

 See inside for important benefit changes



2023-2024 BENEFITS GUIDE

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

COMMONWEALTH
OF MASSACHUSETTS
EMPLOYEES



**ANNUAL ENROLLMENT:
APRIL 5 - MAY 3, 2023**

View this Benefits Guide
online at mass.gov/GIC



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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.



You must re-enroll if you wish to participate in a health care or dependent care Flexible Spending Account (FSA) effective July 1, 2023. See page 10 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. **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 "Harvard Pilgrim Explorer" or "Harvard Pilgrim Quality," not just "Harvard Pilgrim Health Care." Your health insurance plan 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.

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 4-5.**

PHARMACY BENEFIT 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.

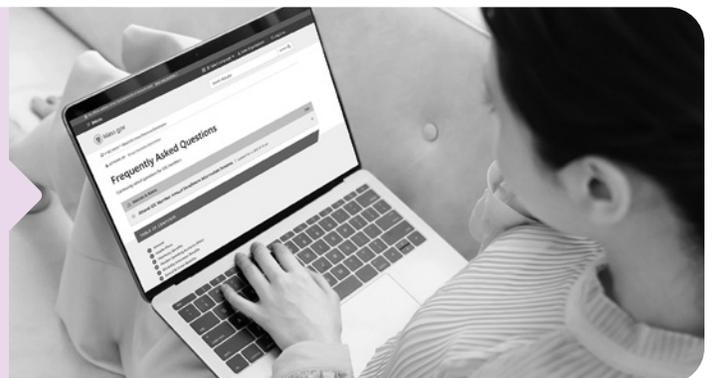
CVS Caremark offers cost management resources and live customer service support to help you best understand and manage your prescription costs. You will receive a separate ID card for the **CVS Caremark** pharmacy by July 1, 2023. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled. **More information can be found on page 12.**

FLEXIBLE SAVINGS ACCOUNT (FSA) BENEFIT NEWS

- There is a new Flexible Spending Account administrator, **Total Administrative Service Corporation (TASC)**. Members who wish to enroll in a FSA plan option for the upcoming plan year (July 1, 2023 - June 30, 2024) must register and do so at massfsatasc.com. **TASC** will also administer the current plan year (July 1, 2022 - June 30, 2023) grace period (through September 15, 2023) and any claims filed after July 1, 2023.
- FSA Account Maximum Increases: The Medical FSA election limit for the upcoming plan year is \$3,050. The Dependent Care Assistance Program (DCAP) election limit will remain at \$5,000 per household. **More information can be found on page 10.**



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



What's New For The Upcoming Plan Year

July 1, 2023 – June 30, 2024

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 hire. 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 8 for detailed information.



What's New For The Upcoming Plan Year

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 6)	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 6)	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 copy and deductible information.

WHICH OPTION IS BEST FOR ME?

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

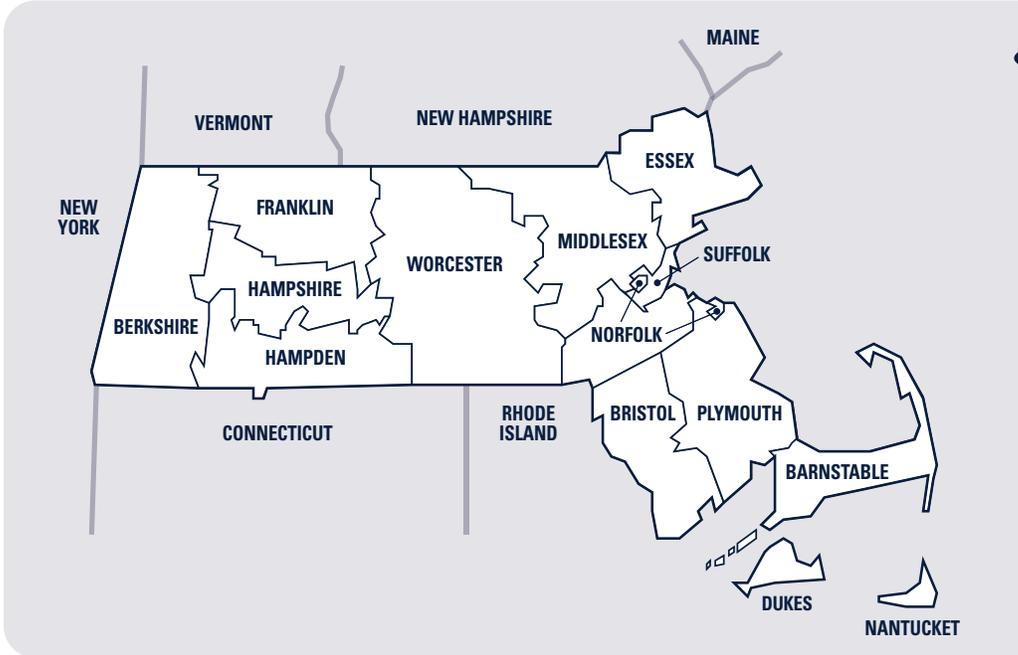
- Where will you and your dependents be living during the upcoming benefits plan year?
- What type of coverage do you need, National? Broad? or Regional and Limited?
- Are your doctors and hospitals in the health plan's network?
- Which tier are your doctors and hospitals in?
- If there are new doctors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

Health Insurance Plan Locator Map



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.

