FOR COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES

Benefits and Rates Effective July 1, 2014

2014-2015 GIC BENEFIT DECISION GUIDE

ANNUAL ENROLLMENT April 9 - May 7, 2014

Evaluate Your Options Carefully!

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

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DEVAL L. PATRICK
GOVERNOR

Spring 2014

Dear Colleagues:

As I said in my State of the Commonwealth speech in January, I am proud of the work that we in Massachusetts have done to improve health care for all of our residents. It is because of this hard work that our employees, our retirees and all those individuals who, because of the achievements of health care reform, now have health insurance to protect them and their families. It is a legacy I am proud of and I hope you share in that pride.

The Group Insurance Commission's Centered Care Initiative is a true commitment toward reducing health care costs and improving quality, not just maintaining it. The GIC's health plans will be reaching out to you to encourage your support for integrated delivery systems that will bring you care that is centered on you and your family. The focal point of this initiative is your Primary Care Provider (PCP), be it a physician, nurse practitioner or physician assistant. Your PCP will help coordinate the disparate services that modern medicine now provides through a team of providers offering different skills to meet your needs.

Getting the most out of this complex system depends on your active participation as a patient, a consistent relationship with a PCP and the coordination of care. Be sure to read through this 2014-2015 Benefit Decision Guide to get an overview of this initiative and your benefit options. You can also take advantage of other GIC resources for selecting your health plan, including the GIC's website, www.mass.gov/gic, and health fairs across the state.

I urge you to be at the center of your care coordination by choosing a PCP and playing an active role in improving your own health. Thank you for your service and for helping us move forward with health care improvements.

Sincerely,

HOW TO USE THIS GUIDE

All members should read:

Find out about your health plan options:

Find out about other benefit options:

Resources for additional information:

IMPORTANT REMINDERS

- This ***Benefit Decision Guide*** contains important benefit and rate changes effective July 1, 2014. *Review pages 4-5 and 9 for details.*
- Read the **Annual Enrollment Checklist** on page 2 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 limited network plan options.
- If you want to ***keep your current health plan***, you do not need to fill out any paperwork. Your coverage will continue automatically.
- **Once you choose a health plan, you cannot change plans *until the next annual enrollment***, even if your doctor or hospital leaves the health plan, unless you have a qualifying event, such as moving out of the plan's service area or retiring and becoming Medicare eligible (in which case, you ***must*** enroll in a Medicare plan).
- Your annual enrollment forms are due to the GIC Coordinator in your benefits office ***no later than Wednesday, May 7, 2014***. Forms and applications are available on the GIC's website (www.mass.gov/gic/forms). Changes go into effect July 1, 2014.

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

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

STEP 1: **IDENTIFY which health 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 health plan locations.*
- See each health plan page for eligibility details *(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 visit the plan's website and search for your own ***and*** your covered family members' doctors and hospitals. Be sure to specify the health plan's full name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim."

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

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

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

STEP 5: **Next fall, consider enrolling in the Health Care Spending Account** and save on out-of-pocket health care expenses. *(See page 27 for additional information.)*

THREE GREAT RESOURCES

1. **The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 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.*

NEW HIRE AND ANNUAL ENROLLMENT OVERVIEW

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

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

NEW EMPLOYEES within 10 calendar days of hire and EMPLOYEES OF MBTA UNIONS 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 Health Direct Care ✓
- Fallon Health 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 MBTA 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 9-May 7, 2014 for changes effective July 1, 2014

You may enroll in or change your selection of:

One of these health plans:

- Fallon Health Direct Care ✓
- Fallon Health 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

GIC Dental/Vision Plan for Managers*

You may enroll in…

- Optional Life Insurance*
- Basic Life Insurance

You may apply for*…

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

By submitting by May 7…

GIC enrollment forms to your GIC Coordinator

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

✓ Indicates this is a GIC Limited Network Plan.

