

A health plan
to support the
whole you.



The City of Boston Value HMO keeps your cost sharing simple with no deductibles and straightforward copays.

The Value HMO network is designed to help ensure access to the highest quality care with the greatest value for City of Boston employees and retirees. Many of the region's most respected institutions are part of our network – Massachusetts General Hospital, Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, Lahey Clinic, Spaulding Rehab, Mass Eye and Ear, Boston Medical Center, Newton-Wellesley Hospital, Salem Hospital, South Shore Hospital and many more.

Our unique relationship with Mass General Brigham means you have access to top-notch providers and some of the world's most advanced healthcare research. Of course, our provider network includes many providers beyond the Mass General Brigham system. Our network offers all the care options you'll need.

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If you ever have questions about your plan you can reach out to the friendly and knowledgeable members of our customer service team by phone, email, or live chat.

They'll also work with you to make transitioning your care to Mass General Brigham Health Plan as smooth and stress-free as possible.



Welcome to Mass General Brigham Health Plan

Discover the benefits of choosing a health plan supported by the world's top academic medical system.

Value HMO

Your health
is everything
to us.



The City of Boston Value HMO offers innovative benefits that support your best health.

Our health plan offerings include routine check ups and more, helping members reach their physical and mental health goals. Whether you need help finding a primary care provider, a specialist, help managing a chronic condition, starting therapy, or building better nutritional habits—our team is ready to connect you with resources that will support you along your health journey.

We can also connect you with our health coaches if you'd like to discuss wellness goals that are specific to you, whether you're trying to eat more healthy foods, quit smoking, or relieve stress.

We're here to help, even before your plan starts

Do you have any upcoming provider visits, treatments, or procedures that will start or continue into the month you become a member? Questions about your prescriptions or therapies?

To live chat with us, visit MassGeneralBrighamHealthPlan.org/new

Or call us at **866-643-8392**.

IMPORTANT NOTICE: This plan includes a limited provider network called Value HMO. It provides access to a network that is smaller than Mass General Brigham Health Plan's full commercial HMO provider network. In this plan, members have access to network benefits only from the providers in the Value HMO network. Please consult the provider directory or visit the provider search tool at MassGeneralBrighamHealthPlan.org/city-of-boston to determine which providers are included in the Value HMO network.

This plan is administered by Mass General Brigham Health Insurance Company which processes claims for payment but does not assume financial risk for claims.

A health plan that supports the whole you



Access to a wide network of doctors and specialists at world-class hospitals

Your plan's network is designed to keep costs down while giving you access to the state's leading hospitals. The Value HMO network includes select providers and hospitals, so it's important to know which hospitals and providers participate before joining.



Find providers in the Value HMO network

To find doctors in the network and confirm that your providers participate, go to [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) and select *Find a Provider*, then *Find a provider without logging in*. Once in the directory, choose *Value HMO*.

You can also call us for assistance: Current plan members can call us at **866-567-9175**.

If you are not a member yet, please call **800-871-2223**.

A value network with many of the state's leading hospitals

Here are just some who participate: Massachusetts General Hospital, including Mass General Cancer Center and Mass General Hospital for Children, Beth Israel Deaconess Medical Center, Brigham and Women's Hospital, Lahey, St. Elizabeth's, MetroWest Medical Center, St. Vincent, and more throughout the state. Refer to the hospital flyer in this kit to see the full list of hospitals included in the Value HMO network.

Valuable benefits, perks, and discounts to make the best of your plan

- Fitness reimbursement: Up to \$150 for individual coverage or \$300 for family coverage per calendar year—now with virtual subscriptions*
- Flexible one- to six-month weight-loss program benefit through WW®, Jenny Craig®, or Noom®*
- Diabetic eye exam at no member cost sharing
- Discounted eyewear powered by EyeMed
- Free tobacco cessation program and coverage for nicotine replacement
- Up to \$130 reimbursement for childbirth education
- Reimbursement for breastfeeding classes
- Discounts or partial reimbursements on home safety products and bike helmets

* Terms and conditions apply.



Accessing care with your plan

Your Value HMO coverage starts with your primary care provider for routine care. When you need specialty care, your provider will refer you to specialists to help ensure coordinated care. Referrals are needed for certain specialty services. In addition, certain services or procedures may require a prior authorization.

Money-saving pharmacy coverage

Our FlexRxSM pharmacy coverage offers:

- Access to thousands of participating pharmacies nationwide, including CVS Pharmacy®, independent pharmacies, and chains like Walgreens® and Rite Aid®
- 90-day supply of certain maintenance medications through mail order or at local participating pharmacies
- Lower- or no-cost coverage for many over-the-counter (OTC) drugs with a prescription at a participating pharmacy

DoctorSmartSM rewards you with \$25 – \$500 for choosing high-value care

Our DoctorSmart online tools make it easy for you to find doctors, estimate costs for procedures, and even receive \$25 – \$500 cash rewards for having certain services with high-quality, lower-cost providers.

Three no-cost pediatric sick and behavioral health visits

This parent and wallet-friendly benefit covers the first 3 sick in-network primary care provider visits and 3 in-network behavioral health visits for members age 18 and younger at no member cost sharing, per benefit period.

Wellness tools and resources

- Our health and wellness tools offer personalized recommendations to improve your health.
- Use any one of our free, healthy living programs, including live interactive webinars, a health library, and online communities.
- Free one-on-one health coaching is available via phone or email.

Use our member portal for quick access

Sign up for our member portal at Member.MassGeneralBrighamHealthPlan.org to start managing your account and to access claims history, deductibles, and billing.

Download the Mass General Brigham Health Plan app

The mobile member app is an easy-to-use tool that gets you the information you need, when you need it, on your smartphone or tablet. You can download the app for Android and iOS on Google Play and the App Store to start viewing plan details, download a copy of your ID card, search for providers, and more!

Connect with fellow members through our member feedback forum

Join our online Mass General Brigham Health Plan member community to share your experience with products and services. We use your insight to inform future offerings, always aiming to actively enhance the member experience.

Peace of mind anywhere you travel

No matter where you travel in the world, you're always covered for emergency and urgent care.

Urgent care when you need it

As a member, you'll have access to urgent care centers and retail walk-in clinics, a 24/7 nurse advice line, and 24/7 interactive video visits. With On Demand, members can also access convenient, interactive virtual visits for minor illnesses and injuries—anytime, anywhere in the U.S.

On Demand is NOT for medical emergencies. For medical emergencies, call 911.



When you're a member, you can download our mobile app for iPhone and Android to access your ID card and plan information.



Your care is powered by a world-class healthcare system

Even if your doctor isn't a Mass General Brigham provider

As a member of one of America's most respected healthcare leaders, we are in a unique position to improve care and coverage together. We think of all our members as patients too, whether they're patients of Mass General Brigham providers or of any other provider in our strong network.

Care management services help members in need

- Care management team experts help members with chronic or acute conditions to address their unique health challenges, reach their goals, and increase their health and well-being.
- We also offer maternal-child health care management for pregnant women and pediatric members.
- A Livongo® program helps those with diabetes stay on top of their health with a blood glucose meter, personalized guidance, on-demand coaching, an app, and more.

Access to Down Syndrome Clinic to You (DSC2U.org)

Members with Down syndrome and their caregivers get no-cost access to a virtual service created by experts that provides personalized care reports, recommended tests and labs, nutrition suggestions, and other wellness resources.



Value HMO members have unique access to top-notch providers, leading some of the world's most advanced healthcare research.



MassGeneralBrighamHealthPlan.org/city-of-boston

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company.

14654-0123-01

City of Boston Value HMO network information

The Value HMO for the City of Boston features a network with select providers. It's important to know which hospitals and providers participate before joining. The Value HMO plan includes many of the state's leading hospitals. The following is a list of many hospitals included in the Value HMO network.

