



Commonwealth of Massachusetts  
Group Insurance Commission

# 2022–2023 BENEFITS OVERVIEW

JULY 1, 2022 – JUNE 30, 2023

COMMONWEALTH  
OF MASSACHUSETTS  
**RETIRED MUNICIPAL  
TEACHERS (RMT)  
AND  
ELDERLY GOVERNMENT  
RETIREES (EGR)**



**ANNUAL ENROLLMENT:  
APRIL 6 – MAY 4, 2022**

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



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You can access your guide throughout the year at

**[mass.gov/GIC](https://mass.gov/GIC)**

## REVIEW THIS GUIDE TO IDENTIFY WHICH BENEFITS ARE OFFERED AND WHICH ONES ARE BEST FOR YOU.

The GIC strongly encourages members to actively shop and evaluate different coverage options. However, if after doing so you wish to keep your current GIC benefits, no action is required and your benefits will remain in place at the new rates effective July 1, 2022.

If you are a Fallon Health member, we strongly encourage you to select a new health plan. Please review page 3 for more information.



## IMPORTANT REMINDERS



- 1. SUBMIT ALL CHANGES NO LATER THAN MAY 4, 2022.**
- 2.** Check with your health and other insurance carriers about any plan or tier changes. This includes questions about network coverage, providers, drug tiers, or wellness benefits.
- 3. TURNING 65?** Visit **[bit.ly/GIC65Enrollment](https://bit.ly/GIC65Enrollment)** for a video to guide you through the next steps, whether you're retiring or not.
- 4.** Doctors and hospitals within your network may change during the year. If your provider is no longer available, your health insurance carrier will help you find a new one. Your doctor or hospital leaving a network is not a qualifying event to change health plans.
- 5.** When checking provider coverage and tiers, be sure to specify the health insurance plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," not just "Tufts Health Plan." Your health insurance carrier is the best source for this information.
- 6.** You may only enroll in or change your health plan election during GIC's annual enrollment or within 60 days of a qualifying status change event. For a complete list of qualifying events, visit **[bit.ly/MassGICQualifyingEvents](https://bit.ly/MassGICQualifyingEvents)**.





## Fallon Health Members:

Fallon Health made the decision to stop offering insurance to commercial customers, including the GIC. As a result, the GIC will no longer be able to offer Fallon Direct or Fallon Select health plans beginning July 1, 2022.

We strongly encourage you to review your options and **choose a new health plan** during GIC's Annual Enrollment for health coverage effective July 1, 2022.

**NOTE:** If you do not select a new health plan by May 4th, 2022, you will be enrolled in the UniCare PLUS health plan effective July 1, 2022. Please review this guide to ensure that this plan meets all of your needs.



## If you are a NON-MEDICARE Retiree:

- Starting July 1, 2022, each child and adolescent covered member will have access to expanded behavioral health benefits. These benefits include in-home behavioral services, family support and training, in-home therapy, therapeutic monitoring, mobile crisis intervention, intensive care coordination, community-based acute treatment, and intensive community-based acute treatment.
- COVID-19 vaccines, including booster vaccines, are covered under Express Scripts.

## Have You Experienced Any of These Qualifying Events?

- Marriage
- Legal separation, divorce or remarriage of you or your former spouse
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Death of a covered spouse, dependent or beneficiary
- You have GIC COBRA coverage and become eligible for other coverage

If you have experienced any of these qualifying events, you must notify the GIC within 60 days of your event. Failure to do so can result in financial liability to you.

**QUESTIONS?**  
CONTACT THE GIC



[bit.ly/MassGICQualifyingEvents](https://bit.ly/MassGICQualifyingEvents)



1.617.727.2310, TDD/TTY 711

# Health Insurance Plan Rates (Non-Medicare)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2022

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 14.
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 PLANS	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with CIC</i> <sup>2</sup> ( <i>Comprehensive</i> )	National Network	\$165.37	\$370.32	\$224.19	\$500.83
UniCare State Indemnity Plan/Basic <i>without CIC</i>		\$106.88	\$237.14	\$165.70	\$367.65
UniCare State Indemnity Plan/PLUS	Broad Network	\$80.90	\$193.30	\$121.34	\$289.94
Tufts Health Plan Navigator		\$88.85	\$217.66	\$133.27	\$326.49
Harvard Pilgrim Independence Plan		\$103.29	\$252.71	\$154.94	\$379.06
Health New England	Regional Network	\$66.77	\$159.73	\$100.16	\$239.60
AllWays Health Partners Complete HMO		\$84.19	\$220.50	\$126.29	\$330.75
UniCare State Indemnity Plan/Community Choice	Limited Network	\$62.20	\$154.88	\$93.29	\$232.31
Tufts Health Plan Spirit		\$67.37	\$162.97	\$101.06	\$244.45
Harvard Pilgrim Primary Choice Plan		\$74.45	\$190.39	\$111.67	\$285.58

