2016-2017
GIC Benefit Decision Guide

For Commonwealth of Massachusetts
EMPLOYEES

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Dear Colleagues:

Health care plays a major role in the Commonwealth's economy and the state's budget. It's more important than ever that patients take an active role in their health care. Rising health care costs, including prescription drugs, are adding pressure on limited resources. Being an active consumer of health care will help you get the right treatment, at the right place, at the best cost.

The Group Insurance Commission's Annual Enrollment period gives you an opportunity to weigh your options. I encourage you to take this opportunity to do so. Read this **2016-2017 Benefit Decision Guide** to see how benefits and rates will change for July 1 and to understand those options. Consider enrolling in a Limited Network Plan to save money on your monthly premium. Take advantage of other GIC resources for selecting your health plan, including the GIC's website, www.mass.gov/gic, and health fairs across the state.

Throughout the year, be engaged in your care. Take advantage of health care transparency tools available on your insurers' website to weigh your provider choices. Use health plan cost comparison tools to shop for health care services in advance. Evaluate physician and hospital tiers before choosing your provider.

Thank you for your service to Massachusetts and for helping us to improve health care quality at a cost you and the Commonwealth can afford.

Sincerely,

Charles D. Baker
Governor

HOW TO USE THIS GUIDE

The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or visit the GIC's website for more detailed plan handbooks.

All members should read:

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Watch the Annual Enrollment video to find out the steps you should take during Annual Enrollment and how to lower your out-of-pocket costs: mass.gov/gic/aevideo.

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2016. ***Review pages 4-5 and 8-9 for details.***
- Read the *Annual Enrollment Checklist* on page 2 for information to consider when selecting a health plan.
- Read the *Consider Enrolling in a Less Expensive Plan* section on page 11 to find out more about limited network plan options and your responsibility before enrolling in a plan.
- If you want to ***keep your current health plan***, you do not need to fill out any paperwork. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the health plan, unless you have a qualifying status change, such as moving out of the plan's service area or retiring and becoming Medicare eligible (in which case, you ***must*** enroll in a Medicare plan).

- Completed annual enrollment forms are due to the GIC Coordinator in your benefits office and Buy-Out forms to the GIC **no later than Wednesday, May 4, 2016**. Forms and applications are available on the GIC's website (mass.gov/gic/forms). Changes go into effect July 1, 2016.

ANNUAL ENROLLMENT CHECKLIST

STEP 1: **Identify which health plan(s) you are eligible to join:**

- Where you live determines which plan(s) you may enroll in. *See page 16 for the health plan locator map.*
- See the health plan pages for eligibility details *(pages 12-13 and 17-18).*

Do Your Homework During Annual Enrollment – Even If You Think You Want to Stay in the Same Plan

STEP 2: **For the plans you are eligible to join and are interested in…**

- Review the at-a-glance charts in the center of this guide.
- Weigh features that are important to you, such as prescription drug coverage, mental health benefits, and whether there are out-of-network benefits.
- Review their monthly rates *(see page 9).*
- Consider enrolling in a less expensive plan. With a limited network plan – individuals who pay 25% of the premiums ***will save, on average, $54 per month*** *(see page 11).*
- Contact the plan to find out about benefits that are not described in this guide.

STEP 3: **Find out if your doctors and hospitals are in the plan's network.** Call the plan or visit the plan's website and search for your own ***and*** your covered family members' doctors and hospitals. Be sure to specify the health plan's full name, such as "Tufts Health Plan *Spirit*," or "Tufts Health Plan *Navigator*," not just "Tufts Health Plan."

Your health plan selection is binding until the next annual enrollment, even if your doctor or hospital leaves your health plan's network during the year. Your health plan will help you find another provider.

STEP 4: **Check on copay tier assignments** that affect what you pay when you get physician or hospital services.

Physician and hospital copay tiers can change each July 1. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed.

STEP 5: **Take a look at other benefit options:** Long Term Disability, Optional Life Insurance, Buy-Out, and Dental/Vision *(see pages 19-22 and 24-25)* for eligibility and other details.

STEP 6: **Consider enrolling in the Health Care Spending Account** and save on out-of-pocket health care expenses. *(See page 23 for additional information.)*

THREE GREAT RESOURCES

1. **The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 28 for website addresses.*
2. **The health plan's customer service line:** A representative can help you. *See page 28 for phone numbers.*
3. **A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 27 for the health fair schedule.*

NEW HIRE AND ANNUAL ENROLLMENT OVERVIEW

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire. **If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.**

Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the plan, unless you have a qualifying status change such as moving out of the plan's service area or retiring and becoming eligible for Medicare (in which case, you must switch to a Medicare plan). *See page 6 for more information.*

NEW EMPLOYEES
within 10 calendar days of hire.

See your GIC Coordinator or the GIC's website for coverage effective date details.

You may enroll in one of these health plans…

- Fallon Health Direct Care ✓
- Fallon Health Select Care
- Harvard Pilgrim Primary Choice Plan ✓
- Health New England ✓
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit ✓
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice ✓
- UniCare State Indemnity Plan/PLUS

You may enroll in…

- Basic Life Insurance
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for managers*
- Flexible Spending Account (FSA) benefits
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting within 10 days of employment…

- GIC enrollment forms; and
- Required documentation for family coverage *(if applicable)* as outlined on the *Forms* section of our website to your GIC Coordinator

NOTE: Active state employees who have a qualifying status change during the year may enroll in GIC health coverage within 60 days of the qualifying event. *See page 6 for additional information.*

✓ ***Indicates this is a GIC Limited Network Plan.***

CURRENT EMPLOYEES

During Annual Enrollment April 6-May 4, 2016 for changes effective July 1, 2016

You may enroll in or change your selection of…

One of these health plans:

- Fallon Health Direct Care ✓
- Fallon Health Select Care
- Harvard Pilgrim Primary Choice ✓
- Health New England ✓
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit ✓
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice ✓
- UniCare State Indemnity Plan/PLUS

GIC Dental/Vision Plan for Managers*

You may enroll in…

- Basic Life Insurance
- Flexible Spending Account (FSA) benefits

You may apply for*…

- Long Term Disability *(during annual enrollment or anytime during the year)*
- Optional Life Insurance *(during annual enrollment or anytime during the year)*
- Health Insurance Buy-Out
- Opt in or out of pre-tax Basic Life and Health Insurance premium deductions

By submitting by May 4…

GIC enrollment forms to your GIC Coordinator and the Buy-Out form to the GIC.

* *See pages 19-22 and 24 for eligibility and option details.*

Enrollment and application forms are available on our website – mass.gov/gic/forms – and through your GIC Coordinator.

Health care costs continue to rise at unsustainable rates, adversely affecting other critical state needs, such as education and local aid. The GIC has been trying to change the way care is provided and paid through the Centered Care Initiative. Our five-year contracts with the health plans begin a shift from fee-for-service provider contracts to global budgets. Plans are subject to penalties for missed targets and receive shared savings if they beat targets.

However, the elephant in the room remains tackling provider charges. Recent Health Policy Commission and a study commissioned by the Massachusetts Association of Health Plans shows large gaps between the prices of high-price and low-price providers, that high-price providers charge more due to their market clout, and that too many patients are getting routine care at very expensive providers. Adding to this challenge are the skyrocketing costs of drugs – not only of specialty drugs, but also of brand name and generic medications.

