



Mass General Brigham


A large, light blue graphic composed of several overlapping shapes. At the top left is a stethoscope. Below it is a pill with a score line. In the center is a large heart shape. At the bottom right is a pulse oximeter. The text '2023 Medical plan comparison chart' is centered over the heart shape.

2023 Medical plan comparison chart

For out-of-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, please contact the HR Support Center at **1-833-Ask-myHR (1-833-275-6947)** for the specific plan's benefit description. A full list of Tier 1 providers is available at [MassGeneralBrighamHealthPlan.org/MGB-Directory](https://www.massgeneralbrighamhealthplan.org/MGB-Directory). This chart applies to out-of-area coverage. For nationwide coverage, Mass General Brigham Health Plan leverages the UnitedHealthcare Options PPO network. To confirm if you live in- or out-of-area, see askmyHRportal.com (article KB0016008).

 Mass General Brigham Health Plan	Select
	In-network (MGB Health Plan/UnitedHealthcare)
General provisions	
Annual deductible (individual/family)	None
The plan's coinsurance	Covered in full, except DME as indicated below
Medical out-of-pocket maximum (individual/family) ¹	\$2,500/\$5,000
Inpatient medical, surgical, mental health and substance abuse services	
Per admission co-pay	\$250 co-pay
Semiprivate room and ancillary services	Covered in full
Inpatient physician/surgeon/anesthesia	Covered in full
Inpatient mental health and substance use	Covered in full
Outpatient covered services	
Primary care physician visits (in-office and virtual visits)	\$15 co-pay
Pediatric primary care visits (in-office and virtual visits age 18 or under)	\$15 co-pay
Specialist visits (in-office and virtual visits)	\$30 co-pay
Routine physicals ²	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
Emergency room visit ³	\$200 co-pay (waived if admitted)
Outpatient surgery	\$100 co-pay
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 co-pay
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
Maternity coverage	
In-hospital (delivery)	\$250 co-pay
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 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.

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

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



Plus

In-network
(MGB Health Plan/UnitedHealthcare)

Out-of-network

General provisions

Annual deductible (individual/family)	None	\$2,000/\$4,000
The plan's coinsurance	Covered in full, except DME as indicated below	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	\$5,000/\$10,000

Inpatient medical, surgical, mental health and substance abuse services

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	Plan pays 70% coverage

Outpatient covered services

Primary care physician visits (in-office and virtual visits)	\$15 co-pay	Plan pays 70% coverage after deductible
Pediatric primary care visits (in-office and virtual visits age 18 or under)	\$15 co-pay	Plan pays 70% coverage after deductible
Specialist visits (in-office and virtual visits)	\$30 co-pay	Plan pays 70% coverage after deductible
Routine physicals ²	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	Plan pays 70% coverage after deductible
Emergency room visit ³	\$200 co-pay (waived if admitted)	
Outpatient surgery	\$100 co-pay	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
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 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	

Maternity coverage

In-hospital (delivery)	\$250 co-pay	Plan pays 70% coverage after deductible
Out-of-hospital (prenatal care)	Covered in full	Plan pays 70% coverage after deductible

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 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.

³ If you are admitted directly from an Emergency visit at a general hospital for inpatient admission or outpatient surgery, you will pay the lowest 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		
\$10 co-pay Generic drugs	\$40 co-pay Preferred brand-name	\$70 co-pay Non-preferred brand-name	\$20 co-pay Generic drugs	\$80 co-pay Preferred brand-name	\$140 co-pay 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
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.



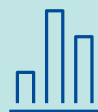
Co-pay: The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc. Co-pays range from \$10 to \$250.



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).