



## Care and coverage. Better together.

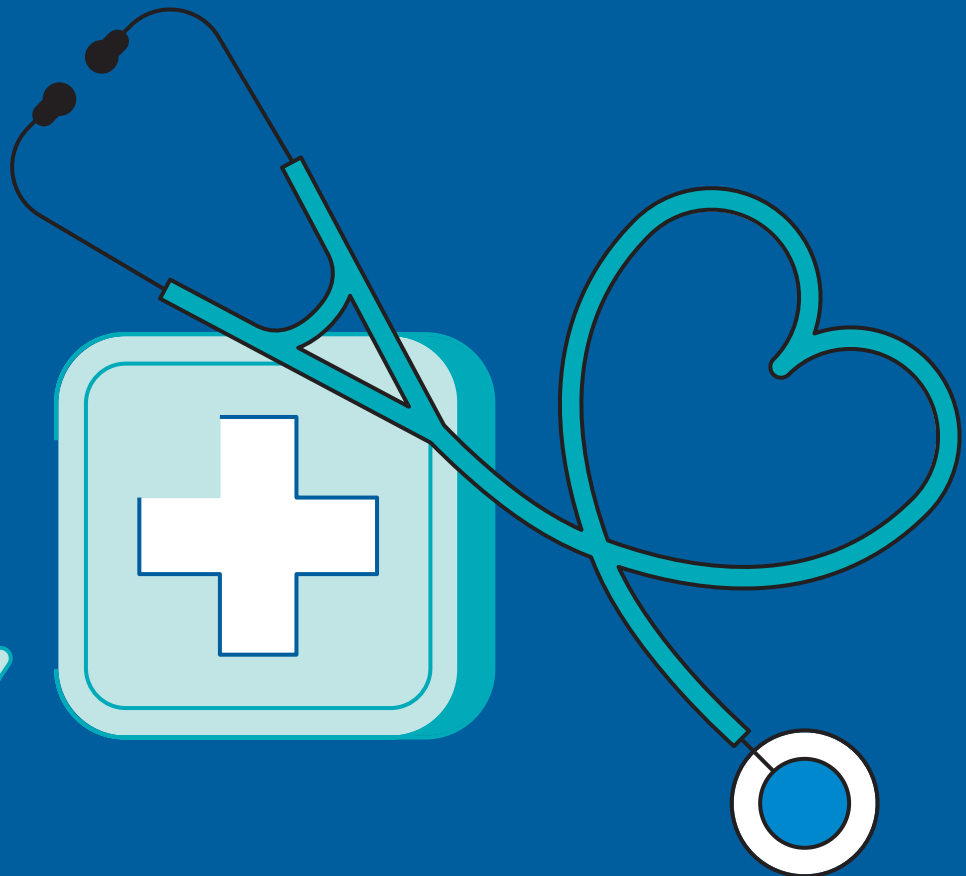
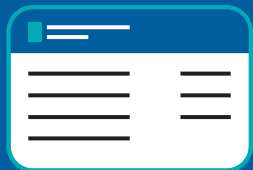
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Mass General Brigham  
Health Plan

# Welcome to Mass General Brigham Health Plan



**Let's get started!**

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# First things first: What's important to you?

Chances are, these are your first three questions:

1

## Is my doctor in network?

Our network includes access to world-class doctors, specialists, and hospitals. The provider directory lets you find and compare doctors, hospitals, and more. Easily search and filter your results based on what's important to you, such as gender, language, and location.

2

## Is my medication on the drug list?

We partner with Optum Rx® to offer you great pharmacy benefits and a vast nationwide network. To search the drug list and get cost information, visit our pharmacy page.

3

## What if I'm currently receiving care—how will that continue?

If you're receiving ongoing care for certain complex health conditions, our team can help transition your care—simply fill out a transition of care form and we'll help ensure the transition of your care.



To find these answers and more helpful resources, visit [MGBHP.org/new](https://MGBHP.org/new).

## What's covered?

- Routine and preventive care
- Specialty care
- Routine eye exam
- Behavioral health
- Help for common and complex healthcare needs
- Urgent and emergency care, even when you travel
- Pharmacy (Included in most plans. Check your plan documents.)

Let's talk about the basics. Your benefits include the essentials of a comprehensive health plan.



For specific details about this plan's network, covered benefits, and cost sharing, see the ***Schedule of Benefits*** included in your enrollment materials.

# Care options for every step of your journey

Your plan is thoughtfully designed to help you get the care you need, where and when you want it.



