Great Access and Value

- **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.

- PPO Plus members have access to health care outside of Massachusetts and New Hampshire through the UnitedHealthcare Options PPO network of over 1 million physicians and about 5,200 hospitals.

- 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 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.

- Lower cost sharing for outpatient surgeries at an ambulatory surgical center or high-tech radiology services (e.g., MRI, CT, PET scan, and nuclear cardiac imaging) at a diagnostic imaging center. Members pay less for care received at these non-hospital based facilities than hospital-based and their affiliated facilities.

*Does not apply to HSA plans
## Complete PPO Plus Plans for Merged Market

All plans meet Medicare Part D-creditable coverage requirements.
All plans meet Minimum Creditable Coverage requirements, unless noted otherwise.

### Outpatient

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Metallic Tier</th>
<th>Deductible (D)</th>
<th>Out-of-Pocket Maximum (embedded, unless otherwise noted)</th>
<th>Office Visit/PCP/Specialist</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic Imaging and X-Ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Medical, SNF 100 days/benefit period and Rehab 60 days/benefit period per Admission</th>
<th>Outpatient MHS SOV visits Including Rehab and Detox</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost Sharing by Tier for a 30-day Supply 1/2/3/4/5/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete PPO Plus 500 25/45/350</td>
<td>Gold</td>
<td>IN $500/$1,000</td>
<td>OON $1,000/$2,000</td>
<td>IN $8,530/$17,100</td>
<td>OON $15,340/$30,600</td>
<td>IN $35,000</td>
<td>IN $545 OON (D) 20%</td>
<td>IN $45 OON (D) 20%</td>
<td>Non-Hospital: IN $750</td>
<td>Hospital: IN $500 OON (D) 20%</td>
<td>Non-Hospital: IN (D) $750</td>
<td>Hospital: IN (D) $500 OON (D) 20%</td>
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<tr>
<td>Complete PPO Plus 1000 25/45/350 with Care Complement*</td>
<td>Gold</td>
<td>IN $1,000/$2,000</td>
<td>OON $2,000/$4,000</td>
<td>IN $7,530/$17,100</td>
<td>OON $16,530/$33,000</td>
<td>IN $35,000</td>
<td>IN (D) $550 OON (D) 20%</td>
<td>IN (D) $45 OON (D) 20%</td>
<td>Non-Hospital: IN (D) $750</td>
<td>Hospital: IN (D) $500 OON (D) 20%</td>
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<td>IN $6,530/$17,100</td>
<td>OON $15,340/$30,600</td>
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<tr>
<td>Complete PPO Plus 3000 25/40/30/35%</td>
<td>Gold</td>
<td>IN $1,000/$2,000</td>
<td>OON $2,000/$4,000</td>
<td>IN $5,530/$13,060</td>
<td>OON $16,530/$33,000</td>
<td>IN $30,000</td>
<td>IN (D) $450 OON (D) 20%</td>
<td>IN (D) $30 OON (D) 20%</td>
<td>Non-Hospital: IN (D) $750</td>
<td>Hospital: IN (D) $500 OON (D) 20%</td>
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<td>IN (D) $500</td>
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<tr>
<td>Complete PPO Plus 3000 25/40/30/35% with Care Complement*</td>
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<td>IN $2,500/$5,000</td>
<td>OON $5,000/$10,000</td>
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<td>IN $30,000</td>
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<td>Complete PPO Plus 4000 25/35/10%</td>
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<td>IN $3,000/$6,000</td>
<td>OON $6,000/$12,000</td>
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<td>OON $17,560/$35,120</td>
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<td>IN (D) $30 OON (D) 20%</td>
<td>IN (D) $20 OON (D) 20%</td>
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<td>OON $17,560/$35,120</td>
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<td>IN (D) $20 OON (D) 20%</td>
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<tr>
<td>Complete PPO Plus 5000 25/35/15%</td>
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<td>OON $10,000/$20,000</td>
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<td>IN (D) $20 OON (D) 20%</td>
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</tr>
</tbody>
</table>

### Enhanced FlexRx

- Enhanced FlexRx Silver IN: $3,600/$7,200
- Enhanced FlexRx Silver IN: $3,000/$6,000

### HSA Plans with Enhanced FlexRx

- (where certain preventive drugs bypass the plan’s deductible)
- Cost sharing for medical, behavioral health, pharmacy, and dental applies to the out-of-pocket maximum.
- *This plan is also available without Care Complement.

### Cost Sharing Details

- OON (D) 20% IN (D) $600 IN (D) $100
- OON (D) 20% IN (D) $750 IN (D) $150
- OON (D) 20% IN (D) $1,000 IN (D) $200

### Other Details
- Additional plans are available through the broker portal.
- (D) = Deductible must be met first, then copayment or coinsurance may apply.

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*Deductible must be met first, then copayment or coinsurance may apply.*

**Note:** Additional plans are available through the broker portal.

**Note:** (D) = Deductible must be met first, then copayment or coinsurance may apply. Additional plans are available through the broker portal.

**Note:** *This plan is also available without Care Complement.*
Comprehensive benefits that are simple to understand and easy to use

**Care Complement**

Care Complement options remove cost barriers to various care options. The following in-network benefits are at $0 cost sharing:

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

**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 provider network of doctors and specialists
- Access to On Demand for convenient, high-quality virtual urgent care visits for minor illnesses or injuries right from a tablet, smart phone, or computer
- DoctorSmart 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 limits for mental health/substance use outpatient office visits or inpatient admissions
- Childbirth education class reimbursement: $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

**Medical Benefits (Outpatient, Inpatient, Other)**

- No copayment, deductible or coinsurance applies to preventive services when through an in-network provider
- Routine eye exam at no cost sharing for members diagnosed with diabetes through an in-network provider**
- Physical/occupational therapy: Coverage up to 60 combined visits for rehabilitation and habilitation each per benefit period
- No referrals required

**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**
- 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.

**Underwriting Guidelines:**

- Employer groups may offer two total plan options from the Complete HMO and Complete PPO Plus portfolios. Care Complement plans can be offered alongside any non-tiered plan, except the identical plan without Care Complement. Groups with under 19 enrolled subscribers, an Out of Area exception may be granted. Please contact your Sales Executive.
- Employer groups with 20 or more enrolled subscribers may offer three total plan options from the Complete HMO, Complete PPO Plus, and Allies Choice portfolios.
- Employer groups with 50% of enrolled subscribers residing within Mass General Brigham Health Plan service area may select any PPO Plus plan as a standalone offering.

*One per policy (either subscriber or dependent); weight loss membership benefit excludes food
**Deductible applies first for HSA plans, following IRS rules

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.