2016-2017
GIC Benefit Decision Guide

For Commonwealth of Massachusetts

RETIREES & SURVIVORS

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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

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 retirees and survivors should read:

Annual Enrollment Checklist 2
Annual Enrollment Overview 3
Annual Enrollment News 4
Benefit Changes Effective July 1, 2016 5
Reminders 6
Frequently Asked Questions 7

Find out about your Medicare health plan options:

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This symbol indicates that benefits are not available to GIC Retired Municipal Teachers (RMTs not participating in the municipal health-only program) and Elderly Governmental Retirees (EGRs).

IMPORTANT REMINDERS:

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2016. Review pages 4-5 and 26-29 for details.
- Read the ***Annual Enrollment Checklist*** on page 2 for information to consider when selecting a health 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 becoming Medicare eligible (in which case, you ***must*** enroll in a Medicare plan).
- Completed annual enrollment forms are due to the GIC **no later than Wednesday, May 4, 2016.** Forms 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:**

- Determine if you are eligible for Medicare *(see page 8).*
- Where you live determines which plan(s) you may enroll in. *See the locator map on page 10 for Medicare plans and page 13 for non-Medicare plans.*
- See the health plan pages for eligibility details *(see pages 14-15 and 21-24).*

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 pages 26-27 and 29).*
- If you are a non-Medicare retiree/survivor, consider enrolling in a less expensive plan. Individuals who pay 20% of the premium ***will save on average $44 per month*** by enrolling in a Limited Network Plan *(see page 20).*
- 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. The health plan will help you find another provider.

STEP 4: **If you are a Non-Medicare retiree/survivor,** check on copay tier assignments that affect what you pay when you get physician or hospital services. ***(Copay tiers do not apply to GIC Medicare plans.)***

Physician and hospital copay tiers can change each July 1 for GIC Non-Medicare Retiree/Survivor plans. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed.

STEP 5: **Take a look at Buy-Out and Retiree Dental:** *See pages 25 and 32 for eligibility and other details.*

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 35 for website addresses.*
2. **The health plan's customer service line:** A representative can help you. *See page 35 for phone numbers.*
3. **A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 34 for the health fair schedule.*

APRIL 6 – MAY 4, 2016 *Changes Become Effective July 1, 2016*

Annual enrollment gives you the opportunity to review your options and enroll in or select a new health plan.

Municipal teachers (RMTs) retiring in June 2016 have until June 15, 2016 to select their coverage.

If you want to keep your current GIC health plan, you do *NOT* need to fill out any paperwork. Your coverage will continue automatically.

If You Have Medicare…

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

You may enroll in or change your selection of one of these plans:

- Fallon Senior Plan
- Harvard Pilgrim Medicare Enhance
- Health New England MedPlus
- Tufts Health Plan Medicare Complement
- Tufts Health Plan Medicare Preferred
- UniCare State Indemnity Plan/Medicare Extension (OME)

You may enroll in…

- Retiree Dental Plan

You may apply for*…

- Health Insurance Buy-Out

By May 4…

Enrollment form(s), Disenrollment form, if applicable, Buy-Out form, and Retiree Dental form to the GIC

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 becoming eligible for Medicare *(in which case you must switch to a Medicare plan)*. See page 6 for more information.

Enrollment forms, application forms and the Medicare Disenrollment form are available on our website: **mass.gov/gic/forms**, at the GIC health fairs, and by calling or writing to the GIC.

Indicates a GIC Limited Network Plan.

* *See page 25 for eligibility details.*

NOTE: Retirees 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.*

If You Do Not Have Medicare…

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option

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 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…

- Retiree Dental Plan

You may apply for*…

- Health Insurance Buy-Out

By submitting by May 4…

Enrollment form, Buy-Out form, and Retiree Dental form to the GIC.

GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

You may enroll in or change your selection of one of these health plans:

- Fallon Health Direct Care ✓
- Fallon Health Select Care
- Health New England ✓
- NHP Prime (Neighborhood Health Plan)
- UniCare State Indemnity Plan/Basic

You may enroll in…

- Retiree Dental Plan

You may apply for*…

- Health Insurance Buy-Out

By submitting by May 4…

- Enrollment forms to the GIC

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 non-Medicare health plan 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 20 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 non-Medicare health plan calendar year deductible is transitioning to a fiscal year, so there's no longer a deductible barrier for changing carriers. *See page 12 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.

All members:

- **Work with your Primary Care Provider** (PCP) to navigate the health care system.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- 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.**

If you are a Non-Medicare Retiree/Survivor:

- **Seek care from Tier 1 and Tier 2 specialists.** Over 150 million 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.
- 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.

HEALTH PLANS

There are no Medicare health plan benefit changes.

NON-MEDICARE HEALTH PLAN CHANGES

All non-Medicare 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.

