Your Annual Enrollment Checklist

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

- REVIEW THIS GUIDE TO IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS THE BEST FOR YOU.
  
  **TIP:** Use the non-Medicare and Medicare locator map on pages 5 and 9 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 and 10 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.)


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


If you make no changes, your current health benefits will remain in place at the new rates effective July 1, 2021.

---

**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](http://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 NOW DIGITAL!**

The GIC is always looking for new ways to connect with you.

You can access your guide at [mass.gov/gic](http://mass.gov/gic).

---
What’s New This Year

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:

- **New in FY22—Three no-cost behavioral health telehealth visits per member**
  Starting on July 1, 2021, for all non-Medicare health plans, each covered member will be eligible for three no-cost in-network behavioral health telehealth visits per year. This includes behavioral telehealth care you receive from a traditional provider.
- Check with your carrier to see if your provider is still in the network. See page 15 for carrier contact information.
- COVID-19 vaccines are covered under your Express Scripts benefit.

GO DIGITAL!

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

- 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, 2021

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**

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>PRODUCT TYPE</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC</td>
<td>National Network</td>
<td>Indemnity</td>
<td>$1,204.17</td>
<td>$2,674.11</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td></td>
<td></td>
<td>$1,143.57</td>
<td>$2,536.14</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>Broad Network</td>
<td>PPO-Type</td>
<td>$781.99</td>
<td>$1,866.72</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td></td>
<td>POS</td>
<td>$836.65</td>
<td>$2,045.93</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td></td>
<td>HMO</td>
<td>$862.99</td>
<td>$2,100.58</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td></td>
<td>POS</td>
<td>$964.26</td>
<td>$2,356.13</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
<td>HMO</td>
<td>$630.33</td>
<td>$1,504.45</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td></td>
<td></td>
<td>$767.96</td>
<td>$2,005.69</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>PPO-Type</td>
<td>$593.83</td>
<td>$1,475.84</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td></td>
<td>HMO-Type</td>
<td>$638.72</td>
<td>$1,541.91</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td></td>
<td>HMO</td>
<td>$637.52</td>
<td>$1,611.71</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td></td>
<td>HMO</td>
<td>$697.95</td>
<td>$1,781.96</td>
</tr>
</tbody>
</table>

### Medicare Health Insurance Products

**Check pages 9-11 for product details**

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PRODUCT CATEGORY</th>
<th>PRODUCT TYPE</th>
<th>PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Health Plan Medicare Preferred</td>
<td>Medicare Advantage</td>
<td>HMO</td>
<td>$332.70</td>
</tr>
<tr>
<td>Tufts Health Plan Medicare Complement</td>
<td></td>
<td></td>
<td>$392.59</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$408.84</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)</td>
<td></td>
<td></td>
<td>$397.12</td>
</tr>
<tr>
<td>Harvard Pilgrim Medicare Enhance</td>
<td></td>
<td></td>
<td>$413.42</td>
</tr>
<tr>
<td>Health New England Medicare Supplement Plus</td>
<td></td>
<td></td>
<td>$414.18</td>
</tr>
</tbody>
</table>
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.

**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

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

**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

*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

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>NATIONAL NETWORK</th>
<th>BROAD NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICARE STATE INDEMNITY PLAN/BASIC with CIC (Comprehensive)</td>
<td>UNICARE STATE INDEMNITY PLAN/PLUS</td>
</tr>
<tr>
<td><strong>PRODUCT TYPE</strong></td>
<td>INDEMNITY</td>
<td>PPO-TYPE</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Out-of-pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual coverage</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family coverage</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Fiscal Year Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td><strong>Primary Care Provider Office Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / visit</td>
</tr>
<tr>
<td>Retail Clinic and Urgent Care Center</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Outpatient Behavioral Health/Substance Use Disorder Care</td>
<td>$15 or $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>
</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></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$275 / admission no tiering</td>
<td>$275 / admission</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$500 / admission</td>
<td>$500 / admission</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$1,500 / admission</td>
<td>$1,500 / admission</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye &amp; GI procedures at freestanding facilities in Massachusetts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>All other in Massachusetts</td>
<td>$250</td>
<td>$110 / $110 / $250</td>
</tr>
<tr>
<td>High-Tech Imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., MRI, CT &amp; PET scans)</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Prescription Drug Deductible: $100 Individual / $200 Family</td>
<td></td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</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></td>
<td></td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</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: ACTIVE & NON-MEDICARE

<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></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<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>
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<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>
</tbody>
</table>

Most covered at 100% – no copay

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

<table>
<thead>
<tr>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$275 / admission</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
</tr>
<tr>
<td>no tiering</td>
<td>no tiering</td>
<td>no tiering</td>
<td>no tiering</td>
<td>no tiering</td>
<td>no tiering</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150</td>
<td>$150</td>
<td>$0</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>$250</td>
<td>$250</td>
<td>$110</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
</tbody>
</table>

Prescription Drug Deductible: $100 Individual / $200 Family

<table>
<thead>
<tr>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<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>
<td>$10 / $30 / $65</td>
</tr>
<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>
<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 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.

