Mass General Brigham
Health Plan

Complete HMO Plans for Intermediary Non-Group

Effective January 1, 2027

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

				OUTPATIENT						INPATIENT	MENTAL HEALTH & SUBSTANCE USE (MH/SU)		PHARMACY
Complete HMO plans	Metallic tier	Deductible (D) individual/family (embedded, unless otherwise noted)	Out-of-pocket maximum individual/family (embedded)	Office visit PCP/ specialist	Emergency room (copayment waived if admitted)	Diagnostic, imaging and 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 2000 30/60/500 with Care Complement	Silver	$2,000/$4,000	$12,000/$24,000	$30*/$60	(D) $500	(D) $60	(D) $50	Non-Hospital: (D) $350 Hospital: (D) $700	Non-Hospital: (D) $375 Hospital: (D) $750	(D) $1,000	$30*	(D) $1,000	$30/$30/(D)$60/(D)$90/ (D)$60/(D)$90
Complete HMO 2500 35/65 with Care Complement	Silver	$2,500/$5,000	$10,700/$21,400	$35*/$65	(D) $600	(D) $80	(D) $65	Non-Hospital: (D) $250 Hospital: (D) $500	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	$35*	(D) $500	$10/$45/(D)$100/(D)$300/ (D)$350/(D)$500
Complete HMO HSA 2500 40/60 Enhanced FlexRx	Silver	$2,500/$5,000 (Aggregate)	$8,700/$17,400	(D): $40/$60	(D) $600	(D) $60	(D) $60	Non-Hospital: (D) $200 Hospital: (D) $400	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	(D) $40	(D) $500	(D) then: $10/$40/ $100/$200/$250/$500
Complete HMO 3000 30/65	Bronze	$3,000/$6,000	$12,000/$24,000	(D): $30/$65	(D) $500	(D) $100	(D) $50	Non-Hospital: (D) $250 Hospital: (D) $500	Non-Hospital: (D) $500 Hospital: (D) $900	(D) $1,000	(D) $30	(D) $1,000	$30/$30/(D)$65/(D)$100/ (D)$65/(D)$100

(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 of this grid.

*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.

Comprehensive benefits that are simple and easy to use

Care Complement

Care Complement℠ removes cost barriers to various care options. When you choose Care Complement, 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)
- The first 3 PCP sick office visits and behavioral health office visits for members aged 18 and younger
- 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 maximum out-of-pocket

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.

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 Optum's behavioral health network plus Lyra Health's full range of personalized care options, resources, and support
- 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*
- Access to the Mass General Brigham Health Plan wellness hub where members can benefit from personalized tools, programs, and resources to support their physical, mental, and everyday well-being
- 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**
- 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 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℠ pharmacy solutions control pharmacy costs while offering money and time savings for members:

- 6-Tier coverage for a wide variety of medications**
- 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. Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on tiers with coinsurance.

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

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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.