  Non-Medicare retirees/survivors 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 30 for additional information.*

RETIREE DENTAL

Mouth guards for bruxism (teeth grinding) will now be covered. *See page 32 for additional information.*

RETIREE VISION DISCOUNT PLAN

The GIC awarded a new contract to Davis Vision to continue as the discount vision plan carrier. *See page 32 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.

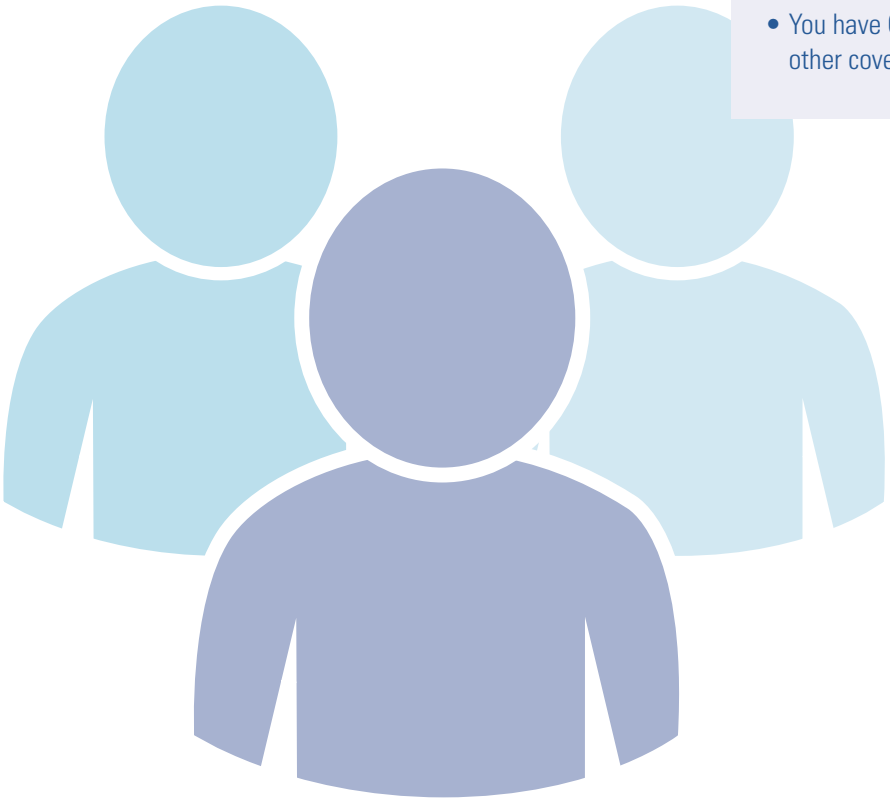
Changing Health Plans: Members can only change health plans at Annual Enrollment, unless you move out of your health plan's service area, at retirement, or are retired and become Medicare eligible, in which case you ***must*** change plans.

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 the GIC 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. See the GIC's website for forms and any required documentation (mass.gov/gic/forms):

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- 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
- Birth or adoption of a child
- Legal guardianship of a child
- 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 a participating GIC municipality:

- ***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.
- ***If retired,*** when you or your covered spouse turns age 65, apply for Medicare Part A and Part B up to three months before your 65th birthday. You or your spouse turning age 65 will receive a Medicare enrollment package from the GIC approximately three months before your 65th birthday to make your Medicare health plan selection. 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 *Retiree/Survivor Enrollment/Change Form* 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 do I drop a spouse or dependent from my GIC health and/or Retiree Dental coverage?***

A. Complete a *Retiree/Survivor Enrollment/Change Form* 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. ***I am an active GIC-eligible employee and am also retired from a state agency or participating municipality and am eligible for GIC retirement benefits. Can I elect both employee and retiree benefits?***

A. No. You must elect active employee ***or*** retiree benefits. Contact the GIC to indicate whether you want employee or retiree benefits.

Q. ***If I die, is my surviving spouse eligible for GIC health insurance?***

A. If you (the state retiree) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage ***until he/she remarries or dies***, regardless of your retirement benefit option (A, B or C). However, he/she must apply for survivor coverage by contacting the GIC for an application; survivor coverage is ***not*** an automatic benefit. If your surviving spouse is a state or participating municipal employee or retiree, he or she must elect coverage through the state or participating municipality and is not eligible for survivor health coverage.

MEDICARE GUIDELINES

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment. Medicare Part D is a federal prescription drug program.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit Social Security's website or your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire.

When you (the insured) retire:

- If you and/or your spouse is eligible for free Part A coverage, state law requires that you and/or your spouse enroll in Medicare Part A and Part B in order to be covered by the GIC.
- You ***must*** join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- **You *must* continue to pay your Medicare Part B premium.** Failure to pay this premium will result in the loss of your GIC coverage.

RETIREE AND SPOUSE COVERAGE IF UNDER AND OVER AGE 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

HEALTH PLAN COMBINATION CHOICES
State retirees, deferred retirees and former employees receiving continuation coverage

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan **CLOSED TO NEW MEMBERS**	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/ Medicare Extension (OME)

HEALTH PLAN COMBINATION CHOICES
GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)

HOW TO CALCULATE YOUR RATE

See rate charts on pages 26-27 and 29.

