



A health plan for every day's moments

Table of contents

- J.D. Power Award announcement
- Your plan: Overview
- Covered preventive services
- Tiering made simple
- Transition of care form
- Notice of privacy practices

Ranked #1 in Member Satisfaction among commercial health plans in Massachusetts by J.D. Power

We earned the **top ranking** across several categories:

- Product/coverage offerings
- Resolving problems or complaints
- Helping to save time or money
- Ease of doing business
- **Level of trust**

For J.D. Power 2024 award
information, please visit
jdpower.com/awards

**2 years
in a row!**



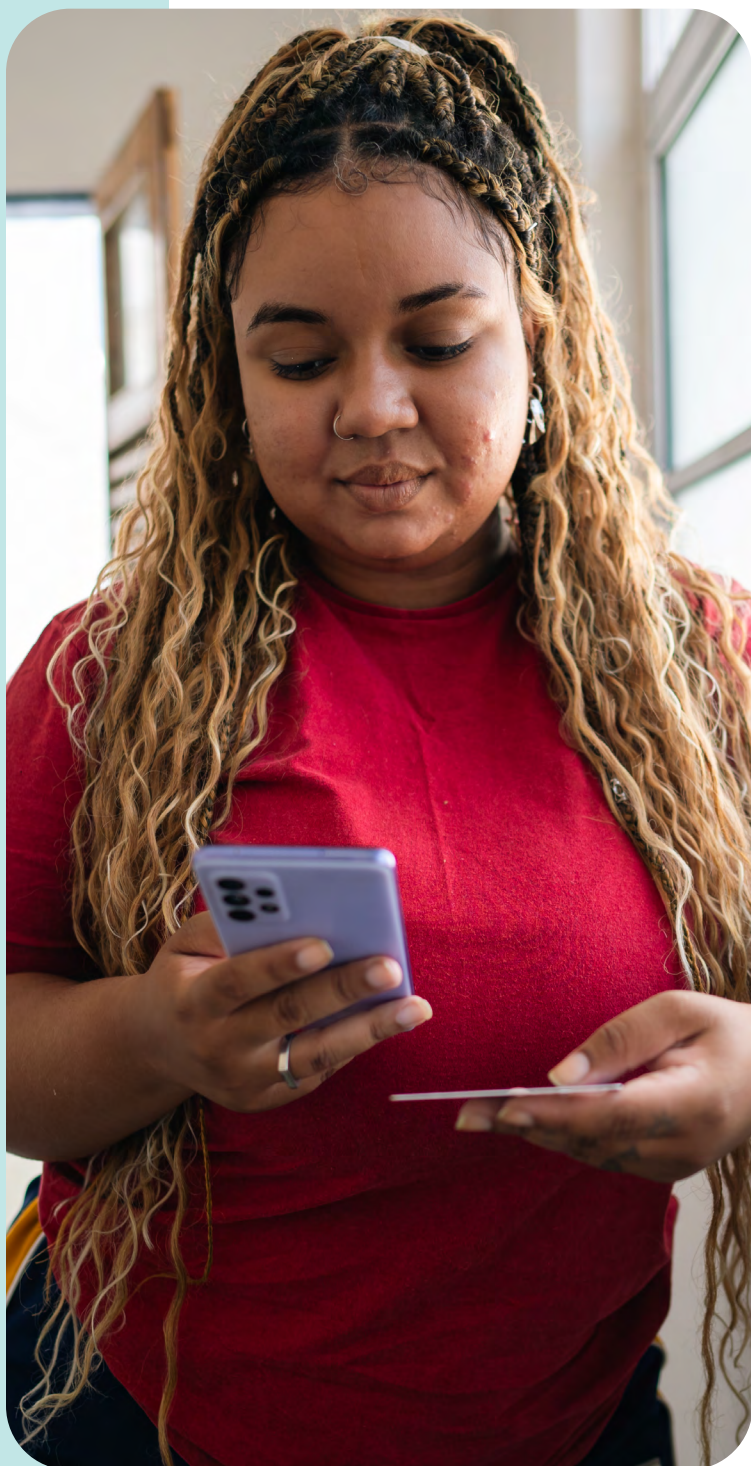


Welcome to Complete HMO for GIC Members

For more than 35 years, the health plan your coworkers trust



Your health plan for
every day's moments.



