

 See inside for important benefit changes



Commonwealth of Massachusetts
Group Insurance Commission

2023–2024 BENEFITS GUIDE

For benefits and rates effective
JULY 1, 2023 – JUNE 30, 2024

COMMONWEALTH OF MASSACHUSETTS RETIREES & SURVIVORS



ANNUAL ENROLLMENT:
APRIL 5 – MAY 3, 2023

View this Benefits Guide
online at mass.gov/GIC



TABLE OF CONTENTS

3 What's New For the Upcoming Plan Year

7 Qualifying Events

Non-Medicare

8 Health Insurance Plan Locator Map

9 Health Insurance Plan Rates

10 Benefits-at-a-Glance

Medicare

12 Health Insurance Plan Locator Map

13 Health Insurance Plan Rates

14 Benefits-at-a-Glance

15 Prescription Drug Benefits

16 Health Insurance Buy-Out

17 Life and AD&D

18 Dental Plan & Vision Discount Plan

19 Resources & Contact Information



MyGICLink

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

Log in
bit.ly/MyGICLinkLogin

Register
bit.ly/MyGICLinkRegistration

More information
mass.gov/MyGICLink

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

There are changes to multiple benefits for the plan year beginning on July 1, 2023. The GIC encourages members to actively shop and evaluate different coverage options.

Please carefully review this guide as well as detailed benefits information for each GIC benefit carrier available at bit.ly/GICbenefitscontact, to make informed decisions about your coverage.

Contact health insurance carriers or visit the GIC's website for more detailed benefits information. Please review page 3 for more information.

IMPORTANT REMINDERS



- 1. SUBMIT ALL CHANGES NO LATER THAN MAY 3, 2023.**
2. Check with your health and other insurance plans about tier changes, network coverage, providers, drug tiers, wellness benefits, and more.
- 3. TURNING 65?** Visit 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 "Harvard Pilgrim Explorer" or "Harvard Pilgrim Quality," not just "Harvard Pilgrim Health Care." Your health insurance plan 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.

Resources and benefits contact information can be found on page 19.

What's New For The Upcoming Plan Year

July 1, 2023 – June 30, 2024



HEALTH INSURANCE PLAN NEWS

The new July 1 plan year marks the beginning of a new health insurance contract cycle, and as a result of this, and the merger of Tufts Health Plan and Harvard Pilgrim Health Care into Point32 Health, there are changes to the health plans available to GIC members for benefits effective July 1, 2023.

The GIC encourages all members to actively shop and evaluate health coverage options. Please carefully review this guide to better understand these changes and make informed decisions about your coverage.

Note: If you are currently enrolled in a health plan that is being discontinued in Fiscal Year 2024 (FY2024) and you do not choose a new plan, you will automatically be default enrolled in a comparable health plan. It is important to evaluate your options and select a health plan that meets your needs. After evaluating your options, if you do not want to select a different health plan during Annual Enrollment, no further action is needed. **FY2024 health plan placement options are outlined on pages 4-6.**

IF YOU ARE A NON-MEDICARE RETIREE

Health Insurance Plan News:

More information on plan changes and default enrollment options is available on page 5 for members whose plans have changed or are no longer available due to the new health insurance contract cycle. There are new geographic eligibility restrictions for the GIC's non-Medicare health plans. Please review the health insurance plan locator map on page 8.

Pharmacy Benefits News:

CVS Caremark will be your new pharmacy/prescription drug administrator:

If you are enrolled in medical coverage through the GIC, you will automatically receive prescription drug coverage through CVS Caremark. There is nothing you need to do as a result of this change. This will replace Express Scripts as your prescription benefit administrator. Prescription benefits (deductible and copays) remain unchanged.

CVS Caremark offers cost management resources and live customer service support to help you best understand and manage your prescription costs. You will receive a separate ID card for the CVS Caremark pharmacy by July 1, 2023. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled.

More information can be found on page 15.