## Primary and specialty care

Your care begins with your primary care provider (PCP). In-person office visits and virtual visits are available.



## Urgent care center

Ideal when you need immediate, in-person help for a non-life-threatening condition.



## Virtual visit for non-emergency conditions

Included in most plans, On Demand connects you to a U.S.-based doctor 24/7 using live video via smartphone, tablet, or computer.



## 24/7 Nurse Advice Line

We make it easy to connect with a registered nurse to get nursing advice on any subject.



## Behavioral health support

Our network gives access to the care and support you need.



## Retail or limited services clinic

For when you're experiencing mild symptoms or need a vaccine.



## Care teams

Members with certain chronic conditions can get help with accessing or coordinating care from our team of licensed professionals.



## Emergency room

Call 911 or go to the nearest emergency room if you're having an emergency and your life is in danger.



# A plan to help you feel your best

## Wellness programs

- A program that covers all dimensions of your well-being and encourages you to set goals and choose activities based on your interests and level of health. Provides social connections, tracking tools, and games to keep you coming back and working on healthy habits.
- One-on-one telephonic health coaching to help you eat better, manage weight, reduce stress, and more.
- Quit for Life nicotine cessation program with 1:1 support from a Certified Tobacco Treatment Specialist. Most plans include quit medications at no cost sharing.

Mind, body, and spirit—  
they're all important to a  
person's overall well-being.

## Discounts and savings

- Fitness reimbursement: Up to \$150 for individual coverage or \$300 for family coverage per calendar year. Amounts may vary (terms and conditions apply).
- Flexible one- to six-month weight-loss program benefit through WW®, Jenny Craig®, or Noom®. Terms and conditions apply.
- Discounted eyewear, powered by EyeMed.
- Up to \$130 reimbursement for childbirth education.
- Reimbursement for breastfeeding classes.
- Partial reimbursements on bike helmets.
- No member cost sharing for first three sick visits and first three behavioral health visits for members aged 18 or younger.\*
- Low- or no-cost cost sharing for many over-the-counter (OTC) drugs with a prescription at a participating pharmacy.

## Innovative programs to help members optimize their care

### Care Complement

Care Complement features give you access to more affordable care options by removing cost sharing for certain services, medications, and therapies. Applies to most plans.\*\*

### Recovery coaches

Coaches guide and support members who are recovering from addiction.

\* Included in most plans but does not apply to Health Savings Account (HSA)-compliant plans.

\*\* Care Complement is available on your plan if it's in the plan name.



# How will I access my plan information?

Here's a peek at your key plan materials and tools that we developed for ease of use.



## Schedule of Benefits

An easy-to-read chart of your plan's coverage and cost sharing responsibilities. Once enrolled, you can find it in the member portal.



## Member guide and ID card

You'll receive your member ID card and guide after enrollment. You can always get a digital copy at [Member.MGBHealthPlan.org](https://Member.MGBHealthPlan.org).



## Member app

You can download the app for iOS and Android to access your ID card and plan information at any time.



## Member portal

Sign in to the member portal to manage your account and access resources, wellness programs, perks, claims history, accumulations, and important plan documents.



The member portal is active for you on your plan's effective date. Find it at [Member.MGBHealthPlan.org](https://Member.MGBHealthPlan.org).

# How to get more from the plan

Once you become a member, we encourage you to take these next steps:

1

## Set up your plan to work for you

- Review your member welcome guide and save the ID card(s) you receive by mail.
- Enroll in the member portal.
- Download the app.
- Read your plan documents and learn about all the services included in your plan.

2

## Use your plan well

- Present your ID card wherever you receive care.
- Optimize your wellness program.
- Take advantage of your member discounts and savings.

# See the latest additions to our plans

Our plans are built with insights from world-renowned researchers and clinicians at Mass General Brigham.

## Women's health programs

Our women's health programs offer comprehensive resources and support for all stages of life, including menopause, pregnancy, postpartum, or pelvic health.

## Mass General Brigham Home Hospital

Patients get acute inpatient-level care in the comfort of their home, with 24/7 remote monitoring and daily visits by doctors, nurses, and paramedics.

## Behavioral health support

Lyra Health is a virtual-first behavioral health platform that gives personalized recommendations and fast appointment options. In addition to our Optum network of providers.



Not all plans will include these benefits. Please speak with your employer to confirm.





# Let us know if we can help



## Get answers fast with live chat

Even before you're a member, you can live chat with us during business hours.



