



Commonwealth of Massachusetts  
Group Insurance Commission

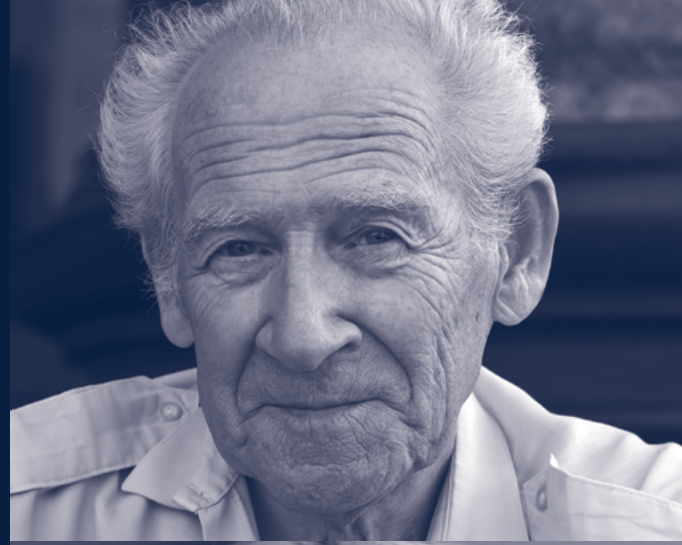
# 2024-2025 BENEFITS GUIDE

For benefits and rates effective  
JULY 1, 2024 - JUNE 30, 2025

COMMONWEALTH  
OF MASSACHUSETTS  
RETIRED MUNICIPAL  
TEACHERS (RMT) &  
ELDERLY GOVERNMENT  
RETIREES (EGR)



View this Benefits Guide on the MyGICLink  
member benefits portal or [mass.gov/GIC](https://mass.gov/GIC)



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## REVIEW THIS GUIDE TO IDENTIFY WHICH BENEFITS YOU'RE ELIGIBLE FOR AND WHICH OPTIONS ARE BEST FOR YOU.

You may only enroll in or change your health plan during GIC's spring annual enrollment or within 60 days of a qualifying event. For information about annual enrollment and a complete list of qualifying events, visit [mass.gov/gic](https://mass.gov/gic).

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 [mass.gov/lists/contact-gic-benefit-plans](https://mass.gov/lists/contact-gic-benefit-plans), to make informed decisions about your coverage.

Existing members, after reviewing your options, if 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, 2024.

#### FY2025 Health Insurance Plan News:

Effective July 1, 2024, UniCare is changing its name to Wellpoint to reflect their mission of supporting GIC members' whole health. View FAQs on UniCare's new website, [wellpointmass.com](https://wellpointmass.com), to learn more.

## IMPORTANT REMINDERS



1. Contact your health and other insurance plans about tier changes, network coverage, providers, drug tiers, wellness benefits, and more.
2. Which tier are your doctors and hospitals in? 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 the health carrier name such as "Harvard Pilgrim Health Care." Your health insurance plan is the best source for this information.
3. Are your doctors and hospitals in the health plan's network? If your provider is no longer available, your health insurance carrier will help you find a new one. Note: Doctors and hospitals within any health plan's network may change during the year.
4. **TURNING 65?** Visit [bit.ly/gicmedicare](https://bit.ly/gicmedicare) for a video to guide you through the next steps, whether you're retiring or not.

# When You Can Enroll In or Update GIC Benefits



## WITHIN 60 DAYS OF EXPERIENCING A QUALIFYING EVENT

If you have or will experience any of these qualifying events, you must notify the GIC within 60 days of the event. Failure to do so can result in financial liability to you.

- Marriage
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Legal separation, divorce or remarriage of you or your former spouse
- Death of a covered spouse or dependent
- You have GIC COBRA coverage and become eligible for other coverage

 View a complete list of Qualifying Events  
[bit.ly/gicqualifyingevent](https://bit.ly/gicqualifyingevent)

## DURING GIC'S SPRING ANNUAL ENROLLMENT

**2024 Annual Enrollment dates:  
April 3, 2024 - May 1, 2024**

As a GIC member, Annual Enrollment is your opportunity to review benefit options and better understand the upcoming plan year changes to make coverage updates for benefits effective July 1, 2024.

**Reminder: Submit all changes no later than May 1, 2024.**

 Learn more about Annual Enrollment  
[bit.ly/gicannualenrollment](https://bit.ly/gicannualenrollment)

## WHEN YOU'RE A NEWLY RETIRED MUNICIPAL TEACHER (RMT)

Newly Retired Municipal Teachers should apply for coverage two months before your retirement date. Coverage begins on the first day of the third month following your retirement date.

