See inside for benefit changes.

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

GIC Benefit Decision Guide

2017-2018

FOR COMMONWEALTH OF MASSACHUSETTS

MUNICIPAL
Employees, Retirees and Survivors

Benefits and Rates Effective July 1, 2017

Weigh Your Options

ANNUAL ENROLLMENT
APRIL 5 - MAY 3, 2017

OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

Spring 2017

Dear Colleagues:

The Group Insurance Commission (GIC) is committed to providing quality and affordable benefit plans to Massachusetts state and municipal employees, despite the overall growth of health care costs. I encourage you to be an active consumer and take the time to read this **2017-2018 Benefit Decision Guide** to research available GIC plans.

The GIC is moving forward with a balanced approach to control costs so that state and municipal employees and retirees can continue to have access to comprehensive benefits. Be sure to read this pamphlet to understand how benefits will be changing and the many options available to you.

The health plan in which you are currently enrolled may be changing from last year. Therefore, it is particularly important for you to review your options to ensure you are enrolled in a plan that is best for you and your health care needs. Take advantage of GIC resources for selecting your health plan, including the GIC's website (mass.gov/gic), your GIC Coordinator, the annual enrollment video (mass.gov/gic/aevideo), the health plan websites and call centers, and health fairs across the state.

Thank you for your service and for helping us to move forward with sustainable benefit programs.

Sincerely,

Charles D. Baker
Governor

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

Be sure to read:

Find out about your employee/non-Medicare health plan options:

Find out about your Medicare health plan options:

Find out about other benefit options:

Resources for additional information:

Commonwealth of Massachusetts
Group Insurance Commission

Your Benefits Connection

Watch the Annual Enrollment video to find out the steps you should take during Annual Enrollment and how to lower your out-of-pocket costs: mass.gov/gic/aevideo.

IMPORTANT REMINDERS:

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2017. *Review pages 5-7 and 15 for details.*
- Read *Gather, Investigate, Choose* on page 3 to find out what steps to take during Annual Enrollment.
- Read the *Consider Enrolling in a Less Expensive Plan* section on page 2 to find out more about limited and broad network plan options for Employees and non-Medicare Retirees/Survivors and your responsibility before enrolling in a plan.
- If you want to ***keep your current GIC health plan***, you do ***not*** need to fill out any paperwork. Your coverage will continue automatically.

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

- Your annual enrollment forms are due **no later than Wednesday, May 3, 2017**. All forms are on the GIC's website (mass.gov/gic/forms). Changes go into effect July 1, 2017:
  - **Active employees and New GIC Enrollees:** Send completed GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office.
  - **Existing Municipal Retirees/Survivors:** Send completed forms to the GIC. Send completed Municipal Retiree Dental form to the GIC Coordinator in your benefits office.

Consider Enrolling in a Less Expensive Plan

TAKE ACTION DURING ANNUAL ENROLLMENT!

Gather – a list of doctors, hospitals and medications

Investigate – your options by reading this *Benefit Decision Guide* and contacting the health plans you're considering

Choose – a plan no later than May 3

Employees and Non-Medicare Retirees and Survivors

Limited Network Plans Offer an Affordable Option

Limited network plans help address differences in provider costs. You will enjoy ***the same benefits*** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

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

For example, if you pay 25% of the premium and have individual coverage, by enrolling in the same health plan's limited network option instead of a wide network option, you ***will save, on average, $45.88 per month and $550.59 per year.***

See the separate municipal rate chart from your municipality or on our website (mass.gov/gic/munirates) to calculate your savings.

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

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

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

The GIC's Limited Network Plans Are:

Fallon Health Direct Care – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 29 area hospitals and another six "Peace of Mind" hospitals in Boston that provide second opinions and care for very complex cases.

Harvard Pilgrim Primary Choice Plan – an HMO with a network of 56 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha's Vineyard, and Nantucket.

Health New England – a western and central Massachusetts-based HMO that includes 20 Massachusetts hospitals.

Tufts Health Plan Spirit – an EPO (HMO-type) plan with a network of 54 hospitals. The plan is available throughout Massachusetts, except for Martha's Vineyard, Nantucket and parts of Berkshire and Hampshire Counties.

UniCare State Indemnity Plan/Community Choice – a PPO-type plan with a network of 58 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha's Vineyard and Nantucket.

Other Employee and Non-Medicare Health Plan Options

If you don't want a limited network plan, take a look at NHP Prime and UniCare State Indemnity Plan/PLUS. Information on these plans is on pages 17 and 24-25.

Your Responsibility Before You Enroll in a Health Plan

Once you choose a plan, you cannot change health plans during the year, unless you move out of the plan's service area or are retired and become Medicare eligible, in which case you must enroll in a Medicare plan. 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.

Gather

Gather a list of your doctors, hospitals and medications that you take frequently. Be sure to include this same information for every family member you cover.

Investigate

Investigate your options by reading this *Benefit Decision Guide* and contacting the health plans:

- Are your doctors and hospitals in the network?
- If you are a ***non-Medicare*** retiree/survivor, what are the copay tiers of your providers? This determines your copay costs. *(Provider copay tiers do not apply to GIC Medicare plans.)*
- Are your prescription drugs included on the plan's formulary, and if so, what copay tier are they in?
- Are other services you might need covered?
- Weigh total expected copay costs and premiums for each plan before you decide to remain in the same health plan or change to another option.

Choose

Choose your health plan no later than **Wednesday, May 3**. Take a look at **Retiree Dental** *(see page 29 for eligibility and other details)*. See important reminders on page 1.

GIC GATHER INVESTIGATE CHOOSE

Find out how to "GIC" by watching the Annual Enrollment video
mass.gov/gic/aevideo

Do your homework during Annual Enrollment—even if you think you want to stay in the same plan

Keep in Mind

- Physician and hospital copay tiers can change each July 1 for non-Medicare plans. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed. **Copay tiers do not apply to GIC Medicare plans.**
- When checking provider coverage and tiers, be sure to specify the health plan's full name, such as "Tufts Health Plan *Spirit*" or "Tufts Health Plan *Navigator*," not just "Tufts Health Plan." The health plan is the best source of this information *(see page 32)*.
- 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. Your health plan will help you find another provider.

New Hire and Annual Enrollment Overview

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

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

NEW EMPLOYEES

Within 10 calendar days of hire.

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

You may enroll in one of these health plans…

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

By submitting within 10 days of employment…

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

NOTE: Current employees who have a qualifying status change during the year may enroll in GIC health coverage during the year within 60 days of the qualifying event. *See page 9 for additional information.*

Once you choose a health plan, you cannot change plans until the next annual enrollment. This is true even if your doctor or hospital leaves the health plan, unless you have a qualifying status change, such as moving out of the plan's service area or are retired and become eligible for Medicare *(in which case, you must enroll in a Medicare plan).*

EMPLOYEES AND *NON-MEDICARE* RETIREES/SURVIVORS

MEDICARE RETIREES/SURVIVORS

During annual enrollment April 5-May 3, 2017 for changes effective July 1, 2017

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

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

You may enroll in…

Retiree Dental Plan*

By submitting by May 3…

New GIC Enrollees and Active Employees:
Completed GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation as outlined on the *Forms* section of our website, to the GIC Coordinator in your benefits office

Current Municipal Retirees/Survivors:

- Completed Retiree/Survivor Enrollment/Change form to the GIC
- Completed Retiree Dental Form to the GIC Coordinator in your benefits office

Indicates a GIC Limited Network Plan.

