Product Portfolio Reference Grid

Choice Easy Tier℠
HMO and PPO Plus Plans for Merged Market

Effective January 1, 2024

Great Access and Value

- Behavioral health benefits 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.

- Care Complement plans support our members by making it easier and more cost effective to adhere to their treatment plans. It’s been nationally recognized for the common-sense approach to waiving cost share for certain services that can contribute to lowering costs. It removes financial barriers to care and introduces alternative methods for managing pain and chronic conditions which encourages healthy behaviors and helps mitigate future complications.

- PPO Plus members will be able to 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.

- 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.

- Our fitness reimbursement provides up to $150 for individual coverage or up to $300 for family coverage per calendar year and includes virtual subscriptions.
### Product Portfolio Reference Grid

#### Choice Easy Tier HMO Plans for Merged Market

**Effective January 1, 2024**

All plans meet Medicare Part D creditable coverage requirements. All plans meet Minimum Creditable Coverage requirements.

<table>
<thead>
<tr>
<th>Choice Easy Tier HMO Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/ Family (embedded)</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 &amp; X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Medical</th>
<th>SNF (100 days/ benefit period) and Rehab (60 days/ benefit period) per Admission</th>
<th>Outpatient MH/SU Visits Including Rehab and Detox</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day supply 1/2/3/4/5/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Easy Tier HMO 500</td>
<td>Gold</td>
<td>$500/$1,000</td>
<td>$9,000/$18,000</td>
<td>$25/$40</td>
<td>$400 (D) $35 Tier 1: (D) $35 Tier 2: (D) $135 Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $500</td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Care Complement Gold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier HMO 1000</td>
<td>Gold</td>
<td>$1,000/$2,000</td>
<td>$9,000/$18,000</td>
<td>$25/$40</td>
<td>$300 (D) $20 Tier 1: (D) $75 Tier 2: (D) $525 Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $500</td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25/40/300 with Care Complement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier HMO 1500</td>
<td>Gold</td>
<td>$1,500/$3,000</td>
<td>$9,000/$18,000</td>
<td>$25/$40</td>
<td>$300 (D) $20 Tier 1: (D) $75 Tier 2: (D) $525 Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $500</td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Care Complement Gold</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier HMO 2000</td>
<td>Gold</td>
<td>$2,000/$4,000</td>
<td>$9,000/$18,000</td>
<td>$25/$40</td>
<td>$400 (D) $250 Tier 1: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $500</td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25/40 with Care Complement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$25/40/$75/200/$300/$500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier HMO 3000</td>
<td>Silver</td>
<td>$3,000/$6,000</td>
<td>$9,450/$18,900</td>
<td>$45/$55</td>
<td>(D) $75 Tier 1: (D) $150 Tier 2: (D) $250 Tier 1: (D) $500 Tier 2: (D) $1,500 Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 1: (D) $500 Tier 2: (D) $500</td>
<td>$45/35/75/300/500/750</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>with Care Complement Silver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$45/35/75/300/500/750</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Easy Tier HMO 2500</td>
<td>Silver</td>
<td>$2,500/$5,000</td>
<td>$9,450/$18,900</td>
<td>$40/$55</td>
<td>(D) 15% Tier 1: (D) $100 Tier 2: (D) $200 Tier 1: (D) $100 Tier 2: (D) $200 Tier 1: (D) $100 Tier 2: (D) $200 Tier 1: (D) $100 Tier 2: (D) $200 Tier 1: (D) $100 Tier 2: (D) $200</td>
<td>$40/15/35/15%/35%/15%/35%/35%/35%/35%/35%/35%/35%</td>
<td>$40/15/35/15%/35%/15%/35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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.

Note: Plans are ordered based on relativity to the first plan on this grid.

**IMPORTANT NOTICE:** These plans include a Tiered Provider Network called Choice Easy Tier HMO network. 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 or visit MassGeneralBrighamHealthPlan.org to determine the tier of providers in the Choice Easy Tier HMO network.
# Choice Easy Tier PPO Plus Plans for Merged Market

**Effective January 1, 2024**

All plans meet Medicare Part D creditable coverage requirements.

All plans meet Minimum Creditable Coverage requirements.

