



Mass General Brigham


A large, light blue graphic composed of several overlapping shapes: a stethoscope at the top, a pill in a circle on the left, a heart in the center, and a pulse oximeter on the right. The text is centered over the heart shape.

# 2023 Medical plan comparison chart

**For in-area employees and professional staff of:**

Brigham and Women's Hospital | Brigham and Women's Faulkner Hospital | Brigham and Women's Physicians Organization  
Mass Eye and Ear | Mass General Brigham | Mass General Brigham Community Physicians | Mass General Brigham Health Plan  
Mass General Brigham Integrated Care | Massachusetts General Hospital | Massachusetts General Physicians Organization  
MGH Institute of Health Professions | McLean Hospital | Newton-Wellesley Hospital | North Shore Physicians Group  
Salem Hospital | Spaulding Rehabilitation

**This chart is only a summary.** For details, limitations, and exclusions, contact the HR Support Center at **1-833-Ask-myHR (1-833-275-6947)** to get the specific plan's benefit description. A full list of Tier 1 providers is available at [Massgeneralbrighamhealthplan.org/MGB-Directory](http://Massgeneralbrighamhealthplan.org/MGB-Directory). This chart applies to in-area coverage. To confirm if you live in- or out-of-area, see [askmyHRportal.com](http://askmyHRportal.com) (article KB0016008).


	Select	
	Tier 1	Tier 2
<b>General provisions</b>		
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) <sup>1</sup>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Inpatient medical, surgical, mental health and substance abuse services</b>		
Per admission co-pay	\$250 co-pay	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	
<b>Outpatient covered services</b>		
Primary care physician visits (in-office and virtual visits)	\$15 co-pay	\$70 co-pay
Pediatric primary care visits (in-office and virtual visits age 18 or under)	\$15 co-pay	\$30 co-pay
Specialist visits (in-office and virtual visits)	\$30 co-pay	\$100 co-pay
Routine physicals <sup>2</sup>	Covered in full	
Chiropractic services	\$30 co-pay	
Acupuncture (40 visits per member per calendar year)	\$30 co-pay	
Telemedicine (virtual visits) through On Demand	\$10 co-pay	
Urgent care	\$30 co-pay	\$70 co-pay
Emergency room visit <sup>3</sup>	\$200 co-pay (waived if admitted)	
Outpatient day surgery	\$100 co-pay	Plan pays 70% coverage after deductible
Routine pediatric care (birth through age 18) <sup>2</sup>	Covered in full	
Immunizations and inoculations (adult) <sup>2</sup>	Covered in full	
Routine eye exam (one visit per member every 24 months)	Covered in full	
Pap smear <sup>2</sup>	Covered in full	
Routine mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40) <sup>2</sup>	Covered in full	
Diagnostic X-Ray and lab services	Covered in full	
Ambulatory CT scan/MRI/PET	\$50 co-pay	Plan pays 70% coverage after deductible
Physical therapy and occupational therapy	\$30 co-pay per visit (100 visits per member per calendar year)	
Speech therapy	\$30 co-pay per visit	
Mental health/SUD (in office and virtual visits)	\$10 co-pay	
Durable medical equipment (DME)	Plan pays 80% coverage	
Ambulance service (emergency only)	Covered in full	
<b>Maternity coverage</b>		
In-hospital (delivery)	\$250 co-pay	Plan pays 70% coverage after deductible
Out-of-hospital (prenatal care)	Covered in full	

<sup>1</sup> 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.

<sup>2</sup> No co-pay for in-network preventive care described under the Affordable Care Act; co-pay 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, co-pay and/or coinsurance. Frequency of coverage for services will be based on preventive screening guidelines referenced by the Affordable Care Act.

<sup>3</sup> 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.

	Plus		
	Tier 1	Tier 2	Out-of-network
<b>General provisions</b>			
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) <sup>1</sup>	\$2,500/\$5,000	\$4,000/\$8,000	\$5,000/\$10,000
<b>Inpatient medical, surgical, mental health and substance abuse services</b>			
Per admission co-pay	\$250 co-pay	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
<b>Outpatient covered services</b>			
Primary care physician visits (in-office and virtual visits)	\$15 co-pay	\$45 co-pay	Plan pays 70% coverage after deductible
Pediatric primary care visits (in-office and virtual visits age 18 or under)	\$15 co-pay	\$30 co-pay	Plan pays 70% coverage after deductible
Specialist visits (in-office and virtual visits)	\$30 co-pay	\$70 co-pay	Plan pays 70% coverage after deductible
Routine physicals <sup>2</sup>	Covered in full		Not covered
Chiropractic services	\$30 co-pay		Plan pays 70% coverage after deductible
Acupuncture (40 visits per member per calendar year)	\$30 co-pay		Plan pays 70% coverage after deductible
Telemedicine (virtual visits) through On Demand	\$10 co-pay		Not covered
Urgent care	\$30 co-pay	\$70 co-pay	Plan pays 70% coverage after deductible
Emergency room visit <sup>3</sup>	\$200 co-pay (waived if admitted)		
Outpatient day surgery	\$100 co-pay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Routine pediatric care (birth through age 18) <sup>2</sup>	Covered in full		Plan pays 70% coverage after deductible (to age 5 only)
Immunizations and inoculations (adult) <sup>2</sup>	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 <sup>2</sup>	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) <sup>2</sup>	Covered in full		Plan pays 70% coverage after deductible
Diagnostic X-Ray and lab services	Covered in full		Plan pays 70% coverage after deductible
Ambulatory CT scan/MRI/PET	\$50 co-pay	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Physical therapy and occupational therapy	\$30 co-pay per visit (100 visits per member per calendar year)		Plan pays 70% coverage after deductible
Speech therapy	\$30 co-pay per visit		Plan pays 70% coverage after deductible
Mental health/SUD (in office and virtual visits)	\$10 co-pay		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		
<b>Maternity coverage</b>			
In-hospital (delivery)	\$250 co-pay	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

<sup>1</sup> 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.

<sup>2</sup> No co-pay for in-network preventive care described under the Affordable Care Act; co-pay 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, co-pay and/or coinsurance. Frequency of coverage for services will be based on preventive screening guidelines referenced by the Affordable Care Act.

<sup>3</sup> 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.

## 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		
<b>\$10 co-pay</b> Generic drugs	<b>\$40 co-pay</b> Preferred brand-name	<b>\$70 co-pay</b> Non-preferred brand-name	<b>\$20 co-pay</b> Generic drugs	<b>\$80 co-pay</b> Preferred brand-name	<b>\$140 co-pay</b> 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 co-pay 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, 2023:

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



**Co-pay:** The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc. Co-pays 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 co-pays, 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).