

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

**RETIRED MUNICIPAL
TEACHER (RMT) OR ELDERLY
GOVERNMENT RETIREE (EGR)**



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 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 offer the same or better benefits as broad network products, but at a lower cost because they feature a smaller network of providers (doctors and hospitals). For more information about these differences, visit: 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. 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 fair schedule.

SUBMIT ALL FORMS TO THE GIC NO LATER THAN MAY 1, 2020.

If you wish to keep your current coverage, no action is needed. Your coverage continues at the new rates.



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/gicliferevents.
- 3. Physician and hospital copay tiers change each July 1.** If you are enrolled in a non-Medicare plan, check with your health insurance carrier to see if your provider(s) or hospital tier has changed.
- 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 19 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

If you participate in a non-Medicare plan, 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 Express Scripts 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.

Non-Medicare Health Insurance Rates



Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2020

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.

		Retired Municipal Teachers (RMTs)			
		RMTs who retired on or before July 1, 1990 and SURVIVORS ¹		RMTs who retired after July 1, 1990	
		10%		15%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY	
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/ Basic <i>with</i> CIC ² (Comprehensive)	National Network	\$166.50	\$372.44	\$221.67	\$494.73
UniCare State Indemnity Plan/ Basic <i>without</i> CIC		\$110.36	\$244.59	\$165.53	\$366.88
UniCare State Indemnity Plan/ PLUS	Broad Network	\$72.12	\$171.65	\$108.18	\$257.47
Tufts Health Plan Navigator		\$79.63	\$194.47	\$119.44	\$291.70
Fallon Health Select Care		\$83.33	\$202.60	\$124.99	\$303.89
Harvard Pilgrim Independence Plan		\$91.40	\$223.14	\$137.10	\$334.71
Health New England	Regional Network	\$59.22	\$140.99	\$88.83	\$211.48
AllWays Health Partners Complete HMO		\$68.55	\$178.32	\$102.82	\$267.48
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$55.06	\$136.33	\$82.60	\$204.49
Tufts Health Plan Spirit		\$60.46	\$145.65	\$90.68	\$218.47
Fallon Health Direct Care		\$61.64	\$155.60	\$92.46	\$233.40
Harvard Pilgrim Primary Choice Plan		\$66.31	\$169.11	\$99.47	\$253.67

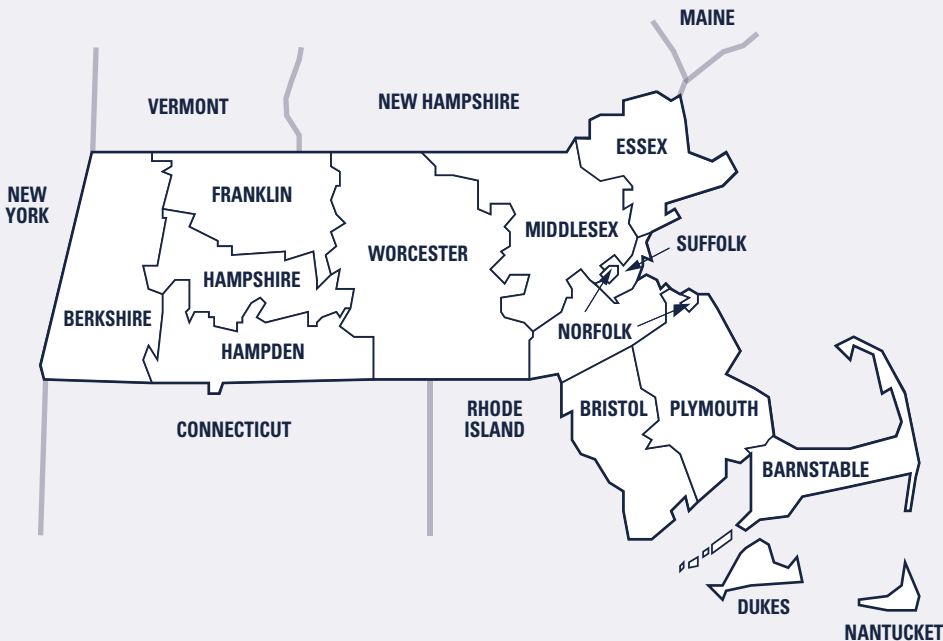
¹ Survivors are not eligible for life insurance.

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)

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.



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)



Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2020

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.

