



Mass General Brigham  
Health Plan



# Your ultimate health plan selection guide

Five tools to help you make an informed decision about your health plan

# Introduction

Use this guide with your benefits advisor to make sure you are offering the appropriate health plan coverage for your employees and their family members while ensuring the best value for your company.

Each year, healthcare costs are a major concern for businesses and employees. Given economic pressures, many employers are looking for a health plan that meets their business needs while providing greater value to their employees. While it's a good idea to review plan design changes, new products, and offerings from other carriers each year, it's especially important to consider how your current plan supports your employees' needs.

## Inside, you'll find:

1. A timeline to help plan ahead for health plan renewal and open enrollment.
2. A survey with questions to help you better understand your employees' healthcare needs.
3. Four tips for a successful partnership with your employee benefits advisor.
4. Ways you and your employees can get the most out of your health plan throughout the year.
5. A pre-renewal checklist with steps you can take to make an informed decision.

These resources will help you feel more confident when it comes to deciding what health plan best meets you and your employees' needs.

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# Health insurance benefit planning timeline

Planning and preparing for your health plan renewal and open enrollment can be a time-consuming process. Our at-a-glance timeline highlights important steps you can mark on your calendar to ensure this year's health plan renewal is your easiest yet. Keep in mind that this timeline is estimated—your timing may vary based on your organization or number of employees.

## Leading up to open enrollment

### 6 months out

Survey your employees to get a better feel for how your current health plan is meeting their service, network, and healthcare needs. Keep this survey brief, around 10 questions or less.

### 2-3 months out

Connect with your employee benefits advisor to gather information to help decide whether to switch health plans or stay with your current plan.

- Receive current carrier renewal information with changes in current premiums and other plan benefits.
- Discuss health plan needs and survey results.
- Talk about what other health insurance carrier options can offer in terms of benefits, programs, and opportunities for greater value.
- Identify open enrollment period.

## Open enrollment

### 1 month from plan effective date

Work with your benefits advisor and prepare enrollment submission via forms or through your employer portal.

### Open enrollment period

Open enrollment generally lasts one week and can take place up to 45 days prior to effective date.

### Up to 2 months out

Begin promoting health plan choices and educating employees about new or changing benefits. If changing plans, be upfront as to why, like cost savings, minimizing benefit disruption, or bringing new innovations from another carrier.

### 2-4 weeks after enrollment submission

If you've switched carriers, receive welcome information that will be helpful for payments and service support.

