Mass General Brigham
Health Plan

# 2027 PPO Plus plan changes for direct small groups

## What to know about our closed plans available for renewing business only for 2027

### 2027 portfolio changes

**PPO Plus Portfolio**
Starting January 1, 2027, current accounts may renew in the 2027 plan version of their current PPO Plus plan or select one of three available PPO Plus plans noted below.

- Complete PPO Plus 2000 30/60/500
- Complete PPO Plus 3000 45/65 with Care Complement
- Complete PPO Plus HSA 3000 40/60 Enhanced FlexRx

Our Complete Access EPO will continue to be available for renewing and new business as another option that can meet the needs of both in-state and out-of-state employees. These updates reflect broader market changes and help keep our plans affordable and sustainable for members and employers.

To find all plans available for 2027, please refer to this document:
2027 plan changes for direct small groups - new and renewing business

### Plan changes

The following outlines member cost-sharing changes for our 2027 PPO Plus product portfolio for renewing business.

**Increase on out-of-pocket maximum, emergency room, PCP/BH office visits, specialty office visits*, lab, diagnostic, imaging and X-ray, and prescription drug tiers 2 and 3:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus 500 with Care Complement | Complete PPO Plus 500 30/55 with Care Complement | Gold |
| Choice Easy Tier PPO Plus 500 25/45/400 with Care Complement | Choice Easy Tier PPO Plus 500 30/55 with Care Complement | Gold |
| Choice Easy Tier PPO Plus 1000 25/50/350 with Care Complement | Choice Easy Tier PPO Plus 1000 30/60 with Care Complement | Gold |
| Choice Easy Tier PPO Plus 1500 25/50 ER350 with Care Complement | Choice Easy Tier PPO Plus 1500 30/60 with Care Complement | Gold |
| Choice Easy Tier PPO Plus 2000 25/50 ER450 with Care Complement | Choice Easy Tier PPO Plus 2000 30/60/550 with Care Complement | Gold |
| Complete PPO Plus HSA 2500 35/50 Enhanced FlexRx | Complete PPO Plus HSA 2500 40/60 Enhanced FlexRx | Silver |
| Complete PPO Plus HSA 3600 35/55 Enhanced FlexRx | Complete PPO Plus HSA 3600 40/65 Enhanced FlexRx | Silver |

*Specialty office visits include, but are not limited to, acupuncture and physical/occupational/speech therapy. Please see the Schedule of Benefits for details.

**Increase on out-of-pocket maximum, emergency room, PCP/BH office visits, specialty office visits*, lab, and prescription drug tiers 2 and 3:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus 1000 25/50/350 with Care Complement | Complete PPO Plus 1000 30/60 with Care Complement | Gold |
| Complete PPO Plus 1500 25/50 ER350 with Care Complement | Complete PPO Plus 1500 30/60 with Care Complement | Gold |
| Complete PPO Plus 2000 25/50 ER450 with Care Complement | Complete PPO Plus 2000 30/60/550 with Care Complement | Gold |
| Complete PPO Plus 2000 35/70 with Care Complement | Complete PPO Plus 2000 40/80 with Care Complement | Silver |
| Complete PPO Plus 2500 30/55/500 with Care Complement | Complete PPO Plus 2500 35/65 with Care Complement | Silver |
| Complete PPO Plus 3500 45/75 with Care Complement | Complete PPO Plus 3500 50/85 with Care Complement | Silver |

**Increase on out-of-pocket maximum, emergency room, PCP/BH office visits, specialty office visits*, lab, high tech radiology, and prescription drug tier 2:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus 4000 35/45 ER750 10% with Care Complement | Complete PPO Plus 4000 40/60 with Care Complement | Bronze |
| Complete PPO Plus 5000 35/45 ER750 10% with Care Complement | Complete PPO Plus 5000 40/60 with Care Complement | Bronze |

**Increase on out-of-pocket maximum, deductible, PCP/BH office visits, specialty office visits*, lab, diagnostic, imaging and X-ray, and prescription drug tiers 2 and 3. Change coinsurance to copay on emergency room, high-tech radiology, outpatient surgery, and inpatient medical/SNF/Rehab/BH:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus HSA 4200 Enhanced FlexRx | Complete PPO Plus HSA 4400 Enhanced FlexRx | Bronze |

**Increase on out-of-pocket maximum, PCP/BH office visits, specialty office visits*, lab, and prescription drug tier 2. Change coinsurance to copay on emergency room:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus 1000 10%/30% with Care Complement | Complete PPO Plus 1000 30/50 10%/30% with Care Complement | Gold |

*Specialty office visits include, but are not limited to, acupuncture and physical/occupational/speech therapy. Please see the Schedule of Benefits for details.

**Increase on out-of-pocket maximum, PCP/BH office visits, specialty office visits*, lab, and prescription drug tier 2:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Complete PPO Plus 2500 15%/35% with Care Complement | Complete PPO Plus 2500 35/65 15%/35% with Care Complement | Silver |
| Choice Easy Tier PPO Plus 2500 15%/20%/35% with Care Complement | Choice Easy Tier PPO Plus 2500 45/65 15%/20%/35% with Care Complement | Silver |

**Increase on out-of-pocket maximum, emergency room, PCP/BH office visits, specialty office visits*, outpatient surgery, inpatient medical/SNF/Rehab/BH, and prescription drug tiers 2 and 3:**

| 2026 plan name | 2027 plan name | Metallic tier |
|---|---|---|
| Choice Easy Tier PPO Plus 3000 45/55/750 with Care Complement | Choice Easy Tier PPO Plus 3000 50/65 with Care Complement | Silver |

*Specialty office visits include, but are not limited to, acupuncture and physical/occupational/speech therapy. Please see the Schedule of Benefits for details.

**Have questions or want more information?**
Please contact your account or sales executive or email HealthPlanBrokers@mgb.org.