

2013-2014

# GIC BENEFIT DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS  
**EMPLOYEES**

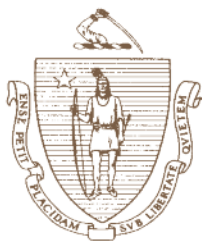
Benefits and Rates Effective July 1, 2013



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*

**HEALTH CARE IS CHANGING –  
Evaluate Your Options Carefully!**



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LIEUTENANT GOVERNOR



Spring 2013

Dear Colleagues:

Massachusetts continues to make strides in health care and I take pride in the leadership role the Commonwealth and our Administration takes on this important issue. Not only have we expanded access, we have developed and implemented innovative solutions for improving health care quality while containing costs. The Health Care Cost Containment law I signed last year creates new methods for paying for health care that promote better coordination and an increased focus on primary care. The Group Insurance Commission's (GIC) move to alternative payment systems is a critical step in implementing this legislation and making long overdue changes to the health care delivery system.

Through the GIC, state and municipal employees and retirees have access to comprehensive benefits at affordable costs. As an employee, and a patient, you play an important role in cost containment. I hope you will take advantage of information about provider costs and quality when choosing a Primary Care Provider (PCP), hospital, and other health care provider. We encourage you to use your PCP as a resource for coordinating your care, accessing other needed services, and keeping track of your health needs.

Be sure to read through this **2013-2014 Benefit Decision Guide** to get an overview of your benefit options, and choose the best health plan for you and your family. We encourage you to use other GIC resources for selecting your plan, including the GIC's website, [www.mass.gov/gic](http://www.mass.gov/gic), and health fairs across the state.

Thank you for your service and for helping us move forward with health care improvements while building a stronger Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deval Patrick", written over a large, stylized blue oval.

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## IMPORTANT REMINDERS

- This **Benefit Decision Guide** contains important benefit and rate changes effective July 1, 2013. *Review pages 4-5 and 9 for details.*
- Read the **Choose the Best Health Plan for You and Your Family** section on page 6 for information to consider when selecting a health plan.
- Read the **Limited Network Plans – Great Value; Quality Coverage** section on page 7 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 Wednesday, May 8, 2013.** All forms and applications are available at the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)). Changes go into effect July 1, 2013.



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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 new entity 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 involuntary loss of coverage. Contact your GIC Coordinator for details.

## CURRENT EMPLOYEES

**During Annual Enrollment April 10-May 8, 2013 for changes effective July 1, 2013**

**You may enroll in or change your selection of:**

**You may enroll in\*...**

- Long Term Disability (LTD)

**You may enroll in or change your selection of:**

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

**You may apply for\*...**

- 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 8...**

**GIC enrollment forms to your GIC Coordinator**

\* See pages 23-25, 27 and 29 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/forms](http://www.mass.gov/gic/forms) – and through your GIC Coordinator.**



# FAMILY AND EMPLOYMENT CHANGES

## FREQUENTLY ASKED QUESTIONS

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

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

**Q** *I am an active GIC-eligible employee. I am 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 Medicare Part A for free and you continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

A spouse who is 65 or over, and who is covered by an active employee, 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 change plans. Only the UniCare Indemnity Plan/Basic is nationwide.

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

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

**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
- Dependent other than full-time student 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.*



## GIC Chooses Health Plans for FY14 – FY19

### Procurement Emphasizes Improving the Way We Get and Pay for Health Care Services

All GIC health plan contracts come to an end on June 30, 2013, so the agency went out to bid last fall to select plans for the new five-year contract period. The procurement incorporated the basic elements of Chapter 224, the state's new Health Care Payment Reform law, as well as the federal Affordable Care Act. Both laws emphasize coordinated care, price transparency, and new ways of paying providers – shifting from fee for service to some form of global payment. The new laws also emphasize primary care as the focal point for achieving better patient care, better population health, and lower per capita costs. The GIC used its procurement to require plans to work with providers to establish integrated systems of care, and offered financial incentives for achieving budget targets and adopting the new payment systems, or penalties for not achieving these benchmarks.

#### What does this mean to members?

- You are encouraged to designate a Primary Care Provider (PCP) with your health plan;
- You can now choose a nurse practitioner or physician assistant as your PCP;
- You should get more coordinated, integrated care;
- You have incentives to use quality, lower-cost providers; and
- Your premiums should stabilize or even go down over the next few years.

### Health Plan Options Remain the Same, No Major Benefit Changes, and Excellent Rates

After a rigorous procurement, the Commission awarded new contracts to all of the GIC's incumbent vendors and their current plan offerings:

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

The GIC's aggressive approach to bending the cost curve benefits both members and Commonwealth taxpayers. Not only were we able to **avoid cutting benefits**, we were also able to **add** required new state- and federal-mandated benefits, and some modest benefit enhancements, while also achieving **an overall 3.5% premium increase** for FY14. This compares extremely favorably to other employer trends, which according to Mercer's fall National Survey of Employer-Sponsored Health Plans, will increase by an average of 7.4% in 2013 if they do not cut benefits.