For this year, the Commission elected not to make major benefit changes, especially since last year they did make copay and deductible changes. The Commission wants to see how some of last year's changes play out – especially the implementation of the Employer Group Waiver Plan for the prescription drug portion of UniCare State Indemnity Plan/Medicare Extension (OME) and the switch of the two Preferred Provider Organization (PPO) plans for Harvard and Tufts to Point of Service (POS) plans.

The Commission is also evaluating some longer-range changes that it may want to consider in the future. For now, most of the benefit changes have to do with improving parity across the plans and most of these are benefit enhancements. These are outlined on the next page.

The initial proposed weighted rate increase from the plans was substantial at 7.1%. After our annual rate renewal negotiation process, the final weighted average rate increase is 3.6%, in keeping with the state's benchmark and better than both the national and Massachusetts average. Some plans did better than this and some did worse. If you are in a plan with a high premium, it's more important than ever to take the opportunity during Annual Enrollment to consider enrolling in a less expensive plan. *See page 11 for additional information.*

Due to the Harvard Pilgrim Independence Plan's significant premium increases and spending beyond its premium rates, the plan will be closed to new members. *See page 5 for additional information.*

The calendar year deductible is transitioning to a fiscal year, so there's no longer a deductible barrier for changing carriers. *See page 8 for additional information.*

In addition to deciding which health plan best suits your needs during Annual Enrollment, take charge of your health and take advantage of ways to lower your out-of-pocket costs all year long.

- **Work with your Primary Care Provider** (PCP) to navigate the health care system.
- **Seek care from Tier 1 and Tier 2 specialists.** Over 150 million de-identified claims have been analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:
  - ★★★ Tier 1 (excellent)
  - ★★ Tier 2 (good)
  - ★ Tier 3 (standard)
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- Make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- **Use your health plan's online cost comparison tool** to shop for health care services in advance.
- Consider **enrolling in a Limited Network Plan** to save money on your monthly premium.
- Read about ways to **take charge of your health**; the GIC's website has a wealth of articles and links to additional resources: **mass.gov/gic/yourhealth**.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.**

HEALTH PLANS

All health plans will now cover the following additional preventive care benefits with no copay or deductible costs:

- Additional contraceptive coverage
- Genetic testing for breast and related cancer for asymptomatic women, if such testing is recommended by an attending provider
- Extension of women's preventive services to dependent children
- Sex-specific preventive services (e.g., mammograms and Pap smears), regardless of gender identity
- Anesthesia for preventive colonoscopies, if medically necessary

HARVARD PILGRIM INDEPENDENCE PLAN

- Due to concerns about significant premium increases and spending beyond those premium rates, Harvard Pilgrim Independence is closed to new members:
  - Existing HPHC Independence members can stay in the plan and can change their coverage (e.g., individual to family) within 60 days of a qualifying event;
  - No new groups or new employees joining the GIC can enroll in this plan;
  - Individuals who are picking up GIC health insurance coverage during Annual Enrollment cannot enroll in the plan; and
  - Existing GIC members currently enrolled in other health plans cannot switch into this plan.

  Employees can switch to the Harvard Pilgrim Primary Choice Plan. Retirees and survivors who become Medicare eligible can enroll in the Harvard Medicare Enhance Plan. If Harvard Independence's first six months of spending in FY17 demonstrates a significant improvement, the GIC may reopen the plan to new hires. If that is the case, we will notify GIC Coordinators of the change.
- The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.

HEALTH NEW ENGLAND

The urgent care center copay will decrease to $20 per visit.

TUFTS HEALTH PLAN NAVIGATOR

- The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.
- The urgent care center copay will decrease to $20 per visit.

TUFTS HEALTH PLAN SPIRIT

The urgent care center copay will decrease to $20 per visit.

UNICARE STATE INDEMNITY PLANS – BASIC, COMMUNITY CHOICE AND PLUS

- Mental health/substance abuse visits with a Primary Care Provider will now be covered.
- The urgent care center copay will stay the same or decrease to $20 per visit.
- New SmartShopper program – members receive a check of $25-$500 (depending on procedure) if they call or use the website to find a provider and then visit that lower-cost provider.
- Virtual colonoscopies will now be covered.
- Coverage of Early Intervention services will increase to 100% and not be subject to the deductible.

UNICARE STATE INDEMNITY PLAN/BASIC

The preventive examination frequency will increase to meet the Mass Health Quality Partners standards:

- Age 19-21: Annually
- Age 22-49: Every one to three years, depending on risk factors
- Age 49+: Annually

UNICARE STATE INDEMNITY PLAN/PLUS

The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.

OTHER BENEFIT CHANGES

LIFE INSURANCE

The GIC awarded a new contract to The Hartford to continue as the life insurance carrier. The rates will stay the same or will go down, depending on age. The Accelerated Death Benefit maximum will increase to 80%. *See page 20 for additional information.*

FLEXIBLE SPENDING ACCOUNTS

Open enrollment for the pre-tax Flexible Spending Accounts is taking place for the first time during the GIC's spring Annual Enrollment period for Fiscal Year 2017 benefits that begin July 1, 2016. *See page 23 for details.*

DENTAL / VISION

The GIC awarded a new contract to Davis Vision to continue as the vision provider. Members who purchase their glasses at a Visionworks store will have more frame options without a copay and an increased allowance for non-plan frames. For dental benefits, mouth guards for bruxism (teeth grinding) will now be covered. *See page 24 for additional information.*

REMINDERS

KEEP IN MIND…

Enrolling in a Health Plan: Members can only enroll in coverage for the first time as a new hire, at Annual Enrollment or within 60 days of a documented qualifying event: marriage, birth/adoption of child, involuntary loss of other coverage, spouse's annual enrollment, or return from an approved FMLA or military leave.

Changing or Canceling Health Plan Coverage: Members can only change from individual to family, family to individual, or cancel coverage during Annual Enrollment or within 60 days of a qualifying event: marriage, birth/adoption of child, change in dependent eligibility, divorce (subject to M.G.L. Ch. 32A eligibility requirements), death of spouse/dependent or spouse's or dependent's involuntary loss of coverage elsewhere.

