

2012-2013



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
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Connection

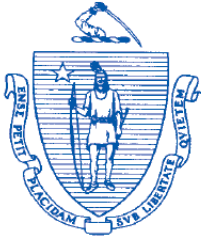


# GIC BENEFIT DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

## MUNICIPAL EMPLOYEES, RETIREES & SURVIVORS

Benefits and Rates Effective July 1, 2012 • ***EVALUATE YOUR OPTIONS CAREFULLY!***



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LIEUTENANT GOVERNOR



Spring 2012

Dear Colleagues:

Important options are available to you in choosing a health care plan through the Group Insurance Commission.

Through limited network plans and new ways for municipalities to lower health care costs, the GIC continues to provide excellent benefits at affordable costs to state and municipal workers. As we look ahead to Fiscal Year 2013, we remain committed to these objectives.

This **2012-2013 Benefit Decision Guide** gives you an overview of your options. The GIC's website, [www.mass.gov/gic](http://www.mass.gov/gic), offers additional details. Take the time to research your options so that you can make the best selections for you and your family.

Each of us has a part to play in sustaining access to affordable, quality health care -- the Group Insurance Commission by designing programs to improve the system; the administration and the Legislature by funding these programs responsibly; and you by being informed, thoughtful and active consumers.

Thank you for working with us to build a better state government and a stronger Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read "Timothy P. Murray", written over a large, stylized blue oval graphic.

# HOW TO USE THIS GUIDE

## All members should read:

New Hire and Annual Enrollment Overview	2
Family and Employment Changes	3
Annual Enrollment News	4
Choose the Best Health Plan for You and Your Family	5
Employee/Non-Medicare Limited Network Plans—Great Value; Quality Coverage	6
Employee/Non-Medicare Health Plan Locations	7
Calendar Year Deductible Questions and Answers	8
Medicare and Your GIC Benefits	9
Monthly Group Insurance Commission (GIC) Full Cost Rates Effective July 1, 2012	11

## Find out about your Employee/Non-Medicare health plan options:

Prescription Drug Benefits	12
Employee and Non-Medicare Retiree/Survivor Health Plans	13

## Find out about your Medicare health plan options:

Prescription Drug Benefits	12
Medicare Health Plans	24

## Resources for additional information:

Inscripción Anual	30
年度登記	30
Website	30
Ghi Danh Hàng Năm	30
Health Fair Schedule	31
GIC Plan Contact Information	32
Glossary	33

## IMPORTANT REMINDERS

- This **Benefit Decision Guide** contains important benefit and rate changes effective July 1, 2012. *Review pages 4 and 11 for details.*
- Read the **Choose the Best Health Plan for You and Your Family** section on page 5 for information to consider when selecting a health plan.
- Read the **Employee/Non-Medicare Limited Network Plans – Great Value; Quality Coverage** section to find out more about the limited network plan options for Employees and Non-Medicare Retirees/Survivors.
- If you are already enrolled and want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.
- **Once you choose a health plan, you cannot change plans until the next annual enrollment**, even if your doctor or hospital leaves the health plan, unless you move out of the plan's service area.
- **Annual Enrollment forms and requests are due no later than Monday, May 7, 2012:**
  - **New GIC Enrollees, GIC RMTs converting to municipal coverage and Active Employees:** GIC enrollment forms and, if not already enrolled in a GIC plan or an RMT, required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office.
  - **Existing Municipal Retirees/Survivors:** Written request to the GIC asking for the change.



Your  
Benefits  
Connection

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

# NEW HIRE AND ANNUAL ENROLLMENT OVERVIEW

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire.



**If you are a current municipal enrollee and want to keep the same GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.**


NEW EMPLOYEES	EMPLOYEES, GIC RETIRED MUNICIPAL TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE and NON-MEDICARE RETIREES/SURVIVORS	MEDICARE RETIREES/SURVIVORS and RETIRED MUNICIPAL TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE
<p><b>Within 10 Calendar Days of Hire</b> GIC benefits begin on the first day of the month following 60 days or two full calendar months, whichever comes first.</p>	<p><b>During Annual Enrollment</b> <b>April 9-May 7, 2012</b> <b>for changes effective July 1, 2012</b></p>	
<p><b>You may enroll in one of these health plans:</b></p>	<p><b>You may enroll in or change your selection of one of these health plans:</b></p>	<p><b>You may change your selection of one of these health plans:</b></p>
<ul style="list-style-type: none"> <li>• Fallon Community Health Plan Direct Care </li> <li>• Fallon Community Health Plan Select Care</li> <li>• Harvard Pilgrim Independence Plan</li> <li>• Harvard Pilgrim Primary Choice Plan </li> <li>• Health New England </li> <li>• NHP Care (Neighborhood Health Plan) </li> <li>• Tufts Health Plan Navigator</li> <li>• Tufts Health Plan Spirit </li> <li>• UniCare State Indemnity Plan/Basic</li> <li>• UniCare State Indemnity Plan/Community Choice </li> <li>• UniCare State Indemnity Plan/PLUS</li> </ul>		<ul style="list-style-type: none"> <li>• Fallon Senior Plan</li> <li>• Harvard Pilgrim Medicare Enhance</li> <li>• Health New England MedPlus</li> <li>• Tufts Health Plan Medicare Complement</li> <li>• Tufts Health Plan Medicare Preferred</li> <li>• UniCare State Indemnity Plan/Medicare Extension (OME)</li> </ul>
<p><b>By submitting within 10 days of employment...</b></p>	<p><b>By submitting by May 7...</b></p>	
<ul style="list-style-type: none"> <li>• GIC enrollment forms; and</li> <li>• Required documentation for family coverage (<i>if applicable</i>) as outlined in the <i>Forms</i> section of our website to the GIC Coordinator in your benefits office</li> </ul>	<p><b>New GIC Enrollees, including GIC RMTs converting to municipal coverage, and Active Employees:</b> GIC enrollment forms and, if not already enrolled in a GIC plan or an RMT, required documentation as outlined on the <i>Forms</i> section of our website to the GIC Coordinator in your benefits office</p> <p><b>Existing Municipal Retirees/Survivors:</b> Written request to the GIC asking for the change</p>	

**NOTE:** Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. See your municipality's GIC Coordinator for details.



**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 move out of the plan's service area or are retired and become eligible for Medicare (*in which case, you must switch plans*).**

**Enrollment and application forms are available on our website: [www.mass.gov/gic](http://www.mass.gov/gic) and through the GIC Coordinator in your benefits office.**

 Indicates this is a GIC Limited Network Plan.

# FAMILY AND EMPLOYMENT CHANGES

## FREQUENTLY ASKED QUESTIONS

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

**A** GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

**Q** *I am an active GIC-eligible employee and retired from a state agency or participating municipality and eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?*

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

**Q** *I'm turning age 65; what do I need to do?*

**A** If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If you are eligible for Part A for free and if you are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC.

If you are eligible and continue working for a GIC participating municipality after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse covered by an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D.

