2012-2013

Commonwealth of Massachusetts
Group Insurance Commission

Your Benefits Connection

GIC BENEFIT DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES

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

OFFICE OF THE GOVERNOR
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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, 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,

HOW TO USE THIS GUIDE

All members should read:

Find out about your health plan options:

Find out about other benefit options:

Resources for additional information:

IMPORTANT REMINDERS

- This ***Benefit Decision Guide*** contains important benefit and rate changes effective July 1, 2012. *Review pages 4 and 8 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 ***Limited Network Plans – Great Value; Quality Coverage*** section on page 6 to find out more about the limited network plan options.
- If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.
- **Once you choose a health plan, you cannot change plans *until the next annual enrollment***, even if your doctor or hospital leaves the health plan, unless you move out of the plan's service area.
- Your annual enrollment forms are due to the GIC Coordinator in your benefits office **no later than Monday, May 7, 2012**. All forms and applications are available at the GIC's website (www.mass.gov/gic). Changes go into effect July 1, 2012.

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

Once you choose a health plan, you cannot change plans until the next annual enrollment, *even if your doctor or hospital leaves the plan, unless you move out of the plan's service area or are retired and become eligible for Medicare (in which case, you must switch plans).*

NEW EMPLOYEES Within 10 Calendar Days of Hire and EMPLOYEES OF NEW ENTITIES JOINING THE GIC

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

You may enroll in:

One of these health plans:

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

- Basic Life Insurance
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for Managers*
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting within 10 days of employment or during the specified open enrollment period…

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

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

CURRENT EMPLOYEES

During Annual Enrollment April 9-May 7, 2012 for changes effective July 1, 2012

You may enroll in or change your selection of:

One of these health plans:

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

You may enroll in or change your selection of:

- Basic Life Insurance
- GIC Dental/Vision Plan for Managers*

You may apply for*…

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

By submitting by May 7…

GIC enrollment forms to your GIC Coordinator

* See pages 23-26 and 28 for eligibility and option details.

Indicates this is a GIC Limited Network Plan.

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

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. Only the Dependent Care Assistance Program (DCAP) begins on the first day of employment.

Q ***I am an active GIC-eligible employee and also 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 your Social Security and Medicare benefit eligibility.

If you are eligible for Part A for free and you continue working 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 the GIC's website for details.

Employees 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.

FAQ

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

Q ***I am an active state employee age 65 or over; which health plan card should I present to a doctor's office or hospital?***

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

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

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

You MUST Notify Your GIC Coordinator 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 charged for services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

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

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

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 high-quality 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 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 want to keep your current 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.
- **Buy-Out Option Now Available Twice per Year:** state employees may apply to buy out their health plan coverage effective July 1, 2012, and January 1, 2013. *See page 26 for buy-out dates and eligibility details.*
- **UniCare Indemnity Basic, Community Choice, and PLUS:** the $40 maximum reimbursement to chiropractor providers will be eliminated. The copay, coinsurance and 20-visit-per-year limit will still apply.

Other Benefit Changes Effective July 1, 2012

- **New WellMASS Pilot Program**
  A new pilot wellness program is available for active employees of the Executive Branch, Constitutional Offices, and the Legislature. This program will include health assessments, online resources, and health coaching, depending on an employee's risk factors. Wellness seminars will be held at state office buildings across the state and all GIC enrollees may attend these sessions, regardless of their agency affiliation. *See page 22 for more information.*
- **Long Term Disability**
  The GIC awarded a new contract to Unum to continue as our Long Term Disability carrier. Rates will go down for the average enrollee by over 15 percent: depending on an employee's age, the rates will decrease or stay the same. *See page 23 for details.*
- **GIC Dental/Vision Plan**
  The GIC awarded a new contract to MetLife to continue as our dental carrier for the dental portion of the GIC Dental/Vision Plan. *See page 28 for plan information.*

CHOOSE THE BEST HEALTH PLAN FOR YOU AND YOUR FAMILY

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

STEP 1:

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

- Where you live determines which plan(s) you may enroll in. *See the map on page 7 for health plan locations.*
- See each health plan page for eligibility details *(see pages 11-21).*

STEP 2:

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

- **REVIEW** their benefit summaries on pages 11-21.
- **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 page 8).*
- **CONSIDER** enrolling in a limited network plan – you will save 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.