Addison Gilbert Hospital	Emerson Hospital	New England Baptist Hospital	St. Elizabeth's Medical Center - A Steward Family Hospital
Anna Jaques Hospital	Fairview Hospital	Newton-Wellesley Hospital	St. Vincent Hospital
Baystate Franklin Medical Center	Good Samaritan Medical Center - A Steward Family Hospital	Salem Hospital	Winchester Hospital
Baystate Medical Center	Holy Family Hospital - A Steward Family Hospital (Methuen & Haverhill)	Signature Healthcare Brockton Hospital	
Baystate Noble Hospital	Holyoke Medical Center	South Shore Hospital	
Baystate Wing Hospital	Lahey Clinic Hospital	St. Anne's Hospital - A Steward Family Hospital	
Berkshire Medical Center, Inc.	Lahey Medical Center - Peabody		
Beth Israel Deaconess Hospital - Milton	Lawrence General Hospital		
Beth Israel Deaconess Hospital - Needham	Martha's Vineyard Hospital		
Beth Israel Deaconess Hospital - Plymouth	Massachusetts Eye & Ear Infirmary		
Beth Israel Deaconess Medical Center	Massachusetts General Hospital, including Mass General Cancer Center and MassGeneral Hospital for Children		
Beverly Hospital	MetroWest Medical Center		
Boston Medical Center	MetroWest Medical Center - Natick		
Brigham and Women's Faulkner Hospital	Morton Hospital - A Steward Family Hospital		
Brigham and Women's Hospital	Mount Auburn Hospital		
Cambridge Health Alliance - Cambridge Hospital	Nantucket Cottage Hospital		
Cambridge Health Alliance - Everett Hospital	Nashoba Valley Medical Center - A Steward Family Hospital		
Cambridge Health Alliance - Somerville Hospital			
Carney Hospital - A Steward Family Hospital			
Cooley Dickinson Hospital			

How to check if your providers participate in the Value HMO

It is very important to check our online provider directory at [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrigham.org/healthplan) to ensure your doctors, hospitals and other providers participate in the Value HMO network.

1. Select Find a Provider
2. Choose Not a member yet
3. At the top left of the search box, choose **Value HMO**

There are some providers, for example Boston Children's Hospital, Dana-Farber Cancer Institute, and Tufts Medical Center, that are not in the Value HMO network.

We can also help you find new providers!

- If you're currently covered by Mass General Brigham Health Plan, call 866-567-9175.
- If you're not yet a member, call us at 800-871-2223.

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If you're currently receiving care, we have answers, services, and clinical support



We want to ensure that your care is uninterrupted and that you get all the services you need on day one. Simply complete and submit the Transition of Care form online to get started!

Our trained professionals are ready to help

- Are you or a family member planning for an upcoming treatment, procedure, or surgery?
- Taking prescription drugs that require special authorization?
- Relying on durable medical equipment (DME), such as a wheelchair or sleep apnea device (CPAP)?
- Undergoing care for an illness, chronic condition, behavioral health, or special need?

Our specially trained Customer Service Professionals are available to discuss any current or planned health care needs you or your family may have.

We can help get existing approvals from your current insurer transferred to us, find you providers in our network, and ensure the transition of your care. And don't worry—any info you share is strictly confidential. The privacy of your personal health information is very important to us.

Are you looking for providers?

To find doctors in our network, go to MassGeneralBrighamHealthPlan.org/new and use our DoctorSmartSM tool to search among the expansive network of providers available to you. If you don't see your provider in our directory, just ask us.

Helpful self-service tools are also found on our website

Many of your questions already have answers at MassGeneralBrighamHealthPlan.org/new

There you can:

- Find a doctor on our DoctorSmart search tool
- Fill out a Transition of Care Form
- Look up your drug tier
- Discover member perks
- Learn more about Mass General Brigham Health Plan



Want help?

If you are a current member, call us at 866-567-9175. Not yet a member? Please call 800-871-2223.

We're here to help! Our Customer Service Professionals will work with you and your providers so you can access medically necessary services. For example: medication infusions or scheduled surgery.

PRINT FORM

CLEAR FORM

First and last name

Phone

Email address

Member ID number (if received)

Name of employer

To be eligible for consideration, you or your family member must:

- Be receiving ongoing care for specific medical conditions* (See Question 1 for typical conditions)
- The care must have started prior to enrollment with Mass General Brigham Health Plan

To request New Member Transition of Care, please answer the following questions:

1. What are you requesting Transition of Care for? If not listed, please explain.

- | | | |
|---|---|---|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Behavioral health condition | <input type="checkbox"/> Specialty Pharmacy/home infusion |
| <input type="checkbox"/> Cancer: newly diagnosed/ongoing cancer treatment | <input type="checkbox"/> Enrollment in a care management/disease management program | <input type="checkbox"/> Recent heart attack |
| <input type="checkbox"/> Sick newborn requiring intensive care | <input type="checkbox"/> Acute trauma or surgery | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Scheduled or approved elective surgery | <input type="checkbox"/> Applied Behavioral Treatment (ABT) | <input type="checkbox"/> Rare medical condition or other (please specify below) |

2. What is the name of the provider(s) you or your dependent receive care from?

Provider name

Phone

Provider address

Provider name

Phone

Provider address

3. When was the last time you or your dependent saw this provider(s) for the conditions noted?

4. How often do you or your dependent see this provider(s)?

5. What's the best way to reach you during business hours? Email Telephone

Do you give us permission to leave a message? Yes No

Member signature (Parent or legal guardian for members under age 18)

Date

Return completed form by email, mail, or fax. A Customer Service Professional will get back to you to help you make a smooth transition. If you have questions, call Customer Service at **866-643-8392 (Option 1)**.

Email: You can email this form to
HealthPlanCustomerService-Members@mgb.org

Fax: 617-586-1799

Mail: Mass General Brigham Health Plan
Customer Service
399 Revolution Drive, Suite 820
Somerville MA 02145

**Examples of chronic medical condition that typically are not eligible for Transition of Care program (unless the condition is not stable OR the member receives IV medication infusions for a chronic condition) include arthritis, asthma, allergies, diabetes, hypertension, and COPD/emphysema.*

MassGeneralBrighamHealthPlan.org

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc. and Mass General Brigham Health Insurance Company

14554-0123-02

Take charge of your mental health



Mental health is a key part of your overall well-being—and we're here to help. Below you'll find useful resources, support, programs, coaching, information, and more.

Behavioral health resources by Optum

Optum behavioral health benefits are available to you and your covered family members.

- Search for providers who offer treatments including mental healthcare, outpatient services, day programs, residential programs, autism care and support, substance use and recovery services, and more.
- Browse Optum's www.liveandworkwell.com website for articles, self-care tools, providers and other mental health and substance use disorder resources. Create an account with your member ID number or browse as a guest with access code: [MGBHPMA](#).

Talk with a recovery coach

Recovery isn't something to face alone. Our recovery coaches understand the hurt caused by stigma and shame and can thoughtfully act as guides, mentors, and advocates. Recovery coaching is available to all plan members.

Talk with a health coach about your wellness goals

If you're looking for some personal support to help you achieve your wellness goals, our Health Coaches are here to help. For no additional cost, you can talk to a health coach about any health and wellness topic that's on your mind, like how to eat more vegetables, quit tobacco, or integrate walking into your daily routine. Just email us at HealthPlanHealthandWellness@mgb.org or call the Customer Service number on the back of your member ID card and ask to talk to a Health Coach.

Connect with support to manage your care remotely

If you need support when it comes to managing your behavioral health care, you can reach out to the licensed care managers on the Optum Telephonic Behavioral Health Care Management team.

They will conduct an assessment to help remotely coordinate your individual care needs.

Connect with the team at care.coordination@optum.com or by calling the number on the back of your ID card and asking about behavioral health care management.

More ways to support your health and wellbeing

Get help addressing your complex care needs

The Your Care Circle (YCC) program is designed to help members with complex, overlapping care needs manage their physical and behavioral health at no additional cost. A team of behavioral health care managers and registered nurses will work with you to develop an appropriate care plan to address your health challenges, coordinate communication among your providers, and ensure your best health. The YCC program also includes Peer Recovery Coaches who have lived experience with substance use disorder and can guide and support members before, during, after, and instead of treatment. You can self-refer to this program when you email HealthPlanYourCareCircle@mgb.org or call the number on the back of your member ID card and ask about the Your Care Circle care management program.

Join our virtual wellness workshops

Our free webinar series is focused on promoting health and wellness for the community. These workshops are open for anyone to join, not just the Plan members. You can watch past recordings of workshops on topics like recovering from burnout, healthy eating, mindful parenting, and more at our Youtube channel. Search for Mass General Brigham Health Plan at youtube.com.