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

**A** Yes. Your family may remain in your current health plan for as long as your child is a full-time student and enrolled in GIC coverage as a full-time student.

However, if your child age 19 to 26 ceases to be a full-time student, complete and return the *Dependent Age 19 to 26 Enrollment and Change Form*; that child must reside within your health plan's service area to be covered. If he or she lives outside of your health plan's service area, the family must be enrolled in the UniCare Indemnity Plan/Basic.

**Q** *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

**A** Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible for Part A for free, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. *See page 9 for health plan combination options.*

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

**A** If you (the insured) 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*. However, he/she must apply for survivor coverage by contacting the GIC for an application; survivor coverage is **not** an automatic benefit.



### **You MUST Notify Your Benefits Office (active employees) or the GIC (retirees and survivors) When Your Personal or Family Information Changes**

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for services provided to you or a family member. If any of the following occur, active employees must notify the GIC Coordinator in their benefits office; if you are a retiree or survivor, write to the GIC:

- 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 or who has moved out of your health plan's service area
- Death of an insured
- Death of a covered spouse or dependent
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other health coverage

*You may be held personally and financially responsible for failure to notify the GIC of personal or family status changes.*

**See the GIC's website for answers to other frequently asked questions:  
[www.mass.gov/gic](http://www.mass.gov/gic)**

# FAQ

## The GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

### Limited Network Plans

The GIC has kept premium increases as low as possible and has been on the forefront of raising awareness about differences in provider quality and costs. The GIC continues its focus on **Employee and Non-Medicare retiree/survivor** limited network plans that provide the same great benefits as wider network plans, with fewer providers and lower costs. *See more about the benefits of these plans on page 6.*

### Clinical Performance Improvement Initiative

The GIC's important Clinical Performance Improvement (CPI) Initiative for **Employee and Non-Medicare Plans** is beginning its eighth year of operation. With this program, members pay lower copays for providers with higher quality and/or cost-efficiency scores:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 copay.

#### **How are physician tiers determined?**

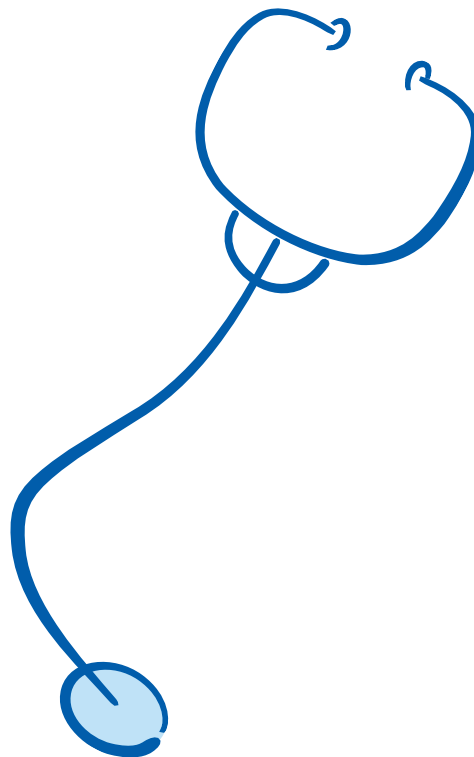
Based on an analysis of tens of millions of physician claims and sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.

*During annual enrollment, be sure to check your doctor's and hospital's tier, as it can change each July 1 with new data.*

*If you are a current municipal enrollee and want to keep the same GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.*

## Health Plan Benefit Changes Effective July 1, 2012

- **Fallon Direct, Fallon Select, Harvard Independence, Harvard Primary Choice, Health New England, NHP Care, Tufts Navigator and Tufts Spirit:** the inpatient hospital member copay will be limited to one per calendar quarter for these plans. The UniCare plans already offer this benefit.
- **Neighborhood Health Plan** will require Primary Care Physician referrals to specialists.
- **UniCare Indemnity Basic, Community Choice, Medicare Extension (OME) and PLUS:** the \$40 maximum reimbursement to chiropractor providers will be eliminated. The copay, coinsurance and 20-visit-per-year limit will still apply.




# CHOOSE THE BEST HEALTH PLAN FOR YOU AND YOUR FAMILY



## STEP 1:

### IDENTIFY which plan(s) you are eligible to join:

- Determine if you are eligible for Medicare (*see page 9*).
- Where you live determines which plan(s) you may enroll in. *See the map on page 7 for Employee/Non-Medicare health plan locations and page 10 for Medicare plan locations.*
- See each health plan page for eligibility details (*see pages 13-29*).

 **Do Your Homework During Annual Enrollment—Even If You Want to Stay in the Same Health Plan**



## STEP 2:

### For the plans you are eligible to join and are interested in...

- **REVIEW** their benefit summaries (*see pages 13-29*).
- **WEIGH** features that are important to you, such as out-of-network benefits, prescription drug coverage, mental health benefits, and the selection of a Primary Care Physician to coordinate your care.
- **REVIEW** their monthly rates (*see separate rate chart*).
- If you are an employee or Non-Medicare retiree/survivor, consider enrolling in a limited network plan—you will save money on your monthly premium (*see page 6*).
- **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 go to the plan's website and search for your doctors and hospitals. Be sure to specify the health plan's full name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim."



**Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you must stay in the plan until the next annual enrollment. The health plan will help you find another provider.**



## STEP 4:

**Check on copay tier assignments** that affect what you pay when you get physician or hospital services. *Copay tiers do not apply to GIC Medicare plans.*



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

### 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 32 for website addresses.*
- 2 The health plan's customer service line:** A representative can help you. *See page 32 for phone numbers.*
- 3 A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 31 for the health fair schedule.*



## Consider Enrolling in a Limited Network Plan to Save Money Every Month on Your Premiums!

Limited network plans help address differences in provider costs. You will enjoy the same benefits as wider network plans, but will save money because limited network plans have a smaller network of providers (not every doctor and hospital). Your savings depend on:

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

*See the separate municipal rate chart to calculate your savings.*

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

The GIC has a side-by-side comparison of the six limited network plans and their participating hospitals on our website: [www.mass.gov/gic](http://www.mass.gov/gic)

For participating physician and other provider details, contact the individual plans by phone or visit their website (*see page 32*).



## Limited Network Plan

### The GIC's limited network plans are:

- **Fallon Community Health Plan Direct Care** – an HMO based at physician practices throughout central Massachusetts, Metro West, Middlesex Valley, the North Shore and the South Shore. The plan includes 25 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 57 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire County and Cape Cod.
- **Health New England** – a western Massachusetts-based HMO that also covers parts of Worcester County and includes 18 Massachusetts hospitals.
- **NHP Care (Neighborhood Health Plan)** – an HMO with a provider network that includes community health centers, independent medical groups and hospital group practices, as well as 67 hospitals. NHP Care is available across most of the state except for Berkshire, Franklin, Hampshire, and parts of Plymouth County.
- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 53 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire County.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 49 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha's Vineyard and Nantucket.