## Outside of open enrollment

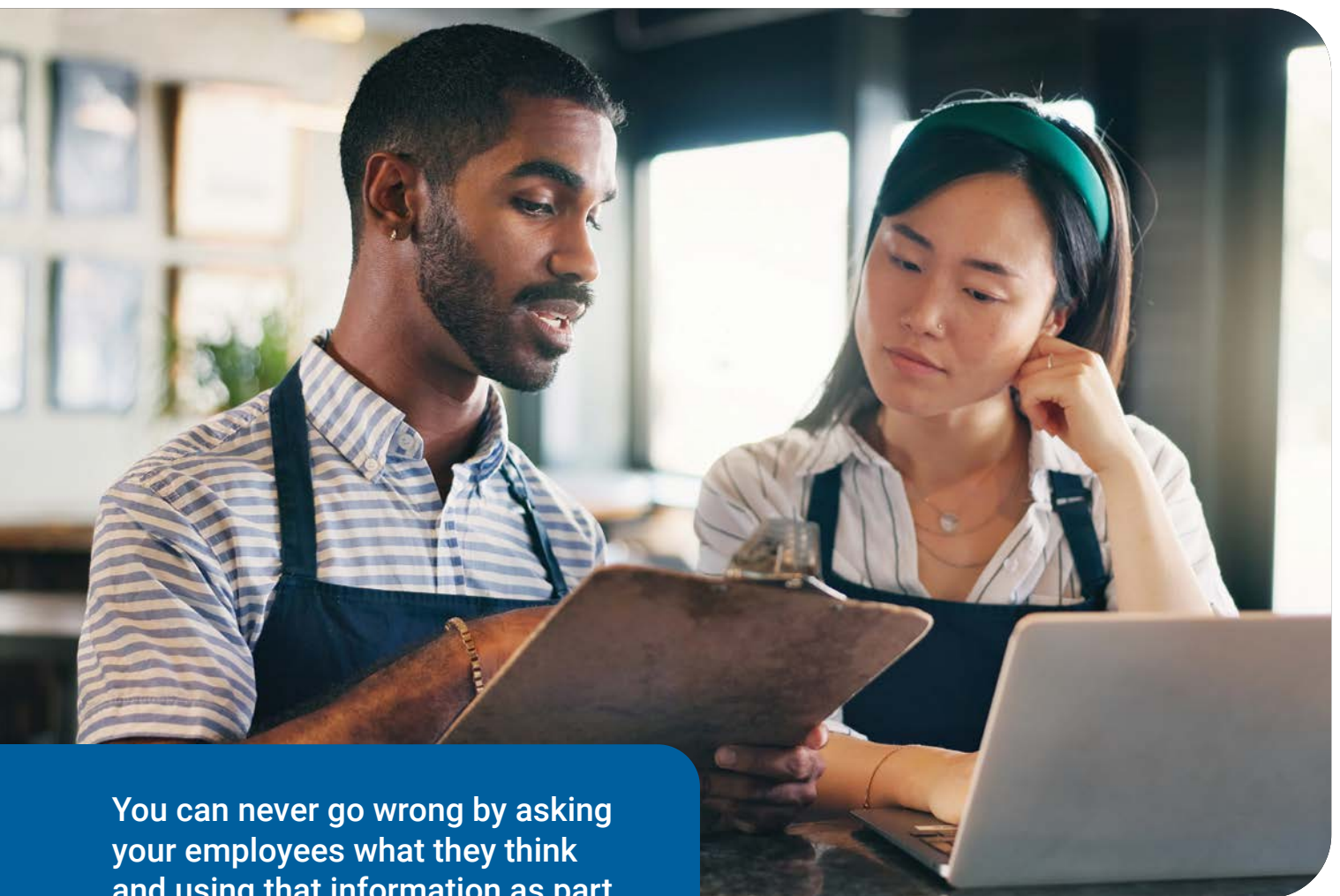
- Onboard new hires and employees/dependents with a qualifying life event.
- You and/or your employee benefits advisor will review and approve the confirmation of benefits package from the carrier.
- Share periodic reminders about the benefits and perks of their health plan, including any care management programs, wellness platforms, and accessible member apps.
- Check in with your employee benefits advisor or health plan carrier every few months to learn about any new programs you can promote.

# Why you should ask your employees for feedback on your health plan offerings

When it comes to attracting and retaining top talent, health benefits are critical. In the current competitive market, businesses need to offer a high-value health plan that meets their employees' needs while also helping save on costs. One of the best ways to make sure your health plan offering accomplishes these goals is to survey your employees anonymously.

The following survey contains 10 sample questions to ask your employees before you begin the annual renewal process. Once your employees complete the survey, look for trends and use that information in your decision-making process.

Whether you stick with your current plan, make some adjustments, or decide to switch carriers altogether, you can never go wrong by asking your employees what they think.



You can never go wrong by asking your employees what they think and using that information as part of your decision-making process.

# Sample survey

To our valued employees,

There are many factors we examine as part of our process to decide what health insurance to offer. We strive to balance the cost of these benefits with the value they provide you and your families. Your candid feedback will help us make this important decision. Thank you!

## Does your current health insurance coverage...

Provide a good value for the cost, including how much is taken out of your pay and the cost sharing you may need to pay when you get care?	Yes	No
Include the doctors and hospitals you need?	Yes	No
Offer innovative approaches to meet your healthcare needs, like telemedicine or low/no-cost coverage for some services?	Yes	No
Offer programs or perks to encourage a healthy lifestyle?	Yes	No
Provide enough education and support for managing any chronic conditions?	Yes	No
Have enough ways to contact the health plan's Customer Service?	Yes	No
Get your questions answered right away by Customer Service staff?	Yes	No
Get the follow up you need from Customer Service staff?	Yes	No
Are you satisfied overall with your current plan?	Yes	No
Would you want us to consider a switch?	Yes	No

What is most important for us to consider as we make our health insurance decision?

