Annual Enrollment: APRIL 3 – MAY 1, 2019

Benefits and rates effective July 1, 2019

KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

MUNICIPAL

EMPLOYEES, RETIREES & SURVIVORS

2019–2020 Overview
Your Annual Enrollment Checklist

Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage.

- REVIEW THIS GUIDE TO IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS THE BEST FOR YOU.
  TIP: Use the locator maps on pages 5 and 9 to find which products are offered in your area. Based on that, you can use the rate chart on page 4 and the “Benefits-at-a-Glance” on pages 6-7 and 10 to determine which product is right for you.

- MAKE SURE YOU UNDERSTAND YOUR OPTIONS. For example, if you are a non-Medicare retiree, you may have the option to select a lower cost regional or limited network product. These products have the same or better benefits as broad network products, but at a lower cost because they have a smaller network of providers (doctors and hospitals). For more information about these differences, visit our website: mass.gov/gic-annual-enrollment, or call us at 1.617.727.2310.

- CONTACT YOUR HEALTH AND OTHER INSURANCE CARRIERS ABOUT ANY PRODUCT OR TIER CHANGES. This includes questions about network coverage, providers, drug tiers or wellness benefits. (See page 15 for carrier contact information.)

- ATTEND A GIC BENEFIT FAIR TO HAVE YOUR QUESTIONS ANSWERED IN PERSON. These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. See page 14 for the full schedule of fairs.


- TURNING 65? Check our website for a video to guide you through the next steps, whether you’re retiring or not: bit.ly/GICTurning65.

- MAKE SURE YOU SUBMIT ALL FORMS TO THE GIC OR TO YOUR GIC COORDINATOR NO LATER THAN MAY 1, 2019.

If you want to keep your current benefits, you do not need to complete any paperwork, as your coverage will continue automatically.

IMPORTANT REMINDERS

1. Active municipal employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a qualifying event. Qualifying events include: marriage, birth/adoption of a child, involuntary loss of coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave.

2. New hires must enroll in coverage during their first 10 days of employment.

3. Once you choose health care coverage, you cannot change products until the next Annual Enrollment period unless you have a qualifying event. Even if your doctor or hospital leaves your network you must remain enrolled in your selected plan until the next Annual Enrollment, unless you have an eligible qualifying status change. You can find a list of qualifying status changes on the GIC’s Annual Enrollment website at mass.gov/gic-annual-enrollment.

4. Physician and hospital copay tiers change each July 1. If you are enrolled in a non-Medicare plan, please check with your health insurance carrier to see if your provider(s) or hospital tier has changed.

5. Doctors and hospitals within your network may change during the year. If your doctor is no longer available, your health insurance carrier will help you find a new one.

6. When checking provider coverage and tiers, be sure to specify the health insurance product’s full name, such as “Tufts Health Plan Spirit” or “Tufts Health Plan Navigator,” and not just “Tufts Health Plan.” Your health insurance carrier is the best source for this information.
What’s New This Year

<table>
<thead>
<tr>
<th>If you are a MEDICARE eligible GIC Retiree:</th>
<th>If you are an ACTIVE or NON-MEDICARE eligible GIC Retiree:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No benefit changes in GIC Medicare Plans</td>
<td>• Neighborhood Health Plan Prime is now called AllWays Health Partners Complete HMO.</td>
</tr>
<tr>
<td></td>
<td>• A lower copay of $150 for members who utilize freestanding facilities for eye procedures and GI endoscopies. Copays for procedures at hospital outpatient facilities would remain the same at $250 this fiscal year.*</td>
</tr>
<tr>
<td></td>
<td>• Check with your carrier to see if your provider is still in the network, or if copays have changed. See page 15 for carrier contact information.</td>
</tr>
</tbody>
</table>

*UniCare does not have a copay for members who utilize freestanding facilities for eye procedures and endoscopies.

Terms to Know

**Copay:** A fixed dollar amount (e.g., $20) that you pay for a covered health care service, such as a visit to your doctor or a specialist.

