



Commonwealth of Massachusetts
Group Insurance Commission

2024–2025 BENEFITS GUIDE

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

COMMONWEALTH
OF MASSACHUSETTS
**EMPLOYEES,
RETIREES & SURVIVORS**



View this Benefits Guide on the MyGICLink
member benefits portal or 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.

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, 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.



Flexible Spending Accounts (Employees only):

You must re-enroll if you wish to participate in a health care or dependent care FSA effective July 1, 2024.

View page 8 for more information.

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, 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 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

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.

WHEN YOU'RE A NEW COMMONWEALTH OF MA HIRE

New employees have a period of 21 days to enroll in GIC benefits from their date of hire.

Please visit GIC's website for information regarding the effective date of GIC benefits as a new hire.

Note: this does not apply to employees who transfer agencies.



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



Learn more about Annual Enrollment
bit.ly/gicannualenrollment



Learn more at bit.ly/gicnewhire



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

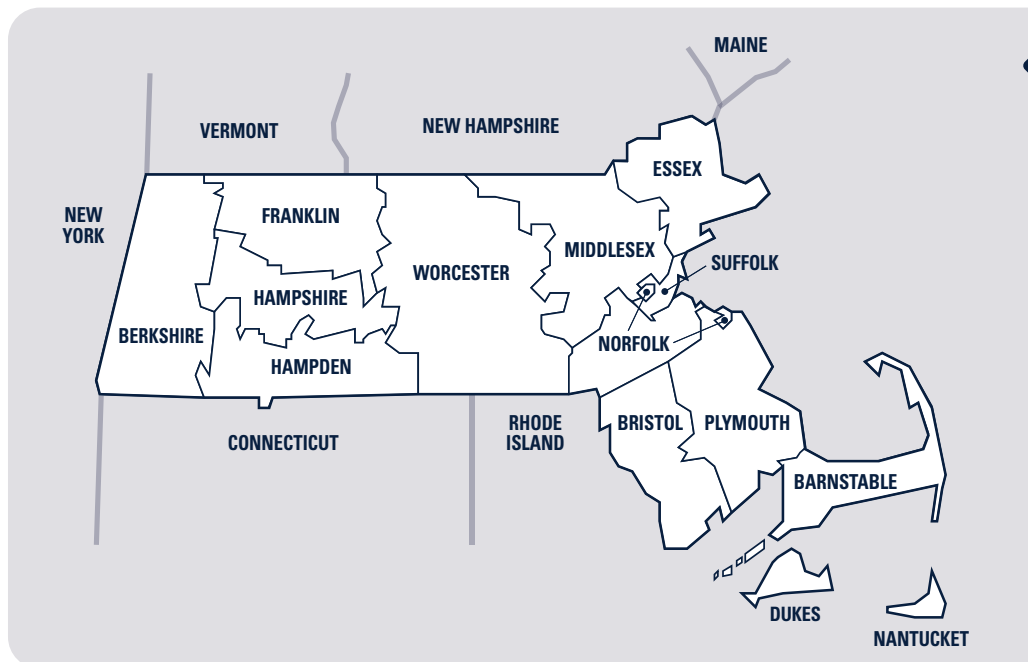


Health Insurance Plan Locator Map (Employees)



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 – 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

* 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 **23** for health insurance plan contact information.

Health Insurance Plan Rates (Employees)



		Monthly GIC Health Plan Rates Effective July 1, 2024			
		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	\$252.39	\$561.44	\$315.50	\$701.81
Wellpoint Total Choice INDEMNITY	Broad	\$300.64	\$665.62	\$375.81	\$832.03
Wellpoint PLUS PPO-TYPE		\$192.42	\$456.71	\$240.53	\$570.90
Harvard Pilgrim Explorer POS		\$214.21	\$528.87	\$267.76	\$661.09
Mass General Brigham Health Plan Complete HMO		\$196.22	\$516.81	\$245.28	\$646.01
Harvard Pilgrim Quality HMO	Limited	\$158.41	\$401.23	\$198.01	\$501.54
Wellpoint Community Choice PPO-TYPE		\$149.82	\$369.98	\$187.28	\$462.48
Health New England HMO	Regional	\$156.45	\$373.55	\$195.57	\$466.94

Employee 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 qualifying event 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, 2024.
- If your deductions are taken on an after-tax basis, you may switch to pre-tax effective July 1, 2024.

Contact your payroll coordinator with questions.