IF YOU ARE A MEDICARE ELIGIBLE RETIREE

Health Insurance Plan News:

Beginning July 1, 2023, all UniCare Medicare Extension plan premiums will include the CIC component, with the Commonwealth paying the same percentage for the premium contribution that you currently receive, and will have plan benefits that cover most services at 100% after any copay and/or deductible that apply.

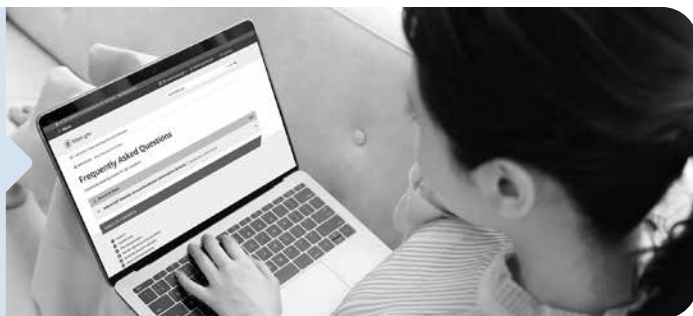
Due to the merger of Harvard Pilgrim and Tufts, the Tufts Medicare Complement plan is no longer available to GIC members. Members who were in that plan may select a new Medicare plan, and if no action is taken, they will be default enrolled in the Harvard Pilgrim Medicare Enhance plan.

Pharmacy Benefits News:

There are no pharmacy benefit changes to Medicare plans.



See the GIC's website for answers to Frequently Asked Questions:
bit.ly/gicfaq



What's New For The Upcoming Plan Year (Non-Medicare) July 1, 2023 – June 30, 2024

NON-MEDICARE HEALTH INSURANCE PLAN NEWS

For Members Living Outside of New England

GIC members whose state of residence is outside of New England (MA, CT, RI, NH, ME, VT) will be automatically enrolled in a new plan offered through Harvard Pilgrim, the Access America PPO. This will offer members access to a larger network of providers, particularly for residents of Florida. This plan replaces UniCare Basic for those members residing outside New England. Deductibles and copays are equivalent to UniCare Total Choice (formerly UniCare Basic).

For Current UniCare Basic Members

UniCare Basic will change its name to UniCare Total Choice, as a result of the eligibility requirements change (restricted to residents of New England or international). The GIC is also removing the requirement that members pay 100% of the cost of the Comprehensive Insurance Coverage (CIC) component of coverage, so the full premium will now be subject to the appropriate cost share, based on date of retirement. This means that coverage without CIC will not be available, nor will members have to pay a greater share for the CIC component than participants in other plans. There will also be the following copay changes: all specialist office visits will be \$45, and outpatient Eye and GI procedures will be \$150.

For Current Harvard Pilgrim or Tufts Health Plan Members

As a result of the Tufts/Harvard Pilgrim merger, Tufts' branded insurance plans will no longer be offered to active employees and non-Medicare retirees. Members who were in Tufts Navigator or Tufts Spirit will need to shop for a new plan or they will automatically be default enrolled in a comparable Harvard Pilgrim health plan. It is important to evaluate your options and select a health plan that meets your needs. After evaluating your options, if you do not want to select a different health plan during Annual Enrollment, no further action is needed. The names of the new Harvard Pilgrim plans are Explorer (broad-network POS plan) and Quality (limited-network HMO plan). Copays and deductibles are equivalent to the former Independence/Navigator and Primary Choice/Spirit plans, respectively. Members who were in the Tufts Spirit plan and who stay in the new Harvard

Pilgrim Quality plan will have to select a Primary Care Physician (PCP). Please contact Harvard Pilgrim after the new plan year begins, July 1, 2023, to select a PCP; otherwise, Harvard Pilgrim will assign one to you.

For Current UniCare Community Choice & Plus Members

UniCare Plus and UniCare Community Choice will have adjustments to their copays. Outpatient Eye and GI procedures will have a \$150 copay on both plans, and all other outpatient procedures will have a \$250 copay. There will also be adjustments to the PCP copays: UniCare Plus will have the same tiered \$10/\$20/\$40 PCP copays as other broad network plans, and the UniCare Community Choice copay will be \$20 for all PCPs.