Retiree and Spouse Both on Medicare

Find the "Retiree Pays Monthly" rate for the Medicare plan in which you are enrolling and double it for your total monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

1. Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the "Retiree Pays Monthly" individual coverage premium for the non-Medicare Plan in which the non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is the total that you will pay monthly.

HELPFUL REMINDERS

- Visit Social Security's website or your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the Medicare Health Plan Locator Map on page 10.*
- You may change GIC Medicare plans ***only during annual enrollment,*** unless you have a qualifying status change, such as moving out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment. Your Medicare HMO will help you find another provider.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017; you cannot change plans until the spring Annual Enrollment period. These plans and the UniCare State Indemnity Plan/Medicare Extension (OME) Plan automatically include Medicare Part D prescription drug benefits.

Medicare Part D Prescription Drug Reminders and Warnings

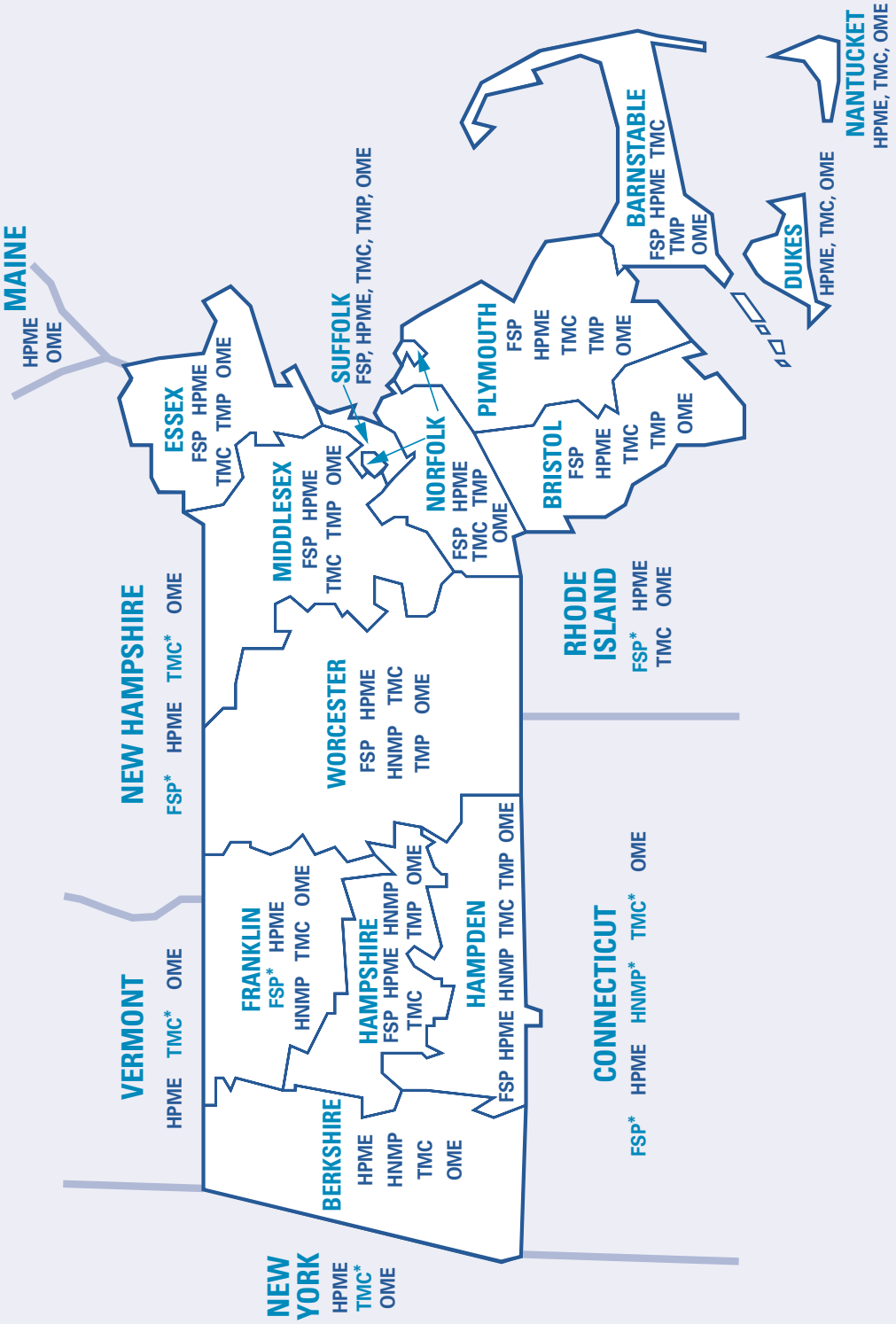
For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a *better* value than a basic Medicare Part D drug plan. Therefore, most individuals should ***not*** enroll in a non-GIC Medicare Part D drug plan.