## Choice Easy Tier PPO Plus plans

<table>
<thead>
<tr>
<th>Metallic Tier</th>
<th>Deductible (D)</th>
<th>Out-of-Pocket Maximum Individual/Family (embedded)</th>
<th>Emergency Room (copayment waived if admitted)</th>
<th>Diagnostic Imaging &amp; X-ray</th>
<th>Lab</th>
<th>High-tech Radiology</th>
<th>Outpatient Surgery</th>
<th>Inpatient Medical</th>
<th>SNF (100 days/benefit period) and Rehab (60 days/benefit period) per Admission</th>
<th>Outpatient MH/SU Visits including Rehab and Detox</th>
<th>Inpatient MH/SU per Admission</th>
<th>Pharmacy Cost-Sharing by Tiers for a 30-day Supply 1/2/3/4/5/6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choice Easy Tier PPO Plus 500 with Care Complement</strong></td>
<td>Gold</td>
<td>IN: $500/$1,000 OON: $1,000/$2,000</td>
<td>IN: $9,000/$18,000 OON: $18,000/$36,000</td>
<td>IN $25/$40</td>
<td>OON (D) 20%</td>
<td>IN $150</td>
<td>Tier 1: IN (D) $150</td>
<td>Tier 2: IN (D) $250</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $75</td>
<td>Tier 2: IN (D) $250</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
<tr>
<td><strong>Choice Easy Tier PPO Plus 1000 25/40/300 with Care Complement</strong></td>
<td>Gold</td>
<td>IN: $1,000/$2,000 OON: $2,000/$4,000</td>
<td>IN: $9,000/$18,000 OON: $18,000/$36,000</td>
<td>IN $25/$40</td>
<td>OON (D) 20%</td>
<td>IN $250</td>
<td>Tier 1: IN (D) $250</td>
<td>Tier 2: IN (D) $525</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $75</td>
<td>Tier 2: IN (D) $525</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
<tr>
<td><strong>Choice Easy Tier PPO Plus 1500 with Care Complement</strong></td>
<td>Gold</td>
<td>IN: $1,500/$3,000 OON: $3,000/$6,000</td>
<td>IN: $9,000/$18,000 OON: $18,000/$36,000</td>
<td>IN $25/$40</td>
<td>OON (D) 20%</td>
<td>IN $350</td>
<td>Tier 1: IN (D) $350</td>
<td>Tier 2: IN (D) $525</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $75</td>
<td>Tier 2: IN (D) $525</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
<tr>
<td><strong>Choice Easy Tier PPO Plus 2000 25/40 with Care Complement</strong></td>
<td>Gold</td>
<td>IN: $2,000/$4,000 OON: $4,000/$8,000</td>
<td>IN: $9,000/$18,000 OON: $18,000/$36,000</td>
<td>IN $25/$40</td>
<td>OON (D) 20%</td>
<td>IN $400</td>
<td>Tier 1: IN (D) $400</td>
<td>Tier 2: IN (D) $1,000</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $75</td>
<td>Tier 2: IN (D) $1,000</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
<tr>
<td><strong>Choice Easy Tier PPO Plus 3000 with Care Complement</strong></td>
<td>Silver</td>
<td>IN: $3,000/$6,000 OON: $6,000/$12,000</td>
<td>IN: $9,450/$18,900 OON: $18,900/$37,800</td>
<td>IN $45/$55</td>
<td>OON (D) 20%</td>
<td>IN $750</td>
<td>Tier 1: IN (D) $750</td>
<td>Tier 2: IN (D) $1,500</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $75</td>
<td>Tier 2: IN (D) $1,500</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
<tr>
<td><strong>Choice Easy Tier PPO Plus 2500 15%/35% with Care Complement</strong></td>
<td>Silver</td>
<td>IN: $2,500/$5,000 OON: $5,000/$10,000</td>
<td>IN: $9,450/$18,900 OON: $18,900/$37,800</td>
<td>IN $40/$55</td>
<td>OON (D) 20%</td>
<td>IN $60</td>
<td>Tier 1: IN (D) $60</td>
<td>Tier 2: IN (D) $1,000</td>
<td>OON (D) 20%</td>
<td>Tier 1: IN (D) $15</td>
<td>Tier 2: IN (D) $1,000</td>
<td>Tier 1: IN (D) $2,000 OON (D) 20%</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTICE:** These plans include a Tiered Provider Network called Choice Easy Tier PPO Plus network. 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 or visit MassGeneral Brigham HealthPlan.org to determine the tier of providers in the Choice Easy Tier PPO Plus network.
2024 Underwriting Guidelines
for our Merged Market Plans

Allies Choice HMO

- Cannot be offered as a stand-alone option.
- Available alongside any Complete HMO/PPO Plus offering.
- Can be a triple option for employers.
- Cannot be chosen as an off-anniversary buy-down.
- Available alongside a Choice Easy Tier plan for groups with 20 or more enrolled subscribers.
- Employer must be headquartered in (and employees must live in) the service area.

Choice Easy Tier HMO and PPO Plus

- Employer groups may offer two plan options total from the Choice Easy Tier HMO and Choice Easy Tier PPO Plus portfolio. Choice Easy Tier plans may only be offered alongside Choice Easy Tier or Complete HSA plans.
- Employer groups with between 5 and 19 enrolled subscribers may offer three plan options total from the Choice Easy Tier HMO, Choice Easy Tier PPO Plus, and Complete HSA plans, 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 Choice Easy Tier HMO, Choice Easy Tier PPO Plus, and Allies Choice HMO portfolios.
- Employer groups with 50% of enrolled subscribers residing within Mass General Brigham Health Plan's service area may select any PPO Plus plan as a standalone offering.

Complete HMO

- Employer groups may offer two total plan options from the Complete HMO and Complete PPO Plus portfolios.
- 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.
- Employer groups with between 5 and 19 enrolled subscribers may offer three plan options total from the Complete HMO, Complete PPO Plus, and Complete HSA plans, if the PPO Plus product is being offered only to the enrolled employees who reside outside of the service area.

Complete PPO Plus

- Employer groups may offer two total plan options from the Complete HMO and Complete PPO Plus portfolios.
- Employer groups with between 5 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 total plan options from the Complete HMO, Complete PPO Plus, and Allies Choice HMO 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.