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

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)
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.

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>MEDICARE ADVANTAGE</th>
<th>MEDICARE SUPPLEMENT</th>
<th>UNICARE STATE INDEMNITY PLAN</th>
<th>HARVARD PILGRIM MEDICARE ENHANCE</th>
<th>HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TUFTS HEALTH PLAN</td>
<td>TUFTS HEALTH PLAN</td>
<td>COMPLEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MEDICARE PREFERRED</td>
<td>MEDICARE COMPLEMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRODUCT TYPE</td>
<td>HMO</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
<td>INDEMNITY</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Preventive Care Office visits according to health plan’s schedule</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Physician’s Office Visit (except behavioral health)</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
<td>$10 per visit</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Retail Clinic</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
<td>$10 per visit</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Outpatient Behavioral Health / Substance Abuse Disorder Care</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
<td>First 4 visits: no copay; visits 5 and over: $10 per visit</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Diagnostic Laboratory Tests and X-Rays</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Surgery Inpatient and Outpatient</td>
<td>No Copay</td>
<td>No Copay</td>
<td>No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare</td>
<td>No Copay</td>
<td>No Copay</td>
</tr>
<tr>
<td>Emergency Room Care (includes out-of-area)</td>
<td>$50 per visit (waived if admitted)</td>
<td>$50 per visit (waived if admitted)</td>
<td>$50 per visit (waived if admitted)</td>
<td>$50 per visit (waived if admitted)</td>
<td>$50 per visit (waived if admitted)</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>First $500 covered at 100%: 80% coverage for the next $1,200 per person, per two-year period</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th>Retail</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>(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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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>

* 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](http://medicare.gov) for more information. Social Security will notify you if this applies to you.
Have You Had Any Personal or Family Information Changes?

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
- Death of a covered spouse, dependent or beneficiary
- You have GIC COBRA coverage and become eligible for other coverage

Questions?

1. 1.617.727.2310, TDD/TTY 711
2. 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. 1.844.263.1982
   TTY Support: 711 +1.844.263.1982
   Substance Use Treatment Helpline: 1.855.780.5955

liveandworkwell.com; enter access code mass4you
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 Ashland
- Town of Bedford
- Town of Brookline
- Town of Holbrook
- Town of Marblehead
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Athol Roylston School District
- 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.

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>RETIREE PAYS MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$28.41</td>
</tr>
<tr>
<td>Family</td>
<td>$68.44</td>
</tr>
</tbody>
</table>

MONTHLY GIC PLAN RATES – EFFECTIVE JULY 1, 2021  
Includes 0.35% Administrative Fee  
$1,250 Maximum Annual Benefit per Member

For information, contact MetLife:

- **1.866.292.9990**
- **metlife.com/gicbenefits**
For information on eligibility and links to sign up for a COVID-19 vaccination, please visit mass.gov/covid-19-vaccine.

Vaccinations are covered at NO COST to GIC members.

Members with non-Medicare GIC health insurance should provide their Express Scripts prescription card for billing administration.

For GIC members with Medicare, the COVID-19 vaccine will be covered by Medicare Part B.

If you have further questions about your eligibility or which vaccine is most appropriate for you, please consult your primary care provider.
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>1.866.874.0817</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></td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.800.442.9300</td>
<td>unicaremass.com</td>
</tr>
<tr>
<td>Medicare plans</td>
<td>1.833.663.4176</td>
<td></td>
</tr>
<tr>
<td>Non-Medicare plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Benefits Manager</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>Express Scripts</td>
<td>1.877.876.7214</td>
<td>gic.silverscript.com</td>
</tr>
<tr>
<td>SilverScript</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>1.877.355.6277</td>
<td>metlife.com/gicbenefits</td>
</tr>
<tr>
<td>GIC Retiree MetLife Dental Plan</td>
<td>1.866.292.9990</td>
<td>metlife.com/gicbenefits</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 02114

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 2021.
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)
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Tamara P. Davis (Public Member)
Gerzino Guirand (Council 93, AFSCME, AFL-CIO)
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Joseph Gentile (AFL-CIO, Public Safety Member)
Patricia Jennings (Public Member)
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