To get full details about your plan, log in to Member.MassGeneralBrighamHealthPlan.org or call the customer service number on the back of your member ID card.



Mass General Brigham
Health Plan



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FlexRxSM 3-Tier

Pharmacy Benefit Guide

MassGeneralBrighamHealthPlan.org

Welcome to FlexRx

The Mass General Brigham Health Plan FlexRxSM pharmacy program is built for choice, savings, and convenience with benefits including:

- Savings on a 90-day supply of certain maintenance medications at participating retail pharmacies or by mail-order, depending on your benefit plan
- Online tools to help you manage your plan and save money
- Lower- or no-cost coverage for many over-the-counter (OTC) drugs with a prescription at a participating pharmacy

Questions?

Members can log in to Member.MassGeneralBrighamHealthPlan.org at any time to find complete information about their pharmacy benefits:

- Searchable drug lookup tool
- A list of medications in the Maintenance 90 program
- Information about mail order
- And more

Not a member yet? Visit MassGeneralBrighamHealthPlan.org for more information and to access our drug lookup tool.

Mass General Brigham Health Plan Customer Service

To speak with a Customer Service professional, please call the number on the back of your member ID card.

Representatives are available Monday through Friday 8:00 AM to 6:00 PM and Thursday 8:00 AM to 8:00 PM. Service is available 24/7 for pharmacy issues. Just select “pharmacy” when prompted.

The proper names of medications mentioned in this publication are used for informational purposes only and are trademarks or registered trademarks of their respective companies.

Our Pharmacy Benefit

We partner with CVS Caremark® to manage pharmacy benefits for our members.

Mass General Brigham Health Plan and CVS Caremark offer online tools to help you find pharmacies, estimate your costs, search for medications, and more.

Filling prescriptions

You may fill your prescription medications at any pharmacy in our national network, which comprises tens of thousands of pharmacies including independent pharmacies and major chain pharmacies such as CVS Pharmacy, Walgreens®, Rite Aid®, Stop & Shop Pharmacy®, Walmart Pharmacy®, and more.

Covered medications

Use the Mass General Brigham Health Plan drug lookup tool online to check if a medication is covered.

Our Pharmacy Formulary

Our pharmacy formulary is the complete list of prescription medications covered under your pharmacy benefit. It was developed by doctors, pharmacists, and other experts who review clinical drug studies and determine the most reasonably priced medications that have been approved as safe and effective by the Food and Drug Administration (FDA).

You can search our formulary online. If you have questions about non-covered medications, call Customer Service.

3-Tier Placement

The Mass General Brigham Health Plan pharmacy benefit places all covered drugs into tiers.

TIER 1 (generic) – includes most generic medications and may also include some brand name medications. Generic medications contain the same active ingredients as their brand name counterparts.

TIER 2 (preferred brand name) – includes preferred brand name medications and may also include some high-cost generic medications.

TIER 3 (non-preferred brand name) – includes non-preferred brand name medications.

Each tier has a level of cost sharing. Cost sharing is the amount you have to pay for your medical services, medications, or equipment. Cost sharing may include deductibles, coinsurance, and copayments. Premiums and costs for non-network providers or non-covered services are not part of cost sharing. Members can log in to Member.MassGeneralBrighamHealthPlan.org to view plan documents and learn about cost sharing responsibilities.

Doctors and pharmacists have reviewed all medications in our formulary for safety, quality, and effectiveness. You can determine what tier your drug is in by using the drug lookup tool available online.



How You Can Help Reduce Your Costs

Maintenance 90-day Supply

If you take certain maintenance medications, the Mass General Brigham Health Plan Maintenance 90 program requires you to get a 90-day supply to ensure you always have your most important medications on hand. Your cost sharing may also be lower when you fill a 90-day prescription. Maintenance medications treat chronic conditions such as high blood pressure and diabetes. Short-term medications (for example, pain medication and antibiotics) do not have this requirement.

To see if a medication is considered a maintenance medication, use the drug lookup tool.

How can I get a 90-day supply of my maintenance medication?

Access90

Fill your 90-day prescriptions at your local participating pharmacy with our Access90 program. Simply bring a 90-day prescription for your maintenance medication to a participating retail pharmacy.

Mail order

Sign up for a 90-day supply through the mail at Member.MassGeneralBrighamHealthPlan.org

Therapeutic Class

A “therapeutic class” is a group of medications used to treat the same medical condition. For example, medications that treat high cholesterol are all in the same therapeutic class.

When a brand name medication does not have a covered generic equivalent, it may have covered generic alternatives in the same therapeutic class. Generic alternatives contain different active ingredients but treat the same condition.

The Value of Generic Medications

Mandatory generic substitution*

Generic medications have the same active ingredients, quality, and results as brand name drugs, and they are approved by the U.S. Food and Drug Administration (FDA). Inactive ingredients like colorings and fillers, which also must meet FDA guidelines, are usually the only differences between generic and brand name medications. For this reason, our mandatory generic substitution requires you to try a generic medication before the brand name medication is considered for coverage.

Prior authorization is required for an exception to our mandatory generic medication pharmacy benefit.

Our Pharmacy Management Program

We have programs in place to help our members use medications safely and effectively. These programs are managed by practicing doctors and pharmacists.

Prior authorization

Prior authorization (a clinical review of medical necessity) is sometimes required before a specific medication may be dispensed. We review and use criteria developed and approved by the Mass General Brigham Health Plan Pharmacy & Therapeutics Committee.

The clinical review process may take up to 48 hours after we have received complete information. We will notify both you and your doctor as soon as we make a decision.

You can find out if your medication requires prior authorization by searching our covered drug list online.



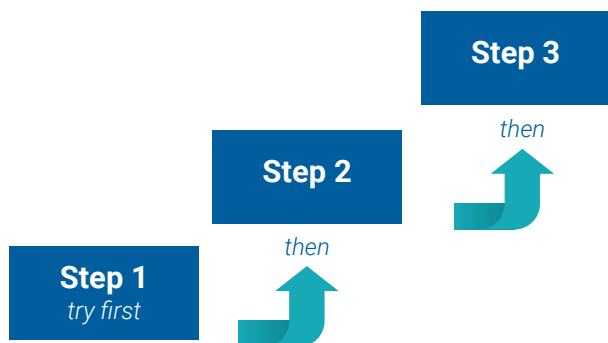
Quantity limit

Mass General Brigham Health Plan may limit the number of units (tablet, capsule, or liquid) for a specific medication you may receive in a given time period to ensure safe and appropriate use. These limits are based on recommended dosing schedules and the availability of several strengths of the medication. Quantity limits automatically apply at the time the prescriptions are purchased. Mass General Brigham Health Plan requires prior authorization for exceptions to our quantity limits.

* Exceptions may apply.

Step therapy program

The step therapy program helps provide you with the most appropriate and affordable drug treatment plan. Before filling a prescription for certain costly second-step medications, we require that you first try an effective, but less expensive first-step medication.



If you have already tried a first-step medication and your doctor prescribes a second-step treatment, we automatically approve coverage for that alternative in most cases.

If your prescription records do not indicate the use of a first-step medication, or if you are a newly enrolled member with no prescription history, your doctor may contact us to request an exception to the step therapy program.

Specialty pharmacy program

We partner with a select group of specialty pharmacies to provide medications for complex medical conditions. Search the covered drug list online to see what medications are included in the specialty pharmacy program.

Specialty pharmacies have expertise in the delivery of the medications they provide and offer services not available at a traditional retail pharmacy including:

- All necessary medication and supplies for administration (at no additional charge)
- Convenient delivery options to your home or office with overnight or same-day delivery available when medically necessary
- 24/7 access to nurses, pharmacists, and care coordinators specializing in the treatment of your condition
- Refill reminders by phone to help you stay on your medication
- Educational resources regarding medication use, side effects, and injection administration

If your prescription is included in the specialty pharmacy program, please contact your doctor, who can submit a new prescription referral form to the correct specialty pharmacy. For additional assistance, or if you have any questions about our specialty pharmacy program, please call Customer Service.

