

Product Portfolio Reference Grid

# Complete Plans for Large Employers

Effective January 1, 2023

All plans meet Medicare Part D creditable coverage requirements.  
All plans meet minimum creditable coverage requirements.

Complete Plans	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	OUTPATIENT					INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MH/SU)	
			Office Visit PCP/ Specialist	Emergency Room (copayment waived if admitted)	Diagnostic Imaging, X-Ray and 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
<b>Complete HMO Plans – Matching Complete PPO Plus plans and options without Care Complement are available.</b>										
Complete HMO 25/40 with Care Complement	N/A	\$2,000/\$4,000	\$25/\$40	\$150	\$0	\$75	\$250	\$500	\$25	\$500
Complete HMO 500 with Care Complement	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$250	(D)	(D)	(D)	(D)	\$20	(D)
Complete HMO 750 with Care Complement	\$750/\$1,500	\$3,000/\$6,000	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 1000 with Care Complement	\$1,000/\$2,000	\$4,000/\$8,000	\$20/\$20	\$250	(D)	(D)	(D)	(D)	\$20	(D)
Complete HMO 1000 25/40 with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 1500 with Care Complement	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$250	(D) \$40	(D)	(D)	(D)	\$25	(D)
Complete HMO 2000 with Care Complement	\$2,000/\$4,000	\$4,500/\$9,000	\$25/\$25	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 2000 25/40 with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$40	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 2000 30/45 with Care Complement	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$300	(D) \$45	(D) \$75	(D) \$250	(D) \$500	\$30	(D) \$500
Complete HMO 2000 20% with Care Complement	\$2,000/\$4,000	\$7,000/\$14,000	\$30/\$45	(D) \$300	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%
Complete HMO 2500 30/45 with Care Complement	\$2,500/\$5,000	\$7,000/\$14,000	\$30/\$45	(D) \$300	(D) \$45	(D) \$150	(D) \$500	(D) \$1,000	\$30	(D) \$1,000
Complete HMO 3000 with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$25/\$40	(D) \$300	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 3000 30/45 with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$300	(D) \$45	(D) \$200	(D) \$500	(D) \$1,000	\$30	(D) \$1,000
Complete HMO 3000 20% with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$30/\$45	(D) \$500	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%
Complete HMO 4000 with Care Complement	\$4,000/\$8,000	\$7,350/\$14,700	\$25/\$40	(D) \$500	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 4000 20% with Care Complement	\$4,000/\$8,000	\$7,350/\$14,700	\$30/\$45	(D) \$500	(D) 20%	(D) 20%	(D) 20%	(D) 20%	\$30	(D) 20%
Complete HMO 5000 with Care Complement	\$5,000/\$10,000	\$7,350/\$14,700	\$25/\$40	(D) \$500	(D)	(D)	(D)	(D)	\$25	(D)
Complete HMO 5000 60/75 with Care Complement	\$5,000/\$10,000	\$7,350/\$14,700	\$60/\$75	(D) \$500	(D)	(D)	(D)	(D)	\$60	(D)
<b>Combined PPO Plus Plans*</b>										
Complete PPO Plus Combined 1000 with Care Complement	\$1,000/\$2,000	\$4,000/\$8,000	\$20/\$20	\$250	(D)	(D)	(D)	(D)	\$20	(D)
Complete PPO Plus Combined 2000 with Care Complement	\$2,000/\$4,000	\$4,500/\$9,000	\$25/\$25	\$250	(D)	(D)	(D)	(D)	\$25	(D)
Complete PPO Plus Combined 3000 with Care Complement	\$3,000/\$6,000	\$7,000/\$14,000	\$25/\$40	(D) \$300	(D)	(D)	(D)	(D)	\$25	(D)
<b>Complete HMO HSA Plans – Matching Complete PPO Plus HSA plans are available.</b>										
Complete HMO HSA 2000	\$2,000/\$4,000 Aggregate	\$6,000/\$12,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
Complete HMO HSA 2500 10%	\$2,500/\$5,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%
Complete HMO HSA 3000	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)
Complete HMO HSA 3000 10%	\$3,000/\$6,000 Aggregate	\$6,650/\$13,300	(D)	(D)	(D) 10%	(D) 10%	(D) 10%	(D) 10%	(D)	(D) 10%
Complete HMO HSA 3500	\$3,500/\$7,000 Aggregate	\$7,000/\$14,000	(D)	(D)	(D)	(D)	(D)	(D)	(D)	(D)

\*Combined PPO Plus plans, in which deductibles and out-of-pocket maximums are combined for in and out-of-network care resulting in one overall deductible amount and one overall out-of-pocket maximum amount.