For Current AllWays Health Partners Members

AllWays Health Partners has changed its name to Mass General Brigham Health Plan, and their GIC health plan has been redesignated as a broad network plan, available to residents throughout Massachusetts. As a result, the AllWays Complete HMO plan has been renamed the Mass General Brigham Health Plan Complete. With its designation as a broad network plan, this means that there will now be three tiers of copays for most providers (\$10/\$20/\$40 for PCP office visits, \$30/\$60/\$75 for Specialists, and \$275/\$500/\$1,500 for Inpatient copays).

Please review Benefits-at-a-Glance on page 10 for detailed information.



What's New For The Upcoming Plan Year (Non-Medicare)

July 1, 2023 – June 30, 2024

WHAT YOU NEED TO KNOW: HEALTH INSURANCE PLAN CHANGES

If you are currently enrolled in a health plan that is being discontinued in Fiscal Year 2024 (FY2024) and you do not act to choose a new plan, you will be automatically default enrolled in a comparable health plan, provided that you reside in the plan's service area. It is important to evaluate your options and select a health plan that meets your needs. Please review the Locator Insurance Map to determine which plan you can enroll in. The chart below shows the health plan that you will be enrolled in if you do not choose a different health plan during Annual Enrollment.

	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that are changing this year	National (Outside New England)	UniCare State Indemnity Plan - Basic (w/ or w/out CIC)	Harvard Pilgrim Health Care - Access America
	New England and International Residents	UniCare State Indemnity Plan - Basic (w/ or w/out CIC)	UniCare State Indemnity Plan - Total Choice
	New England	Tufts Health Plan - Navigator	Harvard Pilgrim Health Care - Explorer POS
		Harvard Pilgrim Health Care - Independence	Harvard Pilgrim Health Care - Explorer POS
	All of Massachusetts	AllWays Health Partners - Complete HMO	Mass General Brigham Health Plan - Complete HMO
	Most of Massachusetts (See Locator Insurance Map on page 8)	Harvard Pilgrim Health Care - Primary Choice	Harvard Pilgrim Health Care - Quality HMO
		Tufts Health Plan - Spirit	Harvard Pilgrim Health Care - Quality HMO
			UniCare State Indemnity Plan - Community Choice (Barnstable county only)

	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that aren't changing this year	New England	UniCare State Indemnity Plan - Plus	UniCare State Indemnity Plan - Plus
	Most of Massachusetts (See Locator Insurance Map on page 8)	UniCare State Indemnity Plan - Community Choice	UniCare State Indemnity Plan - Community Choice
	Western Massachusetts	Health New England - HMO	Health New England - HMO

* See Benefits-at-a-Glance page for detailed copay and deductible information.

WHICH OPTION IS BEST FOR ME?

When deciding what product is right for you, it is important to consider:

- Where will you and your dependents be living during the upcoming benefits plan year?
- What type of coverage do you need, National? Broad? or Regional and Limited?
- Are your doctors and hospitals in the health plan's network?
- Which tier are your doctors and hospitals in?
- If there are new doctors you would like to see, which of those doctors in the network are accepting new patients?

What's New For The Upcoming Plan Year (Medicare)

July 1, 2023 – June 30, 2024

WHAT YOU NEED TO KNOW: HEALTH INSURANCE PLAN CHANGES

If you are a member affected by the FY2024 health plan changes and you do not choose a new plan, you will automatically be default enrolled in a comparable health plan provided that you reside in the plan's service area. However, if the default plan meets your needs, no further action is needed during Annual Enrollment.