Benefits-at-a-Glance (Employees)

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HEALTH INSURANCE PLANS	NATIONAL NETWORK	BROAD NETWORK		
	HARVARD PILGRIM ACCESS AMERICA	WELLPOINT TOTAL CHOICE	WELLPOINT PLUS	HARVARD PILGRIM EXPLORER
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 4)	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 Family coverage	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$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 Tier 1 / Tier 2 / Tier 3	\$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 (e.g., MRI, CT & PET scans)	Maximum one copay per day. Contact the carrier for details.			
	\$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 (Employees)

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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://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.

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/giconlineforms.

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

Flexible Spending Accounts (Employees)



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, 2024 - June 30, 2025) 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 2025 (July 1, 2024 - June 30, 2025).**

- **New state employees and employees who experience a qualifying event** 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.

KEY FSA DATES | Open Enrollment: April 3 – May 1, 2024

Plan Year: July 1, 2023 – June 30, 2024	Plan Year: July 1, 2024 – June 30, 2025
<ul style="list-style-type: none"> • 2½ month Grace Period: July 1 – Sept. 15, 2024 • Claim filing deadline: October 15, 2024 	<ul style="list-style-type: none"> • 2½ month Grace Period: July 1 – Sept. 15, 2025 • Claim filing deadline: October 15, 2025

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 \$3,200/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. Please review examples below:

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

Long Term Disability (Employees)



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 21 days from date of hire without providing evidence of insurability.

MONTHLY LTD RATES EFFECTIVE JULY 1, 2024

ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM <i>Per \$100 of Monthly Earnings</i>
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

Life and Accidental Death & Dismemberment Insurance (Employees)

Life and Accidental Death & Dismemberment (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). This is term insurance, which means it does not have any cash surrender value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

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. 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 21 days from date of hire without providing evidence of insurability.

Notes:

- 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 an amount not to exceed four times your salary.
- **Optional Life Insurance Non-Smoker Rate:** State employees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2024. This benefit is only available for enrollment during the GIC's spring Annual Enrollment period. For more information, including when and how to enroll or update this benefit, please visit bit.ly/giclifefandadd.

MONTHLY GIC LIFE INSURANCE PLAN RATES (INCLUDING AD&D) EFFECTIVE JULY 1, 2024 *Per \$1,000 of Coverage*

EMPLOYEE AGE	EMPLOYEE NON-SMOKER RATE	EMPLOYEE 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

Note: premium rates increase for Optional Life Insurance as you age.

QUESTIONS?
CONTACT METLIFE



metlife.com/gicbenefits



1.877.355.6277

GIC Dental/Vision Plan (Employees)



Eligibility

The GIC Dental/Vision Plan covers state employees who are not covered by collective bargaining or do not have another dental or vision plan through the Commonwealth. The plan 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 or update your GIC Dental/Vision Plan.

New State Employees: Eligible employees may enroll in the Dental/Vision Plan within 21 days from date of hire.

DENTAL BENEFITS



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

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

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

 metlife.com/gicbenefits

 1.866.292.9990

VISION BENEFITS



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

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

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

 davisvision.com (client code: 7852)

 1.800.650.2466

GIC Dental/Vision Plan Rates

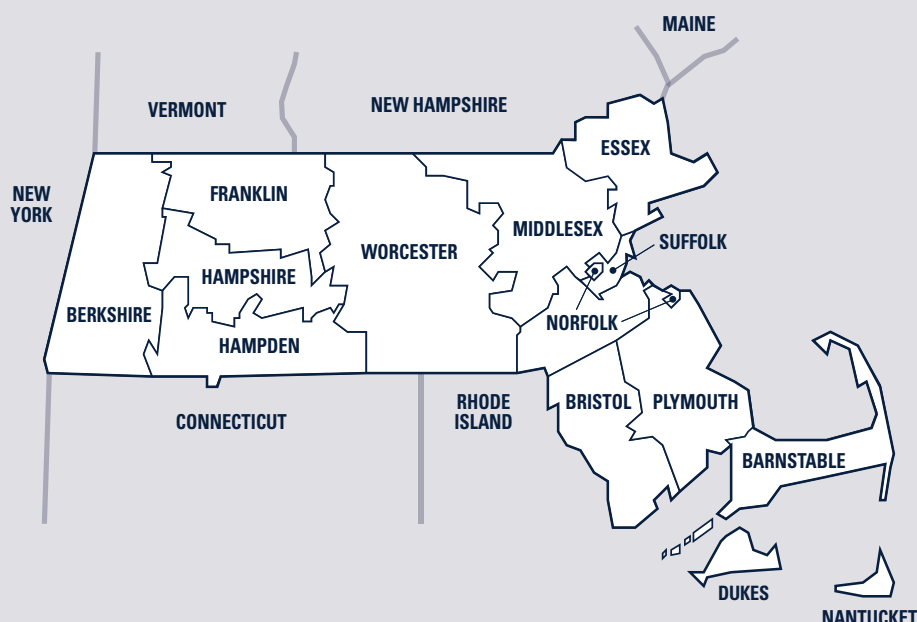
PLAN	MONTHLY GIC DENTAL/VISION RATES - Effective July 1, 2024	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.91	\$15.16
Indemnity (Classic) Plan	\$6.64	\$20.52

Health Insurance Plan Locator Map (Non-Medicare Retirees)



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 – 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

* 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 **23** for health insurance plan contact information.