Product Portfolio Reference Grid

# Complete and Choice Easy Tier Plans for Large Employers

Effective January 1, 2023

FlexRx® PHARMACY OPTIONS
<p><b>OPTION A</b> Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$35/\$60/ 10% up to \$200 per script max/ 20% up to \$250 per script max  90-day supply: \$10/\$30/\$70/\$180</p> <p><b>For HSA Plans</b> (D) then: \$5/\$15/\$35/\$60/10% up to \$200 per script max/ 20% up to \$250 per script max  90-day supply: (D) then: \$10/\$30/\$70/\$180</p>
<p><b>OPTION B</b> Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$100/\$150  90-day supply: \$10/\$40/\$80/\$195</p> <p><b>For HSA Plans</b> (D) then: \$5/\$20/\$40/\$65/\$100/\$150  90-day supply: (D) then: \$10/\$40/\$80/\$195</p>
<p><b>OPTION C</b> Cost-sharing by tiers for a 30-day supply: \$5/\$25/\$50/\$100/\$150/\$200  90-day supply: \$10/\$50/\$100/\$300</p> <p><b>For HSA Plans</b> (D) then: \$5/\$25/\$50/\$100/\$150/\$200  90-day supply: (D) then: \$10/\$50/\$100/\$300</p>
<p><b>OPTION D</b> Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$30/\$50/\$30/\$50  90-day supply: \$10/\$30/\$60/\$150</p> <p><b>For HSA Plans</b> (D) then: \$5/\$15/\$30/\$50/\$30/\$50  90-day supply: (D) then: \$10/\$30/\$60/\$150</p>
<p><b>OPTION E</b> Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$40/\$65  90-day supply: \$10/\$40/\$80/\$195</p> <p><b>For HSA Plans</b> (D) then: \$5/\$20/\$40/\$65/\$40/\$65  90-day supply: (D) then: \$10/\$40/\$80/\$195</p>

All HSA plans can be purchased with Enhanced Rx, where certain preventive drugs bypass the plan's deductible.

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, and pharmacy applies to the out-of-pocket maximum.

Great Value and Access

- **New!** Behavioral health benefits now 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
- For members age 18 and younger: The first three in-network PCP sick office visits and behavioral health office visits at no cost to members\*
- An enhanced prescription drug benefit option 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 and includes virtual subscriptions and includes virtual subscriptions
- PPO Plus members have access health care outside of Massachusetts and New Hampshire through the UnitedHealthcare Options PPO network of over 1 million physicians and about 5,200 hospitals

\* Does not apply to HSA plans

The following plans represent our standard Complete and Choice portfolios. Please contact your sales executive to discuss other plan options that may be available, including our Allies™ HMO plans.

**PRODUCT PORTFOLIO REFERENCE GRID**

# Choice Easy Tier Plans with Care Complement for Large Employers

**Effective January 1, 2023**

*All plans meet Medicare Part D creditable coverage requirements.*

*All plans meet Minimum Creditable Coverage requirements.*

Matching Choice Easy Tier PPO Plus plans are available.

Choice Easy Tier with Care Complement plans	Deductible (D) Individual/ Family (embedded)	Out-of-Pocket Maximum Individual/ Family (embedded)	Office Visit PCP/ Specialist	Emergency Room (Copayment waived if Admitted)	OUTPATIENT				INPATIENT			MENTAL HEALTH & SUBSTANCE USE (MH/SU)	
					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	
Choice Easy Tier HMO 1000 with Care Complement	\$1,000/\$2,000	\$5,000/\$10,000	\$25/\$40	\$250	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	
Choice Easy Tier HMO 1500 with Care Complement	\$1,500/\$3,000	\$6,000 / \$12,000	\$25/\$35	\$200	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,500	Tier 1: (D) Tier 2: (D) \$2,000	(D)	\$25	(D)	
Choice Easy Tier HMO 2000 with Care Complement	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$40	\$250	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	
Choice Easy Tier HMO 2500 with Care Complement	\$2,500/\$5,000	\$6,000 / \$12,000	\$25/\$35	\$200	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,500	Tier 1: (D) Tier 2: (D) \$2,000	(D)	\$25	(D)	
Choice Easy Tier HMO 3000 with Care Complement	\$3,000/\$6,000	\$5,000/\$10,000	\$25/\$40	(D) \$300	Tier 1: (D) Tier 2: (D) \$100	(D)	Tier 1: (D) Tier 2: (D) \$500	Tier 1: (D) Tier 2: (D) \$1,000	Tier 1: (D) Tier 2: (D) \$1,000	(D)	\$25	(D)	
Choice Easy Tier HMO 3000 10%/30% with Care Complement	\$3,000/\$6,000	\$5,000/\$10,000	\$25/\$40	(D) \$300	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	Tier 1: (D) 10% Tier 2: (D) 30%	(D) 10%	\$25	(D) 10%	