	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that are changing this year	National	UniCare State Indemnity Plan - Medicare Extension OME (w/ or w/out CIC)	UniCare State Indemnity Plan - Medicare Extension
		Tufts Health Plan - Medicare Complement	Harvard Pilgrim Health Care - Medicare Enhance

	FY2024 SERVICE AREA	FY2023 HEALTH PLAN	FY2024 HEALTH PLAN*
Plans that aren't changing this year	National	Harvard Pilgrim Health Care - Medicare Enhance	Harvard Pilgrim Health Care - Medicare Enhance
		Health New England - Medicare Supplement	Health New England - Medicare Supplement
	Most of Massachusetts	Tufts Health Plan - Medicare Preferred	Tufts Health Plan - Medicare Preferred

* See Benefits-at-a-Glance page for detailed copay and deductible information.

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 or dependent
- 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



View a complete list of Qualifying Events
bit.ly/MassGICQualifyingEvents



1.617.727.2310, TDD/TTY 711

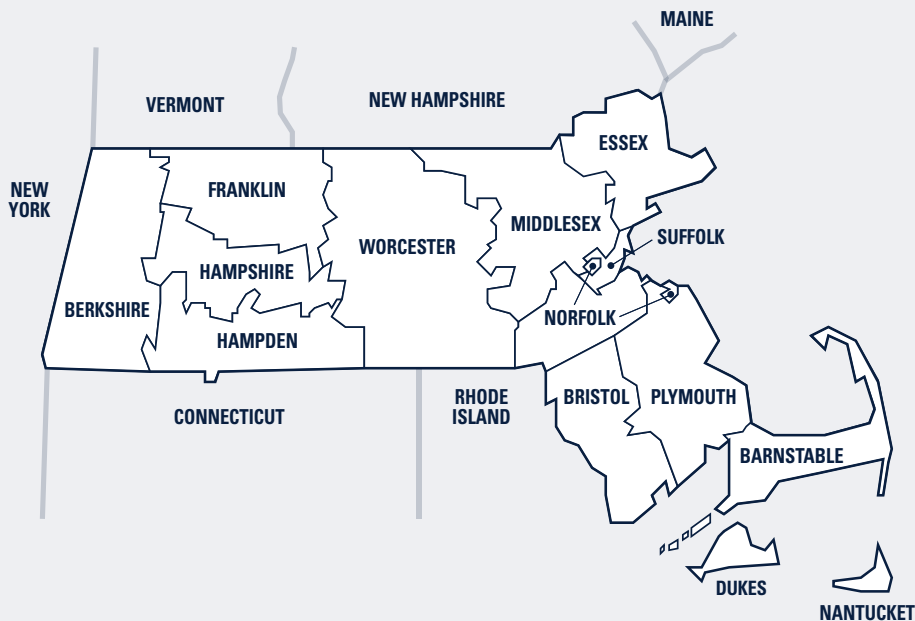


Health Insurance Plan Locator Map (Non-Medicare)



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

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



BARNSTABLE

Total, Explorer, Plus, Complete, Community

BERKSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

BRISTOL

Total, Explorer, Plus, Complete, Quality, Community

DUKES

Total, Explorer, Plus, Complete

ESSEX

Total, Explorer, Plus, Complete, Quality, Community

FRANKLIN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPDEN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

MIDDLESEX

Total, Explorer, Plus, Complete, Quality, Community

NANTUCKET

Total, Explorer, Plus, Complete

NORFOLK

Total, Explorer, Plus, Complete, Quality, Community

PLYMOUTH

Total, Explorer, Plus, Complete, Quality, Community

SUFFOLK

Total, Explorer, Plus, Complete, Quality, Community

WORCESTER

Total, Explorer, Plus, Complete, Quality, Community, HNE

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.

ACCESS – Harvard Pilgrim Access America

TOTAL – UniCare Total Choice (formerly UniCare Basic)

EXPLORER – Harvard Pilgrim Explorer

PLUS – UniCare Plus

COMPLETE – Mass General Brigham Health Plan Complete

QUALITY – Harvard Pilgrim Quality

COMMUNITY – UniCare Community Choice

HNE – Health New England

OUTSIDE OF MASSACHUSETTS

UniCare Total Choice is the only health insurance plan offered by the GIC that is available for members living outside of the US.