- 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. Keep this notice with your important papers.
- If you are a member of Harvard Medicare Enhance, Health New England MedPlus or Tufts Medicare Complement and have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage. If you are eligible, you may want to enroll in one of the GIC's Medicare Part D Plans (Fallon Senior Plan, Tufts Medicare Preferred, and UniCare State Indemnity Plan/Medicare Extension).
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), or the UniCare State Indemnity Plan/Medicare Extension (OME), your plan automatically includes Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D plan.** If you enroll in another Medicare Part D drug plan, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health plan, which means you will **lose your GIC health, mental health, and prescription drug benefits.**
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), or the UniCare State Indemnity Plan/Medicare Extension (OME), and your adjusted gross income, as reported on the federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Social Security will notify you if this applies to you.

MEDICARE HEALTH PLAN LOCATOR MAP

Where You Live Determines Which Plan You May Enroll In.
Is the MEDICARE Health Plan Available Where You Live?

The Harvard Pilgrim Medicare Enhance Plan and UniCare State Indemnity Plan/ Medicare Extension (OME) are available throughout the United States.



MAP KEY

FSP	Fallon Senior Plan
HPME	Harvard Pilgrim Medicare Enhance
HNMP	Health New England MedPlus
TMC	Tufts Health Plan Medicare Complement
TMP	Tufts Health Plan Medicare Preferred
OME	UniCare State Indemnity Plan/Medicare Extension (OME)

* 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.

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 charts 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 or not you wish to 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 specialized 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.

NON-MEDICARE FISCAL YEAR DEDUCTIBLE QUESTIONS & ANSWERS

Information on this page does not apply to the GIC Medicare Plans.

The deductible **for non-Medicare retiree/survivor health plans** 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 **non-Medicare retiree/survivor 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

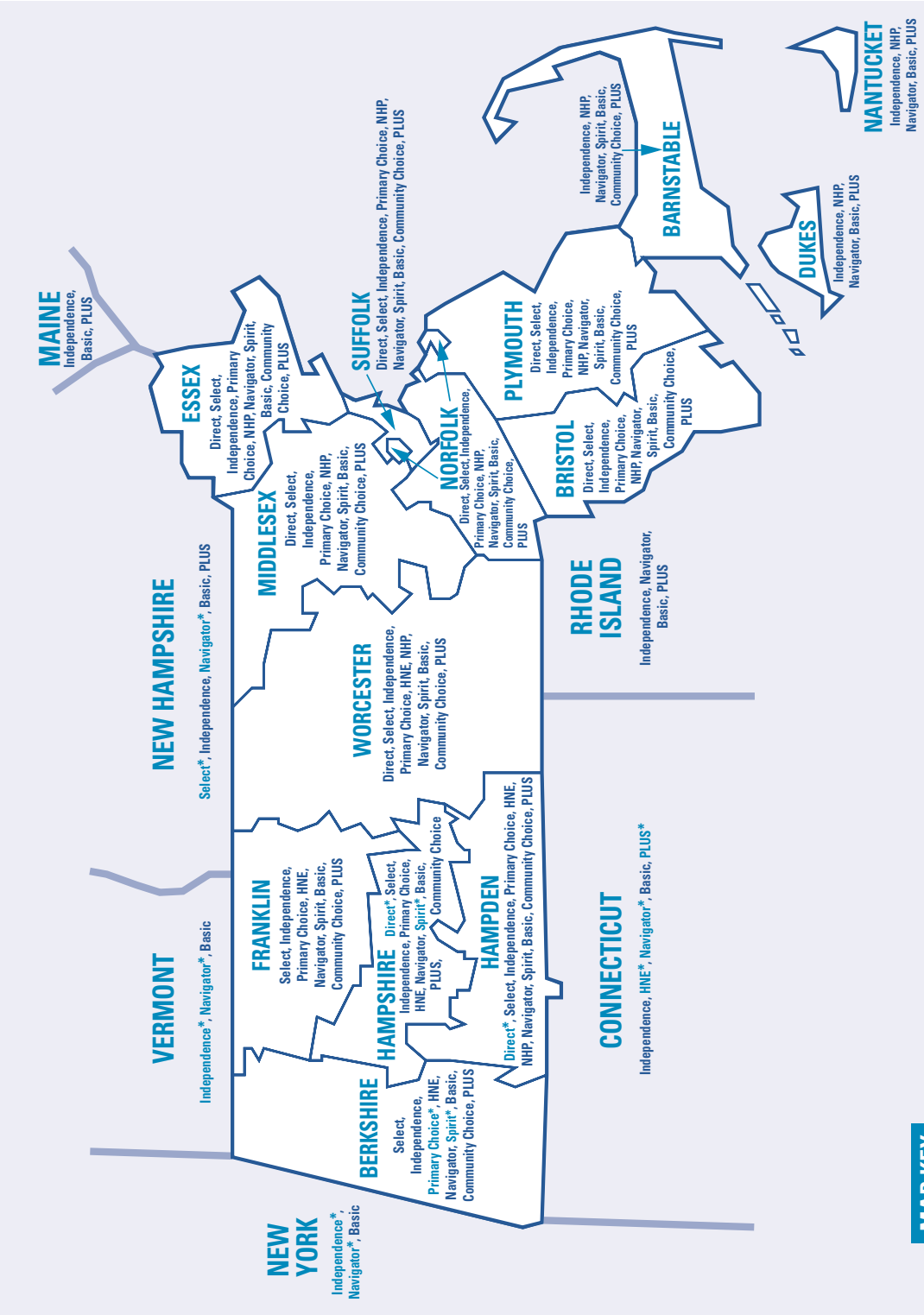
Q. ***How will I know how much I need to pay out of pocket?***