## Call or email Customer Service

You're also welcome to call **866-643-8392** or email **[MGBHPCS@mgb.org](mailto:MGBHPCS@mgb.org)** with any questions.

The Customer Service team is committed to your satisfaction.

**Hours:** Monday through Friday, 8 a.m. to 6 p.m., and Thursdays, 8 a.m. to 8 p.m.

*"The Customer Service team is here for you if you have questions or concerns. The team is committed to your satisfaction, and I'm proud to say that they work very hard to make sure your experience with us is exceptional."*

— Jonathan Biron, Director, Customer Service

# Visit our new members page

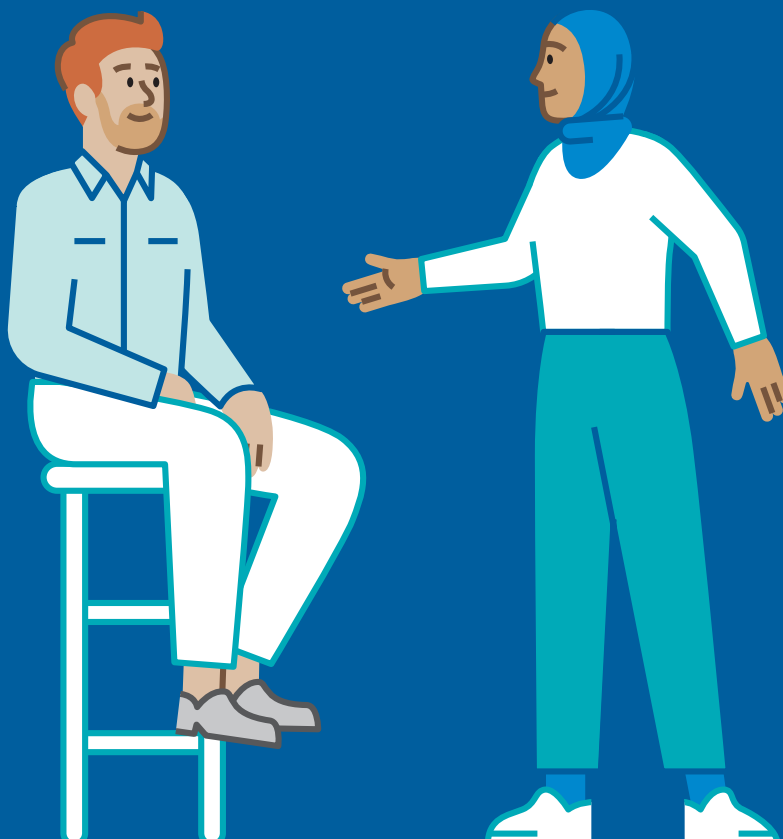
Learn more about our plan at **[MGBHP.org/new](https://MGBHP.org/new)**



- Find a doctor.
- See if your medications are covered.
- Get help with transition of care questions.
- See member benefits and resources.
- Contact Customer Service by phone, email, or live chat.



*Thank you for taking the time to learn more about Mass General Brigham Health Plan and the ways we can meet your needs and help you live a healthier life.*



**[MGBHP.org/new](https://MGBHP.org/new)**

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

15111-0824-00

## Pharmacy coverage with convenience, choice, and savings



### Our FlexRx program is built for choice, savings, and convenience—with benefits that include:

- Savings on a 90-day supply of certain medications by mail order, depending on your benefit plan
- Low-cost drug tier for many common medications\*
- Coverage for many common over-the-counter drugs
- Online tools to help you manage your plan and save money
- National pharmacy network

We partner with Optum Rx<sup>®</sup> to manage pharmacy benefits for our members. Members can fill prescription medications at any pharmacy in our national network which includes most major chains like CVS Pharmacy<sup>®</sup>, Walgreens<sup>®</sup> and Rite Aid<sup>®</sup>, as well as grocery store and independent pharmacies across the United States.

Check your benefit plan information for specifics on your coverage, including tiering and cost sharing.



Members can call the number on  
the back of your member ID card.  
Not a member yet? Call **866-643-8392**.