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

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

These efforts to manage spending benefit both you and Commonwealth taxpayers. Not only have we ***avoided cutting benefits***, we were able to ***add*** federal-mandated benefits and some modest benefit enhancements, while also achieving an ***overall 1.0% premium increase*** for all employee and Medicare plans for the Fiscal Year 2015, the lowest increase in over 10 years. These rates are lower than national employer trends, which, according to *Mercer's National Survey of Employer-Sponsored Health Plans*, will increase 2.1% in 2014 and another 5.2% in 2015. Other employers are controlling costs through enrollment restrictions and benefit cuts. The GIC's Centered Care program holds our health plans to lower costs and improved health care over a five-year period.

In addition to helping to keep premiums in check, how does this affect you?

THERE ARE 10 KEY ELEMENTS OF CENTERED CARE:

centered care

1. **Primary Care Provider (PCP) designation** – your health plan keeps track of who your PCP is and lets the provider know that you are their patient and you have selected him or her to coordinate your care.
2. **PCP engagement** – your PCP helps coordinate your care.
3. **Data sharing** – electronic medical records provide secure access to your health history, prescriptions, lab results and appointments to help your PCP and other providers keep track of your medical needs and make sure they are met.
4. **Low-cost providers are encouraged** – you will continue to have incentives for choosing low-cost, high-quality specialists and hospitals.
5. **Expanded hours and urgent care access** – the GIC and our health plans are working to expand providers' hours to include some evenings and weekend appointments, making it more convenient for members with off-hour urgent care needs.
6. **High level of care for chronically ill** – if you have a chronic condition, your PCP will monitor and advise you all year long.
7. **Disease management** – members' health plans will identify patients at risk for complications and will help those members and their PCPs navigate their care and find out about best practices.
8. **Group visits** – patients with similar conditions sometimes meet together with providers for education, group interaction, support, self-management assistance, and direct patient-practitioner encounters. These types of visits include wellness programs for patients with weight-related issues, diabetes, or low back pain.
9. **Transitional care management** – when you are released from the hospital to rehab or home, your treatment plan accompanies you.
10. **Essential reporting package** – our health plans will help providers to help you by giving them timely reports on patients, their fellow physicians, and best practices.

Plan benefits help support this initiative:

- All GIC health plans will be reaching out to members to acquire PCP information.
- One plan will offer a copay incentive for visiting a Centered Care PCP.
- Plans will continue to tier specialists based on 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 doctors' and hospitals' tier, as they can change each July 1 with new data.

Benefit Changes Related to Federal Health Care Reform and Mental Health Parity

Increased coverage for the following benefits; these benefits will be standardized across all plans:

- **No dollar limit on wigs** needed for cancer, leukemia, alopecia areata, alopecia totalis or permanent hair loss due to injury; restrictions may apply
- **No dollar limit on low-protein foods** for specified complex medical conditions
- **No dollar limit on medically necessary Early Intervention Services** (infant to age 3)
- **No dollar limit on in-home dialysis** supplies, drugs and equipment
- **No dollar limit on speech therapy:** visit maximums apply
- **$5,000 per person/$10,000 per family in-network out-of-pocket maximum:** out-of-pocket maximum will apply to medical and mental health/substance abuse costs, but will not apply to prescription drug costs for Harvard Independence and Primary Choice, Tufts Navigator and Spirit, and UniCare Basic, Community Choice and PLUS. Out-of-pocket maximum will apply to medical, mental health/substance abuse, and prescription drug costs for Fallon Direct and Select Care, Health New England and Neighborhood Health Plan.

OTHER HEALTH PLAN BENEFIT CHANGES

FALLON HEALTH DIRECT CARE AND SELECT CARE

ItFits Health Club Reimbursement Benefit expanded to include one three-month gym membership reimbursement per subscriber to YMCA/YWCA; one five-month Weight Watchers Monthly Pass reimbursement per subscriber.

NEIGHBORHOOD HEALTH PLAN

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 per visit.

Outpatient Mental Health/Substance Abuse Copay: $20 per visit

TUFTS HEALTH PLAN NAVIGATOR AND SPIRIT

Inpatient Hospital Care: Tufts Health Plan will no longer tier hospitals by different types of services. Hospitals will be tiered for all services combined based on quality and/or cost.