**Deductible:** A dollar amount you need to pay each year before your product pays for covered health care services.

**Out-of-Pocket Maximum:** The maximum amount you will pay each year for certain covered services that apply toward the maximum, after which your product will begin to pay in full for these covered services.

**Coinsurance:** Your share of the costs of a covered health care service, typically calculated as a percentage of the amount allowed for the service provided.

**Out-of-Network Provider:** A medical provider which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health insurance products, like HMOs, do not reimburse out-of-network providers at all, which means that you would be responsible for the full amount charged by your doctor.

**Freestanding Facility:** A facility that performs procedures that is not owned by a hospital. Visit your carrier’s website for a list of freestanding facilities.

THE GIC IS TAKING STEPS TO BECOME GREENER!

This year’s Benefits Decision Guide uses less paper, but still provides the benefit information you need in a clear, easier to read format.

This guide costs less to print and is better for our environment. In the future, the GIC will be reducing its use of paper and move toward greater use of digital tools to communicate with our members. You can still find and download information about the GIC’s benefits on our website: mass.gov/orgs/Group-Insurance-Commission.
Monthly Full Cost Rates

Effective July 1, 2019

Full Cost Rates include the 0.35% Administrative Fee. Full cost rates are not paid fully by members, but are partially covered by the city or town, and is dependent on your city or town’s contribution ratio.

### Employee and Non-Medicare Retiree/Survivor Health Insurance Products

*Check pages 5-8 for product details*

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>PRODUCT TYPE</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC</td>
<td>National Network</td>
<td>Indemnity</td>
<td>$1,086.10</td>
<td>$2,406.59</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>National Network</td>
<td>Indemnity</td>
<td>$1,034.54</td>
<td>$2,289.19</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>Broad Network</td>
<td>PPO-Type</td>
<td>$696.10</td>
<td>$1,654.60</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>Broad Network</td>
<td>POS</td>
<td>$747.76</td>
<td>$1,822.08</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td>Broad Network</td>
<td>HMO</td>
<td>$811.79</td>
<td>$1,971.89</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>Broad Network</td>
<td>POS</td>
<td>$889.65</td>
<td>$2,171.49</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
<td>HMO</td>
<td>$570.81</td>
<td>$1,356.54</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>Regional Network</td>
<td>PPO-Type</td>
<td>$517.51</td>
<td>$1,276.96</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>PPO-Type</td>
<td>$517.51</td>
<td>$1,276.96</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>Limited Network</td>
<td>HMO-Type</td>
<td>$565.91</td>
<td>$1,358.94</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td>Limited Network</td>
<td>HMO</td>
<td>$600.68</td>
<td>$1,514.23</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td>Limited Network</td>
<td>HMO</td>
<td>$645.80</td>
<td>$1,646.48</td>
</tr>
</tbody>
</table>

### Medicare Health Insurance Products

*Check pages 9-11 for product details*

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>PRODUCT TYPE</th>
<th>PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Health Plan Medicare Preferred</td>
<td>Medicare Advantage</td>
<td>HMO</td>
<td>$322.43</td>
</tr>
<tr>
<td>Tufts Health Plan Medicare Complement</td>
<td>Medicare Advantage</td>
<td>HMO</td>
<td>$371.50</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$386.93</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$376.31</td>
</tr>
<tr>
<td>Harvard Pilgrim Medicare Enhance</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$391.12</td>
</tr>
<tr>
<td>Health New England Medicare Supplement Plus</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$391.81</td>
</tr>
</tbody>
</table>
Where Do You Live? (Non-Medicare)

**NON-MEDICARE HEALTH LOCATOR MAP:** Where You Live Determines Which Health Insurance Product You May Enroll In.

**The bold text is a shortened version of the full product name. These names are used to indicate which product is available in each county.**

