Mass General Brigham
Health Plan

Complete HMO Plans for Intermediary Small 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)	Maximum out-of- pocket individual/ family (embedded)	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 25/50 with Care Complement	Platinum	None	$5,500/$11,000	$25/$50	$250	$25	$25	Non-Hospital: $150 Hospital: $300	Non-Hospital: $250 Hospital: $500	$500	$500	$25	$500	$10/$35/$50/$160/ $200/$500
Complete HMO 500 30/55 with Care Complement	Gold	$500/$1,000	$9,250/$18,500	$30/$55	$450	$55	$55	Non-Hospital: $250 Hospital: $500	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $250/$500
Complete HMO 1000 30/60 with Care Complement	Gold	$1,000/$2,000	$9,250/$18,500	$30/$60	$450	(D) $50	(D) $30	Non-Hospital: (D) $250 Hospital: (D) $500	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $250/$500
Complete HMO 1500 30/60 with Care Complement	Gold	$1,500/$3,000	$10,000/$20,000	$30/$60	$450	(D) $50	(D) $30	Non-Hospital: (D) $250 Hospital: (D) $500	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $250/$500
Complete HMO 2000 30/60/550 with Care Complement	Gold	$2,000/$4,000	$10,000/$20,000	$30/$60	$550	(D) $50	(D) $30	Non-Hospital: (D) $250 Hospital: (D) $500	Non-Hospital: (D) $250 Hospital: (D) $500	(D) $500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $250/$500
Complete HMO 2000 40/80 with Care Complement	Silver	$2,000/$4,000	$10,500/$21,000	$40/$80	(D) $1,100	(D) $150	(D) $80	Non-Hospital: (D) $500 Hospital: (D) $1,000	Non-Hospital: (D) $500 Hospital: (D) $1,000	(D) $1,000	(D) $1,000	$40	(D) $1,000	$10/$55/$225/$275/ $350/$500
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	(D) $500	$35	(D) $500	$10/$45/(D)$100/ (D)$300/(D)$350/(D)$500
Complete HMO 3000 45/65 with Care Complement	Silver	$3,000/$6,000	$10,750/$21,500	$45/$65	(D) $850	(D) $80	(D) $65	Non-Hospital: (D) $300 Hospital: (D) $600	Non-Hospital: (D) $300 Hospital: (D) $600	(D) $750	(D) $750	$45	(D) $750	$10/$45/$100/(D)$300/ $350/(D)$500
Complete HMO 2500 35/65 15%/35% with Care Complement	Silver	$2,500/$5,000	$10,750/$21,500	$35/$65	(D) 35%	(D) $80	(D) $65	Non-Hospital: (D) 15% Hospital: (D) 35%	Non-Hospital: (D) 15% Hospital: (D) 35%	(D) 35%	(D) 35%	$35	(D) 35%	$10/$40/(D)35%/(D)35%/ (D)35%/(D)35%
Complete HMO 4000 40/60 with Care Complement	Bronze	$4,000/$8,000	$11,300/$22,600	(D): $40/$60	(D) $850	(D) $100	(D) $60	Non-Hospital: (D) $300 Hospital: (D) $750	Non-Hospital: (D) $500 Hospital: (D) $1,000	(D) 10%	(D) 10%	(D) $40	(D) 10%	$10/$50/$175/ $250/$350/$500
HSA plans with Enhanced FlexRx (where certain preventive drugs bypass the plan's deductible)														
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) $500	(D) $40	(D) $500	(D) then: $10/$40/$100/$200/ $250/$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.
Note: Plans are ordered based on relativity to the first plan of each section.