UNICARE INDEMNITY PLAN BASIC, COMMUNITY CHOICE, AND PLUS

Certain Oral, Injectable, Infused and Inhaled Specialty Drugs for conditions such as arthritis, multiple sclerosis and immune diseases will only be dispensed and covered through CVS Caremark Specialty Pharmacy and will be excluded from the medical benefit. This provision does not apply to infused chemotherapy agents.

UNICARE INDEMNITY PLAN PLUS

PCP Copay: Members will pay a lower copay if they visit a Centered Care PCP: $15 per visit

OTHER GIC BENEFIT NEWS AND CHANGES

LIFE INSURANCE SPECIAL OPEN ENROLLMENT!

April 9 – June 13, 2014

For coverage effective October 1, 2014

Take advantage of this special life insurance open enrollment to protect your family in the event of your death. During this open enrollment, eligible state employees actively at work and employees on an approved military leave can:

- Enroll for one, two or three times salary; or
- Increase their coverage by an additional one to three times salary.

Proof of good health is not required. *See page 25 for details.*

LIFE INSURANCE BENEFIT ENHANCEMENT

The accelerated life benefit allows participants to elect an advance payment of their life insurance death benefit if they have been diagnosed with a terminal illness. Effective July 1, 2014, upon payment of the accelerated life benefit, future life insurance premiums will be waived regardless of a member's age.

LONG TERM DISABILITY

Mental health disability benefits of the Long Term Disability program will increase from 24 months to 36 months for disabilities occurring on or after July 1, 2014.

FREQUENTLY ASKED QUESTIONS

See the GIC's website for answers to other frequently asked questions: www.mass.gov/gic/faq

How Status Changes Affect GIC Benefits

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 and your covered spouse should ***not*** enroll in Medicare Part B until you (the insured) retire.

Employees should ***not*** sign up for Medicare Part D. Your drugs are already provided by your health plan.

Q ***I am an MBTA Local 589 employee and enrolled in GIC benefits during the fall special open enrollment. Is there anything I need to do during Annual Enrollment?***

A If you enrolled in GIC benefits during the special enrollment for MBTA Local 589 employees, the GIC benefits you elected at that time will go into effect on July 1, 2014, except for Flexible Spending Accounts. Complete and return to the MBTA benefits office enrollment and change forms ***only*** if you wish to change your health plan election or enroll in FSA benefits.

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 UniCare Indemnity Plan/Basic is nationwide.

Q ***I am an <u>active</u> 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. However, ***he/she must apply for survivor coverage*** by contacting the GIC for an application; survivor coverage is ***not*** an automatic benefit. If your surviving spouse is a state or participating municipal employee or retiree, he or she must elect coverage through the state or participating municipality and is not eligible for survivor health coverage.

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.

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 (fewer doctors and hospitals). 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**