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

STEP 5:

Next fall, consider enrolling in the Health Care Spending Account and save on out-of-pocket health care expenses. *(See page 27 for additional information).*

Three Great Resources

1. **The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 31 for website addresses.*
2. **The health plan's customer service line:** A representative can help you. *See page 31 for phone numbers.*
3. **A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 30 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 the 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 page 8 to determine what the savings would be for the plans you are considering.

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

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

For participating physician and other provider details, contact the individual plans by phone or visit their website *(see page 31)*.

Your Responsibility Before You Enroll in a Plan

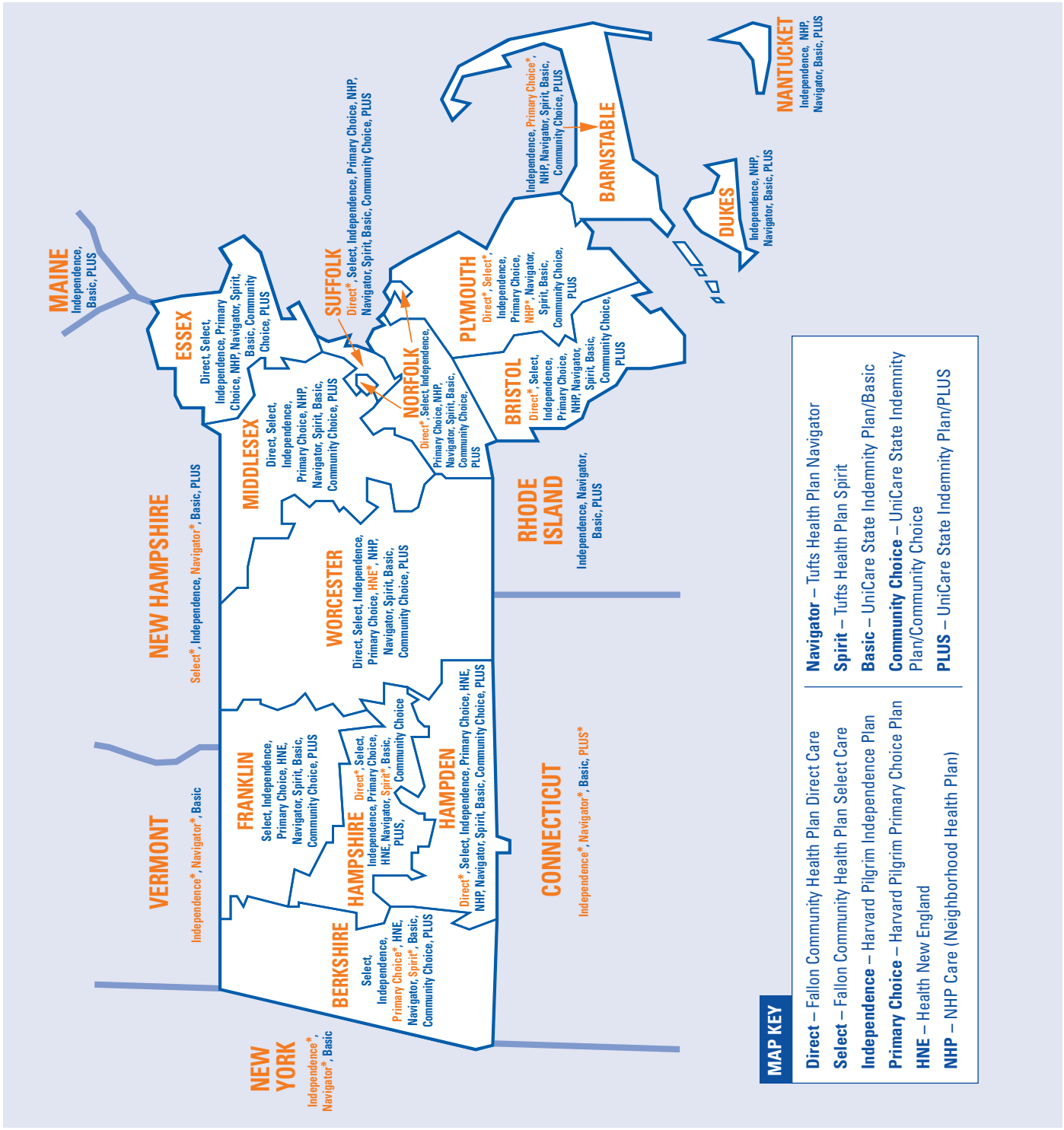
- Be sure to check if your doctors participate in the plan;
- Find out if the doctors' affiliated hospitals are in the plan; and
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation.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