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical and behavioral health applies to the out-of-pocket maximum. Pharmacy cost sharing applies to a separate Pharmacy out-of-pocket maximum as noted in the Pharmacy Options section.

**IMPORTANT NOTICE:** These plans include a Tiered Provider Network called Choice Easy Tier. 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 at [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) to determine the tier of providers in the Choice Easy Tier network.

**About Choice Easy Tier plans and network**

Easy Tier plans are simple to understand and use. This plan divides the hospital network into lower and higher 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 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).

With Easy Tier, the tiering keeps premiums lower, while the simple plan design makes it easy for members to understand their costs.

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](https://www.massgeneralbrighamhealthplan.org)

FlexRx™ PHARMACY OPTIONS
Choice Easy Tier plans have a separate pharmacy out-of-pocket maximum of \$2,000 Individual/\$4,000 Family.
<b>OPTION A</b> Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$35/\$60/ 10% up to \$200 per script max/ 20% up to \$250 per script max 90-day supply: \$10/\$30/\$70/\$180
<b>OPTION B</b> Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$100/\$150 90-day supply: \$10/\$40/\$80/\$195
<b>OPTION C</b> Cost-sharing by tiers for a 30-day supply: \$5/\$25/\$50/\$100/\$150/\$200 90-day supply: \$10/\$50/\$100/\$300
<b>OPTION D</b> Cost-sharing by tiers for a 30-day supply: \$5/\$15/\$30/\$50/\$30/\$50 90-day supply: \$10/\$30/\$60/\$150
<b>OPTION E</b> Cost-sharing by tiers for a 30-day supply: \$5/\$20/\$40/\$65/\$40/\$65 90-day supply: \$10/\$40/\$80/\$195

**Care Complement\*\***

Care Complement<sup>SM</sup> removes cost barriers to various care options. The following in-network benefits are at \$0 cost sharing:

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

Complete HMO and PPO Plus plans are available without Care Complement

**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 network of doctors and specialists
- Access to On Demand<sup>SM</sup> for convenient, high-quality virtual urgent care visits for minor illnesses or injuries right from a tablet, smart phone, or computer
- DoctorSmart<sup>SM</sup> 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 visit limits for mental health/substance use outpatient visits
- Childbirth education class reimbursement: up to \$130 per pregnancy
- 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)**

- For members age 18 and younger: The first three in-network PCP sick office visits and behavioral health office visits at no cost to members\*\*
- No copayment, deductible or coinsurance applies to preventive services when provided by an in-network provider
- Routine eye exam at no cost sharing for members diagnosed with diabetes when provided by an in-network provider\*\*
- Physical/occupational therapy: Coverage up to 100 combined visits per benefit period
- For HMO plans, a referral is needed for any specialty care, with the following exceptions when provided by a Mass General Brigham 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<sup>SM</sup> pharmacy solutions control pharmacy costs while offering money and time savings for members:

- A low-cost generic 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

**Underwriting Guidelines**

PPO Plus quotes may require a minimum of 50% of subscribers to reside within Mass General Brigham Health Plan's service area.

Employer rate contributions must be at least 50% for individual and 33% for dual/family.

Employer groups with 50 or more subscribers may offer Choice Easy Tier alongside Complete plans.

Employer groups with less than 20 enrolled subscribers may offer any two plan options (not alongside Choice Easy Tier).

Employer groups with 20 or more enrolled subscribers may offer any three plan options (Note: Choice Easy Tier restrictions above).

Employer groups with a minimum 50% of enrolled subscribers residing within Mass General Brigham Health Plan's service area may select the PPO Plus plan as a standalone offering.

\* One per policy (either subscriber or dependent); weight loss membership benefit excludes food  
\*\* Does not apply to HSA plans

Evidence of Coverage is comprised of the Mass General Brigham Health Plan Schedule of Benefits and Member Handbook. Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.