Harvard Pilgrim Health Care | Emerson College

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Emerson College – 2025 Medical Plans Comparison Summary

Plan Feature	Best Buy HMO	Best Buy PPO		Best Buy HSA PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	$500 per member $1,000 per family	$500 per member $1,000 per family	$1,000 per member $2,000 per family	$2,000 per member $4,000 per family	$4,000 per member $8,000 per family
Out-of-Pocket Maximum	$2,500 per member $5,000 per family	$2,500 per member $5,000 per family	$2,500 per member $5,000 per family	$4,000 per member $8,000 per family	$8,000 per member $16,000 per family
Preventive Care					
Annual Routine Physical Exam	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
Annual Routine Eye Exam	$25 per visit	$25 per visit	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
Well-Child Exam	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
Outpatient Medical Care					
Non-Routine Office Visits with Primary Care or Specialist	$25 per visit	Deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then Level 1 $30 per visit; Level 2 $50 per visit after deductible	Subject to deductible, then 20% coinsurance
Diagnostic Imaging (e.g. X-rays, Ultrasounds) & Lab Tests	Subject to deductible, then covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
High-Tech Imaging (e.g. MRI, CT, PET and Nuclear Cardiology)	$75 per procedure, max of $150 per calendar year	$75 per procedure, max of $150 per calendar year	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
Physical/Occupational/Speech Therapy	Subject to deductible, then covered in full	Subject to deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Inpatient Hospital Care					
Hospitalization	Subject to deductible, then $500 per visit	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
Day Surgery	Subject to deductible, then $250 per visit	Subject to deductible, then $250 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance

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Plan Feature	Best Buy HMO	Best Buy PPO		Best Buy HSA PPO	
	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity Care					
Outpatient Care	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
Inpatient Care	Subject to deductible, then $500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
Routine Newborn Inpatient Care	Covered in full	Covered in full	Subject to deductible, then 20% coinsurance	Covered in full	Subject to deductible, then 20% coinsurance
Emergency Care					
Office Visit	$25 per visit	Subject to deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Urgent Care	$25 per visit	Subject to deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Emergency Room	$150 per visit (Copayment waived if admitted)	Subject to deductible, then $150 per visit	Subject to deductible, then $150 per visit	Subject to deductible, then $100 per visit	Subject to deductible, then $100 per visit
Chiropractic Care					
Spinal Manipulation	$25 per visit	Subject to deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Mental Health					
Outpatient Care	$25 per visit	Subject to deductible, then $25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Inpatient Care	Subject to deductible, then $500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
Substance Abuse					
Outpatient Care	$25 per visit	$25 per visit	Subject to deductible, then 20% coinsurance	Subject to deductible, then $30 per visit	Subject to deductible, then 20% coinsurance
Inpatient Care	Subject to deductible, then $500 per admission	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance	Subject to deductible, then covered in full	Subject to deductible, then 20% coinsurance
Durable Medical Equipment					
	20% coinsurance	$20 coinsurance	Subject to deductible, then 20% coinsurance	Subject to deductible, then 30% coinsurance	Subject to deductible, then 20% coinsurance
Prescription Drugs					
	Retail (30 day supply)			**Deductible applies, then copays:**	
Tier 1 copayment	$15	$15		$15	
Tier 2 copayment	$30	$30		$30	
Tier 3 copayment	$50	$50		$50	
	Mail-Order (90 day supply)			**Deductible applies, then copays:**	
Tier 1 copayment	$30	$30		$30	
Tier 2 copayment	$60	$60		$60	
Tier 3 copayment	$100	$100		$100	

This chart includes only a brief summary of plan provisions. See member documents for more detailed information. In the event of a discrepancy, the official plan documents will govern.
A Summary of Benefits and Coverage (SBC) for each plan is available from your employer as well as other member documents.