* *See page 29 for eligibility details*

Enrollment and the Medicare Advantage Plan Disenrollment forms are available on our website – mass.gov/gic/forms

We continue to face a challenging environment for both the state budget and controlling health care costs. Unknown Affordable Care Act changes, anticipated personal income tax decreases, and sluggish sales tax revenue may affect state and municipal revenues. At the same time, rising health care costs are crowding out other critical needs, including public safety and local aid. The state's health care increase benchmark under Chapter 224 is 3.6% annually, and this has been hard to achieve with rising costs. Yes, an aging population and mandates are contributing to rising costs, but the two main drivers are:

- High-cost providers and the prevalent use of these providers
- Skyrocketing prescription drug costs

According to the Massachusetts Center for Health Information and Analysis (CHIA), 80.3% of 2014 hospital commercial payments went to the most expensive Massachusetts hospitals. The GIC's members are also using the most expensive hospitals, with 46% of utilization in one of our largest broad network plans using Tier 3 — the most expensive — hospitals.

The GIC's winter 2017 *For Your Benefit* newsletter outlined many of the reasons for skyrocketing prescription drug costs. The Health Policy Commission reported in the fall that prescription drug costs rose 8.8% from 2014-2015 and now represent 17.2% of total Massachusetts medical expenditures.

The GIC's initial premium requests from the plans came in at 10.2% — clearly unaffordable for the state, municipalities, and members. The Commission knew that it would be able to negotiate down from this somewhat, but other changes would be needed to come in within the state's benchmark of 3.6%. Guiding principles were to:

- Spread the burden fairly
- Align benefits between plan options
- Use methods other than benefit changes to bring down trends wherever possible.

In line with the third goal, the GIC is renegotiating our contract with CVS Caremark and continues the Centered Care Initiative to encourage our health plans to move from fee-for-service provider contracts to global budgets. The GIC's Clinical Performance Improvement (CPI) Initiative for **employee/non-Medicare retirees** that analyzes 155 million de-identified claims on nationally recognized measures of quality and/or cost efficiency will continue for Fallon Health, Health New England, Neighborhood Health Plan and the UniCare State Indemnity Plan. Members of these plans pay the lowest copay for the highest-performing specialists:

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

Harvard Pilgrim Health Plan and Tufts Health Plan will also tier providers to encourage **employee/non-Medicare** members to shop for their care.

In a major initiative, the GIC has proposed legislation as part of the Governor's budget to cap payments to hospitals, doctors, and other providers for GIC members.

Additional benefit changes were also needed. Some of our broad network plans were spending well beyond other similar plans. These plans include Fallon Health Select Care, which proposed a 9.4% increase; Harvard Pilgrim Independence, which proposed a 6.1% increase after two consecutive years of increases exceeding 9.0%; and Tufts Health Plan Navigator, which proposed a 12.9% increase. As a result, these plans are **closed** to new members. This change and others are outlined on the next few pages.

Take Action To Lower Your Out-Of-Pocket Costs

All members:

- Work with your **Primary Care Provider** (PCP) to navigate the health care system.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress**. Articles to help you take charge of your health are posted on our website: mass.gov/gic/yourhealth.

Employee/Non-Medicare members should also:

- Seek care from **Tier 1 and Tier 2 doctors**.
- Access on your phone or make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Use your **health plan's cost estimator** for health care procedure shopping – **UniCare and Fallon will send members a check** if they shop for and then visit a lower-cost provider.

Take Advantage of Annual Enrollment

It's more important than ever to review your health plan options during this year's Annual Enrollment. Be sure to follow the ***Gather, Investigate and Choose*** instructions on page 3 and watch the Annual Enrollment video at mass.gov/gic/aevideo. If you are in a plan with a high premium, it's important to take the opportunity to consider enrolling in a less expensive plan *(see page 2)*. The health plan in which you are currently enrolled may or may not be the best value for you and your family for the next fiscal year.

HEALTH PLANS

Employee/Non-Medicare Plans

New Prescription Drug Fiscal Year Deductible

There will be a new separate prescription drug deductible of $100 individual/$200 family for all health plans except Fallon Health Direct and Select. Oral chemotherapy and preventive care medications covered under the Affordable Care Act will not be subject to the deductible.

Fiscal Year Medical Deductible

The fiscal year deductible will increase to $500 individual/$1,000 family (regardless of family size). For the Fallon Health Direct and Select plans, the deductible will increase to $550 individual/$1,100 family.

Health Plans Closed to New Members

Due to concerns about significant premium increases and spending beyond those premium rates, **Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator** will be closed to new members:

- Existing members can stay in or leave these plans and can change their coverage (e.g., individual to family) within 60 days of a qualifying event; however,
- New groups or new employees joining the GIC cannot enroll in these plans;
- Individuals who are picking up GIC health insurance coverage during Annual Enrollment or within 60 days of a qualifying event cannot enroll in these plans; and
- Existing GIC members currently enrolled in other health plans cannot switch into these plans.

Medication-Assisted Treatment

There will no longer be any copayments or prior authorization for Medication-assisted Treatment for opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products). These drugs will also not be subject to the prescription drug deductible.

Harvard Pilgrim Independence and Primary Choice Plans

- The prescription drug formulary for these plans will change to a closed formulary similar to the other plans. This means certain prescription drugs will be excluded from coverage, but will have alternatives available that are more cost effective.
- Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

Harvard Pilgrim Independence Plan

- Will implement Primary Care Provider (PCP) tiering based on provider group value: $10 Tier 1/$20 Tier 2/$40 Tier 3. Contact the plan to find out which tier your PCP is in.
- The outpatient behavioral health/substance use disorder office visit copay will decrease to $10 per visit.
- The out-of-network deductible will increase to $500 per individual and $1,000 per family.

Tufts Health Plan Navigator and Spirit

- Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

Tufts Health Plan Navigator

- Will implement Primary Care Provider (PCP) tiering based on provider group value: $10 Tier 1/$20 Tier 2/$40 Tier 3. Contact the plan to find out which tier your PCP is in.
- The outpatient behavioral health/substance use disorder office visit copay will decrease to $10 per visit.
- The out-of-network deductible will increase to $500 per individual and $1,000 per family.

Unicare State Indemnity Plan/Basic and Community Choice

- The telehealth benefit already available to UniCare PLUS members will be expanded to these two plans: $15 copay/telehealth visit.

Unicare State Indemnity Plan/Plus

- The out-of-network deductible will increase to $500 per individual and $1,000 per family.

Medicare Plans

Medication-Assisted Treatment

There will no longer be any copayments or prior authorization for Medication-assisted Treatment for opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products).

Harvard Pilgrim Medicare Enhance, Health New England MedPlus, and Tufts Medicare Complement

- The prescription drug programs for these plans will change to an Employer Group Waiver Plan (EGWP) with CVS's SilverScript.
  - Your plan will include Medicare Part D effective July 1, 2017. Do not enroll in a non-GIC Medicare Part D Plan.
  - You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
  - If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
  - If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.
- The copay for physician office visits, retail clinic/urgent care, outpatient behavioral health/substance use disorder care, physical therapy, occupational therapy, speech therapy, and routine eye exams will increase to $15 per visit.

