



The Choice  
is Yours.



## Your Medical Plan Options for 2026

*Health Plans, Inc. and Boston Medical Center Health System  
working together for you and your family*

Boston Medical Center  
**HEALTH SYSTEM**

# It's good to work together.

Health Plans, Inc. (HPI) is proud to be Boston Medical Center Health System's (BMCHS) partner for health care coverage.

## *Who is HPI?*

*We manage employee health benefit plans for employers who want the accessibility of Harvard Pilgrim's high-quality provider network with a greater level of administrative flexibility to help minimize health care costs.*

*HPI helps to ensure you and your family receive the right care, at the right time, in the place that's best for you—at the most affordable cost.*



# Your 2026 Medical Plan Options

Please read through this brochure for important highlights about your medical plan options:

- BMC Select
- HPHC (Harvard Pilgrim Health Care) PPO
- HDHP (High Deductible Health Plan) with Health Savings Account
- BMC HMO

Please review this brochure with other plan information, including the Schedules of Benefits in the Summary Plan Description, Summaries of Benefits and Coverage and the Boston Medical Center Medical Plan Comparison chart available at [healthplansinc.com/BMC](https://healthplansinc.com/BMC). For represented employees, please refer to your CBA.

Once you have enrolled in a plan, you will receive an HPI member ID card. If you elect family coverage, your card will include the names of all your covered family members, and you will receive a card for each covered member over age 16. You may also download a temporary card online by registering for a *My Plan* account at [healthplansinc.com/BMC](https://healthplansinc.com/BMC). If you will be seeing a new doctor, it's a good idea to schedule a first visit once your coverage is effective.

If you have any questions, we're here to help.

Visit us online at [healthplansinc.com/BMC](https://healthplansinc.com/BMC)  
or give us a call at **844-926-2262**.

# What you need to know:

## BMC Select

**BMC Select** is a limited network plan that requires you and your covered family members to receive care from the BMC Select network. This includes Boston Medical Center, Boston Medical Center – Brighton, Boston Medical Center – South, and selected community partners (as listed on the following page). All office visits are covered in full after you pay a \$15 copayment, and other services including hospitalization within the network, are provided at no cost.

### Which providers and hospitals can I visit?

You can visit the hospitals and providers listed above. You'll go to Boston Medical Center, Boston Medical Center– Brighton or Boston Medical Center – South for all of your inpatient care; only emergency care is covered at other hospitals. Other than emergency care, there's no coverage for services you receive outside the BMC Select network. The BMC Select network includes a limited number of auxiliary providers for chiropractic, behavioral health, dialysis, preventive pediatric dental services, acupuncture, physical/occupational therapy, and urgent care at selected locations. Use the BMC Select online directory at [healthplansinc.com/BMC](http://healthplansinc.com/BMC) to find participating providers.

### Do I need a primary care provider (PCP)?

Yes. Please make sure your PCP participates in the BMC Select network and has admitting privileges at Boston Medical Center, Boston Medical Center– Brighton or Boston Medical Center – South by checking the BMC Select online directory. You also may call HPI at 844-926-2262.

If you do not have a PCP when you enroll, HPI will assign one to you. You can change your BMC Select PCP for any reason by setting up a secure *My Plan* online member account at [healthplansinc.com/BMC](http://healthplansinc.com/BMC) after you become enrolled in the plan. You also may call HPI at 844-926-2262.

### Can I continue to see my current PCP?

Yes, if your current PCP belongs to the BMC Select network.

### What if I need care outside the BMC Select network?

While you must have your PCP coordinate your care, you can see any specialist within the network. In the rare event that an in-network specialist does not have the expertise to provide the care you need, you or your doctor may ask for an exception to see a provider outside the BMC Select network.

### Can I go to providers and hospitals that do not belong to the BMC Select network?

No. Except in a medical emergency, or if you are granted an exception as noted in the previous question, if you go to a provider that does not belong to the BMC Select network or to a hospital other than Boston Medical Center, Boston Medical Center– Brighton or Boston Medical Center – South, you will be responsible for paying all charges (unless you are admitted through the emergency room).

BMC Select cost-sharing highlights	
PCP and specialist	\$15
Mental health/substance use office visits	\$15
Same-day care options (Doctor On Demand, CVS MinuteClinic, stand-alone urgent care centers)	\$15
Emergency room	\$150 (waived if admitted)
Hospital inpatient	No charge

*The BMC Select Schedule of Benefits in the Summary Plan Description (SPD) has more details on benefits and cost sharing. It governs in the event that the information in this document is different.*



# Boston Community Health Centers

Most providers in the Boston HealthNet Community Health Centers are part of the BMC Select network. Additional provider locations are part of the BMC Select Network and can be found in the list below and on the provider directory. Be sure to confirm that any providers you see at these locations are part of the BMC Select network by calling 844-926-2262 prior to your visit.

