Mass General Brigham

2026 Medical Plan Comparison

Services shaded teal are subject to the annual deductible
Coinsurance amounts listed below represent the portion paid by the member

Tier 1: MGB providers and affiliates | **Tier 2:** Providers who are part of the network and are not Tier 1 | **Out-of-network:** Providers who do not participate in the network

	Premium EPO Plan			Core PPO Plan			HDHP PPO Plan with HSA[1]		
	Tier 1	Tier 2	Out-of-network	Tier 1	Tier 2	Out-of-network	Tier 1	Tier 2	Out-of-network
General Provisions									
HSA seed (employer contribution)	N/A			N/A			$500/individual; $1,000/family		
Annual deductible (individual/family)	$0/$0	$1,000/$2,000	N/A	$500/$1,000	$2,000/$4,000	$3,000/$6,000	$2,000/$4,000		$4,000/$8,000
Out-of-pocket maximum (individual/family)	$2,000/$4,000	$4,000/$8,000		$3,000/$6,000	$4,000/$8,000	$6,000/$12,000	$4,000/$8,000		$7,500/$15,000
Inpatient covered services									
Medical, surgical (per admission)	$250 copay	20%	Not covered	10%	25%	40%	20%	30%	40%
Mental health and substance use (per admission)	$250 copay	$250 copay[2]		10%	10%[2]		20%		
Outpatient covered services									
Primary care physician visits (in-office and virtual)	$15 copay	$50 copay	Not covered	$25 copay	$60 copay	40%		30%	40%
Pediatric primary care visits (in-office and virtual; age 18 or under)	$15 copay	$30 copay		$25 copay	$40 copay		20%	20%	
Specialist visits (in-office and virtual)	$30 copay	$75 copay		$40 copay	$90 copay			30%	
Preventive care (adult and pediatric)	**Covered at 100%**			**Covered at 100%**		Not covered[3]	**Covered at 100%**		Not covered[3]
Routine eye exam (one visit per member every 12 months)						Not covered			Not covered
Immunizations and inoculations						40%			40%
Pap smear									
Screening mammogram, colonoscopy									
Diagnostic imaging and x-rays				$30 copay	$30 copay[2]		20%		
Diagnostic lab services				10%	10%[2]				
Telemedicine (virtual visits through On Demand)	$10 copay	$10 copay[2]		$10 copay	$10 copay[2]	Not covered	20%		Not covered
Urgent care	$30 copay	$75 copay		$40 copay	$90 copay[2]	40%	20%	30%	40%
Emergency room	$200 copay (waived if admitted)[2]		Refer to the Summary of Benefits	$300 copay (waived if admitted)[2]			$300 copay (waived if admitted)[2]		
Outpatient day surgery	$100 copay	20%	Not covered	10%	25%	40%	20%	30%	40%
Hi-tech imaging (MRI, CT, PET)	$50 copay	20%		$150 copay	25%		20%	30%	
Physical therapy/occupational therapy/speech therapy for all conditions excluding primary behavioral health condition; chiropractic/acupuncture[4]	$30 copay	$30 copay[2]		$40 copay	$40 copay[2]	40%	20%		40%
Physical therapy/occupational therapy/speech therapy for a primary behavioral health condition	**Covered at 100%**			10%	10%[5]	40%	20%		40%
Mental health/SUD (in-office and virtual)	$15 copay for in-office $10 copay for virtual	$15 copay for in-office[2] $10 copay for virtual[2]		$25 copay for in-office $10 copay for virtual	$25 copay for in-office[2] $10 copay for virtual[2]	40%	20%		40%
Durable medical equipment (DME)	20%	20%[2]		20%	20%[2]	40%	20%		40%
Ambulance service (emergency only)	**Covered at 100%**			$100 copay[2]			20%[5]		
Maternity coverage									
In-hospital (delivery)	$250 copay	20%	Not covered	10%	25%	40%	20%	30%	40%
Prenatal care office visits	**Covered at 100%**			**Covered at 100%**					
Prescription drug coverage									
Retail pharmacy (30-day supply – generic/preferred brand/ non-preferred brand)	$10/$40/$70 copay[2]		Not covered	$10/$50/$100 copay[2]		Not covered	$10/$50/$100 copay[5]		Not covered
Maintenance choice[6] (90-day supply – generic/preferred brand/non-preferred brand)	$25/$100/$175 copay[2]			$25/$125/$250 copay[2]			$25/$125/$250 copay[5]		

[1] The HDHP includes an aggregate deductible and out-of-pocket maximum. For individual policies, only the individual deductible and out-of-pocket maximum (OOPM) amounts apply to the plan. For family policies with an aggregate plan, the entire family deductible must be met before benefits are payable for anyone in the family, and the entire family OOPM must be satisfied before the plan pays 100%.
[2] Subject to Tier 1 out-of-pocket maximum.
[3] Some pediatric preventive care services are covered out-of-network.
[4] Non-primary behavioral health PT/OT up to 100 combined visits per calendar year. Acupuncture up to 40 visits per member per calendar year.
[5] Subject to Tier 1 deductible and out-of-pocket maximum.
[6] CVS Caremark Mail Order, CVS, MGB pharmacies or participating on-island pharmacy for employees at MVH, Windemere and NCH.

Disclaimer: In the event there is any conflict between the information in this summary/communication and the provisions in the policy, plan or program documents, the policy, plan or program documents will govern.