

Notice to Mass General Brigham Health Plan Members

Amendment to Mass General Brigham Health Plan Coverage Effective January 1, 2025 unless noted otherwise below.

This document represents a revision to your Member Handbook.

Section 7: Your Covered Health Care Services

Replace Maternity Services (Inpatient) with:

The plan covers services from an attending obstetrician, pediatrician, or certified nurse midwife for a mother and newborn child. The plan covers for at least 48 hours after a vaginal delivery or for a cesarean delivery it is 96 hours. If the mother and doctor agree to an early discharge, the plan covers one home visit by a registered nurse, physician, or certified midwife. The plan may cover more home visits with a Network Provider as needed. Your PCP, Treating Provider, obstetrician, or certified nurse midwife must arrange for services. Coverage also includes the supply of pasteurized donor human milk and donor human milk-derived products.

Replace Maternity Services (Outpatient) with:

The plan covers prenatal and postpartum care with a Network Provider. The plan covers prenatal exams, diagnostic tests, prenatal nutrition, health care counseling, risk assessment, and postpartum exams, including post-partum depression screenings. Routine prenatal care includes your visits to the provider managing your pregnancy and a postpartum visit. Your *Schedule of Benefits* tells you how much you have to pay for these services. All other services may be subject to cost-sharing including labs, obstetrical ultrasounds and other diagnostic tests.

Your PCP, Treating Provider, obstetrician, or certified nurse midwife must arrange for these services.

Section 8: Behavioral Health Services

Replace Behavioral Health Services (Outpatient) 1st paragraph with:

Members may directly seek outpatient mental health and substance use counseling or medication services from any licensed clinician in the Network. The Network includes physicians with a specialty in psychiatry, a licensed alcohol and drug counselor I, licensed psychologists, licensed independent clinical social workers, licensed marriage and family therapists, licensed mental health clinical nurse specialists or licensed mental health counselors, and recovery coaches. Members may directly contact In-network providers of these services for treatment. Please use the online Provider Directory at MassGeneralBrighamHealthPlan.org, to locate a Behavioral Health clinician nearby. A Referral from your PCP is not required. Please see your *Schedule of Benefits* for specific benefit information.

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Section 7: Your Covered Health Care Services

Replace Early Intervention Services with:

The plan covers services for Members under the age of three (3) when criteria is met. These may be available by early intervention Specialists who are working in early intervention programs approved by the Massachusetts Department of Public Health. You do not need a Referral from your PCP for these services. You may go to any Early Intervention Provider in the Network for these services.

The plan covers Applied Behavioral Analysis (ABA) as part of an Early Intervention (EI) plan. EI-ABA for children, up to age three years, who have a diagnosis within the Autism Spectrum Disorders or other applicable diagnosis per Massachusetts State mandates, such as Down syndrome, and are currently receiving services through an Early Intervention provider. The plan covers EI-ABA services with a qualified Massachusetts Department of Public Health (MDPH) Specialty Services Program (SSP). The plan covers medically necessary ABA services beyond age three through Optum and may require a Prior Auth.

For the most current medical necessary criteria and Prior Auth requirements, please visit Optum's providerexpress.com site and click on Clinical Criteria and Guidelines.

For the most current medical necessary criteria for Early Intervention Services, please visit mgbhealthplan.org/providers/medical-policies.

Replace Rehabilitation Therapy - Outpatient (Includes Physical, Occupational, and Speech Therapy) with:

The plan covers evaluation and restorative, short term treatment when needed to improve the ability to perform activities of daily living and when there is likely to be significant improvement in the Member's level of function after illness or injury. This includes coverage for the treatment of members with Down syndrome. See your *Schedule of Benefits* for limits.