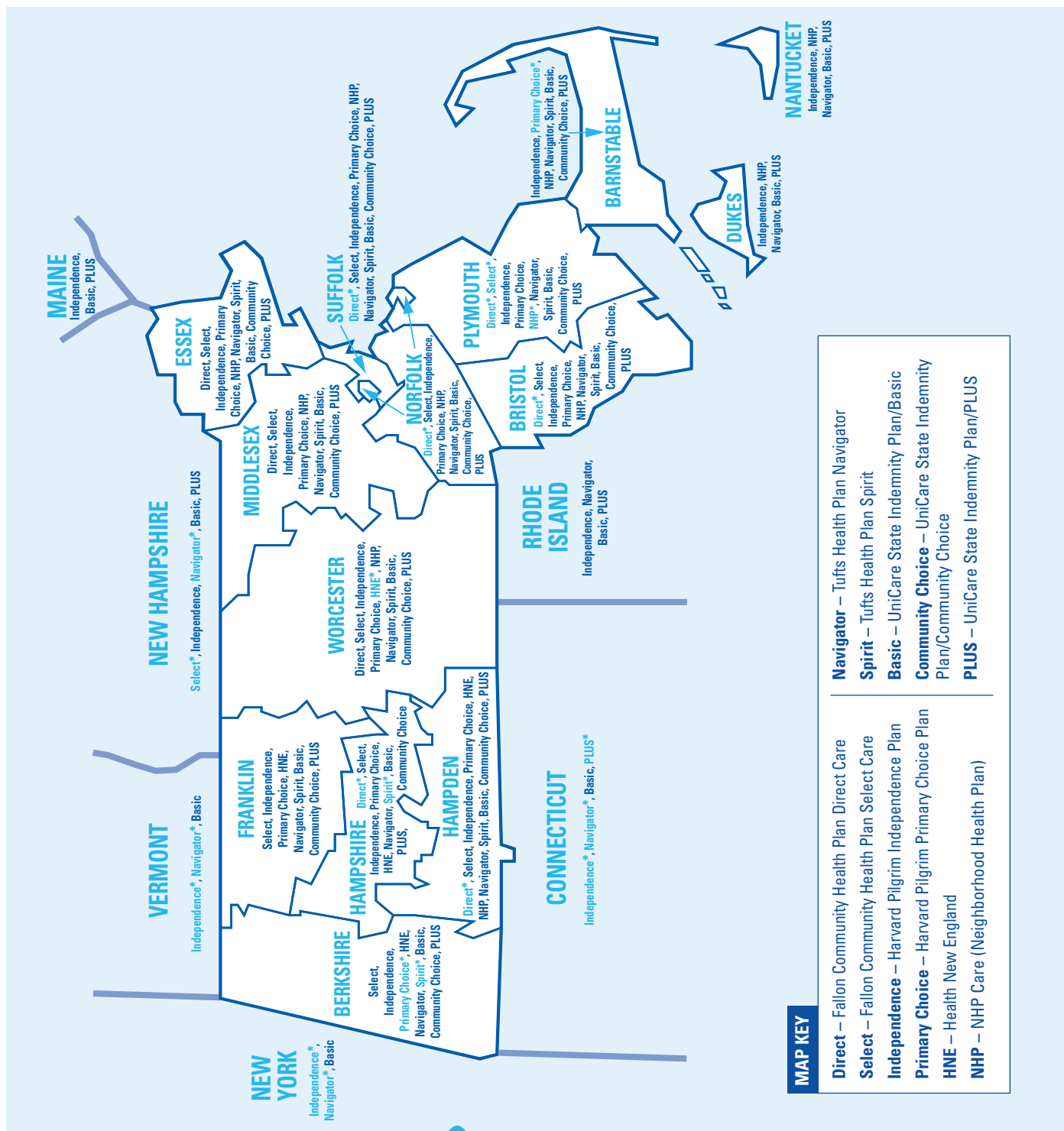
### Your Responsibility Before You Enroll in a Plan

- Be sure to check if your doctors participate in the plan;
- Find out if the doctors’ affiliated hospitals are in the plan; and
- **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. 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.



# EMPLOYEE/NON-MEDICARE HEALTH PLAN LOCATIONS

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 **Non-Medicare** plan  
offered by the GIC that is available  
throughout the United States and  
outside of the country.

\* 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 in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

# CALENDAR YEAR DEDUCTIBLE QUESTIONS AND ANSWERS

All GIC **Employee and Non-Medicare retiree/survivor health plans** include a calendar year deductible. The in-network deductible is \$250 per member to a maximum of \$750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

## Deductible Questions and Answers

### Q *What is a deductible?*

**A** This is a fixed dollar amount you must pay each calendar 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 calendar year deductible?*

**A** The deductible is \$250 per member, up to a maximum of \$750 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a \$250 deductible before benefits begin.
- **Two-person family:** Each person must satisfy a \$250 deductible.
- **Three- or more person family:** The maximum each person must satisfy is \$250 until the family as a whole reaches the \$750 maximum.



### Q *Am I subject to another deductible when the new fiscal year begins or if I change plans because I move out of the service area during the year?*

**A** Although GIC health benefits are effective each July, the deductible is a calendar year cost.

*You will **not** be subject to a new deductible if:*

You stay with the same health plan carrier but switch to one of its other options.

*You **will** be subject to a new deductible if:*

You change health plans and choose a new GIC health plan carrier.

### 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. **Also, 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
- Wigs (medically necessary)
- 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** When you visit a doctor or hospital, the provider will ask you for your copay upfront. After you receive services, your health plan may provide you with an Explanation of Benefits, or you can contact 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.

# MEDICARE AND YOUR GIC BENEFITS

## 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.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit 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. Due to federal law, different rules apply for same-sex spouses; see our website for details.



### 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 must 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

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	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 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)

# MEDICARE AND YOUR GIC BENEFITS

## How to Calculate Your Rate

See separate rate chart from your municipality.

