

2026

Health Plan Comparison Guide

w/Rate Sheet for School Active Employees



Please note: Health plan weekly rates are effective from **April 1st, 2026** until **March 31st, 2027**

Blue Choice

Individual **100% Monthly Cost**
\$1,618.72

15% Weekly Rate	15% Semi-Monthly
\$56.03	\$121.40
18% Weekly Rate	18% Semi-Monthly
\$67.24	\$145.68
19% Weekly Rate	19% Semi-Monthly
\$70.97	\$153.78
20% Weekly Rate	20% Semi-Monthly
\$74.71	\$161.87
25% Weekly Rate	25% Semi-Monthly
\$93.39	\$202.34

Family **100% Monthly Cost**
\$4,127.73

15% Weekly Rate	15% Semi-Monthly
\$142.88	\$309.58
18% Weekly Rate	18% Semi-Monthly
\$171.46	\$371.50
19% Weekly Rate	19% Semi-Monthly
\$180.99	\$392.13
20% Weekly Rate	20% Semi-Monthly
\$190.51	\$412.77
25% Weekly Rate	25% Semi-Monthly
\$238.14	\$515.97

PCP	Required
Referrals	Optional
Plan Type	POS
Coverage Area	New England (new)
Out of Network	Yes
Annual Deductible	PCP/Plan Approved \$0 Self-Referral \$250mbr/\$500fam
Out of Pocket Max	\$7,150 Individual / \$14,300 Family

HMO Blue New England

Individual **100% Monthly Cost**
\$1,212.32

15% Weekly Rate	15% Semi-Monthly
\$41.96	\$90.92
18% Weekly Rate	18% Semi-Monthly
\$50.36	\$109.11
19% Weekly Rate	19% Semi-Monthly
\$53.16	\$115.17
20% Weekly Rate	20% Semi-Monthly
\$55.95	\$121.23
25% Weekly Rate	25% Semi-Monthly
\$69.94	\$151.54

Family **100% Monthly Cost**
\$3,104.05

15% Weekly Rate	15% Semi-Monthly
\$107.45	\$232.80
18% Weekly Rate	18% Semi-Monthly
\$128.94	\$279.36
19% Weekly Rate	19% Semi-Monthly
\$136.10	\$294.88
20% Weekly Rate	20% Semi-Monthly
\$143.26	\$310.41
25% Weekly Rate	25% Semi-Monthly
\$179.08	\$388.01

PCP	Required
Referrals	Required
Plan Type	HMO
Coverage Area	New England
Out of Network	No. Emergent Care Only
Annual Deductible	\$0
Out of Pocket Max	\$7,150 Individual / \$14,300 Family

Website: www.bcbsma.com
Telephone: 1-800-782-3675

Harvard Pilgrim

Individual **100% Monthly Cost**
\$1,134.41

15% Weekly Rate	15% Semi-Monthly
\$39.27	\$85.08
18% Weekly Rate	18% Semi-Monthly
\$47.12	\$102.10
19% Weekly Rate	19% Semi-Monthly
\$49.74	\$107.77
20% Weekly Rate	20% Semi-Monthly
\$52.36	\$113.44
25% Weekly Rate	25% Semi-Monthly
\$65.45	\$141.80

Family **100% Monthly Cost**
\$3,107.77

15% Weekly Rate	15% Semi-Monthly
\$107.58	\$233.08
18% Weekly Rate	18% Semi-Monthly
\$129.09	\$279.70
19% Weekly Rate	19% Semi-Monthly
\$136.26	\$295.24
20% Weekly Rate	20% Semi-Monthly
\$143.44	\$310.78
25% Weekly Rate	25% Semi-Monthly
\$179.29	\$388.47

PCP	Required
Referrals	Required
Plan Type	HMO
Coverage Area	New England - excluding CT
Out of Network	No. Emergent Care Only
Annual Deductible	\$0
Out of Pocket Max	\$2,000 Individual / \$4,000 Family