## Allston/Brighton

- Charles River Community Health\*

## Attleboro

- Manet Community Health Center

## Brockton

- Brockton Neighborhood Health Center\*

## Dorchester

- Codman Square Health Center
- DotHouse Health
- Harvard Street Neighborhood Health Center
- Upham's Corner Health Center
- Geiger-Gibson Community Health Center
- Neponset Health Center

## East Boston

- NeighborHealth

## Everett

- NeighborHealth

## Hull

- Manet Community Health Center

## Hyannis

- Harbor Community Health Center

## Kenmore

- BU Charles River Medical Practice

## Mattapan

- Mattapan Community Health Center

## Plymouth

- Harbor Health

## Quincy

- Manet Community Health Center  
(5 locations)

## Revere

- NeighborHealth

## Roslindale

- Greater Roslindale Medical  
and Dental Center

## Roxbury

- Dimock Center
- Whittier Street Health Center

## South Boston

- South Boston Community Health Center  
(4 locations)

## South End

- NeighborHealth
- Boston Community Pediatrics\*

## Taunton

- Manet Community Health Center

## Waltham

- Charles River Community Health Center\*

## Winthrop

- NeighborHealth

*\*independent community health center*

# What you need to know:

## HPHC PPO

The HPHC PPO features in-network coverage for access to providers and hospitals inside HPHC’s network and out-of-network coverage for access to providers and hospitals outside of HPHC’s network. Additionally, you are eligible to receive reimbursements to help cover out of pocket medical expenses when you use top performing in network medical providers through Garner.

### Do I need a primary care provider (PCP)?

No, although we encourage you to have one to help coordinate your care.

### How does in-network coverage work?

You have in-network coverage when you receive care for covered services from HPHC’s participating providers and hospitals. Your out-of-pocket costs are lower when you visit a provider in the HPHC network. Hospitals and providers in the Harvard Pilgrim network (in New England) and the UnitedHealthcare “Options” network (outside of New England), are in-network for members on the HPHC PPO.

When you enroll HPHC PPO Plan, you have the option of using Garner to locate a high performing provider and earn incentives to cover your out of pocket medical costs. In 2026, you can be reimbursed up to \$2,000 for individuals and \$4,000 for families. Garner identifies Top Providers based on their ability to practice according to the latest medical research, diagnose problems successfully, and achieve the best patient outcomes. Please note, you must add doctors to your Care Team with Garner before your visit for your visit to qualify for reimbursement. [Visit [garner.guide/create-my-account](https://garner.guide/create-my-account) for more information].

### How does out-of-network coverage work?

You have out-of-network coverage when you receive covered services from providers and hospitals that do not belong to HPHC’s network. Non-participating providers may bill you for the differences between their charges and the amount HPHC pays for covered services. This is called Balance Billing and this amount does not apply to your out-of-network out-of-pocket maximum.

### Do I need referrals to go to specialists and hospitals?

No. Just keep in mind that when you’re going to be admitted to the hospital, services are covered according to which providers you use. For example, if a non-participating doctor performs your surgery at a participating hospital, you have out-of-network coverage for the doctor’s services and in-network coverage for the hospital’s services. Except in an emergency, you must notify HPI in advance of a hospital admission when non-participating providers and hospitals are involved. Please check the PPO provider directory at [healthplansinc.com/BMC](https://healthplansinc.com/BMC), or call HPI Member Services for the names of participating providers and hospitals. *Additionally, please call HPI to verify if a service requires prior authorization.*

### How do the deductibles work?

The HPHC PPO includes separate in-network and out-of-network deductibles. Except for in-network primary care/specialist visits and some diagnostic tests, you must pay for most other services until you satisfy the required deductible amounts. After you meet the deductible, you will then be responsible for a copayment or coinsurance, depending on the type of service you receive.

HPHC PPO cost-sharing highlights		
	In-network	Out-of-network
Annual deductible	\$2,500 individual \$5,000 family	\$2,500 individual \$5,000 family
Primary care/specialist visits	\$50/\$65	35% coinsurance after deductible
Same-day care options (Doctor On Demand, CVS MinuteClinic, stand-alone urgent care centers)	\$15	
Emergency room	\$150	
Hospital inpatient	20% coinsurance after deductible	35% coinsurance after deductible

The PPO Schedule of Benefits in the Summary Plan Description (SPD) has more details on benefits and cost sharing. It governs in the event that the information in this document is different.

# What you need to know:

## HDHP

The HDHP features in-network coverage for access to providers and hospitals inside HPHC's network and out-of-network coverage for access to providers through the HPHC network in MA, ME, NH and VT and the UnitedHealthcare "Options" (UHC) Network in all other states.

