



Annual Enrollment:
APRIL 3 - MAY 1, 2019



Benefits and rates
effective **July 1, 2019**



KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES



Commonwealth of Massachusetts
Group Insurance Commission

2019 - 2020 Overview



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 map on page 4 to find which products are offered in your area. Based on that, you can use the rate chart on page 5 and the “Benefits-at-a-Glance” on pages 6-7 to determine which product is right for you.

CHECK WITH 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. For the full schedule of fair locations, dates and times, check our website here: bit.ly/GICBenefitFairs2019.

NEW HIRE? Check our website for Employment & Eligibility: bit.ly/GICNewHires.

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

CHECK IF YOU ARE ELIGIBLE FOR THE BUY-OUT PROGRAM. If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, you may benefit from the Buy-Out program. Go to bit.ly/GICBuyOut to find out if you are eligible. Buy-Out forms must be mailed directly to the GIC by May 1.

MAKE SURE YOU SUBMIT ALL FORMS TO YOUR GIC COORDINATOR NO LATER THAN MAY 1, 2019. All forms are available on the GIC website (bit.ly/GICForms). Changes go into effect July 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. Employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a documented qualifying event.** Qualifying events include marriage, birth/adoption of a child, involuntary loss of other coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave.
- 2. New hires must enroll in coverage during their first ten 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.** 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 provider 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.



HEALTH INSURANCE PRODUCTS	PHARMACY BENEFITS	OTHER BENEFITS
<ul style="list-style-type: none"> Neighborhood Health Plan Prime is now called AllWays Health Partners Complete HMO. 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.* 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. 	<ul style="list-style-type: none"> No changes 	<ul style="list-style-type: none"> If you are eligible for FSA benefits, Benefit Strategies is our new FSA vendor. <p>Read more about Benefit Strategies and any enrollment changes on pages 8 and 9.</p>

*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.

GIC IS GOING GREEN!



THE GIC IS TAKING STEPS TO BECOME GREENER!

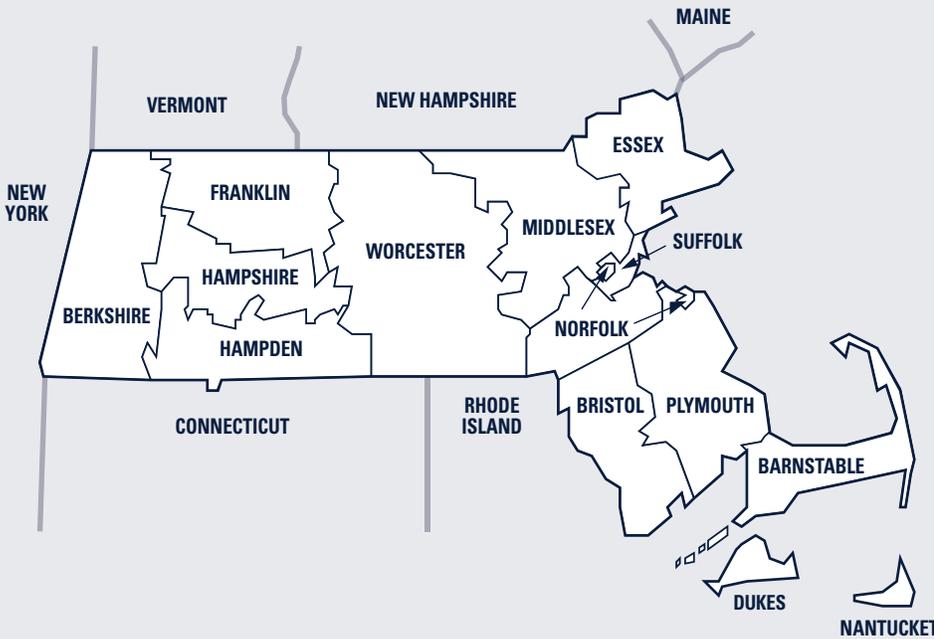
This year's Benefits Decision Guide uses less paper, but still provides the benefit information you need in a clear, easier to read format.

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.

Where Do You Live?



Where You Live Determines Which Health Insurance Product You May Enroll In.



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

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.

