

PRODUCT PORTFOLIO REFERENCE GRID

Mass General Health Plan Complete HMO Plans for Intermediary Small Group

Effective January 1, 2024

All plans meet Medicare Part D Creditable Coverage requirements.
All plans meet Minimum Creditable Coverage requirements.

				OUTPATIENT						INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY
Complete HMO Plans	Metallic Tier	Deductible (D) Individual/ Family (embedded, unless otherwise noted)	Maximum Out-of- Pocket Individual/ Family (embedded)	Office Visit PCP/ Specialist	Emergency Room (Copayment waived if Admitted)	Diagnostic, Imaging & X-ray	Lab	High-tech Radiology	Outpatient Surgery	Inpatient Medical	SNF (100 days/ benefit period) and Rehab (60 days/benefit period) per Admission	Outpatient MH/SU Visits including Rehab and Detox	Inpatient MH/SU per Admission	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6
Complete HMO 20/40 with Care Complement	Platinum	None	\$3,500/\$7,000	\$20/\$40	\$150	\$0	\$0	Non-Hospital: \$150 Hospital: \$300	Non-Hospital: \$250 Hospital: \$500	\$500	\$500	\$20	\$500	\$10/\$20/\$45/\$160/ \$200/\$500
Complete HMO 500 with Care Complement	Gold	\$500/\$1,000	\$9,000/\$18,000	\$25/\$45	\$350	\$45	\$45	Non-Hospital: \$250 Hospital: \$500	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	\$25	(D) \$500	\$10/\$30/\$75/\$200/ \$250/\$500
Complete HMO 1000 25/50/350 with Care Complement	Gold	\$1,000/\$2,000	\$9,000/\$18,000	\$25/\$50	\$350	(D) \$50	(D)	Non-Hospital: (D) \$250 Hospital: (D) \$500	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	\$25	(D) \$500	\$10/\$30/\$75/\$200/ \$250/\$500
Complete HMO 1500 25/50 ER350 with Care Complement	Gold	\$1,500/\$3,000	\$9,000/\$18,000	\$25/\$50	\$350	(D) \$50	(D)	Non-Hospital: (D) \$250 Hospital: (D) \$500	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	\$25	(D) \$500	\$10/\$20/\$75/\$200/ \$250/\$500
Complete HMO 2000 20/40/400 with Care Complement	Gold	\$2,000/\$4,000	\$9,000/\$18,000	\$20/\$40	\$400	(D) \$50	(D)	Non-Hospital: (D) \$250 Hospital: (D) \$500	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	\$20	(D) \$500	\$10/\$20/\$75/\$200/ \$250/\$500
Complete HMO 2000 30/60/1000 with Care Complement	Silver	\$2,000/\$4,000	\$9,450/\$18,900	\$30/\$60	(D) \$1,000	(D) \$150	(D) \$55	Non-Hospital: (D) \$300 Hospital: (D) \$600	Non-Hospital: (D) \$300 Hospital: (D) \$600	(D) \$750	(D) \$750	\$30	(D) \$750	\$10/\$45/\$200/\$250/ \$350/\$500
Complete HMO 2500 30/55/500 with Care Complement	Silver	\$2,500/\$5,000	\$9,450/\$18,900	\$30/\$55	(D) \$500	(D) \$80	(D) \$55	Non-Hospital: (D) \$250 Hospital: (D) \$500	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	\$30	(D) \$500	\$10/\$35/(D)\$75/(D)\$300/ (D)\$350/(D)\$500
Complete HMO 3000 40/55/500 with Care Complement	Silver	\$3,000/\$6,000	\$9,450/\$18,900	\$40/\$55	(D) \$500	(D) \$80	(D) \$55	Non-Hospital: (D) \$300 Hospital: (D) \$500	Non-Hospital: (D) \$300 Hospital: (D) \$500	(D) \$500	(D) \$500	\$40	(D) \$500	\$10/\$35/\$75/(D)\$300/ \$350/(D)\$500
Complete HMO 2500 15%/35% with Care Complement	Silver	\$2,500/\$5,000	\$9,450/\$18,900	\$30/\$55	(D) 35%	(D) \$80	(D) \$50	Non-Hospital: (D) 15% Hospital: (D) 35%	Non-Hospital: (D) 15% Hospital: (D) 35%	(D) 35%	(D) 35%	\$30	(D) 35%	\$10/\$30/(D)35%/(D)35%/ (D)35%/(D)35%
Complete HMO 4000 35/45/750 10% with Care Complement	Bronze	\$4,000/\$8,000	\$9,450/\$18,900	(D): \$35/\$45	(D) \$750	(D) \$100	(D) \$50	Non-Hospital: (D) \$250 Hospital: (D) \$500	Non-Hospital: (D) \$500 Hospital: (D) \$1,000	(D) 10%	(D) 10%	(D) \$35	(D) 10%	\$10/\$45/\$200/ \$250/\$350/\$500
HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible)														
Complete HMO HSA 2500 30/45/450 Enhanced FlexRx	Silver	\$2,500/\$5,000 Aggregate	\$7,500/\$15,000	(D): \$30/\$45	(D) \$450	(D) \$50	(D) \$50	Non-Hospital: (D) \$150 Hospital: (D) \$300	Non-Hospital: (D) \$250 Hospital: (D) \$500	(D) \$500	(D) \$500	(D) \$30	(D) \$500	(D) then: \$10/\$30/\$60/\$200/ \$250/\$500

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, pharmacy, and dental applies to the out-of-pocket maximum.
Note: Plans are ordered based on relativity to the first plan of each section.



