

2025 Beth Israel Lahey Health Benefit Comparison

	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-network
Annual deductible¹	\$1,000 per member \$2,000 per family	\$2,500 per member \$5,000 per family	\$1,000 per member \$2,000 per family	\$2,500 per member \$5,000 per family	\$6,000 per member \$12,000 per family	\$500 per member \$1,000 per family	\$1,500 per member \$3,000 per family	\$3,000 per member \$6,000 per family	\$500 per member \$1,000 per family	\$2,000 per member \$4,000 per family
Annual medical out-of-pocket maximum	\$3,000 per member \$6,000 per family		\$8,000 per member \$16,000 per family			\$8,000 per member \$16,000 per family			\$6,000 per member \$12,000 per family	
Preventive care visits	No charge		No charge			No charge			No charge	Deductible, then 30% coinsurance
PCP Office visits	No charge	\$50 copay (No charge for children up to age 19)	No charge	\$50 copay (No charge for children up to age 19)	\$80 copay	No charge	\$30 copay (No charge for children up to age 19)	\$50 copay	\$20 copay	Deductible, then 30% coinsurance
Specialist Office visits	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	Deductible, then 30% coinsurance
Outpatient mental health/substance use disorder treatment (group and individual)	No charge		No charge			No charge			No charge	Deductible, then 30% coinsurance
Inpatient mental health/substance use disorder treatment	Deductible, then 10% coinsurance		Deductible, then 10% coinsurance			Deductible, then 10% coinsurance			Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Emergency room	\$200 copay		\$200 copay			\$200 copay			\$150 copay	
Emergency admission	Deductible, then 10% coinsurance		Deductible, then 10% coinsurance			Deductible, then 10% coinsurance			Deductible, then 10% coinsurance	
Urgent care (only HPHC participating urgent care centers)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	Deductible, then 30% coinsurance
Hospital inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 40% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance

¹ Amounts applied toward all deductibles will be applied to deductibles in tiers for the HMO plans. The maximum deductible amount paid in one calendar year will not exceed the Tier 3 deductible amount.

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.

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	BILH Network Premier HMO		Flex HMO			Flex Plus HMO			Access PPO	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3	In-Network	Out-of-network
Day surgery	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 50% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance (Deductible, then 10% coinsurance for children up to age 19)	Deductible, then 40% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Routine Eye Exam (one exam every 12 months)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay (\$40 copay for children up to age 19)	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	Deductible, then 30% coinsurance
Short-Term Outpatient Therapy (PT/OT) (Hospital and non-hospital affiliated – combined limit of 72 visits per calendar year)	\$40 copay		\$40 copay		\$160 copay (\$40 copay for children up to age 19)	\$40 copay		\$100 copay (\$40 copay for children up to age 19)	\$40 copay	Deductible, then 30% coinsurance
Chiropractic Care (Up to 12 visits per calendar year)	\$40 copay		\$40 copay		\$160 copay	\$40 copay		\$100 copay	\$40 copay	Deductible, then 30% coinsurance
Skilled Nursing Facility (100 days per calendar year)	Deductible, then 10% coinsurance		Deductible, then 10% coinsurance			Deductible, then 10% coinsurance			Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Lab/X-ray/diagnostic services and high-end radiology (MRI, CT, PET)										
In physician's office or non-hospital affiliated facility	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$40 copay	\$100 copay (\$40 copay for children up to age 19)	\$160 copay	\$40 copay	\$60 copay (\$40 copay for children up to age 19)	\$100 copay	\$40 copay	Deductible, then 30% coinsurance
In hospital or hospital affiliated facility	\$40 copay	Deductible, then 30% coinsurance (\$40 copay for children up to age 19)	\$40 copay	Deductible, then 30% coinsurance (\$40 copay for children up to age 19)	Deductible, then 50% coinsurance	\$40 copay	Deductible, then 20% coinsurance (\$40 copay for children up to age 19)	Deductible, then 40% coinsurance	\$40 copay	Deductible, then 30% coinsurance
Prescription drugs										

Harvard Pilgrim does not administer your prescription drug coverage. **InScript** administers the prescription drug plan for BILH employees. You can find copay amounts for the BILH plans on the Prescription tab on **Benefits Central**. For more information, please visit inscriptrx.org/patients or call **InScript** at **855-542-1819**.

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