Rate Chart



		Monthly GIC Product Rates Effective July 1, 2019			
		FOR EMPLOYEES HIRED BEFORE JULY 1, 2003		FOR EMPLOYEES HIRED ON OR AFTER JULY 1, 2003	
		20%		25%	
		EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$1.30		\$1.63	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/ Basic <i>with CIC*</i> (Comprehensive)	National Network	\$258.87	\$574.53	\$310.74	\$688.92
UniCare State Indemnity Plan/ Basic <i>without CIC</i>		\$207.49	\$457.54	\$259.36	\$571.93
UniCare State Indemnity Plan/ PLUS	Broad Network	\$140.03	\$331.07	\$175.05	\$413.84
Tufts Health Plan Navigator		\$150.33	\$364.44	\$187.92	\$455.56
Fallon Health Select Care		\$163.09	\$394.30	\$203.87	\$492.88
Harvard Pilgrim Independence Plan		\$178.61	\$434.08	\$223.27	\$542.61
Health New England	Regional Network	\$115.06	\$271.66	\$143.84	\$339.58
AllWays Health Partners Complete HMO		\$130.23	\$335.67	\$162.80	\$419.59
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$104.44	\$255.80	\$130.56	\$319.76
Tufts Health Plan Spirit		\$114.09	\$272.14	\$142.62	\$340.18
Fallon Health Direct Care		\$121.02	\$303.09	\$151.28	\$378.87
Harvard Pilgrim Primary Choice Plan		\$130.01	\$329.45	\$162.52	\$411.82

* CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance



	NATIONAL NETWORK	BROAD NETWORK			
HEALTH INSURANCE PRODUCTS	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
PRODUCT TYPE	INDEMNITY	PPO-TYPE	POS	HMO	POS
PCP Designation Required?	No	No	Yes	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes	Yes
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 / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / 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	\$30 / \$60 / \$60 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Tier 1 / Tier 2 / Tier 3					
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
Outpatient Behavioral Health/Substance Use Disorder Care	\$20 / visit	\$20 / visit	\$10 / visit	\$20 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care - Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1	\$275 / admission with no tiering	\$275 / admission	\$275 / admission	\$275 / admission	\$275 / admission
Tier 2		\$500 / admission	\$500 / admission	\$500 / admission	\$500 / admission
Tier 3		\$1,500 / admission	\$1,500 / admission	\$1,500 / admission	\$1,500 / admission
Outpatient Surgery					
Eye & GI procedures at freestanding facilities in Massachusetts	\$0	\$0	\$150	\$150	\$150
All other in Massachusetts	\$250	\$110 / \$110 / \$250	\$250	\$250	\$250
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.				
(e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drugs	Prescription Drug Deductible: \$100 Individual / \$200 Family				
Retail (up to a 30-day supply)	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Tier 1 / Tier 2 / Tier 3					
Mail Order Maintenance Drugs (up to a 90-day supply)	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165
Tier 1 / Tier 2 / Tier 3					

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

Benefits-at-a-Glance



REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
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 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75* / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150	\$150
\$250	\$250	\$110	\$250	\$250	\$250
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / 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

*Peace of Mind Program

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.

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.

Flexible Spending Accounts (FSAs)



Benefit Strategies is the new administrator for the GIC's Flexible Spending Account (FSA) benefit!

As of July 1, 2019, all claims must be filed with Benefit Strategies, including claims from the 2019 plan year.

What is a Flexible Spending Account (FSA)?

An FSA is an account that allows you to set aside pre-tax money to help you pay for certain life expenses. These accounts reduce your federal and state tax liabilities and increase your available income. The GIC offers two types of FSAs, administered by Benefit Strategies: Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP). You can use these FSAs to help pay for qualified health care and dependent care expenses.

Examples of qualified HCSA expenses:

- Physician office visits
- Prescription drug copayments
- Medical deductibles and co-insurance

Examples of qualified DCAP expenses:

- Daycare payments
- Certain before/after school care
- Certain summer camps

Learn more about the HCSA and DCAP, view other qualified expenses, and/or enroll in your FSA benefits by visiting benstrat.com/gic-fsa.



How will an FSA help me save on taxes?

An FSA allows you to set aside money from each paycheck for eligible expenses before your taxes are taken from your paycheck. This means there is less income to tax each month. Also, you are not taxed when you file a claim and are reimbursed!