### Do I need a primary care provider (PCP)?

No, although we encourage you to have one to help coordinate your care.

### How does in-network coverage work?

You have in-network coverage when you receive care for covered services from HPHC and UHC providers and hospitals. Your out-of-pocket costs are lower when you visit in-network providers. Hospitals and providers in the Harvard Pilgrim network (in New England) and the UnitedHealthcare "Options" network (outside of New England), are in-network for members on the HDHP.

### How does out-of-network coverage work?

You have out-of-network coverage when you receive covered services from providers and hospitals that do not belong to in-network providers. Non-participating providers may bill you for the differences between their charges and the amount in-network providers pay for covered services. This is called Balance Billing and this amount does not apply to your out-of-network out-of-pocket maximum.

### How does cost sharing work?

You pay out-of-pocket for your medical expenses until you reach the annual deductible. Once the deductible is met, you pay a percentage of the cost of care (your coinsurance). Once you reach the out-of-pocket maximum, the plan pays 100% of eligible medical expenses.

### Do I need referrals to go to specialists and hospitals?

No. Just keep in mind that when you're going to be admitted to the hospital, services are covered according to which providers you use.

For example, if a non-participating doctor performs your surgery at a participating hospital, you have out-of-network coverage for the doctor's services and in-network coverage for the hospital's services. Except in an emergency, you must notify in-network providers in advance of a hospital admission when non-participating providers and hospitals are involved.

Please check the HDHP provider directory at [healthplansinc.com/bmc](http://healthplansinc.com/bmc), or call HPI Member Services for the names of participating providers and hospitals.

*Additionally, please call HPI to verify if a service requires prior authorization*

### How do the deductibles work?

The HDHP includes separate in-network and out-of-network deductibles.

HDHP HSA cost-sharing highlights		
	In-network	Out-of-network
Annual deductible	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family
Primary care/specialist visits	30% coinsurance after deductible	50% coinsurance after deductible
Preventative care	100% deductible waived	50% coinsurance after deductible
Emergency room	30% coinsurance after deductible	30% coinsurance after deductible
Hospital inpatient	30% coinsurance after deductible	50% coinsurance after deductible

*The HDHP Schedule of Benefits in the Summary Plan Description (SPD) has more details on benefits and cost sharing. It governs in the event that the information in this document is different.*

# What you need to know:

## BMC HMO

The **BMC HMO** provides access to the HPHC Focus HMO Network of providers in Massachusetts and the entire HPHC network of providers in Maine, New Hampshire, Rhode Island, and Vermont. It does not cover providers in any other state, unless you visit the emergency room.

### Do I need a primary care provider (PCP)?

Yes. You must have a PCP provide your care (except in emergencies) and provide a referral for most kinds of specialty care for the plan to provide coverage for services.

### How can I find an in-network provider?

You can use the BMC HMO online directory at [healthplansinc.com/BMC](https://healthplansinc.com/BMC) or call HPI at **844-926-2262**.

### Do I need referrals to visit specialists?

Yes, you need your PCP's referral for most visits to specialists. Referrals are not necessary for some services, such as routine eye exams or most gynecological care.

BMC HMO cost-sharing highlights	
	In Network
PCP visits	\$25
Specialist visits	\$40
Mental health/substance use office visits	\$10 group \$10 individual
Same-day care options (Doctor On Demand, CVS MinuteClinic, stand-alone urgent care centers)	\$15
Emergency room	\$150 (waived if admitted)
Annual deductible (for Hospital inpatient/Outpatient surgery/High-End Radiology)	\$500 per person \$1,000 per family
Hospital inpatient	100% after deductible
Outpatient surgery	\$100 copay after deductible
High-End Radiology Imaging	\$50 copay after deductible (at a Physician's Office or non-hospital facility) \$100 copay after deductible (at a hospital)

- The BMC HMO Schedule of Benefits in the Summary Plan Description (SPD) has more details on benefits and cost sharing. It governs in the event that the information in this document is different.
- See the Lower Cost High-End Radiology Imaging directory for a listing of lower cost facilities.

Both documents may be viewed at [healthplansinc.com/BMC](https://healthplansinc.com/BMC).



# For all plans

## Emergency Care

Your plan covers all medical emergencies (e.g., heart attack, stroke, shock, major blood loss, choking, severe head injury, loss of consciousness, seizures or convulsions). Just go to the nearest emergency facility or call 911 or another local emergency number. If you are hospitalized, call your PCP and HPI within 48 hours, or as soon as you can (or ask someone to do this for you).