Fallon Senior Plan and Tufts Medicare Preferred

- The copay for physician office visits, retail clinic/urgent care, and outpatient behavioral health/substance use disorder care will increase to $15 per visit, effective January 1, 2018.

Unicare State Indemnity Plan/Medicare Extension (Ome)

- The $35 calendar year deductible will be eliminated.
- There will be a $10 per visit copay for physician office visits, retail clinic/urgent care, and outpatient behavioral health/substance use disorder care.
- The copay for Emergency Room care will increase to $50 per visit.
- The $100 deductible for out-of-network behavioral health has been eliminated.

Other GIC Benefit Changes

Retiree Dental

The GIC awarded a new contract to MetLife to continue as the dental carrier:

- Rates will not change.
- The reimbursement table of allowance is increasing for the most highly used services by approximately 5%, reducing participants' out-of-pocket costs. These services include periodic oral evaluation, cleanings, periodontal maintenance, endosteal implants, and bitewing X-rays.

See page 29 for more information.

Municipal News

The City of Haverhill and Town of Hingham will join GIC health benefits effective July 1, 2017.

Keep In Mind...

Enrolling in a Health Plan: Members can only enroll in coverage for the first time as a new hire, at Annual Enrollment or within 60 days of a documented qualifying event: marriage, birth/adoption of child, involuntary loss of other coverage, spouse's annual enrollment, or return from an approved FMLA or military leave.

Changing or Canceling Health Plan Coverage: Members can only change from individual to family, family to individual, or cancel coverage during Annual Enrollment or within 60 days of a qualifying event: marriage, birth/adoption of child, change in dependent eligibility, divorce (subject to M.G.L. Ch. 32A eligibility requirements), death of spouse/dependent or spouse's or dependent's involuntary loss of coverage elsewhere.

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

Qualifying Status Procedures and Deadlines: See the qualifying status change document for procedures and deadlines for qualifying events: mass.gov/gic/qualifyingevents.

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

Failure to notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents **can result in financial liability** to you. When any of the following occur, active employees must notify the GIC Coordinator in their benefits office and retirees and survivors must notify the GIC. See the GIC's website for forms and any required documentation (mass.gov/gic/forms):

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

See our website for answers to other FAQs: mass.gov/gic/faq

Q. ***I have GIC health insurance coverage. When must I enroll in Medicare Part A and Part B?***

A. The answer depends on your employment status with the Commonwealth or a participating GIC municipality:

- ***If you, the insured, continue working*** for the state or a participating GIC municipality at age 65 or over, you and your covered spouse should only enroll in free Medicare Part A if eligible. Defer Part B until you, the insured, retire.
- ***If retiring,*** and you or your covered spouse is age 65 or over, the family member(s) age 65 or over should apply for Medicare Part A and Part B up to a month before your retirement. You and/or your spouse age 65 or over will receive a Medicare enrollment package from the GIC approximately two to three weeks after the GIC is notified by your GIC Coordinator of your retirement. Be sure to respond to the GIC by the due date noted in the package.
- ***If retired,*** when you or your covered spouse turns age 65, apply for Medicare Part A and Part B up to three months before your 65th birthday. You or your spouse turning age 65 will receive a Medicare enrollment package from the GIC approximately three months before your 65th birthday to make your Medicare health plan selection. Be sure to respond to the GIC by the due date noted in the package.

Q. ***I am getting married; how do I add my new spouse to my GIC health insurance coverage?***

A. Complete the *Enrollment/Change Form* and include a copy of your marriage certificate. Active employees return these forms to their GIC Coordinators; retirees return them to the GIC. Forms and documentation must be received at the GIC **within 60 days of the marriage**. Otherwise, you must wait until the next Annual Enrollment to add your spouse.

Q. ***How can I add a newborn to my GIC coverage?***

A. Complete the *Enrollment/Change Form* and attach a copy of the hospital announcement letter or your child's birth certificate. A Social Security number must be sent, but you can do so upon receipt from Social Security. The birth certificate or hospital notice must link the dependent to the insured or spouse. The GIC must receive the form and documentation **within 60 days of the birth**.

Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to add the dependent.

Q. ***How do I drop a spouse or dependent from my GIC health and/or Retiree Dental coverage?***

A. Complete the *Enrollment/Change Form* and attach proof of the qualifying event (e.g., enrollment in other health coverage or spouse's/dependent's open enrollment). The GIC must receive this form and documentation **within 60 days of the qualifying event**. Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to drop the spouse/dependent from your coverage. For a death of a spouse or dependent only, if documentation is received after 60 days, the GIC will determine the effective date of cancellation and you will not need to wait for the next Annual Enrollment.

Q. ***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. Enrollment forms must be completed and returned to your GIC Coordinator within 10 calendar days of hire.

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/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 State Indemnity Plan/Basic is nationwide.

Medical and Prescription Deductible Questions and Answers

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

Medical Deductible Changes and New Prescription Drug Deductible

All GIC **Employee/non-Medicare retiree/survivor** health plans include a deductible that applies to certain services. Before the plan will pay for these services, you are responsible for paying your provider(s) up to the deductible maximum. This is a separate charge from any copays.

- The fiscal year deductible will increase, effective July 1, 2017.
- There will be a new separate prescription drug deductible for all **Employee/non-Medicare** health plans except Fallon Health Direct and Select.

Medical Deductible Questions and Answers

Q. ***How much is the in-network fiscal year 2018 medical deductible?***

A. The in-network deductible will increase effective July 1, 2017 to $500 per individual and $1,000 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a $500 deductible before benefits begin.
- **Two- or more person family:** The family as a whole has a $1,000 maximum deductible before benefits begin, but no single family member will be liable for more than $500 per year.

If you are in Harvard Independence, Tufts Navigator, or UniCare PLUS, there is an additional out-of-network deductible. This deductible is increasing effective July 1, 2017, to $500 per member, up to a maximum of $1,000 per family. This is a separate charge from the in-network deductible.

Q. ***What is the effect of changing plans on my deductible?***

A. There is no effect on your deductible for changing plans during Annual Enrollment. Whether you decide to stay in the same health plan, switch to a different option with the same health plan carrier, or switch to a different health plan carrier, a new deductible will begin July 1.

Q. ***Which health care services are subject to the medical deductible?***

A. The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. As with all benefits, ***variations in these guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of **in-network** expenses ***generally exempt*** from the medical deductible:

- Prescription drugs
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Medically necessary wigs
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

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

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

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

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

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

Prescription Drug Deductible Questions and Answers

Q. ***How much is the fiscal year 2018 prescription drug deductible?***

A. The prescription drug deductible effective July 1, 2017, will be $100 per individual and $200 per family for all **Employee/ non-Medicare** plans except Fallon Health Direct and Select.

Q. ***How does the prescription drug deductible affect my copays?***

A. If the cost of a drug is less than $100, you will pay the cost of the drug, which will go towards satisfying the deductible. Once an individual reaches his or her deductible, copays apply. When the family deductible is reached, copay benefits apply to all family members, even those who have not met their individual deductible.

Examples:

Family Member 1 orders a 30-day supply of a brand drug that costs $80. This family member will pay $80 to the pharmacist and will have a $20 deductible balance.

Family Member 2 orders a 30-day supply of a brand drug that costs $105.23. The family member will pay the $100 deductible ***plus*** the balance of $5.23, because the remaining balance is less than the brand copay of $30. This family member has satisfied his or her prescription drug deductible and will pay copays only for all future prescription drugs.

