Product Portfolio Reference Grid

Complete HMO Plans for Merged Market

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.

- For members age 18 and younger: The first three 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 HMO Plans for Merged Market

**Effective April 1, 2023**

All plans meet Medicare Part D creditable coverage requirements.

All plans meet Minimum Creditable Coverage requirements, unless noted otherwise.

#### Complete HMO Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family (embedded, unless noted otherwise)</th>
<th>Out-of-Pocket Maximum Individual/Family (embedded)</th>
<th>Office Visit/PCP/Specialist</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic Imaging, X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Surgery</th>
<th>MENTAL HEALTH &amp; SUBSTANCE USE (MH/SU)</th>
<th>PHARMACY</th>
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</thead>
<tbody>
<tr>
<td>20/40/150</td>
<td>Platinum</td>
<td>None</td>
<td>$3,500/$7,000</td>
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<td>$0</td>
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<td>Non-Hospital: $250 Hospital: $300</td>
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<td>$20</td>
<td>$500</td>
</tr>
<tr>
<td>25/45/350</td>
<td>Gold</td>
<td>$500/$1,000</td>
<td>$8,550/$17,100</td>
<td>$25/$45</td>
<td>$350</td>
<td>$45</td>
<td>$45</td>
<td>Non-Hospital: $250 Hospital: $300</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
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<td>$25</td>
<td>(D) $500</td>
</tr>
<tr>
<td>25/50/350 with Care Complement*</td>
<td>Gold</td>
<td>$1,000/$2,000</td>
<td>$8,550/$17,100</td>
<td>$25/$50</td>
<td>$350</td>
<td>(D) $50</td>
<td>(D)</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
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<td>(D) $500</td>
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<tr>
<td>25/50/350 with Care Complement*</td>
<td>Gold</td>
<td>$1,500/$3,000</td>
<td>$8,550/$17,100</td>
<td>$25/$50</td>
<td>$350</td>
<td>(D) $50</td>
<td>(D)</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
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<td>(D) $500</td>
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<tr>
<td>20/40/150 with Care Complement*</td>
<td>Gold</td>
<td>$2,000/$4,000</td>
<td>$8,550/$17,100</td>
<td>$20/$40</td>
<td>$350</td>
<td>(D) $50</td>
<td>(D)</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
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<td>$20</td>
<td>(D) $500</td>
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<tr>
<td>10%/30%</td>
<td>Gold</td>
<td>$1,000/$2,000</td>
<td>$8,550/$17,100</td>
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<td>(D) 30%</td>
<td>(D) $50</td>
<td>(D)</td>
<td>Non-Hospital: (D) $105 Hospital: (D) 30%</td>
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<td>(D) $30</td>
<td>(D) 30%</td>
<td>(D) $20</td>
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<tr>
<td>30/45/350 with Care Complement*</td>
<td>Silver</td>
<td>$2,000/$4,000</td>
<td>$9,100/$18,200</td>
<td>$30/$50</td>
<td>$350</td>
<td>(D) $50</td>
<td>(D)</td>
<td>Non-Hospital: $250 Hospital: $500</td>
<td>Non-Hospital: $250 Hospital: $500</td>
<td>$500</td>
<td>$30</td>
<td>$500</td>
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<tr>
<td>30/55/350 with Care Complement*</td>
<td>Silver</td>
<td>$2,500/$5,500</td>
<td>$9,100/$18,200</td>
<td>$30/$55</td>
<td>$400</td>
<td>(D) $80</td>
<td>(D) $50</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $500</td>
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<td>$30</td>
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<tr>
<td>25/35%</td>
<td>Silver</td>
<td>$2,500/$5,000</td>
<td>$9,100/$18,200</td>
<td>$30/$55</td>
<td>(D) 35%</td>
<td>(D) $80</td>
<td>(D) $50</td>
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<td>Non-Hospital: (D) $15 Hospital: (D) 35%</td>
<td>(D) 35%</td>
<td>(D) 35%</td>
<td>$10/$35/(D) 35%/(D) 35%/(D) 35%/(D) 35%</td>
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<tr>
<td>40/55/400 with Care Complement*</td>
<td>Silver</td>
<td>$3,000/$6,000</td>
<td>$9,100/$18,200</td>
<td>$40/$55</td>
<td>$400</td>
<td>(D) $80</td>
<td>(D) $50</td>
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<td>Non-Hospital: (D) $300 Hospital: (D) $500</td>
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<td>$40</td>
<td>$500</td>
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<tr>
<td>45/10%</td>
<td>Silver</td>
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<td>$8,375/$16,750</td>
<td>$45/$55</td>
<td>(D) $80</td>
<td>(D) $50</td>
<td>(D) $50</td>
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<td>Non-Hospital: $250 Hospital: $500</td>
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<td>(D) 10%</td>
<td>(D) 10%</td>
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<tr>
<td>100/100/30%</td>
<td>Silver</td>
<td>$5,000/$10,000</td>
<td>$8,075/$16,150</td>
<td>$45/$55</td>
<td>(D) $80</td>
<td>(D) $50</td>
<td>(D) $50</td>
<td>Non-Hospital: $250 Hospital: $500</td>
<td>Non-Hospital: $250 Hospital: $500</td>
<td>$1,000</td>
<td>(D) 10%</td>
<td>(D) 10%</td>
</tr>
</tbody>
</table>

#### HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plans deductible)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
<th>Office Visit</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic Imaging, X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Surgery</th>
<th>MENTAL HEALTH &amp; SUBSTANCE USE (MH/SU)</th>
<th>PHARMACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSA 2022/25/45/350 Enhanced FlexRx</td>
<td>Silver</td>
<td>$2,500/$5,000 Aggregate</td>
<td>$7,000/$14,000</td>
<td>(D) $25/$45</td>
<td>(D) $350</td>
<td>(D) $45</td>
<td>(D) $45</td>
<td>Non-Hospital: (D) $150 Hospital: (D) $300</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $300</td>
<td>$500</td>
<td>(D) $25</td>
<td>(D) $500</td>
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<tr>
<td>HSA 2500 30/455/350 Enhanced FlexRx</td>
<td>Silver</td>
<td>$2,500/$5,000 Aggregate</td>
<td>$7,000/$14,000</td>
<td>(D) $30/$45</td>
<td>(D) $350</td>
<td>(D) $45</td>
<td>(D) $45</td>
<td>Non-Hospital: (D) $150 Hospital: (D) $300</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $300</td>
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<td>(D) $500</td>
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<tr>
<td>HSA 2500 30/455/350 Enhanced FlexRx</td>
<td>Silver</td>
<td>$3,000/$6,000 Aggregate</td>
<td>$7,000/$14,000</td>
<td>(D) $35/$50</td>
<td>(D) $50</td>
<td>(D) $50</td>
<td>(D) $50</td>
<td>Non-Hospital: (D) $150 Hospital: (D) $300</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $300</td>
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<td>(D) $35</td>
<td>(D) $500</td>
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<tr>
<td>HSA 2022 30/455/350 Enhanced FlexRx</td>
<td>Silver</td>
<td>$3,600/$7,200 Aggregate</td>
<td>$7,000/$14,000</td>
<td>(D) $35/$50</td>
<td>(D) $50</td>
<td>(D) $50</td>
<td>(D) $50</td>
<td>Non-Hospital: (D) $250 Hospital: (D) $1,000</td>
<td>Non-Hospital: (D) $500 Hospital: (D) $1,000</td>
<td>$1,000</td>
<td>(D) $35</td>
<td>(D) $1,000</td>
</tr>
</tbody>
</table>

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

Cost sharing for medical, behavioral health, pharmacy, and dental applies to the out-of-pocket maximum. Additional plans are available through the broker portal.

*This is 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 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, smartphone, 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
- 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 any specialty care, with the following exceptions, when provided by a Mass General 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℠ 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.
- Employer groups between 6 and 19 enrolled subscribers may offer three plan options total from the Complete HMO, Complete PPO Plus and Allies Choice HMO portfolios, if the PPO Plus product is being offered only to the enrolled employees who reside outside of the service area.
- Employer groups with 20 or more enrolled subscribers may offer three plan options total from the Complete HMO, Complete PPO Plus and Allies Choice HMO portfolios.

*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.

14532-0423-01

MassGeneralBrighamHealthPlan.org