### Questions?

Visit **MGBHP.org/pharmacy** where you'll find important information regarding your pharmacy benefits, such as:

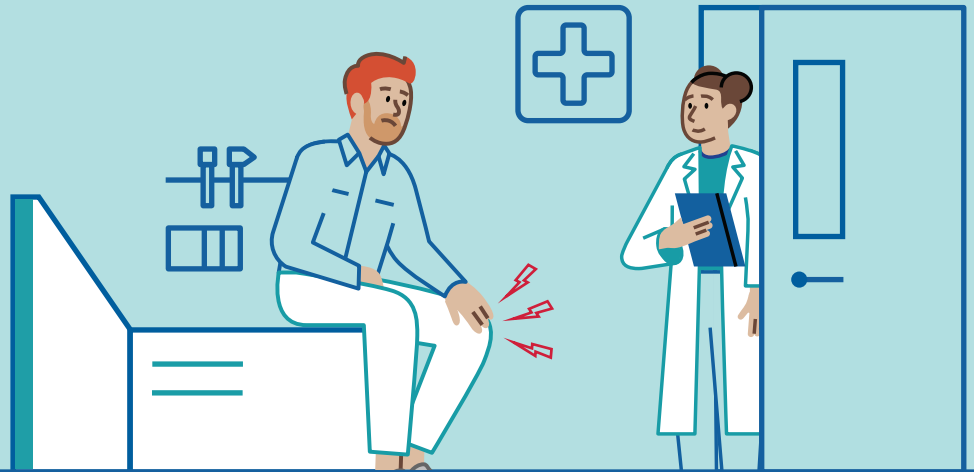
- A searchable drug lookup tool
- Mail order information
- Pharmacy management program and procedures, including prior authorizations, step-therapy programs, medication coverage, restrictions, and quantity limits
- A description of the exceptions process for nonformulary pharmaceuticals
- And more

\*Not available on 3-Tier pharmacy benefit plans.

### MGBHP.org

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company

## Easier access to care at no cost to you



### Care Complement provides access to more affordable care options by removing cost sharing for certain services, therapies, and medications

#### Save money on treatments that lead to a healthier you

The following services/therapies are included at \$0 member cost:

- First six acupuncture visits (20 visit limit)
- First six chiropractor visits
- First six physical therapy or occupational therapy visits
- First three sick visits and first three behavioral health visits for members aged 18 or younger
- Cardiac rehabilitation therapy
- Certain services that reduce the risk of complications from diabetes, including an annual routine eye exam, diabetic education, and nutritional counseling



*Care Complement  
benefits are available  
in all plans with  
Care Complement  
in the name.*

### No member cost for chronic condition medications:

#### Depression

- Fluoxetine 10mg, 20mg capsules

#### Diabetes

- Metformin, regular release tablets

#### High cholesterol

- Atorvastatin tablets
- Simvastatin tablets

#### Heart and high blood pressure

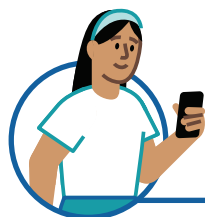
- Amlodipine besylate tablet
- Atenolol tablets
- Furosemide tablets
- Lisinopril tablets
- Losartan tablets
- Hydrochlorothiazide 25mg and 50mg tablets and 12.5mg capsules
- Metoprolol succinate SR tablets

## Get expanded access to substance use disorder therapies and medication

- Free recovery coaching
- \$0 cost for the medication-assisted therapy (MAT) office visits
- \$0 cost for certain MAT prescriptions\*:
  - Buprenorphine HCL-naloxone HCL sublingual film or tablet
  - Buprenorphine HCL sublingual tablet
  - Naloxone vial, tablet, or nasal spray (prescription)
  - Narcan nasal spray (prescription)
  - Vivitrol
  - Zubsolv sublingual tablet

## Our care management teams offer personalized care

- Made up of nurses, doctors, pharmacists, social care managers, and behavioral health experts, our integrated care management teams deliver customized care that meets your unique needs.



For more information about plan benefits, members can log in to **Member.MGBHP.org** or call the customer service number on the back of your member ID card.

\*Additional products may be available at \$0 based on your plan.

## MGBHP.org

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company

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## Routine healthcare services delivered by network providers at no cost sharing

The listed preventive services, as required by the Affordable Care Act (ACA), reflect routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. You do not have to pay for these covered services when delivered by a network provider. Additional services may be added.

Please refer to [MGBHP.org](https://mgbhp.org) for the most up-to-date listing.

