2022–2023 BENEFITS OVERVIEW

JULY 1, 2022 – JUNE 30, 2023

COMMONWEALTH OF MASSACHUSETTS EMPLOYEES

ANNUAL ENROLLMENT: APRIL 6 - MAY 4, 2022

mass.gov/GIC
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.


4. **TURNING 65?** Visit [bit.ly/GIC65Enrollment](http://bit.ly/GIC65Enrollment) for a video to guide you through the next steps, whether you’re retiring or not.

5. 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.

6. 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.

7. 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](http://bit.ly/MassGICQualifyingEvents).

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**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.

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**You must re-enroll if you wish to participate in a health care or dependent care Flexible Spending Account (FSA) effective July 1, 2022.**

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You can access your guide throughout the year at [mass.gov/GIC](http://mass.gov/GIC)
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.

What’s New This Year

HEALTH INSURANCE PLAN NEWS

• 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.

PHARMACY BENEFIT NEWS

• COVID-19 vaccines, including booster vaccines, are covered under Express Scripts.

FSA BENEFIT NEWS

• Flexible Spending Account (FSA): For Fiscal Year 2023 (July 1, 2022 - June 30, 2023), the IRS limit on medical FSA (HCSA) contributions will increase to $2,850 per year. Dependent Care (DCAP) contribution limits remain at $5,000 per household annually.

It is important to keep in mind that FSA plans require re-enrollment each year in order to participate.

STATE EMPLOYEES:

The NEW MyGICLink member benefits portal allows you to make changes to your coverage during GIC’s Annual Enrollment period online.

Already Registered?
Log in at bit.ly/MyGICLinkLogin

Haven’t registered yet?
Register at bit.ly/MyGICLinkRegistration

For more information, visit mass.gov/MyGICLink
Where you live determines which health insurance plan you may enroll in.

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

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

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.
# Monthly GIC Health Plan Rates
Effective July 1, 2022

<table>
<thead>
<tr>
<th>Health Insurance Plans (Premium includes Basic Life Insurance)</th>
<th>PLAN NETWORK</th>
<th>EMPLOYEES HIRED BEFORE JULY 1, 2003</th>
<th>EMPLOYEES HIRED ON OR AFTER JULY 1, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)</td>
<td>National Network</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMPLOYEE PAYS MONTHLY</td>
<td>EMPLOYEE PAYS MONTHLY</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>National Network</td>
<td>$295.54</td>
<td>$354.68</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>National Network</td>
<td>$236.55</td>
<td>$295.69</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>National Network</td>
<td>$163.06</td>
<td>$203.83</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>Broad Network</td>
<td>$178.97</td>
<td>$223.71</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>Regional Network</td>
<td>$207.86</td>
<td>$259.82</td>
</tr>
<tr>
<td>Health New England</td>
<td>Regional Network</td>
<td>$134.81</td>
<td>$168.52</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>Regional Network</td>
<td>$169.66</td>
<td>$212.08</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>$125.66</td>
<td>$157.08</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>Limited Network</td>
<td>$136.01</td>
<td>$170.02</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td>Limited Network</td>
<td>$150.17</td>
<td>$187.71</td>
</tr>
</tbody>
</table>

* CIC is an enrollee-pay-all benefit.

BASIC LIFE INSURANCE ONLY – $5,000 Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>20%</th>
<th>25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Pays Monthly</td>
<td>$1.27</td>
<td>$1.59</td>
</tr>
</tbody>
</table>