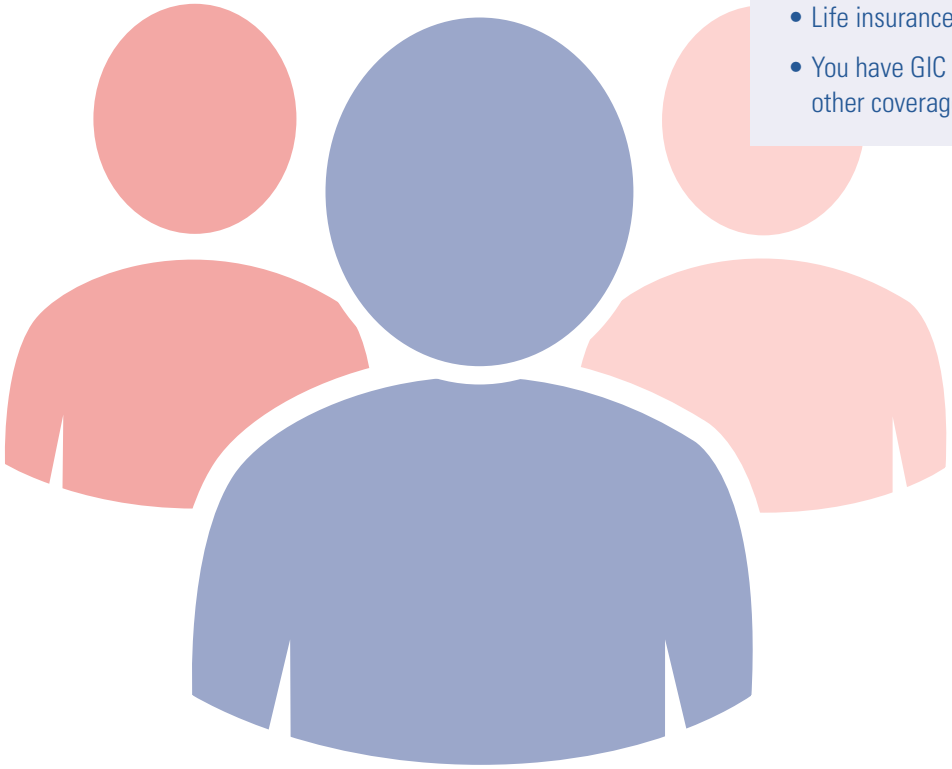
Changing Health Plans: Members can only change health plans at Annual Enrollment, unless you move out of your health plan's service area, at retirement, or are retired and become Medicare eligible, in which case you ***must*** change plans.

Qualifying Status Procedures and Deadlines: See the qualifying status change document for procedures and deadlines for qualifying events: mass.gov/gic/qualifyingevents.

You MUST Notify Your GIC Coordinator When Your Personal or Family Information Changes

Failure to notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents **can result in financial liability** to you. Please notify your GIC Coordinator when any of the following changes occur. See the GIC's website for forms and any required documentation (mass.gov/gic/forms):

- 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



FREQUENTLY ASKED QUESTIONS

See our website for answers to other FAQs: mass.gov/gic/faq

Q. ***I have GIC health insurance coverage. When must I enroll in Medicare Part A and Part B?***

A. The answer depends on your employment status with the Commonwealth or participating GIC municipality:

- ***If you, the insured, continue working*** for the state or a participating GIC municipality at age 65 or over, you and your covered spouse should only enroll in free Medicare Part A if eligible. Defer Part B until you, the insured, retire.
- ***If retiring,*** and you or your covered spouse is age 65 or over, the family member(s) age 65 or over should apply for Medicare Part A and Part B up to a month before your retirement. You and/or your spouse age 65 or over will receive a Medicare enrollment package from the GIC approximately four to six weeks after the GIC is notified by your GIC Coordinator of your retirement. Be sure to respond to the GIC by the due date noted in the package.

Q. ***I am getting married; how do I add my new spouse to my GIC health insurance coverage?***

A. Complete the *Enrollment/Change Form (Form-1)* and include a copy of your marriage certificate. Active employees return these forms to their GIC Coordinators; retirees return them to the GIC. Forms and documentation must be received at the GIC **within 60 days of the marriage**. Otherwise, you must wait until the next Annual Enrollment to add your spouse.

Q. ***How can I add a newborn to my GIC coverage?***

A. Complete the *Enrollment/Change Form (Form-1)* and attach a copy of the hospital announcement letter or your child's birth certificate. A Social Security number must be sent, but you can do so upon receipt from Social Security. The birth certificate or hospital notice must link the dependent to the insured or spouse. The GIC must receive the form and documentation **within 60 days of the birth**.

Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to add the dependent.

Q. ***How do I drop a spouse or dependent from my GIC health and/or Dental/Vision coverage?***

A. Complete an *Enrollment/Change Form (Form-1)* and attach proof of the qualifying event (e.g., enrollment in other health coverage or spouse's/dependent's open enrollment). The GIC must receive this form and documentation **within 60 days of the qualifying event**. Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to drop the spouse/dependent from your coverage. For a death of a spouse or dependent only, if documentation is received after 60 days, the GIC will determine the effective date of cancellation and you will not need to wait for the next Annual Enrollment.

Q. ***As a new employee, when do my GIC benefits begin?***

A. GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first. The Dependent Care Assistance Program (DCAP) begins on the first day of employment.

Q. ***My full-time student goes to school outside of our health plan's service area. May we remain in our current health plan?***

A. Yes. Your family may remain in your current health plan for as long as your child is a full-time student and enrolled in GIC coverage as a full-time student. However, if your child age 19 to 26 ceases to be a full-time student, complete and return the *Dependent Age 19 to 26 Enrollment/Change Form*; that child must reside within your health plan's service area to be covered. If he or she lives outside of your health plan's service area, you and your family must change plans. The UniCare State Indemnity Plan/Basic is the GIC's only nationwide plan.

FISCAL YEAR DEDUCTIBLE QUESTIONS AND ANSWERS

The deductible changes from a calendar year to fiscal year deductible effective July 1, 2016, making it easier for members to change health plan carriers during Annual Enrollment.

DEDUCTIBLE QUESTIONS AND ANSWERS

Q. ***What is a deductible?***

A. All GIC health plans include a deductible. This is a fixed dollar amount you must pay each year before your health plan begins paying benefits for you or your covered dependent(s). This is a separate charge from any copays.

Q. ***How much is the in-network fiscal year 2017 deductible?***

A. The in-network deductible is $300 per member, up to a maximum of $900 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a $300 deductible before benefits begin.
- **Two-person family:** Each person must satisfy a $300 deductible.
- **Three- or more person family:** The maximum each person must satisfy is $300 until the family as a whole reaches the $900 maximum.

If you are in Harvard Independence, Tufts Navigator, or UniCare PLUS, there is an additional out-of-network deductible. This deductible is increasing effective July 1, 2016, to $450 per member, up to a maximum of $900 per family. This is a separate charge from the in-network deductible.

Q. ***I've already satisfied my half calendar year deductible; will I need to pay a new deductible effective July 1, 2016?***

A. Yes. The new deductible period starts on July 1.

Q. ***What is the effect of changing plans on my deductible?***

A. There is no effect on your deductible for changing plans during Annual Enrollment. Whether you decide to stay in the same health plan, switch to a different option with the same health plan carrier, or switch to a different health plan carrier, a new deductible will begin July 1.

Q. ***Which health care services are subject to the deductible?***

A. The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. As with all benefits, ***variations in these guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Medically necessary wigs
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment

Q. ***How will I know how much I need to pay out of pocket?***

A. Upon request, plans are required to tell you the amount you will be required to pay before you incur charges. Call your plan or visit their website to get this information.

When you visit a doctor or hospital, the provider should ask you for your copay upfront. After you receive services, your health plan may provide you with an Explanation of Benefits, or you can call your plan to find out which portion of the costs you will be responsible for. The provider will then bill you for any balance owed. Please contact your plan if you have any questions about what you owe.

Compare rates of these Limited Network plans with the other options and see how much you will save every month!

