



Annual Enrollment:
APRIL 3 – MAY 1, 2019



Benefits and rates
effective **July 1, 2019**



KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

RETIREES & SURVIVORS



Commonwealth of Massachusetts
Group Insurance Commission

2019 – 2020 Overview

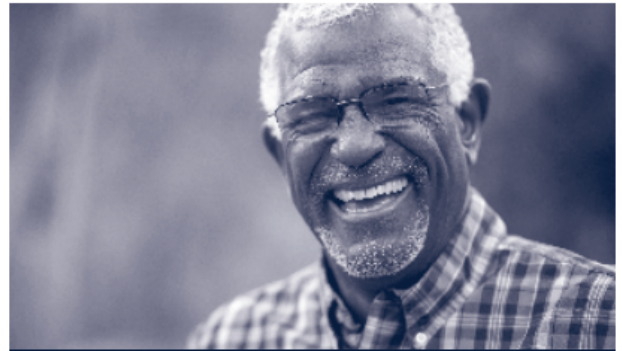
Your Annual Enrollment Checklist



Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage.

- ☐ **HAVE YOU HAD ANY PERSONAL OR FAMILY INFORMATION CHANGES?** Check page 17.
- ☐ **REVIEW THIS GUIDE AND IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS BEST FOR YOU.**
TIP: Use the non-Medicare and Medicare locator maps on pages 4 and 9 to find which products are offered in your area.
- ☐ **MAKE SURE YOU UNDERSTAND YOUR OPTIONS.** For example, if you are a non-Medicare retiree, you may have the option to select a lower cost regional or limited network product. These products have the same or better benefits as broad network products, but at a lower cost because they have a smaller network of providers (doctors and hospitals). For more information about these differences, visit our website: mass.gov/gic-annual-enrollment, or call us at **1.617.727.2310**.
- ☐ **CONTACT YOUR HEALTH AND OTHER INSURANCE CARRIERS ABOUT ANY PRODUCT OR TIER CHANGES.** This includes questions about network coverage, providers, drug tiers or wellness benefits. (See page 19 for carrier contact information.)
- ☐ **DETERMINE ELIGIBILITY FOR BUY-OUT PROGRAM.** If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, you may benefit from the Buy-Out program. You can find more information about the Buy-Out program on page 13, or go to bit.ly/GICBuyOut to find out if you are eligible.
- ☐ **ATTEND A GIC BENEFIT FAIR TO HAVE YOUR QUESTIONS ANSWERED IN PERSON.** These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. See page 18 for the full schedule of fairs.
- ☐ **TURNING 65?** Check our website for a video to guide you through next steps, whether you're retiring or not: bit.ly/GICTurning65.
- ☐ **MAKE SURE YOU SUBMIT ALL FORMS TO THE GIC NO LATER THAN MAY 1, 2019.** This includes forms for the Buy-Out program, if applicable.

If you want to keep your current benefits, you do not need to complete any paperwork, as your coverage will continue automatically.



IMPORTANT REMINDERS

- 1. Once you choose health care coverage, you cannot change products until the next Annual Enrollment period unless you have a qualifying event.** Even if your doctor or hospital leaves your network you must remain enrolled in your selected plan until the next Annual Enrollment, unless you have an eligible qualifying status change. You can find a list of qualifying status changes on the GIC's Annual Enrollment website at mass.gov/gic-annual-enrollment.
- 2. Physician and hospital copay tiers change each July 1.** If you are enrolled in a non-Medicare plan, please check with your health insurance carrier to see if your provider(s) or hospital tier has changed.
- 3. Doctors and hospitals within your network may change during the year.** If your doctor is no longer available, your health plan will help you find a new one.
- 4. When checking provider coverage and tiers, be sure to specify the health insurance product's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," and not just "Tufts Health Plan."** Your health insurance carrier is the best source for this information.

What's New This Year



If you are a MEDICARE eligible GIC Retiree:	If you are a NON-MEDICARE eligible GIC Retiree:
<ul style="list-style-type: none"> No benefit changes in GIC Medicare Plans 	<ul style="list-style-type: none"> Neighborhood Health Plan Prime is now called AllWays Health Partners Complete HMO. A lower copay of \$150 for members who utilize freestanding facilities for eye procedures and GI endoscopies. Copays for procedures at hospital outpatient facilities would remain the same at \$250 this fiscal year.* Check with your carrier to see if your provider is still in the network, or if copays have changed. See page 19 for carrier contact information.

