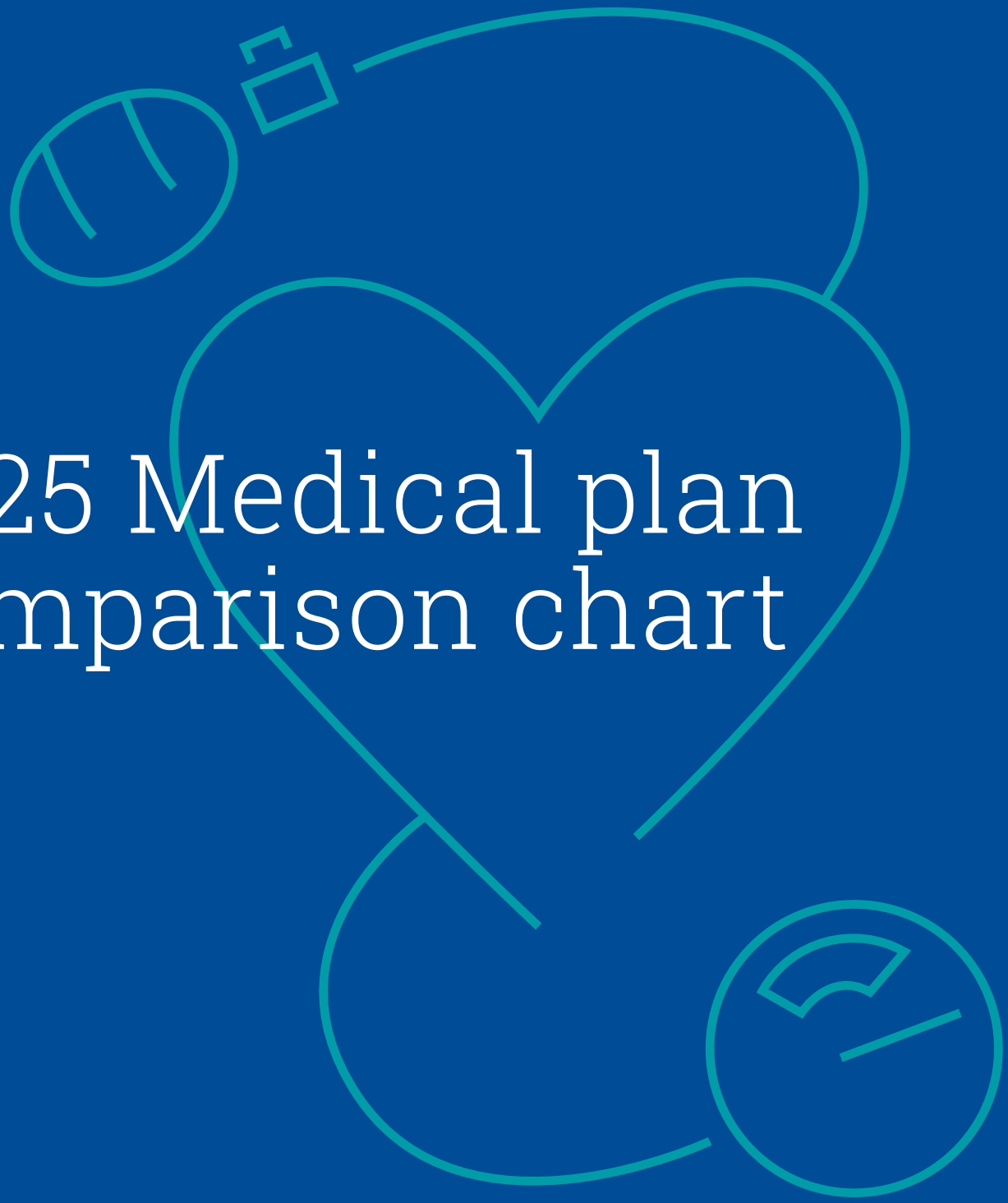
Mass General Brigham



2025 Medical plan comparison chart

For in-area employees represented by unions and/or covered by collective bargaining agreements being offered Select and Plus health plans.

This chart is only a summary. For details, limitations, and exclusions, contact the Mass General Brigham Benefits Center (Alight) at **1-833-885-5656** to get the specific plan's benefit description. A full list of Tier 1 providers is available at mgbhealthplan.org/MGB-Directory. This chart applies to in-area coverage. To confirm if you live in- or out-of-area, see askmyHRportal.com (article KB0016477).

