Massachusetts Department of Correction **POLICY**	Effective Date 3/4/2024 Annual Review Date 9/17/2026	Responsible Division Deputy Commissioner, Administration
Policy Name 103 DOC 344 PERSONAL INSURANCE COVERAGE	M.G.L. Reference: M.G.L. c. 124, § 1(c) and (q) M.G.L. c. 29 §30 M.G.L. c. 32A (GIC enabling statute)	
	DOC Policy Reference:	
	ACA/PREA Standards: 2-CO-1A-28; 2-CO-1B-11; 2-CO-1C-05; 4-ACRS-1B-04; 5-ACI-1A-23; 5-ACI-3A-27; 1-CTA-1A-16	
Attachments Yes ☐ No ☒ Library Yes ☒ No ☐	Applicability: Department employees who work half-time or more. Half-time is defined as eighteen and three quarter (18.75) hours per week for thirty-seven and a half (37.5) hour a week positions, and twenty (20) hours per week for forty (40) hour a week positions.	
Public Access Yes ☒ No ☐	Location: Department's Central Policy File, Deputy Commissioner, Administration Policy File Each Institution's Policy File Department's Personnel Policy Manual	

PURPOSE:
To establish Department of Correction (Department) procedures concerning personal insurance coverage.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Administration
Assistant Deputy Commissioners
Superintendents and Division Heads
Executive Director of Human Resources
Director of Workers' Compensation, Leave and Benefits

CANCELLATION:
103 DOC 344 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations regarding personal insurance coverage which are inconsistent with this policy.

SEVERABILITY CLAUSE:
If any part of 103 DOC 344 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

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344.01 DEFINITIONS

Group Insurance Commission (GIC): The Group Insurance Commission (GIC) is a quasi-independent state agency governed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities and retired municipal teachers in certain cities and towns.

Preferred Provider Organization (PPO): A health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician.

Point of Service (POS): A health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Selection of a Primary Care Provider (PCP) is required. To get lowest out-of-pocket cost, a member must get a referral to a specialist.

Health Maintenance Organization (HMO): A health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMO's do not offer out-of-network benefits, with the exception of emergency care. An HMO requires the selection of a Primary Care Physician (PCP.)

Exclusive Provider Organization (EPO): A health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPO's do not offer out-of-network benefits, with the exception of emergency care. EPO's do not require the selection of a Primary Care Physician (PCP.)

Benefit Decision Guide: An overview of ALL "GIC" plans offered. You can also log onto the GIC's website at www.mass.gov/gic to find out more.

Deductible: A set dollar amount you are responsible for paying to your provider(s) for certain services before the plan will pay for these services. Deductibles reset each fiscal year.

344.02 ENROLLMENT PROCEDURES AND COVERAGE OPTIONS

A. An employee may purchase one of the aforementioned policies effective on the first day of the month following sixty (60) calendar days or two (2) full calendar months, whichever is the lesser, of their starting date of employment with the Department. At time of hire, employees are required to sign an Employee Acknowledgement form to ensure they have received all benefit options. Any employee who does not take advantage of the enrollment opportunity within ten (10) calendar days must wait until the next annual enrollment period to apply for Health Insurance coverage. The dates for the

annual enrollment period may vary slightly from year to year but are usually in the spring. All changes made in the spring become effective July 1st of that year.

B. An employee wishing to obtain or change insurance coverage should contact the Group Insurance Coordinator in the Department's Division of Human Resources (DHR) to obtain the appropriate forms and premium information. In all cases, where an employee has a question regarding their insurance premium deduction, they shall contact the Group Insurance Coordinator.

C. The following coverage options are available to employees:

1. Health and Dental Insurance

Individual or family health insurance plans are available to employees that provide hospital, surgical, medical, limited dental and other health benefits. The individual plan provides coverage for the employee only, whereas the family plan provides coverage for the employee, their spouse and dependent children up to the age of twenty-six (26). Children with disabilities are covered under the family plan.

a. Dependent Turning Age Nineteen (19) for HR/CMS and UMASS

Under the Affordable Care Act, an insured's child, stepchild, adopted child and eligible foster child will automatically continue health and dental coverage up to the last month the dependent turns age twenty-six (26) as long as the insured has family coverage. All members of the GIC family plan must reside in the health plan's service area, unless the dependent is a full-time student. The GIC sends a questionnaire to the insured who have a covered dependent turning age nineteen (19). The insured only needs to complete and return the questionnaire if the dependent lives outside of the health plan's service area or is a full-time student living outside of the health plan's service area.