### Adults and children

- Alcohol and substance misuse screening and counseling
- Alcohol and drug use assessment
- Cholesterol screening
- Depression screening
- Hepatitis B screening
- Hepatitis C screening
- HIV screening and counseling
- Immunizations and vaccines, including flu shots
- Pre-exposure prophylaxis (or PrEP) for members who are at very high risk of getting HIV to prevent HIV infection
- Sexually transmitted disease (STD) prevention, screening, and counseling (including gonorrhea, chlamydia, and syphilis)
- Tobacco use screening and counseling
- Tuberculosis infection screening for all patients at higher risk
- Weight management screening and counseling
- Well visits and regular preventive care (medical history and physical examination) including blood pressure screening, height, weight, and body mass index (BMI), screening and counseling for interpersonal and domestic violence

## Adults only

- Ambulatory or home blood pressure monitoring services and devices are covered for adults without hypertension
- Aspirin use counseling at your well visit, for members at risk of heart disease or colon cancer
- Colorectal cancer screenings (including lab testing, sigmoidoscopy, or colonoscopy)
- Diabetic screening
- For members 65 and older: fall-prevention counseling at your well visit and vitamin D supplements through your pharmacy benefit
- Intensive behavioral counseling about diet and physical activity for adults who are overweight and have other risk factors for cardiovascular disease
- Lung cancer screening for adults age 50-80 at risk of developing lung cancer
- Tobacco use nicotine replacement therapy
- Type 2 diabetes screening for adults with high blood pressure

## Men only

- Abdominal aortic aneurysm: one-time screening for men of specified ages who have ever smoked (age 65 to 75)

## Women only

- Annual GYN exam including screening for urinary incontinence
- Aspirin use for preeclampsia prevention through your pharmacy benefit
- Bacteriuria screening for pregnant women
- Breast cancer chemoprevention counseling for women at higher risk
- Breastfeeding support, breast pump, supplies, and counseling
- Cervical cancer screening including human papilloma virus (HPV) testing
- Diabetes screening for women during and after pregnancy
- FDA-approved contraceptive methods and counseling (contraceptives covered with no member cost sharing include: generics, brand name drugs with no generic alternative, and emergency contraceptives)
- Folic acid supplements for women who may become pregnant, through your pharmacy benefit
- Hepatitis B screening for pregnant women
- Osteoporosis screening for women 50 and older and for younger women with increased risk of fracture
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Screening mammogram, ultrasound or MRI for breast cancer screening. Counseling and BRCA genetic testing
- Sterilization procedures

## Children only

- Behavioral assessments throughout childhood (includes depression screening)
- Developmental screening and surveillance throughout childhood
- Fluoride varnish for children ages 6 months to 18 years
- Hearing screening for children and adolescents up to age 21\*
- Hematocrit or hemoglobin screening for children
- Iron supplements for children ages 6 to 12 months at risk for anemia (over the counter with prescription) and high blood pressure
- Lead screening for children at risk of exposure
- Oral fluoride supplements for children without fluoride in their water (over the counter with prescription)
- Oral health risk assessment for young children
- Vision screening for all children\*\*

\* This service is not the same as a hearing exam.

\*\* This service is not the same as a routine or comprehensive eye exam.

- Newborn screening and tests
- Congenital hypothyroidism screening for newborns
- Gonococcal infection preventive medication for the eyes of all newborns
- Hearing screening
- Hemoglobinopathies or sickle cell screening for newborns
- Phenylketonuria (PKU) screening



## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. Mass General Brigham Health Plan provides health insurance coverage to you. Because you get health benefits from Mass General Brigham Health Plan, we have protected health information (PHI) about you. By law, Mass General Brigham Health Plan must protect the privacy of your health information.

### **This notice explains:**

- When Mass General Brigham Health Plan may use and share your health information.
- What your rights are regarding your health information.

### **Mass General Brigham Health Plan may use or share your health information:**

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.
- When required by law or a law enforcement agency.
- For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.
- To operate programs, such as evaluating the quality of healthcare services you get, providing care management and disease management services and performing studies to reduce healthcare costs.
- With your healthcare Providers to coordinate your treatment and the services you get.
- With health-oversight agencies, such as the Federal Centers for Medicare and Medicaid Services, and for oversight activities authorized by law, including fraud and abuse investigations.
- For health research.
- With government agencies that give you benefits or services.
- With plan sponsors of employer group health plans, but only if they agree to protect that information.

- To prevent or respond to an immediate and serious health or safety emergency.
- To remind you of appointments, benefits, treatment options or other health-related choices you have.
- With entities that provide services or perform functions on behalf of Mass General Brigham Health Plan (Business Associates), provided that they have agreed to safeguard your information.

When a federal or state privacy law provides for stricter safeguards of your PHI, Mass General Brigham Health Plan will follow the stricter law. Except as described above, Mass General Brigham Health Plan cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

For purposes of underwriting, Mass General Brigham Health Plan is prohibited from using or disclosing any genetic information.