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

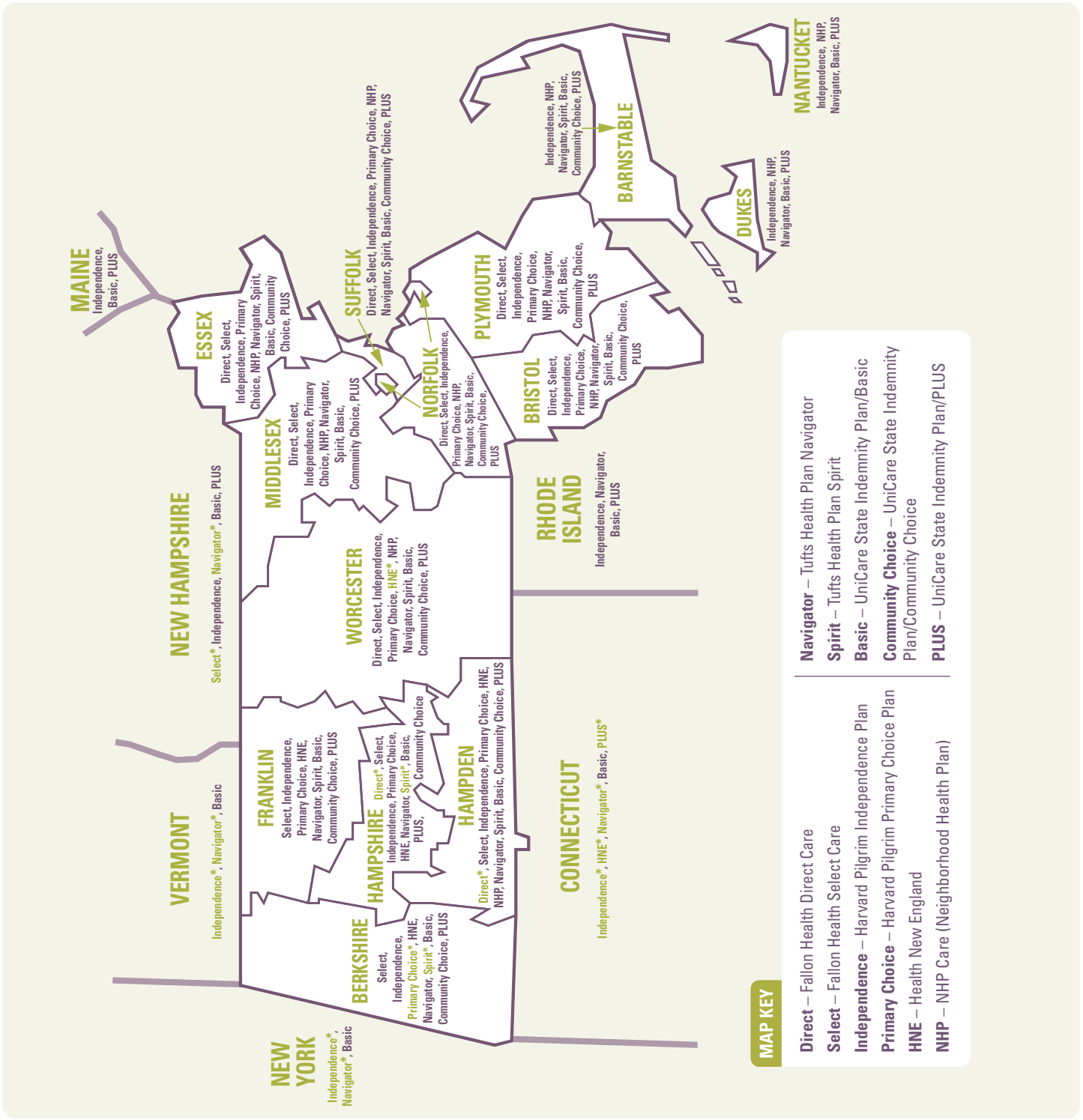
Your Responsibility Before You Enroll in a Plan

- ***Once you choose a plan, you cannot change health plans during the year,*** unless you move out of the plan's service area or within 30 days of certain qualifying events. 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.

The GIC's limited network plans are:

- **Fallon Health Direct Care** – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 26 area hospitals and another five "Peace of Mind" hospitals in Boston that provide second opinions and care for very complex cases.
- **Harvard Pilgrim Primary Choice Plan** – an HMO with a network of 55 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha's Vineyard, Nantucket, and parts of Berkshire County.
- **Health New England** – a western 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 57 hospitals. NHP Care is available across most of the state except for Berkshire, Franklin, and Hampshire Counties.
- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 53 hospitals. The plan is available throughout Massachusetts, except for Martha's Vineyard, Nantucket and parts of Berkshire 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.

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



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

* 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.