If the dependent is not the child, stepchild, adopted child or eligible foster child, they may be eligible for coverage under Massachusetts Health Reform up to age twenty-six (26) or two (2) years after losing dependent status under Internal Revenue Service (IRS) rules, whichever occurs first. The insured must contact the GIC for a Massachusetts Health Care Reform Dependent Application in order to apply.

If the insured wishes to cover the child of a dependent who is age nineteen (19) to twenty-six (26), the insured may only

cover both the dependent age nineteen (19) and over and the dependent's child under Massachusetts Health Care Reform. This will provide coverage up to when the dependent turns age twenty-six (26) or two (2) years after loss of IRS dependent status, whichever occurs first. Instruct the insured to contact the GIC for the Massachusetts Health Care Reform Dependent Application. Attach a copy of the form and the birth certificate for the dependent and send with the application to the GIC.

b. Disabled Children

If the child's disability occurred prior to age nineteen (19), the employee can apply for disabled dependent coverage by completing the necessary forms. Coverage may continue as long as the disabled dependent remains unable to support their-self due to disability and the employee continues on the GIC family health coverage.

For more specific information relative to health insurance coverage, including Catastrophic Illness Coverage (CIC) the Group Insurance Commission has prepared a brochure entitled Benefit Decision Guide, which is available to all employees through the DHR Benefit section.

2. The Commonwealth Indemnity Plans, Health Maintenance Organizations, Preferred Provider Organization, Point of Services, and Exclusive Provider Organization

An opportunity is also provided for employees to join one (1) of the Commonwealth Indemnity Plans or one (1) of a number of health maintenance organizations. Information on these plans can be obtained by consulting the Benefit Decision Guide.

3. Basic Life and Accidental Death and Dismemberment Insurance

The Commonwealth offers $5,000 of Basic Life Insurance to all employees.

Employees who have health insurance are automatically enrolled in the Basic Life Insurance.

D. All active employees pay a percentage of the insurance premium based on their date of hire (employees hired before July 1, 2003 pay 20% and employees hired after July 1, 2003 pay 25%), retirees pay 20% of the insurance premium foregoing basic coverage, with the Commonwealth contributing the remaining percentage.

Optional Life Insurance is based on the employee's salary. An employee desiring to increase the coverage may purchase additional amounts of group life and group accidental death and dismemberment insurance designated as "optional." More specific information on this optional insurance, including the maximum amount of coverage that may be purchased, can be obtained by consulting the GIC- Benefit Decision Guide.

E. Upon the death of an employee, or retiree, insured as noted above, the surviving spouse may continue the group general or blanket insurance coverage, provided said spouse shall pay 10% of the premium for such insurance, with the Commonwealth contributing the remaining 90% of the premium.

F. According to M.G.L. c. 29 §30, no officer or board shall insure any property of the Commonwealth without special authority of law.

344.03 DENTAL/VISION CARE PLAN

A. The GIC's dental and vision plan provides dental and vision benefits to eligible employees who work half-time or more. Management and confidential employees in the Department are eligible for these benefits. The dental plan is administered by Metropolitan Life Insurance (MetLife) and the vision plan is administered by Davis Vision.

B. MetLife is the provider for the dental portion of the GIC Dental/Vision plan. During annual enrollment, participants may change their dental plan type.

1. The PPO, also known as the MetLife Value Plan, is a less expensive plan, with a network encompassing almost 40% of the state's dentists who agree to accept negotiated fees for their services with no balance billing to members. The plan has lower out-of-network benefits (higher out-of-pocket costs).

2. The Indemnity Plan, also known as the MetLife Classic Plan, offers access to any dentist. However, your out-of-pocket costs shall be less if you use one of MetLife's participating providers.