GIC PLAN RATES AS OF JULY 1, 2016

		For Employees Hired *Before July 1, 2003*		For Employees Hired *On or After July 1, 2003*	
		20%		**25%**	
		Employee Pays Monthly		*Employee Pays Monthly*	
BASIC LIFE INSURANCE ONLY – $5,000 Coverage		$1.30		$1.63	
HEALTH PLAN (Premium includes Basic Life Insurance)	**PLAN TYPE**	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	$104.89	$249.91	$131.11	$312.39
Fallon Health Select Care	HMO	138.95	331.65	173.69	414.57
Harvard Pilgrim Independence Plan **CLOSED TO NEW MEMBERS**	POS	164.02	398.32	205.03	497.91
Harvard Pilgrim Primary Choice Plan	HMO	122.95	298.14	153.70	372.68
Health New England	HMO	107.90	265.58	134.88	331.99
NHP Prime (Neighborhood Health Plan)	HMO	103.38	271.82	129.24	339.78
Tufts Health Plan Navigator	POS	138.09	335.07	172.62	418.84
Tufts Health Plan Spirit	EPO (HMO-Type)	104.00	248.54	130.01	310.68
UniCare State Indemnity Plan/Basic *with CIC* * (Comprehensive)	Indemnity	235.62	549.06	283.74	661.29
UniCare State Indemnity Plan/Basic *without CIC* (Non-Comprehensive)	Indemnity	192.45	448.93	240.57	561.16
UniCare State Indemnity Plan/ Community Choice	PPO-Type	98.49	234.55	123.11	293.20
UniCare State Indemnity Plan/PLUS	PPO-Type	131.91	313.43	164.89	391.80

* CIC is an enrollee-pay-all benefit.

The House 1 budget proposes changing all employee contributions to 25% regardless of date of hire. New retirees as of July 1, 2016 would also pay 25%. However, whether or not these changes take place will not be known until the Commonwealth's FY17 budget is enacted. Please keep this in mind as you are weighing your health plan options.

For other things to consider, see page 2.

DRUG COPAYMENTS

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact the plans you are considering 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 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.

Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. Some plans offer this benefit at select retail pharmacies. It can save you money – $5-$30 for three months of medication, depending on the tier. *See the at-a-glance chart for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

PRESCRIPTION DRUG PROGRAMS

Some GIC plans have the following programs to encourage the use of safe, effective, and less costly prescription drugs. Contact the plans you are considering to find out details about these programs:

- **Maintenance Drug Pharmacy Selection –** If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call your prescription drug plan to tell them whether you wish to continue to use a retail pharmacy or change to 90-day supplies through either mail order or select retail pharmacies.
- **Mandatory Generics –** When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, *plus* the generic copay.
- **Prior Authorization –** You or your health care provider may be required to contact the plan for Prior Authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because the plan needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.
- **Quantity Limits –** To promote member safety and appropriate and cost-effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.
- **Specialty Drug Pharmacies –** If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education, and side effect management. Medications are delivered to your home or doctor's office.
- **Step Therapy –** This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.

Take Action During Annual Enrollment

Consider enrolling in a less expensive plan.

LIMITED NETWORK PLANS OFFER AN AFFORDABLE OPTION

Limited network plans help address differences in provider costs. You will enjoy ***the same benefits*** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

- The plan you are switching from;
- The plan you select;
- Your premium contribution; and
- Whether you have individual or family coverage.

For example, if you pay 25% of the premium and have individual coverage, by enrolling in a limited network plan instead of a wide network plan, you ***will save, on average, $54 per month and $644 per year.***

See page 9 to determine what the savings would be for the plans you are considering.

GREAT VALUE. QUALITY COVERAGE™ Limited Network Plan

Find out if your hospital is in a GIC limited network plan

The GIC has a side-by-side comparison of the five limited network plans and their participating hospitals on our website: **mass.gov/gic/lessexpensive**

For participating physician and other provider details, contact the individual plans by phone or visit their website *(see page 28)*.

THE GIC'S LIMITED NETWORK PLANS ARE:

Fallon Health Direct Care – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 29 area hospitals and another five "Peace of Mind" hospitals in Boston that provide second opinions and care for very complex cases.

Harvard Pilgrim Primary Choice Plan – an HMO with a network of 55 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha's Vineyard, Nantucket, and parts of Berkshire County.

Health New England – a western and central Massachusetts-based HMO that includes 20 Massachusetts hospitals.

Tufts Health Plan Spirit – an EPO (HMO-type) plan with a network of 54 hospitals. The plan is available throughout Massachusetts, except for Martha's Vineyard, Nantucket and parts of Berkshire and Hampshire Counties.

UniCare State Indemnity Plan/Community Choice – a PPO-type plan with a network of 55 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha's Vineyard and Nantucket.

OTHER HEALTH PLAN OPTIONS

If you don't want to change to a limited network plan, consider a different wide network option. Information on the wide network plans is on pages 9, 14-15, and 17-18.

Your Responsibility Before You Enroll in a Health Plan

Once you choose a plan, you cannot change health plans during the year, unless you move out of the plan's service area. If your doctor or hospital leaves your health plan, you must find a new participating provider in your chosen plan.

- Check if your doctors participate in the plan.
- Find out if the doctors' affiliated hospitals are in the plan.
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation.

FALLON HEALTH DIRECT CARE HMO

Fallon Health Direct Care is an HMO that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists. The plan offers a selective network based in a geographically concentrated area.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Fallon Health Direct Care tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members will pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HARVARD PILGRIM PRIMARY CHOICE PLAN HMO

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HEALTH NEW ENGLAND HMO

Health New England is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care; referrals to network specialists are not required.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Health New England tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

TUFTS HEALTH PLAN SPIRIT EPO (HMO-TYPE)

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that provides coverage through the plan's network of doctors, hospitals and other providers. The plan encourages members to select a Primary Care Provider (PCP).

The mental health benefits of this plan are administered by Beacon Health Options.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE (PPO-TYPE)

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network of community and some tertiary hospitals at 100% coverage, after a copayment. Or, you may seek care from an out-of-network hospital at 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay.

Contact the plan to find out if your hospital is in the network.

The plan offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP).

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

BENEFITS AT-A-GLANCE

HEALTH PLAN COPAYS & DEDUCTIBLES

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information fo
Community Choice and PLUS are **in-network** benefits with PCP referral where required. These plans also
benefits for the GIC's EPO and HMOs. For a list of doctors, hospitals and other providers, benefit details, e

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN (CLOSED)	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
PLAN TYPE	HMO	HMO	POS	HMO	HMO
PCP Designation Required	Yes	Yes	Yes	Yes	Yes
PCP Referral to Specialist Required	Yes	Yes	Yes	Yes	No
Out-of-pocket Maximum Individual coverage Family coverage	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000
Fiscal Year Deductible Individual Two-person family Three- or more person family	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900
Primary Care Provider Office Visit	$15 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per 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 ★★★ Tier 1 (excellent) ★★ Tier 2 (good) ★ Tier 3 (standard)	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit
Retail Clinic and *Urgent Care Center*	$15 per visit	$20 per visit	$20 per visit	$20 per visit	**$20 per visit**
Outpatient Mental Health and Substance Abuse Care	$15 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
Emergency Room Care	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar				
Tier 1 Tier 2 Tier 3	$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission	$275 per admission $500 per admission $1,500 per admission	$275 per admission $500 per admission No Tier 3	$275 per admission with no tiering
Outpatient Surgery	Maximum one copay per calendar qua				
	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	Maximum one				
	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
Prescription Drug **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

Copays for the ***italicized*** terms that appear in **bold** in this chart have changed effective July 1, 2016.