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.

HEALTH PLAN LOCATIONS

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



The UniCare State Indemnity Plan/ Basic is the only employee health 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 of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.*

STATE EMPLOYEE HEALTH PLAN RATES

GIC Plan Rates as of July 1, 2012

Union employees from Bristol, Norfolk and Plymouth Sheriff Departments – see your GIC Coordinator for rates.

		For Employees Hired *Before July 1, 2003*		For Employees Hired *On or After July 1, 2003*	
		20%		25%	
		Employee Pays Monthly		*Employee Pays Monthly*	
Basic Life Insurance Only *$5,000 coverage*		$1.26		$1.58	
HEALTH PLAN *(premium includes Basic Life Insurance)*	**PLAN TYPE**	**INDIVIDUAL**	**FAMILY**	**INDIVIDUAL**	**FAMILY**
Fallon Community Health Plan Direct Care	HMO	$ 91.71	$218.33	$114.64	$272.92
Fallon Community Health Plan Select Care	HMO	115.37	275.11	144.21	343.90
Harvard Pilgrim Independence Plan	PPO	131.52	319.10	164.41	398.88
Harvard Pilgrim Primary Choice Plan	HMO	105.47	255.53	131.84	319.42
Health New England	HMO	89.85	220.89	112.32	276.12
NHP Care *(Neighborhood Health Plan)*	HMO	95.95	252.19	119.95	315.25
Tufts Health Plan Navigator	PPO	120.73	292.60	150.92	365.76
Tufts Health Plan Spirit	EPO (HMO-type)	96.47	233.43	120.59	291.79
UniCare State Indemnity Plan/ Basic *with CIC** *(Comprehensive)*	Indemnity	211.47	491.62	254.18	590.97
UniCare State Indemnity Plan/ Basic *without CIC* *(Non-Comprehensive)*	Indemnity	170.83	397.36	213.54	496.71
UniCare State Indemnity Plan/ Community Choice	PPO-type	85.57	203.61	106.97	254.51
UniCare State Indemnity Plan/PLUS	PPO-type	116.24	275.72	145.31	344.65

* *CIC is an enrollee-pay-all benefit.*

Contribution percentages may change after the Commonwealth's FY13 budget is enacted.
For other plan considerations, see page 5.

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

CALENDAR YEAR DEDUCTIBLE QUESTIONS AND ANSWERS

All GIC 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 in-network calendar year deductible?***

A The in-network 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.

If you are in a PPO-type plan, the out-of-network deductible is $400 per member, up to a maximum of $800 per family; this is a separate charge from the in-network deductible.

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 and 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 the 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 call your plan to find out which additional portion of the costs you will be responsible for. The provider will then bill you for any balance owed.

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.