Harvard Pilgrim Access America is the only plan offered by the GIC that is available for members living outside of New England (CT, ME, MA, NH, RI, and VT).

CONNECTICUT*

Total, Explorer, Plus

MAINE

Total, Explorer, Plus

NEW HAMPSHIRE

Total, Explorer, Plus

NEW YORK

Access

RHODE ISLAND

Total, Explorer, Plus

VERMONT

Total, Explorer, Plus

* For residents of CT, members residing near the MA border may enroll in HNE (review HNE's website for provider and network information).

Note: If you are a MA resident who covers dependent family members who live in a different state (whether full-time or as a student), you may pick between Total, Explorer, and Plus. Otherwise, your dependents may only have emergency coverage while out of your plan's service area.

Health Insurance Plan Rates (Non-Medicare)



Monthly GIC Health Plan Rates Effective July 1, 2023

NON-MEDICARE RETIREES
Retired on or before
July 1, 1994 and
SURVIVORS¹

NON-MEDICARE RETIREES
Retired after
July 1, 1994 and
who filed for retire-
ment 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**

**Harvard Pilgrim Access America
PPO**

National

\$118.33

\$262.76

\$177.48

\$394.13

\$236.64

\$525.51

**UniCare Total Choice
INDEMNITY**

\$135.08

\$298.07

\$202.61

\$447.09

\$270.15

\$596.12

**UniCare PLUS
PPO-TYPE**

Broad

\$88.78

\$209.81

\$133.15

\$314.71

\$177.54

\$419.61

**Harvard Pilgrim Explorer
POS**

\$97.99

\$241.20

\$146.98

\$361.80

\$195.97

\$482.40

**Mass General Brigham Health Plan
Complete HMO**

\$89.62

\$235.18

\$134.42

\$352.76

\$179.24

\$470.35

**Harvard Pilgrim Quality
HMO**

Limited

\$72.56

\$183.02

\$108.83

\$274.52

\$145.10

\$366.02

**UniCare Community Choice
PPO-TYPE**

\$68.11

\$167.06

\$102.16

\$250.58

\$136.21

\$334.10

**Health New England
HMO**

Regional

\$73.92

\$175.88

\$110.87

\$263.80

\$147.83

\$351.74

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

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

Q

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

Q

HEALTH INSURANCE PLANS	NATIONAL NETWORK	BROAD NETWORK		
	HARVARD PILGRIM ACCESS AMERICA	UNICARE TOTAL CHOICE	UNICARE PLUS	HARVARD PILGRIM EXPLORER
GEOGRAPHIC ELIGIBILITY	U.S. Outside New England	New England	New England	New England
PLAN TYPE	PPO	INDEMNITY	PPO-TYPE	POS
PCP Designation Required?	No	No	No	Yes
PCP Referral to Specialist Required?	No	No	No	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	\$20 / visit	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	\$45 / visit (no tiering)	\$45 / visit (no tiering)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Outpatient Behavioral Health/ Substance Use Disorder Care	\$20 / visit	\$20 / 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 / admission no tiering	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission
Outpatient Surgery				
Eye & GI procedures at freestanding facilities in Massachusetts	\$150	\$150	\$150	\$150
All other in Massachusetts	\$250	\$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.

BROAD NETWORK	LIMITED NETWORK		REGIONAL NETWORK
MASS GENERAL BRIGHAM HEALTH PLAN COMPLETE	HARVARD PILGRIM QUALITY	UNICARE COMMUNITY CHOICE	HEALTH NEW ENGLAND
All of Mass	Most of Mass	Most of Mass	Western Mass
HMO	HMO	PPO-TYPE	HMO
Yes	Yes	No	Yes
Yes	Yes	No	No
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800
Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	\$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
\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (no Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (no Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
\$10 / visit	\$20 / 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)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.			
\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / admission (no Tier 3)	\$275 / admission no tiering	\$275 / admission no tiering
\$150	\$150	\$150	\$150
\$250	\$250	\$250	\$250
Maximum one copay per day. Contact the carrier for details.			
\$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
\$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).