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 questions about what you owe.

Where You Live Determines Which Plan You May Enroll In.
Is the NON-MEDICARE 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 SENIOR PLAN HMO

Fallon Senior Plan is a Medicare Advantage HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.

Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2017.***

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

You may change plans *only* during the GIC's spring Annual Enrollment period, even though the plan's benefits may change on a calendar year basis.

HARVARD PILGRIM MEDICARE ENHANCE INDEMNITY

Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the United States are eligible.

HEALTH NEW ENGLAND MEDPLUS HMO

Health New England MedPlus is a Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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 and urgent care.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

TUFTS HEALTH PLAN MEDICARE COMPLEMENT HMO

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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 and urgent care.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

TUFTS HEALTH PLAN MEDICARE PREFERRED HMO

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2017.***

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

You may change plans *only* during the GIC's spring Annual Enrollment period, even though the plan's benefits may change on a calendar year basis.

UNICARE STATE INDEMNITY PLAN/ MEDICARE EXTENSION (OME) INDEMNITY

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States. 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 out-of-network, but at higher out-of-pocket costs. The prescription drug portion of the plan is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Prescription drug benefits are administered by SilverScript.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible.

BENEFITS AT-A-GLANCE: MEDICARE HEALTH PLAN COPAYS & DEDUCTIBLES

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

HEALTH PLAN	FALLON SENIOR PLAN	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDPLUS
PLAN TYPE	HMO	INDEMNITY	HMO
PCP Designation Required	Yes	No	Yes
PCP Referral to Specialist Required	Yes	No	No
Calendar Year Deductible	None	None	None
Preventive Care Office visits according to health plan's schedule	No copay	No copay	No copay
Physician Office Visit (except mental health)	$10 per visit	$10 per visit	$10 per visit
Retail Clinic	$10 per visit	$10 per visit	$10 per visit
Outpatient Mental Health and Substance Abuse Care	$10 per visit	$10 per visit	$10 per visit
Inpatient Hospital Care	No copay	No copay	No copay
Hospice Care	No copay	No copay	No copay
Diagnostic Laboratory Tests and X-rays	No copay	No copay	No copay
Surgery Inpatient and Outpatient	No copay	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)*
Hearing Aids	First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
Prescription Drug **Retail:** up to 30-day supply			
Tier 1	$10	$10	$10
Tier 2	$30	$30	$30
Tier 3	$65	$65	$65
Mail Order Maintenance Drugs: up to 90-day supply			
Tier 1	$25	$25	$25
Tier 2	$75	$75	$75
Tier 3	$165	$165	$165

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2017.

For more information about a specific plan's benefits, doctors, hospitals or other providers, call the plan or visit its website.

TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) *with CIC* *(Comprehensive)* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
Yes	Yes	No
Yes	Yes	No
None	None	$35 per person
No copay	No copay	No copay
$10 per visit	$10 per visit	No copay
$10 per visit	$10 per visit	No copay
$10 per visit	$10 per visit	First 4 visits: no copay; visits 5 and over: $10 per visit
No copay	No copay	$50 per admission (maximum one copay per person per calendar year quarter)
No copay	No copay	No copay
No copay	No copay	No copay
No copay	No copay	No copay in MA and for out-of-state providers who accept Medicare; call the plan for details if using out-of-state providers who do not accept Medicare
$50 per visit *(waived if admitted)*	$50 per visit *(waived if admitted)*	$25 per visit *(waived if admitted)*
First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
$10 $30 $65	$10 $30 $65	$10 $30 $65
$25 $75 $165	$25 $75 $165	$25 $75 $165

You may change plans *ONLY* during the GIC's Spring Annual Enrollment period, even though the plan's providers may change on a calendar year basis.