PRODUCT PORTFOLIO REFERENCE GRID

Mass General Brigham Health Plan HMO Plans for Intermediary Small Group

Effective January 1, 2024

Great Access and Value

- Behavioral health benefits include access to Lyra Health’s full range of personalized care options, tools, resources, and support. This is in addition to Optum’s behavioral health network
- Care Complement plans support our members by making it easier and more cost effective to adhere to their treatment plans. It’s been nationally recognized for the common-sense approach to waiving cost share for certain services that can contribute to lowering costs. It removes financial barriers to care and introduces alternative methods for managing pain and chronic conditions which encourages healthy behaviors and helps mitigate future complications.*
- For members age 18 and younger: The first three PCP sick office visits and behavioral health office visits at no cost to members*
- An enhanced prescription drug benefit that includes a broad list of preventive medications covered before an HSA plan’s deductible
- Our fitness reimbursement provides up to \$150 for individual coverage or up to \$300 for family coverage per calendar year
- On Complete HMO plans, lower cost sharing for outpatient surgeries at an ambulatory surgical center or high-tech radiology services (e.g., MRI, CT, PET scan, and nuclear cardiac imaging) at a diagnostic imaging center. Members pay less for care received at these non-hospital based facilities than hospital-based and their affiliated facilities

*Does not apply to HSA plans

PRODUCT PORTFOLIO REFERENCE GRID

Choice Easy Tier HMO Plans for Intermediary Small Group

Effective January 1, 2024

All plans meet Medicare Part D Creditable Coverage requirements.
All plans meet Minimum Creditable Coverage requirements.

				OUTPATIENT						INPATIENT		MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY
Choice Easy Tier HMO Plans	Metallic Tier	Deductible (D) Individual/Family (embedded)	Out-of-Pocket Maximum Individual/Family (embedded)	Office Visit PCP/Specialist	Emergency Room (Copayment waived if Admitted)	Diagnostic, Imaging & X-ray	Lab	High-tech Radiology	Outpatient Surgery	Inpatient Medical	SNF (100 days/ benefit period) and Rehab (60 days/ benefit period) per Admission	Outpatient MH/SU Visits Including Rehab and Detox	Inpatient MH/SU per Admission	Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6
Choice Easy Tier HMO 500 with Care Complement	Gold	\$500/\$1,000	\$9,000/\$18,000	\$25/\$40	\$400	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$35	Tier 1: (D) Tier 2: (D) \$450	Tier 1: (D) \$250 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$25/\$75/\$200/ \$300/\$500
Choice Easy Tier HMO 1000 25/40/300 with Care Complement	Gold	\$1,000/\$2,000	\$9,000/\$18,000	\$25/\$40	\$300	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$20	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$25/\$75/\$200/ \$300/\$500
Choice Easy Tier HMO 1500 with Care Complement	Gold	\$1,500/\$3,000	\$9,000/\$18,000	\$25/\$40	\$300	Tier 1: (D) \$35 Tier 2: (D) \$135	(D) \$20	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$25/\$75/\$200/ \$300/\$500
Choice Easy Tier HMO 2000 25/40 with Care Complement	Gold	\$2,000/\$4,000	\$9,000/\$18,000	\$25/\$40	\$400	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) \$75 Tier 2: (D) \$525	Tier 1: (D) \$250 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$25/\$75/\$200/ \$300/\$500
Choice Easy Tier HMO 3000 with Care Complement	Silver	\$3,000/\$6,000	\$9,450/\$18,900	\$45/\$55	(D) \$750	Tier 1: (D) \$150 Tier 2: (D) \$250	(D) \$75	Tier 1: (D) \$500 Tier 2: (D) \$1,500	Tier 1: (D) \$250 Tier 2: (D) \$1,500	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$45	(D) \$500	\$10/\$35/\$75/\$300/ \$350/\$500
Choice Easy Tier HMO 2500 15%/35% with Care Complement	Silver	\$2,500/\$5,000	\$9,450/\$18,900	\$40/\$55	(D) 15%	Tier 1: (D) \$100 Tier 2: (D) \$200	(D) \$60	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 35%	(D) 15%	\$40	(D) 15%	\$10/\$35/(D)35%/(D)35%/ (D)35%/(D)35%

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, pharmacy, and dental applies to the out-of-pocket maximum.
NOTE: Plans are ordered based on relativity to the first plan on this grid.