Mass General Brigham Health Plan	Select	
	Tier 1	**Tier 2**
General provisions		
Annual deductible (individual/family)	None	$4,000/$8,000
The plan's coinsurance	Covered in full, except DME as indicated below	Plan pays 70%
Medical out-of-pocket maximum (individual/family)[1]	$2,500/$5,000	$5,000/$10,000
Inpatient medical, surgical, mental health and substance abuse services		
Per admission copay	$250 copay	Plan pays 70% coverage after deductible
Semiprivate room and ancillary services	Covered in full	Plan pays 70% coverage after deductible
Inpatient physician/surgeon/anesthesia	Covered in full	Plan pays 70% coverage after deductible
Inpatient mental health and substance use	Covered in full	
Outpatient covered services		
Primary care physician visits (in-office and virtual visits)	$15 copay	$70 copay
Pediatric primary care visits (in-office and virtual visits age 18 or under)	$15 copay	$30 copay
Specialist visits (in-office and virtual visits)	$30 copay	$100 copay
Routine physicals[2]	Covered in full	
Chiropractic services	$30 copay	
Acupuncture (40 visits per member per calendar year)	$30 copay	
Telemedicine (virtual visits) through Doctors On Demand	$10 copay	
Urgent care	$30 copay	$70 copay
Emergency room visit[3]	$200 copay (waived if admitted)	
Outpatient day surgery	$100 copay	Plan pays 70% coverage after deductible
Routine pediatric care (birth through age 18)[2]	Covered in full	
Immunizations and inoculations (adult)[2]	Covered in full	
Routine eye exam (one visit per member every 24 months)	Covered in full	
Pap smear[2]	Covered in full	
Routine mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40)[2]	Covered in full	
Diagnostic X-Ray and lab services	Covered in full	
Ambulatory CT scan/MRI/PET	$50 copay	Plan pays 70% coverage after deductible
Physical therapy and occupational therapy	$30 copay per visit (100 visits per member per calendar year)	
Speech therapy	$30 copay per visit	
Mental health/SUD (in office and virtual visits)	$10 copay	
Durable medical equipment (DME)	Plan pays 80% coverage	
Ambulance service (emergency only)	Covered in full	
Maternity coverage		
In-hospital (delivery)	$250 copay	Plan pays 70% coverage after deductible
Out-of-hospital (prenatal care)	Covered in full	

[1] A separate out-of-pocket maximum applies to the prescription drug plan, based on your salary and medical plan coverage level as of January 1. See the back page for details.

[2] No copay for in-network preventive care described under the Affordable Care Act; copay applies if regular office visit includes non-preventive care. "Preventive care" includes most routine physical exams and preventive screenings for adults and children; well-child care; preventive immunizations; preventive Pap smears and mammograms; routine gynecology visits; routine vision exams; routine hearing exam office visits and hearing tests; preventive lab tests; family planning services (including contraception); routine Prostate-Specific Antigen (PSA) testing; and routine sigmoidoscopies/colonoscopies, except where surgical removal takes place, which is subject to deductible, copay and/or coinsurance. Frequency of coverage for services will be based on preventive screening guidelines referenced by the Affordable Care Act.

[3] If you are admitted directly from an Emergency visit at a general hospital for inpatient admission or outpatient surgery, you will pay the Tier 1 cost share amount for covered services.

Please note: The services shaded in green count towards your annual deductible.