- **DIRECT** – Fallon Health Direct Care
- **SELECT** – Fallon Health Select Care
- **INDEPENDENCE** – Harvard Pilgrim Independence
- **PRIMARY CHOICE** – Harvard Pilgrim Primary Choice
- **HNE** – Health New England
- **ALLWAYS COMPLETE** – AllWays Health Partners Complete HMO
- **NAVIGATOR** – Tufts Health Plan Navigator
- **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

**Is the Health Product Available Where You Live?**

- **BARNSTABLE**
  - Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **BERKSHIRE**
  - Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, Community Choice, PLUS

- **BRISTOL**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **DUKES**
  - Independence, AllWays Complete, Navigator, Basic, PLUS

- **ESSEX**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **FRANKLIN**
  - Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

- **HAMPDEN**
  - Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, Community Choice, PLUS

- **HAMPShIRE**
  - Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, PLUS, Community Choice

- **MIDDLESEX**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **NANTUCKET**
  - Independence, AllWays Complete, Navigator, Basic, PLUS

- **NORFOLK**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **PLYMOUTH**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **SUFFOLK**
  - Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

- **WORCESTER**
  - Direct, Select, Independence, Primary Choice, HNE, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**Outside Massachusetts:**

- **CONNECTICUT**
  - Independence, HNE*, Navigator*, Basic, PLUS*

- **MAINE**
  - Independence, Navigator*, Basic, PLUS

- **NEW HAMPSHIRE**
  - Select*, Independence, Navigator*, Basic, PLUS

- **NEW YORK**
  - Independence*, Navigator*, Basic

- **RHODE ISLAND**
  - Independence, Navigator, Basic, PLUS

- **VERMONT**
  - Independence*, Navigator*, Basic, PLUS

*Not every city and town is covered in this county or state; contact the health insurance carrier to find out if you live in the service area. The product also has a limited network of providers in this county or state; contact the health insurance carrier to find out which doctors and hospitals participate.
<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>NATIONAL NETWORK</th>
<th>BROAD NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICARE STATE INDEMNIITY PLAN/ BASIC with CIC (Comprehensive)</td>
<td>UNICARE STATE INDEMNIITY PLAN/PLUS</td>
</tr>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td>INDEMNIITY</td>
<td>PPO-TYPE</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Out-of-pocket Maximum</strong></td>
<td>Individual coverage $5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td>Family coverage $10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Fiscal Year Deductible</strong></td>
<td>Individual / Family $500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td><strong>Primary Care Provider Office Visit</strong></td>
<td>Tier 1: $15 / visit</td>
<td>Tier 2: $10 / visit</td>
</tr>
<tr>
<td></td>
<td>Tier 1: $20 / visit</td>
<td>Tier 2: $20 / visit</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
</tr>
<tr>
<td><strong>Specialist Physician Office Visit</strong></td>
<td>Tier 1: $30 / Tier 2: $60 / Tier 3: $60 / visit</td>
<td>Tier 1: $30 / Tier 2: $60 / Tier 3: $75 / visit</td>
</tr>
<tr>
<td><strong>Retail Clinic and Urgent Care Center</strong></td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health/Substance Use Disorder Care</strong></td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Emergency Room Care</strong></td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Care – Medical</strong></td>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$1,500 / admission with no tiering</td>
<td>$1,500 / admission with no tiering</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Eye &amp; GI procedures at freestanding facilities in Massachusetts</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>All other in Massachusetts</strong></td>
<td>$250</td>
<td>$110 / $110 / $250</td>
</tr>
<tr>
<td><strong>High-Tech Imaging</strong></td>
<td>Maximum one copay per day. Contact the carrier for details.</td>
<td>Maximum one copay per day. Contact the carrier for details.</td>
</tr>
<tr>
<td>(e.g., MRI, CT &amp; PET scans)</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>Tier 1: $10 / Tier 2: $30 / Tier 3: $65</td>
<td>Tier 1: $10 / Tier 2: $30 / Tier 3: $65</td>
</tr>
<tr>
<td>Mail Order Maintenance Drugs (up to a 90-day supply)</td>
<td>Tier 1: $25 / Tier 2: $75 / Tier 3: $165</td>
<td>Tier 1: $25 / Tier 2: $75 / Tier 3: $165</td>
</tr>
</tbody>
</table>