The Harvard Pilgrim Independence Plan is closed to new members. *See page 5 for more information.*

r each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/
o offer out-of-network benefits with higher out-of-pocket costs. Contact the plans for details. With the exception of emergency care, there are no out-of-network
exclusions, and limitations, see the plan handbook or contact the individual plan. For details on UniCare Indemnity Plan/Basic without CIC, contact the plan.

NHP PRIME *(Neighborhood Health Plan)*	**TUFTS HEALTH PLAN NAVIGATOR**	**TUFTS HEALTH PLAN SPIRIT**	**UNICARE STATE INDEMNITY PLAN/BASIC *with CIC*** *(Comprehensive)*	**UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE**	**UNICARE STATE INDEMNITY PLAN/PLUS**
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx
$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900
$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit	$15 per visit for Centered Care PCPs; $20 per visit for other PCPs
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 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit
$20 per visit	**$20 per visit**	**$20 per visit**	**$20 per visit**	**$20 per visit**	**$20 per visit**
$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
year quarter. Waived if readmitted within 30 days in the same calendar year.					
$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission	$300 per admission $700 per admission No tier 3	$275 per admission with no tiering	$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission
rter or four per year, depending on plan. Contact the plan for details.					
$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$110 per occurrence	Tier 1 and Tier 2: $110 per occurrence; Tier 3: $250 per occurrence
e copay per day. Contact the plan for details.					
$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
$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

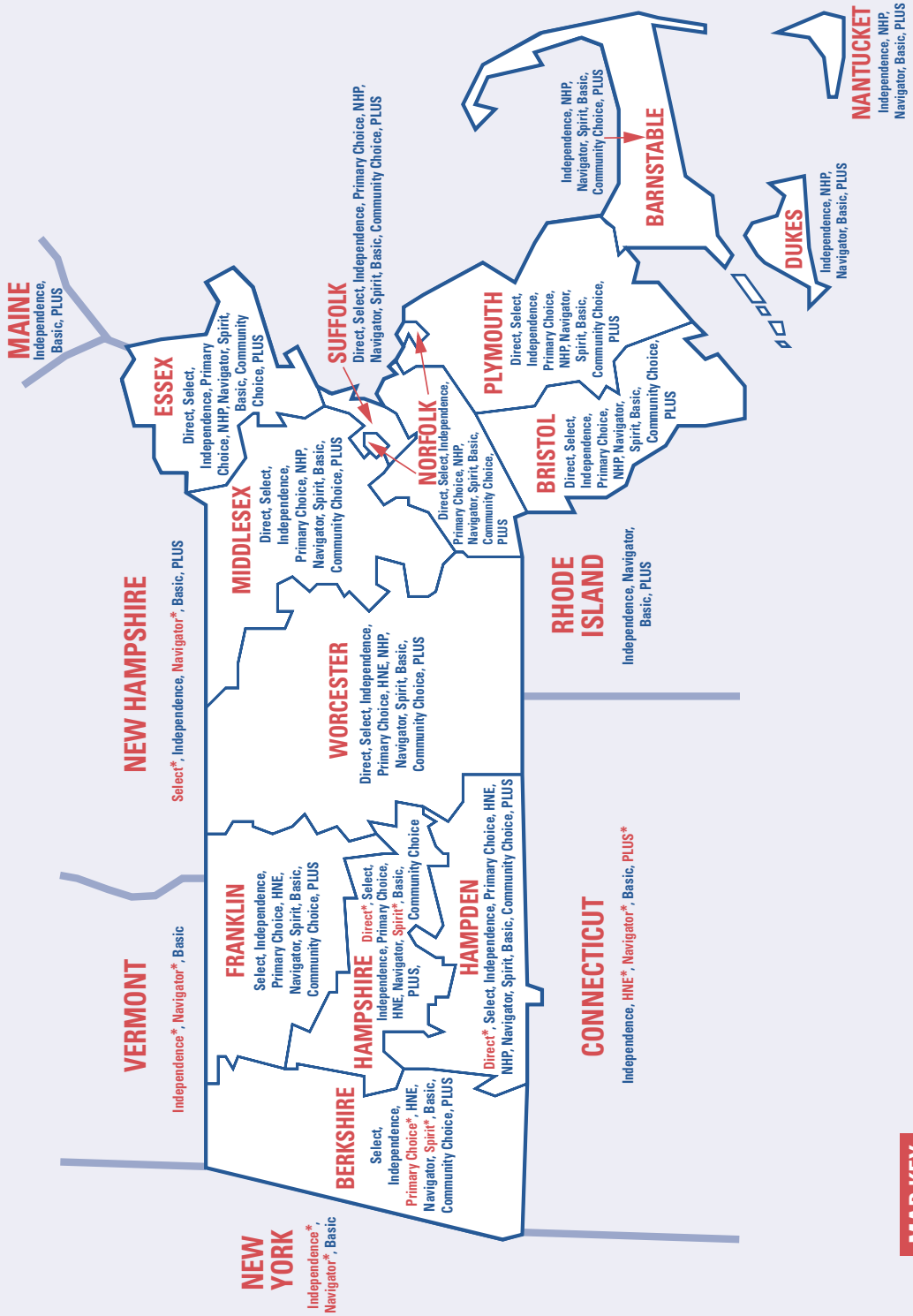
Out-of-pocket maximums apply to medical and mental health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/mental health and prescription drugs.

HEALTH PLAN LOCATOR MAP

WHERE YOU LIVE DETERMINES WHICH PLAN YOU MAY ENROLL IN.

Is the Health Plan Available Where You Live?

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



MAP KEY

Direct – Fallon Health Direct Care
Select – Fallon Health Select Care
Independence – Harvard Pilgrim Independence Plan (CLOSED to new members)
Primary Choice – Harvard Pilgrim Primary Choice Plan
HNE – Health New England
NHP – NHP Prime (Neighborhood Health Plan)

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

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

FALLON HEALTH SELECT CARE HMO

Fallon Health Select Care is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Fallon Health Select Care tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HARVARD PILGRIM INDEPENDENCE PLAN POS

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs.

The Harvard Pilgrim Independence Plan is closed to new members. ***See page 5 for more information.***

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

NHP PRIME (NEIGHBORHOOD HEALTH PLAN) HMO

NHP Prime is administered by Neighborhood Health Plan. The plan is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Otolaryngologists (ENTs), Orthopedists, Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

TUFTS HEALTH PLAN NAVIGATOR POS

Navigator by Tufts Health Plan is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs.

The mental health benefits of this plan, administered by Beacon Health Options, offer you in-network benefits with a copay. Or, you may seek care from out-of-network providers, but at higher out-of-pocket costs.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UNICARE STATE INDEMNITY PLAN/BASIC INDEMNITY

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible.