			Retired Municipal Teachers (RMTs)	
			RMTs who retired before July 1, 1990 and SURVIVORS ¹	RMTs who retired after July 1, 1990
			10%	15%
			RMT/SURVIVOR PAYS MONTHLY	RMT PAYS MONTHLY
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$32.40	\$48.60
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$38.25	\$57.38
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ² (<i>Comprehensive</i>)			\$49.77	\$69.15
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)			\$38.74	\$58.12
Harvard Pilgrim Medicare Enhance			\$40.26	\$60.39
Health New England Medicare Supplement Plus			\$40.34	\$60.51

¹ Survivors are not eligible for life insurance.

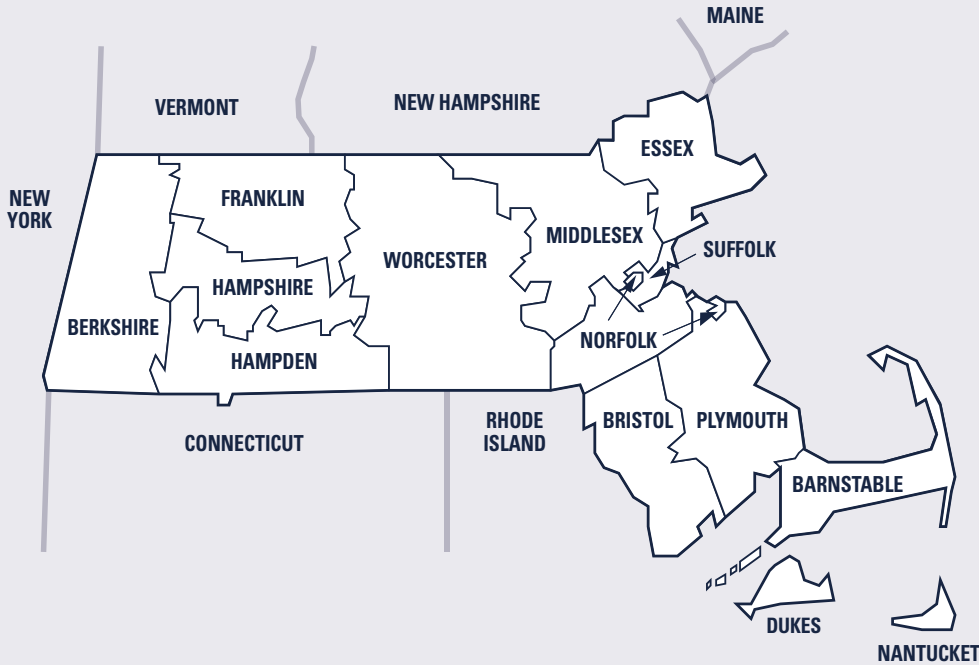
² CIC is an enrollee-pay-all benefit.

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)

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 covered 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
- Life insurance beneficiary change
- 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.





To be eligible for the Health Insurance Buy-Out, 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, 2020 (Monthly):	\$387.44
12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 payroll deposits or monthly checks of:	\$96.86
Yearly Earnings (12 monthly payments):*	\$1,162.32

**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, 2020 or before and continue your coverage through June 30, 2020, you may apply to buy out your health plan coverage effective July 1, 2020, during Annual Enrollment.
- **October 5 – October 30, 2020:** If you are insured with the GIC on July 1, 2020 or before, and continue your coverage through December 31, 2020, you may apply to buy out your health plan coverage effective January 1, 2021. The enrollment period for this buy-out is October 5 – October 30, 2020.

Form Submission

Submit your completed form no later than May 1, 2020 for the July 1, 2020 buy-out or October 30, 2020 for the January 1, 2021 buy-out.

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

 1.617.727.2310

 bit.ly/gicbuyout

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

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

Enrollment

You 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 RETIREE DENTAL PLAN RATES \$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$29.82
Family	\$71.82

For information, contact MetLife directly:

 1.866.292.9990

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



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

Insured by The Hartford Life and Accident Insurance Company, life and AD&D insurance helps provide for your beneficiary's well-being in the event of a serious accident or death. This benefit is paid to your designated beneficiary(ies).

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.

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, benefits are paid for certain losses.

GIC Retired Municipal Teachers with basic life insurance of \$1,000 do not have accidental death and dismemberment benefits.

For additional information about Life Insurance and AD&D, contact:



1.617.727.2310



bit.ly/giclifelifelifeinsurancebooklet



Retired Municipal Teacher (RMT) Life Insurance Rates

Monthly GIC Plan Rates Effective July 1, 2020

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

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/giclifefinsurance
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gic
Massachusetts Teachers' Retirement System	1.617.679.6877	mtrs.state.ma.us
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

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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)

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