

IN RESPONSE TO THE COVID-19 OUTBREAK

CANCELED: Benefit Fairs (public-gathering ban)

EXTENDED: Annual Enrollment
Monday, April 6 – Monday, June 1, 2020

NO CHANGE: Plan design and rates
effective July 1, 2020

Visit mass.gov/gic for up-to-date information



**Annual Enrollment:
APRIL 6 – JUNE 1, 2020**



**Benefits and rates
effective July 1, 2020**



2020–2021 OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

MUNICIPAL

EMPLOYEES, RETIREES & SURVIVORS



**Commonwealth of Massachusetts
Group Insurance Commission**



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 5 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 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. These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. Schedule subject to change. Check our website for updates: bit.ly/gichealthfairs2020.

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.

SUBMIT ALL FORMS TO YOUR GIC COORDINATOR NO LATER THAN MAY 1, 2020. All forms are available on the GIC website (bit.ly/gicforms). Changes go into effect July 1, 2020.

If you make no changes, your current health benefits will remain in place at the new rates effective July 1, 2020.

IMPORTANT REMINDERS

- 1. Annual enrollment is your once-a-year opportunity to change your health plan or coverage election.**
- 2. You may make certain changes to your elections within 60 days of a qualifying event.** Qualifying events include marriage, birth/adoption, involuntary loss of other coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave. Your doctor or hospital leaving a network is not a qualifying event. For complete details, go to bit.ly/giclifeevents.
- 3. New hires must enroll in coverage within the first 10 days of employment.**
- 4. 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.
- 5. When checking provider coverage and tiers, 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.
- 6. Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.

THE GIC IS
GOING
DIGITAL!



THE GIC IS ALWAYS LOOKING FOR NEW WAYS TO CONNECT WITH YOU.

You can print a copy of this guide at mass.gov/gic.



If you are a **MEDICARE** eligible GIC Retiree:

- No benefit changes in GIC Medicare Plans

If you are an **ACTIVE** or **NON-MEDICARE** eligible GIC Retiree:

- The GIC regularly reviews its plans to be sure they offer medical and behavioral health benefits that meet state and federal “parity” laws—in other words, that the plans treat behavioral health benefits the same as or better than the way they treat medical benefits.
- This year, you’ll see changes to the UniCare Basic, Choice and Plus behavioral health benefits that put them more in line with the medical benefits under those plans. The GIC has eliminated or reduced some copays and deductibles. For details, see the UniCare Handbooks, available no later than July 1, 2020, at mass.gov/gic.
- Check with your carrier to see if your provider is still in the network. See page 15 for carrier contact information.



GO DIGITAL!

If GIC has your email address you may use *myGICLink* to access enrollment forms to make Annual Enrollment changes.

- Go to bit.ly/mygiclink
- Enter your email address and DOB
- Choose your GIC form(s)
- Select *Request*
- Check your email for the requested form(s)
- Follow instructions for completion
- Select *Submit*
- Watch your email for confirmation of receipt

What You Need to Know



Non-Medicare Plan Participants Only

GIC protects you from balance billing under Massachusetts General Law Chapter 32A, §20.

If you receive covered, medically necessary medical care *in Massachusetts*, doctors, hospitals, and other medical providers may only collect the amount covered by your GIC plan. You are still responsible for your share of the plan’s copays, deductibles, and any other eligible medical out-of-pocket costs, but **not** any excess.

Always compare bills to the Explanation of Benefits (EOB) statement provided by your GIC health carrier. If you are not sure your invoice is a balance bill, call your health carrier. If it is a balance bill, advise your provider that as a GIC member, you are not liable for their excess compensation. If your provider persists in efforts to collect, contact the Group Insurance Commission.

Avoid the Retail Refill Penalty!

If you or a family member is taking a long-term medication—such as for high cholesterol or high blood pressure—you will receive a letter from Express Scripts asking you to tell them how you wish to receive your future refills—by mail or at your local CVS pharmacy.

If you choose to have your medication delivered to your home, your copay is lower. You can still pick up your medication at your local CVS pharmacy, but you’ll pay a higher copay*.

Make sure you respond to that letter from Express Scripts before your third refill, or you will be charged a significant penalty.