## Urgent/Sick Care

For non-emergency care (like a sore throat, earache or flu), you should call your provider's office and ask for a same-day appointment. If your provider is unavailable, you may be directed to a covering clinician or an urgent care facility. Visit [healthplansinc.com/BMC](https://healthplansinc.com/BMC) for a list of Same Day Care providers where your care will be covered.

## Same-Day Care Options for Convenience and Urgent Care Needs

If your primary care provider isn't available and you or one of your covered family members has a minor illness or injury that needs to be treated quickly (e.g., ear infection, rash, sprained ankle), you have the option of using Doctor On Demand or going to a convenience care clinic or an urgent care clinic\* instead of the emergency room (ER). Your wait may be shorter, and your copay will be \$15 instead of the \$150 ER copay on the Select, PPO, and HMO plans. (cost will vary on the HDHP depending on location).

Visit [healthplansinc.com/BMC](https://healthplansinc.com/BMC) for a list of convenience and urgent care clinic locations.

*\*A freestanding facility not at a hospital.*

## Emergency and Sick Care While Traveling

In addition to emergencies, if you become sick or injured outside of the HPHC service area, we will cover any unforeseen care you may need—whether you're in another part of the country or another part of the world. Call HPI Member Services for payment and claims information at **844-926-2262**.

## Dependent Coverage Requirements

Please contact HPI Member Services:

- If you have a disabled child over the age of 26 on your medical plan, as recertification may be required. A reminder that a dependent child must be deemed disabled by HPI while actively enrolled prior to turning age 26.
- To register your dependent child (up to age 26) for coverage if he or she is living out of the medical plan's Enrollment Area and learn how he or she will be covered on your medical plan. This step is required only for BMC Select and BMC Tiered HMO members.



# For all plans

## Enjoy great prescription savings with BMC Pharmacies and Express Scripts



If you need prescriptions, you can purchase them at the BMC Pharmacies or through pharmacies that belong to the Express Scripts network. You can save 60% off your copayments when you get your prescriptions through the BMC Pharmacies including the home delivery pharmacy, Cornerstone. Email **DG-EmployeePharmacyServices@bmc.org** or stop by a BMC pharmacy to transfer a current prescription, pick up a 30-day or a 90-day supply, purchase low-cost over-the-counter medications or ask a pharmacist questions about medications.

*The below copays apply to all plans. However, on the HDHP, the calendar year deductible must be met before copays apply.*

30-day supply				
	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4
BMC Pharmacy	\$12	\$20	\$30	\$30
Express Scripts Pharmacies	\$20	\$50	\$90	20%, up to \$250

90-day supply				
	Rx Tier 1	Rx Tier 2	Rx Tier 3	Rx Tier 4
BMC Pharmacy/BMC Mail Order	\$24	\$40	\$85	\$90
Express Scripts Mail Order	\$40	\$100	\$270	20%, up to \$750

# Which Plan is Right for You?

	BMC Select	HPHC PPO	HDHP w/HSA	BMC HMO
<b>Choose this plan if you would prefer to...</b>	Use only BMC Select network providers (unless an emergency or noted exception)	Pay a higher premium and pay deductibles to see providers and hospitals inside and outside the BMCHS and HPHC networks	Pay a lower premium and have access to in- and out-of-network providers and tax advantaged HSA savings Pay a large deductible for services before the plan provides coverage	Pay a higher premium to see providers and hospitals in the HPHC network
<b>Do I need a PCP?</b>	Yes	No	No	Yes
<b>Do I need referrals from my PCP to see specialists?</b>	No	No	No	Yes
<b>Can I see out of network providers?</b>	No	Yes	Yes	No
<b>Which providers and hospitals can I visit?</b>	Boston Medical Center, Boston Medical Center – Brighton, Boston Medical Center – South, the Boston HealthNet Community Health Centers, and some independent health centers	HPHC <i>plus</i> Providers and hospitals outside the HPHC network	HPHC <i>plus</i> Providers and hospitals outside the HPHC network	HPHC
<b>Office visit copayments</b>	\$15	In-network: \$50 primary care/\$65 specialists Deductible and coinsurance in-network and out-of-network	30% coinsurance after deductible	\$25 primary care \$40 specialists
<b>Is there a reimbursement account?</b>	No	Yes, employer-funded reimbursements available for your out of pocket expenses through the Garner Health incentive account (garner.guide/create-my-account )	No	No



## Contact Us.



**HPI Member Services:**  
**844-926-2262**

**For pharmacy questions,**  
call Express Scripts:  
**877-861-0376**



**Visit us online:**  
**[healthplansinc.com/BMC](http://healthplansinc.com/BMC)**

**Visit Express Scripts online:**  
**[www.express-scripts.com](http://www.express-scripts.com)**



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