



Commonwealth of Massachusetts  
Group Insurance Commission

# 2021-2022 OVERVIEW

KNOW YOUR GIC BENEFITS

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



**ANNUAL ENROLLMENT:  
APRIL 7 - MAY 5, 2021**

Benefits and rates effective **July 1, 2021**

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





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](https://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.)

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

**SUBMIT ALL FORMS TO THE GIC NO LATER THAN MAY 5, 2021.** You may request and submit forms online using myGICLink ([bit.ly/mygiclink](https://bit.ly/mygiclink)). Forms are also available in PDF on the GIC website ([bit.ly/gicforms](https://bit.ly/gicforms)). Changes go into effect July 1, 2021.

If you wish to keep your current coverage, no action is needed. Your coverage continues 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/gicliferevents](https://bit.ly/gicliferevents).
- 3. 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.
- 4. 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.
- 5. 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](https://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 19 for carrier contact information.
- COVID-19 vaccines are covered under your Express Scripts benefit.

### Other Benefits

- As of July 1, 2021, MetLife will be the GIC's insurance carrier for Life and Accidental Death & Dismemberment, in addition to continuing as our Dental carrier. More information can be found on page 16.



## 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](https://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, 2021

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 <sup>1</sup>		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 <sup>2</sup> (Comprehensive)	National Network	\$174.35	\$390.22	\$231.33	\$516.58
UniCare State Indemnity Plan/ Basic <i>without</i> CIC		\$113.96	\$252.73	\$170.94	\$379.09
UniCare State Indemnity Plan/ PLUS	Broad Network	\$77.93	\$186.02	\$116.89	\$279.03
Tufts Health Plan Navigator		\$83.37	\$203.88	\$125.06	\$305.82
Fallon Health Select Care		\$86.00	\$209.33	\$129.00	\$313.99
Harvard Pilgrim Independence Plan		\$96.09	\$234.79	\$144.14	\$352.19
Health New England	Regional Network	\$62.81	\$149.92	\$94.22	\$224.88
AllWays Health Partners Complete HMO		\$76.53	\$199.87	\$114.79	\$299.80
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$59.18	\$147.07	\$88.76	\$220.60
Tufts Health Plan Spirit		\$63.65	\$153.65	\$95.47	\$230.48
Fallon Health Direct Care		\$63.53	\$160.61	\$95.30	\$240.91
Harvard Pilgrim Primary Choice Plan		\$69.55	\$177.57	\$104.33	\$266.36

<sup>1</sup> Survivors are not eligible for life insurance.

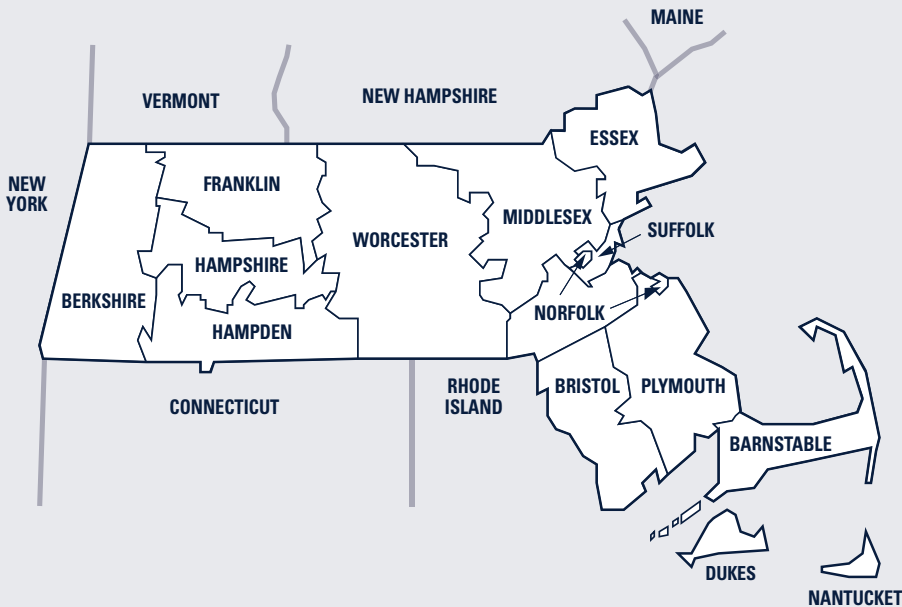
<sup>2</sup> CIC is an enrollee-pay-all benefit.