Exclusions

Mass General Brigham Health Plan only covers medications that are medically necessary for preventive care or for treating illness, injury, or pregnancy. The following medications or services are excluded from our covered drug list:

- Dietary supplements¹
- Therapeutic devices or appliances (except where noted)¹
- Biologicals, immunization agents, or vaccines obtained through the medical benefit
- Blood or blood plasma²
- Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed Hospital, nursing home, or similar institution which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals
- Charges for administration or injection of any drug²
- If an FDA approved generic drug is available, the brand name equivalent is not covered
- Progesterone supplements
- Fluoride supplements / vitamins for members more than age 13 except for prenatal vitamins
- Drugs whose sole purpose is to promote or stimulate hair growth or for cosmetic purposes only
- Drugs labeled “Caution—limited by federal law to investigational use” or experimental drugs even though a charge is made to the individual

¹ Covered in certain circumstances under the durable medical equipment (DME) benefit.

² Covered under the medical benefit.

- Medications for which the cost is recoverable under Worker's Compensation or Occupational Disease Law or any state or government agency or medication furnished by any other drug or medical service for which no charge is made to the member
- Any prescription refilled in excess of the number of refills specified by the physician or any refill dispensed after one year from the physician's original order
- Schedule 1 controlled substances (for example, marijuana)

Exceptions

You or your provider may request an exception for coverage of any drug that is excluded or limited. Exceptions will be granted only for clinical reasons. For additional information, call Mass General Brigham Health Plan Customer Service.

Frequently Asked Questions

Can I go only to CVS pharmacies to fill prescriptions?

The CVS Caremark network comprises tens of thousands of pharmacies nationwide including independent pharmacies and major chain pharmacies such as CVS Pharmacy, Walgreens, Rite Aid, Stop & Shop Pharmacy, Walmart Pharmacy, and more.

My doctor has prescribed a medication that is not listed in the Mass General Brigham Health Plan covered drug list. What should my doctor do to request an exception?

When a covered alternative is not medically appropriate for you, your doctor may request coverage of a non-covered medication. CVS Caremark will review the request and determine if the request meets medical necessity.

How does Mass General Brigham Health Plan decide what medications to cover?

Our Pharmacy & Therapeutics (P&T) Committee is responsible for reviewing medications included in our covered drug list. The committee of doctors and pharmacists reviews medications for clinical appropriateness, safety, and side effects.

How soon do new medications approved by the FDA become available to Mass General Brigham Health Plan members?

Newly approved medications are reviewed by our P&T Committee regularly. During the period when a new medication is being reviewed, it is not covered by your pharmacy benefit; however, as with other non-covered medications, your doctor can request an exception when there is no other medically appropriate alternative available to you.

How do I find out which tier my medication is in?

Search our covered drug list online to see what tier your medications are in.

How do I refill a prescription while on vacation?

If you are traveling in the U.S., ask your doctor for a prescription to take with you. Fill it at any participating pharmacy in our nationwide network.

Members can use the find-a-doctor tool at

Member.MassGeneralBrighamHealthPlan.org to search for a participating pharmacy.

Is my pharmacy benefit available across the U.S.?

Your pharmacy benefit is available in all 50 states. You can fill your prescriptions at any participating pharmacy in our nationwide network.







Included in your plan: Real savings on your medicine cabinet essentials



Pay nothing, or only your plan's cost sharing, for many routine Over-the-Counter (OTC) drugs with a prescription.

Using your OTC benefit is easy

Here's how you do it: Get a prescription for any of the products below (for a supply of up to 90 days for select drugs) from your provider. Bring your prescription to any in-network pharmacy. Your pharmacist will make sure you get the right product and price. Please note that quantity limits and age limits apply and generic products will be prescribed when available.

OTC drugs you can get at no cost with a prescription:

Therapy	Drug Class	Drug Name
Cough, Cold, and Allergy	Antitussive	guaifenesin DM (Robitussin DM) syrup, liquid
	Expectorant	guaifenesin (Robitussin) syrup, liquid
	Nasal Decongestant	pseudoephedrine (Sudafed) syrup ¹ , tablets
	Antihistamines	diphenhydramine (Benadryl) liquid, capsules, syrup chlorpheniramine (Chlor-Trimeton) tablets, syrup
DME Products	Humidifiers/Vaporizers	Humidifiers and vaporizers ³
	Asthma	Peak flow meters
		Spacers
Diabetes	Select diabetic testing supplies ⁴	

OTC drugs you can get at tier one cost sharing with a prescription:

Therapy	Drug Class	Drug Name
Cough, Cold, and Allergy	Antihistamines	loratadine (Claritin) tablets, syrup ² , ODT
		loratadine-pseudoephedrine (Claritin-D) tablets
		cetirizine (Zyrtec) tablets, syrup ² , chewables
		cetirizine-pseudoephedrine (Zyrtec-D) tablets
	Nasal Sprays	triamcinolone (Nasacort Allergy 24hr) nasal spray
		cromolyn (Nasalcrom) nasal spray
		saline (Ocean Nasal) spray 0.65%
	budesonide (Rhinocort) nasal allergy spray	
	fluticasone (Flonase) nasal spray	

The brand name listed in parenthesis is for reference only, brand name medications are not covered when there is a generic available.

Therapy	Drug Class	Drug Name
Dermatologicals	Antifungals	clotrimazole cream, vaginal cream/inserts
		miconazole cream, vaginal cream/inserts
		tolnaftate cream, gel, solution, aerosol
	Dry Skin Preparations	AmLactin 12% lotion
Poison Ivy	hydrocortisone cream, lotion, ointment, solutions	
Nutrients	Vitamins (generic only)	Prenatal vitamin tablets 27/1 mg, 27/0.8 mg, 28/0.8 mg
		Multi-vitamins liquid, chewables, drops
		Multi-vitamins with iron tablets, liquid, chewables, drop
		niacin (Nictonic Acid)
		vitamin B6 (Pyridoxine) tablets
	Minerals	magnesium oxide
		calcium carbonate and citrate tablets and chewables
		calcium carbonate and citrate + vitamin D tablets
		oyster shell calcium tablets
		oyster shell calcium + vitamin D tablets
		potassium-sodium phosphate (Neutra-phos-K) powder
	Trace Elements	ferrous sulfate tablets, elixer ¹ , drops ²
		ferrous gluconate tablets
	Electrolytes	Electrolyte solutions ²
Gastrointestinal	Antiparasites	pinworm (Reese's Pinworm) tablet, suspension
	H2-blockers	famotidine (Pepcid) tablets
		cimetidine (Tagamet) tablets
	Laxatives	polyethylene glycol 3350 (Miralax OTC) oral powder
		magnesium citrate
		psyllium (Metamucil) powder 28.3%, 30.9%, 58.6%
		bisacodyl (Ducolax) tablets, suppositories
		saline (Fleet) enema
		senna (Senokot) tablets 8.6 mg
	Pain	Anti-inflammatory
Respiratory	Diluents	sodium chloride
Ophthalmic	Dry Eye	artificial tears eye drops
Preparations	Allergy	ketotifen (Zaditor OTC) 0.025% drops

The brand name listed in parenthesis is for reference only, brand name medications are not covered when there is a generic available.

Check your plan documents on member.massgeneralbrighamhealthplan.org for your specific cost-sharing amounts

¹ Age limit applies: covered for children under 12 years old. ² Age limit applies: covered for children under 6 years old. ³ For a list of specific covered products, please contact Customer Service.⁴ For a list of covered diabetic testing supplies, please contact Customer Service.

MassGeneralBrighamHealthPlan.org

Shop for high-value care, and you could earn cash back



The Mass General Brigham Health Plan DoctorSmart Rewards program offers you cash back if you have certain services with a high-value provider.

Different providers may charge different prices for the same procedure, even when they're delivering the same level of care. When you choose a high-quality, lower-cost provider with DoctorSmart Rewards, you get a cash reward between \$25-\$500 depending on the service.

How does DoctorSmart Rewards work?

We made it simple to earn a cash reward if you have an eligible procedure at a DoctorSmart-affiliated facility. To get started, log in to Member.MassGeneralBrighamHealthPlan.org. Click *Track cost & claims* and then *Estimate Costs*, then click on *Go to DoctorSmart estimator*. From there, search for your upcoming procedure. The page tells you how to earn the reward. You can also access DoctorSmart Rewards through our member app.