Family Member 3 orders a 30-day supply of a brand name drug that costs $200. This family member will pay the remaining family deductible of $20 (see Family Member 1) plus the $30 copay. The family's deductible has been met and all family members will pay a copay for any prescription drugs ordered for the remainder of the fiscal year until they reach their out-of-pocket maximum.

Prescription Drug Changes Effective July 1, 2017

- GIC employee/non-Medicare health plans, except for Fallon Direct and Fallon Select, will have a fiscal year deductible of $100 individual/$200 family. The prescription drug deductible is separate from your health plan deductible. Once you've paid your prescription deductible, your covered drugs will be subject to a copayment.
- The prescription drug program for Harvard Pilgrim Independence Plan and Harvard Pilgrim Primary Choice Plan will change to a closed formulary, similar to the other GIC plans. Certain prescription drugs will be excluded from coverage. The excluded products have alternatives available that are more cost effective.
- The prescription drug programs for Harvard Medicare Enhance, Health New England MedPlus and Tufts Medicare Complement will change to an Employer Group Waiver Plan (EGWP) with SilverScript. *See the Medicare Part D Drug Reminders and Warnings and page 13 for additional information.*

Drug Copayments

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

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

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

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

Tips for Reducing Your Prescription Drug Costs

During Annual Enrollment, Compare and Contrast Prescription Drug Programs: Contact the plans you are considering to find out which tier the prescription drugs you and your family use most often are in. It may save you money to switch to a plan that places your prescription drugs in a more favorable tier.

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. Some plans offer this benefit at certain retail pharmacies. It can save you money – $5-$30 for three months of medication, depending on the tier. *See the at-a-glance charts for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

Prescription Drug Programs

Some GIC plans have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact the plans you are considering to find out details about these programs and whether they apply to drugs you are taking:

- **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 or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.
- **Specialty Drug Pharmacies –** If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.
- **Prior Authorization –** You or your health care provider may be required to contact the plan for Prior Authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because the plan needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.
- **Quantity Limits –** To promote member safety and appropriate and cost effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.

Medicare Part D Prescription Drug Reminders and Warnings

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

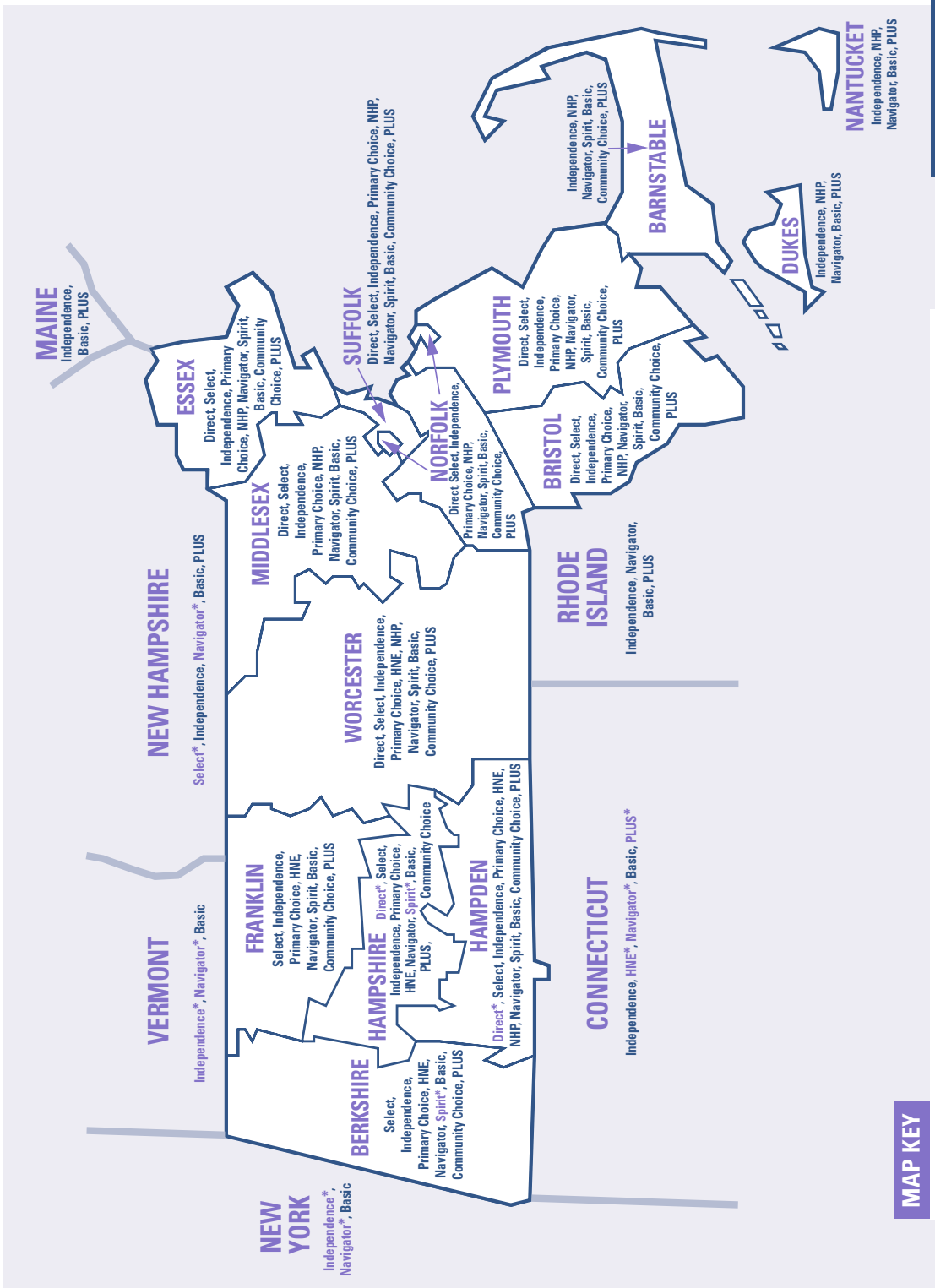
- A "Notice of Creditable Coverage" is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you ***must*** show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of **Harvard Medicare Enhance, Health New England MedPlus or Tufts Medicare Complement**, your plan will include Medicare Part D effective July 1, 2017. You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program**. If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- Effective July 1, 2017, all GIC Medicare plans automatically include Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D plan**. If you enroll in another Medicare Part D drug plan, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health plan, which means you will **lose your GIC health, behavioral health, and prescription drug benefits**.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.

Employee/Non-Medicare Health Plan Locator Map

Where You Live Determines Which Plan You May Enroll In.

Is the Employee/Non-Medicare Health Plan Available Where You Live?

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



MAP KEY

Direct – Fallon Health Direct Care

Select – Fallon Health Select Care
CLOSED TO NEW MEMBERS

Independence – Harvard Pilgrim Independence Plan
CLOSED TO NEW MEMBERS

Primary Choice – Harvard Pilgrim Primary Choice Plan

HNE – Health New England

NHP – NHP Prime (Neighborhood Health Plan)

Navigator – Tufts Health Plan Navigator
CLOSED TO NEW MEMBERS

Spirit – Tufts Health Plan Spirit

Basic – UniCare State Indemnity Plan/Basic

Community Choice – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.

Effective July 1, 2017

Full Cost Rates Including the 0.35% Administrative Fee

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

For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality or the GIC's website: mass.gov/gic/munirates.