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



	NATIONAL NETWORK	BROAD NETWORK			
HEALTH INSURANCE PRODUCTS	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
<b>PRODUCT TYPE</b>	INDEMNITY	PPO-TYPE	POS	HMO	POS
<b>PCP Designation Required?</b>	No	No	Yes	Yes	Yes
<b>PCP Referral to Specialist Required?</b>	No	No	Yes	Yes	Yes
<b>Out-of-pocket Maximum</b>					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>					
Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
<b>Primary Care Provider Office Visit</b>	\$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
<b>Preventive Services</b>	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
<b>Specialist Physician Office Visit</b>	\$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					
<b>Retail Clinic and Urgent Care Center</b>	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
<b>Outpatient Behavioral Health/Substance Use Disorder Care</b>	\$15 or \$20 / visit	\$15 / visit	\$10 / visit	\$20 / visit	\$10 / visit
<b>Emergency Room Care</b>	\$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)
<b>Inpatient Hospital Care - Medical</b>	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
<b>Outpatient Surgery</b>					
<b>Eye &amp; GI procedures at freestanding facilities in Massachusetts</b>	\$0	\$0	\$150	\$150	\$150
<b>All other in Massachusetts</b>	\$250	\$110 / \$110 / \$250	\$250	\$250	\$250
<b>High-Tech Imaging</b>	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
<b>Prescription Drugs</b>	Prescription Drug Deductible: \$100 Individual / \$200 Family				
<b>Retail (up to a 30-day supply)</b>	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Tier 1 / Tier 2 / Tier 3					
<b>Mail Order Maintenance Drugs (up to a 90-day supply)</b>	\$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](http://mass.gov/gic).

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



REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission no tiering	\$275 / admission no tiering	\$275 / admission no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission no tiering	\$275 / admission \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150	\$150
\$250	\$250	\$110	\$250	\$250	\$250
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family					
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products.

Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance products.

# Non-Medicare Prescription Drug Benefits



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

## Prescription Drug Deductible

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

## Drug Copays

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

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

Covered drugs may change when ESI updates its drug formulary.

## Questions?



1.855.283.7679



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





# Medicare Health Insurance Rates



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2021

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 <sup>1</sup>	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	\$33.15	\$49.73
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$39.12	\$58.68
Harvard Pilgrim Medicare Enhance			\$41.20	\$61.80
Health New England Medicare Supplement Plus			\$41.27	\$61.91
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <sup>2</sup> (Comprehensive)			\$51.25	\$71.04
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)			\$39.57	\$59.36

<sup>1</sup> Survivors are not eligible for life insurance.