$
### HEALTH INSURANCE PLANS

<table>
<thead>
<tr>
<th></th>
<th>NATIONAL NETWORK</th>
<th>BROAD NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)</td>
<td>UNICARE STATE INDEMNITY PLAN/PLUS</td>
</tr>
<tr>
<td><strong>PLAN TYPE</strong></td>
<td>INDEMNITY</td>
<td>PPO-TYPE</td>
</tr>
<tr>
<td>PCP Designation Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>PCP Referral to Specialist Required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual coverage</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family coverage</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Fiscal Year Deductible</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>Primary Care Provider Office Visit</td>
<td>$20 / visit</td>
<td>$15 / visit for Centered Care PCPs; $20 / visit for other PCPs</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
</tr>
<tr>
<td>Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3</td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / visit</td>
</tr>
<tr>
<td>Retail Clinic and Urgent Care Center</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Outpatient Behavioral Health/ Substance Use Disorder Care</td>
<td>$15 or $20 / visit</td>
<td>$15 / visit</td>
</tr>
<tr>
<td>Emergency Room Care</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td>Inpatient Hospital Care – Medical</td>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
<td>Tier 1 / Tier 2 / Tier 3</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye &amp; GI procedures at freestanding facilities in Massachusetts</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>All other in Massachusetts</td>
<td>$250</td>
<td>$110 / $110 / $250</td>
</tr>
<tr>
<td>High-Tech Imaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., MRI, CT &amp; PET scans)</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Prescription Drug Deductible: $100 Individual / $200 Family</td>
<td>Tier 1 / Tier 2 / Tier 3</td>
</tr>
<tr>
<td>Retail (up to a 30-day supply)</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
<tr>
<td>Mail Order Maintenance Drugs (up to a 90-day supply)</td>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

### Benefits-at-a-Glance

**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

<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>HEALTH NEW ENGLAND</th>
<th>ALLWAYS HEALTH PARTNERS COMPLETE HMO</th>
<th>UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE</th>
<th>TUFTS HEALTH PLAN SPIRIT</th>
<th>HARVARD PILGRIM PRIMARY CHOICE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HMO</td>
<td>HMO</td>
<td>PPO-TYPE</td>
<td>EPO (HMO-TYPE)</td>
<td>HMO</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
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<td>$10,000</td>
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<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>$400 / $800</td>
<td>$500 / $1,000</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$15 / visit for Centered Care PCPs: $20 / visit for other PCPs</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
<td></td>
</tr>
<tr>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td></td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$15 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td></td>
</tr>
</tbody>
</table>

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.

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.
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

There are two types of FSA plans available to eligible GIC members, a Health Care Spending Account (HCSA), which is used to pay for medical expenses for you and your eligible dependents; and a Dependent Care Assistance Program (DCAP), which can be used to pay for childcare or assistance with disabled adult dependents. Both of these plans lower your income tax liability by the amount of your deductions.

In exchange for the tax savings that these programs offer, the IRS imposes a use-it-or-lose-it rule. This means that you must use all the money in your account by the end of the plan year, or you lose that money, subject to the grace period.

Eligibility & Enrollment

Active state employees who are eligible for GIC benefits may enroll in a Health Care and/or Dependent Care FSA for the FY2023 (July 1, 2022 - June 30, 2023) during Annual Enrollment. Even if you are enrolled in one or both FSAs this year, you must re-enroll if you wish to participate in Fiscal Year 2023 (July 1, 2022 - June 30, 2023).

- New state employees and employees who experience a qualifying status change during the year may enroll in an FSA for partial-year benefits. For the Health Care FSA, new hire participation begins at the same time as other GIC benefits. For the Dependent Care FSA, participation begins on the first day of employment.

To enroll in an FSA, learn more about Health Care and Dependent Care FSAs, and view other eligible expenses, go to benstrat.com/gic-fsa.

Administrative Fee: You pay a $1.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.
# Flexible Spending Accounts (FSAs)

**Grace Period**

The GIC’s FSA plans reverted back to their standard administrative guidelines for Fiscal Year 2022 (July 1, 2021 - June 30, 2022). This means that the grace period for both Fiscal Year 2022 (July 1, 2021 - June 30, 2022) and Fiscal Year 2023 (July 1, 2022 - June 30, 2023) will be 2.5 months, with an additional month allowed for claim submissions. This means that you will have until September 15 to incur claims (based on date of service) for a plan year that ended on June 30. You will then have until October 15 to submit those claims for reimbursement. During the grace period from a previous year, if there is also an election for the current year, any available funds from the previous year will be used first to pay for qualifying claims on both FSA plans.

