



## *Amendment to Mass General Brigham Health Plan Coverage Effective January 1, 2026*

This document represents a revision to your Member Handbook.

### **Section: Benefit Exclusions and Limitations**

#### **Replace Experimental Services and Procedures with:**

The plan does not cover medical and behavioral health care services, procedures, devices, biologic products, and drugs (collectively “treatment”) when there is insufficient scientific evidence to support their use, except when the treatment is required by regulation. The plan does not cover even if it is a treatment available as a last resort.

Please refer to the following policies for more information:

For behavioral health services, visit: [public.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bh\\_Clinnical\\_Policies.html](http://public.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/bh_Clinnical_Policies.html)

For medical health services, visit: [massgeneralbrighamhealthplan.org/providers/medical-policies](http://massgeneralbrighamhealthplan.org/providers/medical-policies)

As required by law, the plan does cover:

- One or more stem cell (bone marrow) transplants for a member diagnosed with breast cancer that has spread. The member must meet the eligibility standards that have been set by the Massachusetts Department of Public Health.
- Certain drugs used on an off-label basis. Examples are drugs used to treat cancer and drugs used to treat HIV/AIDS.
- Patient care services furnished pursuant to qualified clinical trials intended to treat cancer.
- Services, procedures, devices, biologic products, drugs (collectively “treatment”) and programs when there is sufficient scientific evidence to support their use.

### **Section: Care Management and Disease Management Programs**

#### **Replace section name Your Care Circle program with:**

**Coordinated Whole Health Care Management Program**