To apply, please complete Form-RMT on [mass.gov/GIC](https://mass.gov/GIC).

 Learn more about GIC benefits for RMTs  
[mass.gov/GIC](https://mass.gov/GIC)



## GIC's Member Benefits Portal

Save time and paper by managing your benefits on MyGICLink, GIC's secure member benefits portal.

- Enroll in/update your benefits during Annual Enrollment or within 60 days of experiencing a qualifying event
- Securely update your personal information, chat with us, and more!

Register & Log in  
[mygiclink.my.site.com](https://mygiclink.my.site.com)

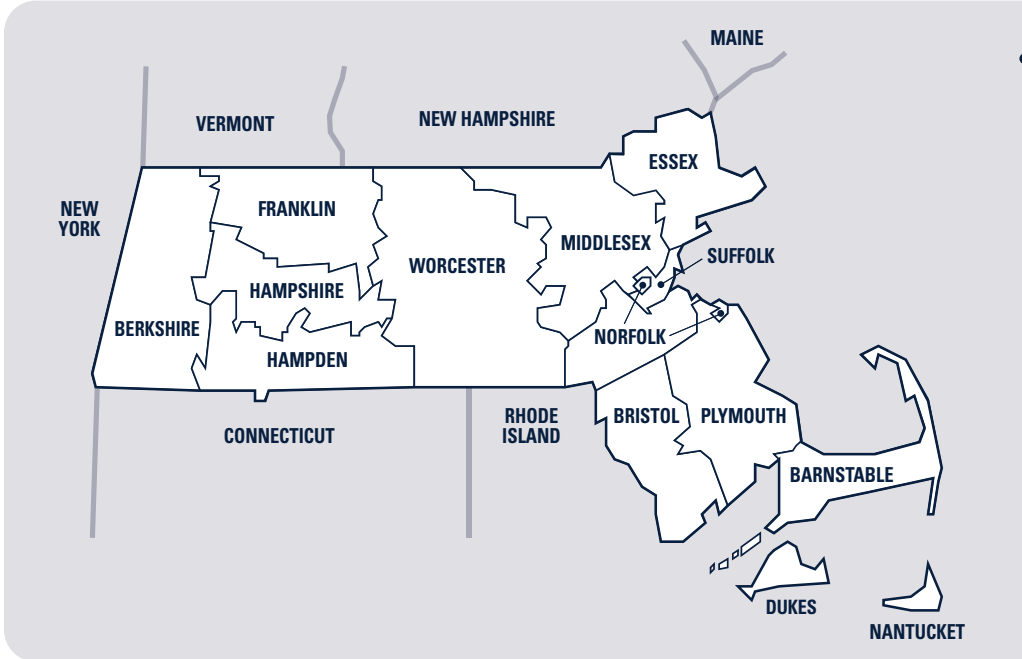


# Health Insurance Plan Locator Map (Non-Medicare)



## 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.



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** – Wellpoint Total Choice
- EXPLORER** – Harvard Pilgrim Explorer
- PLUS** – Wellpoint Plus
- COMPLETE** – Mass General Brigham Health Plan Complete
- QUALITY** – Harvard Pilgrim Quality
- COMMUNITY** – Wellpoint Community Choice
- HNE** – Health New England

## OUTSIDE OF MASSACHUSETTS

Wellpoint 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 New England resident who covers dependent family member(s) who live in a state outside of New England, you may select the Total, Explorer and Plus health insurance plans – contact the plans for details regarding their national networks/out of area coverage. For all other health insurance plans, your dependents may only have emergency coverage while out of the plan's service area. You should contact the health insurance plans directly for details. Please view page 15 for health insurance plan contact information.

# Health Insurance Plan Rates (Non-Medicare)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2024

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page **14**.
2. Locate your “RMT Pays Monthly” rate for life insurance.
3. Add that amount to the “RMT Pays Monthly” rate below for the health plan you are interested in.