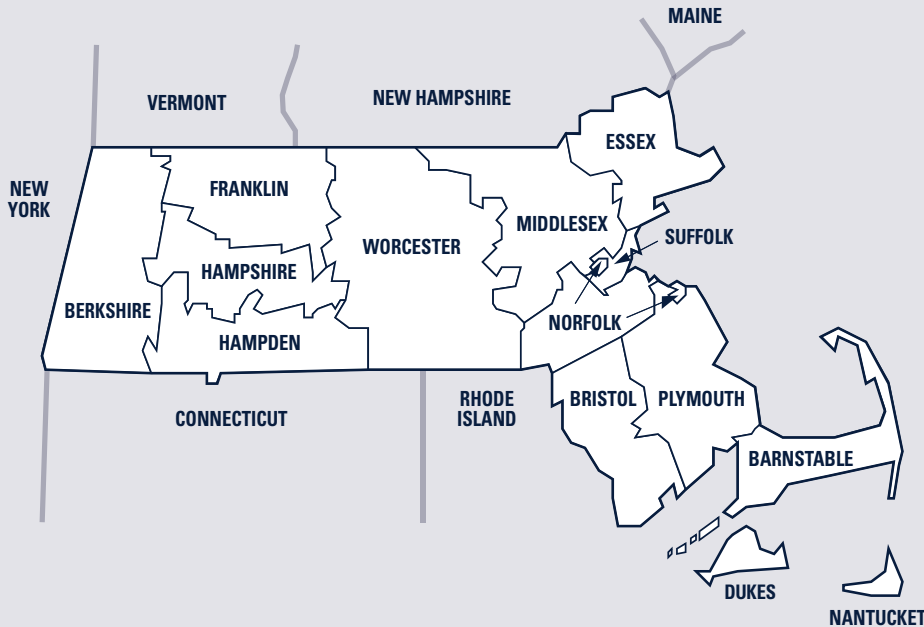
<sup>2</sup> CIC is an enrollee-pay-all benefit.

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
<b>PRODUCT TYPE</b>	<b>HMO</b>	<b>INDEMNITY</b>	<b>INDEMNITY</b>	<b>INDEMNITY</b>	<b>INDEMNITY</b>
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				
<b>PRESCRIPTION DRUGS</b>					
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](http://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
- 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](https://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.**



# Health Insurance Buy-Out (RMTs ONLY)



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, 2021 (Monthly):	\$395.73
12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 payroll deposits or monthly checks of:	\$98.93
Yearly Earnings (12 monthly payments):*	\$1,187.16

*\*subject to federal, Medicare, and state taxes*

## When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on the GIC product you are enrolled in at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2021 or before and continue your coverage through June 30, 2021, you may apply to buy out your health plan coverage effective July 1, 2021, during Annual Enrollment.
- **October 4 – October 29, 2021:** If you are insured with the GIC on July 1, 2021 or before, and continue your coverage through December 31, 2021, you may apply to buy out your health plan coverage effective January 1, 2022. The enrollment period for this buy-out is October 4 – October 29, 2021.

## Form Submission

Submit your completed form no later than May 5, 2021 for the July 1, 2021 buy-out or October 29, 2021 for the January 1, 2022 buy-out.

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

 1.617.727.2310

 [bit.ly/gicbuyout](https://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	\$28.41
Family	\$68.44

For information, contact MetLife directly:

 1.866.292.9990

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



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

Insured by MetLife, 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:**



1.877.355.6277



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





# Retired Municipal Teacher (RMT) Life Insurance Rates

## Monthly GIC Plan Rates Effective July 1, 2021

BASIC LIFE INSURANCE		CITY/TOWN/SCHOOL DISTRICT (SD)	RMT PAYS MONTHLY
<b>Basic Life: \$1,000 Coverage</b>			\$0.76
Blackstone Valley Regional SD	Newbury	Plainville	
Bridgewater	Paxton	Salisbury	
Granby	Pioneer Valley Regional SD	Wilbraham	
Narragansett Regional SD			
<b>Basic Life: \$2,000 Coverage</b>			\$0.76
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	
<b>Basic Life: \$4,000 Coverage</b>			\$1.52
Rockport			
<b>Basic Life: \$5,000 Coverage</b>			\$1.90
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	
<b>Basic Life: \$10,000 Coverage</b>			\$3.80
Braintree			

# COVID-19 Vaccine Information



For information on eligibility and links to sign up for a COVID-19 vaccination, please visit [mass.gov/covid-19-vaccine](https://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.





## 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	1.866.874.0817	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488 <b>Medicare Products:</b> 1.888.333.0880	tuftshealthplan.com/gic
UniCare State Indemnity Plan Medicare plans Non-Medicare plans	1.800.442.9300 1.833.663.4176	unicaremass.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	1.877.355.6277	metlife.com/gicbenefits
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gicbenefits
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 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](https://www.mass.gov/gic)**

### Commissioners

\*Current as of March 2021.

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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