For example:

BREAKDOWN OF PAYCHECK & DEDUCTIONS	NOT PARTICIPATING IN HCSA OR DCAP PLAN	PARTICIPATING IN HCSA OR DCAP PLAN
Gross Yearly Pay	\$30,000	\$30,000
HCSA Annual Contribution (Pre-Tax)	\$0	(\$2,000)
DCAP Annual Contribution (Pre-Tax)	\$0	(\$4,000)
Taxable Income	\$30,000	\$24,000
Sample Tax Withholdings of 30%	(\$9,000)	(\$7,200)
Yearly Health Care Expenses	(\$2,000 post-tax)	\$2,000 (Claims reimbursed)
Yearly Daycare Expenses	(\$4,000 post-tax)	\$4,000 (Claims reimbursed)
Net Available Income	\$15,000	\$16,800

Who is eligible and when do I enroll?

Active state employees who are eligible for GIC benefits may participate in the HCSA and/or DCAP programs.

FSA Enrollment for the 2020 Plan Year: April 3 – May 1, 2019

During the GIC's spring 2019 Annual Enrollment period, state employees can enroll in FSA benefits for the Plan Year of July 1, 2019 – June 30, 2020. **These plans require that participants re-enroll each year.**

- New State Employees and Change in Status:** New state employees and employees who have a qualifying status change during the year may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

What else do I need to know?

It is important to note, the IRS has a strict "use-it-or-lose it" rule, which means that money left in a pre-tax account at the end of a plan year is forfeited, so consider your election carefully.

- 2½-Month Grace Period:** If you still have money left in your FSA at the end of the plan year, you have an additional 2½ months to incur claims. For the 2020 fiscal year, you have until September 15, 2020 to incur claims and until October 15, 2020 to submit them.
- Administrative Fee:** For the 2020 Plan Year, there is a flat \$2.00 administrative fee, per month, per participant, whether you enroll in one or both plans.

KEY FSA DATES Open Enrollment: April 3 – May 1, 2019	
2019 Plan Year	2020 Plan Year
<ul style="list-style-type: none"> Plan Year: July 1, 2018 – June 30, 2019 2½ month Grace Period: July 1, 2019 – September 15, 2019 Claim filing deadline: October 15, 2019 	<ul style="list-style-type: none"> Plan Year: July 1, 2019 – June 30, 2020 2½ month Grace Period: July 1, 2020 – September 15, 2020 Claim filing deadline: October 15, 2020

Questions?

Contact Benefit Strategies for more information and see the Participant Handbook for additional Plan Rules (found on Benefit Strategies website).



Toll Free: 1.877.FlexGIC (1.877.353.9442)



benstrat.com/gic-fsa

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



liveandworkwell.com

TTY Support: 711 +1.844.263.1982

Substance Use Treatment Helpline: 1.855.780.5955

GIC Rx: Prescription Drug Benefits



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



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 state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

State employee with Tufts Health Plan Navigator family coverage:

Full cost monthly premium:	\$1,815.72
Monthly 12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 payroll deposits or monthly checks of:*	\$453.93
Yearly Earnings (12 monthly payments):*	\$5,447.16

**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

Pre-Tax Premium Deductions

The Commonwealth normally deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. During Annual Enrollment, or when you have a qualified status change as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums:

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2019.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2019.

For more information about Pre-Tax Deductions contact your Payroll Coordinator or the GIC.



What is it?

LTD insurance is an income replacement program that financially protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. Unum is the GIC's Long Term Disability (LTD) Carrier. If you are unable to work for 90 consecutive days due to illness or injury, this program provides income replacement. Benefits include:

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. If a participant is disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for behavioral health disabilities;
- A rehabilitation and return-to-work assistance benefit;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of \$100 or 10% of your gross monthly benefit amount - whichever is higher.

Eligibility and Enrollment

Active state employees who are eligible for GIC benefits are eligible for LTD.

- **New State Employees:** Eligible employees may enroll in LTD without providing evidence of good health.
- **Current State Employees:** During this **Special Enrollment Period (April 3 - June 14, 2019)**, eligible active state employees can enroll for LTD with no evidence of good health as long as they have not been previously declined. Be sure to use the special LTD Open Enrollment Form, available on the GIC's website and through your GIC Coordinator, to enroll. Coverage will be effective October 1, 2019.