### Clinical Performance Improvement (CPI) Initiative Continues – Select & Save

Be sure to consider physician and hospital tiers when choosing a provider. You pay the lowest copay for Tier 1 doctors and hospitals. The GIC's Clinical Performance Improvement (CPI) initiative gives you an incentive to use doctors with higher quality and/or cost-efficiency scores. Millions of physician claims are analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:

★★★ Tier 1 (excellent)

★★ Tier 2 (good)

★ Tier 3 (standard)

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



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

### Does Your Current Health Plan Still Meet Your Needs?

During Annual Enrollment, consider a limited network plan, which offers the same great benefits as wider network plans, but saves you money because there are fewer doctors and hospitals in the network. *See page 7 for additional details.*



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

# BENEFIT CHANGES

## Health Plan Benefit Changes Effective July 1, 2013

### ALL HEALTH PLANS

**Wellness Benefits:** To encourage exercise and smoking cessation, the GIC is implementing two new benefits:

- **Gym membership reimbursement** benefits of at least \$100 per family. Some plans supplement this amount.
- **Tobacco and smoking cessation counseling benefits** will be standardized across all plans to include individual or group counseling via phone or face to face up to 300 minutes with no copayments. There are no restrictions to counseling access and no requirement to complete a smoking cessation program or treatment (including nicotine replacement products) as a pre-condition of access to counseling.

**Portable Oxygen Concentrators** will be covered under the Durable Medical Equipment benefit.

### State and Federal Mandates

- **Hearing Aids** covered up to \$2,000 per ear per person for children up to age 22 per 36-month period.
- **Cleft Lip and Cleft Palate coverage** for children under age 18. Includes medical, dental, oral and facial surgery; surgical management; and follow-up care for the treatment of cleft lip and cleft palate.
- **Oral Cancer medications** will be covered on a basis no less favorable than covered for intravenously administered or injected cancer medications.
- **Women's Preventive Care**, as required by federal health reform, not subject to deductibles or copays.
- **New Summary of Benefits and Coverage** document, as required by federal health care reform, provides a summary of a GIC plan's benefits and cost-sharing requirements. View and print all GIC SBCs from our website: [www.mass.gov/gic/sbc](http://www.mass.gov/gic/sbc).



**COMING IN FISCAL YEAR 2014:**  
**View your GIC coverage online!**  
– stay tuned for details.



## Long Term Disability Special Open Enrollment

**April 10-June 14, 2013**  
**for coverage effective October 1, 2013**

Take this opportunity to protect yourself and your family in the event you become ill, injured or disabled and are not able to work. During this special open enrollment, you can enroll without any evidence of good health as long as you have not been previously declined for LTD coverage and use the special open enrollment form. *See page 23 for details.*

### FALLON SELECT PLAN

**Hospital Copay Tiering Implemented:** Fallon Select will tier hospitals based on quality and/or cost with copays of \$250, \$500 and \$750.

### NEIGHBORHOOD HEALTH PLAN

**Maintenance Medications:** Members taking certain maintenance medications will be required to fill their prescriptions in 90-day supplies, through either mail order or certain retail pharmacies.

### TUFTS NAVIGATOR AND TUFTS SPIRIT HEALTH PLANS

#### **Mental Health and Substance Abuse Benefits Carrier:**

The GIC has selected Beacon Health Strategies as the new mental health carrier. There are no mental health and substance abuse benefit changes and Beacon will work with members and their providers to ensure a smooth transition. *See page 32 for contact information.*

### ALL UNICARE STATE HEALTH PLANS

- **PCP Copay:** In keeping with the GIC's efforts to encourage care coordination by Primary Care Providers (PCPs), PCPs will no longer be tiered and the copay will be \$20.
- **Specialist Copays:** Copays for specialists will change to \$25 Tier 1, \$30 Tier 2, and \$45 Tier 3.
- **Mental Health and Substance Abuse Benefits Carrier:** The GIC has selected Beacon Health Strategies as the new mental health carrier. There are no mental health and substance abuse benefit changes and Beacon will work with members and their providers to ensure a smooth transition. *See page 32 for contact information.*

# CHOOSE THE BEST HEALTH PLAN FOR YOU AND YOUR FAMILY



## 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 8 for plan locations.*
- See each health plan page for eligibility details *(see pages 12-22).*



## STEP 2:

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

- **REVIEW** their benefit summaries on pages 12-22.
- **WEIGH** features that are important to you, such as out-of-network benefits, prescription drug coverage and mental health benefits.
- **REVIEW** their monthly rates *(see page 9).*
- **CONSIDER** enrolling in a limited network plan – you will save on your monthly premium cost *(see page 7).*
- **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 28 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 32 for website addresses.*
- 2 The health plan's customer service line:** A representative can help you. *See page 32 for phone numbers.*
- 3 A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 31 for the health fair schedule.*





# LIMITED NETWORK PLANS—GREAT VALUE; QUALITY COVERAGE

## 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 9 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/limitedplans](http://www.mass.gov/gic/limitedplans)

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



## Limited Network Plan

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

- **Fallon Community Health Plan Direct Care** – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 25 area hospitals and another six “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 Cape Cod, Martha’s Vineyard, Nantucket, and parts of Berkshire County.
- **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 68 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 54 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire and Hampshire Counties.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 53 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha’s Vineyard and Nantucket.

