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

RETIREES & SURVIVORS

Commonwealth of Massachusetts
Group Insurance Commission
Your Annual Enrollment Checklist

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

- **HAVE YOU EXPERIENCED ANY PERSONAL OR FAMILY INFORMATION CHANGES?** Check page 17.

- **REVIEW THIS GUIDE AND IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS BEST FOR YOU.**
  
  **TIP:** Use the non-Medicare and Medicare locator maps on pages 4 and 9 to find which products are offered in your area.

- **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 feature the same or better benefits as broad network products, but at a lower cost because they include a smaller network of providers (doctors and hospitals). For more information, visit our website: mass.gov/gic-annual-enrollment or call us at 1.617.727.2310.

- **CONTACT YOUR HEALTH AND OTHER INSURANCE CARRIERS ABOUT ANY PRODUCT OR TIER CHANGES.** This includes questions about network coverage, providers, drug tiers or wellness benefits. (See page 19 for carrier contact information.)

- **ATTEND A GIC BENEFIT FAIR.** These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. See page 18 for the full schedule of fairs.

- **TURNING 65?** Check our website for a video to guide you through next steps, whether you’re retiring or not: bit.ly/gicturning65.

- **SUBMIT ALL FORMS 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.

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**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.

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**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. **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 plan 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.
What’s New This Year

**If you are a MEDICARE eligible GIC Retiree:**
- No benefit changes in GIC Medicare Plans

**If you are a 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, 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.
Is the **NON-MEDICARE** 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

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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

**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, PLUS

**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.
# Non-Medicare Health Insurance Rates

## Monthly GIC Product Rates Effective July 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>NON-MEDICARE RETIREES</th>
<th>NON-MEDICARE RETIREES</th>
<th>NON-MEDICARE RETIREES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retired on or before July 1, 1994 and SURVIVORS¹</td>
<td>Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009</td>
<td>who filed for retirement after October 1, 2009</td>
</tr>
<tr>
<td><strong>10%</strong></td>
<td><strong>15%</strong></td>
<td><strong>20%</strong></td>
<td></td>
</tr>
<tr>
<td>RETIREE/SURVIVOR</td>
<td>RETIREE</td>
<td>RETIREE</td>
<td></td>
</tr>
<tr>
<td>PAYS MONTHLY</td>
<td>PAYS MONTHLY</td>
<td>PAYS MONTHLY</td>
<td></td>
</tr>
<tr>
<td><strong>BASIC LIFE INSURANCE ONLY – $5,000 Coverage</strong></td>
<td><strong>$0.65</strong></td>
<td><strong>$0.98</strong></td>
<td><strong>$1.30</strong></td>
</tr>
</tbody>
</table>

### HEALTH INSURANCE PRODUCTS

(Premium includes Basic Life Insurance)

<table>
<thead>
<tr>
<th>PRODUCT CATEGORY</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC² (Comprehensive)</td>
<td>National Network</td>
<td>$167.15</td>
<td>$373.09</td>
<td>$222.65</td>
<td>$495.71</td>
<td>$278.15</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>National Network</td>
<td>$111.01</td>
<td>$245.24</td>
<td>$166.51</td>
<td>$367.86</td>
<td>$222.01</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>National Network</td>
<td>$72.77</td>
<td>$172.30</td>
<td>$109.16</td>
<td>$258.45</td>
<td>$145.54</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>Broad Network</td>
<td>$80.28</td>
<td>$195.12</td>
<td>$120.42</td>
<td>$292.68</td>
<td>$160.55</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td>Broad Network</td>
<td>$83.98</td>
<td>$203.25</td>
<td>$125.97</td>
<td>$304.87</td>
<td>$167.95</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>Regional Network</td>
<td>$92.05</td>
<td>$223.79</td>
<td>$138.08</td>
<td>$335.69</td>
<td>$184.10</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
<td>$59.87</td>
<td>$141.64</td>
<td>$89.81</td>
<td>$212.46</td>
<td>$119.74</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>Regional Network</td>
<td>$69.20</td>
<td>$178.97</td>
<td>$103.80</td>
<td>$268.46</td>
<td>$138.39</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>$55.71</td>
<td>$136.98</td>
<td>$83.58</td>
<td>$205.47</td>
<td>$111.43</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>Limited Network</td>
<td>$61.11</td>
<td>$146.30</td>
<td>$91.66</td>
<td>$219.45</td>
<td>$122.21</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td>Limited Network</td>
<td>$62.29</td>
<td>$156.25</td>
<td>$93.44</td>
<td>$234.38</td>
<td>$124.59</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice</td>
<td>Limited Network</td>
<td>$66.96</td>
<td>$169.76</td>
<td>$100.45</td>
<td>$254.65</td>
<td>$133.92</td>
</tr>
</tbody>
</table>

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct $0.65 from monthly “Retiree/Survivor Pays Monthly” premium.