### Retiree and Spouse Both on Medicare

Find the premium 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

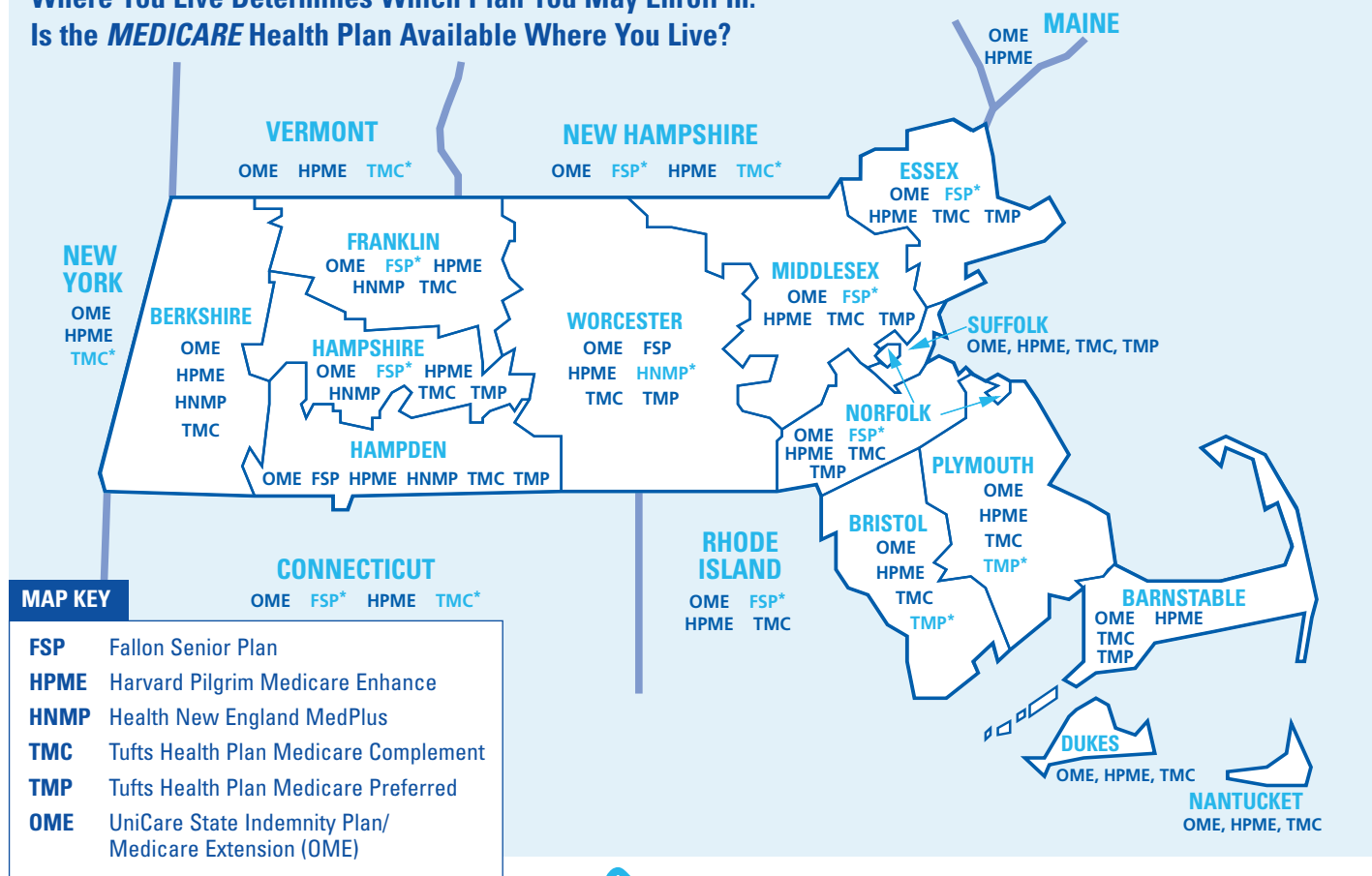
- 1 Find the premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
- 2 Find the individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
- 3 Add the two premiums together; this is the total that you will pay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

## Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the map below.*
- You may change GIC Medicare plans only during annual enrollment, unless you move 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, 2013. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

## MEDICARE HEALTH PLAN LOCATIONS

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 is available throughout the United States. The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

\* 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 in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

# MONTHLY GROUP INSURANCE COMMISSION (GIC) FULL COST RATES







Effective July 1, 2012

Full Cost Rates Including the 0.50% Administrative Fee



For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

## Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care 	HMO	\$454.50	\$1,090.80
Fallon Community Health Plan Select Care	HMO	573.38	1,376.11
Harvard Pilgrim Independence Plan	PPO	654.56	1,597.13
Harvard Pilgrim Primary Choice Plan 	HMO	523.65	1,277.70
Health New England 	HMO	445.15	1,103.63
NHP Care (Neighborhood Health Plan) 	HMO	475.84	1,260.93
Tufts Health Plan Navigator	PPO	600.36	1,463.98
Tufts Health Plan Spirit 	HMO-type	478.41	1,166.63
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	892.93	2,085.15
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	852.09	1,990.42
UniCare State Indemnity Plan/Community Choice 	PPO-type	423.67	1,016.79
UniCare State Indemnity Plan/PLUS	PPO-type	577.78	1,379.15

## Medicare Plans

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare (HMO)	\$264.54
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	387.44
Health New England MedPlus	Medicare (HMO)	359.59
Tufts Health Plan Medicare Complement	Medicare (HMO)	390.95
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	243.21
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	373.53
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	362.82

\* Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2013.



Compare these plan rates with the other options and see how much you will save every month!

# PRESCRIPTION DRUG BENEFITS

## 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. The following descriptions will help you understand your prescription drug copayment levels. Contact 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. They cost less because they do not have the same marketing and research expenses as brand name drugs.

**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, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money—up to one copay every three months. *See pages 13-29 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, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

**Step Therapy** – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.

**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.

**Maintenance Drug Pharmacy Selection** – If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must tell your prescription drug plan whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.

**Specialty Drug Pharmacies** – If you are prescribed specialty drugs—such as injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis—you'll 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 to your doctor's office.



## 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 the federal Medicare Part D drug plans being offered. Therefore, most individuals should **not** enroll in a federal Medicare 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 a 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 have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one instance where signing up for a Medicare Part D plan may work for you. Help is available online at [www.ssa.gov](http://www.ssa.gov) or by phone at **1.800.772.1213**.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically dis-enroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. 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.**

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
*See page 8 for details.*

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Fallon Community Health Plan Direct Care is available in the following Massachusetts counties:

Essex, Middlesex, Worcester

Fallon Community Health Plan Direct Care is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Bristol, Hampden, Hampshire, Norfolk, Plymouth, Suffolk

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.



Limited Network Plan



### Your Responsibility

Do your doctors and hospitals participate in Fallon Direct?

Contact the plan.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Fallon Community Health Plan

1.866.344.4442  
www.fchp.org/gic

## Copays Effective July 1, 2012

### Primary Care Physician Office Visit:

\$15 per visit

### Preventive Services:

Covered at 100% – no copay

### Specialist Physician Office Visit:

\$25 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$15 per visit

### Retail Clinic:

\$15 per visit

### Inpatient Hospital Care – Medical

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):*

\$200 per admission

### Outpatient Surgery

*(Maximum four copays annually per person):*

\$110 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

*(Maximum one copay per day):*

\$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## Your Responsibility

Do your doctors and hospitals participate in Fallon Select? Contact the plan.

## FALLON COMMUNITY HEALTH PLAN SELECT CARE

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your provider is rated.