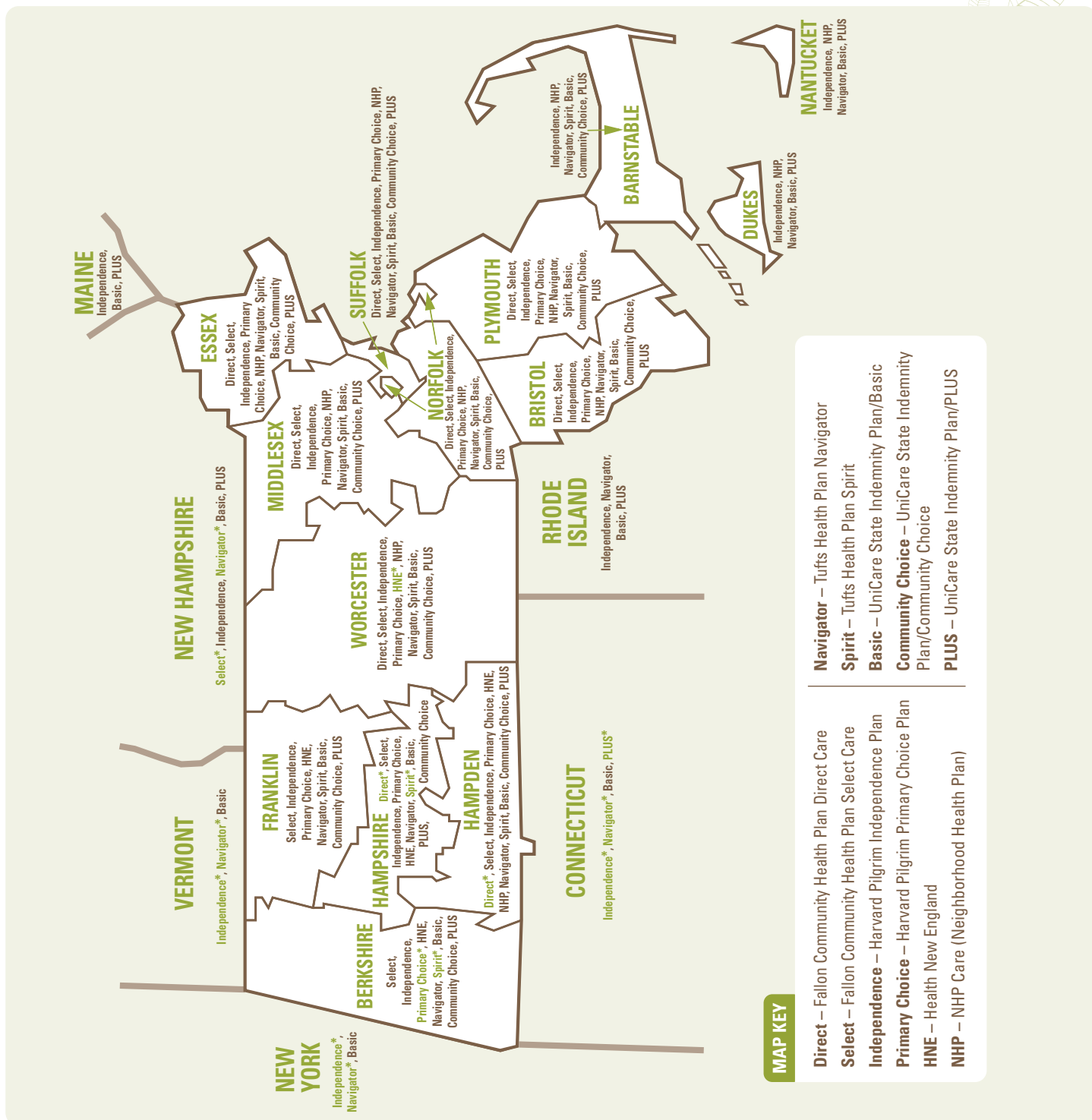


### Your Responsibility Before You Enroll in a Plan

- **Once you choose a plan, you cannot change health plans during the year**, unless you move out of the plan’s service area. If your doctor or hospital leaves your health plan, you must find a new participating provider in your chosen plan.
- Check if your doctors participate in the plan
- Find out if the doctors’ affiliated hospitals are in the plan
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation.

# 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, 2013



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

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
<b>BASIC LIFE INSURANCE ONLY</b> \$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	\$95.15	\$226.59	\$118.94	\$283.24
Fallon Community Health Plan Select Care	HMO	119.36	284.70	149.21	355.88
Harvard Pilgrim Independence Plan	PPO	136.73	331.81	170.92	414.77
Harvard Pilgrim Primary Choice Plan	HMO	109.64	265.70	137.05	332.13
Health New England	HMO	92.68	227.92	115.86	284.90
NHP Care (Neighborhood Health Plan)	HMO	92.39	242.74	115.49	303.43
Tufts Health Plan Navigator	PPO	126.07	303.98	157.59	379.98
Tufts Health Plan Spirit	EPO (HMO-type)	101.77	244.69	127.22	305.87
UniCare State Indemnity Plan/ Basic with CIC* (Comprehensive)	Indemnity	217.69	505.94	261.76	608.40
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	Indemnity	176.24	409.79	220.31	512.25
UniCare State Indemnity Plan/ Community Choice	PPO-type	86.59	206.05	108.24	257.57
UniCare State Indemnity Plan/PLUS	PPO-type	125.55	297.88	156.94	372.35

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

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



Contribution percentages may change after the Commonwealth's FY14 budget is enacted.  
For other things to consider, see page 6.