*If you choose the Express Scripts Pharmacy or a CVS™ pharmacy, you will pay one mail order copay for a 90-day supply of medication. If you use a non-CVS pharmacy, you will pay one retail copay for a 30-day supply of medication.

Monthly Full Cost Rates



Effective July 1, 2020

Full cost rates include the 0.35% administrative fee.

You do not pay the full cost rate. Your share of the cost depends on your city or town cost-sharing arrangement. Contact your local benefit coordinator for information on your premiums.

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PRODUCTS

Check pages 5-8 for product details

| HEALTH INSURANCE PRODUCTS | PRODUCT CATEGORY | PRODUCT TYPE | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
|---|------------------|--------------|---------------------|-----------------|
| UniCare State Indemnity Plan/Basic <i>with CIC</i> | National Network | Indemnity | \$1,163.76 | \$2,582.71 |
| UniCare State Indemnity Plan/Basic <i>without CIC</i> | | | \$1,107.42 | \$2,454.41 |
| UniCare State Indemnity Plan/PLUS | Broad Network | PPO-Type | \$723.74 | \$1,722.50 |
| Tufts Health Plan Navigator | | POS | \$799.04 | \$1,951.46 |
| Fallon Health Select Care | | HMO | \$836.19 | \$2,033.04 |
| Harvard Pilgrim Independence Plan | | POS | \$917.18 | \$2,239.19 |
| Health New England | Regional Network | HMO | \$594.29 | \$1,414.80 |
| AllWays Health Partners Complete HMO | | | \$687.87 | \$1,789.45 |
| UniCare State Indemnity Plan/Community Choice | Limited Network | PPO-Type | \$552.57 | \$1,368.05 |
| Tufts Health Plan Spirit | | HMO-Type | \$606.68 | \$1,461.55 |
| Fallon Health Direct Care | | HMO | \$618.59 | \$1,561.48 |
| Harvard Pilgrim Primary Choice Plan | | HMO | \$665.43 | \$1,697.02 |

MEDICARE HEALTH INSURANCE PRODUCTS

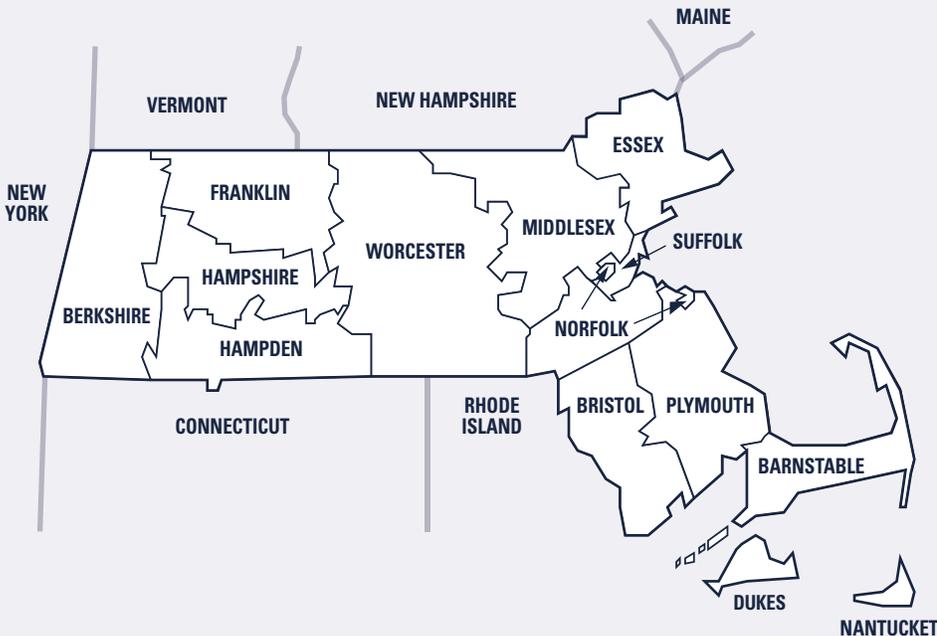
Check pages 9-11 for product details

| HEALTH INSURANCE PRODUCTS | PRODUCT CATEGORY | PRODUCT TYPE | PER PERSON |
|--|---------------------|--------------|------------|
| Tufts Health Plan Medicare Preferred | Medicare Advantage | HMO | \$325.13 |
| Tufts Health Plan Medicare Complement | Medicare Supplement | Indemnity | \$383.88 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC</i> (Comprehensive) | | | \$399.86 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC</i> (Non-Comprehensive) | | | \$388.80 |
| Harvard Pilgrim Medicare Enhance | | | \$404.04 |
| Health New England Medicare Supplement Plus | | | \$404.80 |

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 OF MASSACHUSETTS

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.