2 CIC is an enrollee-pay-all benefit.
# Benefits-at-a-Glance: Non-Medicare Retirees

## NATIONAL NETWORK

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)</th>
<th>UNICARE STATE INDEMNITY PLAN/PLUS</th>
<th>TUFTS HEALTH PLAN NAVIGATOR</th>
<th>FALLON HEALTH SELECT CARE</th>
<th>HARVARD PILGRIM INDEPENDENCE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td><strong>INDEMNITY</strong></td>
<td><strong>PPO-TYPE</strong></td>
<td><strong>POS</strong></td>
<td><strong>HMO</strong></td>
<td><strong>POS</strong></td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual coverage</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family coverage</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Fiscal Year Deductible</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>Primary Care Provider Office Visit</td>
<td>$20 / visit</td>
<td>$15 / visit for Centered Care PCPs; $20 / visit for other PCPs</td>
<td>Tier 1: $10 / visit Tier 2: $20 / visit Tier 3: $40 / visit</td>
<td>$20 / visit</td>
<td>Tier 1: $10 / visit Tier 2: $20 / visit Tier 3: $40 / visit</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
</tr>
<tr>
<td>Specialist Physician Office Visit</td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
</tr>
<tr>
<td>Retail Clinic and Urgent Care Center</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$10 retail clinic / $20 urgent care</td>
</tr>
<tr>
<td>Outpatient Behavioral Health/Substance Use Disorder Care</td>
<td>$15 or $20 / visit</td>
<td>$15 / visit</td>
<td>$10 / visit</td>
<td>$20 / visit</td>
<td>$10 / visit</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td>Inpatient Hospital Care – Medical</td>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
<td>$275 / admission no tiering</td>
<td>$275 / admission $500 / admission $1,500 / admission</td>
<td>$275 / admission $500 / admission $1,500 / admission</td>
<td>$275 / admission $500 / admission $1,500 / admission</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye &amp; GI procedures at freestanding facilities in Massachusetts</td>
<td>$0</td>
<td>$0</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>All other in Massachusetts</td>
<td>$250</td>
<td>$110 / $110 / $250</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>High-Tech Imaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., MRL, CT &amp; PET scans)</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
<tr>
<td>Mail Order Maintenance Drugs (up to a 90-day supply)</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

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: Non-Medicare Retirees

<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>ALLWAYS HEALTH PARTNERS COMPLETE HMO</th>
<th>UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE</th>
<th>TUFTS HEALTH PLAN SPIRIT</th>
<th>FALLON HEALTH DIRECT CARE</th>
<th>HARVARD PILGRIM PRIMARY CHOICE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH NEW ENGLAND</td>
<td>HMO</td>
<td>PPO-TYPE</td>
<td>EPO (HMO-TYPE)</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>HMO</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>$400 / $800</td>
<td>$500 / $1,000</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
</tr>
<tr>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / visit (No Tier 3)</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
</tbody>
</table>

Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.

<table>
<thead>
<tr>
<th>$275 / admission no tiering</th>
<th>$275 / admission no tiering</th>
<th>$275 / admission no tiering</th>
<th>$275 / admission No Tier 3</th>
<th>$275 / admission No Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150</td>
<td>$150</td>
<td>$0</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>$250</td>
<td>$250</td>
<td>$110</td>
<td>$250</td>
<td>$250</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>$100 / scan</th>
<th>$100 / scan</th>
<th>$100 / scan</th>
<th>$100 / scan</th>
<th>$100 / scan</th>
</tr>
</thead>
</table>

Prescription Drug Deductible: $100 Individual / $200 Family

<table>
<thead>
<tr>
<th>$10 / $30 / $65</th>
<th>$10 / $30 / $65</th>
<th>$10 / $30 / $65</th>
<th>$10 / $30 / $65</th>
<th>$10 / $30 / $65</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

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
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, 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
### Monthly GIC Product Rates
**Effective July 1, 2020**

<table>
<thead>
<tr>
<th>MEDICARE RETIREES</th>
<th>MEDICARE RETIREES</th>
<th>MEDICARE RETIREES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired on or before July 1, 1994 and SURVIVORS(^1)</td>
<td>Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009</td>
<td>who filed for retirement after October 1, 2009</td>
</tr>
<tr>
<td>10%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>RETIREE/SURVIVOR PAYS MONTHLY</td>
<td>RETIREE PAYS MONTHLY</td>
<td>RETIREE PAYS MONTHLY</td>
</tr>
</tbody>
</table>