Whether it's the moment you start a new exercise program, meet your new baby, or get an unexpected diagnosis, we're here for you.

Get support when you need it

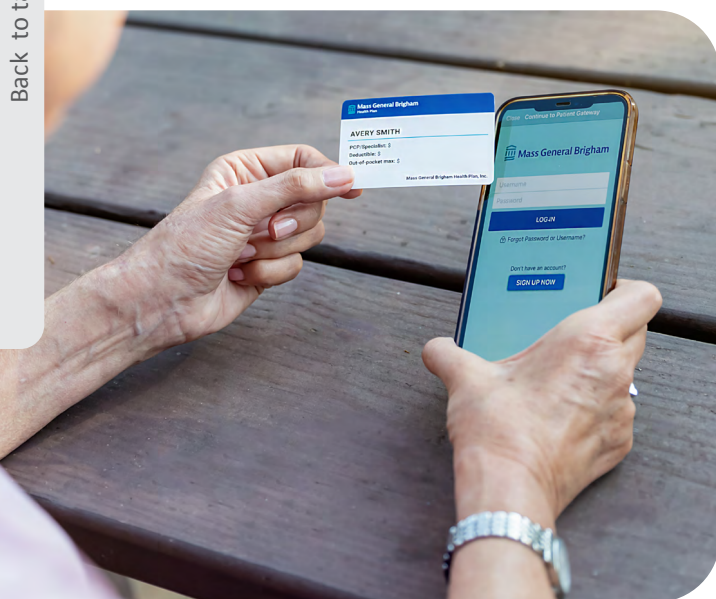
Would you like help finding a provider or understanding if this is the right plan for you? We have a dedicated GIC Customer Service team that is happy to help. Contact them at **866-567-9175 (TTY: 711)** or email **MGBHPCS@mgb.org**. We're available Monday through Friday, from 8 a.m. to 6 p.m. and Thursdays from 8 a.m. to 8 p.m.



Access to a broad provider network and innovative care options

Your coverage starts with your primary care provider for routine care. When needed, your PCP will refer you to a specialist and help ensure coordinated care. Referrals are needed for certain specialty services. In addition, certain services or procedures may require a prior authorization.

As for the provider network, your options give you flexibility and choice. World-class Massachusetts hospitals are in-network—giving you access to some of the nation's leading academic medical centers and specialty hospitals. Your network includes a vast list of providers outside of the Mass General Brigham system.



When it comes to behavioral health, you have a full range of network and service options

You'll have access to Optum, one of the nation's largest behavioral health networks. In addition, Lyra Health provides a range of mental health services with virtual and in-person options, including on-demand resources, mental health coaching, therapy, and medication management. Members can get personalized provider matching, and quickly schedule appointments, often within one to three days.

Your plan at a glance

Benefit	Cost sharing
Medical deductible	\$500 Individual/\$1,000 Family
Out-of-pocket maximum (includes medical, pharmacy, and behavioral health)	\$5,000 Individual/\$10,000 Family
Primary care provider office visit	\$10/\$20/\$40 copay
Specialist office visit	\$30/\$60/\$75 copay
Behavioral health office visit	\$10 copay
Emergency room (emergency care covered at any hospital emergency room)	\$100 copay then deductible (copay waived if admitted)
Inpatient acute medical care	\$275 copay then deductible/ \$500 copay then deductible/ \$1,500 copay then deductible
Outpatient surgery at a freestanding ambulatory surgical center (for non-preventive colonoscopies, endoscopies, and eye surgeries)	\$150 copay then deductible
Outpatient surgery (plus hospital based non-preventive colonoscopies, endoscopies, and eye surgeries)	\$250 copay then deductible
High-tech imaging	\$100 copay/scan then deductible
Telemedicine through On Demand urgent care, PCP, or Specialist	\$10 copay
Telemedicine for mental health care or substance use care	\$10 copay (waived for first three visits)

No matter where you travel in the world, you're always covered for emergency and urgent care.

