Mass General Brigham

2024 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[2]		
	Tier 1	Tier 2	Tier 1	Tier 2	Out-of-network	Tier 1	Tier 2	Out-of-network
General Provisions								
HSA seed (employer contribution)	None		None			$500/individual; $1,000/family		
Annual deductible (individual/family)	$0/$0	$1,000/$2,000	$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%	10%	25%	40%	20%	30%	40%
Mental health and substance use (per admission)	$250 copay	$250 copay[4]	10%	10%[5]		20%	20%	
Outpatient covered services								
Primary care physician visits (in-office and virtual)	$15 copay	$50 copay	$25 copay	$60 copay	40%	20%	30%	40%
Pediatric primary care visits (in-office and virtual; age 18 or under)	$15 copay	$30 copay	$25 copay	$40 copay			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	**Covered at 100%**		Not covered
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, x-rays, and lab services			10%	10%[5]		20%		
Telemedicine (virtual visits through On Demand)	$10 copay	$10 copay[4]	$10 copay	$10 copay[4]	Not covered	20%		Not covered
Urgent care	$30 copay	$75 copay	$40 copay	$90 copay	40%	20%	30%	40%
Emergency room	$200 copay (waived if admitted)[4]		$300 copay (waived if admitted)[4]			$300 copay (waived if admitted)[4]		
Outpatient day surgery	$100 copay	20%	10%	25%	40%	20%	30%	40%
Hi-tech imaging (MRI, CT, PET)	$50 copay	20%	10%	25%		20%	30%	
Physical therapy/occupational therapy/speech therapy/ chiropractic/accupuncture[3]	$30 copay	$30 copay[4]	$40 copay	$40 copay[4]	40%	20%		40%
Mental health/SUD (in-office and virtual)	$15 copay for in-office $10 copay for virtual	$15 copay for in-office[4] $10 copay for virtual[4]	$25 copay for in-office $10 copay for virtual	$25 copay for in-office[4] $10 copay for virtual[4]	40%	20%		40%
Durable medical equipment (DME)	20%	20%[4]	20%	20%[5]	40%	20%		40%
Ambulance service (emergency only)	**Covered at 100%**		10%[5]			20%[5]		
Maternity coverage								
In-hospital (delivery)	$250 copay	20%	10%	25%	40%	20%	30%	40%
Prenatal care	**Covered at 100%**		**Covered at 100%**					
Prescription drug coverage								
Retail pharmacy (30-day supply – generic/preferred brand/ non-preferred brand)	$10/$40/$70 copay[4]		$10/$50/$100 copay[4]		Not covered	$10/$50/$100 copay[5]		Not covered
Maintenance choice[1] (90-day supply – generic/preferred brand/non-preferred brand)	$25/$100/$175 copay[4]		$25/$125/$250 copay[4]		Not covered	$25/$125/$250 copay[5]		Not covered

[1]CVS Caremark Mail Order, CVS, MGB pharmacies or participating on-island pharmacy for employees at MVH, Windemere and NCH
[2]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%.
[3]PT/OT up to 100 combined visits per calendar year, no limit for Autism Spectrum Disorders. Acupuncture up to 40 visits per member per calendar year.
[4]Subject to Tier 1 out-of-pocket maximum
[5]Subject to Tier 1 deductible and out-of-pocket maximum

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.