# Four tips for a successful business partnership

With your employee benefits advisor or health plan account executive



Having a great relationship with an employee benefits advisor is valuable when it comes to making health plan decisions for your business. They can help ensure you have the appropriate benefit package for your employees and your bottom line, and take some of the burden of preparing for your renewal off your shoulders.

To help you make the most of this important partnership, we offer these four tips.

## **1. Request periodic check-ins**

To make sure you're prepared for the challenges of today and tomorrow, it's a good idea to have regular check-ins scheduled with your benefits advisor. If you work directly with a health plan, you can similarly check in with your account executive.

## **2. Ask the experts for the best resources for your staff**

If you're interested in promoting discounts from your health plan or improving your employees' health literacy, check with your benefits advisor. Their agency or your health plan may offer distributional resources such as videos, flyers, or helpful content.

## **3. Learn from their experience**

Your benefits advisor can be a great source of best practices for your business. These might include ideas on how to connect with your employees during a virtual enrollment, or other resources to support your business. If you have a specific need, don't be afraid to ask.

## **4. Communicate, communicate, communicate**

Communication is the key to every good relationship. As such, it's important to remain in two-way communication with your benefits advisor. You may want to ask about industry trends, what's new, or if there might be a different plan option or health plan that suits your business better.

# How to get the most out of your health plan coverage

Whether you stay with your current insurer or switch to a new plan offering greater value, it's important to understand what you bought and how your employees can make the most of their health plan. This is especially important when unexpected events change how you do business.

Once you know everything your plan has to offer, make sure you share that knowledge with your employees. Everyone benefits when you promote what's available—like telemedicine, member perks, or special benefits—after your enrollment period.

You can get the word out by using company emails, intranet sites, newsletters, or break rooms to highlight what's available through your insurer. Your broker or insurer may also have tools to help you communicate these plan offerings.

Highlight these in-demand benefits:

## Behavioral health resources

With current events and work-related stress taking a toll on our mental health, offering access to behavioral health tools can provide critical support for struggling employees.

## Pharmacy programs

Rx programs that help employees save money on prescriptions and get early refills, a greater supply of their medication, or home delivery make it easier for them to stay on top of their needs.

## Women's health programs

Employees can benefit from programs that cover the full spectrum of women's health needs, such as pregnancy and post-partum support, menopause, and mental health.

## Share seasonal reminders and health tips throughout the year



### Winter

Remind employees to seek care virtually from the comfort of home. Promote heart health programs for American Heart Month and cancer preventive screenings in honor of World Cancer Day.



### Spring

Talk about behavioral health benefits for Mental Health Awareness Month.



### Summer

Remind employees about wellness program benefits to help take advantage of good weather.



### Fall

Encourage employees to get a flu shot. Promote diabetes prevention programs for National Diabetes Month.

**Don't wait until renewal time to talk with your benefits advisor or your health plan. Set up a meeting so you can keep up with the new programs and services that you can promote to employees throughout the year.**

# Your pre-renewal checklist

Now that we've established a timeline for open enrollment, discussed tips for collaborating with your benefits advisor, and come up with survey questions for your employees, this checklist brings it all together. Use this tool to make sure you have everything you need to support your pre-renewal planning.

## Review last year's health plan at a high-level

Overall, how did your current plan work for you and your employees?

Ask yourself six key questions:

1. Are your employees satisfied overall with the coverage you provide?
2. Do your current premiums make sense based on coverage you provided?
3. Do you feel you're getting value from your health plan?
4. Does your health plan provide online access to important resources?
5. What's the service like from your current health plan?
6. If you offer plans from more than one insurer, is it time to simplify or consolidate?