Copays and deductibles that appear in bold in this chart have changed effective July 1, 2019.
## Benefits-at-a-Glance: ACTIVE & NON-MEDICARE

<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>LIMITED NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH NEW ENGLAND</td>
<td>ALLWAYS HEALTH PARTNERS COMPLETE HMO</td>
</tr>
<tr>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- **HMO**
  - Yes
  - No

- **PPO-TYPE**
  - Yes
  - No

- **EPO (HMO-TYPE)**
  - Yes
  - No

- **HMO**
  - Yes
  - No

### Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance carriers.

### Peace of Mind Program

*Maximum one copay per person per calendar year quarter.*

Maximum one copay per day. Contact the carrier for details.

<table>
<thead>
<tr>
<th>Prescription Drug Deductible: $100 Individual / $200 Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 / scan</td>
</tr>
</tbody>
</table>

---

*Peace of Mind Program*
The GIC contracts with Express Scripts (ESI) to manage the prescription drug benefit for all GIC non-Medicare health insurance products. You are required to use your ESI ID card when filling your prescriptions. You will be able to access a broad network of retail pharmacies to fill a 30-day supply and can fill a 90-day supply through mail order or at a CVS Pharmacy.

**Prescription Drug Deductible**

All GIC non-Medicare medical products have a fiscal year Rx deductible of $100 individual/$200 family. The prescription drug deductible is separate from your health product deductible. Once you’ve paid your prescription deductible, your covered drugs will be subject to copayment.

**Drug Copayments**

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact ESI with questions about your specific medications. Please note, covered medications may change in January and July.

- **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 the 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.

**Questions?**

![Phone Number](1.855.283.7679)

![Website](express-scripts.com/gicRx)
Where Do You Live? (Medicare)

MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.

Is the MEDICARE Health Product Available Where You Live?

BARNSTABLE
HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE
HPME, HNEMSP, TMC, OME

BRISTOL
HPME, HNEMSP, TMC, TMP, OME

DUKES
HPME, HNEMSP, TMC, OME

ESSEX
HPME, HNEMSP, TMC, TMP, OME

FRANKLIN
HPME, HNEMSP, TMC, OME

HAMPDEN
HPME, HNEMSP, TMC, TMP, OME

HAMPshire
HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX
HPME, HNEMSP, TMC, TMP, OME

NANTUCKET
HPME, HNEMSP, TMC, OME

NORFOLK
HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH
HPME, HNEMSP, TMC, TMP, OME

SUFFOLK
HPME, HNEMSP, TMC, TMP, OME

WORCESTER
HPME, HNEMSP, TMC, TMP, OME

Outside Massachusetts:

CONNECTICUT
HPME, HNEMSP, TMC, OME

MAINE
HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE
HPME, HNEMSP, TMC, OME

NEW YORK
HPME, HNEMSP, TMC, OME

RHODE ISLAND
HPME, HNEMSP, TMC, OME

VERMONT
HPME, HNEMSP, TMC, OME

The bold text is a shortened version of the full product name. These names are used to indicate which product is available in each county.

HPME – Harvard Pilgrim Medicare Enhance
HNEMSP – Health New England Medicare Supplement Plus
TMC – Tufts Health Plan Medicare Complement
TMP – Tufts Health Plan Medicare Preferred
OME – UniCare State Indemnity Plan/Medicare Extension (OME)
Benefits-at-a-Glance: MEDICARE