*UniCare does not have a copay for members who utilize freestanding facilities for eye procedures and endoscopies.

Terms to Know



Copay: A fixed dollar amount (e.g., \$20) that you pay for a covered health care service, such as a visit to your doctor or a specialist.

Deductible: A dollar amount you need to pay each year before your product pays for covered health care services.

Out-of-Pocket Maximum: The maximum amount you will pay each year for certain covered services that apply toward the maximum, after which your product will begin to pay in full for these covered services.

Coinsurance: Your share of the costs of a covered health care service, typically calculated as a percentage of the amount allowed for the service provided.

Out-of-Network Provider: A medical provider which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health insurance products, like HMOs, do not reimburse out-of-network providers at all, which means that you would be responsible for the full amount charged by your doctor.

Freestanding Facility: A facility that performs procedures that is not owned by a hospital. Visit your carrier's website for a list of freestanding facilities.

GIC IS GOING GREEN!



THE GIC IS TAKING STEPS TO BECOME GREENER!

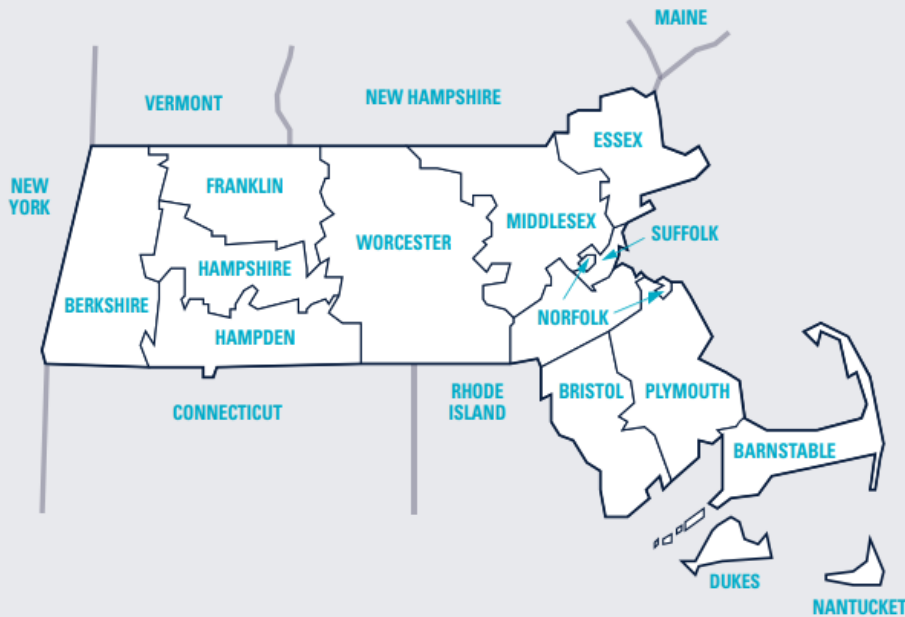
This year's Benefits Decision Guide uses less paper, but still provides the benefit information you need in a clear, easier to read format.

This guide costs less to print and is better for our environment. In the future, the GIC will be reducing its use of paper and move toward greater use of digital tools to communicate with our members. You can still find and download information about the GIC's benefits on our website: mass.gov/orgs/Group-Insurance-Commission.

Where Do You Live? (Non-Medicare)



NON-MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.



Is the **NON-MEDICARE** Health Product Available Where You Live?

BARNSTABLE

Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

BERKSHIRE

Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, Community Choice, PLUS

BRISTOL

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

DUKES

Independence, AllWays Complete, Navigator, Basic, PLUS

ESSEX

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

FRANKLIN

Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPDEN

Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPSHIRE

Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, PLUS, Community Choice

MIDDLESEX

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

NANTUCKET

Independence, AllWays Complete, Navigator, Basic, PLUS

NORFOLK

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

PLYMOUTH

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

SUFFOLK

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

WORCESTER

Direct, Select, Independence, Primary Choice, HNE, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

The UniCare State Indemnity Plan/Basic is the only health insurance product offered by the GIC that is available throughout the United States and outside of the country.

The **bold** text is a shortened version of the full product name. These names are used to indicate which product is available in each county.