BENEFITS AT-A-GLANCE:

NON-MEDICARE HEALTH PLAN COPAYS & DEDUCTIBLES

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

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	$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	$300	$300	$300	$300	$300
Two-person family	$600	$600	$600	$600	$600
Three- or more person family	$900	$900	$900	$900	$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)	$30 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit
★★ Tier 2 (good)	$60 per visit	$60 per visit	$60 per visit	$60 per visit	$60 per visit
★ Tier 3 (standard)	$90 per visit	$90 per visit	$90 per visit	$90 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	$275 per admission with no tiering	$275 per admission	$275 per admission	$275 per admission	$275 per admission with no tiering
Tier 2		$500 per admission	$500 per admission	$500 per admission	
Tier 3		$1,500 per admission	$1,500 per admission	No Tier 3	
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	$10	$10	$10	$10	$10
Tier 2	$30	$30	$30	$30	$30
Tier 3	$65	$65	$65	$65	$65
Mail Order Maintenance Drugs: up to a 90-day supply					
Tier 1	$25	$25	$25	$25	$25
Tier 2	$75	$75	$75	$75	$75
Tier 3	$165	$165	$165	$165	$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.*

or each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity ns also 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.

CONSIDER ENROLLING IN A LESS EXPENSIVE PLAN

Non-Medicare Retirees:
Take Action During Annual Enrollment

Consider enrolling in a less expensive plan.

NON-MEDICARE RETIREES AND SURVIVORS: 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 20% 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, $44 per month and $532 per year.***

See pages 27 and 29 to determine what the savings would be for the plans you are considering.

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 35)*.

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 NON-MEDICARE 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 18-19 and 23-24.

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, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), 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

N/A RMTs-EGRs

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, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), 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.

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, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), 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, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), 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 at a lower level of coverage.

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 with 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, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), 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.

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.

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 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:

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

Full-cost premium on July 1, 2016:	$362.67
Monthly 12-month benefit =	25% of this premium
Retiree receives 12 monthly checks of: *(after federal and state taxes)*	$63.24

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

RETIREE AND SURVIVOR **MEDICARE** HEALTH PLAN RATES

MEDICARE PLANS		MONTHLY GIC PLAN RATES JULY 1, 2016		
		MEDICARE RETIREES Retired *on or before July 1, 1994 and SURVIVORS*[1, 2]	**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 PLAN (Premium includes Basic Life Insurance)	**PLAN TYPE**	Per Person	Per Person	Per Person
Fallon Senior Plan[3]	HMO	$31.70	$47.55	$63.39
Harvard Pilgrim Medicare Enhance	Indemnity	44.41	66.63	88.83
Health New England MedPlus	HMO	41.60	62.41	83.21
Tufts Health Plan Medicare Complement	HMO	40.35	60.53	80.70
Tufts Health Plan Medicare Preferred[3]	HMO	28.20	42.31	56.40
UniCare State Indemnity Plan/ Medicare Extension (OME) *with CIC*[4] (Comprehensive)	Indemnity	47.57	66.03	84.48
UniCare State Indemnity Plan/ Medicare Extension (OME) *without CIC* (Non-Comprehensive)	Indemnity	36.92	55.38	73.83

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

[2] Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

[3] Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.

[4] CIC is an enrollee-pay-all benefit.

Contribution percentages may change after the Commonwealth's FY17 budget is enacted.

For other things to consider, see page 2.

RETIREE AND SURVIVOR **NON-MEDICARE** HEALTH PLAN RATES

NON-MEDICARE PLANS

Compare the rates of these plans with other options and see how much you will save each month.

MONTHLY GIC PLAN RATES JULY 1, 2016

		NON-MEDICARE RETIREES Retired *on or before July 1, 1994 and SURVIVORS*[1, 2]		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 PLAN (Premium includes Basic Life Insurance)	**PLAN TYPE**	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	$52.44	$124.96	$78.67	$187.44	$104.89	$249.91
Fallon Health Select Care	HMO	69.48	165.83	104.22	248.74	138.95	331.65
Harvard Pilgrim Independence Plan CLOSED TO NEW MEMBERS	POS	82.01	199.16	123.02	298.75	164.02	398.32
Harvard Pilgrim Primary Choice Plan	HMO	61.48	149.07	92.22	223.61	122.95	298.14
Health New England	HMO	53.95	132.79	80.93	199.19	107.90	265.58
NHP Prime (Neighborhood Health Plan)	HMO	51.69	135.91	77.54	203.87	103.38	271.82
Tufts Health Plan Navigator	POS	69.05	167.53	103.57	251.31	138.09	335.07
Tufts Health Plan Spirit	EPO (HMO-Type)	52.00	124.27	78.01	186.41	104.00	248.54
UniCare State Indemnity Plan/Basic *with CIC*[3] (Comprehensive)	Indemnity	139.39	324.59	187.51	436.83	235.62	549.06
UniCare State Indemnity Plan/Basic *without CIC* (Non-Comprehensive)	Indemnity	96.22	224.46	144.34	336.70	192.45	448.93
UniCare State Indemnity Plan/ Community Choice	PPO-Type	49.24	117.28	73.87	175.92	98.49	234.55
UniCare State Indemnity Plan/PLUS	PPO-Type	65.95	156.72	98.93	235.08	131.91	313.43

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

[2] Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

[3] CIC is an enrollee-pay-all benefit.