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

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>MEDICARE ADVANTAGE</th>
<th>MEDICARE SUPPLEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TUFTS HEALTH PLAN MEDICARE PREFERRED</td>
<td>TUFTS HEALTH PLAN MEDICARE COMPLEMENT</td>
</tr>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td>HMO</td>
<td>INDEMNITY</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive Care Office visits according to health plan's schedule</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Physician's Office Visit (except behavioral health)</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Retail Clinic</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Outpatient Behavioral Health / Substance Abuse Disorder Care</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Diagnostic Laboratory Tests and X-Rays</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Surgery Inpatient and Outpatient</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Emergency Room Care (includes out-of-area)</td>
<td>$50 per visit (waived if admitted)</td>
<td>$50 per visit (waived if admitted)</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>First $500 covered at 100%; 80% coverage for the next $1,200 per person, per two-year period</td>
<td></td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th></th>
<th>Retail</th>
<th>Mail Order Maintenance Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(up to a 30-day supply)</td>
<td>(up to a 90-day supply)</td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$10 / $30 / $65</td>
<td>$25 / $75 / $165</td>
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<tr>
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<td></td>
<td>$10 / $30 / $65</td>
<td>$25 / $75 / $165</td>
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</tbody>
</table>

* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the carrier for details.
The GIC contracts with CVS SilverScript to manage the prescription drug benefit for all GIC Medicare health insurance products. Your prescription drug benefit is an Employer Group Waiver Plan (EGWP). The product combines a standard Medicare Part D prescription drug plan with additional coverage provided by the GIC.

**Drug Copayments**

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact CVS SilverScript 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 the 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.

**Questions?**

- 1.877.876.7214
- gic.silverscript.com

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**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.

- All GIC Medicare plans automatically include Medicare Part D coverage. Do not enroll in a non-GIC Medicare Part D product. If you enroll in another Medicare Part D drug product, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health product, 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.
Have You Had Any Personal or Family Information Changes?

Do any of these circumstances apply to you?

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

Questions?

1.617.727.2310, TDD/TTY 711

mass.gov/service-details/gic-qualifying-life-events-and-your-options

If any of the above circumstances applies to you, you must notify the GIC within 60 days of your family status changes. Failure to do so can result in financial liability to you.

Mass4You: Employee Assistance Program (EAP)

The Mass4You Employee Assistance Program (EAP) is available to all active, state and municipal employees and their families who are eligible for GIC benefits, to help achieve better work/life balance.

Enrollment in GIC health insurance coverage is not required to access the many Mass4You EAP work/life and other support services. Through Mass4You, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of free, confidential support available 24/7, including:

- Three in-person or Tele-EAP (virtual) counseling visits per issue per year – at no cost
- 30-minute telephonic or in-person legal or mediation consultation per issue per year – at no cost
- Guidance from a financial advisor to help with debt, foreclosure, financial planning and more
- Get referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Optum’s 24/7 confidential Substance Abuse Treatment Helpline and a licensed clinician

No formal enrollment is required. Contact Mass4You to learn more:

1.844.263.1982
TTY Support: 711 +1.844.263.1982
Substance Use Treatment Helpline: 1.855.780.5955

liveandworkwell.com
Metropolitan Life Insurance Company (MetLife) is the carrier for the GIC Retiree Dental Plan. The product offers a fixed reimbursement of up to $1,250 per member per year for dental services (e.g. dental examinations, dental cleanings, fillings, crowns, dentures, dental implants). As a member, you may see the dentist of your choice but may pay a higher cost. You can reduce your dental costs 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 Marblehead
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Athol Roylston 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 were ever enrolled in the GIC Retiree Dental Plan and canceled the coverage, you are not able to re-enroll in the plan.