Mass General Brigham Health Plan does not use your health information for any marketing purposes and will not sell your health information to anyone.

### **You have the right to:**

- See and get a copy of your health information that is contained in a “designated record set.” You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your request to see and get a copy of your health information. Mass General Brigham Health Plan may charge you to cover certain costs, such as copying and postage.
- Ask Mass General Brigham Health Plan to change your health information that is in a “designated record set” if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.



- Ask Mass General Brigham Health Plan to limit its use or sharing of your health information. You must ask for this in writing. Mass General Brigham Health Plan may not be able to grant this request.
- Ask Mass General Brigham Health Plan to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.
- Get a list of when and with whom Mass General Brigham Health Plan has shared your health information. You must ask for this in writing.
- Be notified in the event that we or one of our Business Associates discovers a breach of your protected health information.
- Get a paper copy of this notice at any time.
- These rights may not apply in certain situations.

This notice, effective as of April 17, 2019, will remain in effect until we change it. By law, Mass General Brigham Health Plan must give you notice explaining that we protect your health information, and that we must follow the terms of this notice. If Mass General Brigham Health Plan does make important changes, we will send you a new notice and post an updated notice on our website. That new notice will apply to all of the health information that Mass General Brigham Health Plan has about you. Mass General Brigham Health Plan takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that Mass General Brigham Health Plan has violated your privacy rights, contact our Privacy Officer in writing at the following address:

Mass General Brigham Health Plan Privacy Officer  
399 Revolution Drive, Suite 810  
Somerville, MA 02145

Filing a Complaint or exercising your rights will not affect your benefits.

You may also file a Complaint with the U.S. Secretary of Health and Human Services at:

The U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201  
Toll Free: 877-696-6775

Mass General Brigham Health Plan will not retaliate against you if you file a complaint either with Mass General Brigham Health Plan or the U.S. Secretary of

Health and Human Services. For more information, or if you need help understanding this notice, call Customer Service at the number on the back of your ID card, Monday through Friday between 8:00 a.m. and 6:00 p.m. (Thursdays from 8:00 a.m. to 8:00 p.m.)

### Confidentiality

Mass General Brigham Health Plan takes seriously our obligation to protect your personal and health information. To help in maintaining your privacy, we have instituted the following practices:

- Mass General Brigham Health Plan employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when outside of the office.
- Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a "need to know."
- Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices. In addition, as part of every employee's annual performance appraisal, they are required to sign a statement affirming that they have reviewed and agree to abide by our confidentiality policy.
- All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- Mass General Brigham Health Plan only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in Mass General Brigham Health Plan or as otherwise required by law.

In accordance with state law, Mass General Brigham Health Plan takes special precautions to protect any information concerning mental health or substance use, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

**We're here to help!** Our Customer Service Professionals will work with you and your providers so you can access medically necessary services, behavioral health services, and prescriptions. For example: medication infusions or scheduled surgery.

**To be eligible for consideration, you or your dependent must:**

- Be receiving ongoing care for specific health conditions\* (See section 1 for typical medical conditions)
- Be receiving care that started prior to enrollment with Mass General Brigham Health Plan

**Member information:**

First name (Member receiving care)	Last name
Phone	Email address
Member ID number (if received)	Name of employer

**Contact preferences:**

1. What's the best way to reach you during business hours? ☐ Email ☐ Telephone
2. Do you give us permission to leave a message? ☐ Yes ☐ No

**SECTION 1: Medical services**

**To request Transition of Care support for medical services, please select one or more of the following conditions:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Recent heart attack                         | <input type="checkbox"/> Specialty pharmacy/home infusion                               |
| <input type="checkbox"/> Sick newborn requiring intensive care                    | <input type="checkbox"/> Specialty referral                          | <input type="checkbox"/> Enrollment in a care management/<br>disease management program |
| <input type="checkbox"/> Rare medical condition<br>(please specify details below) | <input type="checkbox"/> Scheduled or approved<br>outpatient surgery | <input type="checkbox"/> Cancer: newly diagnosed/ongoing<br>cancer treatment            |

*\*Examples of chronic medical conditions that typically are not eligible for Transition of Care program (unless the condition is not stable OR the member receives IV medication infusions for a chronic condition) include arthritis, asthma, allergies, diabetes, hypertension, and COPD/emphysema.*

**Please provide full Provider contact information for conditions and treatment indicated above, next scheduled office visit(s), procedure or scheduled follow up appointment dates.**

1. What is the name of the provider(s) you or your dependent receive care from?

Provider name	Phone	Provider address
Provider name	Phone	Provider address
Provider name	Phone	Provider address

2. When was the last time you or your dependent saw this provider(s) for the conditions noted?

3. When is the next office visit, scheduled procedure, or follow up appointment with this provider(s)?

4. Please complete the section below with any other relevant information that may help us better understand and support you with coordinating the medical care that you need.