UNICARE STATE INDEMNITY PLAN/PLUS (PPO-TYPE)

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. Out-of-state non-UniCare providers have 80% coverage of allowed charges. Members are encouraged to select a Primary Care Provider (PCP) to manage their care and pay a lower copay if they see a Centered Care PCP.

Contact the plan to find out if your PCP is a Centered Care provider.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist and Hospital Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

If you become ill, are in an accident, or have a sports injury and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. With less than 25% of U.S. residents having enough savings to cover six months or more of their regular expenses *(Bankrate June 2014)*, enrolling in a salary replacement plan is an important benefit for you and your family.

If you are unable to work for 90 consecutive days due to illness or injury, this program will provide participants with income replacement. Benefits include:

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of $10,000 per month, up to the age of 65. If disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for mental health disabilities;
- A rehabilitation and return-to-work assistance benefit; and
- A dependent care expense benefit.

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits. You must notify the plan if you begin receiving other benefits. The minimum benefit will be $100 or 10% of your gross monthly benefit amount, whichever is greater. Be sure to contact Unum within 90 days of your disability even if you are still using vacation, sick time or workers' compensation benefits.

ELIGIBILITY AND ENROLLMENT

All active state employees who are eligible for GIC health benefits are eligible for LTD. Employees must work at least 18.75 hours. The minimum is 20 hours in a 40-hour work week.

New State Employees

As a new state employee within 31 days of hire, eligible employees may enroll in LTD without providing evidence of good health.

Current State Employees

All eligible employees can apply for LTD coverage during annual enrollment, or at any time during the year. You must provide proof of good health for Unum's approval to enter the plan.

LONG TERM DISABILITY

MONTHLY GIC Plan Rates Effective July 1, 2016	
ACTIVE EMPLOYEE AGE	**EMPLOYEE PREMIUM** *Per $100 of MONTHLY Earnings*
Under Age 24	$0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.39
45 - 49	0.52
50 – 54	0.63
55 – 59	0.77
60 – 64	0.74
65 – 69	0.42
70 and over	0.24

Long Term Disability (LTD)
Questions?
Contact Unum: 1.877.226.8620
mass.gov/gic/ltd

LIFE INSURANCE AND AD&D

The GIC has selected The Hartford Life and Accident Insurance Company to continue as its life insurance carrier. Life insurance helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Rate and Benefit Changes Effective July 1, 2016

The rates for optional life insurance will stay the same or go down, depending on your age (see chart on next page for new rates). The Accelerated Life Benefit maximum will increase to 80%.

BASIC LIFE INSURANCE

The Commonwealth offers $5,000 of Basic Life Insurance.

OPTIONAL LIFE INSURANCE

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary, up to a maximum of $1.5 million. Term insurance pays your designated beneficiary in the event of your death. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit.

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and your family's outstanding debts. For instance, employees with young families and mortgages might need the coverage. But older employees who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make economic sense for you to keep it or reduce your amount of coverage. If you have paid off your home and other debts, such as student loans, talk with a financial advisor about other programs that might be more beneficial at 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. *See the GIC Benefit Decision Guide for Retirees & Survivors or our website for these rates.*

Life Insurance and AD&D Questions?
Contact the GIC: 1.617.727.2310 ext. 1
mass.gov/gic/life

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life in a car accident while using an airbag or seat belt

ACCELERATED DEATH BENEFIT

This one-time benefit allows you to elect an advance payment of 25% to an increased maximum as of July 1, 2016 of 80% of your life insurance death benefit if you have been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. Upon payment of the accelerated death benefit, future life insurance premiums are waived regardless of your age. The remaining balance is paid to your beneficiary when you die.

OPTIONAL LIFE INSURANCE ENROLLMENT

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New State Employees

As a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

Current Employees During the Year

State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Current Employees with a Qualified Family Status Change

State employees actively at work who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to four times their salary ***provided that the GIC receives proof within 31 days of the qualifying event***. Family status changes include the following events:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you 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, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2016.

Life Insurance and AD&D Questions?
Contact the GIC: 1.617.727.2310 ext. 1
mass.gov/gic/life

Life Insurance and Leaving State Service

Active employees who leave state service can take advantage of the following options:

- **Portability –** continue your basic and/or optional life insurance at the group rate. Eligibility for portability ends at normal Social Security retirement age.
- **Conversion –** convert your life insurance coverage to a non-group policy

Portability and Conversion Questions?
Contact The Hartford
1.877.320.0484

OPTIONAL LIFE INSURANCE

Including Accidental Death & Dismemberment

MONTHLY GIC Plan Rates Effective July 1, 2016		
ACTIVE EMPLOYEE AGE	SMOKER RATE *Per $1,000 of Coverage*	NON-SMOKER RATE *Per $1,000 of Coverage*
Under Age 35	$0.10	$0.04
35 – 44	0.12	0.05
45 – 49	0.20	0.07
50 – 54	0.33	0.14
55 – 59	0.53	0.21
60 – 64	0.79	0.31
65 – 69	1.45	0.70
70 and over	2.57	1.16

HEALTH INSURANCE BUY-OUT & PRE-TAX PREMIUM DEDUCTIONS

HEALTH INSURANCE BUY-OUT

If you have access to non-GIC health insurance through your spouse or another source, it may pay to participate in the Buy-Out Program.

During Annual Enrollment

If you were insured with the GIC on January 1, 2016 or before, and continue your coverage through June 30, 2016, you may apply to buy out your health plan coverage **effective July 1, 2016**, during annual enrollment.

October 3 – November 4, 2016

If you are insured with the GIC on July 1, 2016 or before, and continue your coverage through December 31, 2016, you may apply to buy out your health plan coverage **effective January 1, 2017**. The enrollment period for this buy-out will be October 3 - November 4, 2016.

In order to be eligible for the buy-out, you must have other non-GIC health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission and must maintain basic life insurance. Under the buy-out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

FOR EXAMPLE:

State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2016:	$1,668.84
Monthly 12-month benefit =	25% of this premium
Employee receives 12 payroll deposits or monthly checks of: *(after federal, Medicare, and state taxes)*	$284.96

Form Submission

Send the completed Buy-Out form to the GIC **no later than May 4, 2016** for the July 1, 2016 buyout or **November 4, 2016** for the January 1, 2017 buyout. Forms received after the deadline will not be accepted.

Buy-Out Questions?
Contact the GIC: 1.617.727.2310 ext. 1
mass.gov/gic/forms

PRE-TAX PREMIUM DEDUCTIONS

The Commonwealth normally deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. During annual enrollment, or when you have a qualified status change as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums:

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2016.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2016.

Pre-Tax Premium Deduction Questions?
Contact Your Payroll Department

The GIC's Flexible Spending Accounts (FSAs), administered by ASIFlex, help you save money on out-of-pocket health care costs and/or dependent care expenses. On average, state employees save $300 in federal and state taxes for every $1,000 contributed.

HEALTH CARE SPENDING ACCOUNT (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for qualifying out-of-pocket health and dental care expenses on a pre-tax basis. Examples include:

- Physician office visit and prescription drug copayments
- Medical deductibles and coinsurance
- Eyeglasses, prescription sunglasses, and contact lenses
- Orthodontia and dental care
- Hearing aids and durable medical equipment
- Smoking cessation and childbirth classes
- Chiropractor and acupuncture visits

For fiscal year 2017, participants can contribute $250 to $2,550 through payroll deduction on a pre-tax basis. All active state employees who are eligible for GIC health benefits are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13, a disabled child age 13 or older, and/or an adult dependent—including day care, before and after-school programs, elder day care, and day camp—on a pre-tax basis. You may elect an annual DCAP contribution of up to $5,000 per household. Active state employees, including contractors, who work at least half-time can participate.