#### BASIC LIFE INSURANCE ONLY – $5,000 Coverage

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)</th>
<th>PRODUCT CATEGORY</th>
<th>PRODUCT TYPE</th>
<th>PER PERSON</th>
<th>PER PERSON</th>
<th>PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Health Plan Medicare Preferred</td>
<td>Medicare Advantage</td>
<td>HMO</td>
<td>$33.05</td>
<td>$49.58</td>
<td>$66.10</td>
</tr>
<tr>
<td>Tufts Health Plan Medicare Complement</td>
<td></td>
<td></td>
<td>$38.90</td>
<td>$58.36</td>
<td>$77.81</td>
</tr>
<tr>
<td>Harvard Pilgrim Medicare Enhance</td>
<td></td>
<td></td>
<td>$40.91</td>
<td>$61.37</td>
<td>$81.83</td>
</tr>
<tr>
<td>Health New England Medicare Supplement Plus</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$40.99</td>
<td>$61.49</td>
<td>$81.98</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) with CIC(^2) (Comprehensive)</td>
<td></td>
<td></td>
<td>$50.42</td>
<td>$70.13</td>
<td>$89.82</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)</td>
<td></td>
<td></td>
<td>$39.39</td>
<td>$59.10</td>
<td>$78.79</td>
</tr>
</tbody>
</table>

\(1\) Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct $0.65 from monthly “Retiree/Survivor Pays Monthly” premium.

\(2\) CIC is an enrollee-pay-all benefit.
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

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

### PRESCRIPTION DRUGS

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

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

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** for more information. Social Security will notify you if this applies to you.
Health Insurance Buy-Out

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 basic life insurance.

What is the Buy-Out Program?
Under the buy-out plan, eligible state retirees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:
State Retiree with UniCare State Indemnity Plan/Medicare Extension (OME) individual coverage:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Cost premium on July 1, 2020 (Monthly):</td>
<td>$387.44</td>
</tr>
<tr>
<td>12-month benefit = 25% of this premium</td>
<td></td>
</tr>
<tr>
<td>Retiree receives 12 payroll deposits or monthly checks of:*</td>
<td>$96.86</td>
</tr>
<tr>
<td>Yearly Earnings (12 monthly payments):*</td>
<td>$1,162.32</td>
</tr>
</tbody>
</table>

*subject to federal, Medicare, and state taxes

When to Enroll
There are two buy-out periods, and your reimbursement will be determined based on your product 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 and Deadline
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.

Questions?
1. 1.617.727.2310  
   1. bit.ly/gicbuyout
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). Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or optional life insurance.

- **Basic Life Insurance:** If you wish to keep your GIC health insurance coverage, you must keep $5,000 in basic life insurance.

- **Optional Life Insurance After Retirement:** If you make no change to your optional life coverage at retirement, you will be responsible for the retiree optional life insurance premium, which can be substantial. Optional life insurance rates significantly increase when you retire, and continue to increase based on your age. You may decrease, but cannot increase, your amount of life insurance after you retire. If you decrease your coverage and then later wish to increase it, the increased amount will be subject to proof of good health.

This coverage is called “term” insurance; this means there is no cash value associated with it. Optional life insurance premiums increase as you age. You can check the amount of your optional life insurance on your annual benefit statement.

Optional Life Insurance Non-Smoker Benefit

Retired state employees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2020. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. This benefit is only available for enrollment during the Annual Enrollment period. If this applies to you, the enrollment form is available on GIC’s website, bit.ly/gicforms. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

Optional Life Insurance Rates (Including AD&D)

<table>
<thead>
<tr>
<th>RETIRED STATE EMPLOYEE AGE</th>
<th>RETIREE SMOKER RATE Per $1,000 of Coverage</th>
<th>RETIREE NON-SMOKER RATE Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 70</td>
<td>$1.64</td>
<td>$1.29</td>
</tr>
<tr>
<td>70-74</td>
<td>$2.87</td>
<td>$2.24</td>
</tr>
<tr>
<td>75-79</td>
<td>$7.82</td>
<td>$5.97</td>
</tr>
<tr>
<td>80-84</td>
<td>$14.82</td>
<td>$11.30</td>
</tr>
<tr>
<td>85-89</td>
<td>$23.46</td>
<td>$17.91</td>
</tr>
<tr>
<td>90-94</td>
<td>$33.64</td>
<td>$27.23</td>
</tr>
<tr>
<td>95-99</td>
<td>$73.49</td>
<td>$59.46</td>
</tr>
<tr>
<td>100 and over</td>
<td>$140.90</td>
<td>$114.02</td>
</tr>
</tbody>
</table>

Questions?