# 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). These deductible amounts are less than half of those charged by the majority of employers.

## 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** If I change health plans, am I subject to another deductible?

**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 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.



# PRESCRIPTION DRUG BENEFITS

## Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact the plans you are considering with questions about your specific medications.

**TIER 1:** You pay the *lowest* copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive.

**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 12-22 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 the plans you are considering to find out details about these programs:

- **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.
- **Step Therapy** – This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.
- **Maintenance Drug Pharmacy Selection** – If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call your prescription drug plan to tell them whether you wish to continue to use a retail pharmacy or change to 90-day supplies through either mail order or 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.





## YOUR RESPONSIBILITY

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



Limited Network Plan

## FALLON COMMUNITY HEALTH PLAN DIRECT CARE HMO

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

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

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
*See page 10 for details.*

### Who is Eligible?

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

### Where You Live Determines Which Plan You May Enroll In:

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

Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, 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:

Hampden, Hampshire

### Monthly Rates as of July 1, 2013

*See page 9.*

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

## Copays Effective July 1, 2013

### Primary Care Provider Office Visit:

\$15 per visit

### Preventive Services:

Most 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 per person per calendar year):  
\$110 per occurrence

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

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

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## YOUR RESPONSIBILITY

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

## FALLON COMMUNITY HEALTH PLAN SELECT CARE HMO

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

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

Members pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated. Effective July 1, 2013, the plan will tier hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to find out which tier your hospital is in.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

## Who is Eligible?

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

## Where You Live Determines Which Plan You May Enroll In:

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

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

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, 2013

See page 9.

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

## Copays Effective July 1, 2013

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

### Preventive Services:

Most 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)*

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):*  
\$125 per occurrence

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

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

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

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

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

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

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

## HARVARD PILGRIM INDEPENDENCE PLAN PPO

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that offers coverage through network doctors, hospitals and other health care providers with a copay. Or you may seek care from an out-of-network provider for 80% coverage of reasonable and customary charges. The plan encourages but does not require members to select a Primary Care Provider (PCP). Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

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

### Calendar Year Deductible

**\$250 per individual up to a maximum of \$750 per family.**  
See page 10 for details.

### Who is Eligible?

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

### Where You Live Determines Which Plan You May Enroll In:

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, 2013

See page 9.

### Plan Contact Information

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

#### Harvard Pilgrim Health Care

1.800.542.1499 | [www.harvardpilgrim.org/gic](http://www.harvardpilgrim.org/gic)

### In-Network Copays Effective July 1, 2013

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

**Preventive Services:** Most covered at 100% – no copay

#### Specialist Physician Office Visit

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

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

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

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

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

#### Outpatient Mental Health and Substance

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

#### Inpatient Hospital Care – Medical

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

Tier 1: \$250 per admission

Tier 2: \$500 per admission

Tier 3: \$750 per admission

#### Outpatient Surgery

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

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

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

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110





## YOUR RESPONSIBILITY

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

## HARVARD PILGRIM PRIMARY CHOICE PLAN HMO

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

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

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 10 for details.

### Who is Eligible?

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

### Where You Live Determines Which Plan You May Enroll In:

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 county; contact the plan to find out if you live in the service area:

Berkshire

### Monthly Rates as of July 1, 2013

See page 9.



Limited  
Network Plan

### Plan Contact Information

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

**Harvard Pilgrim Health Care**

1.800.542.1499 | [www.harvardpilgrim.org/gic](http://www.harvardpilgrim.org/gic)

### Copays Effective July 1, 2013

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

**Preventive Services:** Most covered at 100% – no copay

#### Specialist Physician Office Visit

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

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

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

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

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

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

#### Inpatient Hospital Care – Medical

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

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

Tier 1: \$250 per admission

Tier 2: \$500 per admission

#### Outpatient Surgery

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

\$150 per occurrence

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

*(Maximum one copay per day):*

\$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## YOUR RESPONSIBILITY

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

## HEALTH NEW ENGLAND HMO

Health New England is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care; referrals to network specialists are not required. 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 10 for details.

## Who is Eligible?

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

## Where You Live Determines Which Plan You May Enroll In:

Health New England is available in the following Massachusetts counties:

Berkshire, Hampden, Hampshire, Franklin

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, 2013

See page 9.



Limited Network Plan

## Plan Contact Information

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

### Health New England

1.800.842.4464 | www.hne.com/gic

## Copays Effective July 1, 2013

### Primary Care Provider Office Visit:

\$20 per visit

### Preventive Services:

Most 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 per person per calendar year):

\$110 per occurrence

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

(Maximum one copay per day):

\$100 per scan

### Emergency Room:

\$100 per visit (waived if admitted)

### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## YOUR RESPONSIBILITY

Do your doctors and hospitals participate in Neighborhood Health Plan? Contact the plan.



Limited Network Plan

## NHP CARE (Neighborhood Health Plan) HMO

NHP Care, administered by Neighborhood Health Plan, is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care, including referrals to specialists. 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 10 for details.