Tiering made simple

There are three tiers of providers in the Group Insurance Commission network. These tiers apply to your cost sharing when you visit a PCP or specialist, or when you get inpatient acute medical care in a hospital. Tiering does not apply to all services.

How does it work? Your cost sharing depends on whether you visit a **Tier 1** (lowest cost sharing), **Tier 2** (middle cost sharing), or **Tier 3** (highest cost sharing) provider.

All providers in the same practice will be in the same tier. If a provider practices at multiple locations, the location where you have your appointment will determine your copay.



Visit the provider search tool at MGBHP.org/GIC-members to determine the tier of your provider.

Build a wellness program to feel your best

Whether you want to eat or sleep better, become more active, quit smoking, lose weight, manage stress or anxiety, reduce alcohol or tobacco use, or something else unique to you, our wellness platform gives you all the tools you need.

- Covers all dimensions of your wellbeing and encourages you to actively set goals
- Includes a personalized health profile assessment
- Delivers daily content and challenges based on your interests and level of health
- Provides social connections and tracking tools to keep you coming back and working on healthy habits



A variety of innovative programs help members optimize their care

Care management

A program that offers complex care management for members who need a high level of support.

Recovery coaches

Coaches guide and support members who are recovering from addiction.

DSC2U.org

A program for members with Down syndrome and their caregivers that gives no-cost access to reports and resources to help optimize their care.

Mass General Brigham Home Hospital

Access hospital-level care at home from one of the most established programs in the country along with direct coordination with health plan care managers.



Your coverage includes many ways to keep you healthy and happy

We want you to get the most value out of your plan. Here are some ways to use your plan no matter what your level of health.



Fitness reimbursement:
Up to \$150 for individual coverage or \$300 for family coverage per calendar year—including virtual subscriptions.

Terms and conditions apply



Discounted eyewear powered by EyeMed



Quit for Life nicotine cessation program with 1x1 support from a tobacco treatment specialist



Up to \$130 reimbursement for childbirth education

Reimbursement for breastfeeding classes



Discounts or partial reimbursements on bike helmets



Free one-on-one health coaching available via phone or text

Great urgent care option tip:

Get easy access to 24/7 virtual urgent care through the Member Portal or app. On Demand offers convenient, high-quality video visits for minor illnesses and injuries—anytime, anywhere in the U.S.

On Demand is not for medical emergencies. For medical emergencies, call 911.

An exceptional member experience from day one

We work hard to make sure your needs are at the center of all we do. Whenever and however you use the plan, we want your experience to be easy and full of value. Here are some simple ways to access your plan once you are a member:

Your Member Portal has all your plan's important details

Once you are a member, register and sign in at Member.MGBHP.org to start managing your account and to access claims history, accumulations, and important plan documents.

We're here to help

If you have any questions about your Complete HMO plan and if it's right for you, please call us at **866-567-9175 (TTY: 711)** or email MGBHPCS@mgb.org. We are available Monday through Friday from 8 a.m. to 6 p.m. and Thursdays from 8 a.m. to 8 p.m.



Check out our mobile app!

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



Mass General Brigham
Health Plan

MGBHP.org/GIC-members

This plan is administered by Mass General Brigham Health Insurance Company, which processes claims for payment but does not assume financial risk for claims.

14663-0325-04



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



This plan includes a tiered provider network

Your Complete HMO plan has three levels of copays depending on the tier of your provider. This gives you flexibility and choice when choosing where to receive your care.

Here's how tiers work



Tiering only applies to office visit copays when you see a primary care provider, specialist, or when receiving inpatient acute medical care at a hospital.



You pay less in cost sharing when you visit a Tier 1 provider, more when you visit a Tier 2 provider, and the most when you visit a Tier 3 provider.



It's important to check the tier of the provider and/or hospital where you go for care to understand what your member cost sharing will be.

	Tier 1 copay	Tier 2 copay	Tier 3 copay
Cost sharing	\$	\$\$	\$\$\$
PCPs	\$10 per office visit	\$20 per office visit	\$40 per office visit
Specialists	\$30 per office visit	\$60 per office visit	\$75 per office visit
Inpatient acute medical care	\$275 copayment, then subject to deductible	\$500 copayment, then subject to deductible	\$1,500 copayment, then subject to deductible

Helpful tip:

All providers in the same practice will be in the same tier. If a provider practices at multiple locations, the location where you have your appointment will determine your copay.