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.

Benefits-at-a-Glance: ACTIVE & NON-MEDICARE



| HEALTH INSURANCE PRODUCTS | NATIONAL NETWORK | BROAD NETWORK | | | |
|--|--|--|--|------------------------------------|--|
| | 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 | \$15 or \$20 / visit | \$15 / 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 | \$275 / admission | \$275 / admission | \$275 / admission | \$275 / admission |
| Tier 2 | no tiering | \$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 | | | | | |

You pay both a copay and a deductible for some services. For details, see your plan's Schedule of Benefits at mass.gov/gic.

Benefits-at-a-Glance: ACTIVE & NON-MEDICARE



| 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 | \$15 / 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 no tiering | \$275 / admission no tiering | \$275 / admission no tiering | \$275 / admission \$500 / admission No Tier 3 | \$275 / admission 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 |

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 products.

Non-Medicare Prescription Drug Benefits



Express Scripts (ESI) administers the GIC prescription drug benefit for non-Medicare health insurance products. Use your ESI ID card when filling prescriptions.

Prescription Drug Deductible

You pay an annual prescription drug deductible of \$100/individual and \$200/family, separate from your health plan deductible. Once you have paid your prescription drug deductible, your covered prescriptions are subject to a copay.

Drug Copays

All GIC health plans feature a three-tier copay structure. Contact ESI with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic drugs that don't fall into Tiers 1 or 2.

Covered drugs may change each January and July, when ESI updates its drug formulary.

Questions?

 1.855.283.7679

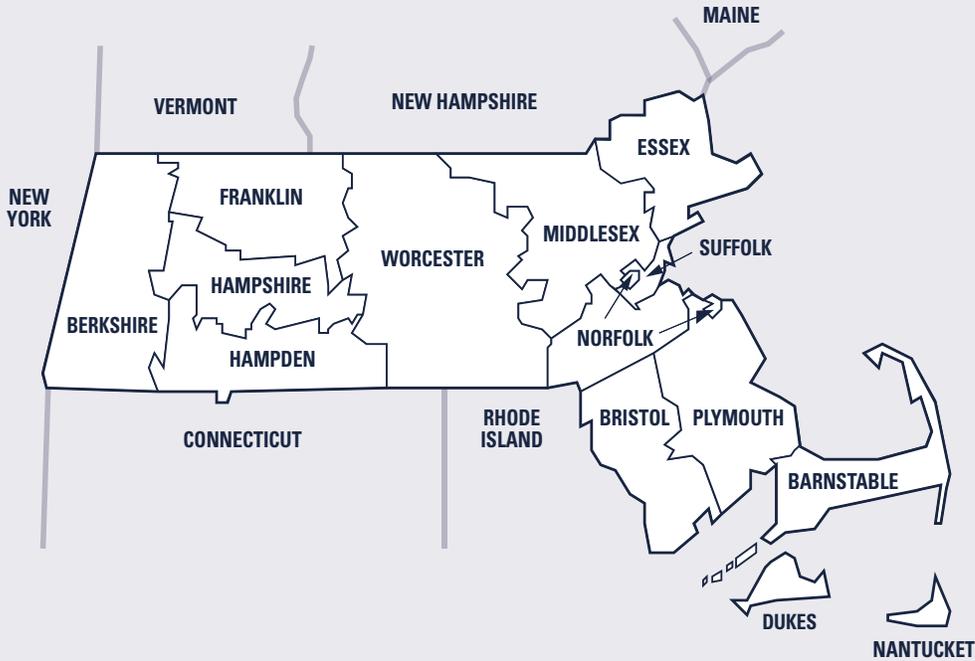
 [express-scripts.com/gicRx](https://www.express-scripts.com/gicRx)



Where Do You Live? (Medicare)



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



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)

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 OF MASSACHUSETTS

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.

