



Commonwealth of Massachusetts
Group Insurance Commission

2022-2023 BENEFITS OVERVIEW

JULY 1, 2022 – JUNE 30, 2023

COMMONWEALTH OF MASSACHUSETTS **RETIREES & SURVIVORS**



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

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).



What's New This Year



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 MEDICARE eligible Retiree:

- No benefit changes in GIC Medicare Plans

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.

RETIREES:

In order to provide an efficient process for members to view and manage their benefits, the GIC is launching MyGICLink, a new member benefits portal coming this Fall!

Please be sure the GIC has your up-to-date email address in order to gain access to the MyGICLink member benefits portal by visiting bit.ly/MyGICLinkOnlineForms



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

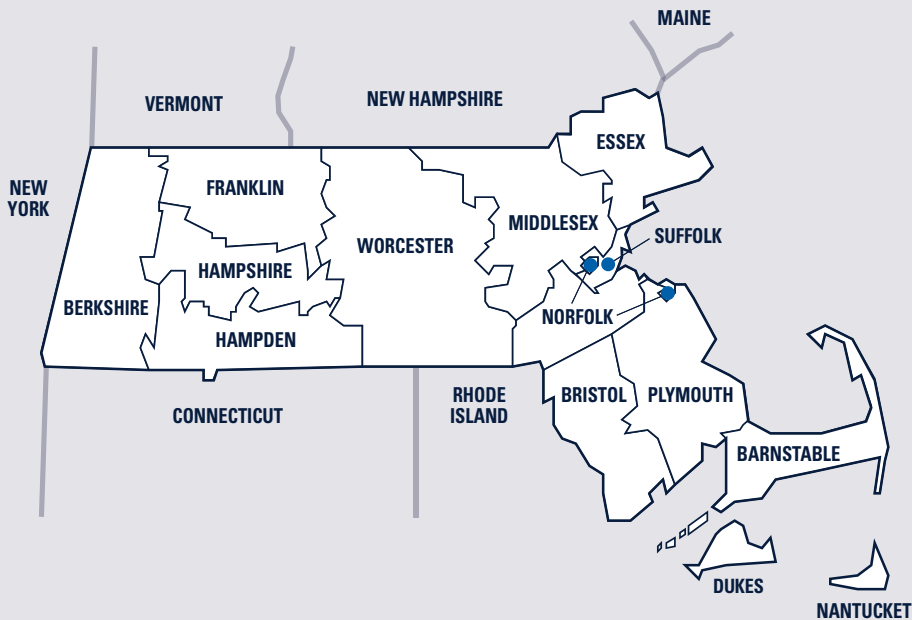


1.617.727.2310, TDD/TTY 711

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.

Health Insurance Plan Rates (Non-Medicare)



		Monthly GIC Health Plan Rates Effective July 1, 2022					
		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$0.64		\$0.95		\$1.27	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with</i> CIC ² (Comprehensive)	National Network	\$177.27	\$395.96	\$236.40	\$526.78	\$295.54	\$657.60
UniCare State Indemnity Plan/Basic <i>without</i> CIC		\$118.28	\$261.65	\$177.41	\$392.47	\$236.55	\$523.29
UniCare State Indemnity Plan/PLUS	Broad Network	\$81.54	\$193.94	\$122.29	\$290.89	\$163.06	\$387.86
Tufts Health Plan Navigator		\$89.49	\$218.30	\$134.22	\$327.44	\$178.97	\$436.59
Harvard Pilgrim Independence Plan		\$103.93	\$253.35	\$155.89	\$380.01	\$207.86	\$506.68
Health New England	Regional Network	\$67.41	\$160.37	\$101.11	\$240.55	\$134.81	\$320.74
AllWays Health Partners Complete HMO		\$84.83	\$221.14	\$127.24	\$331.70	\$169.66	\$442.27
UniCare State Indemnity Plan/Community Choice	Limited Network	\$62.84	\$155.52	\$94.24	\$233.26	\$125.66	\$311.02
Tufts Health Plan Spirit		\$68.01	\$163.61	\$102.01	\$245.40	\$136.01	\$327.20
Harvard Pilgrim Primary Choice		\$75.09	\$191.03	\$112.62	\$286.53	\$150.17	\$382.04

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

² CIC is an enrollee-pay-all benefit.

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

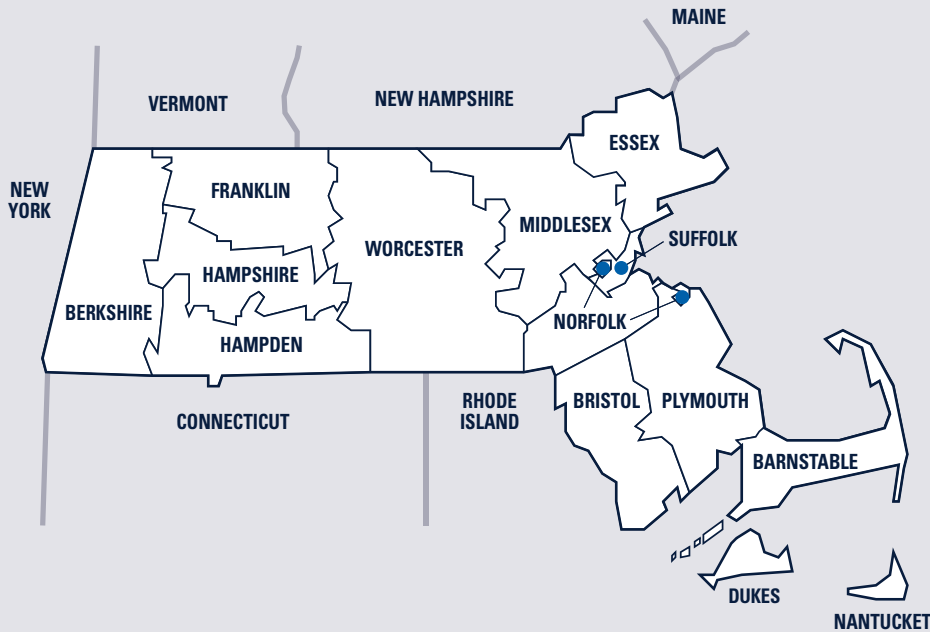
You pay both a copay and a deductible for some services.
For details, see your plan's schedule of benefits at [mass.gov/GIC](https://www.mass.gov/GIC).