GIC PLAN RATES EFFECTIVE JULY 1, 2014

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*	
BASIC LIFE INSURANCE ONLY $5,000 Coverage		$1.26		$1.58	
HEALTH PLAN (Premium includes Basic Life Insurance)	**PLAN TYPE**	**INDIVIDUAL**	**FAMILY**	**INDIVIDUAL**	**FAMILY**
Fallon Health Direct Care ✓	HMO	$97.52	$232.28	$121.90	$290.35
Fallon Health Select Care	HMO	123.85	295.47	154.82	369.34
Harvard Pilgrim Independence Plan	PPO	137.94	334.77	172.43	418.46
Harvard Pilgrim Primary Choice Plan ✓	HMO	110.60	268.06	138.26	335.09
Health New England ✓	HMO	97.25	239.25	121.57	299.07
NHP Care (Neighborhood Health Plan) ✓	HMO	93.97	246.95	117.47	308.69
Tufts Health Plan Navigator	PPO	124.74	299.59	155.93	374.49
Tufts Health Plan Spirit ✓	EPO (HMO-type)	100.94	241.50	126.18	301.88
UniCare State Indemnity Plan/ Basic *with CIC** *(Comprehensive)*	Indemnity	221.55	514.95	266.39	619.20
UniCare State Indemnity Plan/ Basic *without CIC* *(Non-Comprehensive)*	Indemnity	179.31	416.97	224.15	521.22
UniCare State Indemnity Plan/ Community Choice ✓	PPO-type	92.23	219.58	115.30	274.49
UniCare State Indemnity Plan/PLUS	PPO-type	132.12	313.55	165.15	391.94

* CIC is an enrollee-pay-all benefit.

Contribution percentages may change after the Commonwealth's FY15 budget is enacted.

For other things to consider, see page 2.

Deductible QUESTIONS and ANSWERS

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

A All GIC health plans include a calendar year deductible. 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 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 <u>not</u> be subject to a new deductible if:
You stay with the same health plan carrier but switch to one of its other options.

You <u>will</u> 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. 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
- Medically necessary wigs
- Hearing aids
- Mammograms
- Pap smears
- EKGs

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

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

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

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

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

Drug Copayments

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

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

TIER 2: You pay the *mid-level* copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

TIER 3: You pay the *highest* copayment. This tier is primarily made up of brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. 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.

FALLON HEALTH DIRECT CARE HMO

Limited ★ ★ ★ Network Plan

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

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

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

In-Network Out-of-Pocket Maximum
$5,000 per individual; $10,000 per family

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 Health Direct Care is available in the following Massachusetts counties:

Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Fallon Health 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 Effective July 1, 2014

See page 9.

Plan Contact Information

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

Fallon Health
1.866.344.4442
www.fchp.org/gic

Copays Effective July 1, 2014

Primary Care Provider Office Visit
$15 per visit

Preventive Services
Most covered at 100% – no copay

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

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

FALLON HEALTH SELECT CARE HMO

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

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

Members pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated. 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.

In-Network Out-of-Pocket Maximum
$5,000 per individual; $10,000 per family

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 Health Select Care is available in the following Massachusetts counties:

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

Fallon Health 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 Effective July 1, 2014

See page 9.

Plan Contact Information

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

Fallon Health
1.866.344.4442
www.fchp.org/gic

Copays Effective July 1, 2014

Primary Care Provider Office Visit: $20 per visit

Preventive Services: Most covered at 100% – no copay

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

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

HARVARD PILGRIM INDEPENDENCE PLAN 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 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.*

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*

$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

In-Network Copays Effective July 1, 2014

Primary Care Provider Office Visit: $20 per visit

Preventive Services: Most covered at 100% – no copay

Specialist 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, Obstetricians/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

Retail Clinic: $20 per visit

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

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

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

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

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

Emergency Room
$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 and obtain referrals to specialists.

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

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.

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*
$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

Copays Effective July 1, 2014

Primary Care Provider Office Visit: $20 per visit

Preventive Services: Most covered at 100% – no copay

Specialist 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, Obstetricians/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

Retail Clinic: $20 per visit

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

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

Tier 1:	$250 per admission
Tier 2:	$500 per admission

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

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

Emergency Room
$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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.

In-Network Out-of-Pocket Maximum
$5,000 per individual; $10,000 per family

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, Franklin, Hampden, Hampshire

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

Worcester

Health New England 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 Effective July 1, 2014

See page 9.