**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.**

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

Fallon Community Health Plan Select Care is available in the following Massachusetts counties:

Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Fallon Community Health Plan Select Care is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Plymouth

Fallon Community Health Plan Select Care is available only in certain parts of the following state; contact the plan to find out if you live in the service area:

New Hampshire

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Fallon Community Health Plan

1.866.344.4442

www.fchp.org/gic

## Copays Effective July 1, 2012

**Primary Care Physician Office Visit:** \$20 per visit

**Preventive Services:** Covered at 100% – no copay

### Specialist Office Visit:

*Fallon Community Health Plan tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetrician/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

**Retail Clinic:** \$20 per visit

**Outpatient Mental Health and Substance Abuse Care:** \$20 per visit

### Inpatient Hospital Care – Medical

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):* \$250 per admission

### Outpatient Surgery

*(Maximum four copays annually per person):*  
\$125 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

*(Maximum one copay per day):*  
\$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

#### Retail up to 30-day supply:

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

#### Mail Order up to 90-day supply:

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110



# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## HARVARD PILGRIM INDEPENDENCE PLAN

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. 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 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.

### **Calendar Year Deductible**

**\$250 per individual up to a maximum of \$750 per family.**  
See page 8 for details.

### **Eligibility**

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### **Service Area**

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine, New Hampshire, Rhode Island

The Harvard Pilgrim Independence Plan is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New York, Vermont

### **Monthly Rates as of July 1, 2012**

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### **Harvard Pilgrim Health Care**

1.800.542.1499

[www.harvardpilgrim.org/gic](http://www.harvardpilgrim.org/gic)

## In-Network Copays Effective July 1, 2012

**Primary Care Physician Office Visit:** \$20 per visit

**Preventive Services:** Covered at 100% – no copay

### **Specialist Physician Office Visit**

*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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

★★★ Tier 1 (excellent): \$20 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

**Out-of-State Specialist Office Visit:** \$35 per visit

**Retail Clinic:** \$20 per visit

### **Outpatient Mental Health and Substance**

**Abuse Care:** \$20 per individual visit

### **Inpatient Hospital Care – Medical**

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)*  
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost.

Tier 1: \$250 per admission

Tier 2: \$500 per admission

Tier 3: \$750 per admission

### **Outpatient Surgery**

*(Maximum four copays per person per calendar year):*

\$150 per occurrence

### **High-Tech Imaging (e.g., MRI, PET and CT scans)**

*(Maximum one copay per day):*

\$100 per scan

### **Emergency Room:**

\$100 per visit *(waived if admitted)*

### **Prescription Drug**

**Retail up to  
30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to  
90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## HARVARD PILGRIM PRIMARY CHOICE PLAN

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers.

**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.**

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.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The Harvard Pilgrim Primary Choice Plan is available in the following Massachusetts counties:

Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

The Harvard Pilgrim Primary Choice Plan is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Barnstable, Berkshire

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.



Limited Network Plan



### Your Responsibility

Do your doctors and hospitals participate in Harvard Pilgrim Primary Choice? Contact the plan.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Harvard Pilgrim Health Care

1.800.542.1499

www.harvardpilgrim.org/gic

## Copays Effective July 1, 2012

**Primary Care Physician Office Visit:** \$20 per visit

**Preventive Services:** Covered at 100% – no copay

### Specialist Physician Office Visit

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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.

★★★ Tier 1 (excellent): \$20 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

**Out-of-State Specialist Office Visit:** \$35 per visit

**Retail Clinic:** \$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$20 per individual visit

### Inpatient Hospital Care – Medical

(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost.

Tier 1: \$250 per admission

Tier 2: \$500 per admission

### Outpatient Surgery

(Maximum four copays per person per calendar year):

\$150 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

(Maximum one copay per day):

\$100 per scan

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## HEALTH NEW ENGLAND

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. 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.

**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.**

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
*See page 8 for details.*

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

Health New England is available in the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Worcester

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.



Limited Network Plan



### Your Responsibility

Do your doctors and hospitals participate in Health New England?  
Contact the plan.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Health New England

1.800.842.4464

[www.hne.com/gic](http://www.hne.com/gic)

## Copays Effective July 1, 2012

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

### Specialist Physician Office Visit

*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.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

**Retail Clinic:** \$20 per visit

### Outpatient Mental Health and Substance

**Abuse Care:** \$20 per visit

### Inpatient Hospital Care – Medical

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):*  
\$250 per admission

### Outpatient Surgery

*(Maximum four copays annually per person):*  
\$110 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

*(Maximum one copay per day):*  
\$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS



Limited Network Plan



## Your Responsibility

Do your doctors and hospitals participate in Neighborhood Health Plan?

Contact the plan.

## NHP CARE (*Neighborhood Health Plan*)

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care, **including referrals to specialists**. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your provider is rated.

**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.**

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
*See page 8 for details.*

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

NHP Care is available in the following Massachusetts counties:

Barnstable, Bristol, Dukes, Essex, Hampden, Middlesex, Nantucket, Norfolk, Suffolk, Worcester

NHP Care is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Plymouth

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### NHP Care

1.800.462.5449

www.nhp.org

## Copays Effective July 1, 2012

### Primary Care Physician Office Visit

Neighborhood Health Plan tiers network Primary Care Physicians based on quality and/or cost efficiency:

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$25 per visit
- ★ Tier 3 (standard): \$30 per visit

### Preventive Services:

Covered at 100% – no copay

### Specialist Physician Office Visit

Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: *Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedists, Pulmonologists, and Rheumatologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

**Retail Clinic:** \$20 per visit

### Outpatient Mental Health and Substance

**Abuse Care:** \$25 per visit

### Inpatient Hospital Care – Medical

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):*

\$250 per admission

### Outpatient Surgery

*(Maximum four copays annually per person):*

\$110 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

*(Maximum one copay per day):*

\$100 per scan

**Emergency Room:** \$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## TUFTS HEALTH PLAN NAVIGATOR

Tufts Health Plan Navigator is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and 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.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### **Calendar Year Deductible**

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

Tufts Health Plan Navigator is available throughout Massachusetts.

The Plan is also available in the following other state:  
Rhode Island

Tufts Health Plan Navigator is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New Hampshire, New York, Vermont

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### **Medical Benefits: Tufts Health Plan**

1.800.870.9488 | [www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

### **Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health**

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

## In-Network Copays Effective July 1, 2012

**Primary Care Physician Office Visit:** \$20 per visit

**Preventive Services:** Covered at 100% – no copay

### **Specialist Physician Office Visit**

*Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

**Out-of-State Specialist Office Visit:** \$35 per visit

**Retail Clinic:** \$20 per visit

### **Outpatient Mental Health and Substance Abuse**

**Care** (See the GIC's website for a UBH Tufts Navigator benefit grid or contact UBH for additional benefit details): \$20 per visit  
UBH also offers EAP services.

### **Inpatient Hospital Care – Medical**

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)*  
Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost.