DIRECT – Fallon Health Direct Care

SELECT – Fallon Health Select Care

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

ALLWAYS COMPLETE – AllWays Health Partners Complete HMO

NAVIGATOR – Tufts Health Plan Navigator

SPIRIT – Tufts Health Plan Spirit

BASIC – UniCare State Indemnity Plan/Basic

COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

Outside Massachusetts:

CONNECTICUT

Independence, HNE*, Navigator*, Basic, PLUS*

MAINE

Independence, Navigator*, Basic, PLUS

NEW HAMPSHIRE

Select*, Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

*Not every city and town is covered in this county or state; contact the health insurance carrier to find out if you live in the service area. The product also has a limited network of providers in this county or state; contact the health insurance carrier to find out which doctors and hospitals participate.

Non-Medicare Health Insurance Rates



Monthly GIC Product Rates Effective July 1, 2019								
		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009		
		10%		15%		20%		
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY		
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$0.65		\$0.98		\$1.30		
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	
UniCare State Indemnity Plan/Basic <i>with</i> CIC ² (Comprehensive)	National Network	\$155.12	\$345.76	\$207.00	\$460.15	\$258.87	\$574.53	
UniCare State Indemnity Plan/Basic <i>without</i> CIC		\$103.74	\$228.77	\$155.62	\$343.16	\$207.49	\$457.54	
UniCare State Indemnity Plan/PLUS	Broad Network	\$70.02	\$165.53	\$105.03	\$248.30	\$140.03	\$331.07	
Tufts Health Plan Navigator		\$75.17	\$182.22	\$112.75	\$273.34	\$150.33	\$364.44	
Fallon Health Select Care		\$81.55	\$197.15	\$122.32	\$295.73	\$163.09	\$394.30	
Harvard Pilgrim Independence Plan		\$89.31	\$217.04	\$133.96	\$325.57	\$178.61	\$434.08	
Health New England	Regional Network	\$57.53	\$135.83	\$86.30	\$203.75	\$115.06	\$271.66	
AllWays Health Partners Complete HMO		\$65.12	\$167.83	\$97.68	\$251.76	\$130.23	\$335.67	
UniCare State Indemnity Plan/Community Choice	Limited Network	\$52.22	\$127.90	\$78.34	\$191.86	\$104.44	\$255.80	
Tufts Health Plan Spirit		\$57.04	\$136.07	\$85.57	\$204.11	\$114.09	\$272.14	
Fallon Health Direct Care		\$60.51	\$151.55	\$90.77	\$227.32	\$121.02	\$303.09	
Harvard Pilgrim Primary Choice		\$65.01	\$164.72	\$97.51	\$247.09	\$130.01	\$329.45	

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly "Retiree/Survivor Pays Monthly" premium.

2 CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance: Non-Medicare Retirees



	NATIONAL NETWORK	BROAD NETWORK			
HEALTH INSURANCE PRODUCTS	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
PRODUCT TYPE	INDEMNITY	PPO-TYPE	POS	HMO	POS
PCP Designation Required?	No	No	Yes	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes	Yes
Out-of-pocket Maximum					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Fiscal Year Deductible					
Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
Preventive Services	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
Specialist Physician Office Visit	\$30 / \$60 / \$60 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Tier 1 / Tier 2 / Tier 3					
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
Outpatient Behavioral Health/Substance Use Disorder Care	\$20 / visit	\$20 / visit	\$10 / visit	\$20 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care - Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1	\$275 / admission	\$275 / admission	\$275 / admission	\$275 / admission	\$275 / admission
Tier 2	with no tiering	\$500 / admission	\$500 / admission	\$500 / admission	\$500 / admission
Tier 3		\$1,500 / admission	\$1,500 / admission	\$1,500 / admission	\$1,500 / admission
Outpatient Surgery					
Eye & GI procedures at freestanding facilities in Massachusetts	\$0	\$0	\$150	\$150	\$150
All other in Massachusetts	\$250	\$110 / \$110 / \$250	\$250	\$250	\$250
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.				
(e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drugs	Prescription Drug Deductible: \$100 Individual / \$200 Family				
Retail (up to a 30-day supply)	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Tier 1 / Tier 2 / Tier 3					
Mail Order Maintenance Drugs (up to a 90-day supply)	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165
Tier 1 / Tier 2 / Tier 3					

Copays and deductibles that appear in bold in this chart have changed effective July 1, 2019.

Benefits-at-a-Glance: Non-Medicare Retirees



REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75* / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150	\$150
\$250	\$250	\$110	\$250	\$250	\$250
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family					
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

*Peace of Mind Program

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products.
Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance carriers.