## Who is Eligible?

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

## Where You Live Determines Which Plan You May Enroll In:

NHP Care is available in the following Massachusetts counties:

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

## Monthly Rates as of July 1, 2013

See page 9.

## Plan Contact Information

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

### NHP Care

1.866.567.9175 | [www.nhp.org/gic](http://www.nhp.org/gic)

## Copays Effective July 1, 2013

### Primary Care Provider Office Visit

*Neighborhood Health Plan tiers network Primary Care Providers 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:

Most 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 per person per calendar year):*

\$110 per occurrence

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

*(Maximum one copay per day):*

\$100 per scan

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

### Prescription Drug

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

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

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

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

## TUFTS HEALTH PLAN NAVIGATOR PPO

Tufts Health Plan Navigator is a PPO plan that offers coverage through network doctors, hospitals and other health care providers with a copay. Or you may seek care from an out-of-network provider for 80% coverage of reasonable and customary charges. The plan encourages but does not require members to select a Primary Care Provider (PCP). 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 Beacon Health Strategies effective July 1, 2013, offer you in-network benefits with a copay. Or, you may seek care out-of-network, but at higher out-of-pocket costs.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 10 for details.

### Who is Eligible?

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

### Where You Live Determines Which Plan You May Enroll In:

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 see if you live in the service area:

Connecticut, New Hampshire, New York, Vermont

### Monthly Rates as of July 1, 2013

See page 9.

### Plan Contact Information

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

#### Medical Benefits: Tufts Health Plan

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

#### Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies

1.855.750.8980 | [www.beaconhs.com/gic](http://www.beaconhs.com/gic)

### In-Network Copays Effective July 1, 2013

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

**Preventive Services:** Most 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 Beacon Health Strategies Tufts Navigator benefit grid or contact Beacon for additional benefit details):* \$20 per visit

*Beacon also offers EAP services.*

#### Inpatient Hospital Care – Medical

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

Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost.

Tier 1: \$300 per admission

Tier 2: \$700 per admission

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

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

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

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

#### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110





## YOUR RESPONSIBILITY

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



Limited Network Plan

## TUFTS HEALTH PLAN SPIRIT EPO (HMO-TYPE)

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that provides coverage through the plan's network of doctors, hospitals and other providers. The plan encourages but does not require members to select a Primary Care Provider (PCP).

**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 will be administered by Beacon Health Strategies effective July 1, 2013.

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family.  
See page 10 for details.

## Who is Eligible?

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

## Where You Live Determines Which Plan You May Enroll In:

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, 2013

See page 9.

## Plan Contact Information

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

### Medical Benefits: Tufts Health Plan

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

### Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies

1.855.750.8980 | [www.beaconhs.com/gic](http://www.beaconhs.com/gic)

## Copays Effective July 1, 2013

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

**Preventive Services:** Most 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 Beacon Health Strategies Tufts Spirit benefit grid or contact Beacon for additional benefit details):*

\$20 per visit

*Beacon also offers EAP services.*

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

Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:

Tier 1: \$300 per admission

Tier 2: \$700 per admission

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

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

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

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

### Prescription Drug

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

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

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

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/BASIC INDEMNITY

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

The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by Beacon Health Strategies effective July 1, 2013, offer you in-network benefits with a copay. Or, you may seek care out-of-network, but 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 10 for details.*

## Who is Eligible?

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

## Where You Live Determines Which Plan You May Enroll In:

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, 2013

*See page 9.*

## 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.unicarestatplan.com](http://www.unicarestatplan.com)

### Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies

1.855.750.8980 | [www.beaconhs.com/gic](http://www.beaconhs.com/gic)

### Prescription Drug Benefits: CVS Caremark

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

## Copays with CIC (*Comprehensive*) Effective July 1, 2013

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

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

**Preventive Services:** Most covered at 100% – no copay

### Specialist Office Visit

*UniCare tiers Massachusetts specialists based on quality and/or cost efficiency:*

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

### Out-of-State Primary Care Provider Office Visit:

\$20 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Network Outpatient Mental Health and Substance Abuse Care

*(See the GIC's website for a Beacon Health Strategies UniCare Basic benefit grid or contact Beacon for additional benefit details):*

\$20 per visit

*Beacon also offers EAP services.*

### Inpatient Hospital Care – Medical

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

\$200 per admission

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

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

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

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

### Prescription Drug

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

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

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

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



## YOUR RESPONSIBILITY

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



Limited Network Plan

## UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE PPO-TYPE

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 encouraged but not required to select a Primary Care Provider (PCP). Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

The mental health benefits of this plan, administered by Beacon Health Strategies effective July 1, 2013, offer you in-network benefits with a copay. Or, you may seek care out-of-network, but 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 10 for details.*

## Who is Eligible?

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

## Where You Live Determines Which Plan You May Enroll In:

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, 2013

*See page 9.*

## Plan Contact Information

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

### Medical Benefits: UniCare

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

### Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies

1.855.750.8980 | [www.beaconhs.com/gic](http://www.beaconhs.com/gic)

### Prescription Drug Benefits: CVS Caremark

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

## In-Network Copays Effective July 1, 2013

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

**Preventive Services:** Most covered at 100% – no copay

### Specialist Office Visit

*UniCare tiers Massachusetts specialists based on quality and/or cost efficiency:*

★★★ 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 Beacon Health Strategies UniCare Community Choice benefit grid or contact Beacon for additional benefit details):* \$20 per visit

*Beacon also offers EAP services.*

### Inpatient Hospital Care – Medical

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

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

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

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

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

### Prescription Drug

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

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

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

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

## UNICARE STATE INDEMNITY PLAN/PLUS PPO-TYPE

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. Out-of-state non-UniCare providers have 80% coverage of allowed charges. The plan encourages but does not require members to select a Primary Care Provider (PCP).