Tier 1: \$300 per admission

Tier 2: \$700 per admission

**Outpatient Surgery** (Maximum four copays per person per calendar year): \$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans)  
(Maximum one copay per day): \$100 per scan

**Emergency Room:** \$100 per visit (waived if admitted)

### **Prescription Drug**

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## TUFTS HEALTH PLAN SPIRIT

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that does not require members to select a Primary Care Physician (PCP). With an EPO, you receive care through the plan's network of doctors, hospitals and other providers.

**Contact the plan to see if your provider is in the network. There are no out-of-network benefits, with the exception of emergency care.**

Members pay lower office visit copays when they see Tier 1 and 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.

The mental health benefits of this plan are administered by United Behavioral Health (UBH).

### **Calendar Year Deductible**

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

Tufts Health Plan Spirit is available in the following Massachusetts counties:

Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Tufts Health Plan Spirit is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Berkshire, Hampshire

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.



### Your Responsibility

Do your doctors and hospitals participate in Tufts Spirit?

Contact the plan.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Medical Benefits: Tufts Health Plan

1.800.870.9488 | [www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

## Copays Effective July 1, 2012

**Primary Care Physician Office Visit** : \$20 per visit

**Preventive Services**: Covered at 100% – no copay

### Specialist Physician Office Visit

*Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

**Retail Clinic**: \$20 per visit

**Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH Tufts Spirit benefit grid or contact UBH for additional benefit details): \$20 per visit  
UBH also offers EAP services.

**Inpatient Hospital Care – Medical** (Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)  
Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost.

- Tier 1: \$300 per admission
- Tier 2: \$700 per admission

**Outpatient Surgery** (Maximum four copays per person per calendar year): \$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (Maximum one copay per day): \$100 per scan

**Emergency Room** : \$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## UNICARE STATE INDEMNITY PLAN/BASIC

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

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 United Behavioral Health (UBH), 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.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

## Service Area

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

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on benefits and the national network of providers.

### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestateplan.com](http://www.unicarestateplan.com)

### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

## Copays with CIC (Comprehensive) Effective July 1, 2012

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

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$20 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$40 per visit

**Out-of-State Primary Care Physician and Specialist Office Visit:** \$30 per visit

**Retail Clinic:** \$20 per visit

**Network Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH UniCare Basic benefit grid or contact UBH for additional benefit details): \$20 per visit

*UBH also offers EAP services.*

### Inpatient Hospital Care – Medical

(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$200 per admission

**Outpatient Surgery** (Maximum one copay per person per calendar year quarter): \$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (Maximum one copay per day): \$100 per scan

**Emergency Room:** \$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network based at community and some tertiary hospitals. Or, you may seek care from an out-of-network hospital for 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay. The plan offers access to all Massachusetts physicians and members are not required to select a Primary Care Physician (PCP). Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

The UniCare State Indemnity Plan/Community Choice is available in the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

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

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.



Limited  
Network Plan



### Your Responsibility

Are your hospitals in the UniCare Community Choice network?

Contact the plan.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Medical Benefits: UniCare

1.800.442.9300 | www.unicarestateplan.com

### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | www.caremark.com/gic

## In-Network Copays Effective July 1, 2012

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

### Primary Care Physician Office Visit

★★★ Tier 1 (excellent): \$15 per visit  
★★ Tier 2 (good): \$30 per visit  
★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

### Specialist Office Visit

★★★ Tier 1 (excellent): \$25 per visit  
★★ Tier 2 (good): \$30 per visit  
★ Tier 3 (standard): \$45 per visit

**Retail Clinic:** \$20 per visit

### Outpatient Mental Health and Substance Abuse

**Care** (See the GIC's website for a UBH UniCare Community Choice benefit grid or contact UBH for additional benefit details): \$20 per visit

*UBH also offers EAP services.*

### Inpatient Hospital Care – Medical

(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$250 per admission

**Outpatient Surgery** (Maximum one copay per person per calendar year quarter): \$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (Maximum one copay per day): \$100 per scan

**Emergency Room:** \$100 per visit (waived if admitted)

### Prescription Drug

**Retail up to  
30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to  
90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110



# EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

## UNICARE STATE INDEMNITY PLAN/PLUS

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan 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 after you pay a deductible.

Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your 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.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 8 for details.

## Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

## Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine, New Hampshire, Rhode Island

The UniCare State Indemnity Plan/PLUS is available only in certain parts of the following state; contact the plan to find out if you live in the service area:

Connecticut

## Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestateplan.com](http://www.unicarestateplan.com)

### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

## In-Network Copays Effective July 1, 2012

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$45 per visit

**Out-of-State Primary Care Physician and Specialist Office Visit:** \$30 per visit

**Retail Clinic:** \$20 per visit

### Outpatient Mental Health and Substance Abuse

**Care** (See the GIC's website for a UBH UniCare PLUS benefit grid or contact UBH for additional benefit details):

\$20 per visit

*UBH also offers EAP services.*

### Inpatient Hospital Care – Medical

*UniCare tiers hospitals based on quality and/or cost*

*(Maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)*

Tier 1: \$250 per admission

Tier 2: \$500 per admission

Tier 3: \$750 per admission

**Outpatient Surgery** – *UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay.*

*(Maximum one copay per person per calendar year quarter)*

Tier 1 and Tier 2: \$110 per occurrence

Tier 3: \$250 per occurrence

### High-Tech Imaging (e.g., MRI, PET and CT scans)

*(Maximum one copay per day):* \$100 per scan

**Emergency Room:** \$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## Your Responsibility

Do your doctors and hospitals participate in Fallon Senior Plan?

Contact the plan.

## FALLON SENIOR PLAN

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. 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. Contact the plan to see if your provider is in the network. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2013.***

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Fallon Senior Plan is available in the following Massachusetts counties:

Hampden, Worcester

Fallon Senior Plan is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Essex, Franklin, Hampshire, Middlesex, Norfolk

Fallon Senior Plan is available in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New Hampshire, Rhode Island

### Monthly Rates as of January 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Fallon Senior Plan

1.866.344.4442

[www.fchp.org/gic](http://www.fchp.org/gic)

## Copays Effective January 1, 2012

### Physician Office Visit

\$10 per visit

### Preventive Services

Covered at 100% – no copay

### Outpatient Mental Health and Substance Abuse Care

\$10 per visit

### Inpatient Hospital Care

Covered at 100% – no copay

### Inpatient and Outpatient Surgery

Covered at 100% – no copay

### Emergency Room

\$50 per visit (*waived if admitted*)

### Prescription Drug

#### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

#### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

# MEDICARE HEALTH PLANS

## HARVARD PILGRIM MEDICARE ENHANCE

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, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

### Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information

### Harvard Pilgrim Medicare Enhance

1.800.542.1499

[www.harvardpilgrim.org/gic](http://www.harvardpilgrim.org/gic)

## Copays Effective July 1, 2012

### Physician Office Visit

\$10 per visit

### Preventive Services

Covered at 100% – no copay

### Retail Clinic

\$10 per visit

### Outpatient Mental Health and Substance Abuse Care

\$10 per visit

### Inpatient Hospital Care

Covered at 100% – no copay

### Inpatient and Outpatient Surgery

Covered at 100% – no copay

### Emergency Room

\$50 per visit *(waived if admitted)*

### Prescription Drug

#### **Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

#### **Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## Your Responsibility

Do your doctors and hospitals participate in Health New England MedPlus?

