KNOW YOUR GIC BENEFITS
COMMONWEALTH OF MASSACHUSETTS
RETired MUNICIPAL TEACHER (RMT) OR ELDERLY GOVERNMENT RETIREE (EGR)
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 10 to find which products are offered in your area. Based on that, you can use the rate chart on pages 4 and 9 and the “Benefits-at-a-Glance” on pages 6-7 and 11 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 19 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 18 for the full schedule of fairs.

☐ MAKE SURE YOU SUBMIT ALL FORMS TO THE GIC 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. 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.

2. 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.

3. 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.

4. 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 19 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](http://mass.gov/orgs/Group-Insurance-Commission).
How to Calculate Your Monthly Premium Effective July 1, 2019

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 17.
2. Locate your “RMT Pays Monthly” rate for life insurance.
3. Add that amount to the “RMT Pays Monthly” rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC² (Comprehensive)</td>
<td>National Network</td>
<td>$153.47</td>
<td>$343.11</td>
<td>$205.02</td>
<td>$457.17</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>National Network</td>
<td>$102.09</td>
<td>$226.12</td>
<td>$153.64</td>
<td>$340.18</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>National Network</td>
<td>$69.37</td>
<td>$164.88</td>
<td>$104.05</td>
<td>$247.32</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>Broad Network</td>
<td>$74.52</td>
<td>$181.57</td>
<td>$111.77</td>
<td>$272.36</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td>National Network</td>
<td>$80.90</td>
<td>$196.50</td>
<td>$121.34</td>
<td>$294.75</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>National Network</td>
<td>$88.66</td>
<td>$216.39</td>
<td>$132.98</td>
<td>$324.59</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
<td>$56.88</td>
<td>$135.18</td>
<td>$85.32</td>
<td>$202.77</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>Regional Network</td>
<td>$64.47</td>
<td>$167.18</td>
<td>$96.70</td>
<td>$250.78</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>$51.57</td>
<td>$127.25</td>
<td>$77.36</td>
<td>$190.88</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>Limited Network</td>
<td>$56.39</td>
<td>$135.42</td>
<td>$84.59</td>
<td>$203.13</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td>Limited Network</td>
<td>$59.86</td>
<td>$150.90</td>
<td>$89.79</td>
<td>$226.34</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td>Limited Network</td>
<td>$64.36</td>
<td>$164.07</td>
<td>$96.53</td>
<td>$246.11</td>
</tr>
</tbody>
</table>

¹ Survivors are not eligible for life insurance.
² CIC is an enrollee-pay-all benefit.

Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310
Where Do You Live? (Non-Medicare)


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

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

NORTHERN
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

Rochester
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

Essex
Direct, Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

Norfolk
Direct, Select, Independence, Primary Choice, AllWays Complete, 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

New Hampshire
Select*, Independence, HNE, Navigator*, Basic, PLUS

New York
Independence*, Navigator*, Basic

Rhode Island
Independence, Navigator, Basic, PLUS

Vermont
Independence*, Navigator*, Basic, 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>UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNICARE STATE INDEMNITY PLAN/PLUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TUFTS HEALTH PLAN NAVIGATOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FALLON HEALTH SELECT CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HARVARD PILGRIM INDEPENDENCE PLAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td>INDEMNITY</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></td>
<td></td>
</tr>
<tr>
<td>Individual coverage</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family coverage</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Fiscal Year Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td><strong>Primary Care Provider Office Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / visit</td>
</tr>
<tr>
<td><strong>Retail Clinic and Urgent Care Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health/Substance Use Disorder Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Emergency Room Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</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></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye &amp; GI procedures at freestanding facilities in Massachusetts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>All other in Massachusetts</td>
<td>$250</td>
<td>$110 / $110 / $250</td>
</tr>
<tr>
<td><strong>High-Tech Imaging</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., MRI, CT &amp; PET scans)</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
<tr>
<td>Mail Order Maintenance Drugs (up to a 90-day supply)</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

Copays and deductibles that appear in bold in this chart have changed effective July 1, 2019.
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*
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?**

1.855.283.7679  express-scripts.com/gicRx
# Medicare Health Insurance Rates

## How to Calculate Your Monthly Premium Effective July 1, 2019

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 17.
2. Locate your “RMT Pays Monthly” rate for life insurance.
3. Add that amount to the “RMT Pays Monthly” rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