DoctorSmart Rewards services include:

- Biopsy
- CT scan
- Mammogram
- MRI
- Ultrasound
- And more

NOTE: DoctorSmart Rewards is a healthcare savings program offered by Mass General Brigham Health Plan and administered by Sapphire Digital. DoctorSmart Rewards may be terminated by Mass General Brigham Health Plan at any time with a thirty (30) day notice. Cash rewards you receive are generally considered taxable. Sapphire Digital will send you a 1099 tax form to file with the IRS if you receive \$600 or more in incentive rewards. Please consult your tax advisor if you have additional tax questions.



To get full details about your plan, log in to Member.MassGeneralBrighamHealthPlan.org or call the customer service number on the back of your member ID card.

Easy access to high-quality, virtual urgent care 24/7 right from your tablet, smart phone, or computer



On Demand makes it easy for you to get high-quality, virtual urgent care for minor illness and injuries without the need for travel or referrals. You can do it 24/7, and right from the comfort of your home, office, or anywhere in the U.S.

It's convenient, stress-free, and available 24/7

The provider you see during your interactive video visit can diagnose, offer treatment, and even send a prescription to an in-network pharmacy, if necessary.

For members three and older, for issues like:

- Upper respiratory infections/flu/cough/cold
- Sinus symptoms
- Eye irritation/conjunctivitis
- Allergies
- Rashes
- Urinary symptoms (painful urination, yeast infections—adults only)
- Other minor injuries and minor illness

On Demand is NOT for medical emergencies. For medical emergencies, call 911.

How does it work?

Access the secure On Demand website or app via **Member. MassGeneralBrighamHealthPlan.org** For your first visit, you'll need to create an account with your member ID number. Registration is quick and 100% secure. Once you're registered, you'll be able to see the next available provider.

Get active or lose weight,
and enjoy the endorphin
rush of getting reimbursed for it!



Our fitness and weight loss benefits make it easier and more affordable to be your healthiest you.

Fitness reimbursement: Get up to \$150 for individual coverage or \$300 for family coverage per calendar year.

Covers memberships of qualified fitness facilities, participation in qualified programs/subscriptions and activities, and the purchase, maintenance, and service of qualified active mobility products.

Weight loss reimbursement: Get up to six months free with Jenny Craig, WW, or Noom.

Our weight loss benefit gives you a little extra motivation—and money—when you join Jenny Craig, WW, or Noom. We will reimburse you for up to six full months of membership fees for you or one of your enrolled dependents.*

What qualifies for a fitness reimbursement?

- Health clubs/gyms
- SplitFit
- Virtual Fitness Subscriptions
- ClassPass memberships
- Pilates
- Yoga
- Zumba
- Aerobics
- Peloton Subscription
- Mirror Subscription
- Beachbody On Demand
- Active mobility products and services, includes standard and electric bicycles and scooters, equipment, repair, and maintenance**



How do I get reimbursed? The quickest way to submit your request is through the member portal at Member.MassGeneralBrighamHealthPlan.org

Terms and conditions apply. You must be a member for 3 months or longer to qualify.

** The weight loss benefit does not cover food, nutritional supplements, or enrollment/registration fees.*

*** Maintenance and repair can include safety inspection, chain checking and oiling, brake adjustment, gear adjustment, wheel alignment, and wheel true.*

Routine healthcare services delivered by network providers at no cost sharing



The listed preventive services, as required by the Affordable Care Act (ACA), reflect routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. You do not have to pay for these covered services when delivered by a network provider. Additional services may be added.

Please refer to [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrigham.org/healthplan) for the most up-to-date listing.

Adults and Children

- Alcohol and substance misuse screening and counseling
- Alcohol and drug use assessment
- Cholesterol screening
- Depression screening
- Hepatitis B screening
- Hepatitis C screening
- HIV screening and counseling
- Immunizations and vaccines, including flu shots
- Pre-exposure prophylaxis (or PrEP) for members who are at very high risk of getting HIV to prevent HIV infection
- Sexually transmitted disease (STD) prevention, screening, and counseling (including gonorrhea, chlamydia, and syphilis)
- Tobacco use screening and counseling
- Tuberculosis infection screening for all patients at higher risk
- Weight management screening and counseling
- Well visits and regular preventive care (medical history and physical examination) including blood pressure screening, height, weight, and body mass index (BMI), screening and counseling for interpersonal and domestic violence

Adults Only

- Aspirin use counseling at your well visit, for members at risk of heart disease or colon cancer
- Colorectal cancer screenings (including lab testing, sigmoidoscopy, or colonoscopy)
- Diabetic screening
- For members 65 and older: fall-prevention counseling at your well visit and vitamin D supplements through your pharmacy benefit
- Intensive behavioral counseling about diet and physical activity for adults who are overweight and have other risk factors for cardiovascular disease
- Lung cancer screening for adults age 50-80 at risk of developing lung cancer
- Tobacco use nicotine replacement therapy
- Type 2 diabetes screening for adults with high blood pressure

Women Only

- Annual GYN exam including screening for urinary incontinence
- Aspirin use for preeclampsia prevention through your pharmacy benefit
- Bacteriuria screening for pregnant women
- Breast cancer chemoprevention counseling for women at higher risk
- Breastfeeding support, breast pump, supplies, and counseling
- Cervical cancer screening including human papilloma virus (HPV) testing
- Diabetes screening for women during and after pregnancy
- FDA-approved contraceptive methods and counseling (contraceptives covered with no member cost sharing include: generics, brand name drugs with no generic alternative, and emergency contraceptives)
- Folic acid supplements for women who may become pregnant, through your pharmacy benefit
- Hepatitis B screening for pregnant women
- Osteoporosis screening for women 60 and older and for younger women with increased risk of fracture
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Screening mammogram, ultrasound or MRI for breast cancer screening. Counseling and BRCA genetic testing
- Sterilization procedures

Men Only

- Abdominal aortic aneurysm: one-time screening for men of specified ages who have ever smoked (age 65 to 75)

Children Only

- Behavioral assessments throughout childhood (includes depression screening)
 - Developmental screening and surveillance throughout childhood
 - Fluoride varnish for children ages 6 months to 18 years
 - Hearing screening for children up to 21*
 - Hematocrit or hemoglobin screening for children
 - Iron supplements for children ages 6 to 12 months at risk for anemia (over the counter with prescription) and high blood pressure
 - Lead screening for children at risk of exposure
 - Oral fluoride supplements for children without fluoride in their water (over the counter with prescription)
 - Oral health risk assessment for young children
 - Vision screening for all children**
- * This service is not the same as a hearing exam.
** This service is not the same as a routine or comprehensive eye exam.

Newborn Screening and Tests

- Congenital hypothyroidism screening for newborns
- Gonorrhea preventive medication for the eye of all newborns
- Hearing screening
- Hemoglobinopathies or sickle cell screening for newborns
- Phenylketonuria (PKU) screening



See the most out of life with more from your Mass General Brigham Health Plan

Your plan includes discounts on vision care and services, with access to one of the nation's largest networks of independent providers and top retail providers such as LensCrafters®, Pearle VisionSM, and Target OpticalSM.

The vision discount plan¹ includes:

THIS IS NOT INSURANCE	
Complete pair of glasses purchase ² : frame, lenses and lens options must be purchased in the same transaction to receive the full discount	
Standard plastic lenses:	
Single vision	\$50
Bifocal	\$70
Trifocal	\$105
Frames:	
Any frame available at provider location	40% off retail price
Lens options:	
UV coating	\$15
Tint (solid and gradient)	\$15
Standard scratch-resistance	\$15
Standard polycarbonate	\$40
Standard progressive (add-on to Bifocal)	\$65
Standard anti-reflective coating	\$45
Other add-ons and services	20% discount
Contact lens materials: (applied to materials only)	
Disposable	0% off retail price
Conventional	15% off retail price
Laser vision correction:	
Lasik or PRK	15% off retail price - or - 5% off promotional price
Frequency:	
Frame	Unlimited
Lenses	Unlimited
Contact lenses	Unlimited

Learn more at [MassGeneralBrighamHealthPlan.org](https://www.massgeneralbrighamhealthplan.org) or call the EyeMed automated service line at 866-723-0391. If you use a TTY/TDD call 711.