Contact the plan.

## HEALTH NEW ENGLAND MEDPLUS

Health New England MedPlus is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Health New England MedPlus is available in the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England MedPlus is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Worcester

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Health New England MedPlus

1.800.842.4464

[www.hne.com/gic](http://www.hne.com/gic)

## Copays Effective July 1, 2012

### Physician Office Visit

\$10 per visit

### Preventive Services

Covered at 100% – no copay

### Retail Clinic

\$10 per visit

### Outpatient Mental Health and Substance Abuse Care

\$10 per visit

### Inpatient Hospital Care

Covered at 100% – no copay

### Inpatient and Outpatient Surgery

Covered at 100% – no copay

### Emergency Room

\$50 per visit (*waived if admitted*)

### Prescription Drug

#### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

#### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## Your Responsibility

Do your doctors and hospitals participate in Tufts Medicare Complement?  
Contact the plan.

## TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the Plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Medicare Complement is available throughout Massachusetts.

The plan is also available in the following other state:

Rhode Island

Tufts Health Plan Medicare Complement is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New Hampshire, New York, Vermont

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Tufts Health Plan Medicare Complement

1.888.333.0880

[www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

## Copays Effective July 1, 2012

### Physician Office Visit

\$10 per visit

### Preventive Services

Covered at 100% – no copay

### Retail Clinic

\$10 per visit

### Outpatient Mental Health and Substance Abuse Care

\$10 per visit

### Inpatient Hospital Care

Covered at 100% – no copay

### Inpatient and Outpatient Surgery

Covered at 100% – no copay

### Emergency Room

\$50 per visit (*waived if admitted*)

### Prescription Drug

#### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

#### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## Your Responsibility

Do your doctors and hospitals participate in Tufts Medicare Preferred?

Contact the plan.

## TUFTS HEALTH PLAN MEDICARE PREFERRED

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. 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. Contact the plan for details and to see if your provider is in the network. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2013.***

### Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Medicare Preferred is available in the following Massachusetts counties:

Barnstable, Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Tufts Health Plan Medicare Preferred is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Bristol, Plymouth

### Monthly Rates as of January 1, 2012

Municipal enrollees will receive a separate rate chart.

## Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

### Tufts Health Plan Medicare Preferred

1.888.333.0880

[www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

## Copays Effective January 1, 2012

### Physician Office Visit

\$10 per visit

### Preventive Services

Covered at 100% – no copay

### Outpatient Mental Health and Substance Abuse Care

\$10 per visit

### Inpatient Hospital Care

Covered at 100% – no copay

### Inpatient and Outpatient Surgery

Covered at 100% – no copay

### Emergency Room

\$50 per visit (*waived if admitted*)

### Prescription Drug

#### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

#### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME)

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 and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### 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, regardless of where they live.

### Service Area

The UniCare State Indemnity Plan/Medicare Extension (OME) is available throughout the United States and outside of the country.

### Monthly Rates as of July 1, 2012

Municipal enrollees will receive a separate rate chart.

### Plan Contact Information

Contact the plan for additional benefit information.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestatement.com](http://www.unicarestatement.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Copays with CIC (Comprehensive) Effective July 1, 2012

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

#### Physician Office Visit:

None after \$35 calendar year deductible

#### Preventive Services:

Covered at 100% – no copay

#### Retail Clinic:

None after \$35 calendar year deductible

#### Network Outpatient Mental Health and Substance Abuse Care *(See the GIC's website for a UBH UniCare OME benefit grid or contact UBH for additional benefit details)*

First four visits \$0; visits 5 and over: \$10 per visit

*UBH also offers EAP services.*

#### Inpatient Hospital Care *(Maximum one copay per person per calendar year quarter):*

\$50 per admission

#### Inpatient and Outpatient Surgery:

Covered at 100% within Massachusetts – no copay; call the plan for out-of-state details

#### Emergency Room:

\$25 per visit *(waived if admitted)*

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## NEED MORE HELP?

### Attend a Health Fair

Municipal members who are enrolling in GIC benefits for the first time, thinking about changing health plans, or have other health plan questions 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;
- Enroll in a health plan – remember to bring Required Documents with you (*for the list, see the Municipal Forms section of our website*); and
- Take advantage of complimentary health screenings.

See page 31 for the schedule.

### Inscripción Anual

La inscripción anual tendrá lugar a partir del 9 de abril hasta el 7 de mayo del 2012. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de inscribirse o cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer en el plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio o es elegible para Medicare.

Los cambios de cobertura entrarán en vigencia el 1 de julio del 2012. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan español que le ayudarán.

### 年度登記

年度投保從 2012 年 4 月 9 日開始，到 5 月 7 日結束。在這段期間，您（因為您是這個州的員工或退休員工）有機會可以投保或變更您的健康保險。如果您希望維持您目前的健康保險福利，則什麼都不必做。您的承保會自動持續。

即使您的醫師或醫院退出本計畫，您仍須維持您目前選擇的健保計畫，直到下一次開放投保期間才可以變更，除非是您搬離服務區域或是您符合 Medicare 的資格。

任何承保變更都會在 2012 年 7 月 1 日生效。欲查詢詳情，請致電 Group Insurance Commission，電話 617.727.2310，分機 1。

我們有講中文的員工可以幫助您。

### Our Website Provides Additional Helpful Information



[www.mass.gov/gic](http://www.mass.gov/gic)

#### See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats;
- Information about and links to all GIC plans;
- The latest annual enrollment news;
- Forms to expedite your annual enrollment decisions;
- Answers to frequently asked questions;
- GIC publications – including the *Benefits At-a-Glance* brochures and our *For Your Benefit* newsletter;
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for all UniCare plans and Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.

### Ghi danh hàng năm

Thời gian ghi danh hàng năm bắt đầu vào ngày 9 tháng 4 và chấm dứt vào ngày 7 tháng 5, năm 2012. Trong khoảng thời gian này, quý vị (với tư cách là nhân viên hoặc nhân viên hưu trí của tiểu bang) có cơ hội để ghi danh hoặc đổi chương trình bảo hiểm sức khỏe. Nếu muốn giữ chương trình bảo hiểm sức khỏe hiện tại của mình, quý vị không cần phải làm gì cả. Bảo hiểm của quý vị sẽ được tự động tiếp tục.

Quý vị phải giữ chương trình bảo hiểm sức khỏe hiện tại mà quý vị chọn cho đến thời gian ghi danh hàng năm kế tiếp, ngay cả khi bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình, trừ khi quý vị di chuyển ra khỏi khu vực phục vụ của chương trình hoặc khi quý vị hội đủ điều kiện được hưởng chương trình Medicare.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng 7, năm 2012. Để biết thêm thông tin chi tiết, xin quý vị gọi cho Group Insurance Commission tại số 617.727.2310, số nội bộ 1.