		Retired Municipal Teachers (RMTs)			
		RMTs who retired on or before July 1, 1990 and SURVIVORS <sup>1</sup>		RMTs who retired after July 1, 1990	
		10%		15%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY	
HEALTH INSURANCE PLANS	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
<b>Harvard Pilgrim Access America</b> PPO	National	\$125.56	\$280.09	\$188.34	\$420.13
<b>Wellpoint Total Choice</b> INDEMNITY	Broad	\$149.69	\$332.18	\$224.53	\$498.26
<b>Wellpoint PLUS</b> PPO-TYPE		\$95.58	\$227.72	\$143.36	\$341.58
<b>Harvard Pilgrim Explorer</b> POS		\$106.47	\$263.80	\$159.70	\$395.70
<b>Mass General Brigham Health Plan Complete</b> HMO		\$97.47	\$257.77	\$146.21	\$386.65
<b>Harvard Pilgrim Quality</b> HMO		Limited	\$78.57	\$199.98	\$117.85
<b>Wellpoint Community Choice</b> PPO-TYPE	\$74.27		\$184.36	\$111.41	\$276.53
<b>Health New England</b> HMO	Regional	\$77.59	\$186.14	\$116.39	\$279.21

<sup>1</sup> Survivors are not eligible for life insurance.

Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310, TDD/TTY 711

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



## HEALTH INSURANCE PLANS

	NATIONAL NETWORK	BROAD NETWORK		
	HARVARD PILGRIM ACCESS AMERICA	WELLPOINT TOTAL CHOICE	WELLPOINT PLUS	HARVARD PILGRIM EXPLORER
<b>GEOGRAPHIC ELIGIBILITY</b> (See Health Insurance Plan Locator Map, page 4)	U.S. Outside New England	New England	New England	New England
<b>PLAN TYPE</b>	PPO	INDEMNITY	PPO-TYPE	POS
<b>PCP Designation Required?</b>	No	No	No	Yes
<b>PCP Referral to Specialist Required?</b>	No	No	No	Yes
<b>Out-of-pocket Maximum</b>				
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>				
Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
<b>Primary Care Provider Office Visit</b>	\$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
<b>Preventive Services</b>	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
<b>Specialist Physician Office Visit</b> Tier 1 / Tier 2 / Tier 3	\$45 / visit (no tiering)	\$45 / visit (no tiering)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
<b>Retail Clinic and Urgent Care Center</b>	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
<b>Outpatient Behavioral Health/ Substance Use Disorder Care</b>	\$20 / visit	\$20 / visit	\$10 / visit	\$10 / visit
<b>Emergency Room Care</b>	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
<b>Inpatient Hospital Care - Medical</b>	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
<b>Outpatient Surgery</b>				
<b>Eye &amp; GI procedures at freestanding facilities in Massachusetts</b>	\$150	\$150	\$150	\$150
<b>All other in Massachusetts</b>	\$250	\$250	\$250	\$250
<b>High-Tech Imaging</b>	Maximum one copay per day. Contact the carrier for details.			
(e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
<b>Prescription Drugs</b>	Prescription Drug Deductible: \$100 Individual / \$200 Family			
<b>Retail (up to a 30-day supply)</b> Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
<b>Mail Order Maintenance Drugs (up to a 90-day supply)</b> Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

If you participate in a non-Medicare plan, GIC protects you from balance billing under Massachusetts General Law Chapter 32A, §20.

If you receive covered, medically necessary medical care in Massachusetts, doctors, hospitals, and other medical providers may only collect the amount covered by your GIC plan. You are still responsible for your share of the plan's copays, deductibles, and any other eligible medical out-of-pocket costs, but not any excess.

Always compare bills to the Explanation of Benefits (EOB) statement provided by your GIC health carrier. If you are not sure your invoice is a balance bill, call your health carrier. If it is a balance bill, advise your provider that as a GIC member, you are not liable for their excess compensation. If your provider persists in efforts to collect, contact the Group Insurance Commission.

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



BROAD NETWORK	LIMITED NETWORK		REGIONAL NETWORK
MASS GENERAL BRIGHAM HEALTH PLAN COMPLETE	HARVARD PILGRIM QUALITY	WELLPOINT 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://mass.gov/GIC).

