



Commonwealth of Massachusetts
Group Insurance Commission

2022-2023 BENEFITS OVERVIEW

JULY 1, 2022 - JUNE 30, 2023

COMMONWEALTH
OF MASSACHUSETTS
EMPLOYEES



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



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.



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

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. **NEW HIRE?** Visit bit.ly/GICNewEmployee for employment & eligibility.
4. **TURNING 65?** Visit 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.



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.

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.

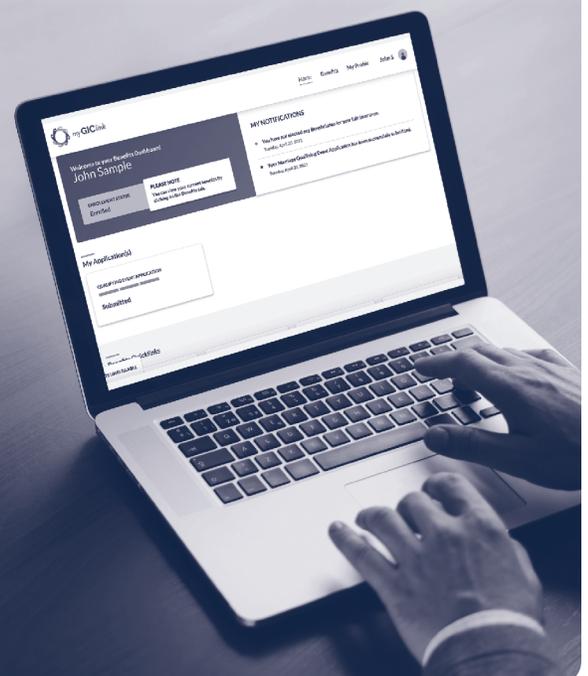
Already Registered?

Log in at bit.ly/MyGICLinkLogin

Haven't registered yet?

Register at bit.ly/MyGICLinkRegistration

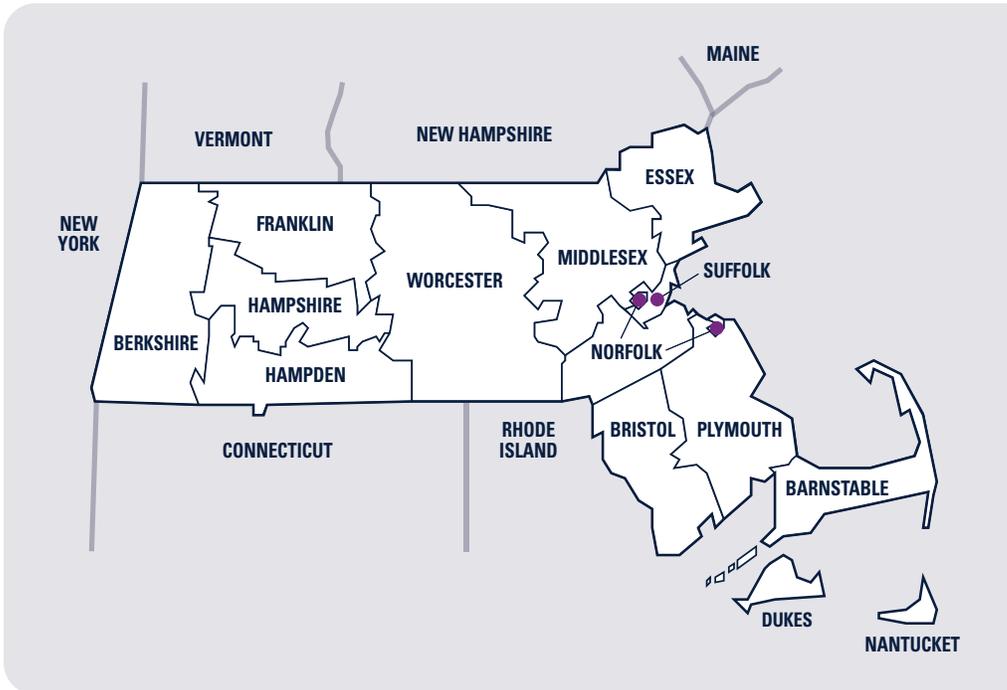
For more information, visit mass.gov/MyGICLink