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

GREAT VALUE QUALITY COVERAGE 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, 2014

Primary Care Provider Office Visit
$20 per visit

Preventive Services
Most covered at 100% – no copay

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

YOUR RESPONSIBILITY
Do your doctors and hospitals participate in NHP Care?
Contact the plan.

NHP CARE *(Neighborhood Health Plan)* HMO

Limited ★★★ Network Plan

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 and obtain referrals to specialists. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how your provider is rated.

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.

In-Network Out-of-Pocket Maximum
$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

Copays Effective July 1, 2014

Primary Care Provider Office Visit
$20 per visit

Preventive Services
Most covered at 100% – no copay

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

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

Retail Clinic: $20 per visit

Outpatient Mental Health and Substance Abuse Care
$20 per visit

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

Outpatient Surgery
(Maximum four copays annually per person):
$110 per occurrence

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

Emergency Room
$100 per visit (waived if admitted)

Prescription Drug

Retail up to 30-day supply:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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 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, offer you in-network benefits with a copay. Or, you may seek care from out-of-network providers, but at higher out-of-pocket costs.

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

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*
$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies
1.855.750.8980 | www.beaconhs.com/gic

In-Network Copays Effective July 1, 2014

Primary Care Provider Office Visit: $20 per visit

Preventive Services: Most covered at 100% – no copay

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

★★★	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 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 hospitals based on quality and/or cost:
Tier 1: $300 per admission
Tier 2: $700 per admission

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

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

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

Prescription Drug

Retail up to 30-day supply:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

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

TUFTS HEALTH PLAN SPIRIT EPO (HMO-TYPE)

Limited ★★★ Network Plan

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

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

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

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

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

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*
$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies
1.855.750.8980 | www.beaconhs.com/gic

Copays Effective July 1, 2014

Primary Care Provider Office Visit: $20 per visit

Preventive Services: Most covered at 100% – no copay

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

★★★	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 hospitals based on quality and/or cost:
Tier 1: $300 per admission
Tier 2: $700 per admission

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

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

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

Prescription Drug

Retail up to 30-day supply:	***Mail Order up to 90-day supply:***
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

UNICARE STATE INDEMNITY PLAN/BASIC 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, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Prescription drug benefits are administered by CVS Caremark.

Calendar Year Deductible

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

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*

$5,000 per individual; $10,000 per family

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

Monthly Rates Effective July 1, 2014

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.unicarestateplan.com

Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies
1.855.750.8980 | www.beaconhs.com/gic

Prescription Drug Benefits: CVS Caremark
1.877.876.7214 | www.caremark.com/gic

Copays with CIC *(Comprehensive)* Effective July 1, 2014

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

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

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

UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE PPO-TYPE

Limited ★★★ Network Plan

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

The plan offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP). 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, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Prescription drug benefits are administered by CVS Caremark.

Calendar Year Deductible

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

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*

$5,000 per individual; $10,000 per family

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

Monthly Rates Effective July 1, 2014

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

Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies
1.855.750.8980 | www.beaconhs.com/gic

Prescription Drug Benefits: CVS Caremark
1.877.876.7214 | www.caremark.com/gic

In-Network Copays Effective July 1, 2014

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

UNICARE STATE INDEMNITY PLAN/PLUS PPO-TYPE

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

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, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Calendar Year Deductible

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

In-Network Out-of-Pocket Maximum – *Excludes Prescription Drug Costs*

$5,000 per individual; $10,000 per family

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 Effective July 1, 2014

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

Mental Health, Substance Abuse and EAP Benefits: Beacon Health Strategies
1.855.750.8980 | www.beaconhs.com/gic

Prescription Drug Benefits: CVS Caremark
1.877.876.7214 | www.caremark.com/gic

In-Network Copays Effective July 1, 2014

Primary Care Provider Office Visit
$15 per visit for Centered Care PCPs
$20 per visit for other PCPs

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

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 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.

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

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of $10,000 per month, up to the age of 65. If disabled on or after age 62, benefits may continue after age 65;
- A 36-month benefit for mental health disabilities that occur on or after July 1, 2014;
- A benefit 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.