LENSCRAFTERS®



¹ Discount plan does not apply to members up to age 19 with Mass General Brigham Health Plan coverage that includes the ACA-required Pediatric Vision benefit. Please see your Schedule of Benefits.

² Items purchased separately will be discounted 20% off the retail price.

Schedule of Benefits

City of Boston Value HMO

For Self-Insured Large Group Employers

IMPORTANT NOTICE: This plan includes a limited provider network called Value HMO. This plan provides access to a network that is smaller than Mass General Brigham Health Plan's full commercial HMO provider network. In this plan, members have access to network benefits only from the providers in the Value HMO network. Please consult the Value HMO provider directory or visit the provider search tool to determine which providers are included in the Value HMO network.



This health plan meets Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance. Please see the last page for additional information.

Schedule of Benefits

This Schedule of Benefits is a general description of your coverage as a member of Mass General Brigham Health Plan. For more information about your benefits, log into Member.MassGeneralBrighamHealthPlan.org to see your plan documents and get personalized information about your plan or call Customer Service at 866-567-9175 (TTY 711).

All covered services must be medically necessary and some may require prior authorization. Please check with your PCP or treating provider to determine if a prior authorization is necessary. The Value HMO Member Handbook may include additional coverage and/or exclusions not listed on the Schedule of Benefits.

DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per benefit period	Medical/Behavioral Health (Combined): None Prescription Drug: None
Out-of-Pocket Maximum per benefit period	Medical/Behavioral Health/Prescription Drug (Combined): \$4,500 Individual /\$9,000 Family

The Deductible, Coinsurance and Copayments for Medical, Behavioral Health, and Prescription Drugs apply to the annual Out-of-Pocket Maximum. This Schedule of Benefits and the Value HMO Member Handbook comprise the Evidence of Coverage for members covered on this health plan.

OUTPATIENT MEDICAL CARE

Preventive Services

Annual Physical Exams ¹	No Member Cost-Sharing
Annual Gynecological Exams ¹	No Member Cost-Sharing
Family Planning Services	No Member Cost-Sharing
Immunizations & Vaccinations	No Member Cost-Sharing
Preventive Laboratory Tests	No Member Cost-Sharing
Screening Colonoscopy	No Member Cost-Sharing
Screening Mammography	No Member Cost-Sharing
Well Child Visits	No Member Cost-Sharing

¹Services for specific conditions during an annual exam may be subject to cost sharing.

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Other Primary & Specialty Care Office Visits

Office Visits for Other Primary Care	\$20 copayment/Visit
Telemedicine (Virtual Visits) - PCP	\$20 copayment/Visit
Telemedicine (Virtual Visits) - On Demand	\$20 copayment/Visit
Office Visits for Other Specialty Care	\$30 copayment/Visit
Telemedicine (Virtual Visits) - Specialist	\$30 copayment/Visit
Allergy Shots	No Member Cost-Sharing
Cardiac Rehabilitation Service	\$30 copayment/Visit
Routine Eye Exam (1 visit(s) per member every 12 months)	\$30 copayment/Visit (waived for members diagnosed with diabetes)
Routine Foot Care (covered for diabetes and some circulatory diseases)	\$30 copayment/Visit
Hearing Exams	\$30 copayment/Visit
Infertility Services	No Member Cost-Sharing
Physical Therapy/Occupational Therapy (Covered up to 60 combined PT/OT visits per benefit period)	\$20 copayment/Visit
Speech Therapy	\$20 copayment/Visit
Routine Prenatal and Postnatal Care	No Member Cost-Sharing

Other Outpatient Services

Diagnostic, Imaging and X-ray	No Member Cost-Sharing
Laboratory	No Member Cost-Sharing
High-tech Radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)	\$50 copayment (maximum of one copayment per member per benefit period)
Outpatient Surgery—Facility Fee	\$50 copayment (maximum of one copayment per member per benefit period)
Outpatient Surgery—Professional Fee	No Member Cost-Sharing

INPATIENT MEDICAL CARE*

Inpatient Medical Services (including Maternity) - Facility Fee	\$50 copayment (maximum of one copayment per member per benefit period)
Inpatient Medical Services - Professional Fee	No Member Cost-Sharing
Inpatient Care in a Skilled Nursing Facility - Facility Fee (Covered up to 100 days per benefit period)	\$50 copayment (maximum of one copayment per member per benefit period)
Inpatient Care in a Skilled Nursing Facility - Professional Fee	No Member Cost-Sharing
Inpatient Care in a Rehabilitation Facility - Facility Fee (Covered up to 60 days per benefit period)	\$50 copayment (maximum of one copayment per member per benefit period)
Inpatient Care in a Rehabilitation Facility - Professional Fee	No Member Cost-Sharing
Routine Nursery and Newborn Care	No Member Cost-Sharing

*\$50 Inpatient copayment maximum per member per benefit period applies across ALL Inpatient Medical Care Services listed above

BEHAVIORAL HEALTH - OUTPATIENT

Mental Health Care or Substance Use Care	\$20 copayment/Visit
Telemedicine (Virtual Visits) - Mental Health Care or Substance Use Care	\$20 copayment/Visit

BEHAVIORAL HEALTH - INPATIENT

Mental Health Care - Facility Fee	No Member Cost-Sharing
Mental Health Care - Professional Fee	No Member Cost-Sharing
Substance Use Detoxification or Rehabilitation - Facility Fee	No Member Cost-Sharing
Substance Use Detoxification or Rehabilitation - Professional Fee	No Member Cost-Sharing

URGENT CARE

Care for an illness, injury, or condition serious enough that a person would seek immediate care, but not so severe as to require Emergency room care.

Urgent Care	\$20 copayment/Visit
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EMERGENCY CARE

If you require emergency medical care, go to the nearest emergency room or call 911. You or a family member should notify your PCP within 48 hours of an emergency visit.

Care you receive in an emergency room, in or out of Mass General Brigham Health Plan Service Area	\$100 copayment/Visit (waived if admitted to hospital for inpatient care)
Ambulance Services (emergency transport only)	No Member Cost-Sharing
Emergency Dental Care (within 72 hours of accident or injury)	\$100 copayment/Visit (waived if admitted to hospital for inpatient care)

DENTAL CARE

Preventive Dental Care ** for children under 12 (one visit every 6 months)	No Member Cost-Sharing
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** Preventive dental services must be provided by a Delta Dental Premier Network participating dentist. To locate a Delta Dental Premier Network provider, please visit deltadentalma.com or call 800-872-0500.

PRESCRIPTION DRUGS (3-Tier)

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	Tier 1 – Generic: \$10 copayment/Prescription Tier 2 – Preferred brand name: \$30 copayment/Prescription Tier 3 – Non-preferred brand name: \$55 copayment/Prescription
Access90: With a valid prescription for a 90-day supply of a maintenance medication and purchased through the mail or at a participating pharmacy	Tier 1 – Generic: \$20 copayment/Prescription Tier 2 – Preferred brand name: \$60 copayment/Prescription Tier 3 – Non-preferred brand name: \$135 copayment/Prescription

OVER-THE-COUNTER DRUGS

For a complete list of over-the-counter drugs, visit MassGeneralBrighamHealthPlan.org or call Customer Service at 866-567-9175 (TTY 711).

Select over-the-counter medicines and products with a valid prescription and purchased at a participating pharmacy.	\$0-\$30 copayment/Prescription (depending on drug prescribed)
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ADDITIONAL SERVICES

Diabetic Supplies	No Member Cost-Sharing
Disposable Medical Supplies	No Member Cost-Sharing
Durable Medical Equipment	No Member Cost-Sharing
Early Intervention (from birth up to age three)	No Member Cost-Sharing
Fitness and Active Mobility Reimbursement	Up to \$150/Individual, \$300/Family per calendar year (see MassGeneralBrighamHealthPlan.org/city-of-boston for qualifications)
Hearing Aids (age 21 and under) (Covered up to \$2,000 for each affected ear every 36 months)	No Member Cost-Sharing
Home Health Care	No Member Cost-Sharing
Hospice Care	No Member Cost-Sharing
Oxygen Supplies and Therapy	No Member Cost-Sharing
Weight Loss Program Benefit	Coverage for up to six months of membership fees per calendar year in a qualified weight-loss program for either a covered Subscriber or one covered Dependent (see MassGeneralBrighamHealthPlan.org for qualifications)
Wigs (when medically necessary for hair loss due to cancer treatment or other conditions)	No Member Cost-Sharing

ABOUT YOUR MASS GENERAL BRIGHAM HEALTH PLAN MEMBERSHIP

For questions or concerns about your coverage, call Customer Service at 866-567-9175 (TTY 711). Representatives are available Monday through Friday, 8:00 a.m.–6:00 p.m. (Thursday 8:00 a.m.– 8:00 p.m.)