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



Here is an overview of health insurance benefits offered through each of the GIC's Medicare plans. Benefits are subject to definitions, conditions, limitations and exclusions as spelled out in the respective health insurance products' documents. With the exception of emergency care, out-of-network benefits are not available through the Tufts Medicare Advantage plan.

| HEALTH INSURANCE PRODUCTS | MEDICARE ADVANTAGE | MEDICARE SUPPLEMENT | | | |
|---|--|---------------------------------------|---|-------------------------------------|---|
| | TUFTS HEALTH PLAN MEDICARE PREFERRED | TUFTS HEALTH PLAN MEDICARE COMPLEMENT | UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive) | HARVARD PILGRIM MEDICARE ENHANCE | HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS |
| PRODUCT TYPE | HMO | INDEMNITY | INDEMNITY | INDEMNITY | INDEMNITY |
| PCP Designation Required? | Yes | No | No | No | No |
| PCP Referral to Specialist Required? | Yes | No | No | No | No |
| Calendar Year Deductible | None | None | None | None | None |
| Preventive Care Office visits according to health plan's schedule | No Copay | No Copay | No Copay | No Copay | No Copay |
| Physician's Office Visit (except behavioral health) | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Retail Clinic | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Outpatient Behavioral Health / Substance Abuse Disorder Care | \$15 per visit | \$15 per visit | First 4 visits: no copay; visits 5 and over: \$10 / visit | \$15 per visit | \$15 per visit |
| Inpatient Hospital Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Hospice Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Diagnostic Laboratory Tests and X-Rays | No Copay | No Copay | No Copay | No Copay | No Copay |
| Surgery Inpatient and Outpatient | No Copay | No Copay | 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 | No Copay | No Copay |
| Emergency Room Care (includes out-of-area) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) | \$50 per visit (waived if admitted) |
| Hearing Aids | First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period | | | | |
| PRESCRIPTION DRUGS | | | | | |
| Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact UniCare for details.



CVS SilverScript administers the prescription drug benefit for all GIC Medicare health insurance products. Your prescription drug benefit is called an Employer Group Waiver Plan (EGWP). It combines a standard Medicare Part D drug plan with additional coverage provided by the GIC.

Drug Copays

All GIC health products feature a three-tier copay structure. Contact CVS SilverScript with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic drugs that don't fall into Tiers 1 or 2.

Questions?



1.877.876.7214



gic.silverscript.com



MEDICARE PART D PRESCRIPTION DRUG COVERAGE

IMPORTANT

- **Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.
- A “Notice of Creditable Coverage” is located 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.
- 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](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.

Have You Had Any Personal or Family Information Changes?

Have you experienced any of these events?

- 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
- 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



bit.ly/gicqualifyingevents

If you have experienced any of these events, 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.

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
- 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

GIC Retiree Dental Plan



The GIC Retiree Dental Plan is provided through MetLife.

You can get reimbursed up to \$1,250 a year for cleanings, fillings, crowns and other dental services. You pay less if you receive care from one of 370,000 participating dentists nationwide. You pay more if you receive care from a non-participating dentist.

You pay the full cost of this voluntary coverage.

Eligibility

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

- City of Melrose
- Town of Marblehead
- Town of Swampscott
- Town of Ashland
- Town of Middleborough
- Town of Weston
- Town of Bedford
- Town of Millis
- Town of Westwood
- Town of Brookline
- Town of North Andover
- Athol Roylston School District
- Town of Holbrook
- Town of Randolph
- 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.