HCSA & DCAP

All HCSA participants receive two free debit cards from ASIFlex to pay for health care expenses out of their HCSA account. Additional cards for other dependents are $5.00 per set of two cards. For DCAP participants and as an alternative for HCSA participants, pay for the expenses and then submit a claim form with receipt to receive reimbursement by check or direct deposit, depending on which option you have elected. ASIFlex has an online tool and mobile app to help expedite your claims submission. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2017 fiscal year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is $2.50 on a pre-tax basis.

OPEN ENROLLMENT: April 6 – May 4, 2016

The HCSA and DCAP plan year is changing from a calendar year to a fiscal year effective July 1, 2016 to coincide with other GIC benefits. During the GIC's spring 2016 Annual Enrollment period, state employees can enroll in FSA benefits for the 12-month fiscal year of July 1, 2016 – June 30, 2017.

New State Employees and Change in Status

New state employees and employees who have a qualifying status change during the year may change their election or enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

2 ½ Month Grace Period

It's important to consider your election carefully. Because of the tax benefits of FSAs, the IRS imposes a strict "use-it-or-lose-it" rule, which means money left in a pre-tax account at plan year end is forfeited. However, you're given additional time with the 2 ½ month grace period to use your benefits. For the 2017 fiscal year, you have until ***September 15, 2017*** to incur claims and until ***October 15, 2017*** to submit claims.

Enrollment

Participants must re-enroll online each open enrollment period, and give the enrollment confirmation page to their payroll coordinator. New participants, including those enrolling due to a qualifying status change, complete and return the FSA Enrollment form to your Payroll Coordinator.

HCSA and DCAP Questions?
Contact ASIFlex
1.800.659.3035
mass.gov/gic/fsa

GIC DENTAL/VISION PLAN

For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff

ELIGIBILITY FOR THE GIC DENTAL AND VISION PLAN

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are ***not*** eligible for GIC Dental/Vision coverage.

Enrollment

During annual enrollment or within 60 days of a qualifying event, eligible employees may enroll in GIC Dental/Vision. During annual enrollment, current participants may change their dental plan selection.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision Plan. There are two dental plan options:

- **The PPO Plan** (also known as the MetLife Value Plan), and
- **The Indemnity Plan** (also known as the MetLife Classic Plan).

Both plans include MetLife's network of dentists and offer the following in-network benefits:

- Per-person calendar year maximum benefit of $1,250
- 100% coverage for preventive and diagnostic services
- 80% coverage for basic services, such as root canals and extractions
- 50% coverage for major services, such as dental implants

Benefit Enhancement for Both Plans Effective July 1, 2016:

- Mouth guards for bruxism (teeth grinding) – covered at 50%

With either plan, if you use MetLife's network of participating dentists, you will be able to take advantage of negotiated fees, even after you have exceeded your annual maximum.

The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating MetLife dentist:

- **PPO Plan (MetLife Value):**
  If you and/or your dependents receive all of your care from a participating MetLife dentist, this plan will help you save on monthly premium costs and will also usually lower your out-of-pocket costs. However, if you are in the PPO (MetLife Value) Plan and you go out of network, you will need to satisfy a $100 deductible and the benefit levels are slightly lower.
- **Indemnity Plan (MetLife Classic):**
  If you and/or your dependents intend to not visit participating dentists, choosing this plan will provide higher benefit levels, but at a higher monthly premium cost.

Keep in mind that once you choose a dental plan, you may not change plans until the next annual enrollment, even if your dentist leaves the plan during the year.

Dental Questions?
including frequency of covered services, out-of-network benefits, and providers

Contact MetLife: 1.866.292.9990
metlife.com/gic

VISION BENEFITS

The GIC has selected Davis Vision to continue as the vision provider for the vision portion of the GIC Dental/Vision Plan. This plan provides a preferred provider network of over 1,800 Massachusetts providers, with additional providers across the country. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- Routine eye examinations
- Fashion and designer frames
- Lenses
- Scratch-resistant lens coating

Effective July 1, 2016, premier collection frames will be covered at any of the almost 700 nationwide Visionworks stores with no copay, significantly increasing your selection. Additionally, non-plan frames are covered up to $149.95 at Visionworks, an increased allowance of $111.95.

Enhanced materials and services at all preferred providers are covered at 100% after a copay. Members can also take advantage of Davis Vision discounts on additional eyewear. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?
including copayment amounts, providers, and discount programs

Contact Davis Vision: 1.800.650.2466
davisvision.com
(client code: 7852)

GIC DENTAL/VISION PLAN

MONTHLY GIC Plan Rates Effective July 1, 2016		
PLAN	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	$4.73	$14.69
Indemnity (Classic) Plan	6.34	19.67

WELLMASS PROGRAM

For Employees in the Executive Branch, Constitutional Offices and the Legislature

State employees have an opportunity to improve their health with the GIC's wellness program, called WellMASS. This program, administered by The StayWell Company, LLC, provides helpful tools to improve your health and well-being: **WellMASS.staywell.com**:

- **Health Questionnaire** gives you a snapshot of your current health and helps guide your future health goals;
- **Online resources** help you set goals, monitor your progress, find answers, and stay motivated; and
- **Health coaching** – by phone, mail, or online – encourages you and provides tips for eating right, stopping smoking, adding exercise to your routine, managing your weight, and relieving stress. Health coaching is available to eligible participants based on their Health Questionnaire risks.

Commonwealth of Massachusetts
Group Insurance Commission

ELIGIBILITY

The WellMASS Program is for active state employees working in the Executive Branch, Constitutional Offices, and the Legislature. To be eligible, you must be enrolled in a GIC health plan. Retirees and employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for this pilot program.

WEBINARS AND LUNCH 'N LEARN PROGRAMS

All state employees can participate in the WellMASS online webinars and Lunch 'n Learn programs that are held at state office buildings across the state. These programs focus on topics such as nutrition, stress, weight management and physical activity. Visit the GIC's website for the schedule.

Questions?
1.800.926.5455 • mass.gov/gic/wellmass

NEED MORE HELP?

ATTEND A HEALTH FAIR

Employees who are enrolling in GIC benefits for the first time, thinking about changing health plans, or looking at other benefit options can attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives;
- Pick up detailed materials and provider directories;
- Ask GIC staff about your benefit options;
- Change your health plan or apply for other GIC active state employee benefits; and
- Take advantage of complimentary health screenings.

See page 27 for the schedule.

ADA ACCOMMODATIONS

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@massmail.state.ma.us

INSCRIPCIÓN ANUAL

La inscripción anual es del 6 de abril al 4 de mayo, y los cambios entrarán en vigor el 1 de julio de 2016. Comuníquese con Group Insurance Commission (Comisión de Seguros de Grupo) llamando al **1.617.727.2310**, ext. 1 para obtener ayuda.