## Review your company's goals for next year

Answering these questions will help identify what you need in a health plan's provider network, or plan type:

- Is your company changing in employee size?
- Are you adding locations or consolidating?
- How is today's economic environment impacting your benefit strategy?



**Talk to your benefits advisor about how organizational changes may impact your plan or network choices.**

## Ask your benefits advisor about other plan types available

If you don't offer a tiered or high-value network plan, they might be options worth considering. Ask your benefits advisor if there are available plans that might be a good fit for your employees. For example:

- If you have a good sense of your employees' preferred doctors or hospitals, sometimes a tiered network plan can save important premium dollars while still giving your employees provider choice.
- If the majority of your employees live in a certain area and see providers at a local hospital, a high-value network plan is a great way to save on costs while still ensuring quality care.

**If you have a distributed or remote workforce and require a national provider network, an EPO plan may be a good solution to provide an equitable health plan offering to your employees.**

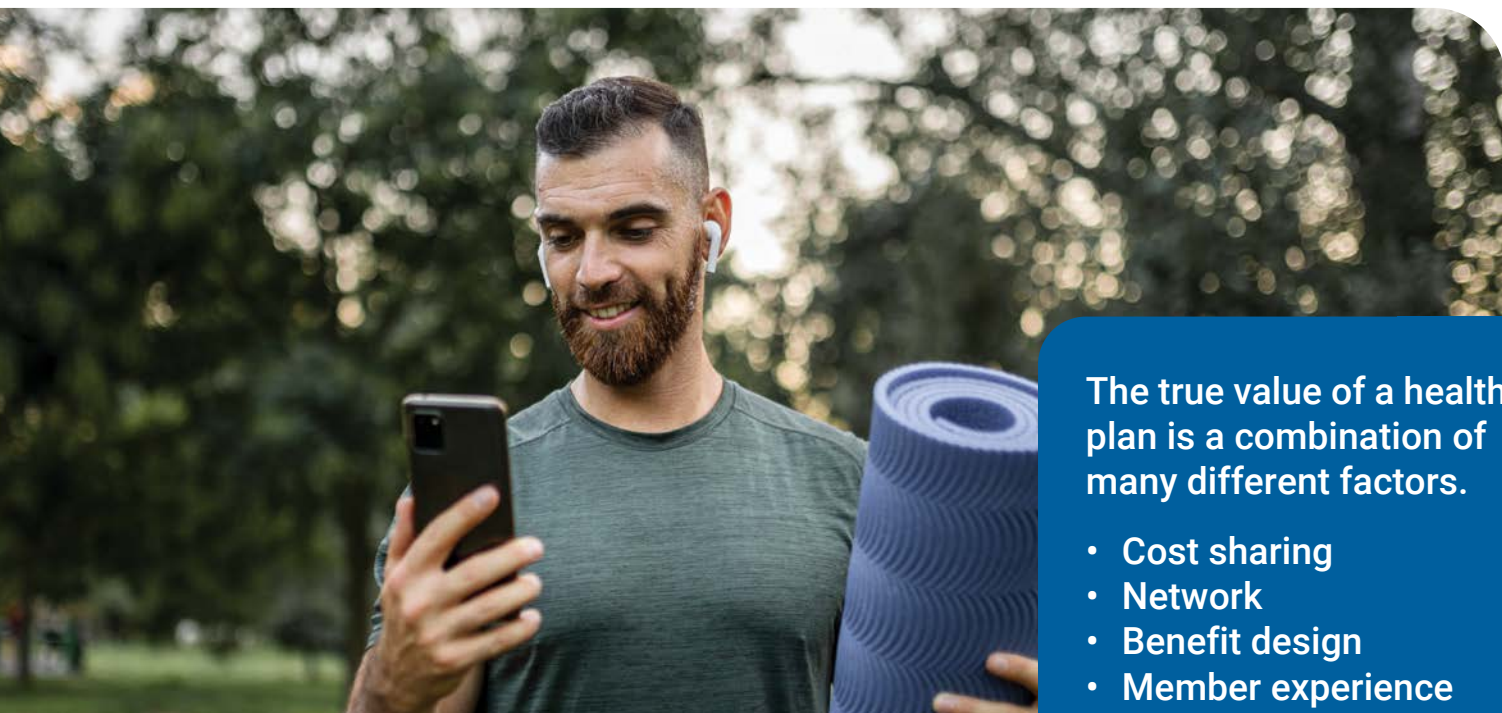
## Find out if your plan offers programs and services to help employees save money and get the care they need