Health Insurance Plan Rates (Non-Medicare Retirees)



Monthly GIC Health Plan Rates Effective July 1, 2024

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

FAMILY

INDIVIDUAL

FAMILY

INDIVIDUAL

FAMILY

**Harvard Pilgrim Access America
PPO**

National

\$126.20

\$280.73

\$189.29

\$421.08

\$252.39

\$561.44

**Wellpoint Total Choice
INDEMNITY**

\$150.33

\$332.82

\$225.48

\$499.21

\$300.64

\$665.62

**Wellpoint PLUS
PPO-TYPE**

\$96.22

\$228.36

\$144.31

\$342.53

\$192.42

\$456.71

**Harvard Pilgrim Explorer
POS**

\$107.11

\$264.44

\$160.65

\$396.65

\$214.21

\$528.87

**Mass General Brigham Health Plan
Complete HMO**

\$98.11

\$258.41

\$147.16

\$387.60

\$196.22

\$516.81

**Harvard Pilgrim Quality
HMO**

\$79.21

\$200.62

\$118.80

\$300.92

\$158.41

\$401.23

**Wellpoint Community Choice
PPO-TYPE**

\$74.91

\$185.00

\$112.36

\$277.48

\$149.82

\$369.98

**Health New England
HMO**

Regional

\$78.23

\$186.78

\$117.34

\$280.16

\$156.45

\$373.55

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.64 from monthly "Retiree/Survivor Pays Monthly" premium.

HEALTH INSURANCE PLANS	NATIONAL NETWORK	BROAD NETWORK		
	HARVARD PILGRIM ACCESS AMERICA	WELLPOINT TOTAL CHOICE	WELLPOINT PLUS	HARVARD PILGRIM EXPLORER
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 12)	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	\$45 / visit	\$30 / \$60 / \$75	\$30 / \$60 / \$75
Tier 1 / Tier 2 / Tier 3	(no tiering)	(no tiering)	/ visit	/ 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	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.

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans.

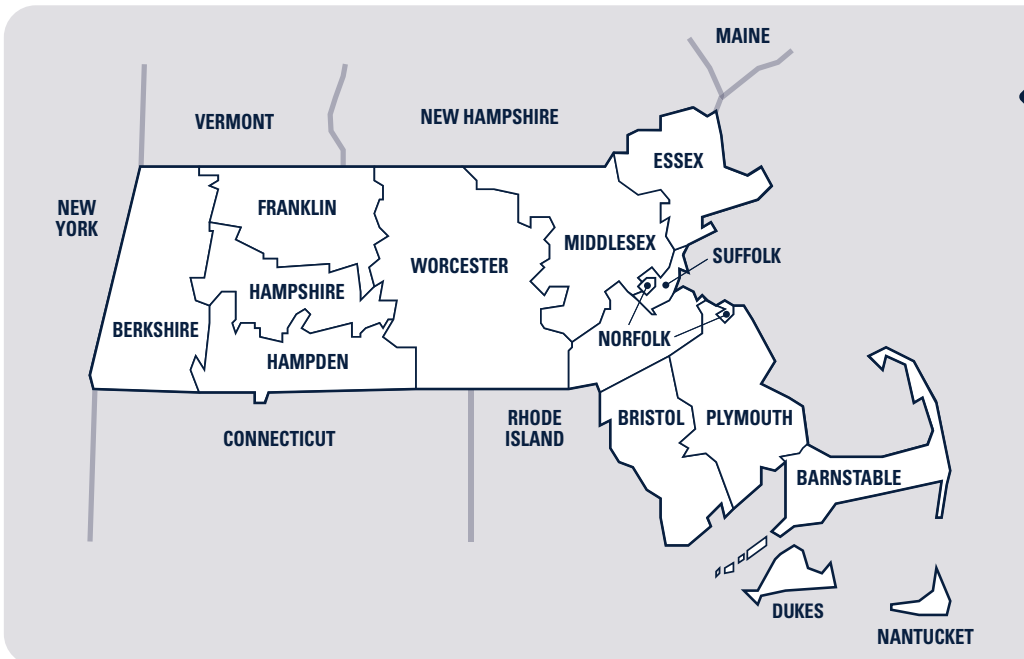
Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.

