

COMPARISON HMO PLANS  
2026

	<u>Burlington</u>		<u>Burlington</u>		<u>Burlington</u>
	<u>Blue Cross HMO New England</u>		<u>Harvard Pilgrim Besy Buy HMO</u>		<u>Harvard Pilgrim HSA HMO</u>
<b>Individual</b>	<b>\$384.52</b>		<b>\$338.00</b>		<b>\$228.56</b>
<b>Family</b>	<b>\$1,030.55</b>		<b>\$857.29</b>		<b>\$609.49</b>
<b>Deductible</b>	\$1,000 Individual-\$2,000 Family (Town reimburses first half of deductible)		\$1,000 Individual-\$2,000 Family (Town reimburses first half of deductible)		\$3,000 Individual-\$6,000 Family (Town contributes \$1,800 Individual and \$3,600 Family into HSA account. Town Contribution is prorated depending the effective date of enrollment)
<b>Primary Care</b>	\$20		\$20		Deductible, then covered in full
<b>Specialist</b>	\$20		\$20		Deductible, then covered in full
<b>Chiropractor</b>	\$20		\$20 co-pay (\$500 limit per year)		Deductible, then covered in full
<b>Acupuncture</b>	\$20 copay (12 visits per year)		\$20 co-pay (20 visits per year)		Deductible then covered in full (20 visits per year)
<b>Imaging</b>	Deductible then \$100 co-pay (Copay waived if performed at a free standing facility)		Deductible then \$100 co-pay (Co-pay waived if performed at a free standing facility)		Deductible, then covered in full
<b>Prescription-Pharmacy</b>	\$20, \$30, \$50		\$20, \$30, \$50		Deductible then \$20, \$30, \$50
<b>Prescription-Mail Order</b>	\$20, \$30, \$50		\$20, \$30, \$50		Deductible then \$20, \$30, \$50
<b>Outpatient Facility</b>	Deductible then \$0		Deductible then \$0		Deductible, then covered in full
<b>Outpatient Physician</b>	\$0		Deductible then \$0		Deductible, then covered in full
<b>ER</b>	\$200 co-pay		Deductible then \$200 co-pay		Deductible, then covered in full
<b>Urgent Care</b>	\$20		\$20		Deductible, then covered in full
<b>Hospital Admission</b>	Deductible then \$0		Deductible then \$0		Deductible, then covered in full
<b>In Patient Mental Health</b>	\$0		Deductible then \$0		Deductible, then covered in full
<b>Substance Abuse Inpatient</b>	\$0		Deductible then \$0		Deductible, then covered in full
<b>PreNatal Visit</b>	\$0		\$0		\$0
<b>Delivery and Inpatient</b>	Deductible then \$0		Deductible then \$0		Deductible, then covered in full
<b>Home Health Care</b>	\$0		Deductible then \$0		Deductible, then covered in full
<b>Rehabilitation</b>	Deductible then \$20		Deductible then \$0		Deductible, then covered in full
	Limited to 60 days per calendar year		Limited to 60 combined visits per year		Limited to 60 combined visits per year

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	<u>Burlington Blue Cross HMO</u>		<u>Harvard Pilgrim HMO</u>		<u>Harvard Pilgrim HSA HMO</u>
<b><u>Habilitation Services</u></b>	Deductible then \$20 co-pay		Deductible then \$0		Deductible, then covered in full
	Limited to 60 days per calendar year		Limited to 60 combined visits per year		Limited to 60 combined visits per year
	Exceptions for early intervention				
<b><u>Skilled Nursing Services</u></b>	\$0		Deductible then \$0		Deductible, then covered in full
	(up to 100 days per calendar year)		Limited to 100 days per year		Limited to 100 days per year
<b><u>Durable Medical Equipment</u></b>	Deductible then 20% coinsurance		Deductible then \$0		Deductible, then covered in full
<b><u>Hospice</u></b>	\$0		Deductible then \$0		Deductible, then covered in full
<b><u>Eye Exam</u></b>	1 exam every 24 months \$0 co-pay		1 exam every year, \$20 co-pay		1 exam every year, \$20 co-pay
	(unless medical diagnosis)				
<b><u>Out of Pocket Maximum</u></b>	\$2,000 per member per calendar year		\$2,000 per member per calendar year		\$4,000 per member per calendar year
	\$4,000 per family per calendar year		\$4,000 per family per calendar year		\$8,000 per family per calendar year

**NOTE:**

Harvard Pilgrim Best Buy HMO has a deductible rollover that applies to any deductible amount that is incurred for services during the last three months of the calendar year and is applied toward the deductible requirement for the next calendar year.

**\*\*2026 HSA limits: \$4,400 Individual, \$8,750 Family\*\***