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

The mental health benefits of this plan, administered by Beacon Health Strategies effective July 1, 2013, offer you in-network benefits with a copay. Or, you may seek care out-of-network, but 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 10 for details.

## Who is Eligible?

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

## Where You Live Determines Which Plan You May Enroll In:

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, 2013

See page 9.

## Plan Contact Information

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

### Medical Benefits: UniCare

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

### Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies

1.855.750.8980 | [www.beaconhs.com/gic](http://www.beaconhs.com/gic)

### Prescription Drug Benefits: CVS Caremark

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

## In-Network Copays Effective July 1, 2013

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

**Preventive Services:** Most covered at 100% – no copay

### Specialist Office Visit

*UniCare tiers Massachusetts specialists based on quality and/or cost efficiency:*

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

### Out-of-State Primary Care Provider Office Visit:

\$20 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 Beacon Health Strategies UniCare PLUS benefit grid or contact Beacon for additional benefit details):*

\$20 per visit

*Beacon also offers EAP services.*

### Inpatient Hospital Care – Medical

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

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

Tier 1:	\$250 per admission
Tier 2:	\$500 per admission
Tier 3:	\$750 per admission

**Outpatient Surgery – UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay. (Maximum one copay per person per calendar year quarter)**

Tier 1 and Tier 2:	\$110 per occurrence
Tier 3:	\$250 per occurrence

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

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

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

### Prescription Drug

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

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

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

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



# LONG TERM DISABILITY (LTD)

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

If you become 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 33% of workers disabled for at least six months during their working career (*Source: Charles River Associates 2011*), 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. Benefits include:

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. If disabled on or after age 62; benefits may continue after age 65;
- A 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.

## Who is Eligible?

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

### Long Term Disability (LTD) Questions?

Contact Unum: 1.877.226.8620

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



## SPECIAL OPEN ENROLLMENT April 10 – June 14, 2013

During this special open enrollment, eligible active state employees **can enroll for LTD with no evidence of good health** as long as they have not been previously declined. Be sure to use the special **LTD Open Enrollment Form**, available on the GIC's website and through your GIC Coordinator, to enroll. Coverage will be effective October 1, 2013.

### New State Employees

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

### Current State Employees Not Enrolling During the Special Open Enrollment

All eligible employees can apply for LTD coverage at any time during the year. However, if you do not enroll during the special open enrollment period, you will be required to provide evidence of good health to participate in the plan.

## LONG TERM DISABILITY

### Monthly GIC Plan Rates as of July 1, 2013

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

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 one-time benefit 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, up to a maximum of \$1.5 million. Term insurance 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 economic sense for you to keep it or reduce your amount of coverage. Talk with a financial advisor about other programs that might be more beneficial at retirement. If you make no change to your optional life coverage at retirement, you will be responsible for the retiree optional life insurance premium, which can be substantial. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age. *See the GIC Benefit Decision Guide for Retirees & Survivors or our website for these rates.*

## Life Insurance and 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 MBTA 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.

## 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:

- 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, 2013.

## Life Insurance and AD&D Questions?

Contact the GIC: 1.617.727.2310 ext. 1

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

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

Monthly GIC Plan Rates as of July 1, 2013

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

# 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 will continue to have an 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 Assessment** gives you a snapshot of your current health and helps 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.



**Take advantage of these programs today!**  
**[WellMASS.staywell.com](http://WellMASS.staywell.com)**

**WellMASS Questions?**

**1.800.926.5455**

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

## **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.

### **Lunch 'n Learn**

All GIC members can participate in the WellMASS Lunch 'n Learn programs that are held at state office buildings across the state. These programs focus on nutrition, stress, physical activity, and tobacco cessation. A schedule of events is available on the GIC's website.

# HEALTH INSURANCE BUY-OUT/PRE-TAX PREMIUM DEDUCTIONS

## Health Insurance Buy-Out

If you have access to non-GIC 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, 2013 or before, and continue your coverage through June 30, 2013, you may apply to buy out your health plan coverage **effective July 1, 2013**, during annual enrollment.

### October 7 – November 8, 2013

If you are insured with the GIC on July 1, 2013 or before, and continue your coverage through December 31, 2013, you may apply to buy out your health plan coverage **effective January 1, 2014**. The enrollment period for this buy-out will be October 7 - November 8, 2013.

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

#### FOR EXAMPLE:

State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2013: \$1,513.61

Monthly 12-month benefit = 25% of this premium

Employee receives 12 monthly checks of \$258.44  
(after federal, Medicare, and state tax deductions)

## Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. During annual enrollment, or when you have a "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, 2013.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2013.

