



Product Portfolio Reference Grid

Complete HMO 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.*
- 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

Product Portfolio Reference Grid

Complete 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.

| Complete HMO Plans | Metallic Tier | Deductible (D) Individual/ Family (embedded, unless otherwise noted) | Out-of-Pocket Maximum Individual/ Family (embedded) | OUTPATIENT | | | | | | INPATIENT | MENTAL HEALTH & SUBSTANCE USE (MH/SU) | | PHARMACY |
|---|---------------|--|---|------------------------------|---|-----------------------------|----------|--|--|---|--|-------------------------------|--|
| | | | | 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 |
| Complete HMO 20/40 with Care Complement | Platinum | None | \$3,500/\$7,000 | \$20/\$40 | \$150 | \$0 | \$0 | Non-Hospital: \$150 Hospital: \$300 | Non-Hospital: \$250 Hospital: \$500 | \$500 | \$20 | \$500 | \$10/\$20/\$45/ \$160/\$200/\$500 |
| Complete HMO 500 with Care Complement | Gold | \$500/\$1,000 | \$9,000/\$18,000 | \$25/\$45 | \$350 | \$45 | \$45 | Non-Hospital: \$250 Hospital: \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 1000 25/50/350 with Care Complement | Gold | \$1,000/\$2,000 | \$9,000/\$18,000 | \$25/\$50 | \$350 | (D) \$50 | (D) | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$30/\$75/ \$200/\$250/\$500 |
| Complete HMO 1500 25/50 ER350 with Care Complement | Gold | \$1,500/\$3,000 | \$9,000/\$18,000 | \$25/\$50 | \$350 | (D) \$50 | (D) | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$25 | (D) \$500 | \$10/\$20/\$75/ \$200/\$250/\$500 |
| Complete HMO 2000 20/40/400 with Care Complement | Gold | \$2,000/\$4,000 | \$9,000/\$18,000 | \$20/\$40 | \$400 | (D) \$50 | (D) | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$20 | (D) \$500 | \$10/\$20/\$75/ \$200/\$250/\$500 |
| Complete HMO 1000 10%/30% with Care Complement | Gold | \$1,000/\$2,000 | \$9,000/\$18,000 | \$25/\$40 | (D) 30% | (D) \$50 | (D) | Non-Hospital: (D) 10% Hospital: (D) 30% | Non-Hospital: (D) 10% Hospital: (D) 30% | (D) 30% | \$25 | (D) 30% | \$10/\$25/(D) 30%/ (D) 30%/(D) 30%/(D) 30% |
| Complete HMO 2000 30/60/1000 with Care Complement | Silver | \$2,000/\$4,000 | \$9,450/\$18,900 | \$30/\$60 | (D) \$1,000 | (D) \$150 | (D) \$55 | Non-Hospital: (D) \$300 Hospital: (D) \$600 | Non-Hospital: (D) \$300 Hospital: (D) \$600 | (D) \$750 | \$30 | (D) \$750 | \$10/\$45/\$200/ \$250/\$350/\$500 |
| Complete HMO 2500 30/55/500 with Care Complement | Silver | \$2,500/\$5,000 | \$9,450/\$18,900 | \$30/\$55 | (D) \$500 | (D) \$80 | (D) \$55 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | \$30 | (D) \$500 | \$10/\$35/(D) \$75/ (D) \$300/ (D) \$350/(D) \$500 |
| Complete HMO 3000 40/55/500 with Care Complement | Silver | \$3,000/\$6,000 | \$9,450/\$18,900 | \$40/\$55 | (D) \$500 | (D) \$80 | (D) \$55 | Non-Hospital: (D) \$300 Hospital: (D) \$500 | Non-Hospital: (D) \$300 Hospital: (D) \$500 | (D) \$500 | \$40 | (D) \$500 | \$10/\$35/\$75/ (D) \$300/ \$350/(D) \$500 |
| Complete HMO 2500 15%/35% with Care Complement | Silver | \$2,500/\$5,000 | \$9,450/\$18,900 | \$30/\$55 | (D) 35% | (D) \$80 | (D) \$50 | Non-Hospital: (D) 15% Hospital:(D) 35% | Non-Hospital: (D) 15% Hospital: (D) 35% | (D) 35% | \$30 | (D) 35% | \$10/\$30/(D) 35%/ (D) 35%/ (D) 35%/(D) 35% |
| NEW! Complete HMO 3500 with Care Complement | Silver | \$3,500/\$7,000 | \$9,450/\$18,900 | \$50/\$75 | (D) \$750 | (D) \$150 | (D) \$75 | Non-Hospital: (D) \$350 Hospital: (D) \$750 | Non-Hospital: (D) \$350 Hospital: (D) \$750 | (D) \$1,500 | \$50 | (D) \$1,500 | \$10/\$45/\$100/ (D) \$225/\$350/(D) \$500 |
| Complete HMO 4000 35/45/750 10% with Care Complement | Bronze | \$4,000/\$8,000 | \$9,450/\$18,900 | (D): \$35/\$45 | (D) \$750 | (D) \$100 | (D) \$50 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) 10% | (D) \$35 | (D) 10% | \$10/\$45/\$200/ \$250/\$350/\$500 |
| Complete HMO 5000 35/45/750 10% with Care Complement | Bronze | \$5,000/\$10,000 | \$9,100/\$18,200 | (D): \$35/\$45 | (D) \$750 | (D) \$100 | (D) \$50 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) 10% | (D) \$35 | (D) 10% | \$10/\$45/\$175/ \$250/\$350/\$500 |
| HSA Plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible) | | | | | | | | | | | | | |
| Complete HMO HSA 2500 30/45/450 Enhanced FlexRx | Silver | \$2,500/\$5,000 Aggregate | \$7,500/\$15,000 | (D): \$30/\$45 | (D) \$450 | (D) \$50 | (D) \$50 | Non-Hospital: (D) \$150 Hospital: (D) \$300 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | (D) \$30 | (D) \$500 | (D) then: \$10/\$30/\$60/\$200/\$250/\$500 |
| Complete HMO HSA-E 3200 Enhanced FlexRx | Silver | \$3,200/\$6,400 | \$7,500/\$15,000 | (D): \$35/\$50 | (D) \$450 | (D) \$55 | (D) \$55 | Non-Hospital: (D) \$150 Hospital: (D) \$300 | Non-Hospital: (D) \$250 Hospital: (D) \$500 | (D) \$500 | (D) \$35 | (D) \$500 | (D) then: \$10/\$30/\$60/\$200/\$250/\$500 |
| Complete HMO HSA-E 3600 35/50/600 Enhanced FlexRx | Silver | \$3,600/\$7,200 | \$7,500/\$15,000 | (D): \$35/\$50 | (D) \$600 | (D) \$55 | (D) \$55 | Non-Hospital: (D) \$250 Hospital: (D) \$1,000 | Non-Hospital: (D) \$500 Hospital: (D) \$1,000 | (D) \$1,000 | (D) \$35 | (D) \$1,000 | (D) then: \$10/\$30/\$60/\$300/\$350/\$500 |

(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.

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.
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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.
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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 Allies Choice HMO portfolios, if the PPO Plus product is being offered only to the enrolled employees who reside outside of the service area.
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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 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.
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