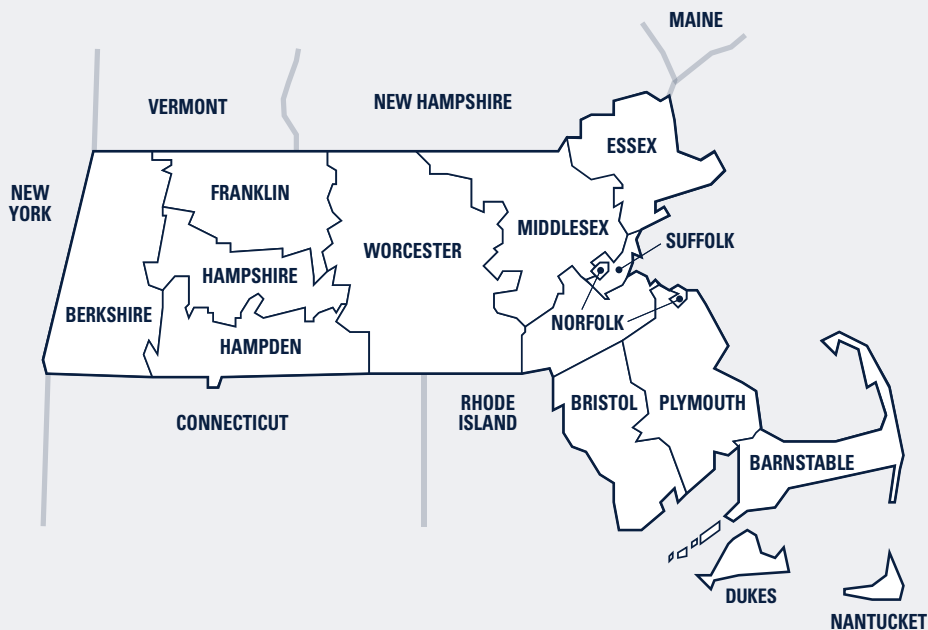
Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.

Health Insurance Plan Locator Map (Medicare)



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

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



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

TMP – Tufts Health Plan Medicare Preferred

OME – UniCare State Medicare Extension

OUTSIDE OF MASSACHUSETTS

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, and UniCare Medicare Extension are available throughout the country.

BARNSTABLE

HPME, HNEMSP, TMP, OME

BERKSHIRE

HPME, HNEMSP, OME

BRISTOL

HPME, HNEMSP, TMP, OME

DUKES

HPME, HNEMSP, OME

ESSEX

HPME, HNEMSP, TMP, OME

FRANKLIN

HPME, HNEMSP, OME

HAMPDEN

HPME, HNEMSP, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMP, OME

NANTUCKET

HPME, HNEMSP, OME

NORFOLK

HPME, HNEMSP, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMP, OME

SUFFOLK

HPME, HNEMSP, TMP, OME

WORCESTER

HPME, HNEMSP, TMP, OME

CONNECTICUT

HPME, HNEMSP, OME

MAINE

HPME, HNEMSP, OME

NEW HAMPSHIRE

HPME, HNEMSP, OME

NEW YORK

HPME, HNEMSP, OME

RHODE ISLAND

HPME, HNEMSP, OME

VERMONT

HPME, HNEMSP, OME

Health Insurance Plan Rates (Medicare)



		Monthly GIC Health Plan Rates Effective July 1, 2023		
		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	PER PERSON	PER PERSON	PER PERSON
Tufts Medicare Preferred MEDICARE ADVANTAGE	Limited	\$35.81	\$53.70	\$71.61
Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT	National	\$42.70	\$64.04	\$85.39
Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT		\$43.54	\$65.30	\$87.07
UniCare Medicare Extension MEDICARE SUPPLEMENT		\$43.02	\$64.53	\$86.04