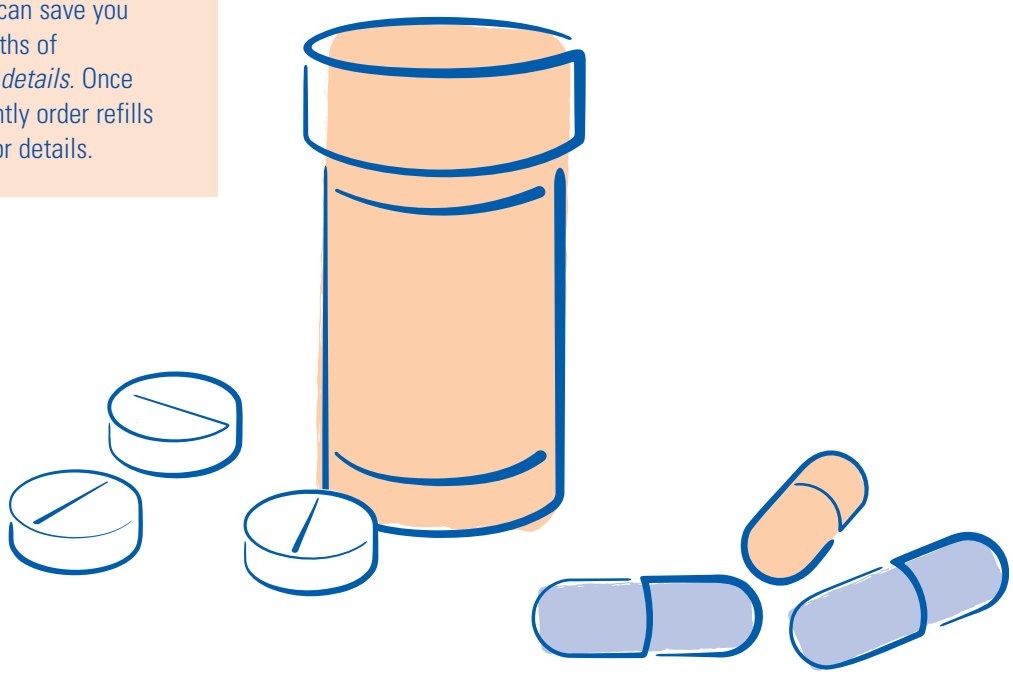
Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money—up to one copay for three months of medication. *See pages 11-21 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 you wish to continue to use a retail pharmacy or 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 doctor's office.



Limited ★ ★ ★ Network Plan

Your Responsibility
Do your doctors and hospitals participate in Fallon Direct?
Contact the plan.

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 9 for details.

Eligibility

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

See page 8.

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $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 9 for details.

Eligibility

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

See page 8.

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 9 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

See page 8.

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

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

Limited ★ ★ ★ Network Plan

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

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 9 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

See page 8.

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

Limited ★★★ Network Plan

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

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 9 for details.

Eligibility

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

See page 8.

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

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 9 for details.

Eligibility

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

See page 8.

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 9 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

See page 8.

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

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health
1.888.610.9039
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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

Limited ★★★ Network Plan

Your Responsibility
Do your doctors and hospitals participate in Tufts Spirit?
Contact the plan.

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 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 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 9 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

See page 8.

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

Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health
1.888.610.9039
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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 9 for details.

Eligibility

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

See page 8.

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

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

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

Limited ★★★ Network Plan

Your Responsibility
Are your hospitals in the UniCare Community Choice network?
Contact the plan.

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 9 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

See page 8.

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 9 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

See page 8.

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

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:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

New WellMASS Pilot Program for Employees in the Executive Branch, Constitutional Offices and the Legislature

Commonwealth of Massachusetts
Group Insurance Commission

State employees and early retirees have a new opportunity to improve their health with the GIC's pilot program, called WellMASS. This program, administered by StayWell Health Management, LLC, provides helpful tools to improve your health and well-being:

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

REWARDS:
Participants will receive incentives for completing certain milestones of this program.

Eligibility for the WellMASS Pilot Program

The WellMASS Pilot Program is for active state employees working in the Executive Branch, Constitutional Offices, and the Legislature. To be eligible, you must be enrolled in a GIC health plan.

Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not currently eligible for this pilot program. Our plan is to expand the program to all state agencies next year.

Lunch 'n Learn

All GIC members are eligible to participate in the WellMASS Lunch 'n Learn programs that will be held at various state office buildings across the state beginning in late spring. These programs will focus on weight, stress, hypertension, and tobacco cessation. A schedule of events will be available on the GIC's website.