Health Insurance Plan Locator Map (Medicare Retirees)



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

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

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.

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 Retirees)



		Monthly GIC Health Plan Rates Effective July 1, 2024		
		MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹	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	\$36.92	\$55.36	\$73.82
Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT	National	\$44.12	\$66.17	\$88.24
Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT		\$44.39	\$66.57	\$88.77
Wellpoint Medicare Extension MEDICARE SUPPLEMENT		\$44.98	\$67.45	\$89.94

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.64 from monthly “Retiree/Survivor Pays Monthly” premium.

Benefits-at-a-Glance (Medicare Retirees)



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
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 16)	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 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		
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.

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 event, 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 Effective July 1, 2024 \$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

GIC Retiree Vision Discount



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.

QUESTIONS?
CONTACT DAVIS VISION



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



1.800.224.1157



Employees & Non-Medicare Retirees

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



1.877.876.7214

Medicare Eligible Retirees

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



1.877.876.7214

Life and Accidental Death & Dismemberment Insurance (Retirees)

Life and Accidental Death & Dismemberment (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 and Optional Life insurance is term insurance, which means it does not have any cash surrender value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

Eligibility: 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

The Commonwealth offers \$5,000 of Basic Life Insurance. Current members, if you wish to keep your GIC health insurance coverage, you must keep \$5,000 in basic life insurance.

Optional Life Insurance

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

MONTHLY GIC LIFE INSURANCE PLAN RATES (INCLUDING AD&D) EFFECTIVE JULY 1, 2024 <i>Per \$1,000 of Coverage</i>		
RETIREE AGE	RETIREE NON-SMOKER RATE	RETIREE SMOKER RATE
Under Age 70	\$1.29	\$1.62
70-74	\$2.17	\$2.83
75-79	\$5.90	\$7.72
80-84	\$11.16	\$14.63
85-89	\$17.69	\$23.17
90-94	\$26.89	\$32.22
95-99	\$58.72	\$72.57
100 and over	\$112.59	\$139.14

Note:

- Premium rates increase for Optional Life Insurance as you age.
- Optional Life Insurance Non-Smoker Rate: State retirees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2024. This benefit is only available for enrollment during the GIC's spring Annual Enrollment period. For more information, including when and how to enroll or update this benefit, please visit bit.ly/giclifeandadd.

QUESTIONS?
CONTACT METLIFE



metlife.com/gicbenefits



1.877.355.6277

Health Insurance Buy-Out Program

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 and retirees 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.

Retirees will receive a monthly check. The amount of payment depends on your health plan and coverage.

State Employee Example:

State employee with Harvard Pilgrim Explorer Family coverage:

Full-Cost premium on July 1, 2024 (Monthly): \$2,637.99
12-month benefit = 25% of this premium

Employee receives 12 payroll deposits or monthly checks of: \$659.50

Yearly Earnings (12 monthly payments):* \$7,914.00

State Retiree Example:

State retiree with Wellpoint Medicare Extension Individual coverage:

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

State retiree receives 12 payroll deposits or monthly checks of: \$110.84

Yearly Earnings (12 monthly payments):* \$1,330.08

** 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. 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.

QUESTIONS?

VIEW THE GIC WEBSITE



bit.ly/gichealthbuyout



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	massgeneralbrighamhealthplan.org/gic-members
Harvard Pilgrim Health Care	1.844.442.7324	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan (Medicare Only)	1.855.852.1016	tuftshealthplan.com/gic
Wellpoint (Formerly UniCare) Non-Medicare Plans Medicare Plan	1.833.663.4176 1.800.442.9300	wellpointmass.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	1.800.745.9202	massfsatasc.com
Metlife Life/AD&D and LTD Insurance	1.877.355.6277	metlife.com/gicbenefits
GIC Employee MetLife Dental Plans	1.866.292.9990	metlife.com/gicbenefits
GIC Employee Davis Vision Plan	1.800.650.2466	davisvision.com (client code: 7852)
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gicbenefits
GIC Retiree Vision Discount	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



**Commonwealth of Massachusetts
Group Insurance Commission**

1 Ashburton Place, Suite 1619
Boston, MA 02108

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Maura Healey, Governor
Kim Driscoll, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission

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

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



See the GIC's website for
answers to Frequently Asked
Questions: mass.gov/GIC

Commissioners

*Current as of March 2024.

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)
Edward Tobey Choate (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)
Jason Silva (Massachusetts Municipal Association)
Anna Sinaiko (Health Economist)
Timothy D. Sullivan, Ed. D. (Massachusetts Teachers Association)