Members may still add, change, or stop participation in either or both FSA plans in response to a qualifying life event, such as marriage, divorce, birth of a child, change in employment, or (DCAP only) change in childcare provider.

You can enroll in a Health Care FSA for as little as $250 or as much as $2,850/year.

You can enroll in a Dependent Care FSA for as little as $250 and as much as $5,000/year (or $2,500 if married and filing separate tax returns).

## How can an FSA save you money?

With an FSA, you set aside money every paycheck on an income tax-free basis. You can use this money during the year to pay for eligible expenses — tax free.

### For example:

<table>
<thead>
<tr>
<th>BREAKDOWN OF PAYCHECK &amp; DEDUCTIONS</th>
<th>NOT PARTICIPATING IN HCSA OR DCAP PLAN</th>
<th>PARTICIPATING IN HCSA OR DCAP PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Yearly Pay</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Health Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Dependent Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($4,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$30,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Sample Income Tax Withholdings of 25%</td>
<td>($7,500)</td>
<td>($6,000)</td>
</tr>
<tr>
<td>Yearly Health Care Expenses</td>
<td>($2,000 post-tax)</td>
<td>$2,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Yearly Daycare Expenses</td>
<td>($4,000 post-tax)</td>
<td>$4,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Net Available Income</td>
<td>$16,500</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

### New Health Care Savings Account (HCSA) rule

HCSA funds can now be used to purchase Over-The-Counter (OTC) medications and some medical supplies without a prescription.

**QUESTIONS?**

[Contact Benefit Strategies](benstrat.com/gic-fsa)  Toll Free: 1.877.FlexGIC (1.877.353.9442)
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 Prescription 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*.

*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.

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**QUESTIONS? CONTACT EXPRESS SCRIPTS**
express-scripts.com/gicRx 1.855.283.7679

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**QUESTIONS? CONTACT MASS4YOU**
liveandworkwell.com; Enter access code mass4you 1.844.263.1982 | TTY Support: 711 +1.844.263.1982 Substance Use Treatment Helpline: 1.855.780.5955

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Mass4YOU is a free Employee Assistance Program available to all state and municipal employees and their families who are eligible for GIC benefits administered through Optum health.

GIC health insurance coverage is not required to access the many Mass4YOU work/life and other support services. Through Mass4YOU, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of free, confidential support available 24/7, including:

- Three in-person virtual, telephone, or in-person therapy visits per issue, per year
- 30-minute telephone or in-person legal or mediation consultation per issue per year
- Guidance from a financial advisor to help with debt, foreclosure, financial planning, and more
- Referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Mass4YOU’s 24/7 confidential substance abuse treatment helpline and a licensed clinician

No formal enrollment is required. Stay up-to-date on all Mass4YOU benefits by providing the GIC with your email at bit.ly/MyGICLinkOnlineForms.

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GIC Rx: Prescription Drug Benefits

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- **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 Prescription 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*.

*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.

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QUESTIONS? CONTACT EXPRESS SCRIPTS
express-scripts.com/gicRx 1.855.283.7679

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Mass4YOU: Employee Assistance Program (EAP)
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 GIC basic life insurance.

What is the Buy-Out Program?

Under the Buy-Out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paychecks; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

State employee with Tufts Health Plan Navigator family coverage:

| Full-Cost premium on July 1, 2022 (Monthly): | $2,176.62 |
| 12-month benefit = 25% of this premium |  |
| Employee receives 12 payroll deposits or monthly checks of:* | $544.16 |
| Yearly Earnings (12 monthly payments):* | $6,529.92 |

*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.

- **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. Applications received after the deadline will not be accepted.

QUESTIONS?