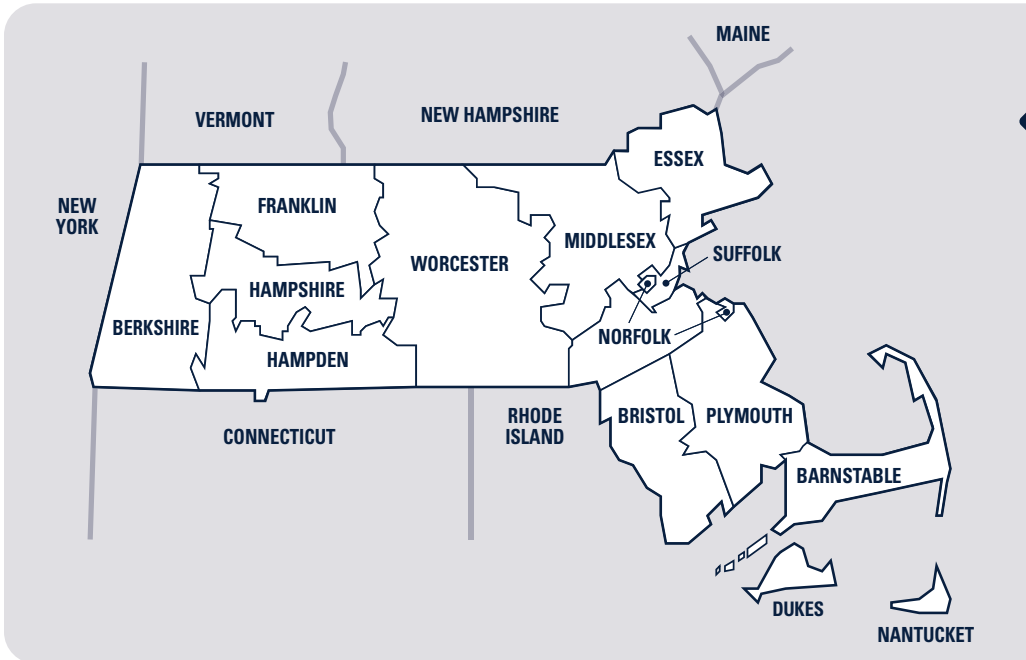
**Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.**

# 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** – Wellpoint Medicare Extension

### OUTSIDE OF MASSACHUSETTS

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, and Wellpoint 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)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2024

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page **14**.
2. Locate your “RMT Pays Monthly” rate for life insurance.
3. Add that amount to the “RMT Pays Monthly” rate below for the health plan you are interested in.

		Retired Municipal Teachers (RMTs)	
		RMTs who retired before July 1, 1990 and SURVIVORS <sup>1</sup>	RMTs who retired after July 1, 1990
		10%	15%
		RMT/SURVIVOR PAYS MONTHLY	RMT PAYS MONTHLY
HEALTH INSURANCE PLANS	PLAN NETWORK	PER PERSON	PER PERSON
<b>Tufts Medicare Preferred</b> MEDICARE ADVANTAGE	Limited	\$36.28	\$54.41
<b>Harvard Pilgrim Medicare Enhance</b> MEDICARE SUPPLEMENT	National	\$43.48	\$65.22
<b>Health New England Medicare Supplement Plus</b> MEDICARE SUPPLEMENT		\$43.75	\$65.62
<b>Wellpoint Medicare Extension</b> MEDICARE SUPPLEMENT		\$44.34	\$66.50

<sup>1</sup> Survivors are not eligible for life insurance.

Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310, TDD/TTY 711



# 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	WELLPOINT MEDICARE EXTENSION
<b>GEOGRAPHIC ELIGIBILITY</b> (See Health Insurance Plan Locator Map, page 8)	Most of Mass	National	National	National
<b>PLAN TYPE</b>	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 Aids	First \$500 covered at 100%, 80% coverage of the next \$1,500 in total costs, per two-year period	First \$1,700 per ear, per two-year period		
<b>PRESCRIPTION DRUGS</b>				
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 is the GIC's 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 during the plan year.

### 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 medicine—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 these 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—such as antibiotics or painkillers—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](https://info.caremark.com/oe/gic)



1.877.876.7214

## 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.

### 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.

### QUESTIONS? CONTACT CVS SILVERSCRIPT



[gic.silverscript.com](https://gic.silverscript.com)



1.877.876.7214

# 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 a 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

**QUESTIONS?**  
CONTACT METLIFE



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



1.866.292.9990

# Life and Accidental Death & Dismemberment Insurance (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).

## Basic Life Insurance

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire.

**Survivors and Elderly Government Retirees (EGRs) enrollees are not eligible for GIC life insurance.**

## Accidental Death & Dismemberment (AD&D) Benefits

In the event that you are injured or die as a result of an accident while insured for life insurance, benefits are paid for certain losses.

**GIC Retired Municipal Teachers with basic life insurance of \$1,000 do not have accidental death and dismemberment benefits.**

**QUESTIONS?**  
CONTACT METLIFE



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



1.877.355.6277

# GIC Retiree Vision Discount Program



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 program 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](https://davisvision.com) (client code: 7621)



**1.800.224.1157**

# Health Insurance Buy-Out (Retired Municipal Teacher RMT)

## 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 Retired Municipal teachers receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

### For Example:

#### Retired Municipal Teacher with Wellpoint Medicare Extension Individual coverage:

Full-Cost premium on July 1, 2024 (Monthly):	\$443.35
12-month benefit =	25% of this premium

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Retired Municipal Teacher receives 12 payroll deposits or monthly checks of:	\$110.84
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Yearly Earnings (12 monthly payments):*	\$1,330.08
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*\*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, 2024 or before and continue your coverage through June 30, 2024, you may apply to buy out your health plan coverage effective July 1, 2024, during Annual Enrollment. The deadline for submission is May 1, 2024 for the July 1, 2024 buy-out.
- **October 2 - October 30, 2024:** If you are insured with the GIC on July 1, 2024 or before, and continue your coverage through December 31, 2024, you may apply to buy out your health plan coverage effective January 1, 2025. The deadline for submission is October 30, 2024 for the January 1, 2025 buy-out.

