$1,600	10%	Ded, then $100 copay	Ded, then $50 copay	$20 copay	Ded, then $250 copay	Ded, then $100 copay	Ded, then 10%	Ded, then 10%	Ded, then $20 copay	Ded, then $20 copay	$10 copay	$2/$10/T1 Ded, then $25/T1 Ded, then 35%/T1 Ded, then 45%
	Tier 2	Ded, then covered in full	$800/$1,600		0%		Ded, then covered in full		Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Ded, then covered in full	Acupuncture: $10 copay Chiro: Ded, then covered in full	

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