Non-Medicare Prescription Drug Benefits



The GIC contracts with Express Scripts (ESI) to manage the prescription drug benefit for all GIC non-Medicare health insurance products. You are required to use your ESI ID card when filling your prescriptions. You will be able to access a broad network of retail pharmacies to fill a 30-day supply and can fill a 90-day supply through mail order or at a CVS Pharmacy.

Prescription Drug Deductible

All GIC non-Medicare medical products have a fiscal year Rx deductible of \$100 individual/\$200 family. The prescription drug deductible is separate from your health product deductible. Once you've paid your prescription deductible, your covered drugs will be subject to copayment.

Drug Copayments

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact ESI with questions about your specific medications. Please note, covered medications may change in January and July.

- **Tier 1:** You pay the **lowest copayment**. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive than generics.
- **Tier 2:** You pay the **mid-level copayment**. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.
- **Tier 3:** You pay the **highest copayment**. This tier is primarily made up of the brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Questions?



1.855.283.7679



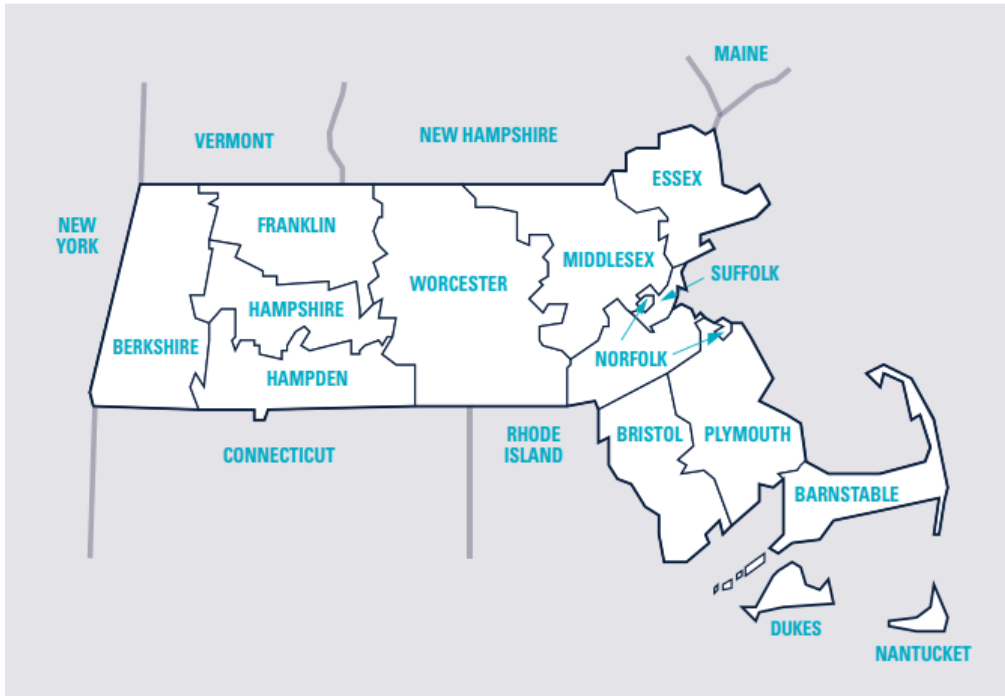
express-scripts.com/gicRx



Where Do You Live? (Medicare)



MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.



The **bold** text is a shortened version of the full product name. These names are used to indicate which product is available in each county.

HPME - Harvard Pilgrim Medicare Enhance

HNEMSP - Health New England Medicare Supplement Plus

TMC - Tufts Health Plan Medicare Complement

TMP - Tufts Health Plan Medicare Preferred

OME - UniCare State Indemnity Plan/Medicare Extension (OME)

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, Tufts Health Plan Medicare Complement, and UniCare State Indemnity Plan/Medicare Extension (OME) are available throughout the country.

Is the **MEDICARE** Health Product Available Where You Live?