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

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

* 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



		Monthly GIC Health Plan Rates Effective July 1, 2023			
		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
Harvard Pilgrim Access America PPO	National	\$236.64	\$525.51	\$295.81	\$656.89
UniCare Total Choice INDEMNITY	Broad	\$270.15	\$596.12	\$337.69	\$745.16
UniCare PLUS PPO-TYPE		\$177.54	\$419.61	\$221.93	\$524.52
Harvard Pilgrim Explorer POS		\$195.97	\$482.40	\$244.97	\$603.00
Mass General Brigham Health Plan Complete HMO		\$179.24	\$470.35	\$224.05	\$587.94
Harvard Pilgrim Quality HMO	Limited	\$145.10	\$366.02	\$181.38	\$457.53
UniCare Community Choice PPO-TYPE		\$136.21	\$334.10	\$170.27	\$417.63
Health New England HMO	Regional	\$147.83	\$351.74	\$184.79	\$439.68

Benefits-at-a-Glance



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.

Benefits-at-a-Glance



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.

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.



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 upcoming plan year (July 1, 2023 - June 30, 2024) 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 2024 (July 1, 2023 - June 30, 2024).**

- **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 massfsatasc.com. Additional enrollment instructions can be found on the website; be sure to have your employee ID, agency and department name available.

Important information for 2022-2023 plan year FSA participants

TASC will be your new administrator of FSA benefits beginning with our upcoming plan year, **and the grace and runout period for the current plan year (ending 6/30/23) will also be administered by TASC.** TASC will work closely with Benefit Strategies to transfer any balances you have remaining as of 6/30/23 from Benefit Strategies, your current FSA administrator, to TASC.

There will be a period of time after the current plan year ends when your funds will not be available. This blackout period will start at midnight on 6/30/2023 and will last until approximately 7/18/23, and is necessary to allow your FSA plans to be finalized by Benefit Strategies and your balance information to be sent to TASC for upload into your new TASC account.

This does not mean that you cannot incur expenses during this time. For any expenses incurred during this time, please pay for the expenses personally then submit your claim to TASC via the online participant portal, the mobile app, or fax, once your grace/runout plan is active. We apologize for any inconvenience caused during this time.

The last day the Benefit Strategies claim card will be functioning for HCSA is 6/30/23.

All eligible manual claims received at Benefit Strategies on 6/30/23 will be processed and paid. Please plan accordingly as claims received after this time will not be accepted by Benefit Strategies and you will be required to resubmit them to TASC.

Your new TASC Card® will be mailed out and is expected to be functioning beginning 7/1/23 for the start of the upcoming plan year, but any balances from your current plan year will not be available until approximately 7/18/23. Administrative Fee: You pay a \$1.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.

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.



KEY FSA DATES | Open Enrollment: April 5 – May 3 2023

Plan Year: July 1, 2022 – June 30, 2023	Plan Year: July 1, 2023 – June 30, 2024
<ul style="list-style-type: none"> 2½ month Grace Period: July 1, 2023 – September 15, 2023 Claim filing deadline: October 15, 2023 	<ul style="list-style-type: none"> 2½ month Grace Period: July 1, 2024 – September 15, 2024 Claim filing deadline: October 15, 2024

Grace Period

The GIC's FSA plans have a 2.5 month grace period, 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 \$3,050/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

QUESTIONS?

CONTACT TOTAL ADMINISTRATIVE SERVICE CORPORATION (TASC)



massfsatasc.com



Toll Free: 800-745-9202



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.

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.

QUESTIONS?
CONTACT CVS CAREMARK



info.caremark.com/oe/gic



1.877.876.7214

Health Insurance Buy-Out/Pre-Tax Premium Deductions

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 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 Harvard Pilgrim Explorer Family coverage:

Full-Cost premium on July 1, 2023 (Monthly):	\$2,405.64
12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 payroll deposits or monthly checks of:	\$601.41
Yearly Earnings (12 monthly payments):*	\$7,216.92

**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, 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.
- **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. 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, 2023.
- If your deductions are taken on an after-tax basis, you may switch to pre-tax effective July 1, 2023.

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 an evidence of insurability 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 insurability.

MONTHLY LTD RATES EFFECTIVE JULY 1, 2023	
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 an evidence of insurability 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 insurability.

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 evidence of insurability. 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, 2023.

Optional Life Insurance Rates (Including AD&D)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2023 <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

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



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





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 event, you may enroll in GIC dental and vision benefits. During Annual Enrollment current participants may also change their 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](https://www.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](https://www.davisvision.com) (client code: 7852)

 1.800.650.2466

GIC Dental / Vision Rates

PLAN	MONTHLY GIC DENTAL/VISION RATES – Effective July 1, 2023	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.75	\$14.67
Indemnity (Classic) Plan	\$6.43	\$19.86



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
UniCare State Indemnity Plan	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		
Flexible Spending Accounts (FSAs): <ul style="list-style-type: none"> • Health Care Spending Account (HCSA) • Dependent Care Assistance Program (DCAP) 	1.800.745.9202	massfsatasc.com
Metlife Life/AD&D Insurance	1.877.355.6277	metlife.com/gicbenefits
Metlife Long Term Disability	1.877.355.6277	metlife.com/gicbenefits
MetLife Dental Benefits	1.866.292.9990	metlife.com/gicbenefits
Davis Vision Benefits	1.800.650.2466	davisvision.com (client code: 7852)



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

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*
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Timothy D. Sullivan, Ed. D. (Massachusetts Teachers Association)



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