Health Insurance Plan Locator Map



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

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

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

*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



		Monthly GIC Health Plan Rates Effective July 1, 2022			
		EMPLOYEES HIRED BEFORE JULY 1, 2003		EMPLOYEES HIRED ON OR AFTER JULY 1, 2003	
		20%		25%	
		EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$1.27		\$1.59	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/ Basic <i>with CIC*</i> (Comprehensive)	National Network	\$295.54	\$657.60	\$354.68	\$788.43
UniCare State Indemnity Plan/ Basic <i>without CIC</i>		\$236.55	\$523.29	\$295.69	\$654.12
UniCare State Indemnity Plan/ PLUS	Broad Network	\$163.06	\$387.86	\$203.83	\$484.83
Tufts Health Plan Navigator		\$178.97	\$436.59	\$223.71	\$545.75
Harvard Pilgrim Independence Plan		\$207.86	\$506.68	\$259.82	\$633.35
Health New England	Regional Network	\$134.81	\$320.74	\$168.52	\$400.93
AllWays Health Partners Complete HMO		\$169.66	\$442.27	\$212.08	\$552.85
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$125.66	\$311.02	\$157.08	\$388.78
Tufts Health Plan Spirit		\$136.01	\$327.20	\$170.02	\$409.00
Harvard Pilgrim Primary Choice Plan		\$150.17	\$382.04	\$187.71	\$477.56

* CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance



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 coverage	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$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	\$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

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



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.

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

Flexible Spending Accounts (FSAs)

 benefit strategies



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.



KEY FSA DATES | Open Enrollment: April 6 – May 4, 2022

Plan Year: July 1, 2021 – June 30, 2022	Plan Year: July 1, 2022 – June 30, 2023
<ul style="list-style-type: none"> • 2½ month Grace Period: July 1, 2022 – September 15, 2022 • Claim filing deadline: October 15, 2022 	<ul style="list-style-type: none"> • 2½ month Grace Period: July 1, 2023 – September 15, 2023 • Claim filing deadline: October 15, 2023

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:

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

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)

Mass4YOU: Employee Assistance Program (EAP)



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.

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

GIC Rx: Prescription Drug Benefits



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*.

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

Health Insurance Buy-Out/Pre-Tax Premium Deductions

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
<hr/>	
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



bit.ly/GICHealthBuyout



1.617.727.2310, TDD/TTY 711

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

QUESTIONS?
CONTACT METLIFE



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



1.877.355.6277

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

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)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2022 <i>Per \$1,000 of Coverage</i>	
	NON-SMOKER RATE	SMOKER RATE
Under Age 35	\$0.04	\$0.10
35 - 44	\$0.05	\$0.12
45 - 49	\$0.06	\$0.19
50 - 54	\$0.13	\$0.31
55 - 59	\$0.20	\$0.49
60 - 64	\$0.29	\$0.73
65 - 69	\$0.67	\$1.37
70 and over	\$1.13	\$2.49

QUESTIONS?
CONTACT METLIFE



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



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.

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

 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 (client code: 7852)

 1.800.650.2466

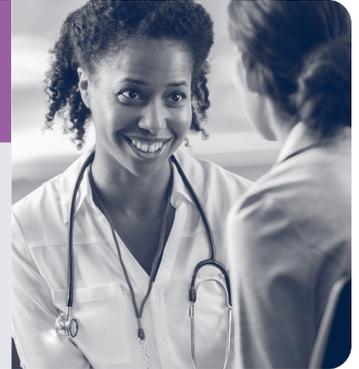
GIC Dental / Vision Rates

PLAN	MONTHLY GIC DENTAL/VISION RATES – Effective July 1, 2022	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.64	\$14.32
Indemnity (Classic) Plan	\$6.26	\$19.36



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	tuftshealthplan.com/gic
UniCare State Indemnity Plan	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		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)	1.877.353.9442	benstrat.com/gic-fsa
Life/AD&D Insurance	1.877.355.6277	metlife.com/gicbenefits
Long Term Disability	1.877.355.6277	metlife.com/gicbenefits
MetLife Dental Benefits	1.866.292.9990	metlife.com/gicbenefits
Vision Benefits	1.800.650.2466	davisvision.com (client code: 7852)
Flexible Spending Accounts (FSAs)	1.877.353.9442	benstrat.com/gic-fsa
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
Mass4YOU (Employee Assistance Program - EAP)	1.844.263.1982 TTY Support: 711 +1.844.263.1982	liveandworkwell.com (access code: mass4you)



**Commonwealth of Massachusetts
Group Insurance Commission**

1 Ashburton Place, Suite 1619
Boston, MA 02108

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
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Boston, MA 02108

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