MERGED MARKET RATE FILING SUMMARY
(211 CMR 66.08(3)(c))

OVERVIEW OF THE FILING

Name of Company: Mass General Brigham Health Plan, Inc.
Actuary Responsible for Filing: Poly Barman
Coverage Period for Rates Filed: issued/renewed in CY 2026

Number of Plans Filed:	67
Number of Renewing Individuals and Dependents:	31,846
Number of Renewing Small Groups:	8,291
Number of Renewing Small Group Members:	39,606

Overall Average Proposed Rate Change over Prior Period: 10.5%

In alignment with guidance from the Division of Insurance, this filing is based on the scenario that assumes the expiration of enhanced federal premium subsidies (associated with the American Rescue Plan Act of 2021 and Inflation Reduction Act of 2022), as well as the expiration of the ConnectorCare expansion pilot (coverage for members between 300 and 500% FPL). The average rate increase would be significantly lower if both these programs continued.

KEY DRIVERS FOR THE PROPOSED RATE CHANGE

Mass General Brigham Health Plan was founded by community-based organizations almost 40 years ago. Today, we are continuing to deliver exceptional healthcare experiences in our communities that offer nationwide access to comprehensive coverage with a reputation for excellence.

The combination of competitive premiums and a focus on creating consumer-friendly products make Mass General Brigham Health Plan a popular choice for employers and individuals. Our 2026 rate filing reflects investments that expand access to convenient, affordable, and flexible care – from comprehensive mental health services to women's health supports and virtual care options – while factoring in anticipated uncertainty around the expiration of federal and state subsidies that help to keep care affordable for our members and managing rising healthcare costs. This includes updates to guidelines on the use of GLP-1 medications to provide affordable premiums and a variety of options to support healthy lifestyles. While GLP-1s offer tremendous potential, the pricing by manufacturers is creating significant cost barriers for insurers, employers, and consumers.

The factors that impacted our rate filing include:

- Updates to coverage of GLP-1 medications only for type 2 diabetes for merged market commercial members, with considerations for large employers to add coverage of GLP-1s for weight loss.

- Investments in strategic initiatives that expand access to high-quality healthcare for our commercial members, including a robust women's health portfolio, comprehensive mental health solutions, virtual care options, and innovative digital features on fully-insured plans.
- Anticipated impact on membership shifts and medical costs related to the expiration of enhanced federal premium subsidies (associated with the American Rescue Plan Act of 2021 and Inflation Reduction Act of 2022) and the ConnectorCare expansion pilot.
- Industry-wide increases in the cost and utilization of healthcare services reflect regional and nationwide trends.
- Additional costs associated with higher patient acuity due to lasting effects from the deferment of care during the COVID-19 pandemic.
- Accelerated pharmacy trends, including specialty pharmacy services and promising but expensive new-to-market therapies.
- A challenging operating environment for providers due to rising labor costs, capacity challenges and inflation, which are creating upward pressure on commercial reimbursement rates.
- New government requirements for products and rating.

The rate change reflects efforts to manage costs while providing comprehensive, member-focused coverage. These include pharmacy and care management services initiatives and continued efforts to manage administrative resources.

See accompanying file called "Exhibit for Public Release" for additional detail.

SUMMARY OF COST-SHARING AND BENEFITS

See accompanying file called "Exhibit for Public Release."

GENERAL METHODOLOGY FOR ESTABLISHING RATES OF REIMBURSEMENT

Mass General Brigham Health Plan approaches provider contracting with the following goals in mind:

- Ensure that total cost of care increases are as low as possible while ensuring access to high-quality care through implementation of actuarially sound, value-based contractual elements and alternate payment methodologies;
- Ensure actual rate levels and unit cost reimbursement levels are competitive with Mass General Brigham Health Plan peers and create stability over time;
- Ensure provider participation that meets both network adequacy requirements and market expectations;
- Ensure administrative simplicity through the use of standardized reimbursement methodologies and fee schedules where possible;
- Improve affordability and equitable access to providers;

- Utilize industry standard payment methodologies such as relative value professional fee schedules and diagnostic-related groups for inpatient hospital;
- Include quality incentives in all alternative payment contracts.