BARNSTABLE

HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE

HPME, HNEMSP, TMC, OME

BRISTOL

HPME, HNEMSP, TMC, TMP, OME

DUKES

HPME, HNEMSP, TMC, OME

ESSEX

HPME, HNEMSP, TMC, TMP, OME

FRANKLIN

HPME, HNEMSP, TMC, OME

HAMPDEN

HPME, HNEMSP, TMC, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMC, TMP, OME

NANTUCKET

HPME, HNEMSP, TMC, OME

NORFOLK

HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMC, TMP, OME

SUFFOLK

HPME, HNEMSP, TMC, TMP, OME

WORCESTER

HPME, HNEMSP, TMC, TMP, OME

Outside Massachusetts:

CONNECTICUT

HPME, HNEMSP, TMC, OME

MAINE

HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE

HPME, HNEMSP, TMC, OME

NEW YORK

HPME, HNEMSP, TMC, OME

RHODE ISLAND

HPME, HNEMSP, TMC, OME

VERMONT

HPME, HNEMSP, TMC, OME

Medicare Health Insurance Rates



		Monthly GIC Product Rates Effective July 1, 2019		
		MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS¹	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
		10%	15%	20%
		RETIREE/ SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$0.65	\$0.98	\$1.30
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	\$32.78	\$49.18	\$65.56
Tufts Health Plan Medicare Complement	Medicare Supplement	\$37.67	\$56.51	\$75.34
Harvard Pilgrim Medicare Enhance		\$39.63	\$59.44	\$79.25
Health New England Medicare Supplement Plus		\$39.69	\$59.55	\$79.39
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ² (Comprehensive)		\$48.73	\$67.81	\$86.88
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)		\$38.15	\$57.23	\$76.30

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly "Retiree/Survivor Pays Monthly" premium.

2 CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance: Medicare Retirees



This chart is an overview of the health insurance product benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective health insurance products' documents. With the exception of emergency care, there are no out-of-network benefits for the GIC's Medicare HMO.

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT			
HEALTH INSURANCE PRODUCTS	TUFTS HEALTH PLAN MEDICARE PREFERRED	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive)	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS
PRODUCT TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY	INDEMNITY
PCP Designation Required?	Yes	No	No	No	No
PCP Referral to Specialist Required?	Yes	No	No	No	No
Calendar Year Deductible	None	None	None	None	None
Preventive Care Office visits according to health plan's schedule	No Copay	No Copay	No Copay	No Copay	No Copay
Physician's Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit	\$15 per visit	\$15 per visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	No Copay	No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare	No Copay	No Copay
Emergency Room Care (includes out-of-area)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period				
PRESCRIPTION DRUGS					
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the carrier for details.



The GIC contracts with CVS SilverScript to manage the prescription drug benefit for all GIC Medicare health insurance products. Your prescription drug benefit is an Employer Group Waiver Plan (EGWP). The product combines a standard Medicare Part D prescription drug plan with additional coverage provided by the GIC.

Drug Copayments

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact CVS SilverScript with questions about your specific medications.

- **Tier 1:** You pay the **lowest copayment**. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive than generics.
- **Tier 2:** You pay the **mid-level copayment**. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.
- **Tier 3:** You pay the **highest copayment**. This tier is primarily made up of the brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Questions?



1.877.876.7214



gic.silverscript.com

MEDICARE PART D PRESCRIPTION

Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you will have through your GIC health plan is a better value than a basic Medicare Part D drug plan. Therefore, most individuals should not enroll in a non-GIC Medicare Part D drug plan.

- A "Notice of Creditable Coverage" is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you must show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty.
- All GIC Medicare plans automatically include Medicare Part D coverage. Do not enroll in a non-GIC Medicare Part D product. If you enroll in another Medicare Part D drug product, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health product, which means you will lose your GIC health, behavioral health, and prescription drug benefits.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit [medicare.gov](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.

Health Insurance Buy-Out



Are you eligible?

To be eligible, you must have other non-GIC health insurance coverage through another employer-sponsored plan that meets Internal Revenue Service "minimum value" criteria and must maintain basic life insurance.

What is the Buy-Out Program?

Under the buy-out plan, eligible state retirees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

State Retiree with UniCare State Indemnity Plan/ Medicare Extension (OME) individual coverage:

Full cost monthly premium:	\$375.00
Monthly 12-month benefit =	25% of this premium
<hr/>	
Retiree receives 12 payroll deposits or monthly checks of:*	\$93.75
Yearly Earnings (12 monthly payments):*	\$1,125.00

**subject to federal, Medicare, and state taxes*

When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on your product at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2019 or before and continue your coverage through June 30, 2019, you may apply to buy out your health plan coverage effective July 1, 2019, during Annual Enrollment.
- **October 2 — November 1, 2019:** If you are insured with the GIC on July 1, 2019 or before, and continue your coverage through December 31, 2019, you may apply to buy out your health plan coverage effective January 1, 2020. The enrollment period for this buy-out will be October 2 – November 1, 2019.