Benefit Period

Your benefit period resets on your employer's anniversary date.

Copayments, Coinsurance, or Deductibles Required for Certain Services

All medical and behavioral health and prescription drug copayments and coinsurance amounts paid apply toward the out-of-pocket maximum. Once the individual out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the benefit period. The family out-of-pocket maximum is satisfied by combining the coinsurance and copayment amounts paid by covered family members. Once the family out-of-pocket maximum is satisfied, these services are covered for all family members in full through the remainder of the benefit period.

Your Primary Care Provider (PCP)

Your PCP arranges your health care and is the first person you call when you need medical care. Be sure to check with your PCP to find out office hours and whether urgent care is offered.

Mass General Brigham Health Plan requires the designation of a PCP. You have the right to designate any PCP who participates in our Value HMO network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP.

For information on how to select a PCP, or a list of the most up-to date provider information, or a list of participating healthcare professionals who specialize in obstetrics or gynecology, visit MassGeneralBrighamHealthPlan.org or call Customer Service.

Preventive Care Services

Mass General Brigham Health Plan covers eligible preventive services for adults, women (including pregnant women) and children, which includes coverage for annual physical exams, immunizations, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit MassGeneralBrighamHealthPlan.org or call Customer Service.

Primary Care Provider (PCP) and Obstetrical Rights

You do not need prior authorization from Mass General Brigham Health Plan or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. However, the health care professional may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Urgent Care

If you need urgent care, call your PCP to arrange where you will receive treatment. Examples of conditions requiring urgent care include, but are not limited to, fever, sore throat or an earache.

Emergency Care

In an emergency, go to the nearest emergency facility, or call 911. Please refer to this Schedule of Benefits for your cost sharing amount. All follow-up care must be arranged by your PCP.

Referrals

Mass General Brigham Health Plan requires referral for specialist services provided by in-network Providers, except the following: Gynecologist or Obstetrician for routine, preventive or urgent care; Family Planning services; Outpatient and Diversionary Behavioral Health Services; Physical Therapy; Occupational Therapy; Speech Therapy; Routine Eye exam; and Emergency Services.

Utilization Review Program

The Utilization Review standards Mass General Brigham Health Plan uses were created to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria are used to make Utilization Review decisions. These criteria are developed by physicians and meet the standards of national accreditation organizations. As new treatments and technologies become available, we update our Utilization Review standards annually.

To make utilization decisions the health plan conducts prospective, concurrent, and retrospective reviews of the health care services our members use.

Initial Determination (Prospective Review or Prior Authorization)

Determines in advance if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

Concurrent Review

During the course of treatment, such as hospitalization, concurrent review monitors the progress of treatment and determines for how long it will be deemed medically necessary.

Retrospective Review

After care has been provided, we review treatment outcomes to ensure that the health care services provided to you met certain quality standards.

Care Management

When members have a severe or chronic illness or condition, they may qualify for Care Management. Care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promoting patient education, self-care, and providing access to the right kinds of health care services and options.

To learn more about Utilization Review or Care Management at Mass General Brigham Health Plan, please refer to your Member Handbook or call Customer Service.

Benefit Exclusions

Services or supplies that Mass General Brigham Health Plan does not cover include: Acupuncture, Benefits from other sources; Chiropractic Care; Diet foods; Educational testing and evaluations; Massage therapy; Out-of-network providers; Non-emergency care when traveling outside the U.S.

Additional benefit exclusions apply, for a complete list please refer to your plan's Benefit Handbook.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan meets Minimum Creditable Coverage standards that are effective January 1, 2023 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you will satisfy the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2023. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at mass.gov/doi.

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This plan is administered by Mass General Brigham Health Insurance Company which processes claims for payment but does not assume financial risk for claims.

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. Mass General Brigham Health Plan provides health insurance coverage to you. Because you get health benefits from Mass General Brigham Health Plan, we have protected health information (PHI) about you. By law, Mass General Brigham Health Plan must protect the privacy of your health information.

This notice explains:

- When Mass General Brigham Health Plan may use and share your health information.
- What your rights are regarding your health information.

Mass General Brigham Health Plan may use or share your health information:

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.
- When required by law or a law enforcement agency.
- For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.
- To operate programs, such as evaluating the quality of healthcare services you get, providing care management and disease management services and performing studies to reduce healthcare costs.
- With your healthcare Providers to coordinate your treatment and the services you get.
- With health-oversight agencies, such as the Federal Centers for Medicare and Medicaid Services, and for oversight activities authorized by law, including fraud and abuse investigations.
- For health research.
- With government agencies that give you benefits or services.
- With plan sponsors of employer group health plans, but only if they agree to protect that information.
- To prevent or respond to an immediate and serious health or safety emergency.
- To remind you of appointments, benefits, treatment options or other health-related choices you have.
- With entities that provide services or perform functions on behalf of Mass General Brigham Health Plan (Business Associates), provided that they have agreed to safeguard your information.

When a federal or state privacy law provides for stricter safeguards of your PHI, Mass General Brigham Health Plan will follow the stricter law. Except as described above, Mass General Brigham Health Plan cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

For purposes of underwriting, Mass General Brigham Health Plan is prohibited from using or disclosing any genetic information.

Mass General Brigham Health Plan does not use your health information for any marketing purposes and will not sell your health information to anyone.

You have the right to:

- See and get a copy of your health information that is contained in a "designated record set." You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your request to see and get a copy of your health information. Mass General Brigham Health Plan may charge you to cover certain costs, such as copying and postage.
- Ask Mass General Brigham Health Plan to change your health information that is in a "designated record set" if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.
- Ask Mass General Brigham Health Plan to limit its use or sharing of your health information. You must ask for this in writing. Mass General Brigham Health Plan may not be able to grant this request.
- Ask Mass General Brigham Health Plan to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.

- Get a list of when and with whom Mass General Brigham Health Plan has shared your health information. You must ask for this in writing.
- Be notified in the event that we or one of our Business Associates discovers a breach of your protected health information.
- Get a paper copy of this notice at any time.
- These rights may not apply in certain situations.

This notice, effective as of April 17, 2019, will remain in effect until we change it. By law, Mass General Brigham Health Plan must give you notice explaining that we protect your health information, and that we must follow the terms of this notice. If Mass General Brigham Health Plan does make important changes, we will send you a new notice and post an updated notice on our website. That new notice will apply to all of the health information that Mass General Brigham Health Plan has about you. Mass General Brigham Health Plan takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that Mass General Brigham Health Plan has violated your privacy rights, contact our Privacy Officer in writing at the following address:

Mass General Brigham Health Plan Privacy Officer
399 Revolution Drive, Suite 810
Somerville, MA 02145

Filing a Complaint or exercising your rights will not affect your benefits. You may also file a Complaint with the U.S. Secretary of Health and Human Services at:

The U.S. Department of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201
Toll Free: 877-696-6775

Mass General Brigham Health Plan will not retaliate against you if you file a complaint either with Mass General Brigham Health Plan or the U.S. Secretary of Health and Human Services. For more information, or if you need help understanding this notice, call our Member Service Center at 800-462-5449 or TTY 711, Monday through Friday between 8:00 a.m. and 6:00 p.m. (Thursdays from 8:00 a.m. to 8:00 p.m.)

Confidentiality

Mass General Brigham Health Plan takes seriously our obligation to protect your personal and health information. To help in maintaining your privacy, we have instituted the following practices:

- Mass General Brigham Health Plan employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when outside of the office.
- Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a "need to know."
- Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices. In addition, as part of every employee's annual performance appraisal, they are required to sign a statement affirming that they have reviewed and agree to abide by our confidentiality policy.
- All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- Mass General Brigham Health Plan only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in Mass General Brigham Health Plan or as otherwise required by law.