**Pre-Tax Premium  
Deduction Questions?**  
**Contact Your Payroll Department**



### Buy-Out Questions?

**Contact the GIC: 1.617.727.2310 ext. 1**  
**[www.mass.gov/gic/forms](http://www.mass.gov/gic/forms)**



# 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 childbirth classes
- Chiropractor and acupuncture visits

For calendar year 2013, participants can contribute \$500 to \$2,500 through payroll deduction on a pre-tax basis.

### 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/or 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 two free debit cards from Benefit Strategies to conveniently pay for health care expenses out of their HCSA account. Additional cards for other dependents are \$5.00 per set of two cards. Alternatively, 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 2013 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 14 - December 6, 2013

The HCSA and DCAP plan year is January through December. Open enrollment for these programs will take place October 14 - December 6, 2013 for the 2014 calendar year. **Participants must re-enroll each year** using the online re-enrollment form.

### 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/fsa](http://www.mass.gov/gic/fsa)

# GIC DENTAL/VISION PLAN

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

## Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office 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

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

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

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

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

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

## GIC DENTAL/VISION PLAN

**Monthly GIC Plan Rates as of July 1, 2013**

PLAN	INDIVIDUAL	FAMILY
<b>PPO (Value) Plan</b>	\$4.36	\$13.54
<b>Indemnity (Classic) Plan</b>	\$5.83	\$18.09

### Dental Questions?

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

Contact MetLife: 1.866.292.9990

[www.metlife.com/gic](http://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 MetLife dentist:**

- **PPO Plan (MetLife Value):** If you and/or your dependents receive all of your care from a participating MetLife dentist, this plan will help you save on monthly premium costs and will also usually lower your out-of-pocket costs. However, if you are in the PPO (MetLife Value) Plan and you go out of network, you will need to satisfy a \$100 deductible and the benefit levels are slightly lower.
- **Indemnity Plan (MetLife Classic):** If you and/or your dependents 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 PPO (MetLife Value) 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 nearly 1,300 Massachusetts providers, with additional providers across the country. Members receive basic services at no cost:

- routine eye examinations;
- collection frames;
- lenses; and
- scratch-resistant lens coating

Enhanced materials and services at preferred providers are covered at 100% after a copay. Members can also take advantage of Davis Vision discounts on additional eyewear.

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

### Vision Questions?

Including copayment amounts, providers,  
and discount programs

Contact Davis Vision: 1.800.650.2466

[www.davisvision.com](http://www.davisvision.com)

(client code: 7852)

# NEED MORE HELP?

## 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 31 for the schedule.

## Inscripción Anual

La inscripción anual tendrá lugar a partir del 10 de abril hasta el 8 de mayo del 2013. 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 2013. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan español que le ayudarán.

## 年度登記

年度投保從 2013 年 4 月 10 日開始，到 5 月 8 日結束。在這段期間，您（因為您是這個州的員工或退休員工）有機會可以投保或變更您的健康保險。如果您希望維持您目前的健康保險福利，則什麼都不必做。您的承保會自動持續。

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

任何承保變更都會在 2013 年 7 月 1 日生效。欲查詢詳情，請致電 Group Insurance Commission，電話 617.727.2310，分機 1。

我們有講中文的員工可以幫助您。

## Our Website Provides Additional Helpful Information



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

### See our website for:

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

## Ghi danh hàng năm

Thời gian ghi danh hàng năm bắt đầu vào ngày 10 tháng 4 và chấm dứt vào ngày 8 tháng 5, năm 2013. Trong khoảng thời gian này, quý vị (với tư cách là nhân viên hoặc nhân viên hưu trí của tiểu bang) có cơ hội để ghi danh hoặc đổi chương trình bảo hiểm sức khỏe. Nếu muốn giữ chương trình bảo hiểm sức khỏe hiện tại của mình, quý vị không cần phải làm gì cả. Bảo hiểm của quý vị sẽ được tự động tiếp tục.

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

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng 7, năm 2013. Để biết thêm thông tin chi tiết, xin quý vị gọi cho Group Insurance Commission tại số 617.727.2310, số nội bộ 1.

Có nhân viên nói tiếng Việt giúp đỡ quý vị.