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

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

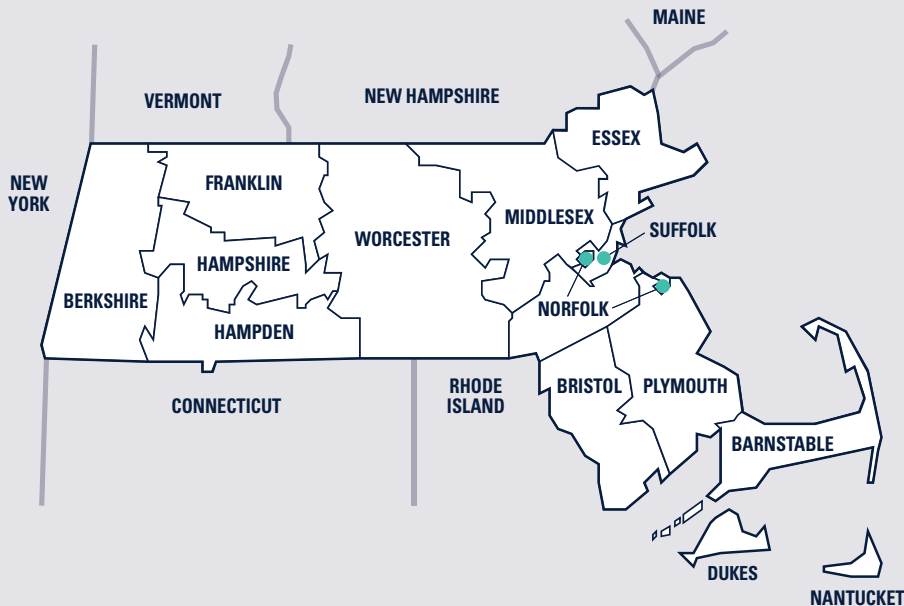
Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310, TDD/TTY 711



# Health Insurance Plan Locator Map (Non-Medicare)



Where you live determines which health insurance plan you may enroll in.



The **BOLD** text is a shortened version of the full plan name. These names are used to indicate which plan is available in each county.

**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

## BARNSTABLE

Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## BERKSHIRE

Independence, Primary Choice, HNE, Navigator, Spirit\*, Basic, Community Choice, PLUS

## BRISTOL

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## DUKES

Independence, AllWays Complete, Navigator, Basic, PLUS

## ESSEX

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## FRANKLIN

Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

## HAMPDEN

Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

## HAMPSHIRE

Independence, Primary Choice, HNE, Navigator, Spirit\*, Basic, PLUS, Community Choice

## MIDDLESEX

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## NANTUCKET

Independence, AllWays Complete, Navigator, Basic, PLUS

## NORFOLK

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## PLYMOUTH

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## SUFFOLK

Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

## WORCESTER

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 plan 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

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 which doctors and hospitals participate.

# Benefits-at-a-Glance (Non-Medicare)



## HEALTH INSURANCE PLANS

	NATIONAL NETWORK	BROAD NETWORK		
	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	HARVARD PILGRIM INDEPENDENCE PLAN
PLAN TYPE	INDEMNITY	PPO-TYPE	POS	POS
PCP Designation Required?	No	No	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes
Out-of-pocket Maximum Individual / Family coverage	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Fiscal Year Deductible Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3	\$30 / \$60 / \$60 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
Outpatient Behavioral Health/ Substance Use Disorder Care	\$15 or \$20 / visit	\$15 / visit	\$10 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.			
Tier 1 / Tier 2 / Tier 3	\$275 / admission no tiering	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission
Outpatient Surgery				
Eye & GI procedures at freestanding facilities in Massachusetts	\$0	\$0	\$150	\$150
All other in Massachusetts	\$250	\$110 / \$110 / \$250	\$250	\$250
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.			
(e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drugs	Prescription Drug Deductible: \$100 Individual / \$200 Family			
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
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

## 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.

# Benefits-at-a-Glance (Non-Medicare)



REGIONAL NETWORK		LIMITED NETWORK		
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO
Yes	Yes	No	No	Yes
No	Yes	No	No	Yes
\$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
\$20 / visit	\$20 / visit	\$15 / visit for Cent- ered Care PCPs; \$20 / visit for other PCPs	\$20 / 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
\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$15 / visit	\$20 / 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)
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 / \$500 / admission No Tier 3	\$275 / \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150
\$250	\$250	\$110	\$250	\$250
Maximum one copay per day. Contact the carrier for details.				
\$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
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

You pay both a copay and a deductible for some services.  
For details, see your plan's schedule of benefits at [mass.gov/GIC](https://www.mass.gov/GIC).