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

Eligibility and Enrollment

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

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

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

LONG TERM DISABILITY

MONTHLY GIC Plan Rates Effective July 1, 2014

ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM Per $100 of MONTHLY Earnings
Under age 25	$0.09
25 – 29	$0.11
30 – 34	$0.15
35 – 39	$0.19
40 – 44	$0.39
45 – 49	$0.52
50 – 54	$0.63
55 – 59	$0.77
60 – 64	$0.74
65 – 69	$0.42
70 and over	$0.24

Life insurance, insured by The Hartford Life and Accident Insurance 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.

Optional Life Insurance

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

How Much Do You Need?

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

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

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make economic sense for you to keep it or reduce your amount of coverage. 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.*

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. Effective July 1, 2014, upon payment of the accelerated life benefit, future life insurance premiums will be waived regardless of your age. The remaining balance is paid to your beneficiary when you die.

OPTIONAL LIFE INSURANCE

Including Accidental Death & Dismemberment

MONTHLY GIC Plan Rates Effective July 1, 2014

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
70 and over	2.58	1.17

Optional Life Insurance Enrollment

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

Special Open Enrollment – First in Ten Years!
APRIL 9 – JUNE 13, 2014

During this special optional life insurance open enrollment, eligible state employees actively at work and employees on an approved military leave can:

- Enroll for one, two or three times salary; or
- Increase their coverage by an additional one, two, or three times salary if already enrolled in coverage, **without providing evidence of good health**.

Take advantage of this special enrollment. It is the first life insurance open enrollment the GIC has offered since 2004 and proof of good health is not required for the first three increases in salary. Employees actively at work have until June 13, 2014, to enroll. Employees returning from military leave may apply for this benefit immediately upon their return, provided the return date is before June 14, 2015. Be sure to use the ***special Optional Life Insurance Open Enrollment form***.

Active state employees who wish to enroll for four to eight times salary or who are currently enrolled and wish to increase their salary multiplier by more than three must provide evidence of good health and use the Insurance Enrollment and Change Form (Form-1).

Life insurance forms are available on the GIC's website and through your GIC Coordinator.

Coverage for the special Optional Life Insurance Open Enrollment will be effective October 1, 2014.

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 During the Year

State employees actively at work who do not take advantage of the special open enrollment 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

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

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

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used e-cigarettes, snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2014.

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

Life Insurance and Leaving State Service

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

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

Portability and Conversion Questions?
Contact The Hartford
1.877.320.0484

Health Insurance Buy-Out

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

During Annual Enrollment

If you were insured with the GIC on January 1, 2014 or before, and continue your coverage through June 30, 2014, you may apply to buy out your health plan coverage **effective July 1, 2014**, during annual enrollment.

October 6 – November 7, 2014

If you are insured with the GIC on July 1, 2014 or before, and continue your coverage through December 31, 2014, you may apply to buy out your health plan coverage **effective January 1, 2015**. The enrollment period for this buy-out will be October 6 – November 7, 2014.

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, 2014:	$1,491.63
Monthly 12-month benefit =	25% of this premium
Employee receives 12 payroll deposits or monthly checks of: *(after federal, Medicare, and state taxes)*	$254.69

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

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, 2014.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2014.

Pre-Tax Premium Deduction Questions?
Contact Your Payroll Department

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. On average, state employees save $250 in federal and state taxes for every $1,000 contributed.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for 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 care
- Hearing aids and durable medical equipment
- Smoking cessation and childbirth classes
- Chiropractor and acupuncture visits

For calendar year 2014, 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 2014 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 5, 2014

The HCSA and DCAP plan year is January through December. Open enrollment for these programs will take place October 14 – December 5, 2014 for the 2015 calendar year. ***Participants must re-enroll each year*** using the online re-enrollment form.

New State Employees

New state employees, including MBTA 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

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.