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

Benefits-at-a-Glance (Medicare)



HEALTH INSURANCE PLANS	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT		
	TUFTS HEALTH PLAN MEDICARE PREFERRED	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS	UNICARE MEDICARE EXTENSION
GEOGRAPHIC ELIGIBILITY	Most of Mass	National	National	National
PLAN TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY
PCP Designation Required?	Yes	No	No	No
PCP Referral to Specialist Required?	Yes	No	No	No
Calendar Year Deductible	None	None	None	None
Preventive Care Office visits according to health plan’s schedule	No Copay	No Copay	No Copay	No Copay
Physician’s Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	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
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)
Hearing Aid	First \$500, covered at 100%, 80% coverage of the next \$1,500 per ear, per two-year period	First \$1,700 per ear, 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
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

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.

Prescription Drug Benefits



Non-Medicare

CVS Caremark will replace Express Scripts as the GIC prescription drug benefit administrator for non-Medicare health insurance plans. Use your CVS Caremark 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 CVS Caremark 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 CAREMARK



info.caremark.com/oe/gic



1.877.876.7214

Covered prescription drugs may change when CVS Caremark updates its drug formulary.

Avoid the Prescription Retail Refill Penalty

If you or a family member is taking a long-term medication—such as high cholesterol or high blood pressure—you will receive a communication from CVS Caremark asking you how you wish to receive your future refills—by mail or at your local CVS pharmacy.

For maintenance medications, you must fill a 90-day supply at either a CVS Retail Pharmacy, or you may utilize CVS Caremark Mail Service Pharmacy, and you will pay one mail order copay. All Acute 30-day retail medications, or any non-maintenance medications can be filled at any in-network Retail Pharmacy for one 30-day retail copay.

Make sure you take action before your third refill, otherwise you will pay the full cost of the medication.

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



Ending Your GIC Coverage

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 Medicare Extension Individual coverage:

Full-Cost premium on July 1, 2023 (Monthly):	\$423.84
12-month benefit =	25% of this premium
<hr/>	
State retiree receives 12 payroll deposits or monthly checks of:	\$105.96
Yearly Earnings (12 monthly payments):*	\$1,271.52

**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, 2023 or before and continue your coverage through June 30, 2023, you may apply to buy out your health plan coverage effective July 1, 2023, during Annual Enrollment.
- **October 2 – October 27, 2023:** If you are insured with the GIC on July 1, 2023 or before, and continue your coverage through December 31, 2023, you may apply to buy out your health plan coverage effective January 1, 2024. The enrollment period for this buy-out is October 2 – October 27, 2023.

The deadline for submission is May 3, 2023 for the July 1, 2023 buy-out or October 27, 2023 for the January 1, 2024 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 evidence of insurability.

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, 2023. 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	\$29.27
Family	\$70.54

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



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

HEALTH INSURANCE PLAN CARRIERS	PHONE	WEBSITE
Mass General Brigham Health Plan	1.866.567.9175	massgeneralbrighamhealthplan.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	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		
CVS Caremark	1.877.876.7214	info.caremark.com/oe/gic
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)
ADDITIONAL RESOURCES (NOT ADMINISTERED BY THE GIC)		
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



Website: mass.gov/GIC



Telephone: 1.617.727.2310 TDD/TTY: 711



Member Correspondence Mailing Address:

Group Insurance Commission
P.O. Box 556
Randolph, MA 02368





**Commonwealth of Massachusetts
Group Insurance Commission**

1 Ashburton Place, Suite 1619
Boston, MA 02108

PRSRT. STD.
U.S. POSTAGE

PAID

PERMIT #860
GREEN BAY, WI

COMMONWEALTH OF MASSACHUSETTS GROUP INSURANCE COMMISSION

Maura Healey, Governor
Kim Driscoll, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission

Commissioners

*Current as of March 2023.

Valerie Sullivan (Public Member), Chair
Bobbi Kaplan (NAGE), Vice Chair
Matthew Gorzkowicz, 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 (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