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## SECTION 2: Prescription (RX) services

To request Transition of Care support for prescription services, please specify the medications that you or your dependent take and the frequency with which they are taken:

Medication name	Dosing/frequency	Last fill date
Medication name	Dosing/frequency	Last fill date
Medication name	Dosing/frequency	Last fill date
Medication name	Dosing/frequency	Last fill date

## SECTION 3: Behavioral health services

To request Transition of Care support for outpatient behavioral health services with a provider that does not participate within our behavioral health provider network, please list your provider(s) below:

Provider name	Phone	Provider address
Provider name	Phone	Provider address
Provider name	Phone	Provider address

1. Do you receive care with this provider(s) in-person or virtually via Telehealth? ☐ In-Person ☐ Telehealth
2. How often do you see this provider(s) for care? ☐ Weekly ☐ Monthly ☐ Other

Member signature (Parent or legal guardian for members under age 18)

Date

**Return completed form by email, mail, or fax.** A Customer Service Professional will get back to you to help you make a smooth transition. If you have questions, call Customer Service at **866-643-8392** (Option 1).

**Email:** [HealthPlanCustomerService-Members@mgb.org](mailto:HealthPlanCustomerService-Members@mgb.org)

**Fax:** 617-586-1799

**Mail:** Mass General Brigham Health Plan  
Customer Service  
399 Revolution Drive, Suite 820  
Somerville, MA 02145

**[MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrigham.org)**

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc.  
and Mass General Brigham Health Insurance Company

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**Select the plan available to you that you would like to join:**

- ☐ HMO  
☐ EPO  
☐ PPO Plus

**Please select all that apply.****Application for enrollment**

- ☐ New employee  
☐ Annual enrollment  
☐ COBRA Continuation  
☐ Involuntary loss of prior group coverage\*  
☐ Other \_\_\_\_\_

\*Documentation required

**Change in enrollment**

- ☐ Add dependents  
☐ Remove dependents  
☐ PCP/Site change  
☐ Termination  
☐ Employee/dependent demographics  
☐ Other \_\_\_\_\_

**Reason for change in enrollment**

- ☐ Marriage  
☐ Birth of child  
☐ Adoption of child\*  
☐ Divorce  
☐ Left employment  
☐ Reached age 65  
☐ Add disabled dependents  
☐ Moved out of service area  
☐ Voluntary  
☐ Loss of dependent eligibility  
☐ Death, exact date \_\_\_\_\_

**Group information if applicable. For the employer to fill out.**

Mass General Brigham Health Plan group number			Employer name					
Date of employment	Month	Day	Year	Effective Date	Month	Day	Year	Plan name

**For intermediaries only**

- ☐ Group  
☐ Non-group  
☐ ICHRA  
☐ QSEHRA

**Employee information**

Last name				First name				M.I.
Date of birth (mm/dd/yy)	Social Security Number			Sex (m/f/u)	Home phone – include area code		Email address	
Street mailing address			Apt.	P.O. Box	City		State	Zip code

**PCP and site information****This section is for HMO members or EPO members in Massachusetts and New Hampshire only**

For help finding an in-network PCP, please go to [MGBHP.org](http://MGBHP.org) and search our Find a Doctor tool. Then, select the product you are enrolling in from the drop down list. You may change your PCP at any time.

Primary care site	
Your Primary Care Physician (Last name, First, M.I.)	Existing patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Confidential personal information**

What is your race?  
☐ Black or African American   ☐ White   ☐ American Indian or Alaska Native   ☐ Asian   ☐ Native Hawaiian or Other Pacific Islander   ☐ Some Other Race (please specify) \_\_\_\_\_  
☐ I choose not to answer   ☐ I am not sure / Don't know

How well do you speak English?  
☐ Very well   ☐ Well   ☐ Not well   ☐ Not at all   ☐ I choose not to answer   ☐ I am not sure / Don't know

What is your Hispanic Ethnicity?  
☐ Hispanic or Latino   ☐ Not Hispanic or Latino   ☐ I choose not to answer   ☐ I am not sure / Don't know