Website: harvardpilgrim.org
Telephone: 1-888-333-4742

Website: www.bcbsma.com
Telephone: 1-800-782-3675

Covered Services

Blue Choice

HMO Blue New England

Harvard Pilgrim

 **Hospitalization, Sugrical/Specialty SVCS**
100% Coverage

 **Annual Physical**
No co-pay

 **Office Visits/Specialist**
\$25.00 co-pay

 **Chiropractor Visits**
PCP/Plan Approved (Not Covered)

 **X-Rays & Lab Tests**
100% Coverage

 **High-Tech Imaging Tests (MRIs, Scans)**
\$25.00 co-pay

 **Accupuncture Benefits**
\$25.00 co-pay, up to 12 per year

 **Telehealth Benefits**
\$0 for virtual care team primary care provider (new)

 **Pediatric Dental Benefits**
No charge for members with a cleft palate/cleft lip condition

 **Hearing & Vision Benefits**
Routine Eye Exam every 24 months; Hearing Aids \$2,000 per ear every 36 months

 **Physical, Speech & Occupational Therapy**
\$25.00 co-pay, up to 60 visits per year for Occupational, Physical and Speech Therapy

 **Ambulance**
100% Coverage

 **Emergency Room**
\$100 co-pay

 **Durable Medical Equipment**
80% Coverage

 **Direct Purchase (30-day supply)**
\$10/\$30/\$50 co-pay generic, preferred or non-preferred brand

 **Mail Order (90-day supply)**
\$10/\$30/\$50 co-pay generic, preferred or non-preferred brand

 **Fitness Club Benefits**
\$300 per household toward health club membership or classes

 **Weight Watchers Benefits**
\$300 weight watchers benefit

 **Mind & Body Benefit**
\$300 per family per calendar year towards qualified services

 **Hospitalization, Sugrical/Specialty SVCS**
100% Coverage

 **Annual Physical**
No co-pay

 **Office Visits/Specialist**
\$25.00 co-pay

 **Chiropractor Visits**
\$25.00 co-pay, up to 12 per year

 **X-Rays & Lab Tests**
100% Coverage

 **High-Tech Imaging Tests (MRIs, Scans)**
\$25.00 co-pay

 **Accupuncture Benefits**
\$25.00 co-pay, up to 12 per year

 **Telehealth Benefits**
\$0 for virtual care team primary care provider (new)

 **Pediatric Dental Benefits**
Preventive care under age 12
100% Coverage

 **Hearing & Vision Benefits**
Routine Eye Exam every 24 months; Hearing Aids \$2,000 per ear every 36 months

 **Physical, Speech & Occupational Therapy**
\$25.00 co-pay, up to 60 visits per year for Occupational, Physical and Speech Therapy

 **Ambulance**
100% Coverage

 **Emergency Room**
\$100 co-pay

 **Durable Medical Equipment**
80% Coverage

 **Direct Purchase (30-day supply)**
\$10/\$30/\$50 co-pay generic, preferred or non-preferred brand

 **Mail Order (90-day supply)**
\$10/\$30/\$50 co-pay generic, preferred or non-preferred brand

 **Fitness Club Benefits**
\$300 per household toward health club membership or classes

 **Weight Watchers Benefits**
\$300 weight watchers benefit

 **Mind & Body Benefit**
\$300 per family per calendar year towards qualified services

 **Hospitalization, Sugrical/Specialty SVCS**
100% Coverage

 **Annual Physical**
No co-pay

 **Office Visits/Specialist**
\$25.00 co-pay

 **Chiropractor Visits**
\$25.00 co-pay, up to 12 per year (new)

 **X-Rays & Lab Tests**
100% Coverage

 **High-Tech Imaging Tests (MRIs, Scans)**
\$25.00 co-pay

 **Accupuncture Benefits**
\$25.00 co-pay

 **Telehealth Benefits**
\$25.00 co-pay, \$0 w/Doctors on Demand

 **Pediatric Dental Benefits**
Preventative care up to age 13
100% Coverage

 **Hearing & Vision Benefits**
Routine Eye Exam every 12 months; Hearing Aids \$2,000 per ear every 36 months

 **Physical, Speech & Occupational Therapy**
\$25.00 co-pay, up to 60 visits per year for OT and PT, Speech Unlimited

 **Ambulance**
100% Coverage

 **Emergency Room**
\$100 co-pay

 **Durable Medical Equipment**
100% Coverage

 **Direct Purchase (30-day supply)**
\$10/\$30/\$50 co-pay generic, brand formulary or brand non-formulary

 **Mail Order (90-day supply)**
\$20/\$60/\$150 co-pay generic, brand formulary or brand non-formulary

 **Fitness Club Benefits**
\$300 per household toward health club, nutrition apps etc.

 **Weight Watchers Benefits**
\$300 weight watchers benefit

 **Mind & Body Benefit**
No Coverage

All plans offer **additional** wellness discounts, disease management programs, health articles, tools, resources etc.