IMPORTANT NOTICE: These plans include a Tiered Provider Network called Choice Easy Tier HMO. In these plans, members pay different levels of copayments, coinsurance, and/or deductibles depending on the tier of the provider delivering a covered service or supply. These plans may make changes to a provider's benefit tier annually on January 1. Please consult the provider directory or visit [MassGeneralBrighamHealthPlan.org](#) to determine the tier of providers in the Choice Easy Tier HMO network.

Comprehensive benefits that are simple to understand and easy to use

About Choice Easy Tier HMO plans and network

Easy Tier plans are simple to understand and use. This plan divides the hospital network into higher and lower cost tiers: Tier 1 (lower cost) and Tier 2 (higher cost). In addition, the tiering is limited to these services: inpatient medical services, outpatient diagnostic imaging and X-ray (including ultrasound), outpatient high-tech radiology (CT Scans, MRIs, etc.), outpatient surgery, outpatient short-term rehabilitation (cardiac, physical, occupational, and speech therapy).

All hospitals in our Choice Easy Tier HMO network must meet high- quality standards and are measured by a set of quality benchmarks from publicly available resources like Leapfrog and Hospital Compare. To determine a hospital's tier, we used statewide cost data from the Center for Health Information and Analysis, an agency of the Commonwealth of Massachusetts. Based on this data, we identified cost efficient hospitals by hospital type and placed these hospitals in Tier 1 (lower cost).

Tier 1, lower cost: Most hospitals and affiliated facilities fall into the lower-cost tier, including popular local hospitals like Newton-Wellesley Hospital, North Shore Medical Center, and South Shore Hospital.

Tier 2, higher cost: Higher cost sharing applies only to the following hospitals and some of their affiliated facilities: Beth Israel Deaconess Medical Center, Boston Children's Hospital, Boston Medical Center, Brigham and Women's Hospital, Dana Farber Cancer Institute, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital, New England Baptist Hospital, Tufts Medical Center, and UMASS Memorial Medical Center.

To look up any network hospital's tier, visit [MassGeneralBrighamHealthPlan.org](#)

Embedded Deductible and/or Out-of-Pocket Maximum

All members are responsible for the individual deductible per benefit period. The family deductible can be satisfied by combining the deductibles paid by covered family members. With family coverage, the family out-of-pocket maximum is satisfied by combining the deductibles, coinsurance, and copayment amounts paid by covered family members. A covered family member will not exceed the individual out-of-pocket maximum amount.

Aggregate Deductible

With family coverage, the individual deductible amount does not apply. The entire family deductible amount must be met before benefits are payable for anyone in the family.

All Plans Include:

- Access to our expansive provider network of doctors and specialists
- Access to On DemandSM for convenient, high-quality virtual urgent care visits for minor illnesses or injuries right from a tablet, smart phone, or computer
- DoctorSmart[™] Rewards program gives members cash back when they select to have certain services with a high-value provider Fitness reimbursement: Up to \$150 for individual coverage or \$300 for family coverage per calendar year
- Weight loss benefit: Up to 6 months of membership fees in a qualified weight-loss program*

- No limits for mental health/substance use outpatient office visits or inpatient admissions
- Childbirth education class reimbursement: \$130 per pregnancy
- Pediatric vision benefits for members up to age 19 powered by EyeMed
- Pediatric Dental for members up to age 19 through Delta Dental

Medical Benefits (Outpatient, Inpatient, Other)

- No copayment, deductible or coinsurance applies to preventive services when through an in-network provider
- Routine eye exam at no cost sharing for members diagnosed with diabetes**
- Physical/occupational therapy: Coverage up to 60 combined visits for rehabilitation and habilitation each per benefit period
- For HMO plans, a referral is needed for any specialty care, with the following exceptions when provided by an Mass General Health Plan provider:
 - Gynecologist or Obstetrician for routine, preventive, or urgent care
 - Family planning services
 - Outpatient and diversionary behavioral health services
 - Emergency services provided by any provider
 - Routine eye exam
 - Physical, occupational, and speech therapy

Pharmacy Benefits

Our FlexRx[™] pharmacy solutions control pharmacy costs while offering money and time savings for members:

- 6-Tier coverage for a wide variety of medications, including a \$10 low-cost tier**
- An over-the-counter (OTC) drug benefit that covers many common OTC cough, cold, and allergy drugs and products with a prescription
- A 90-day supply of maintenance medications through mail order or retail pharmacies. Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on tiers with coinsurance.

Care Complement

Care ComplementSM removes cost barriers to various care options. The following benefits are at \$0 cost sharing:

- Cardiac rehabilitation therapy
- Medication assisted therapy office visits and certain prescription medications
- The first 6 physical/occupational therapy and chiropractic visits
- The first 6 acupuncture visits (benefit limit of 20 visits)
- Diabetes education & nutritional counseling
- 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure

*One per policy (either subscriber or dependent); weight loss membership benefit excludes food
**Deductible applies first for HSA plans, following IRS rules

Evidence of Coverage is comprised of the Mass General Health Plan Schedule of Benefits and Member Handbook.
Underwritten by Mass General Brigham Health Plan, Inc