年度投保

年度投保的時間為 2016 年 6 月 4 日至 4 月 5 日，變更則於 7 月 1 日生效。如需協助，請聯絡團體保險委員會 (GIC), 電話 **1.617.727.2310** 轉分機 1。

Thời gian ghi danh hàng năm

Thời gian ghi danh hàng năm là từ ngày 6 tháng 4 đến ngày 4 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2016. Vui lòng liên lạc với GIC tại số **1.617.727.2310**, số nội bộ là 1, để được trợ giúp.

Our Website Provides Additional Helpful Information

mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats;
- Information about and links to all GIC plans;
- The latest annual enrollment news;
- Forms to expedite your annual enrollment decisions;
- Answers to frequently asked questions including what to do when you turn age 65;
- GIC publications – including an all-new *Turning Age 65 Q&A* brochure and *For Your Benefit* newsletters;
- Summary of Benefits and Coverage for all GIC health plans;
- Benefits At-A-Glance charts for mental health and substance abuse benefits for all UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.

APRIL 2016

8 FRIDAY 11:00 – 2:00
Berkshire Community College
Paterson Field House
1350 West Street
PITTSFIELD

9 SATURDAY 11:00 – 2:00
North Shore Community College
Frederick Berry Building, 1st Floor Lobby
1 Ferncroft Road
DANVERS

12 TUESDAY 11:00 – 3:00
Massasoit Conference Center
770 Crescent Street
BROCKTON

13 WEDNESDAY 11:00 – 3:00
Quinsigamond Community College
Harrington Learning Center, Rooms 109 AB
670 West Boylston Street
WORCESTER

14 THURSDAY 11:00 – 4:00
Murdock Middle/High School
Gymnasium
3 Memorial Drive
WINCHENDON

15 FRIDAY 11:00 – 3:00
Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

16 SATURDAY 10:00 – 2:00
Mass Maritime Academy
Gymnasium
101 Academy Drive
BUZZARDS BAY

19 TUESDAY 11:00 – 4:00
Pentucket Regional Middle School
Cafeteria
20 Main Street
WEST NEWBURY

20 WEDNESDAY 11:00 – 3:00
State Transportation Building
Conference Rooms 1, 2, 3
10 Park Plaza, 2nd Floor
BOSTON

21 THURSDAY 11:00 – 3:00
UMass Amherst
Student Union Ballroom
AMHERST

22 FRIDAY 10:00 – 2:00
Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW

26 TUESDAY 10:00 – 3:00
McCormack State Office Building
1 Ashburton Place, 21st Floor
BOSTON

28 THURSDAY 11:00 – 3:00
Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

FOR MORE INFORMATION, CONTACT THE PLANS

For more information about specific plan benefits, contact the individual plan. Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Health Direct Care Select Care	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit • Mental Health/Substance Abuse and EAP *(Beacon Health Options)*	1.800.870.9488 1.855.750.8980	tuftshealthplan.com/gic beaconhealthoptions.com/gic
UniCare State Indemnity Plan/ Basic Community Choice PLUS • Prescription Drugs *(CVS Caremark)* • Mental Health/Substance Abuse and EAP *(Beacon Health Options)*	1.800.442.9300 1.877.876.7214 1.855.750.8980	unicarestateplan.com caremark.com/gic beaconhealthoptions.com/gic
OTHER BENEFITS		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) *(ASIFlex)*	1.800.659.3035	mass.gov/gic/fsa
Life/AD&D Insurance *(The Hartford)* – Contact the GIC	1.617.727.2310 ext. 1	mass.gov/gic/life
Long Term Disability *(Unum)*	1.877.226.8620	mass.gov/gic/ltd
WellMASS Wellness Program *(StayWell Health Management)*	1.800.926.5455	mass.gov/gic/wellmass
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits *(MetLife)*	1.866.292.9990	metlife.com/gic
Vision Benefits *(Davis Vision)*	1.800.650.2466	davisvision.com (client code: 7852)
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors *(Beacon Health Options)*	1.855.750.8980	beaconhealthoptions.com/gic
Internal Revenue Service *(IRS)*	1.800.829.1040	irs.gov
Social Security Administration	1.800.772.1213	ssa.gov
State Board of Retirement	1.617.367.7770	mass.gov/retirement

OTHER QUESTIONS?
Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
mass.gov/gic

Centered Care – a GIC program that seeks to improve health care coordination and quality while reducing costs. Primary Care Providers play a critical role in helping their patients get the right care at the right place with the right provider. The central idea is to coordinate health care services around the needs of you, the patient. Because health care is so expensive, Centered Care also seeks to engage providers and health plans on managing these dollars more efficiently.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees ***without*** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) **Initiative** – a GIC program that seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health carriers are aggregated to identify differences in physician quality and cost efficiency, and this information is given back to the plans to tier specialists. Members who choose to see high-performing doctors pay lower copays.

DCAP (Dependent Care Assistance Program) – a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent.

Deductible – a set dollar amount which must be satisfied within the fiscal year before the health plan begins making payments on claims.

Deferred Retirement – allows you to continue your group health insurance after you leave state service with vested pension rights until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

EAP (Enrollee Assistance Program) – mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

EPO (Exclusive Provider Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 17-member commission appointed by the Governor. The mission of the GIC is to provide high-value health insurance and certain other benefits to state, particular authority, and participating municipality employees, retirees, and their survivors and dependents.

HCSA (Health Care Spending Account) – a pre-tax benefit that allows state employees to contribute a set amount of their income for out-of-pocket health care expenses, such as copayments, deductibles, eyeglasses and orthodontia.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits, with the exception of emergency care. Selection of a Primary Care Provider (PCP) is required.

Limited Network Plan – a less expensive health plan that offers essentially the same benefits as more expensive, wider network plans, but with fewer physicians, hospitals, and other providers.

LTD (Long Term Disability) – an income replacement program for active employees providing a tax-free benefit of up to 55% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers both network and non-network coverage, you will receive a higher level of benefits when you are treated by network providers.

PCP (Primary Care Provider) – physicians with specialties in internal medicine, family practice, and pediatrics as well as nurse practitioners and physician assistants who coordinate their patients' health care.

Portability – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

POS (Point of Service) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Selection of a Primary Care Provider (PCP) is required. To get the lowest out-of-pocket cost, a member must get a referral to a specialist.

PPO (Preferred Provider Organization) – a health plan that provides coverage by network doctors, hospitals, and other health care providers. It allows treatment by out-of-network providers, but at a lower level of coverage. A PPO plan encourages the selection of a Primary Care Provider (PCP).

Preventive Services – health care services that do not treat an illness, injury or a condition (e.g., routine physicals).

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, *Governor*
Karyn E. Polito, *Lieutenant Governor*

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310
TDD/TTY: 617.227.8583

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

WEBSITE:
mass.gov/gic

Commissioners

Katherine Baicker *(Health Economist), Chair*
Anne M. Paulsen *(Retiree Member), Vice Chair*
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Bobbi Kaplan *(NAGE)*
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Eileen P. McAnneny *(Public Member)*
Lauren Peters, Designee *(for Secretary of Administration and Finance, Kristen Lepore)*
Timothy D. Sullivan, Ed. D. *(Massachusetts Teachers Association)*
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