Mass General Brigham Health Plan	Plus		
	Tier 1	Tier 2	Out-of-network
General provisions			
Annual deductible (individual/family)	None	$1,000/$2,000	$2,000/$4,000
The plan's coinsurance	Covered in full, except DME as indicated below	Plan pays 85% coverage	Plan pays 70% coverage of the allowable charge. Amounts above may be subject to balance billing.
Medical out-of-pocket maximum (individual/family)[1]	$2,500/$5,000	$4,000/$8,000	$5,000/$10,000
Inpatient medical, surgical, mental health and substance abuse services			
Per admission copay	$250 copay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Semiprivate room and ancillary services	Covered in full	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Inpatient physician/surgeon/anesthesia	Covered in full	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Inpatient mental health and substance use	Covered in full		Plan pays 70% coverage
Outpatient covered services			
Primary care physician visits (in-office and virtual visits)	$15 copay	$45 copay	Plan pays 70% coverage after deductible
Pediatric primary care visits (in-office and virtual visits age 18 or under)	$15 copay	$30 copay	Plan pays 70% coverage after deductible
Specialist visits (in-office and virtual visits)	$30 copay	$70 copay	Plan pays 70% coverage after deductible
Routine physicals[2]	Covered in full		Not covered
Chiropractic services	$30 copay		Plan pays 70% coverage after deductible
Acupuncture (40 visits per member per calendar year)	$30 copay		Plan pays 70% coverage after deductible
Telemedicine (virtual visits) through Doctors On Demand	$10 copay		Not covered
Urgent care	$30 copay	$70 copay	Plan pays 70% coverage after deductible
Emergency room visit[3]	$200 copay (waived if admitted)		
Outpatient day surgery	$100 copay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Routine pediatric care (birth through age 18)[2]	Covered in full		Plan pays 70% coverage after deductible (to age 5 only)
Immunizations and inoculations (adult)[2]	Covered in full		Plan pays 70% coverage after deductible
Routine eye exam (one visit per member every 24 months)	Covered in full		Not covered
Pap smear[2]	Covered in full		Plan pays 70% coverage after deductible
Routine mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40)[2]	Covered in full		Plan pays 70% coverage after deductible
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Ambulatory CT scan/MRI/PET	$50 copay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Physical therapy and occupational therapy	$30 copay per visit (100 visits per member per calendar year)		Plan pays 70% coverage after deductible
Speech therapy	$30 copay per visit		Plan pays 70% coverage after deductible
Mental health/SUD (in office and virtual visits)	$10 copay		Plan pays 70% coverage
Durable medical equipment (DME)	Plan pays 80% coverage		Plan pays 70% coverage after deductible
Ambulance service (emergency only)	Covered in full		
Maternity coverage			
In-hospital (delivery)	$250 copay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Out-of-hospital (prenatal care)	Covered in full		Plan pays 70% coverage after deductible

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Prescription drug coverage (CVS/Caremark or participating pharmacies)

Reminder: You can pick up 90-day maintenance drugs at Mass General Brigham pharmacies in addition to CVS pharmacies.

Up to a 30-day supply			90-day maintenance drug supply		
$10 copay Generic drugs	**$40 copay** Preferred brand-name	**$70 copay** Non-preferred brand-name	**$20 copay** Generic drugs	**$80 copay** Preferred brand-name	**$140 copay** Non-preferred brand-name

Specialty medications treat complex and often chronic health conditions. These medications may need special storage and can be expensive. All specialty medications must be received through either a Mass General Brigham or CVS Specialty Pharmacy.*

Prescription drug out-of-pocket maximum

Your prescription drug plan includes an out-of-pocket maximum that limits how much you have to pay in prescription drug copay expenses during the calendar year. Your prescription drug out-of-pocket maximum depends on your level of medical coverage (for example, individual or family) and your salary as of January 1, 2025:

	Salary level	Out-of-pocket maximum levels
Annual prescription drug out-of-pocket maximum	Under **$50,000**	**$300** individual coverage/**$600** for all other levels
	$50,000 to **$100,000**	**$1,000** individual coverage/**$2,000** for all other levels
	Above **$100,000**	**$2,000** individual coverage/**$4,800** for all other levels

The prescription drug out-of-pocket maximum is embedded for individuals. This means that no one member will pay more than the designated individual amount out of pocket.

Example: An employee earns under $50,000 annually and is enrolled in the Select family tier. Once the first covered member reaches $300, that person no longer has a prescription drug out-of-pocket maximum for the rest of the plan year. The $600 prescription drug out-of-pocket maximum is satisfied when individuals spend up to $300 in prescriptions and collectively the family's out-of-pocket cash for prescriptions totals $600.

*Select exclusions apply for certain medications

Medical coverage terms to understand

Coinsurance: The plan's share of the charges that are paid after you have met any deductibles. If a plan pays 80%, for example, you would pay the remaining 20%, up to the plan's annual out-of-pocket maximum. Coinsurance only applies to the allowable amount. Costs above the allowable charge may be subject to balanced billing.

Copay: The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc. Copays range from $10 to $250.

Deductible: The amount you pay before a plan pays any benefits.

Primary care physician (PCP): The doctor you select to provide your medical care and help you find a specialist. Each covered family member may select his or her own PCP.

Out-of-pocket maximum: The most you would have to pay in copays, deductibles and coinsurance in a calendar year before the plan pays 100% of covered services. Only allowable amounts are attributed to the out-of-pocket maximum. A separate out-of-pocket maximum applies to your prescription drug plan, based on your annual salary and level of medical coverage (individual or family, for example).