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	$554.65	$1,331.20
Fallon Health Select Care CLOSED TO NEW MEMBERS	HMO	737.06	1,768.89
Harvard Pilgrim Independence Plan CLOSED TO NEW MEMBERS	POS	824.23	2,011.10
Harvard Pilgrim Primary Choice Plan	HMO	620.70	1,514.53
Health New England	HMO	548.15	1,358.98
NHP Prime (Neighborhood Health Plan)	HMO	554.04	1,468.22
Tufts Health Plan Navigator CLOSED TO NEW MEMBERS	POS	728.84	1,778.41
Tufts Health Plan Spirit	HMO-type	553.27	1,331.92
UniCare State Indemnity Plan/Basic *with CIC* (Comprehensive)	Indemnity	1,038.80	2,430.54
UniCare State Indemnity Plan/Basic *without CIC* (Non-Comprehensive)	Indemnity	991.80	2,321.52
UniCare State Indemnity Plan/Community Choice	PPO-type	520.59	1,249.46
UniCare State Indemnity Plan/PLUS	PPO-type	693.20	1,656.13

MEDICARE PLANS

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare *(HMO)*	$336.17
Harvard Pilgrim Medicare Enhance	Medicare *(Indemnity)*	423.05
Health New England MedPlus	Medicare *(HMO)*	394.84
Tufts Health Plan Medicare Complement	Medicare *(HMO)*	382.26
Tufts Health Plan Medicare Preferred*	Medicare *(HMO)*	301.05
UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC* (Comprehensive)	Medicare *(Indemnity)*	380.64
UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC* (Non-Comprehensive)	Medicare *(Indemnity)*	369.91

* Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018.

BENEFITS AT-A-GLANCE

EMPLOYEE/NON-MEDICARE Health Plan Copays & Deductibles

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

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
PLAN TYPE	HMO	HMO	POS	HMO	HMO
PCP Designation Required?	Yes	Yes	Yes	Yes	Yes
PCP Referral to Specialist Required?	Yes	Yes	Yes	Yes	No
Out-of-pocket Maximum					
Individual coverage	$5,000	$5,000	$5,000	$5,000	$5,000
Family coverage	$10,000	$10,000	$10,000	$10,000	$10,000
Fiscal Year Deductible					
Individual	**$550**	**$550**	**$500**	**$500**	**$500**
Family	**$1,100**	**$1,100**	**$1,000**	**$1,000**	**$1,000**
Primary Care Provider Office Visit	$15 per visit	$20 per visit	**Tier 1: $10 per visit** **Tier 2: $20 per visit** **Tier 3: $40 per visit**	$20 per visit	$20 per visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit					
Tier 1	$30 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit
Tier 2	$60 per visit	$60 per visit	$60 per visit	$60 per visit	$60 per visit
Tier 3	$90 per visit	$90 per visit	$90 per visit	$90 per visit	$90 per visit
Retail Clinic and Urgent Care Center	$15 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
Outpatient Behavioral Health/Substance Use Disorder Care	$15 per visit	$20 per visit	**$10 per visit**	$20 per visit	$20 per visit
Emergency Room Care	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
Inpatient Hospital Care – Medical				Maximum one copay per person per calendar	
Tier 1	$275 per admission with no tiering	$275 per admission	$275 per admission	$275 per admission	$275 per admission with no tiering
Tier 2		$500 per admission	$500 per admission	$500 per admission	
Tier 3		$1,500 per admission	$1,500 per admission	No Tier 3	
Outpatient Surgery				Maximum one copay per calendar qua	
	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)					Maximum one
	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
Prescription Drug	Prescription Drug Deductible: N/A				
Retail, up to a 30-day supply Tier 1 / Tier 2 / Tier 3	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
Mail Order Maintenance Drugs, up to a 90-day supply Tier 1 / Tier 2 / Tier 3	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2017.

Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator are closed to new members. *See page 6 for more information.*

for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity ans also offer out-of-network benefits with higher out-of-pocket costs. Contact the plans for details. With the exception of emergency care, there are no out-of-network , exclusions, and limitations, see the plan handbook or contact the individual plan. For details about UniCare/Basic without CIC, contact the plan.

NHP PRIME *(Neighborhood Health Plan)*	**TUFTS HEALTH PLAN NAVIGATOR**	**TUFTS HEALTH PLAN SPIRIT**	**UNICARE STATE INDEMNITY PLAN/BASIC** ***with CIC*** *(Comprehensive)*	**UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE**	**UNICARE STATE INDEMNITY PLAN/PLUS**
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$4,000 medical & behavioral health/$1,500 Rx $8,000 medical & behavioral health/$3,000 Rx	$4,000 medical & behavioral health/$1,500 Rx $8,000 medical & behavioral health/$3,000 Rx	$4,000 medical & behavioral health/$1,500 Rx $8,000 medical & behavioral health/$3,000 Rx
$500 $1,000	**$500 $1,000**	**$500 $1,000**	**$500 $1,000**	**$500 $1,000**	**$500 $1,000**
$20 per visit	**Tier 1: $10 per visit Tier 2: $20 per visit Tier 3: $40 per visit**	$20 per visit	$20 per visit	$20 per visit	$15 per visit for Centered Care PCPs; $20 per visit for other PCPs
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit
$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
$20 per visit	**$10 per visit**	$20 per visit	$20 per visit	$20 per visit	$20 per visit
$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
year quarter. Waived if readmitted within 30 days in the same calendar year.					
$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission	$300 per admission $700 per admission No tier 3	$275 per admission with no tiering	$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission
rter or four per year, depending on plan. Contact the plan for details.					
$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$110 per occurrence	Tier 1 and Tier 2: $110 per occurrence; Tier 3: $250 per occurrence
e copay per day. Contact the plan for details.					
$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
Prescription Drug Deductible: $100 Individual / $200 Family					
$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/behavioral health and prescription drugs.

BENEFITS AT-A-GLANCE: MEDICARE Health Plan Copays & Deductibles

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

HEALTH PLAN	FALLON SENIOR PLAN	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDPLUS
PLAN TYPE	HMO	INDEMNITY	HMO
PCP Designation Required?	Yes	No	Yes
PCP Referral to Specialist Required?	Yes	No	No
Calendar Year Deductible	None	None	None
Preventive Care Office visits according to health plan's schedule	No copay	No copay	No copay
Physician Office Visit (except behavioral health)	**$15 per visit**	**$15 per visit**	**$15 per visit**
Retail Clinic	**$15 per visit**	**$15 per visit**	**$15 per visit**
Outpatient Behavioral Health/ Substance Use Disorder Care	**$15 per visit**	**$15 per visit**	**$15 per visit**
Inpatient Hospital Care	No copay	No copay	No copay
Hospice Care	No copay	No copay	No copay
Diagnostic Laboratory Tests and X-rays	No copay	No copay	No copay
Surgery Inpatient and Outpatient	No copay	No copay	No copay
Emergency Room Care (includes out-of-area)	$50 per visit *(waived if admitted)*	$50 per visit *(waived if admitted)*	$50 per visit *(waived if admitted)*
Hearing Aids	First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
Prescription Drug *Retail, up to 30-day supply*			
Tier 1	$10	$10	$10
Tier 2	$30	$30	$30
Tier 3	$65	$65	$65
Mail Order Maintenance Drugs, up to 90-day supply			
Tier 1	$25	$25	$25
Tier 2	$75	$75	$75
Tier 3	$165	$165	$165

Copays and deductibles that appear in **bold** in this chart are changing effective July 1, 2017, except for the two calendar year Medicare plans that are changing January 1, 2018.