C. The Davis Vision Plan has two (2) vision care options. Members can receive basic services at no cost and pay a co-pay for enhanced materials and services when they use a Preferred Provider, a network of over 900 vision providers. The other option available is for members to be reimbursed according to a fixed schedule of benefits when they do not use a Preferred Provider.

D. Employees enrolling in the dental and vision plan pay a percentage of the premium based on their date of hire (employees hired before July 1, 2003 pay 20% and employees hired after July 1, 2003 pay 25%), with the Commonwealth contributing the remainder. Coverage for new employees

begins on the first day of the month following sixty (60) days of employment or two (2) calendar months, whichever is less.

E. Eligible employees can obtain additional information concerning the dental and vision plan from the DHR benefit section.

344.04 LONG TERM DISABILITY INSURANCE

A. The GIC has contracted with MetLife to provide long term disability insurance to employees of the Commonwealth.

B. This is an income replacement program for employees in the event they become disabled and are unable to perform the material and substantial duties of their job. The plan provides:

- A tax-free benefit of up to 55% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits, but the minimum benefit shall be $100 or 10% of your gross monthly benefit amount, whichever is greater.

C. The coverage of a new employee enrolling in this plan begins on the first day of the month following two (2) calendar months, or sixty (60) days of employment, whichever is less.

D. An employee who has chosen not to purchase this insurance when initially eligible may enroll in the plan at any time during the year, but the employee shall be required to provide proof of good health that is satisfactory to MetLife before coverage can start.

E. MetLife has prepared a booklet available to all employees through the DHR benefit section which provides more specific information relative to long term disability insurance.

344.05 WORKERS' COMPENSATION

A. Employees, with the possible exception (said exception to be determined by the Industrial Accident Board) of "public officers" (e.g.; Commissioner, Deputy Commissioner, and Superintendents), are covered under the Commonwealth's Workers' Compensation Law for injuries arising out of and in the course of their employment.

B. In the event that an employee is injured on the job, they shall report the injury to their supervisor and their institution industrial accident coordinator

immediately. In addition, the DHR Workers' Compensation Unit shall file a Notice of Injury Report, Internal Claims Investigation, Authorization for Release of Medical Records and Concurrent Employment Review Form with the Human Resources Division (of the Executive Office for Administration and Finance), Workers' Compensation Section within forty-eight (48) hours of the injury.

C. Injuries sustained during travel to and from work are not covered. However, if an employee is injured while using a state or private vehicle in the course of their employment (e.g., while transporting inmates) they would be covered.

344.06 INMATES, VOLUNTEERS, STUDENT INTERNS, CONTRACT EMPLOYEES

A. Inmates, volunteers, student interns and contract employees (formerly A03" consultants) are not covered by group life and/or health insurance or the Workers' Compensation Act as they are not considered employees of the Commonwealth.

B. Inmates are provided with medical treatment by the Department's Health Services Division; volunteers, student interns and contract employees are expected to obtain their own coverage and shall be so notified.

344.07 EMPLOYEE INDEMNIFICATION

An employee named as a party in a lawsuit as a result of actions taken within the scope of their official duties shall immediately notify their Superintendent and the Department's Legal Office. M.G.L., c. 258 should be consulted for additional information.

344.08 FLEXIBLE SPENDING ACCOUNTS

A. The GIC's Flexible Spending Accounts (FSAs), administered by Benefit Strategies, help you save money on out-of-pocket health care costs and/or dependent care expenses. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

1. Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis.

a. HCSA Eligibility

All active employees who are eligible for health benefits with the GIC are eligible to enroll in the HCSA. Employees must

work at least eighteen and three quarters (18.75) hours in a thirty-seven and a half (37.5) hour week or twenty (20) hours in a forty (40) hour work week.

Please consult the GIC Benefit Decision Guide for more information about the HCSA.

2. Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of thirteen (13) and an adult dependent – including day care, after school programs, elder day care, and day camp – on a pre-tax basis. You may elect an annual DCAP contribution of up to $5,000 per household.

a. DCAP Eligibility

Active state employees, who work half-time or more and have employment-related expenses for a dependent child under the age of thirteen (13) and/or a disabled adult dependent are eligible for DCAP benefits.