Choice Easy Tier HMO Plans for Intermediary Small 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
Choice Easy Tier HMO Plans	Metallic tier	Deductible (D) individual/ family (embedded)	Out-of-pocket maximum individual/ family (embedded)	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
Choice Easy Tier HMO 500 30/55 with Care Complement	Gold	$500/$1,000	$10,500/$21,000	$30/$55	$500	Tier 1: (D) $55 Tier 2: (D) $150 Tier 3: (D) $300	$55	Tier 1: (D) $75 Tier 2: (D) $525 Tier 3: (D) $1,000	Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 3: (D) $2,500	Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 3: (D) $3,500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $300/$500
Choice Easy Tier HMO 1000 30/60 with Care Complement	Gold	$1,000/$2,000	$11,000/$22,000	$30/$60	$450	Tier 1: (D) $55 Tier 2: (D) $150 Tier 3: (D) $300	(D) $30	Tier 1: (D) $150 Tier 2: (D) $600 Tier 3: (D) $1,000	Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 3: (D) $2,500	Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 3: (D) $3,500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $300/$500
Choice Easy Tier HMO 1500 30/60 with Care Complement	Gold	$1,500/$3,000	$11,000/$22,000	$30/$60	$450	Tier 1: (D) $55 Tier 2: (D) $150 Tier 3: (D) $300	(D) $30	Tier 1: (D) $150 Tier 2: (D) $600 Tier 3: (D) $1,000	Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 3: (D) $2,500	Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 3: (D) $3,500	(D) $500	$30	(D) $500	$10/$40/$100/$200/ $300/$500
Choice Easy Tier HMO 2000 30/60/550 with Care Complement	Gold	$2,000/$4,000	$11,000/$22,000	$30/$60	$550	Tier 1: (D) $55 Tier 2: (D) $150 Tier 3: (D) $300	(D) $30	Tier 1: (D) $150 Tier 2: (D) $600 Tier 3: (D) $1,000	Tier 1: (D) $250 Tier 2: (D) $1,500 Tier 3: (D) $2,500	Tier 1: (D) $500 Tier 2: (D) $2,000 Tier 3: (D) $3,500	(D) $500	$30	(D) $500	$10/$40/$125/$200 $300/$500
Choice Easy Tier HMO 2500 45/65 15%/20%/35% with Care Complement	Silver	$2,500/$5,000	$11,000/$22,000	$45/$65	(D) 35%	Tier 1: (D) $100 Tier 2: (D) $200 Tier 3: (D) $400	(D) $65	Tier 1: (D) 15% Tier 2: (D) 20% Tier 3: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 20% Tier 3: (D) 35%	Tier 1: (D) 15% Tier 2: (D) 20% Tier 3: (D) 35%	(D) 15%	$45	(D) 15%	$10/$45/(D)35%/(D)35%/ (D)35%/(D)35%
Choice Easy Tier HMO 3000 50/65 with Care Complement	Silver	$3,000/$6,000	$12,000/$24,000	$50/$65	(D) $850	Tier 1: (D) $150 Tier 2: (D) $250 Tier 3: (D) $500	(D) $75	Tier 1: (D) $500 Tier 2: (D) $1,500 Tier 3: (D) $2,000	Tier 1: (D) $300 Tier 2: (D) $1,500 Tier 3: (D) $2,500	Tier 1: (D) $750 Tier 2: (D) $2,000 Tier 3: (D) $3,500	(D) $750	$50	(D) $750	$10/$45/$125/(D)$300/ $350/(D)$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.

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. 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 at **MGBHP.org** to determine the tier of providers in the 2026/2027 Choice Easy Tier network.

Comprehensive benefits that are simple and easy to use

About Choice Easy Tier HMO plans and network

This plan divides the hospital network into tiers: Tier 1 (lowest cost), Tier 2 (middle cost) and Tier 3 (highest cost). In addition, the tiering is limited to these services: inpatient medical services, outpatient diagnostic imaging and X-ray (including ultrasound), outpatient high-tech radiology (CT Scans, MRIs, etc.), outpatient surgery, outpatient short-term rehabilitation (cardiac, physical, occupational, and speech therapy).

Hospitals must meet the standards for quality and cost based on our benchmark. Participating hospitals are classified into three tiers:

Tier 1, lowest cost: These hospitals, community health centers and free-standing facilities offer the most value relative to cost efficiency and have the lowest member cost-sharing for certain covered services.

Tier 2, middle cost: These hospitals and affiliated facilities still have moderate cost relative to our benchmark and have moderate member cost-sharing for certain covered services.

Tier 3, highest cost: Hospitals and affiliated facilities assigned to this tier have the highest cost relative to our benchmark and have the highest member cost-sharing for certain covered services.

To look up any network hospital's tier, visit **MGBHP.org**

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 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 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
- 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.
- 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
- For HMO plans, 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, 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. Cost-sharing is 2x/2x/2x/3x of the 30-day supply, except on tiers with coinsurance.

Care Complement

Care Complement℠ removes 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)
- 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

*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 Health Plan Schedule of Benefits and Member Handbook.

Underwritten by Mass General Brigham Health Plan, Inc