How long ago did you start offering your current plan? If it's been a couple years, it's a good idea to make sure you're up-to-date on any new programs or benefits available to your employees.

Health plans often add programs and services throughout the year. Some new initiatives are even designed to remove cost and time-related barriers to health care.

### For instance:

- Does your plan offer \$0 cost sharing for any services outside of preventive care? Insurers are now offering plans with low or no-cost services to make it easier for members to access care they might otherwise avoid due to cost concerns.
- Does your plan offer health and wellness programs that your employees can join at no additional cost and are easy to access for employees and their families? Most health plans offer virtual, online programs that make it easier for your employees to maintain healthy habits, like nutrition and stress reduction tips.
- What kind of member perks or value-added programs does your insurer provide? Many offer discounts for popular weight loss or nutrition programs, fitness reimbursements, and even discounts for personal training.
- Do you or your plan offer opportunities for employees to offset deductible costs, such as through a Health Reimbursement Account (HRA) or Health Savings Accounts (HSA)? Your benefits advisor can explain how these options could help you and your employees save money.



The true value of a health plan is a combination of many different factors.

- Cost sharing
- Network
- Benefit design
- Member experience
- Access to care

# About Mass General Brigham Health Plan

At Mass General Brigham Health Plan, we do more than offer health coverage—we connect our members to the care they need. As part of the Mass General Brigham healthcare system, our members have access to its world-class hospitals, physicians, and specialists, along with a comprehensive network of trusted providers. This gives members the flexibility to receive care within the Mass General Brigham system or from other providers in our network, making it easier to find the right care close to home.

## Why choose us?

Choosing a health plan is about finding a plan that supports your health, simplifies your experience, and helps you get the most value from your benefits. At Mass General Brigham Health Plan, our affordable plans include multiple value adds designed to support your health and wellbeing.

With Mass General Brigham Health Plan, you can expect:

- **Affordable plans with valuable benefits:** Our plans are designed to provide high-quality coverage at a competitive cost—and most plans come with value adds like Care Complement, which helps members meaningfully reduce out-of-pocket costs. Additionally, our premium pricing reflects an average savings of 10% or more on merged-market HMO plans.\*
- **Women's health support for every stage of life:** Our women's health portfolio\*\* offers personalized resources and programs that support women through every stage of life—from reproductive and maternity care to menopause and beyond.
- **Mental health support when you need it:** Members have access to mental health resources through Lyra\*\*\* or Optum, offering convenient options for therapy, coaching, and emotional support.
- **Wellness resources that support healthy living:** Our wellness offerings include programs like Healthier You and the Weight Management program through Teladoc Health\*\*, along with resources available through our wellness hub to help members build healthy habits and support their overall well-being.
- **Easy onboarding for a smooth start:** We make it simple to get started with your plan, with clear guidance and helpful resources so you can quickly understand and use your benefits.

## Visit our website for more info

If you'd like to learn more about Mass General Brigham Health Plan, you can visit our website at [MGBHP.org/employers](https://MGBHP.org/employers).

\* Estimated savings are based on a comparison of our average premium for 25 HMO plans to the average premium of a peer group of top local MA carriers by market share as of January 1, 2026, using the base rates from the approved calendar year 2026 merged market rate filing. Savings are not guaranteed. Actual premium savings will vary based on plan selection, geographic location, and employee demographics.

\*\* Included with fully insured plans

\*\*\* Included with fully insured plans and available to self-funded clients at an additional cost.