Có nhân viên nói tiếng Việt giúp đỡ quý vị.



# FOR MORE INFORMATION, ATTEND A GIC HEALTH FAIR

## APRIL 2012

**12 THURSDAY 11:00-4:30**  
**Lexington High School**  
 Field House  
 251 Waltham Street  
 LEXINGTON

**13 FRIDAY 11:00-2:00**  
**Berkshire Community College**  
 Paterson Field House  
 1350 West Street  
 PITTSFIELD

**14 SATURDAY 10:00-2:00**  
**Mass Maritime Academy**  
 Gymnasium  
 Academy Drive  
 BUZZARDS BAY

**17 TUESDAY 10:00-3:00**  
**Quinsigamond Community College**  
 Harrington Learning Center, Room 109  
 670 West Boylston Street  
 WORCESTER

**18 WEDNESDAY 10:00-3:00**  
**McCormack State Office Building**  
 One Ashburton Place, 21st Floor  
 BOSTON

**19 THURSDAY 11:00-3:00**  
**Wrentham Developmental Center**  
 Graves Auditorium  
 Littlefield Street  
 WRENTHAM

**20 FRIDAY 10:00-3:00**  
**Middlesex Community College**  
 Cafeteria  
 591 Springs Road  
 BEDFORD

**21 SATURDAY 11:00-3:00**  
**Northern Essex Community College**  
 The Technology Center, Rooms 103 A & B  
 100 Elliott Street  
 HAVERHILL

**23 MONDAY 11:00-5:00**  
**Tsongas Center**  
 300 Martin Luther King Jr. Way  
 LOWELL

**24 TUESDAY 11:00-4:30**  
**Community Center**  
 10 Humphrey Street  
 MARBLEHEAD

**25 WEDNESDAY 10:00-3:00**  
**U-Mass Amherst**  
 Student Union Ballroom  
 AMHERST

**26 THURSDAY 10:00-3:00**  
**Hampden County Sheriff's Department**  
 Hampden County Correctional Center  
 627 Randall Road  
 LUDLOW

**27 FRIDAY 11:00-4:30**  
**Peter Noyes Elementary School**  
 Gymnasium  
 280 Old Sudbury Road  
 SUDBURY

## MAY 2012

**1 TUESDAY 11:00-3:00**  
**Massasoit Community College**  
 Conference Center  
 770 Crescent Street  
 BROCKTON

**2 WEDNESDAY 10:00-3:00**  
**State Transportation Building**  
 10 Park Plaza, 2nd Floor  
 Conference Rooms 1, 2, 3  
 BOSTON

## 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		
<b>Fallon Community Health Plan</b> Direct Care Select Care Senior Plan	1.866.344.4442	<a href="http://www.fchp.org/gic">www.fchp.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan Medicare Enhance	1.800.542.1499	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>
<b>Health New England</b> HMO MedPlus	1.800.842.4464	<a href="http://www.hne.com/gic">www.hne.com/gic</a>
<b>Neighborhood Health Plan</b> NHP Care	1.800.462.5449	<a href="http://www.nhp.org">www.nhp.org</a>
<b>Tufts Health Plan</b> Navigator Spirit	1.800.870.9488	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>
<ul style="list-style-type: none"> <li>Mental Health/Substance Abuse and EAP <i>(United Behavioral Health)</i></li> </ul>	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <i>(access code: 10910)</i>
Medicare Complement Medicare Preferred	1.888.333.0880	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice Medicare Extension (OME) PLUS	1.800.442.9300	<a href="http://www.unicarestateplan.com">www.unicarestateplan.com</a>
<i>For all UniCare Plans</i> <ul style="list-style-type: none"> <li>Prescription Drugs <i>(CVS Caremark)</i></li> <li>Mental Health/Substance Abuse and EAP <i>(United Behavioral Health)</i></li> </ul>	1.877.876.7214 1.888.610.9039	<a href="http://www.caremark.com/gic">www.caremark.com/gic</a> <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <i>(access code: 10910)</i>

ADDITIONAL RESOURCES		
<b>Employee Assistance Program for Managers and Supervisors</b> <i>(United Behavioral Health)</i>	1.781.472.8448	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> <i>(access code: 10910)</i>
<b>Internal Revenue Service (IRS)</b>	1.800.829.1040	<a href="http://www.irs.gov">www.irs.gov</a>
<b>Massachusetts Teachers' Retirement System</b>	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	<a href="http://www.mass.gov/mtrs">www.mass.gov/mtrs</a>
<b>Medicare</b>	1.800.633.4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>Social Security Administration</b>	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>

### OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583  
[www.mass.gov/gic](http://www.mass.gov/gic)

**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. 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 plans were aggregated to identify differences in physician quality and cost efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with copay incentives when they use higher-performing providers.

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

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

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

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

**GIC (Group Insurance Commission)** – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. The mission of the GIC is to provide high-value health insurance and other benefits to state and certain authority employees, retirees, and their survivors and dependents. The GIC also provides health-only benefits to participating municipalities.

**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. An HMO requires the selection of a Primary Care Physician (PCP).

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

**PCP (Primary Care Physician)** – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

**PPO (Preferred Provider Organization)** – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician (PCP).

**Preventive Services** – generally, health care services, such as routine physicals, that do not treat an illness, injury, or condition.

**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 for health-only benefits are no longer GIC RMTs.

**39-Week Layoff Coverage** – allows laid-off insureds to continue their group health 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 02114-8747

## COMMONWEALTH OF MASSACHUSETTS

**Deval L. Patrick**, *Governor*

**Timothy P. Murray**, *Lieutenant Governor*

**Group Insurance Commission**

**Dolores L. Mitchell**, *Executive Director*

19 Staniford Street, 4th Floor  
Boston, Massachusetts

**Telephone:** 617.727.2310

**TDD/TTY:** 617.227.8583

**MAILING ADDRESS**

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

**COMMISSIONERS**

**Thomas A. Shields**, *Chair*

**Richard E. Waring**, *Vice Chair (NAGE)*

**Suzanne Bailey**, *Designee (for Joseph G. Murphy,  
Commissioner, Division of Insurance)*

**Theron R. Bradley**

**Stephen B. Chandler** (*Local 5000, S.E.I.U., NAGE*)

**David M. Cutler** (*Health Economist*)

**Robert J. Dolan** (*Massachusetts Municipal  
Association*)

**Kevin Drake** (*Council 93, AFSCME, AFL-CIO*)

**J. Mark Enriquez**

**Neil B. Minkoff, M.D.**

**Candace Reddy**, *Designee (for Jay Gonzalez,  
Secretary of Administration and Finance)*

**Anne M. Paulsen** (*Retiree Member*)

**Laurel Sweeney**

**Paul F. Toner** (*Massachusetts Teachers Association*)

**Website:** [www.mass.gov/gic](http://www.mass.gov/gic)