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2018. Office visit copays for these plans will increase to the copays listed effective January 1, 2018.

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

TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) ***with CIC*** *(Comprehensive)* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
Yes	Yes	No
Yes	Yes	No
None	None	**None**
No copay	No copay	No copay
$15 per visit	**$15 per visit**	**$10 per visit**
$15 per visit	**$15 per visit**	**$10 per visit**
$15 per visit	**$15 per visit**	First 4 visits: no copay; visits 5 and over: $10 per visit
No copay	No copay	$50 per admission (maximum one copay per person per calendar year quarter)
No copay	No copay	No copay
No copay	No copay	No copay
No copay	No copay	No copay in MA and for out-of-state providers who accept Medicare; call the plan for details if using out-of-state providers who do not accept Medicare
$50 per visit *(waived if admitted)*	$50 per visit *(waived if admitted)*	**$50 per visit** *(waived if admitted)*
First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
$10 $30 $65	$10 $30 $65	$10 $30 $65
$25 $75 $165	$25 $75 $165	$25 $75 $165

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

Medicare Guidelines

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

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

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

When you (the insured) retire:

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

Retiree and Spouse Coverage if Under and Over Age 65

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

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

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

HOW TO CALCULATE YOUR RATE

See separate rate chart from your municipality or visit mass.gov/gic/munirates.

Retiree and Spouse Both on Medicare

Find the premium for the Medicare plan in which you are enrolling and double it for your total monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

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

Helpful Reminders

- Visit Social Security's website or your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the Medicare Health Plan Locator Map below.*
- You may change GIC Medicare plans ***only during Annual Enrollment***, unless you have a qualifying status change, such as moving out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment. Your Medicare HMO will help you find another provider.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018; you cannot change plans until the spring Annual Enrollment period.
- Effective July 1, 2017, all GIC Medicare plans will automatically include Medicare Part D prescription drug benefits.

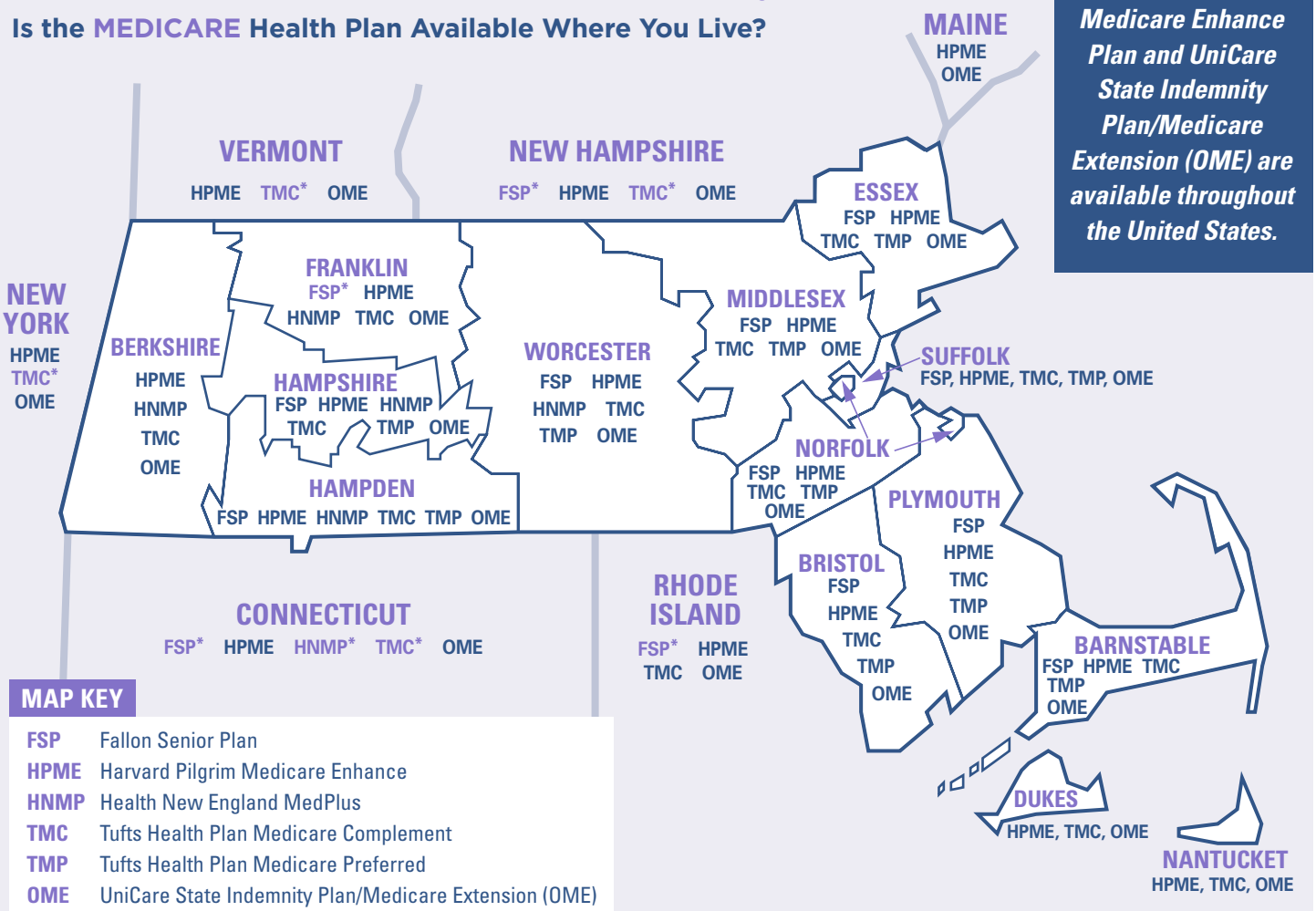
Medicare Part D and Your Prescription Drug Benefits

Most enrollees should not enroll in a non-GIC Medicare Part D drug plan. *See page 13 for additional details.*

Where You Live Determines Which Plan You May Enroll In.

Is the MEDICARE Health Plan Available Where You Live?

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



MAP KEY

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

* Not every city and town is covered in this county or state; contact the plan to find out if you live in the service area. The plan also has a limited network of providers in this county or state; contact the plan to find out which doctors and hospitals participate in the plan

Fallon Health Direct Care HMO

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

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

Specialist Tiering

Fallon Health tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Harvard Pilgrim Primary Choice Plan HMO

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

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

Specialist and Hospital Tiering Changes

Harvard Pilgrim is changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 specialists and Tier 1 hospitals. Contact the plan to find out each of your provider's tier at the office location you visit. Also contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Health New England HMO

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

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

Specialist Tiering

Health New England tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Tufts Health Plan Spirit EPO (HMO-Type)

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

The behavioral health benefits of this plan are administered by Beacon Health Options.

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

Specialist and Hospital Tiering Changes

Tufts Health Plan is changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 specialists and Tier 1 hospitals. Contact the plan to find out each of your provider's tier at the office location you visit. Also contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UniCare State Indemnity Plan/Community Choice (PPO-Type)

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network based at community and some tertiary hospitals at 100% coverage, after a copayment. 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 find out if your hospital is in the network.