Contribution percentages may change after the Commonwealth's FY17 budget is enacted.

For other things to consider, see page 2.

RETIRED MUNICIPAL TEACHER (RMT) LIFE INSURANCE RATES

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2016

BASIC LIFE INSURANCE	City/Town/School District (SD)		*RMT Pays Monthly*
Basic Life: $1,000 Coverage			$0.80
Blackstone Valley Regional SD	Newbury	Plainville	
Bridgewater	Paxton	Salisbury	
Granby	Pioneer Valley Regional SD	Wilbraham	
Narragansett Regional SD			
Basic Life: $2,000 Coverage			0.80
Barnstable	Quabbin Regional SD	Stoughton	
Dennis	Rehoboth	Upper Cape Cod Regional SD	
Martha's Vineyard Regional SD	Rockland	West Springfield	
Milton	Shawsheen Valley Regional SD	Whitman-Hanson SD	
Basic Life: $4,000 Coverage			1.60
Rockport			
Basic Life: $5,000 Coverage			2.00
Amesbury	Holyoke	Revere	
Billerica	Hudson	Rutland	
Bourne	Montague	Spencer	
Dedham	North Adams	Wareham	
Eastham	North Attleboro	West Bridgewater	
Everett	North Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
Harvard			
Basic Life: $10,000 Coverage			4.00
Braintree			

HOW TO CALCULATE YOUR MONTHLY PREMIUM EFFECTIVE JULY 1, 2016

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 28.
2. Locate your "RMT Pays Monthly" rate for life insurance.
3. Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

MEDICARE PLANS

		RETIRED MUNICIPAL TEACHERS (RMTS)	
		RMTs who retired *on or before July 1, 1990 and SURVIVORS*[1]	RMTs who retired *after July 1, 1990*
		10%	15%
HEALTH PLAN	**PLAN TYPE**	**Per Person Coverage** *RMT Pays Monthly*	**Per Person Coverage** *RMT Pays Monthly*
Fallon Senior Plan[2]	HMO	$31.05	$46.57
Harvard Pilgrim Medicare Enhance	Indemnity	43.76	65.65
Health New England MedPlus	HMO	40.95	61.43
Tufts Health Plan Medicare Complement	HMO	39.70	59.55
Tufts Health Plan Medicare Preferred[2]	HMO	27.55	41.33
UniCare State Indemnity Plan/Medicare Extension (OME) ***with CIC*** (Comprehensive)[3, 4]	Indemnity	38.86	55.22
UniCare State Indemnity Plan/Medicare Extension (OME) ***without CIC*** (Non-Comprehensive)[4]	Indemnity	28.97	45.33

NON-MEDICARE PLANS

		RETIRED MUNICIPAL TEACHERS (RMTS)			
		RMTs who retired *on or before July 1, 1990 and SURVIVORS*[1]		RMTs who retired *after July 1, 1990*	
		10%		15%	
		RMT/Survivor Pays Monthly		*RMT Pays Monthly*	
HEALTH PLAN	**PLAN TYPE**	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	$51.79	$124.31	$77.69	$186.46
Fallon Health Select Care	HMO	68.83	165.18	103.24	247.76
Health New England	HMO	53.30	132.14	79.95	198.21
NHP Prime (Neighborhood Health Plan)	HMO	51.04	135.26	76.56	202.89
UniCare State Indemnity Plan/Basic ***with CIC*** (Comprehensive)[3, 4]	Indemnity	128.52	310.79	173.98	420.06
UniCare State Indemnity Plan/Basic ***without CIC*** (Non-Comprehensive)[4]	Indemnity	84.91	202.54	130.37	311.81

[1] Survivors are not eligible for basic life insurance. Do not add the basic life insurance premium to calculate your monthly premium.
[2] Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.
[3] CIC is an enrollee-pay-all benefit.
[4] The RMT share of the rate for these plans has been subsidized for FY17 using funds from the GIC UniCare Rate Stabilization Reserve.

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.

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire. *See page 28 for details.*

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.

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

(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

(Retired State Employees Only)

At 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. 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 Only)

During annual enrollment, 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, 2016. Request an enrollment form by writing to the GIC, visiting us at a health fair, or downloading it from our website. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

ACCELERATED DEATH BENEFIT

(Retired State Employees and GIC RMTs Only)

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.

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

(Retired State Employees and GIC RMTs with $2,000 or more Basic Life Only)

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 while using an airbag or seat belt

GIC Retired Municipal Teachers with Basic Life Insurance of $1,000 do not have Accidental Death & Dismemberment benefits.