Questions?

1.800.926.5455 • WellMASS.staywell.com

The GIC has selected Unum to continue as its Long Term Disability carrier. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

Rate Change Effective July 1, 2012

The rates of the average Long Term Disability plan enrollee will decrease by over 15 percent: depending on your age, an employee's rates will decrease or stay the same *(see chart below for new rates)*.

If you become suddenly ill, are in an accident, or have a weekend sports injury and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. With one in eight workers disabled for five years or more during their working career *(Source: Gen Re Disability Fact Book 2010)*, being out of work due to a disability is a very real possibility. That's why a salary replacement plan is an important benefit for you and your family.

If you become ill or injured and are unable to work for 90 consecutive days, this program will provide members with:

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

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits. You must notify the plan if you begin receiving other benefits. The minimum benefit will be $100 or 10% of your gross monthly benefit amount, whichever is greater.

Eligibility and Enrollment

All active full-time and half-time state employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits.

New State Employees

As a new state employee within 31 days of hire, or during any established enrollment period for transportation departments joining the GIC, employees may enroll in LTD without providing evidence of good health.

Current State Employees

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

LONG TERM DISABILITY

Monthly GIC Plan Rates as of July 1, 2012

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE MONTHLY PREMIUM *Per $100 of Monthly Earnings*
Under 20	$0.09
20 – 24	0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.38
45 – 49	0.51
50 – 54	0.61
55 – 59	0.75
60 – 64	0.72
65 – 69	0.41
70 and over	0.23

If you currently have Long Term Disability coverage, your payroll deduction will be updated automatically with these new rates for coverage effective July 1, 2012.

Long Term Disability (LTD) Questions?

Contact Unum: 1.877.226.8620

www.mass.gov/gic

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Basic Life Insurance

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

Accidental Death & Dismemberment (AD&D) Benefits

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

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

Accelerated Life Benefit

This benefit provision allows you to elect an advance payment of 25% to 75% of your life insurance death benefit if you have been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. You must continue to pay the required monthly premium. The remaining balance is paid to your beneficiary at death.

Portability and Conversion Questions?

Contact The Hartford Life and Accident Company

1.877.320.0484

Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit. If you have been diagnosed with a terminal illness, you may elect an advance payment of a portion of your life insurance death benefits during your lifetime *(Accelerated Life Benefit).*

How Much Do You Need?

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

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and needs for your age bracket. For instance, 35-year-olds with young families and mortgages might need the coverage. But 65-year-olds who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make financial sense for you to keep it. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age. *See the GIC Benefit Decision Guide for Retirees & Survivors or our website for these rates.*

Life Insurance and Leaving State Service

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

- **Portability** – continue your basic and/or optional life insurance at the group rate
- **Conversion** – convert your life insurance coverage to a non-group policy

Optional Life Insurance Enrollment

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

New State Employees

As a new state employee, or during any established enrollment period for transportation department employees joining the GIC, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

Current Employees

Active employees may apply for the first time or apply to increase their coverage at any time during the year. The active employee must complete a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Life Insurance and AD&D Questions?

Contact the GIC: 1.617.727.2310 ext. 1

www.mass.gov/gic

Current Employees with a Qualified Family Status Change

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

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

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2012.

OPTIONAL LIFE INSURANCE RATES – *Including Accidental Death & Dismemberment*

Monthly GIC Plan Rates as of July 1, 2012

ACTIVE EMPLOYEE AGE	SMOKER RATE *Per $1,000 of Coverage*	NON-SMOKER RATE *Per $1,000 of Coverage*
Under Age 35	$0.10	$0.05
35 – 44	0.12	0.06
45 – 49	0.22	0.08
50 – 54	0.35	0.15
55 – 59	0.54	0.21
60 – 64	0.80	0.32
65 – 69	1.46	0.74
Age 70 and over	2.58	1.17

HEALTH INSURANCE BUY-OUT/PRE-TAX PREMIUM DEDUCTIONS

Health Insurance Buy-Out

If you have access to non-state health insurance, for example, through a spouse, it may pay to participate in the Buy-Out Program.