The plan offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP).

The behavioral health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live In the service area are eligible.

Fallon Health Select Care HMO

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

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

Fallon Health Select Care is closed to new members. ***See page 6 for more information.***

Specialist and Hospital Tiering

Fallon Health tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

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

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Harvard Pilgrim Independence Plan POS

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs.

The Harvard Pilgrim Independence Plan is closed to new members. ***See page 6 for more information.***

Primary Care Provider (PCP), Specialist, and Hospital Tiering Changes

Harvard Pilgrim is implementing PCP tiering and changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 PCPs and specialists and Tier 1 and Tier 2 hospitals. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

NHP Prime (Neighborhood Health Plan) HMO

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

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

Specialist Tiering

Neighborhood Health Plan tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Tufts Health Plan Navigator POS

Navigator by Tufts Health Plan is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs.

The behavioral health benefits of this plan, administered by Beacon Health Options, offer you in-network benefits with a copay. Or, you may seek care from out-of-network providers, but at higher out-of-pocket costs.

Tufts Health Plan Navigator is closed to new members. ***See page 6 for more information.***

Primary Care Provider (PCP), Specialist, and Hospital Tiering Changes

Tufts Health Plan is implementing PCP tiering and changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 PCPs and specialists and Tier 1 and Tier 2 hospitals. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UniCare State Indemnity Plan/Basic Indemnity

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid additional non-Massachusetts provider charges, contact UniCare to find doctors and hospitals in your area who participate in UniCare's national Anthem and Private Healthcare Systems (PHCS) network.

The behavioral health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

UniCare State Indemnity Plan/Basic (Continued)

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

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

UniCare State Indemnity Plan/PLUS (PPO-Type)

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. Out-of-state non-UniCare providers have 80% coverage of allowed charges. To avoid additional non-Massachusetts provider charges, contact UniCare to find doctors and hospitals in your area who participate in UniCare's national Anthem and Private Healthcare Systems (PHCS) network.

Members are encouraged to select a Primary Care Provider (PCP) to manage their care and pay a lower copay if they see a Centered Care PCP.

Contact the plan to find out if your PCP is a Centered Care provider.

The behavioral health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist and Hospital Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

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

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Fallon Senior Plan HMO

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

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

Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2018.***

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

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

Harvard Pilgrim Medicare Enhance Indemnity

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

Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. *See page 7.*

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Medicare Part B who live in the United States are eligible.

Health New England MedPlus HMO

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

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

Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. *See page 7.*

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

Tufts Health Plan Medicare Complement HMO

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care and obtain referrals to specialists.

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

Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. *See page 7.*

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

Tufts Health Plan Medicare Preferred HMO

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care and obtain referrals to specialists.

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

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2018.***

Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Part B who live in the service area are eligible.

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

UniCare State Indemnity Plan/Medicare Extension (OME) Indemnity

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

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible.

Wellness

The GIC's health plans offer the following gym membership reimbursements. Contact the individual health plan *(see page 32)* to find out what other services may be covered under this program, whether the reimbursement is on a fiscal or calendar year, other wellness programs, and to get a gym membership reimbursement form.

EMPLOYEE/NON-MEDICARE HEALTH PLAN	ANNUAL GYM MEMBERSHIP REIMBURSEMENT
Fallon Health Direct Care	$200 individual/$400 family
Fallon Health Select Care	$100 individual or family
Harvard Pilgrim Independence Plan	$100 individual or family
Harvard Pilgrim Primary Choice Plan	$200 individual/$400 family
Health New England	$150 individual or family
Neighborhood Health Plan	$150 individual/$300 family
Tufts Health Plan Navigator and Spirit	$150 individual or family
UniCare State Indemnity Plan/Basic, Community Choice and PLUS	$100 individual or family

MEDICARE HEALTH PLAN	ANNUAL GYM MEMBERSHIP REIMBURSEMENT
Fallon Senior Plan	Free basic gym membership at participating SilverSneakers gyms
Harvard Pilgrim Medicare Enhance	$150 individual
Health New England MedPlus	$150 individual
Tufts Health Plan Medicare Complement	$150 individual
Tufts Health Plan Medicare Preferred	$150 individual
UniCare State Indemnity Plan/ Medicare Extension (OME)	$100 individual

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

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

Benefit Enhancement Effective July 1, 2017:

- Rates are remaining the same.
- The reimbursement table of allowance is increasing for the most highly used services by approximately 5%, reducing participants' out-of-pocket costs. These services include periodic oral evaluation, cleanings, periodontal maintenance, endosteal implants, and bitewing X-rays.

As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting one of the over 370,000 nationwide network of participating dentists. When you visit a MetLife provider, your out-of-pocket expenses will be lower as you usually pay the lower negotiated fee, even after you have exceeded your annual maximum.

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

Eligibility

Retirees and survivors from the following municipalities that have elected to offer the plan are eligible:

- City of Melrose
- Town of Ashland
- Town of Bedford
- Town of Brookline
- Town of Holbrook
- Town of Holden
- Town of Hopedale
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Town of Winchendon
- Athol Royalston School District
- Northeast Metropolitan Regional Vocational School District

If your municipality is not listed, you are not eligible for GIC Retiree Dental benefits. Contact your municipal benefits office for additional information.

Enrollment

Eligible retirees and survivors may join during Annual Enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement. ***However, if you drop coverage in the future, you can never re-enroll in the plan.***

GIC RETIREE DENTAL PLAN

Includes 0.35% Administrative Fee

MONTHLY GIC Plan Rates as of July 1, 2017

$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
SINGLE	$29.47
FAMILY	71.00

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

Attend a Health Fair

Municipal members who are enrolling in GIC benefits for the first time, thinking about changing health plans, or have other health plan questions can attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives;
- Pick up detailed materials and provider directories;
- Ask GIC staff about your benefit options;
- Enroll in a health plan – remember to bring Required Documents with you *(for the list, see the Municipal Forms section of our website)*;
- Enroll in Retiree Dental if your municipality participates *(see page 29)*; and
- Take advantage of complimentary health screenings.

See page 31 for the schedule.

ADA Accommodations

If you require disability-related accommodations, contact the GIC's ADA Coordinator at least two weeks prior to the fair you wish to attend:

Tel: 1.617.727.2310

Email: GIC.ADA.Requests@massmail.state.ma.us

Inscripción Anual

La inscripción anual es del 5 de abril al 3 de mayo, y los cambios entrarán en vigor el 1 de julio de 2017. Comuníquese con Group Insurance Commission (Comisión de Seguros de Grupo) llamando al **1.617.727.2310**, ext. 1 para obtener ayuda.

年度投保

年度投保的時間為 2017 年 5 月 4 日至 3 月 5 日，變更則於 7 月 1 日生效。如需協助，請聯絡團體保險委員會 (GIC), 電話 **1.617.727.2310** 轉分機 1。

Thời gian ghi danh hàng năm

Thời gian ghi danh hàng năm là từ ngày 5 tháng 4 đến ngày 3 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2017. Vui lòng liên lạc với GIC tại số **1.617.727.2310**, số nội bộ là 1, để được trợ giúp.