1.617.727.2310  bit.ly/giclifeinsurancebooklet
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 the 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.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>RETIREE PAYS MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$29.82</td>
</tr>
<tr>
<td>Family</td>
<td>$71.82</td>
</tr>
</tbody>
</table>

For information, contact MetLife directly:

1.866.292.9990  metlife.com/gic
You are eligible to receive discounted vision care through Davis Vision. Discounts are available through almost 45,000 Davis Vision participating providers. Discounts are available on:

- Eye examinations
- Frames
- Eyeglasses
- Contact Lenses

All eyeglasses purchased through the Retiree Vision Discount Plan are covered by a two-year unconditional warranty against breakage. There is no monthly premium to use the program; you pay for the services at the discounted price when you need them. To participate, contact Davis Vision before you receive care.

**Eligibility**

To be eligible for this program, you must have GIC health coverage. Your family members are eligible only if they are covered under your GIC family health plan.

**For information, contact Davis Vision:**

- **1.800.224.1157**
- **davisvision.com** (client code: 7621)
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.
## Need More Help? Attend a Benefits Fair*

### BERKSHIRE COMMUNITY COLLEGE
- **FRIDAY, APRIL 10** 10:00 – 2:00 PM
- Paterson Field House
- 1350 West Street – PITTSFIELD

### UMASS AMHERST
- **MONDAY, APRIL 13** 11:00 – 3:00 PM
- Campus Center Auditorium
- 1 Campus Center Way – AMHERST

### HAMPDEN COUNTY SHERIFF’S DEPT.
- **TUESDAY, APRIL 14** 11:00 – 3:00 PM
- Hampden County Pre-Release Center
- 627 Randall Road – LUDLOW

### QUINSIGAMOND COMMUNITY COLLEGE
- **THURSDAY, APRIL 16** 11:00 – 3:00 PM
- Harrington Learning Ctr., Rooms 109 AB
- 670 West Boylston Street – WORCESTER

### SALEM STATE UNIVERSITY
- **SATURDAY, APRIL 18** 10:00 – 2:00 PM
- O’Keefe Sports Complex, Twohig Gymnasium
- 225 Canal Street – SALEM

### STATE TRANSPORTATION BUILDING
- **TUESDAY, APRIL 21** 11:00 – 3:00 PM
- 2nd Floor, Conference Rooms 1, 2, 3
- 10 Park Plaza – BOSTON

### MCCORMACK STATE OFFICE BUILDING
- **FRIDAY, APRIL 24** 10:00 – 3:00 PM
- 21st Floor
- One Ashburton Place – BOSTON

### MASS MARITIME ACADEMY
- **SATURDAY, APRIL 25** 10:00 – 2:00 PM
- Gymnasium
- 101 Academy Drive – BUZZARDS BAY

### WRENTHAM DEVELOPMENTAL CENTER
- **MONDAY, APRIL 27** 11:00 – 3:00 PM
- Graves Auditorium
- 7 Littlefield Road – WRENTHAM

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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*
Contact Information

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

<table>
<thead>
<tr>
<th>HEALTH INSURANCE CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td>allwayshealthpartners.org/gic-members</td>
</tr>
<tr>
<td>Fallon Health</td>
<td>1.866.344.4442</td>
<td>fallonhealth.org/gic</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.800.542.1499</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>healthnewengland.org/gic</td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td></td>
<td>Medicare Products: 1.888.333.0880</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare plans</td>
<td>1.800.442.9300</td>
<td>unicarestateplan.com</td>
</tr>
<tr>
<td>Non-Medicare plans</td>
<td>1.833.663.4176</td>
<td></td>
</tr>
<tr>
<td>Pharmacy Benefits Manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Express Scripts</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>SilverScript</td>
<td>1.877.876.7214</td>
<td>gic.silverscript.com</td>
</tr>
<tr>
<td>GIC Retiree MetLife Dental Plan</td>
<td>1.866.292.9990</td>
<td>metlife.com/gic</td>
</tr>
<tr>
<td>GIC Retiree Vision Discount Plan</td>
<td>1.800.224.1157</td>
<td>davisvision.com (client code: 7621)</td>
</tr>
<tr>
<td>Massachusetts State Retirement Board</td>
<td>1.617.367.7770</td>
<td>mass.gov/orgs/massachusetts-state-retirement-board</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>1.800.772.1213 or your local Social Security Office</td>
<td>ssa.gov</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.800.633.4227</td>
<td>medicare.gov</td>
</tr>
</tbody>
</table>
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

Commissioners
*Current as of March 2020.
For more information, visit 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. McAneny (Public Member)
Melissa Murphy-Rodrigues (Massachusetts Municipal Association)
Anna Sinaiko, MPP, PhD (Health Economist)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers’ Association)