There are several reasons why we have variation in provider reimbursement. Provider reimbursement can vary by network, such as our Select offering where providers have offered a discount for the subsidized membership to support plan's affordability and minimize provider disruption. Additionally, providers rates can vary based on the level of specialization of services provided, historical rate levels, and regional access.

SUMMARY OF ADMINISTRATIVE EXPENSES

See accompanying file called "Exhibit for Public Release."

MEDICAL LOSS RATIOS

See accompanying file called "Exhibit for Public Release."

CONTRIBUTION to SURPLUS

The current rate filing includes 0.65% contribution to surplus. Merged Market rates are filed with a target medical loss ratio of 92.8%, which is above the minimum medical loss ratio standard of 88.0%. Contribution to surplus provides some protection against unforeseen trend and other insurance risk given the long projection period included in the rates and supports risk-based capital surplus requirements.

DIFFERENCES FROM FILED FINANCIAL STATEMENT

The primary differences between historical premiums, claims, and expenses outlined in this filing and those reported in financial statements are as follows:

- Incurred vs. Paid differences – Financial statements are reported on a point-in-time paid basis and include any prior period estimated changes, whereas the rate filing information is on a point-in-time incurred basis.
- Some items are classified differently in financial statements compared to rate filing.

COST CONTAINMENT PROGRAMS

As part of an integrated healthcare system, we are creating and delivering exceptional experiences that combine world-class care and comprehensive coverage. Mass General Brigham Health Plan is expanding access to high-quality and affordable healthcare, centered on the health and wellness

needs of our members. Initiatives include:

- Providing extensive clinical and care management programs for at-risk members. Focused on prevention, chronic disease management and social determinants of health, our care management programs comprise multi-disciplinary teams of experts that include nurses, social care managers, behavioral health managers, and medical directors. We are extending this approach into the community through programs that connect members experiencing a range of medical, psychological, and social health challenges with community-based resources. As part of an integrated healthcare system, we also address these challenges through Mass General Brigham's Home Hospital program, which delivers high-quality care and recovery support in the convenience of patients' homes. Programs are estimated to have a 2:1 return on investment and an ongoing impact on future trend of 0.3% on medical trend annually.

- Responding to the mental health crisis by providing a comprehensive network solution to improve access to high-quality mental health services. This approach builds on Mass General Brigham Health Plan's existing mental health programs, which include on-staff recovery coaches for members with substance use disorders and supports our longstanding commitment to address the entirety of our members' health needs in our communities. We expect this to initially increase behavioral health costs due to expanded access, with long term savings as needs are better addressed.

- Driving affordability through product design that encourages the use of more convenient and affordable sites of care in the community when appropriate through innovative networks and plan designs such as Care Complement, Allies Choice, and Choice Easy Tier Choice Products.

- Mitigating the high cost of pharmaceuticals to improve affordability for our members through pharmacy benefit manager (PBM) contracting and formulary management, encouraging biological equivalents when clinically appropriate, and directing members to lower-cost provider sites. Savings associated with anticipated formulary changes contributed to lowering the overall rate increase, including updated guidelines on the use of GLP-1 medications. While GLP-1s offer tremendous potential to improve chronic conditions and health outcomes, the pricing by manufacturers is creating significant cost barriers for insurers, employers, and consumers. Starting on January 1, 2026, we will provide coverage of GLP-1 medications only for type 2 diabetes for merged market commercial members, with considerations for large employers to add coverage of GLP-1s for weight loss. This change, which will be implemented as plans renew in 2026, is part of an integrated approach to offer affordable coverage that includes a variety of options to support healthy lifestyles.

ATTACHMENT A
COST-SHARING AND BENEFITS

ATTACHMENT B
RATE FILING DETAILS