## APRIL 2013

**12 FRIDAY 11:00-2:00**

**Berkshire Community College**  
Paterson Field House  
1350 West Street  
PITTSFIELD

**13 SATURDAY 10:00-2:00**

**Mass Maritime Academy**  
Gymnasium  
Academy Drive  
BUZZARDS BAY

**17 WEDNESDAY 11:00-3:00**

**Bristol Community College**  
Building H  
777 Elsbree Street  
FALL RIVER

**18 THURSDAY 10:00-3:00**

**Quinsigamond Community College**  
Harrington Learning Center, Room 109  
670 West Boylston Street  
WORCESTER

**19 FRIDAY 10:00-3:00**

**Middlesex Community College**  
Cafeteria  
591 Springs Road  
BEDFORD

**20 SATURDAY 11:00-3:00**

**Northern Essex Community College**  
The Technology Center, Rooms 103 A & B  
100 Elliott Street  
HAVERHILL

**23 TUESDAY 10:00-3:00**

**McCormack State Office Building**  
One Ashburton Place, 21st Floor  
BOSTON

**24 WEDNESDAY 11:00-3:00**

**Peabody Public School Administration**  
Kiley Brothers Memorial School  
21 Johnson Street  
PEABODY

**25 THURSDAY 11:00-4:30**

**Lakeview Junior High School**  
1570 Lakeview Avenue  
DRACUT

**29 MONDAY 11:00-3:00**

**Wrentham Developmental Center**  
Graves Auditorium  
Littlefield Street  
WRENTHAM

**30 TUESDAY 11:00-3:00**

**State Transportation Building**  
10 Park Plaza, 2nd Floor  
Conference Rooms 2 and 3  
BOSTON

## MAY 2013

**1 WEDNESDAY 11:00-3:00**

**U-Mass Amherst**  
Student Union Ballroom  
AMHERST

**2 THURSDAY 10:00-3:00**

**Hampden County Sheriff's Dept.**  
Hampden County Correctional Center  
627 Randall Road  
LUDLOW

**3 FRIDAY 11:00-3:00**

**Massasoit Community College**  
Conference Center  
770 Crescent Street  
BROCKTON

# 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		
<b>Fallon Community Health Plan</b> Direct Care Select Care	1.866.344.4442	<a href="http://www.fchp.org/gic">www.fchp.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan	1.800.542.1499	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>
<b>Health New England</b>	1.800.842.4464	<a href="http://www.hne.com/gic">www.hne.com/gic</a>
<b>Neighborhood Health Plan</b> NHP Care	1.866.567.9175	<a href="http://www.nhp.org/gic">www.nhp.org/gic</a>
<b>Tufts Health Plan</b> Navigator Spirit ● Mental Health/Substance Abuse and EAP (Beacon Health Strategies)	1.800.870.9488   1.855.750.8980	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>   <a href="http://www.beaconhs.com/gic">www.beaconhs.com/gic</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice PLUS  <i>For all UniCare Plans</i> ● Prescription Drugs (CVS Caremark) ● Mental Health/Substance Abuse and EAP (Beacon Health Strategies)	1.800.442.9300     1.877.876.7214 1.855.750.8980	<a href="http://www.unicarestatementplan.com">www.unicarestatementplan.com</a>     <a href="http://www.caremark.com/gic">www.caremark.com/gic</a> <a href="http://www.beaconhs.com/gic">www.beaconhs.com/gic</a>
OTHER BENEFITS		
<b>Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)</b> (Benefit Strategies)	1.877.FLEXGIC (1.877.353.9442)	<a href="http://www.mass.gov/gic/fsa">www.mass.gov/gic/fsa</a>
<b>Life/AD&amp;D Insurance (The Hartford)</b> – Contact the GIC	1.617.727.2310 ext. 1	<a href="http://www.mass.gov/gic/life">www.mass.gov/gic/life</a>
<b>Long Term Disability (Unum)</b>	1.877.226.8620	<a href="http://www.mass.gov/gic/ltd">www.mass.gov/gic/ltd</a>
<b>WellMASS Wellness Pilot Program</b> (StayWell Health Management)	1.800.926.5455	<a href="http://www.mass.gov/gic/wellmass">www.mass.gov/gic/wellmass</a>
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF AND CERTAIN EXECUTIVE OFFICE STAFF		
<b>Dental Benefits (MetLife)</b>	1.866.292.9990	<a href="http://www.metlife.com/gic">www.metlife.com/gic</a>
<b>Vision Benefits (Davis Vision)</b>	1.800.650.2466	<a href="http://www.davisvision.com">www.davisvision.com</a> (client code: 7852)
ADDITIONAL RESOURCES		
<b>Employee Assistance Program for Managers and Supervisors (Beacon Health Strategies)</b>	1.855.750.8980	<a href="http://www.beaconhs.com/gic">www.beaconhs.com/gic</a>
<b>Internal Revenue Service (IRS)</b>	1.800.829.1040	<a href="http://www.irs.gov">www.irs.gov</a>
<b>Social Security Administration</b>	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
<b>State Board of Retirement</b>	1.617.367.7770	<a href="http://www.mass.gov/retirement">www.mass.gov/retirement</a>

## OTHER QUESTIONS?

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



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

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

**CPI (Clinical Performance Improvement) Initiative** – a GIC program that seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health carriers are aggregated to identify differences in physician quality and cost efficiency, and this information is given back to the plans to 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 with vested pension rights until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

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

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

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

**HCSA (Health Care Spending Account)** – a pre-tax benefit that allows state employees to contribute a set amount of their income for 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).

**IRBO (Integrated Risk Bearing Organization)** – a health care entity that manages a broad range of health care services and accepts full or partial financial risk for its patients. IRBOs may qualify as Accountable Care Organizations (ACOs).

**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 Provider)** – includes nurse practitioners, physician assistants, and 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 encourages but does not require the selection of a Primary Care Provider (PCP).

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

P.O. Box 8747  
Boston, MA 02114-8747

## COMMONWEALTH OF MASSACHUSETTS

**Deval L. Patrick, Governor**

**Timothy P. Murray, Lieutenant Governor**

**Group Insurance Commission**

**Dolores L. Mitchell, Executive Director**

19 Staniford Street, 4th Floor  
Boston, Massachusetts

**Telephone:** 617.727.2310

**TDD/TTY:** 617.227.8583

**MAILING ADDRESS**

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

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

**COMMISSIONERS**

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Massachusetts)**

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