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans.  
Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.

# Health Insurance Plan Rates (Medicare)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2022

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 14.
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 PLANS	PLAN CATEGORY	PLAN TYPE	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$34.44	\$51.66
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$40.48	\$60.72
Harvard Pilgrim Medicare Enhance			\$42.27	\$63.41
Health New England Medicare Supplement Plus			\$42.90	\$64.35
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <sup>2</sup> (Comprehensive)			\$47.63	\$67.67
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)			\$36.41	\$56.45

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

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

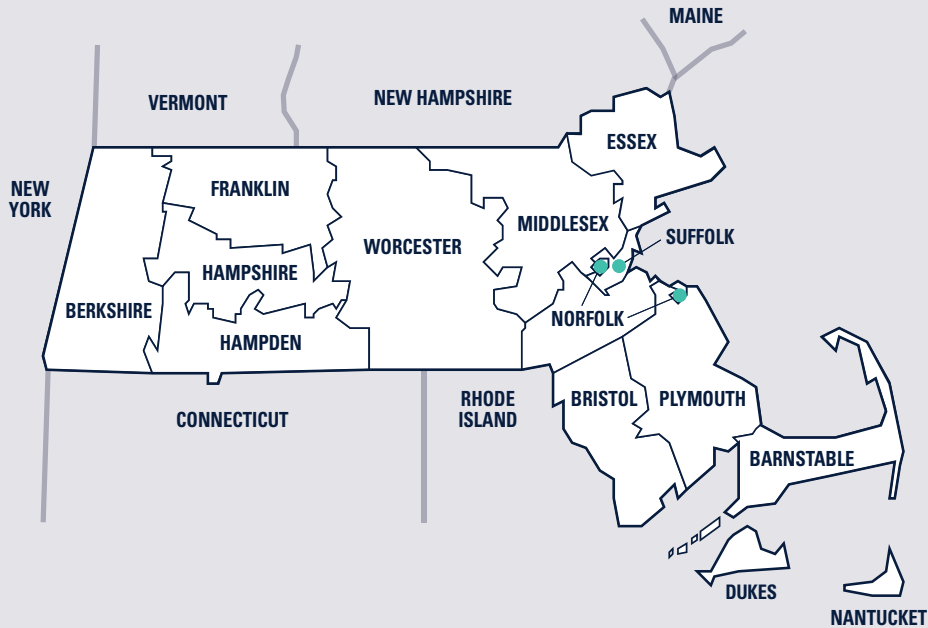
Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310, TDD/TTY 711



# Health Insurance Plan Locator Map (Medicare)



Where you live determines which health insurance plan you may enroll in.



The **BOLD** text is a shortened version of the full plan name. These names are used to indicate which plan 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)

## **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)



HEALTH INSURANCE PLANS	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
PLAN TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY	INDEMNITY
PCP Designation Required?	Yes	No	No	No	No
PCP Referral to Specialist Required?	Yes	No	No	No	No
Calendar Year Deductible	None	None	None	None	None
Preventive Care Office visits according to health plan's schedule	No Copay	No Copay	No Copay	No Copay	No Copay
Physician's Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit	\$15 per visit	\$15 per visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	No Copay	No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare	No Copay	No Copay
Emergency Room Care (includes out-of-area)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period				
PRESCRIPTION DRUGS					
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

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 plans' documents. With the exception of emergency care, out-of-network benefits are not covered through the Tufts Medicare Advantage Plan.

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



## Non-Medicare

Express Scripts (ESI) administers the GIC prescription drug benefit for non-Medicare health insurance plans. 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.

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

Covered prescription drugs may change when ESI updates its drug formulary.

### 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.

### QUESTIONS? CONTACT EXPRESS SCRIPTS



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



1.855.283.7679

## Medicare

CVS SilverScript administers the prescription drug benefit for all GIC Medicare health insurance plans. 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.

### Prescription Drug Copays

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

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

### QUESTIONS? CONTACT CVS SILVERSCRIPT



[gic.silverscript.com](https://gic.silverscript.com)



1.877.876.7214

### IMPORTANT

### Medicare Part D Prescription Drug Coverage

- **Do not enroll in a non-GIC Medicare Part D plan.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D plan, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.
- A "Notice of Creditable Coverage" is located in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you must show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit [medicare.gov](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.