What is your ethnicity?  
☐ African   ☐ African American   ☐ American   ☐ Asian Indian   ☐ Brazilian   ☐ Cambodian   ☐ Cape Verdean   ☐ Caribbean Islander   ☐ Central American   ☐ Chinese   ☐ Colombian  
☐ Cuban   ☐ Dominican   ☐ Eastern European   ☐ European   ☐ Filipino   ☐ Guatemalan   ☐ Haitian   ☐ Honduran   ☐ Japanese   ☐ Korean   ☐ Laotian/Lao   ☐ Mexican  
☐ Middle Eastern or North African   ☐ Portuguese   ☐ Puerto Rican   ☐ Russian   ☐ Salvadoran   ☐ South American   ☐ Vietnamese   ☐ My ethnicity is not listed (please specify) \_\_\_\_\_  
☐ I choose not to answer   ☐ I am not sure / Don't know

What is your gender identity?  
☐ Female   ☐ Male   ☐ Transgender   ☐ Genderqueer   ☐ Intersex   ☐ Unspecified   ☐ My gender identity is not listed (please specify) \_\_\_\_\_   ☐ I choose not to answer  
☐ I am not sure / Don't know

What are your personal pronouns?  
☐ He/Him   ☐ She/Her   ☐ They/Them   ☐ Other (please specify) \_\_\_\_\_   ☐ I choose not to disclose

What is your sexual orientation?  
☐ Bisexual   ☐ Lesbian or gay or homosexual   ☐ Queer, pansexual, and/or questioning   ☐ Straight or heterosexual   ☐ My sexual orientation is not listed (please specify) \_\_\_\_\_  
☐ I choose not to answer   ☐ I am not sure / Don't know

Are you deaf or do you have difficulty hearing?  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

Are you blind or do you have serious difficulty seeing, even when wearing glasses?  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

Do you have difficulty walking or climbing stairs?  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

Do you have difficulty dressing or bathing? (5 years old and older)  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old and older)  
☐ Yes   ☐ No   ☐ I choose not to answer   ☐ I am not sure / Don't know

**Group coverage**

Type of Mass General Brigham Health Plan coverage (check only one) <input type="checkbox"/> Self <input type="checkbox"/> Individual & spouse <input type="checkbox"/> Individual & child/children <input type="checkbox"/> Family		In addition to Mass General Brigham Health Plan, my spouse or children are covered by a health plan offered by:			
		Employer	Insurance co. name	Policy #	Effective date
Are you and/or your spouse eligible for Medicare?	Self <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you enrolled in <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B		Your Medicare policy number	
	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is your spouse enrolled in <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B		Your spouse's Medicare policy number	

Please provide **ALL** information below for any eligible dependents you wish to enroll.

This column below is for HMO members or EPO members in Massachusetts and New Hampshire.

Spouse last name		First name		M.I.	Primary care site	Existing patient?
Date of birth	Social Security Number	Sex (m/f/u)	Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary care physician (last name, first name, M.I.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent last name		First name		M.I.	Primary care site	Existing patient?
Date of birth	Social Security Number	Sex (m/f/u)	Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary care physician (last name, first name, M.I.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent last name		First name		M.I.	Primary care site	Existing patient?
Date of birth	Social Security Number	Sex (m/f/u)	Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary care physician (last name, first name, M.I.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent last name		First name		M.I.	Primary care site	Existing patient?
Date of birth	Social Security Number	Sex (m/f/u)	Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary care physician (last name, first name, M.I.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent last name		First name		M.I.	Primary care site	Existing patient?
Date of birth	Social Security Number	Sex (m/f/u)	Other Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary care physician (last name, first name, M.I.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement: The information provided on this form is true and complete. I assign benefits to Mass General Brigham Health Plan for the cost of services when the liability for payment is the responsibility of another plan, worker's compensation plan, or other coverage. I (we) agree that Mass General Brigham Health Plan and its affiliated health care providers may obtain or release my (our) medical information including medical records, medical coverage available or other medical data for the purposes of administering benefits, evaluating medical care provided, conducting quality assurance reviews and analysis, conducting medical research, and/or as required by law. If enrolling in the HMO or EPO, I (we) understand that for Mass General Brigham Health Plan coverage to be in effect when medical care supplies are obtained, all care and supplies must be authorized and provided by participating care physicians (as listed above).

**All information must be completed and form signed before processing can begin**

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer contact name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_ Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_