

PRODUCT PORTFOLIO REFERENCE GRID

Allies[™] Choice HMO Plans for Intermediary Small Group

Effective January 1, 2023

Allies is designed to make getting care easier, more convenient, less costly, and less confusing

- Premium savings compared to our full network plans
- Members get local, community-based primary and specialty care from providers affiliated with Newton-Wellesley Hospital, Salem Hospital, or South Shore Hospital. All three are Tier 1 (lower cost) hospitals
- When referred, members have access to Mass General Brigham academic medical centers and specialty hospitals. Tier 2 (higher) cost sharing for certain services will apply at Mass General Hospital, Brigham and Women's Hospital, and Mass Eye and Ear
- Members also have access to Mass General Brigham specialists (from Mass General Brigham academic medical centers and specialty hospitals) right in their own community
- Health navigators and an Allies transition experience specialist help to coordinate it all and simplify getting access to care
- Members can get certain specialist appointments faster (within three business days from a PCP's referral) in Dermatology, Orthopedics, Cardiology, and Gastroenterology
- · No cost-sharing for all virtual visits. Virtual first primary care options are available

IMPORTANT NOTICE: This plan includes a limited tiered provider network called Allies Choice HMO and provides access to a network that is smaller than Mass General Brigham Health plans' full commercial HMO provider network. Members have access to network benefits only from the providers in the Allies Choice HMO network and pay different levels of copayments, coinsurance, and/or deductibles depending on the tier of the provider delivering a covered service or supply. This plan may make changes to a provider's benefit tier annually on January 1. Please consult the provider directory or visit the provider search tool at **MassGeneralBrighamHealthPlan.org** to determine which providers are included in the Allies Choice HMO network and the tier of those providers.

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AlliessM Choice HMO Plans

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All plans meet Medicare Part D creditable coverage requirements. All plans meet minimum creditable coverage requirements.						OUTPATIENT						INPATIENT		IEALTH & JSE (MH/SU)	PHARMACY
Allies Choice HMO plans	Metallic Tier	Deductible (D) Individual/ Family (embedded)	Out-of- Pocket Maximum Individual/ Family (embedded)	Telemedicine (Virtual Visit) with PCP, SPEC, On Demand or for MH/SU	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
Allies Choice HMO 1000 25/50/350 with Care Complement	Gold	\$1,000/\$2,000	\$8,550/\$17,100	\$0	\$25/\$50	\$350	Tier 1: (D) \$50 Tier 2: (D) \$150	(D)	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$30/\$75/\$200/ \$250/\$500
Allies Choice HMO 1500 25/50 ER350 with Care Complement	Gold	\$1,500/\$3,000	\$8,550/\$17,100	\$0	\$25/\$50	\$350	Tier 1: (D) \$50 Tier 2: (D) \$150	(D)	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$25	(D) \$500	\$10/\$20/\$75/\$200/ \$250/\$500
Allies Choice HMO 2000 20/40 with Care Complement	Gold	\$2,000/\$4,000	\$8,550/\$17,100	\$0	\$20/\$40	\$350	Tier 1: (D) \$50 Tier 2: (D) \$150	(D)	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$250 Tier 2: (D) \$1,250	Tier 1: (D) \$500 Tier 2: (D) \$2,000	(D) \$500	\$20	(D) \$500	\$10/\$20/\$75/\$200/ \$250/\$500

⁽D) = Deductible must be met first, then copayment may apply.

Cost sharing for medical, behavioral health, dental, and pharmacy applies to the out-of-pocket maximum.

All Plans Include:

- Care Complement[™] plan designs, which make certain therapies, treatments, and medications more affordable for members.
- For members age 18 and younger: The first three PCP sick office visits and behavioral health office visits at no cost to members.
- 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 visit limits for mental health/substance use outpatient visits
- Childbirth education class reimbursement: up to \$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
- Lyra Health's full range of remote, in-person, and self-guided behavioral health services. This, in addition to access to Optum Behavioral Health Network.

Medical Benefits (Outpatient, Inpatient, Other)

- No copayment, deductible or coinsurance applies to preventive services
- 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
- A referral is needed for specialty care, with the following exceptions:
 - 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
- Coverage of 11 common prescriptions to treat chronic conditions, such as depression, diabetes, high cholesterol, and high blood pressure with \$0 cost sharing
- 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

About the Allies Choice HMO plans and network

This plan divides the limited tiered 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 Allies Choice 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: Lower cost sharing applies to the following hospitals, including their affiliated and freestanding facilities: Newton-Wellesley Hospital, Salem Hospital, South Shore Hospital, McLean Hospital, Brigham and Women's Faulkner Hospital, Martha's Vineyard Hospital, Nantucket Cottage Hospital, North Shore Medical Center, and Spaulding Rehabilitation Network.

Tier 2, higher cost: Higher cost sharing applies only to the following hospitals and their affiliated facilities: Brigham and Women's Hospital, Massachusetts Eye and Ear Infirmary, and Massachusetts General Hospital. Please note that the following facilities affiliated with Tier 2 hospitals have Tier 1 lower cost sharing:

- Brigham and Women's/Mass General Health Care Foxborough
- Mass General/North Shore Center for Outpatient Care
- Mass General Waltham

To look up any network hospital's tier, visit MassGeneralBrighamHealthPlan.org

Allies Choice HMO Side-by-Side Allowances with Mass General Brigham Health Plan

- · Can not be offered as a stand-alone option
- · Available only alongside a Complete HMO offering
- Can not be sold alongside an Easy Tier Network plan
- Can not be chosen as an off-anniversary buy down
- Employer has to be headquartered in and employees must live in the service area

*One per policy (either subscriber or dependent); weight loss membership benefit excludes food.

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

Underwritten by Mass General Brigham Health Plan, Inc.