### Retired Municipal Teachers (RMTs)

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>RMTs who retired on or before July 1, 1990 and SURVIVORS¹</th>
<th>RMTs who retired after July 1, 1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Health Plan Medicare Preferred</td>
<td>Medicare Advantage</td>
<td>$32.13</td>
<td>$48.20</td>
</tr>
<tr>
<td>Tufts Health Plan Medicare Complement</td>
<td></td>
<td>$37.02</td>
<td>$55.53</td>
</tr>
<tr>
<td>Harvard Pilgrim Medicare Enhance</td>
<td></td>
<td>$38.98</td>
<td>$58.46</td>
</tr>
<tr>
<td>Health New England Medicare Supplement Plus</td>
<td>Medicare Supplement</td>
<td>$39.04</td>
<td>$58.57</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) with CIC² (Comprehensive)</td>
<td></td>
<td>$45.76</td>
<td>$64.51</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)</td>
<td></td>
<td>$35.50</td>
<td>$54.25</td>
</tr>
</tbody>
</table>

¹ Survivors are not eligible for life insurance.
² CIC is an enrollee-pay-all benefit.

### Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310
Where Do You Live? (Medicare)

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.

**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)

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, Tufts Health Plan Medicare Complement, and UniCare State Indemnity Plan/Medicare Extension (OME) are available throughout the country.

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

**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
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>
<th>UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive)</th>
<th>HARVARD PILGRIM MEDICARE ENHANCE</th>
<th>HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TUFTS HEALTH PLAN MEDICARE PREFERRED</td>
<td>TUFTS HEALTH PLAN MEDICARE COMPLEMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td>HMO</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
<td>None</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>
<td>No Copay</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>
<td>$10 per visit</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>
<td>$10 per visit</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>
<td>First 4 visits: no copay; visits 5 and over: $10 / visit</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>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</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>
<td>No Copay</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>
<td>No copay in MA and for out-of-state providers that accept Medicare: call the plan for details if using out-of-state providers that do not accept Medicare</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>
<td>$50 per visit (waived if admitted)</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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th>Retail (up to a 30-day supply)</th>
<th>Tufts Health Plan Medicare Preferred</th>
<th>Tufts Health Plan Medicare Complement</th>
<th>Unicare State Indemnity Plan Medicare Extension (OME) with CIC* (Comprehensive)</th>
<th>Harvard Pilgrim Medicare Enhance</th>
<th>Health New England Medicare Supplement Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order Maintenance Drugs (up to a 90-day supply)</th>
<th>Tufts Health Plan Medicare Preferred</th>
<th>Tufts Health Plan Medicare Complement</th>
<th>Unicare State Indemnity Plan Medicare Extension (OME) with CIC* (Comprehensive)</th>
<th>Harvard Pilgrim Medicare Enhance</th>
<th>Health New England Medicare Supplement Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</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](http://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
• Life insurance beneficiary change
• 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.
Health Insurance Buy-Out (RMTs ONLY)

Are you eligible?

To be eligible, you must have other non-GIC health insurance coverage through another employer-sponsored plan that meets Internal Revenue Service “minimum value” criteria and must maintain GIC basic life insurance.

What is the Buy-Out Program?

Under the Buy-Out plan, eligible Retired Municipal teachers receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

Retired Municipal teacher with UniCare State Indemnity Plan/Medicare Extension (OME) individual coverage:

Full-Cost premium on July 1, 2019 (Monthly): $375.00
12-month benefit = 25% of this premium

Employee receives 12 payroll deposits or monthly checks of: $93.75
Yearly Earnings (12 monthly payments):* $1,125.00

*subject to federal, Medicare, and state taxes

When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on the GIC product you are enrolled in at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2019 or before, and continue your coverage through June 30, 2019, you may apply to buy out your health plan coverage effective July 1, 2019.

- **October 2 — November 1, 2019:** If you are insured with the GIC on July 1, 2019 or before, and continue your coverage through December 31, 2019, you may apply to buy out your health plan coverage effective January 1, 2020. The enrollment period for this buy-out will be October 2 – November 1, 2019.

Form Submission

Send the completed Buy-Out form to the GIC no later than May 1, 2019 for the July 1, 2019 buy-out or November 1, 2019 for the January 1, 2020 buy-out. Forms received after the deadline will not be accepted.

For any questions, or to get more information, contact the GIC:

1.617.727.2310  bit.ly/GICBuyOut
Life insurance, insured by The Hartford Life and Accident Insurance Company, helps provide for your family’s economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

**Basic Life Insurance**

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire.

Survivors and Elderly Government Retirees (EGRs) enrollees are not eligible for GIC basic or optional life insurance.