CONTACT THE GIC


Pre-Tax Premium Deductions

The Commonwealth deducts your share of basic life and health insurance premiums on a pre-tax basis. During Annual Enrollment, or when you experience a qualified status change as outlined on the pre-tax form, you may change the tax status of your premiums:

- If your deductions are taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2022.
- If your deductions are taken on an after-tax basis, you may switch to pre-tax effective July 1, 2022.

Contact your payroll coordinator with questions.
Long Term Disability (LTD)

LTD insurance, offered by MetLife, is an income replacement program that financially protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. If you are unable to work for 90 consecutive days due to illness or injury, this program provides income replacement. Benefits include:

- A tax-free benefit of 55% of a participant’s gross monthly salary, up to a maximum benefit of $10,000 per month, up to the age of 65. If a participant is disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for behavioral health disabilities;
- A rehabilitation and return-to-work assistance benefit;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of $100 or 10% of your gross monthly benefit amount – whichever is higher.

Eligibility and Enrollment

Active state employees who are eligible for GIC benefits are also eligible for LTD.

Current State Employees: All eligible employees may apply at any time during the year. After you apply, you will receive instructions for completing a personal health application for MetLife’s review and approval. The GIC will determine the effective date if MetLife approves your application.

New State Employees: Eligible employees may enroll in LTD within 10 days of employment without providing evidence of good health.

MONTHLY LTD RATES EFFECTIVE JULY 1, 2022

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>EMPLOYEE PREMIUM – Per $100 of Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 24</td>
<td>$0.06</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.07</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.11</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.13</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.30</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.40</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.48</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.60</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.58</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.33</td>
</tr>
<tr>
<td>70 and over</td>
<td>$0.20</td>
</tr>
</tbody>
</table>

QUESTIONS? CONTACT METLIFE

metlife.com/gicbenefits 1.877.355.6277
Life and AD&D insurance, offered by MetLife, help 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:** The Commonwealth offers $5,000 of Basic Life Insurance.

- **Optional Life Insurance:** You may buy additional coverage of up to eight times your annual salary, to a maximum benefit of $1.5 million. You pay the full cost of this benefit.

  This is term insurance, which means that it is in effect for as long as you are eligible for coverage through your employment, and premium rates increase as you age. It has no cash value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

### Optional Life Insurance

You must be enrolled in basic life insurance in order to be eligible for optional life insurance.

- **Current State Employees:** State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for MetLife's review and approval. The GIC will determine the effective date if MetLife approves your application.

- **New State Employees:** You may enroll in optional life insurance within 10 days of employment without providing evidence of good health.

### Current Employees with a Qualified Family Status Change

If you experience a qualified family status change during the year, you may enroll in or increase your optional life insurance amount without providing proof of good health. You must provide the GIC with proof of your status change within 60 days. Total optional life insurance coverage is limited to up to four times your salary.

### Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free, you are eligible for reduced non-smoker optional life insurance rates. 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. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment take effect effective July 1, 2022.

### Optional Life Insurance Rates (Including AD&D)

**MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2022**

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>NON-SMOKER RATE</th>
<th>SMOKER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 35</td>
<td>$0.04</td>
<td>$0.10</td>
</tr>
<tr>
<td>35 – 44</td>
<td>$0.05</td>
<td>$0.12</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.06</td>
<td>$0.19</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.13</td>
<td>$0.31</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.20</td>
<td>$0.49</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.29</td>
<td>$0.73</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.67</td>
<td>$1.37</td>
</tr>
<tr>
<td>70 and over</td>
<td>$1.13</td>
<td>$2.49</td>
</tr>
</tbody>
</table>

QUESTIONS?

CONTACT METLIFE

[metlife.com/gicbenefits](http://metlife.com/gicbenefits)

[1.877.355.6277](tel:1.877.355.6277)
**Eligibility**

The GIC dental and vision plans cover state employees who are not covered by collective bargaining or do not have another dental or vision plan through the Commonwealth. The plans primarily cover managers, legislators, legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, and higher education are not eligible for the GIC Dental/Vision Plan.