During Annual Enrollment

If you were insured with the GIC on January 1, 2012 or before, and continue your coverage through June 30, 2012, you may apply to buy out your health plan coverage **effective July 1, 2012**, during annual enrollment.

October 1 – November 5, 2012

If you are insured with the GIC on July 1, 2012 or before, and continue your coverage through December 31, 2012, you may apply to buy out your health plan coverage **effective January 1, 2013.** The enrollment period for this buy-out will be October 1 - November 5, 2012.

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

For example:

State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2012:	$1,456.70
Monthly 12-month benefit =	25% of this premium
Employee receives 12 monthly checks of *(after federal, Medicare, and state tax deductions)*	$248.73

Buy-Out Questions?

Contact the GIC: 617.727.2310 ext. 1

www.mass.gov/gic

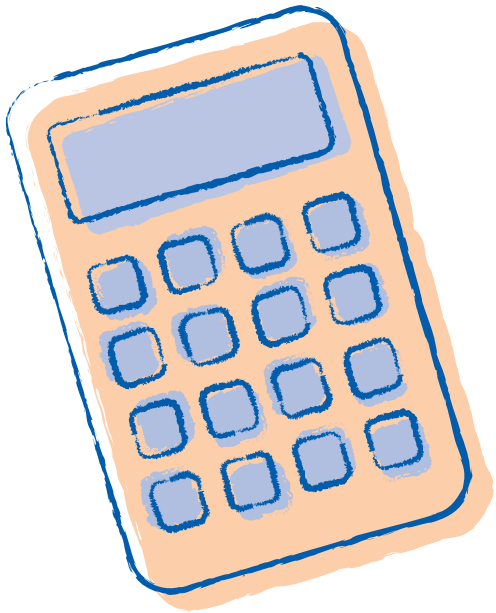
Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. By deducting on a pre-tax basis, the result is a small increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums.

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2012.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2012.

Pre-Tax Premium Deduction Questions?

Contact Your Payroll Department



FLEXIBLE SPENDING ACCOUNTS

The GIC's Flexible Spending Accounts (FSAs), administered by Benefit Strategies, help you save money on out-of-pocket health care costs and/or dependent care expenses. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis. Examples can include:

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

For calendar year 2012, participants can contribute $500 to $5,000 through payroll deduction on a pre-tax basis. Due to federal law, the HCSA maximum for calendar year 2013 is expected to change.

HCSA Eligibility

All active state employees who are eligible for GIC health benefits are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13 and a disabled adult dependent—including day care, after-school programs, elder day care, and day camp—on a pre-tax basis. You may elect an annual DCAP contribution of up to $5,000 per household.

DCAP Eligibility

Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

HCSA & DCAP

All HCSA participants receive a free debit card from Benefit Strategies to conveniently pay for health care expenses out of their HCSA account. Debit cards for a spouse or dependent, and replacement cards, are $5.00 each. Alternately, as you incur health care and dependent care expenses, submit a claim form and receipt to Benefit Strategies. They will deposit the reimbursement to your bank account or will mail you a check, depending on whether or not you enroll in direct deposit. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2012 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is $3.60 on a pre-tax basis.

HCSA & DCAP Enrollment

Open Enrollment: October 1 - November 16, 2012

The HCSA and DCAP plan year is January through December. Open enrollment for these programs will take place October 1 - November 16, 2012 for the 2013 calendar year. ***You must re-enroll each year.***

New State Employees

New state employees, including transportation employees joining the GIC, may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

Change in Status

Employees who have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

It is important to estimate your expenses carefully – the Internal Revenue Service requires that any unused funds be forfeited.

HCSA and DCAP Questions?

Contact Benefit Strategies
1.877.FLEXGIC (1.877.353.9442)
www.mass.gov/gic

Eligibility for the GIC Dental and Vision Plan

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

Annual Enrollment Options

During annual enrollment, eligible employees may enroll in GIC Dental/Vision for the first time, or change their dental plan selection.