**Accelerated Death Benefit**

This one-time benefit allows you to elect an advance payment of 25% to 80% of your life insurance death benefit if you have been diagnosed with a terminal illness. Retirees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. Upon payment of the accelerated death benefit, future life insurance premiums are waived, regardless of your age. The remaining balance is paid to your beneficiary when you die.

**Accidental Death & Dismemberment (AD&D) Benefits**

In the event that you are injured or die as a result of an accident while insured for life insurance, there are benefits for certain losses incurred.

GIC Retired Municipal Teachers with Basic Life Insurance of $1,000 do not have Accidental Death & Dismemberment benefits.

For additional information about Life Insurance, AD&D or Accelerated Death Benefit, please contact:

1.617.727.2310

bit.ly/GICLifeInsuranceBooklet
GIC Retiree Dental Plan

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).

Eligibility

All state retirees, Elderly Governmental Retirees (EGRs), survivors and GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) are eligible for the GIC Retiree Dental Plan.

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 RETIREE DENTAL PLAN RATES

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>RETIREE PAYS MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$30.21</td>
</tr>
<tr>
<td>Family</td>
<td>$72.77</td>
</tr>
</tbody>
</table>

For information, contact MetLife directly:

1.866.292.9990   metlife.com/gic
## Retired Municipal Teacher (RMT) Life Insurance Rates

### Monthly GIC Plan Rates Effective July 1, 2019

<table>
<thead>
<tr>
<th>BASIC LIFE INSURANCE</th>
<th>CITY/TOWN/SCHOOL DISTRICT (SD)</th>
<th>RMT PAYS MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Life: $1,000 Coverage</strong></td>
<td></td>
<td>$0.80</td>
</tr>
<tr>
<td>Blackstone Valley Regional SD</td>
<td>Newbury</td>
<td>Plainville</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>Paxton</td>
<td>Salisbury</td>
</tr>
<tr>
<td>Granby</td>
<td>Pioneer Valley Regional SD</td>
<td>Wilbraham</td>
</tr>
<tr>
<td>Narragansett Regional SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Life: $2,000 Coverage</strong></td>
<td></td>
<td>$0.80</td>
</tr>
<tr>
<td>Barnstable</td>
<td>Quabbin Regional SD</td>
<td>Stoughton</td>
</tr>
<tr>
<td>Dennis</td>
<td>Rehoboth</td>
<td>Upper Cape Cod Regional SD</td>
</tr>
<tr>
<td>Martha’s Vineyard Regional SD</td>
<td>Rockland</td>
<td>West Springfield</td>
</tr>
<tr>
<td>Milton</td>
<td>Shawsheen Valley Regional SD</td>
<td>Whitman-Hanson SD</td>
</tr>
<tr>
<td><strong>Basic Life: $4,000 Coverage</strong></td>
<td></td>
<td>$1.60</td>
</tr>
<tr>
<td>Rockport</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Life: $5,000 Coverage</strong></td>
<td></td>
<td>$2.00</td>
</tr>
<tr>
<td>Amesbury</td>
<td>Holyoke</td>
<td>Revere</td>
</tr>
<tr>
<td>Billerica</td>
<td>Hudson</td>
<td>Rutland</td>
</tr>
<tr>
<td>Bourne</td>
<td>Montague</td>
<td>Spencer</td>
</tr>
<tr>
<td>Dedham</td>
<td>North Adams</td>
<td>Wareham</td>
</tr>
<tr>
<td>Eastham</td>
<td>North Attleboro</td>
<td>West Bridgewater</td>
</tr>
<tr>
<td>Everett</td>
<td>North Middlesex Regional SD</td>
<td>Westfield</td>
</tr>
<tr>
<td>Greater Lawrence Regional SD</td>
<td>Norwell</td>
<td>Woburn</td>
</tr>
<tr>
<td><strong>Basic Life: $10,000 Coverage</strong></td>
<td></td>
<td>$4.00</td>
</tr>
<tr>
<td>Braintree</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Need More Help? Attend a Benefit Fair

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
</table>
| **WEDNESDAY, APRIL 10** | 11:00 – 3:00 | QUINSIGAMOND 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:

- **Phone:** 1.617.727.2310
- **Email:** 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
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

### HEALTH INSURANCE CARRIERS

<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>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>Express Scripts</td>
<td>1.877.876.7214</td>
<td>gic.silverscript.com</td>
</tr>
<tr>
<td>SilverScript</td>
<td></td>
<td></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>
</tr>
</tbody>
</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

**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)