**Enrollment**

During Annual Enrollment or within 60 days of a qualifying status change, you may enroll in GIC dental and vision benefits and change your dental plan selection.

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**DENTAL BENEFITS**

Metropolitan Life Insurance Company (MetLife) is the dental plan carrier. You have two plan options from which to choose:

- The **PPO Plan** (also known as the MetLife Value Plan), and
- The **Indemnity Plan** (also known as the MetLife Classic Plan)

For more information, including covered services, out-of-network benefits, and providers, contact MetLife:

- [metlife.com/gicbenefits](http://metlife.com/gicbenefits)
- **1.866.292.9990**

**VISION BENEFITS**

Davis Vision is the vision plan provider. You may receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- Routine eye examinations
- Fashion and designer frames
- Lenses
- Scratch-resistant lens coating

For more information, including copay amounts, providers, and discount programs, contact Davis Vision:

- [davisvision.com](http://davisvision.com) (client code: 7852)
- **1.800.650.2466**

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**GIC Dental / Vision Rates**

<table>
<thead>
<tr>
<th>PLAN</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO (Value) Plan</td>
<td>$4.64</td>
<td>$14.32</td>
</tr>
<tr>
<td>Indemnity (Classic) Plan</td>
<td>$6.26</td>
<td>$19.36</td>
</tr>
</tbody>
</table>
# 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


<table>
<thead>
<tr>
<th>HEALTH INSURANCE PLAN CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td><a href="https://allwayshealthpartners.org/gic-members">allwayshealthpartners.org/gic-members</a></td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.866.874.0817</td>
<td><a href="https://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a></td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td><a href="https://healthnewengland.org/gic">healthnewengland.org/gic</a></td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td><a href="https://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a></td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.833.663.4176</td>
<td><a href="https://unicaremass.com">unicaremass.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHARMACY BENEFITS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Scripts</td>
<td>1.855.283.7679</td>
<td><a href="https://express-scripts.com/gicRx">express-scripts.com/gicRx</a></td>
</tr>
<tr>
<td>CVS Silverscript</td>
<td>1.877.876.7214</td>
<td><a href="https://gic.silverscript.com">gic.silverscript.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER BENEFITS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)</td>
<td>1.877.353.9442</td>
<td><a href="https://benstrat.com/gic-fsa">benstrat.com/gic-fsa</a></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>1.877.355.6277</td>
<td><a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a></td>
</tr>
<tr>
<td>MetLife Dental Benefits</td>
<td>1.866.292.9990</td>
<td><a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a></td>
</tr>
<tr>
<td>Vision Benefits</td>
<td>1.800.650.2466</td>
<td><a href="https://davisvision.com">davisvision.com</a> (client code: 7852)</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>1.877.353.9442</td>
<td><a href="https://benstrat.com/gic-fsa">benstrat.com/gic-fsa</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDITIONAL RESOURCES</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
</table>
**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

**Commissioners**

*Current as of March 2022.*

Valerie Sullivan (Public Member), Chair
Bobbi Kaplan (NAGE), Vice Chair
Michael Heffernan, Secretary for Administration and Finance, *ex officio*
Gary Anderson, Commissioner of Insurance, *ex officio*
Elizabeth Chabot (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Edward Tobey Choate (Public Member)
Christine Clinard, Esq. (Public Member)
Tamara P. Davis (Public Member)
Jane Edmonds (Retiree Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Gerzino Guirand (Council 93, AFSCME, AFL-CIO)
Patricia Jennings (Public Member)
Eileen P. McAnneny (Public Member)
Melissa Murphy-Rodrigues (Massachusetts Municipal Association)
Anna Sinaiko, MPP, PhD (Health Economist)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers’ Association)

**Telephone:** 1.617.727.2310
**TDD/TTY:** 711

**Mailing Address:**
Group Insurance Commission
P.O. Box 556
Randolph, MA 02368

**Website:** [mass.gov/GIC](http://mass.gov/GIC)