# Health Insurance Buy-Out (Retired Municipal Teacher RMT)



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, 2022 (Monthly):	\$400.81
12-month benefit =	25% of this premium

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Employee receives 12 payroll deposits or monthly checks of:	\$100.20
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Yearly Earnings (12 monthly payments):*	\$1,202.40
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*\*subject to federal, Medicare, and state taxes*

## Submit Your Buy-Out Application

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

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2022 or before and continue your coverage through June 30, 2022, you may apply to buy out your health plan coverage effective July 1, 2022, during Annual Enrollment.
- **October 3 – October 28, 2022:** If you are insured with the GIC on July 1, 2022 or before, and continue your coverage through December 31, 2022, you may apply to buy out your health plan coverage effective January 1, 2023. The enrollment period for this buy-out is October 3 – October 28, 2022.

The deadline for submission is May 4, 2022 for the July 1, 2022 buy-out or October 28, 2022 for the January 1, 2023 buy-out.

**QUESTIONS?**  
CONTACT THE GIC



[bit.ly/GICHealthBuyout](https://bit.ly/GICHealthBuyout)



1.617.727.2310, TDD/TTY 711

# 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.**

COVERAGE TYPE	MONTHLY GIC RETIREE DENTAL PLAN RATES \$1,250 Maximum Annual Benefit per Member	
	RETIREE PAYS MONTHLY	
Single	\$28.79	
Family	\$69.36	

**QUESTIONS?**  
CONTACT METLIFE



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



1.866.292.9990

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

Life and AD&D insurance, offered by MetLife, 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.**

**QUESTIONS?**  
CONTACT METLIFE



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



1.877.355.6277



# Life Insurance Rates (Retired Municipal Teacher RMT)

## Monthly GIC Plan Rates Effective July 1, 2022

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

# Resources & Contact Information



## CONTACT YOUR HEALTH INSURANCE CARRIERS FOR:

- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- Tele-health options that are offered
- Fitness and wellness programs offered



## INFORMATION ABOUT COVID-19

Since federal and state mandates are changing frequently in response to the ongoing COVID-19 pandemic, please visit [bit.ly/GIC-covid19](https://bit.ly/GIC-covid19) for the latest information.

HEALTH INSURANCE PLAN CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	<a href="https://allwayshealthpartners.org/gic-members">allwayshealthpartners.org/gic-members</a>
Harvard Pilgrim Health Care	1.866.874.0817	<a href="https://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a>
Health New England	1.800.842.4464	<a href="https://healthnewengland.org/gic">healthnewengland.org/gic</a>
Tufts Health Plan	1.800.870.9488 Medicare Plans: 1.888.333.0880	<a href="https://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a>
UniCare State Indemnity Plan Medicare plans Non-Medicare plans	1.800.442.9300 1.833.663.4176	<a href="https://unicaremass.com">unicaremass.com</a>
PHARMACY BENEFITS		
Express Scripts	1.855.283.7679	<a href="https://express-scripts.com/gicRx">express-scripts.com/gicRx</a>
CVS SilverScript	1.877.876.7214	<a href="https://gic.silverscript.com">gic.silverscript.com</a>
OTHER BENEFITS		
Life/AD&D Insurance	1.877.355.6277	<a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a>
GIC Retiree MetLife Dental Plan	1.866.292.9990	<a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a>
Massachusetts Teachers' Retirement System	1.617.679.6877	<a href="https://mtrs.state.ma.us">mtrs.state.ma.us</a>
Social Security Administration	1.800.772.1213 or your local Social Security Office	<a href="https://ssa.gov">ssa.gov</a>
Medicare	1.800.633.4227	<a href="https://medicare.gov">medicare.gov</a>
ADDITIONAL RESOURCES		
Annual Enrollment		<a href="https://bit.ly/GICenrollment">bit.ly/GICenrollment</a>
Qualifying Events for GIC Coverage		<a href="https://bit.ly/MassGICQualifyingEvents">bit.ly/MassGICQualifyingEvents</a>
Retirement & GIC Benefits		<a href="https://bit.ly/GICretirement">bit.ly/GICretirement</a>
GIC COVID-19 Information		<a href="https://bit.ly/GIC-covid19">bit.ly/GIC-covid19</a>



**Commonwealth of Massachusetts  
Group Insurance Commission**

1 Ashburton Place, Suite 1619  
Boston, MA 02108

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## COMMONWEALTH OF MASSACHUSETTS GROUP INSURANCE COMMISSION

Charles D. Baker, Governor  
Karyn Polito, Lieutenant Governor

Matthew Veno, Executive Director  
Group Insurance Commission  
John W. McCormack Building  
1 Ashburton Place, Suite 1619  
Boston, MA 02108



**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://mass.gov/GIC)**

### Commissioners

\*Current as of March 2022.

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