STATE RETIREE OPTIONAL LIFE INSURANCE

MONTHLY GIC Plan Rates Effective July 1, 2016		
Including Accidental Death & Dismemberment		
RETIRED STATE EMPLOYEE AGE	**RETIREE SMOKER RATE** *Per $1,000 of Coverage*	**RETIREE NON-SMOKER RATE** *Per $1,000 of Coverage*
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
Ages 100 and over	140.90	114.02

GIC RETIREE DENTAL PLAN

Metropolitan Life Insurance Company (MetLife) is the provider of the GIC Retiree Dental Plan. The plan offers a fixed reimbursement of up to $1,250 per member per year for dental services:

- Dental examinations
- Dental cleanings
- Fillings
- Crowns
- Dentures
- Dental implants

Benefit Enhancement Effective July 1, 2016:

- Mouth guards for bruxism (teeth grinding)

As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting one of the over 317,000 nationwide network of participating dentists. When you visit a MetLife provider, your out-of-pocket expenses will be lower, as you usually pay the lower negotiated fee, even after you have exceeded your annual maximum.

This is an entirely voluntary plan *(retiree-pay-all)* that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

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 have ever dropped coverage, you can never re-enroll in the plan.**

GIC RETIREE DENTAL PLAN

MONTHLY GIC Plan Rates Effective July 1, 2016	
$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	**RETIREE PAYS MONTHLY**
SINGLE	$29.37
FAMILY	70.75

Retiree Dental Questions?
Contact MetLife: 1.866.292.9990
metlife.com/gic

GIC RETIREE VISION DISCOUNT PLAN

The GIC has selected Davis Vision to continue as the carrier for the Retiree Vision Discount Plan. The plan is available at any of the over 35,000 nationwide Davis Vision providers. The plan offers significant discounts on:

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

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. However, you must call Davis Vision before visiting the provider's office in order to participate.

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 health plan.

Retiree Vision Questions?
Contact Davis Vision
1.800.224.1157
davisvision.com
(client code: 7621)

ATTEND A HEALTH FAIR

Retirees and survivors who are 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 retiree/survivor benefits; and
- Take advantage of complimentary health screenings.

See page 34 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 – conveniently search for participating health plan doctors and hospitals online;
- 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;
- 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.

FOR MORE INFORMATION, ATTEND A HEALTH FAIR

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, call a plan representative. Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Health Direct Care Select Care Senior Plan	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan Medicare Enhance	1.800.542.1499	harvardpilgrim.org/gic
Health New England HMO MedPlus	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)* Medicare Complement Medicare Preferred	1.800.870.9488 1.855.750.8980 1.888.333.0880	tuftshealthplan.com/gic beaconhealthoptions.com/gic tuftshealthplan.com/gic
UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS • Mental Health/Substance Abuse and EAP *(Beacon Health Options)* • Prescription Drugs Basic, Community Choice and PLUS *(CVS Caremark)* • Prescription Drugs Medicare Extension (OME) *(SilverScript)*	1.800.442.9300 1.855.750.8980 1.877.876.7214 1.877.876.7214	unicarestateplan.com beaconhealthoptions.com/gic caremark.com/gic gic.silverscript.com
OTHER BENEFITS		
GIC Retiree Dental Plan *(MetLife)*	1.866.292.9990	metlife.com/gic
GIC Retiree Vision Discount Plan *(Davis Vision)*	1.800.224.1157	davisvision.com (client code: 7621)
Life/AD&D Insurance *(The Hartford)* – contact the GIC	1.617.727.2310 ext. 1	mass.gov/gic/life
ADDITIONAL RESOURCES		
Internal Revenue Service *(IRS)*	1.800.829.1040	irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	mass.gov/mtrs
Medicare	1.800.633.4227	medicare.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

GLOSSARY

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 and Medicare Extension (OME) plans. 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 and Medicare Extension Plan 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 which 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.

Deductible – a set dollar amount which must be satisfied within the fiscal year (Employee/Non-Medicare plans) or calendar year (UniCare/Medicare Extension OME plan) 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.

EGR (Elderly Governmental Retiree) – a state employee who retired from state service prior to January 1, 1956. EGRs also include certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

EGWP (Employer Group Waiver Plan) – an employer-sponsored Medicare Part D prescription drug plan. Members of Fallon Senior Plan, Tufts Medicare Preferred, and the UniCare State Indemnity/Medicare Extension (OME) Plan are enrolled in an EGWP. Due to the additional coverage provided by the GIC, benefits are more comprehensive than offered under a standard Medicare prescription drug plan. Under an EGWP Plan, qualified low-income retirees may be eligible for premium subsidies and reduced prescription copayments. If you are enrolled in a GIC EGWP plan, do not enroll in a non-GIC Part D Plan. If you do, you will be disenrolled by the GIC plan and will lose your GIC health, drug and mental health benefits.

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.

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.

IRMAA (Income-Related Monthly Adjustment Amount) – A monthly additional fee imposed by Social Security on any Medicare beneficiary enrolled in Medicare Part B and/or Part D when it is determined that the member's adjusted gross income, as reported on the federal tax return, exceeds a certain amount. Social Security will notify you if this applies to you.

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.

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.

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).

RMT (GIC Retired Municipal Teacher) – a retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the GIC RMT program. Retired teachers who transfer to municipal coverage as part of the municipality joining the GIC are no longer GIC RMTs.

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

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