## **MGHIHP**

## Benefit Comparison 2024 -2025 Policy Year vs 2025-2026 Policy Year

MGHIHP	2024-2025		2025-2026		
Insurance Carrier	Wellfleet		Wellfleet		
Provider Network	Cigna		Cigna		
Plan Benefits	In-Network	Out-of-Network	 In-Network	Out-of-Network	
Plan Deductible	\$100	\$200	\$250	\$500	
Member Coinsurance	0%	20%	20%	40%	
Out of Pocket Maximum	\$2,000	\$4,000	\$9,200	\$18,400	
Out-Patient Care					
Office Visit PCP/Specialist	deductible	deductible + 20%	\$25 copay	deductible + 40%	
Office Visit Mental Health	deductible	deductible + 20%	\$25 copay	deductible + 40%	
Office Visit Chiro/PT	deductible	deductible + 20%	deductible + 20%	deductible + 40%	
Diagnostic Lab, X-Ray	deductible	deductible + 20%	deductible + 20%	deductible + 40%	
Advanced Imaging	deductible	deductible + 20%	deductible + 20%	deductible + 40%	
Urgent Care	deductible	deductible + 20%	\$25 copay	same as in-network	
Emergency Room	\$50 copay + deductible	same as in-network	\$50 copay	same as in-network	
Day Surgery	deductible	deductible + 20%	deductible + 20%	deductible + 40%	
In-Patient Hospital Care					
In-Patient Hospitalization	deductible	deductible + 20%	deductible + 20%	deductible + 40%	
Prescription Drugs					
Generic	\$20 copay	Not Covered	\$20 copay	Not Covered	
Preferred Brand	\$30 copay	Not Covered	20% coinsurance	Not Covered	
Non-Preferred Brand	\$30 copay	Not Covered	20% coinsurance	Not Covered	
Specialty	\$30 copay	Not Covered	20% coinsurance	Not Covered	

This Summary comparison provides a general overview of key features of your medical plan and does not include all terms, conditions, limitations, and exclusions of the policy. Please refer to your official plan documents available at <a href="https://www.universityhealthplans.com/MGHIHP">www.universityhealthplans.com/MGHIHP</a>.

## **Definitions**

**Deductible:** The amount you must pay out of pocket for covered medical services before your insurance begins to pay for designated services. The deductible is paid once per policy year.

**Co-insurance:** The percentage of costs you share with your insurance after meeting your deductible.

**Copay:** A fixed amount you pay for a covered service, such as a doctor's visit or prescription, typically due at the time of service.

**Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year, after which your insurance covers 100% of eligible costs.