Money-saving tip:

Virtual visits with PCPs, Specialists, and On Demand have a \$10 copay. The first 3 virtual visit copays for Mental Health Care or Substance Use Care are waived and then have a \$10 copay.



Find a provider and check their tier

Our Find a provider tool includes the most up-to-date information about the Group Insurance Commission (GIC) tiering. If you're not a member yet, you can visit MGBHP.org/GIC-members to search for providers. Members can access the search in the Member Portal at Member.MGBHP.org.

How are providers assigned to tiers?

We based the tiering on quality and cost-efficiency standards in collaboration with the GIC. Cost-efficient PCPs and specialists were identified based on their hospital affiliation and placed in the appropriate tier as described above. For PCPs and specialists unaffiliated with a hospital, they default to Tier 2 and therefore apply the middle level of member cost sharing.

In-network Massachusetts hospitals and their tiers

Hospitals - Tier 1

Anna Jaques Hospital
Athol Memorial Hospital
Baystate Franklin Medical Center
Baystate Noble Hospital
Baystate Wing Hospital
Beth Israel Deaconess Hospital - Milton
Beth Israel Deaconess Hospital - Needham
Beth Israel Deaconess Hospital - Plymouth
Boston Medical Center

Brigham and Women's Faulkner Hospital
Cambridge Health Alliance
Emerson Hospital
Fairview Hospital
Heywood Hospital
Holyoke Medical Center
Lawrence General Hospital
Mass General Brigham - Salem Hospital
Mercy Medical Center

MetroWest Medical Center
Milford Regional Medical Center
Newton-Wellesley Hospital
Saint Vincent Hospital
South Shore Hospital
Sturdy Memorial Hospital
Winchester Hospital

Hospitals - Tier 2

Baystate Medical Center
Berkshire Medical Center
Boston Children's Hospital
Brown Health
Brown University Morton Hospital
Brown University Saint Anne's Hospital
Cape Cod Hospital
Cooley Dickinson Hospital
Dana-Farber Cancer Institute
Falmouth Hospital

Good Samaritan Medical Center
Harrington Memorial Hospital
HealthAlliance-Clinton Hospital
(formerly HealthAlliance Hospital)
Holy Family Hospital (owned by Lawrence
General Hospital Corp)
Lahey Hospital and Medical Center
Lowell General Hospital
Martha's Vineyard Hospital
Massachusetts Eye and Ear Infirmary

Melrose-Wakefield Hospital
(Formerly Hallmark Health)
Mount Auburn Hospital
Nantucket Cottage Hospital
New England Baptist Hospital
Northeast Hospital (Beverly Hospital)
Shriners Hospitals for Children - Boston
Shriners Hospitals for Children - Springfield
Signature Healthcare Brockton Hospital
Southcoast Hospitals Group

Hospitals - Tier 3

Beth Israel Deaconess Medical Center
Brigham and Women's Hospital
Marlborough Hospital

Massachusetts General Hospital
St. Elizabeth's Medical Center
Tufts Medical Center

UMass Memorial Medical Center

IMPORTANT NOTICE: This plan includes a Tiered Provider Network. In this plan, members pay different levels of member cost sharing depending on the tier of the provider delivering a covered service or supply. Please consult the provider directory or visit the provider search tool at MGBHP.org/GIC-members to determine the tier of providers in the network.

Questions? We're here for you.

Contact our dedicated GIC Customer Service team at **866-567-9175 (TTY: 711)** or email MGBHPCS@mgb.org

MGBHP.org

This plan is administered by Mass General Brigham Health Insurance Company, which processes claims for payment but does not assume financial risk for claims.

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/
disease management program |
| <input type="checkbox"/> Rare medical condition
(please specify details below) | <input type="checkbox"/> Scheduled or approved
outpatient surgery | <input type="checkbox"/> Cancer: newly diagnosed/ongoing
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.

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

Fax: 617-586-1799

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

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.