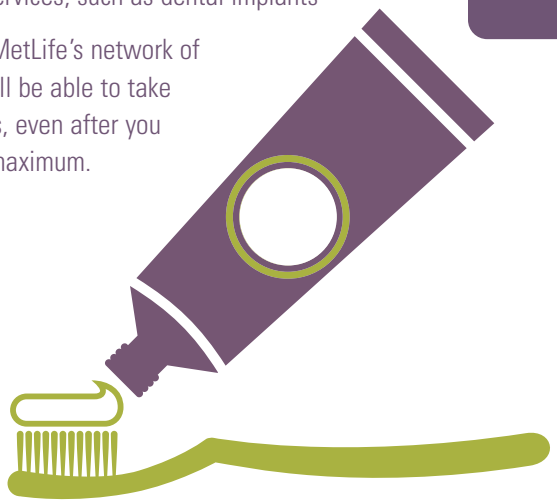
There are two dental plan options:

- **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.



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.

Dental Questions?

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

Contact MetLife: 1.866.292.9990

www.metlife.com/gic

VISION BENEFITS

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

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of over 1,400 Massachusetts providers, with additional providers across the country. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- routine eye examinations;
- 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 (client code: 7852)

GIC DENTAL/VISION PLAN

MONTHLY GIC Plan Rates Effective July 1, 2014

PLAN	INDIVIDUAL	FAMILY
PPO (Value) **Plan**	$4.56	$14.16
Indemnity (Classic) **Plan**	$6.11	$18.95

WELLMASS PILOT PROGRAM

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

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

Well MASS

Commonwealth of Massachusetts
Group Insurance Commission

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 state employees 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.

WellMASS Questions?
1.800.926.5455
www.mass.gov/gic/wellmass

Attend a Health Fair

Employees who are enrolling in GIC benefits for the first time, thinking about changing health plans, enrolling in Optional Life Insurance, 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 9 de abril hasta el 7 de mayo del 2014. 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 2014. 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 2014 年 4 月 9 日開始，到 5 月 7 日結束。在這段期間，您 (因為您是這個州的員工或退休員工) 有機會可以投保或變更您的健康保險。如果您希望維持您目前的健康保險福利，則什麼都不必做。您的承保會自動持續。

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

任何承保變更都會在 2014 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

See our website for:

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

Ghi danh hàng năm

Thời gian ghi danh hàng năm bắt đầu vào ngày 9 tháng 4 và chấm dứt vào ngày 7 tháng 5, năm 2014. 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 2014. 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 2014

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

12 SATURDAY 10:00-2:00
Mass Maritime Academy
Gymnasium
101 Academy Drive
BUZZARDS BAY

15 TUESDAY 11:00-3:00
State Transportation Building
10 Park Plaza, 2nd Floor
Conference Rooms 1, 2 and 3
BOSTON

16 WEDNESDAY 11:00-4:00
Middleborough Town Hall
Grand Ballroom, 2nd Floor
10 Nickerson Avenue
MIDDLEBOROUGH

17 THURSDAY 10:00-3:00
Quinsigamond Community College
Harrington Learning Center, Rooms 109 AB
670 West Boylston Street
WORCESTER

19 SATURDAY 11:00-2:00
Northern Essex Community College
The Technology Center, Rooms 103 A & B
100 Elliott Street
HAVERHILL

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

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

25 FRIDAY 11:00-4:00
Framingham Town Hall
Nevins Hall, 1st Floor
150 Concord Street
FRAMINGHAM

28 MONDAY 11:00-4:00
East Bridgewater Junior/Senior High School
Gymnasium
143 Plymouth Street
EAST BRIDGEWATER

MAY 2014

1 THURSDAY 11:00-3:00
U-Mass Amherst
Student Union Ballroom
AMHERST

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

Commonwealth of Massachusetts
Group Insurance Commission

FOR MORE INFORMATION, CONTACT THE PLANS

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

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

OTHER QUESTIONS?

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

GLOSSARY

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

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

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

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

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

Deductible – a set dollar amount which must be satisfied within 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. An EPO encourages 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).

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

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

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

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

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

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 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

COMMONWEALTH OF MASSACHUSETTS

Deval L. Patrick, *Governor*

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
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