MONTHLY GIC PLAN RATES			
ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM <i>Per \$100 of Monthly Earnings</i>	ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM <i>Per \$100 of Monthly Earnings</i>
Under Age 24	\$0.08	50 - 54	\$0.57
25 - 29	\$0.10	55 - 59	\$0.70
30 - 34	\$0.14	60 - 64	\$0.67
35 - 39	\$0.17	65 - 69	\$0.38
40 - 44	\$0.35	70 and over	\$0.22
45 - 49	\$0.47		

Questions?



1.877.226.8620



bit.ly/OtherGICBenefits

Life Insurance and Accidental Death & Dismemberment (AD&D)

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

- **Basic Life Insurance:** The Commonwealth offers \$5,000 of Basic Life Insurance.
- **Optional Life Insurance:** Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary, up to a maximum of \$1.5 million. Term insurance pays your designated beneficiary in the event of your death. It has no cash value. This is an employee-pay-all benefit.

Optional Life Insurance

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

- **New State Employees:** You may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without providing evidence of good health.
- **Current Employees During the Year:** State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Current Employees with a Qualified Family Status Change

Employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to a coverage limit not to exceed four times their salary provided that the GIC receives proof, within 31 days, of the qualifying event. Family status changes include the following events:

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

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or a pipe nor used snuff, chewing tobacco or a nicotine delivery system) for at least the past 12 months, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment will become effective July 1, 2019.

Optional Life Insurance Rates (Including AD&D)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES - Per \$1,000 of Coverage	
	SMOKER RATE	NON-SMOKER RATE
Under Age 35	\$0.10	\$0.04
35 - 44	\$0.12	\$0.05
45 - 49	\$0.20	\$0.07
50 - 54	\$0.33	\$0.14
55 - 59	\$0.53	\$0.21
60 - 64	\$0.79	\$0.31
65 - 69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

Questions?



1.617.727.2310



bit.ly/GICLifeInsuranceBooklet



Eligibility

The GIC Dental/Vision Plan covers state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the Commonwealth. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are **not** eligible for the GIC Dental/Vision Plan.

Enrollment

During Annual Enrollment or within 60 days of a qualifying status change, eligible employees may enroll in GIC Dental/Vision benefits and change their dental product selection.

Dental Benefits

Metropolitan Life Insurance Company (MetLife) is the carrier for the dental portion of the GIC Dental/Vision Plan. There are two dental product options:

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

For more information, including covered services, out-of-network benefits, and providers, contact MetLife directly:

 **1.866.292.9990**

 **metlife.com/gic**

Vision Benefits

Davis Vision is the vision provider for the vision portion of the GIC Dental/Vision Plan. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- Routine eye examinations
- Fashion and designer frames
- Lenses
- Scratch-resistant lens coating

For more information, including copayment amounts, providers, and discount programs, contact Davis Vision:

 **1.800.650.2466**

 **davisvision.com** (client code: 7852)

GIC Dental / Vision Rates

PLAN	MONTHLY GIC DENTAL/VISION RATES - Effective July 1, 2019	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.72	\$14.65
Indemnity (Classic) Plan	\$6.33	\$19.66



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

HEALTH INSURANCE CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	allwayshealthpartners.org/gic-members
Fallon Health	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488	tuftshealthplan.com/gic
UniCare State Indemnity Plan	1.800.442.9300	unicarestateplan.com
Pharmacy Benefits Manager	1.855.283.7679	express-scripts.com/gicRx
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)	1.877.353.9442	benstrat.com/gic-fsa
Life/AD&D Insurance	1.617.727.2310	bit.ly/OtherGICBenefits
Long Term Disability	1.877.226.8620	mass.gov/gic/ltd
Dental Benefits	1.866.292.9990	metlife.com/gic
Vision Benefits	1.800.650.2466	davisvision.com (client code: 7852)



**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: 1.617.727.2310

TDD/TTY: 711



Mailing Address

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

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)

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Adam Chapdelaine (Massachusetts Municipal Association)

Eileen P. McAnneny (Public Member)

Timothy D. Sullivan, Ed.D. (Massachusetts Teachers Association)

Anna Sinaiko, MPP, PhD (Health Economist)

**Website: [mass.gov/orgs/
group-insurance-commission](http://mass.gov/orgs/group-insurance-commission)**