Note: Applications received after the enrollment deadline will not be accepted. Visit the GIC website for more information and enrollment details.

# Life Insurance Rates (Retired Municipal Teacher RMT)

## Monthly GIC Plan Rates Effective July 1, 2024

BASIC LIFE INSURANCE		CITY/TOWN/SCHOOL DISTRICT (SD)	RMT PAYS MONTHLY
<b>Basic Life: \$1,000 Coverage</b>			\$0.76
Blackstone Valley Regional SD	Newbury	Plainville	
Bridgewater	Paxton	Salisbury	
Granby	Pioneer Valley Regional SD	Wilbraham	
Narragansett Regional SD			
<b>Basic Life: \$2,000 Coverage</b>			\$0.76
Barnstable	Quabbin Regional SD	Stoughton	
Dennis	Rehoboth	Upper Cape Cod Regional SD	
Martha's Vineyard Regional SD	Rockland	West Springfield	
Milton	Shawsheen Valley Regional SD	Whitman-Hanson SD	
<b>Basic Life: \$4,000 Coverage</b>			\$1.52
Rockport			
<b>Basic Life: \$5,000 Coverage</b>			\$1.90
Amesbury	Holyoke	Revere	
Billerica	Hudson	Rutland	
Bourne	Montague	Spencer	
Dedham	North Adams	Wareham	
Eastham	North Attleboro	West Bridgewater	
Everett	North Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
<b>Basic Life: \$10,000 Coverage</b>			\$3.80
Braintree			



## CONTACT YOUR HEALTH INSURANCE CARRIERS FOR:

- Requesting Member ID card(s)
- 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	<a href="https://massgeneralbrighamhealthplan.org/gic-members">massgeneralbrighamhealthplan.org/gic-members</a>
Harvard Pilgrim Health Care	1.844.442.7324	<a href="https://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a>
Health New England	1.800.842.4464	<a href="https://healthnewengland.org/gic">healthnewengland.org/gic</a>
Tufts Health Plan (Medicare Only)	1.855.852.1016	<a href="https://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a>
<b>Wellpoint</b> (Formerly UniCare) Non-Medicare plans Medicare plan	1.833.663.4176 1.800.442.9300	<a href="https://wellpointmass.com">wellpointmass.com</a>
<b>PHARMACY BENEFITS</b>		
CVS Caremark	1.877.876.7214	<a href="https://info.caremark.com/oe/gic">info.caremark.com/oe/gic</a>
CVS SilverScript	1.877.876.7214	<a href="https://gic.silverscript.com">gic.silverscript.com</a>
<b>LIFE &amp; DENTAL BENEFITS</b>		
Life/AD&D Insurance	1.877.355.6277	<a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a>
GIC Retiree MetLife Dental Plan	1.866.292.9990	<a href="https://metlife.com/gicbenefits">metlife.com/gicbenefits</a>
<b>OTHER BENEFITS</b>		
GIC Retiree Vision Discount	1.800.224.1157	<a href="https://davisvision.com">davisvision.com</a> (client code: 7621)
<b>ADDITIONAL RESOURCES (NOT ADMINISTERED BY THE GIC)</b>		
Massachusetts Teachers' Retirement System	1.617.679.6877	<a href="https://mtrs.state.ma.us">mtrs.state.ma.us</a>
Social Security Administration	1.800.772.1213 or your local Social Security Office	<a href="https://ssa.gov">ssa.gov</a>
Medicare	1.800.633.4227	<a href="https://medicare.gov">medicare.gov</a>



**Commonwealth of Massachusetts  
Group Insurance Commission**

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Group Insurance Commission

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\*Current as of March 2024.

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Joseph Gentile (AFL-CIO, Public Safety Member)

Gerzino Guirand (Council 93, AFSCME, AFL-CIO)

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Melissa Murphy-Rodrigues (Massachusetts Municipal Association)

Jason Silva (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](https://mass.gov/GIC)**