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 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

Health Insurance Plan Rates (Medicare)



			Monthly GIC Health Plan Rates Effective July 1, 2022		
			MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS¹	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
			10%	15%	20%
			RETIREE/ SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage			\$0.64	\$0.95	\$1.27
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	PLAN TYPE	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$35.08	\$52.61	\$70.15
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$41.12	\$61.67	\$82.23
Harvard Pilgrim Medicare Enhance			\$42.91	\$64.36	\$85.81
Health New England Medicare Supplement Plus			\$43.54	\$65.30	\$87.07
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ² (Comprehensive)			\$52.04	\$72.39	\$92.75
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)			\$40.72	\$61.07	\$81.43

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

² CIC is an enrollee-pay-all benefit.

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



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



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



Health Insurance Buy-Out

To be eligible for the Health Insurance Buy-Out, you must have other non-GIC health insurance coverage through another employer-sponsored plan that meets Internal Revenue Service “minimum value” criteria and must maintain basic life insurance.

What is the Buy-Out Program?

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

For Example:

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

Full-Cost premium on July 1, 2022 (Monthly):	\$400.81
12-month benefit =	25% of this premium
<hr/>	
Retiree receives 12 payroll deposits or monthly checks of:*	\$100.20
Yearly Earnings (12 monthly payments):*	\$1,202.40

**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 your plan 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



1.617.727.2310, TDD/TTY 711

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). Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or optional life insurance.

- **Basic Life Insurance:** If you wish to keep your GIC health insurance coverage, you must keep \$5,000 in basic life insurance.
- **Optional Life Insurance After Retirement:** If you make no change to your optional life coverage at retirement, you will be responsible for the retiree optional life insurance premium, which can be substantial. Optional life insurance rates significantly increase when you retire, and continue to increase based on your age. You may decrease, but cannot increase, your amount of life insurance after you retire. If you decrease your coverage and then later wish to increase it, the increased amount will be subject to proof of good health.

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

Optional Life Insurance Non-Smoker Benefit

Retired state employees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2022. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. This benefit is only available for enrollment during the Annual Enrollment period. If this applies to you, the enrollment form is available at bit.ly/MyGICLinkOnlineForms. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

Optional Life Insurance Rates (Including AD&D)

RETIRED STATE EMPLOYEE AGE	MONTHLY GIC PLAN RATES	
	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 70	\$1.62	\$1.29
70-74	\$2.83	\$2.17
75-79	\$7.72	\$5.90
80-84	\$14.63	\$11.16
85-89	\$23.17	\$17.69
90-94	\$32.22	\$26.89
95-99	\$72.57	\$58.72
100 and over	\$139.14	\$112.59

QUESTIONS?
CONTACT METLIFE



metlife.com/gicbenefits



1.877.355.6277

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 the municipal health-only program) are eligible for the GIC Retiree Dental Plan.

Enrollment

You may join during Annual Enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement. **If you drop GIC Retiree Dental coverage, you may never re-enroll.**

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

FOR INFORMATION,
CONTACT METLIFE DIRECTLY:



metlife.com/gicbenefits



1.866.292.9990

GIC Retiree Vision Discount Plan



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

- Eye examinations
- Frames
- Eyeglasses
- Contact Lenses

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

Eligibility

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

FOR INFORMATION,
CONTACT DAVIS VISION:



davisvision.com (client code: 7621)



1.800.224.1157

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 for the latest information.

HEALTH INSURANCE PLAN CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	allwayshealthpartners.org/gic-members
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 Medicare Plans: 1.888.333.0880	tuftshealthplan.com/gic
UniCare State Indemnity Plan	Medicare Plans: 1.800.442.9300 Non-Medicare Plans: 1.833.663.4176	unicaremass.com
PHARMACY BENEFITS		
Express Scripts	1.855.283.7679	express-scripts.com/gicRx
CVS SilverScript	1.877.876.7214	gic.silverscript.com
OTHER BENEFITS		
Life/AD&D Insurance	1.877.355.6277	metlife.com/gicbenefits
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gicbenefits
GIC Retiree Vision Discount Plan	1.800.224.1157	davisvision.com (client code: 7621)
Massachusetts State Retirement Board	1.617.367.7770	mass.gov/orgs/massachusetts-state-retirement-board
Social Security Administration	1.800.772.1213 or your local Social Security Office	ssa.gov
Medicare	1.800.633.4227	medicare.gov
ADDITIONAL RESOURCES		
Annual Enrollment		bit.ly/GICenrollment
Qualifying Events for GIC Coverage		bit.ly/MassGICQualifyingEvents
Retirement & GIC Benefits		bit.ly/GICretirement
GIC COVID-19 Information		bit.ly/GIC-covid19



**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

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