Form Submission and Deadline

Send the completed Buy-Out form to the GIC no later than May 1, 2019 for the July 1, 2019 buy-out or November 1, 2019 for the January 1, 2020 buy-out. Forms received after the deadline will not be accepted.

For any questions, or to get more information, contact the GIC:



1.617.727.2310



bit.ly/GICBuyOut

Life Insurance and Accidental Death & Dismemberment (AD&D)

Life insurance, insured by The Hartford Life and Accident Insurance Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries. Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or Optional Life Insurance.

- **Basic Life Insurance (Retired State Employees only):** The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC.
- **Optional Life Insurance After Retirement:** If you make no change to your optional life coverage at retirement, you will be responsible for the retiree Optional Life Insurance premium, which can be substantial. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age. You may decrease, but cannot increase, your amount of life insurance after you retire. If you decrease coverage and then later want to increase up to the amount you carried at the time of retirement, you may do so only with proof of good health acceptable to The Hartford.

Optional Life Insurance Non-Smoker Benefit

Retired state employees who have been tobacco-free (have not smoked cigarettes, cigars or a pipe nor used snuff, chewing tobacco or a nicotine delivery system) for at least the past 12 months are eligible for reduced non-smoker Optional Life Insurance rates effective July 1, 2019. This benefit is only available for enrollment during the Annual Enrollment period. If this applies to you, the enrollment form is available on GIC's website, bit.ly/GICForms. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

Optional Life Insurance Rates (Including AD&D)

RETIRED STATE EMPLOYEE AGE	MONTHLY GIC PLAN RATES	
	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 70	\$1.64	\$1.29
70-74	\$2.87	\$2.24
75-79	\$7.82	\$5.97
80-84	\$14.82	\$11.30
85-89	\$23.46	\$17.91
90-94	\$33.64	\$27.23
95-99	\$73.49	\$59.46
100 and over	\$140.90	\$114.02

Questions?



1.617.727.2310



bit.ly/GICLifeInsuranceBooklet

GIC Retiree Dental Plan



Metropolitan Life Insurance Company (MetLife) is the carrier for the GIC Retiree Dental Plan. The product offers a fixed reimbursement of up to \$1,250 per member per year for dental services (e.g. Dental examinations, dental cleanings, fillings, crowns, dentures, dental implants).

Eligibility

All state retirees, Elderly Governmental Retirees (EGRs), survivors and GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) are eligible for the GIC Retiree Dental Plan.

Enrollment

Eligible retirees and survivors may join during Annual Enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement.

However, if you were ever enrolled in the GIC Retiree Dental Plan and canceled the coverage, you are not able to re-enroll in the plan.

MONTHLY GIC RETIREE DENTAL PLAN RATES \$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$30.21
Family	\$72.77

For information, contact MetLife directly:



1.866.292.9990



metlife.com/gic



GIC Retiree Vision Discount Plan



Davis Vision is the carrier for the Retiree Vision Discount Plan. The discount is available at any of the almost 45,000 nationwide Davis Vision providers. The plan offers significant discounts on:

- Eye examinations
- Frames
- Spectacles
- Contact Lenses

All eyeglasses purchased through the Retiree Vision Discount Plan are covered by a two-year unconditional warranty against breakage at no additional cost. There is no monthly premium or fee to use the program; you pay for the services at the discounted price when they are needed. **To participate, you need to contact Davis Vision in advance of your visit.**

Eligibility

To be eligible for this program, you, as the insured, must have GIC coverage. Your family members are only eligible if they are covered under your GIC family health plan.

For information, contact Davis Vision directly:



1.800.224.1157



davisvision.com (client code: 7621)



Have You Had Any Personal or Family Information Changes?

Do any of these circumstances apply to you?

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent age 19 to 26 who is no longer a full-time student
- Dependent other than full-time student who has moved out of your health plan's service area
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

If any of the above circumstances applies to you, you must notify the GIC within 60 days of your family status changes. Failure to do so can result in financial liability to you.

Questions?