In accordance with state law, Mass General Brigham Health Plan takes special precautions to protect any information concerning mental health or substance abuse, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

Notificación de prácticas de privacidad

En este aviso se describe cómo se puede utilizar y divulgar su información médica y cómo puede obtener acceso a ella. Léalo detenidamente. Mass General Brigham Health Plan le proporciona cobertura de seguro médico. Debido a que usted obtiene beneficios de salud por parte de Mass General Brigham Health Plan, tenemos su información médica protegida (Protected Health Information, PHI). Por ley, Mass General Brigham Health Plan debe proteger la privacidad de su información médica.

Este aviso explica lo siguiente:

- En qué casos Mass General Brigham Health Plan podrá usar y compartir su información médica.
- Cuáles son sus derechos en lo que respecta a su información médica.

Mass General Brigham Health Plan podrá usar y compartir su información médica en los siguientes casos:

- Cuando el Departamento de Salud y Servicios Humanos de los Estados Unidos la necesite para garantizar la protección de su privacidad.
- Cuando lo exijan las leyes o una agencia de orden público.
- Para actividades de pago, como verificar si usted es elegible para recibir beneficios de salud y para pagarles a sus proveedores de atención médica por los servicios que usted reciba.
- Para administrar programas, como evaluar la calidad de los servicios de atención médica que usted recibe, brindar servicios de administración de la atención y manejo de enfermedades, y llevar a cabo estudios para reducir los costos de la atención médica.
- Con sus proveedores de atención médica, para coordinar los tratamientos y servicios que recibe.
- Con agencias de supervisión de la salud, como los Centros Federales para los Servicios de Medicare y Medicaid, y para actividades de supervisión autorizadas por la ley, incluidas las investigaciones de fraude y abuso.
- Para investigaciones sobre salud.
- Con agencias gubernamentales que le brindan servicios o beneficios.
- Con patrocinadores de planes de salud grupales del empleador, pero solo si aceptan proteger esa información.
- Para prevenir una emergencia inmediata de seguridad o de salud grave, o bien para responder ante dicha emergencia.
- Para recordarle citas, beneficios, opciones de tratamiento u otras opciones relacionadas con la salud a su disposición.
- Con entidades que brindan servicios o desempeñan funciones en nombre de Mass General Brigham Health Plan (asociados comerciales), siempre y cuando hayan aceptado proteger su información.

Cuando una ley de privacidad federal o estatal establezca medidas de seguridad más estrictas en relación con su PHI, Mass General Brigham Health Plan seguirá la ley más estricta. A excepción de lo que se describe anteriormente, Mass General Brigham Health Plan no puede usar ni compartir su información médica con ninguna persona sin obtener su permiso por escrito. Usted puede cancelar su permiso en cualquier momento, pero debe informarlo por escrito. Tenga en cuenta lo siguiente: no podemos recuperar la información médica que hemos usado o compartido con su permiso.

Para fines de contratación de seguro, Mass General Brigham Health Plan tiene prohibido usar o divulgar información genética.

Mass General Brigham Health Plan no usa su información médica para fines de comercialización y no se la venderá a nadie.

Usted tiene derecho a lo siguiente:

- A ver y obtener una copia de su información médica que se encuentre en un "conjunto de registros designados". Debe pedirlo por escrito. En la medida en que su información se guarde en una historia clínica electrónica, usted puede recibir la información en forma electrónica. En algunos casos, es posible que deneguemos su solicitud de ver y obtener una copia de su información médica. Mass General Brigham Health Plan podrá cobrarle para cubrir determinados costos, como el copiado y el envío por correo.
- A pedirle a Mass General Brigham Health Plan que cambie su información médica que esté en un "conjunto de registros designados" si piensa que contiene errores o está incompleta. Debe decirnos por escrito qué información médica desea que cambiemos y por qué. Si denegamos su solicitud, usted puede presentar una declaración de desacuerdo ante nosotros que se incluirá en las futuras divulgaciones de la información en disputa.
- A pedirle a Mass General Brigham Health Plan que limite el uso o la divulgación de su información médica. Debe pedirlo por escrito. Es posible que Mass General

Brigham Health Plan no pueda acceder a esta solicitud.

- A pedirle a Mass General Brigham Health Plan que se comunique con usted de alguna otra manera si cree que al comunicarnos con usted en la dirección o al número de teléfono que tenemos registrados podemos perjudicarlo.
- A obtener una lista de cuándo y con quién Mass General Brigham Health Plan compartió su información médica. Debe pedirlo por escrito.
- A ser notificado si descubrimos o uno de nuestros socios comerciales descubre cualquier incumplimiento referente al uso de su información médica protegida.
- A obtener una copia impresa de este aviso en cualquier momento.

Es posible que estos derechos no se apliquen en ciertas situaciones.

Este aviso, efectivo desde el 17 de abril de 2019, permanecerá vigente hasta que lo cambiemos. Por ley, Mass General Brigham Health Plan debe darle aviso explicándole que protegemos su información médica y que debemos cumplir con los términos de este aviso. Si Mass General Brigham Health Plan hace cambios importantes, le enviaremos un nuevo aviso y publicaremos un aviso actualizado en nuestro sitio web. Ese nuevo aviso se aplicará a toda la información médica que Mass General Brigham Health Plan tenga sobre usted. Mass General Brigham Health Plan toma muy en serio su privacidad. Si desea ejercer alguno de los derechos que describimos en este aviso, o si piensa que Mass General Brigham Health Plan ha violado sus derechos de privacidad, comuníquese con el Funcionario de Privacidad de Mass General Brigham Health Plan por escrito A la siguiente dirección:

Mass General Brigham Health Plan Privacy Officer
399 Revolution Drive, Suite 810
Somerville, MA 02145

Presentar una queja o ejercer sus derechos no afectará sus beneficios. También puede presentar una queja ante la Secretaría de Salud y Servicios Humanos de los EE. UU. (U.S. Secretary of Health and Human Services) en la siguiente dirección:

The U.S. Department of Health and Human Services
200 Independence Avenue, SW Washington, DC 20201
Línea gratuita: 877-696-6775

Mass General Brigham Health Plan no tomará represalias en su contra si usted presenta una queja ante Mass General Brigham Health Plan o la Secretaría de Salud y Servicios Humanos de los EE. UU. Para obtener más información, o si necesita ayuda para comprender este aviso, llame a nuestro Centro de servicios al miembro al 800-462-5449 o TTY 711, de lunes a viernes entre las 8:00 a. m. y las 6:00 p. m. (los jueves, de 8:00 a. m. a 8:00 p. m.).

Confidencialidad

Mass General Brigham Health Plan se toma muy en serio la obligación de proteger su información médica y personal. Para ayudar a mantener su privacidad, hemos instituido las siguientes prácticas:

- Los empleados de Mass General Brigham Health Plan no hablan sobre su información personal en áreas públicas como la cafetería, los ascensores o fuera de la oficina.
- Se protege la información electrónica mediante el uso de contraseñas, protectores de pantalla automáticos y acceso limitado solo a los empleados que tengan la necesidad de conocerla.
- Se protege la información escrita a través de su almacenamiento en archivadores cerrados, prácticas para mantener los escritorios ordenados y trituradoras seguras para su destrucción.
- Todos los empleados, como parte de su orientación inicial, reciben capacitación sobre nuestras prácticas de confidencialidad y privacidad. Además, como parte de la evaluación de desempeño anual de cada empleado, los empleados deben firmar una declaración en la que manifiestan que revisaron nuestra política de confidencialidad y aceptan cumplirla.
- Todos los proveedores y las demás entidades con las que necesitamos compartir información deben firmar acuerdos en los que aceptan mantener la confidencialidad.
- Mass General Brigham Health Plan solo recopila información sobre usted que debemos tener para proporcionarle los servicios que ha aceptado recibir al inscribirse en Mass General Brigham Health Plan o que requiere la ley.

De acuerdo con la ley estatal, Mass General Brigham Health Plan toma precauciones especiales para proteger cualquier información relacionada con la salud mental, el consumo de sustancias, la situación de VIH, las enfermedades de transmisión sexual, el embarazo o la interrupción del embarazo.