DENTAL BENEFITS

The GIC has selected Metropolitan Life Insurance Company (MetLife) to continue as the provider of the dental portion of the GIC Dental/Vision plan. There are two dental plan options:

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

Both plans offer the following ***in-network*** benefits:

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

With either plan, if you use MetLife's Preferred Dentist Program (PDP), a network of participating dentists that have agreed to accept a schedule of reduced fees, you will pay the lower negotiated fee, even after you have exceeded your annual maximum.

GIC DENTAL/VISION PLAN

Monthly GIC Plan Rates as of July 1, 2012

PLAN	INDIVIDUAL	FAMILY
Value (PPO) **Plan**	$4.19	$13.00
Classic (Indemnity) **Plan**	$5.59	$17.36

Dental Questions?

Including frequency of covered services, out-of-network benefits, and providers

Contact MetLife: 1.866.292.9990

www.metlife.com/gic

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

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

Keep in mind that if you enroll in the MetLife Value (PPO) Plan, you may not change plans until the next annual enrollment, even if your dentist leaves the plan during the year.

VISION BENEFITS

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of over 1,100 Massachusetts providers, with additional providers across the country. Members receive basic services, such as routine eye examinations, collection frames, lenses, and scratch-resistant lens coating, at no cost and pay a copay for enhanced materials and services when they use a preferred provider. Members can also take advantage of Davis Vision discounts on additional eyewear.

When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including copayment amounts, providers, and discount programs

Contact Davis Vision: 1.800.650.2466

www.davisvision.com *(client code: 7852)*

Attend a Health Fair

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

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

See page 30 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 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.

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

年度登記在2012年4月9日開始，於5月7日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2012年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 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

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

Việc ghi danh hàng năm bắt đầu vào ngày 9 tháng Tư và chấm dứt vào ngày 7 tháng Năm, 2012. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2012. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 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, contact the individual plan.
Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Community Health Plan Direct Care Select Care	1.866.344.4442	www.fchp.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1.800.542.1499	www.harvardpilgrim.org/gic
Health New England	1.800.842.4464	www.hne.com/gic
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Navigator Spirit • Mental Health/Substance Abuse and EAP *(United Behavioral Health)*	1.800.870.9488 1.888.610.9039	www.tuftshealthplan.com/gic www.liveandworkwell.com *(access code: 10910)*
UniCare State Indemnity Plan/ Basic Community Choice PLUS *For all UniCare Plans* • Prescription Drugs *(CVS Caremark)* • Mental Health/Substance Abuse and EAP *(United Behavioral Health)*	1.800.442.9300 1.877.876.7214 1.888.610.9039	www.unicarestateplan.com www.caremark.com/gic www.liveandworkwell.com *(access code: 10910)*
OTHER BENEFITS		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) *(Benefit Strategies)*	1.877.FLEXGIC (1.877.353.9442)	www.mass.gov/gic
Life/AD&D Insurance *(The Hartford) – Contact the GIC*	1.617.727.2310 ext. 1	www.mass.gov/gic
Long Term Disability *(Unum)*	1.877.226.8620	www.mass.gov/gic
WellMASS Wellness Pilot Program *(StayWell Health Management)*	1.800.926.5455	WellMASS.staywell.com
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits *(MetLife)*	1.866.292.9990	www.metlife.com/gic
Vision Benefits *(Davis Vision)*	1.800.650.2466	www.davisvision.com *(client code: 7852)*
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors *(United Behavioral Health)*	1.781.472.8448	www.liveandworkwell.com *(access code: 10910)*
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Social Security Administration	1.800.772.1213	www.ssa.gov
State Board of Retirement	1.617.367.7770	www.mass.gov/retirement

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 • www.mass.gov/gic

GLOSSARY

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

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

CPI *(Clinical Performance Improvement)* **Initiative** – a GIC program 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.

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

Deductible – a set dollar amount which must be satisfied within 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 state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

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

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

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

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

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

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

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers 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.

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

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.

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

Commonwealth of Massachusetts
Group Insurance Commission

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