Our Website Provides Additional Helpful Information

mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML- and XML-accessible formats;
- Information about and links to all GIC plans – conveniently search for participating health plan doctors and hospitals online;
- The latest annual enrollment news;
- Forms to expedite your annual enrollment decisions;
- Answers to frequently asked questions, including what to do when you turn age 65;
- GIC publications – including the *Turning Age 65 Q&A* brochure and *For Your Benefit* newsletters;
- Summary of Benefits and Coverage for all GIC employee/non-Medicare health plans;
- Benefits At-A-Glance charts for behavioral health and substance abuse benefits for all UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.

For More Information, Attend a GIC Health Fair

APRIL 2017

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

8 SATURDAY 10:00 – 2:00
Mass Maritime Academy
Gymnasium
101 Academy Drive
BUZZARDS BAY

12 WEDNESDAY 11:00 – 3:00
Quinsigamond Community College
Harrington Learning Center, Rooms 109 AB
670 West Boylston Street
WORCESTER

13 THURSDAY 11:00 – 4:00
Hingham Middle School Gym
1103 Main Street
HINGHAM

14 FRIDAY 11:00 – 4:00
Northern Essex Community College
David Hartleb Technology Center
100 Elliott Street
HAVERHILL

18 TUESDAY 11:00 – 3:00
Massasoit Conference Center
770 Crescent Street
BROCKTON

19 WEDNESDAY 11:00 – 3:00
State Transportation Building
Conference Rooms 1, 2, 3
10 Park Plaza, 2nd Floor
BOSTON

20 THURSDAY 11:00 – 3:00
Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

21 FRIDAY 11:00 – 3:00
Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

22 SATURDAY 10:00 – 2:00
North Shore Community College
Frederick Berry Building, 1st Floor Lobby
1 Ferncroft Road
DANVERS

25 TUESDAY 10:00 – 3:00
McCormack State Office Building
1 Ashburton Place, 21st Floor
BOSTON

26 WEDNESDAY 11:00 – 3:00
Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW

27 THURSDAY 10:00 – 2:00
UMass Amherst
Student Union Ballroom
AMHERST

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

For More Information, Contact the Plans

For more information about specific plan benefits, call a plan representative. Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Health Direct Care Select Care Senior Plan	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan Medicare Enhance • Prescription Drugs Medicare Enhance *(SilverScript)*	1.800.542.1499 1.877.876.7214	harvardpilgrim.org/gic gic.silverscript.com
Health New England HMO MedPlus • Prescription Drugs MedPlus *(SilverScript)*	1.800.842.4464 1.877.876.7214	hne.com/gic gic.silverscript.com
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit • Behavioral Health/Substance Abuse and EAP *(Beacon Health Options)* Medicare Complement • Prescription Drugs Medicare Complement *(SilverScript)* Medicare Preferred	1.800.870.9488 1.855.750.8980 1.888.333.0880 1.877.876.7214 1.888.333.0880	tuftshealthplan.com/gic beaconhealthoptions.com/gic tuftshealthplan.com/gic gic.silverscript.com tuftshealthplan.com/gic
UniCare State Indemnity Plan/ Basic Community Choice PLUS Medicare Extension (OME) • Behavioral Health/Substance Abuse and EAP *(Beacon Health Options)* • Prescription Drugs Basic, Community Choice and PLUS *(CVS Caremark)* • Prescription Drugs Medicare Extension (OME) *(SilverScript)*	1.800.442.9300 1.855.750.8980 1.877.876.7214 1.877.876.7214	unicarestateplan.com beaconhealthoptions.com/gic caremark.com/gic gic.silverscript.com
OTHER BENEFITS		
GIC Retiree Dental Plan *(MetLife)*	1.866.292.9990	metlife.com/gic
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors *(Beacon Health Options)*	1.855.750.8980	beaconhealthoptions.com/gic
Internal Revenue Service *(IRS)*	1.800.829.1040	irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 *(Eastern MA)* 1.413.784.1711 *(Western MA)*	mass.gov/mtrs
Medicare	1.800.633.4227	medicare.gov
Social Security Administration	1.800.772.1213	ssa.gov

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY 711

mass.gov/gic

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. Because health care is so expensive, Centered Care also seeks to engage providers and health plans on managing these dollars more efficiently.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. Enrollees ***without*** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic and Medicare Extension Plan members select CIC.

Copayment – a set dollar amount you pay for network doctors' office visits, prescription drugs, inpatient hospital care, outpatient surgery, and emergency room care.

CPI (Clinical Performance Improvement) **Initiative** – under this program, which applies to employee/non-Medicare members of Fallon Health, Health New England, Neighborhood Health Plan and the UniCare State Indemnity Plan, claims data from the GIC health carriers are aggregated to identify differences in physician quality and cost efficiency, and this information is given back to the plans to tier specialists. Members who choose to see high-performing doctors pay lower copays.

Deductible – a set dollar amount you are responsible for paying to your provider(s) for certain services before the plan will pay for these services. Deductibles reset each fiscal year.

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.

EGWP (Employer Group Waiver Plan) – an employer-sponsored Medicare Part D prescription drug plan. Effective July 1, 2017, members of Harvard Pilgrim Medicare Enhance, Health New England MedPlus, and Tufts Medicare Complement will be enrolled in an EGWP. Members of UniCare State Indemnity/Medicare Extension (OME) Plan are already enrolled in an EGWP. Due to the additional coverage provided by the GIC, benefits are more comprehensive than offered under a standard Medicare prescription drug plan. Under an EGWP Plan, qualified low-income retirees may be eligible for premium subsidies and reduced prescription copayments.

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

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

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

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

Network – 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 maximum higher level of benefits when you are treated by network providers.

Out-of-Pocket Maximum – the maximum amount of medical, prescription drug, and behavioral health copays, coinsurance, and deductibles a member will pay for covered expenses within a fiscal year.

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

POS (Point of Service) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Selection of a Primary Care Provider (PCP) is required. To get the lowest out-of-pocket cost, a member must get a referral to a specialist.

PPO (Preferred Provider Organization) – a health plan that provides coverage by network doctors, hospitals, and other health care providers. It allows treatment by out-of-network providers, but at a lower level of coverage. A PPO plan encourages the selection of a Primary Care Provider (PCP).

Preventive Services – health care services that do not treat an illness, injury or a condition (e.g., routine physicals).

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

Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, *Governor*
Karyn Polito, *Lieutenant Governor*

Group Insurance Commission
Roberta Herman, M.D., *Executive Director*
19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310
TDD/TTY: 711

Mailing Address

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

Website
mass.gov/gic

Commissioners

Katherine Baicker *(Health Economist), Chair*
Anne M. Paulsen *(Retiree Member), Vice Chair*
Gary Anderson, Designee *(for Daniel Judson, Commissioner of Insurance)*
Theron R. Bradley *(Public Member)*
Edward T. Choate *(Public Member)*
Christine Hayes Clinard, Esq. *(Public Member)*
Robert J. Dolan *(Massachusetts Municipal Association)*
Kevin Drake *(Council 93, AFSCME, AFL-CIO)*
Edward A. Kelly *(President, Professional Fire Fighters of Massachusetts)*
Bobbi Kaplan *(NAGE)*
Melvin A. Kleckner *(Massachusetts Municipal Association)*
Kristen Lepore *(Secretary of Administration and Finance)*
Eileen P. McAnneny *(Public Member)*
Timothy D. Sullivan, Ed. D. *(Massachusetts Teachers Association)*
Valerie Sullivan *(Public Member)*
Margaret Thompson *(Local 5000, S.E.I.U., NAGE)*