MONTHLY GIC PLAN RATES – EFFECTIVE JULY 1, 2019

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>RETIREE PAYS MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$30.32</td>
</tr>
<tr>
<td>Family</td>
<td>$73.02</td>
</tr>
</tbody>
</table>

For information, contact MetLife directly:

- 1.866.292.9990
- metlife.com/gic
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
</table>
| WEDNESDAY, APRIL 10 | 11:00 – 3:00 | QUINNSIGAMOND COMMUNITY COLLEGE  
Harrington Learning Ctr., Rooms 109 AB  
670 West Boylston Street – WORCESTER |
| FRIDAY, APRIL 12   | 11:00 – 2:00 | BERKSHIRE COMMUNITY COLLEGE  
Paterson Field House  
1350 West Street – Pittsfield |
| SATURDAY, APRIL 13 | 10:00 – 2:00 | SALEM STATE UNIVERSITY  
O’Keefe Sports Complex, Twohig Gymnasium  
225 Canal Street – Salem |
| TUESDAY, APRIL 16  | 10:00 – 3:00 | MCCORMACK STATE OFFICE BUILDING  
21st Floor  
1 Ashburton Place – BOSTON |
| WEDNESDAY, APRIL 17| 11:00 – 3:00 | HAMPDEN COUNTY SHERIFF’S DEPARTMENT  
Hampden County Correctional Center  
627 Randall Road – LUDLOW |
| THURSDAY, APRIL 18 | 10:00 – 2:00 | UMASS AMHERST  
Campus Center Auditorium  
1 Campus Center Way – Amherst |
| MONDAY, APRIL 22   | 12:00 – 4:00 | WRENTHAM DEVELOPMENTAL CENTER  
Graves Auditorium  
7 Littlefield Road – Wrentham |
| TUESDAY, APRIL 23  | 11:00 – 3:00 | STATE TRANSPORTATION BUILDING  
2nd Floor, Conference Rooms 1, 2, 3  
10 Park Plaza – BOSTON |
| SATURDAY, APRIL 27 | 10:00 – 2:00 | MASS MARITIME ACADEMY  
Gymnasium  
101 Academy Drive – Buzzards Bay |

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

1.617.727.2310  
gic.ada.requests@mass.gov
Contact Information

Who to Contact if You Have a Question About...

Anything related to:
ENROLLMENT OR ELIGIBILITY

For example:
- How do I enroll?
- How do I change my plan?
- Where should I send my forms?
- Problems filling out the form

Contact the Group Insurance Commission or your GIC Coordinator
1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment

Anything related to:
HEALTH INSURANCE PRODUCT AND COVERAGE

For example:
- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- What tele-health options are offered?
- Fitness and wellness programs offered

Contact your health insurance carrier directly

<table>
<thead>
<tr>
<th>HEALTH INSURANCE CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td>allwayshealthpartners.org/gic-members</td>
</tr>
<tr>
<td>Fallon Health</td>
<td>1.866.344.4442</td>
<td>fallonhealth.org/gic</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.800.542.1499</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>healthnewengland.org/gic</td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td></td>
<td>Medicare Products:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.888.333.0880</td>
<td></td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.800.442.9300</td>
<td>unicarestateplan.com</td>
</tr>
<tr>
<td>Pharmacy Benefits Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express Scripts</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>SilverScript</td>
<td>1.877.876.7214</td>
<td>gic.silverscript.com</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>1.617.727.2310</td>
<td>bit.ly/OtherGICBenefits</td>
</tr>
<tr>
<td>GIC Retiree Dental Plan</td>
<td>1.866.292.9990</td>
<td>metlife.com/gic</td>
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</table>
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: 1.617.727.2310
TDD/TTY: 711

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

Website: mass.gov/orgs/group-insurance-commission

Commissioners
*Current as of March, 2019. For more information, visit mass.gov/orgs/group-insurance-commission.

Valerie Sullivan (Public Member), Chair
Gary Anderson, Commissioner of Insurance
Michael Heffernan, Secretary of Administration and Finance (or his designee)
Theron R. Bradley (Public Member)
Edward T. Choate (Public Member)
Tamara P. Davis (Public Member)
Kevin Drake (Council 93, AFSCME, AFL-CIO)
Jane Edmonds (Public Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Christine Hayes Clinard, Esq. (Public Member)
Bobbi Kaplan (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Eileen P. McAnneny (Public Member)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers Association)
Anna Sinaiko, MPP, PhD (Health Economist)