1.617.727.2310, TDD/TTY 711



mass.gov/service-details/gic-qualifying-life-events-and-your-options



Need More Help? Attend a Benefit Fair



WEDNESDAY, APRIL 10

11:00 – 3:00

QUINSIGAMOND COMMUNITY COLLEGE
Harrington Learning Ctr., Rooms 109 AB
670 West Boylston Street – WORCESTER

FRIDAY, APRIL 12

11:00 – 2:00

BERKSHIRE COMMUNITY COLLEGE
Paterson Field House
1350 West Street – Pittsfield

SATURDAY, APRIL 13

10:00 – 2:00

SALEM STATE UNIVERSITY
O'Keefe Sports Complex, Twohig Gymnasium
225 Canal Street – Salem

TUESDAY, APRIL 16

10:00 – 3:00

MCCORMACK STATE OFFICE BUILDING
21st Floor
1 Ashburton Place – BOSTON

WEDNESDAY, APRIL 17

11:00 – 3:00

HAMPDEN COUNTY SHERIFF'S DEPARTMENT
Hampden County Correctional Center
627 Randall Road – LUDLOW

THURSDAY, APRIL 18

10:00 – 2:00

UMASS AMHERST
Campus Center Auditorium
1 Campus Center Way – Amherst

MONDAY, APRIL 22

12:00 – 4:00

WRENTHAM DEVELOPMENTAL CENTER
Graves Auditorium
7 Littlefield Road – Wrentham

TUESDAY, APRIL 23

11:00 – 3:00

STATE TRANSPORTATION BUILDING
2nd Floor, Conference Rooms 1, 2, 3
10 Park Plaza – BOSTON

SATURDAY, APRIL 27

10:00 – 2:00

MASS MARITIME ACADEMY
Gymnasium
101 Academy Drive – Buzzards Bay



If you require disability-related accommodations, contact the GIC's ADA Coordinator at least two weeks prior to the fair you wish to attend:



1.617.727.2310



gic.ada.requests@mass.gov



Who to Contact if You Have a Question About...

Anything related to: ENROLLMENT OR ELIGIBILITY

For example:

- How do I enroll?
- How do I change my plan?
- Where should I send my forms?
- Problems filling out the form



Contact the Group Insurance
Commission

1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment

Anything related to: HEALTH INSURANCE PRODUCT AND COVERAGE

For example:

- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- What tele-health options are offered?
- Fitness and wellness programs offered



Contact your health insurance
carrier directly

HEALTH INSURANCE CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	allwayshealthpartners.org/gic-members
Fallon Health	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488 Medicare Products: 1.888.333.0880	tuftshealthplan.com/gic
UniCare State Indemnity Plan	1.800.442.9300	unicarestatementplan.com
Pharmacy Benefits Manager Express Scripts SilverScript	1.855.283.7679 1.877.876.7214	express-scripts.com/gicRx gic.silverscript.com
Life/AD&D Insurance	1.617.727.2310	bit.ly/OtherGICBenefits
GIC Retiree Dental Plan	1.866.292.9990	metlife.com/gic
GIC Retiree Vision Discount Plan	1.800.224.1157	davisvision.com (client code: 7621)





**Commonwealth of Massachusetts
Group Insurance Commission**

P.O. Box 8747
Boston, MA 02114

PRSRT. STD.
U.S. POSTAGE

PAID

HARTFORD, CT
PERMIT NO. 2850

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

Group Insurance Commission
Roberta Herman, M.D.,
Executive Director
19 Staniford Street, 4th Floor
Boston, Massachusetts



Telephone: 1.617.727.2310
TDD/TTY: 711



Mailing Address
Group Insurance Commission
P.O. Box 8747
Boston, MA 02114

Commissioners

*Current as of March, 2019. For more information, visit
mass.gov/orgs/group-insurance-commission.

Valerie Sullivan (Public Member), Chair
Gary Anderson, Commissioner of Insurance
Michael Heffernan, Secretary of Administration and Finance (or his designee)
Theron R. Bradley (Public Member)
Edward T. Choate (Public Member)
Tamara P. Davis (Public Member)
Kevin Drake (Council 93, AFSCME, AFL-CIO)
Jane Edmonds (Public Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Christine Hayes Clinard, Esq. (Public Member)
Bobbi Kaplan (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Eileen P. McAnneny (Public Member)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers Association)
Anna Sinaiko, MPP, PhD (Health Economist)

**Website: [mass.gov/orgs/
group-insurance-commission](http://mass.gov/orgs/group-insurance-commission)**