If you drop GIC Retiree Dental coverage, you may never re-enroll.

| MONTHLY GIC PLAN RATES - EFFECTIVE JULY 1, 2020 <i>Includes 0.35% Administrative Fee</i> \$1,250 Maximum Annual Benefit per Member | |
|--|----------------------|
| COVERAGE TYPE | RETIREE PAYS MONTHLY |
| Single | \$29.92 |
| Family | \$72.07 |

For information, contact MetLife:

 1.866.292.9990

 [metlife.com/gic](https://www.metlife.com/gic)

Need More Help? Attend a Benefits Fair*



FRIDAY, APRIL 10

10:00 - 2:00 PM

BERKSHIRE COMMUNITY COLLEGE
Paterson Field House
1350 West Street - PITTSFIELD

MONDAY, APRIL 13

11:00 - 3:00 PM

UMASS AMHERST
Campus Center Auditorium
1 Campus Center Way - AMHERST

TUESDAY, APRIL 14

11:00 - 3:00 PM

HAMPDEN COUNTY SHERIFF'S DEPT.
Hampden County Pre-Release Center
627 Randall Road - LUDLOW

THURSDAY, APRIL 16

11:00 - 3:00 PM

QUINSIGAMOND COMMUNITY COLLEGE
Harrington Learning Ctr., Rooms 109 AB
670 West Boylston Street - WORCESTER

SATURDAY, APRIL 18

10:00 - 2:00 PM

SALEM STATE UNIVERSITY
O'Keefe Sports Complex, Twohig Gymnasium
225 Canal Street - SALEM

TUESDAY, APRIL 21

11:00 - 3:00 PM

STATE TRANSPORTATION BUILDING
2nd Floor, Conference Rooms 1, 2, 3
10 Park Plaza - BOSTON

FRIDAY, APRIL 24

10:00 - 3:00 PM

MCCORMACK STATE OFFICE BUILDING
21st Floor
One Ashburton Place - BOSTON

SATURDAY, APRIL 25

10:00 - 2:00 PM

MASS MARITIME ACADEMY
Gymnasium
101 Academy Drive - BUZZARDS BAY

MONDAY, APRIL 27

11:00 - 3:00 PM

WRENTHAM DEVELOPMENTAL CENTER
Graves Auditorium
7 Littlefield Road - WRENTHAM



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

*Subject to Change: Please watch mass.gov/gic for updates



Whom 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

| 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 Medicare Products: 1.888.333.0880 | tuftshealthplan.com/gic |
| UniCare State Indemnity Plan Medicare plans Non-Medicare plans | 1.800.442.9300 1.833.663.4176 | unicarestatement.com |
| Pharmacy Benefits Manager Express Scripts SilverScript | 1.855.283.7679 1.877.876.7214 | express-scripts.com/gicRx gic.silverscript.com |
| Life/AD&D Insurance | 1.617.727.2310 | bit.ly/giclifelineinsurance |
| GIC Retiree MetLife Dental Plan | 1.866.292.9990 | metlife.com/gic |
| Social Security Administration | 1.800.772.1213 or your local Social Security Office | ssa.gov |
| Medicare | 1.800.633.4227 | medicare.gov |



Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

PRSR.T. STD.
U.S. POSTAGE

PAID

PERMIT #860
GREEN BAY, WI

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission
19 Staniford Street, 4th Floor
Boston, Massachusetts



Telephone: 1.617.727.2310

TDD/TTY: 711



Mailing Address:

Group Insurance Commission
P.O. Box 556
Randolph, MA 02368



Website: [mass.gov/gic](https://www.mass.gov/gic)

Commissioners

*Current as of March 2020.

For more information, visit [mass.gov/gic](https://www.mass.gov/gic).

Valerie Sullivan (Public Member), Chair

Bobbi Kaplan (NAGE), Vice Chair

Michael Heffernan, Secretary for Administration and Finance, *ex officio*

Gary Anderson, Commissioner of Insurance, *ex officio*

Elizabeth Chabot (NAGE)

Adam Chapdelaine (Massachusetts Municipal Association)

Christine Hayes-Clinard, Esq. (Public Member)

Tamara P. Davis (Public Member)

Kevin Drake (Council 93, AFSCME, AFL-CIO)

Jane Edmonds (Retiree Member)

Joseph Gentile (AFL-CIO, Public Safety Member)

Patricia Jennings (Public Member)

Eileen P. McAnneny (Public Member)

Melissa Murphy-Rodrigues (Massachusetts Municipal Association)

Anna Sinaiko, MPP, PhD (Health Economist)

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