# BENEFITS-AT-A-GLANCE MEDICARE RETIREES & SURVIVORS





**2018 – 2019** Benefits and rates effective July 1, 2018



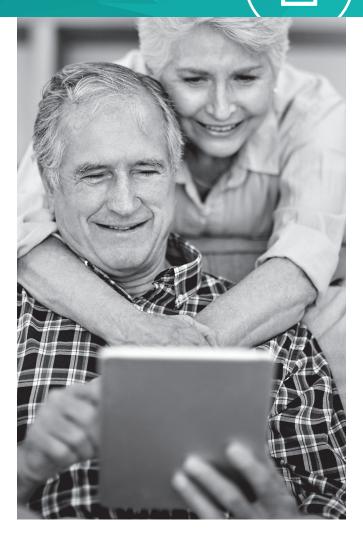




# Learn What's New During Annual Enrollment

#### What's Changing This Year:

- **The Fallon Senior Plan will no longer be offered.** Please review the Benefits-at-a-Glance section for information about this year's product offerings or contact the health insurance carrier with specific questions about their GIC Medicare product.
- Tufts Medicare Preferred will include Medicare Part D effective July 1, 2018. You will receive a federal governmentrequired opt-out mailing in early May. Do not opt out of the SilverScript Part D program. If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- CVS SilverScript will be your prescription drug administrator. When you enroll in medical coverage through the GIC, you will automatically receive prescription drug coverage through CVS SilverScript. CVS SilverScript offers cost management resources and live customer service support so you can best understand and manage your prescription costs. With SilverScript, you have a separate ID card for your pharmacy benefit. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled. If you have questions about this program, visit gic.silverscript.com or call 1.877.876.7214.



## **IMPORTANT REMINDERS!**

Completed Annual Enrollment forms are due to the GIC by Wednesday, May 2, 2018: All forms are available on the GIC website (mass.gov/gic-forms). Changes go into effect July 1, 2018.

**Once you choose health care coverage, you cannot change products until the next Annual Enrollment period.** Even if your doctor or hospital leaves the health insurance product, unless you have an eligible qualifying status change, you must remain enrolled in your selected plan until the next Annual Enrollment. You can find a list of qualifying status changes on the GIC's Annual Enrollment website at **mass.gov/orgs/group-insurance-commission**.

# **Benefits-at-a-Glance: Health Insurance Products**

|  | MEDICARE ADVANTAGE                      | MEDICARE SUPPLEMENT                      |  |
|--|---|--|--|
| HEALTH INSURANCE<br>PRODUCTS   | TUFTS HEALTH PLAN<br>MEDICARE PREFERRED | TUFTS HEALTH PLAN<br>MEDICARE COMPLEMENT | UNICARE STATE<br>INDEMNITY PLAN MEDICARE<br>EXTENSION (OME)<br>with CIC* (Comprehensive)   |
| PRODUCT TYPE   | НМО                                     | INDEMNITY                                | INDEMNITY  |
| PCP Designation Required?  | Yes                                     | No                                       | No   |
| PCP Referral to Specialist<br>Required?  | Yes                                     | No                                       | No   |
| Calendar Year Deductible   | None                                    | None                                     | None   |
| <b>Preventive Care</b><br>Office visits according to<br>health plan's schedule | No Сорау                                | No Сорау                                 | No Сорау   |
| Physician's Office Visit<br>(except behavioral health)                         | \$15 per visit                          | \$15 per visit                           | \$10 per visit   |
| Retail Clinic  | \$15 per visit                          | \$15 per visit                           | \$10 per visit   |
| Outpatient Behavioral<br>Health / Substance Abuse<br>Disorder Care             | \$15 per visit                          | \$15 per visit                           | First 4 visits: no copay;<br>visits 5 and over: \$10 / visit   |
| Inpatient Hospital Care  | No Copay                                | No Copay                                 | No Copay   |
| Hospice Care   | No Copay                                | No Copay                                 | No Copay   |
| Diagnostic Laboratory Tests<br>and X-Rays                                      | No Сорау                                | No Copay                                 | No Copay   |
| Surgery<br>Inpatient and Outpatient  | No Сорау                                | No Сорау                                 | No copay in MA and for out-<br>of-state providers that accept<br>Medicare; call the plan for details<br>if using out-of-state providers<br>that do not accept Medicare |
| Emergency Room Care<br>(includes out-of-area)                                  | \$50 per visit<br>(waived if admitted)  | \$50 per visit<br>(waived if admitted)   | <b>\$50 per visit</b><br>(waived if admitted)  |

#### **Hearing Aids**

First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period

| Prescription Drugs  |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| <b>Retail</b><br>(up to a 30-day supply)<br>Tier 1 / Tier 2 / Tier 3                | \$10 / \$30 / \$65  | \$10 / \$30 / \$65  | \$10 / \$30 / \$65  |
| Mail Order Maintenance Drugs<br>(up to a 90-day supply)<br>Tier 1 / Tier 2 / Tier 3 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

\* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the carrier for details.

| MEDICARE SUPPLEMENT  |  |  |  |  |
|--|--|--|--|--|
| HARVARD PILGRIM<br>MEDICARE ENHANCE                                | HEALTH NEW ENGLAND<br>MEDICARE SUPPLEMENT PLUS |  |  |  |
| INDEMNITY  | INDEMNITY                                      |  |  |  |
| No   | No   |  |  |  |
| No   | No   |  |  |  |
| None   | None   |  |  |  |
| No Copay   | No Сорау                                       |  |  |  |
| \$15 per visit   | \$15 per visit                                 |  |  |  |
| \$15 per visit   | \$15 per visit                                 |  |  |  |
| \$15 per visit   | \$15 per visit                                 |  |  |  |
| No Сорау   | No Сорау                                       |  |  |  |
| No Сорау   | No Copay                                       |  |  |  |
| No Copay   | No Copay                                       |  |  |  |
| No Copay   | No Сорау                                       |  |  |  |
| \$50 per visit<br>(waived if admitted)                             | \$50 per visit<br>(waived if admitted)         |  |  |  |
| First \$500 covered at 100%; 80% coverage for the next \$1,200 per |  |  |  |  |

This chart is an overview of the health insurance product benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions as spelled out in the respective health insurance carriers' documents. With the exception of emergency care, there are no out-of-network benefits for the GIC's Medicare HMOs.

You may change plans only during the GIC's spring Annual Enrollment period, even though the plan's providers may change on a calendar year basis.

For more information about a specific product's benefits or providers, call the carrier or visit its website.

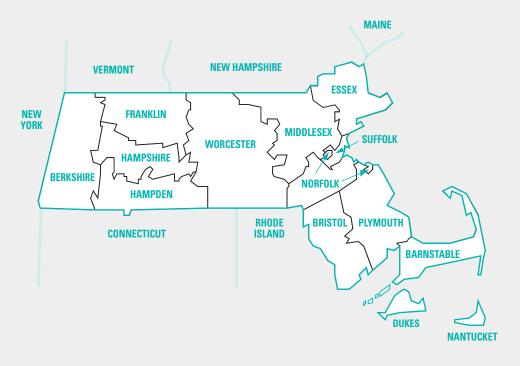


First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period

| \$10 / \$30 / \$65  | \$10 / \$30 / \$65  |  |
|---------------------|---------------------|--|
|                     |                     |  |
| \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |  |

## **MEDICARE Health Insurance Locator Map**

#### Where You Live Determines Which Health Insurance Product You May Enroll In.



### Is the MEDICARE Health Insurance Product Available Where You Live?

BARNSTABLE HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE HPME, HNEMSP, TMC, OME

BRISTOL HPME, HNEMSP, TMC, TMP, OME

DUKES HPME, HNEMSP, TMC, OME

ESSEX HPME, HNEMSP, TMC, TMP, OME

FRANKLIN HPME, HNEMSP, TMC, OME

HAMPDEN HPME, HNEMSP, TMC, TMP, OME HAMPSHIRE HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX HPME, HNEMSP, TMC, TMP, OME

NANTUCKET HPME, HNEMSP, TMC, OME

NORFOLK HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH HPME, HNEMSP, TMC, TMP, OME

SUFFOLK HPME, HNEMSP, TMC, TMP, OME

WORCESTER HPME, HNEMSP, TMC, TMP, OME Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, Tufts Health Plan Medicare Complement, and UniCare State Indemnity Plan/ Medicare Extension (OME) are available throughout the country.

**HPME** – Harvard Pilgrim Medicare Enhance

**HNEMSP** – Health New England Medicare Supplement Plus

**TMC** – Tufts Health Plan Medicare Complement

**TMP** – Tufts Health Plan Medicare Preferred

**OME** – UniCare State Indemnity Plan/Medicare Extension (OME)

PLEASE NOTE: EFFECTIVE JULY 1, 2018, THE FALLON SENIOR PLAN WILL NO LONGER BE AVAILABLE.

#### **Outside Massachusetts:**

CONNECTICUT HPME, HNEMSP, TMC, OME

MAINE HPME, HNEMSP, TMC, OME

**NEW HAMPSHIRE** HPME, HNEMSP, TMC, OME

NEW YORK HPME, HNEMSP, TMC, OME

RHODE ISLAND HPME, HNEMSP, TMC, OME

VERMONT HPME, HNEMSP, TMC, OME

# For More Information, Contact the Carrier



# MARK THE DATE!

Forms (mass.gov/gic/forms) are due WEDNESDAY, MAY 2 for Changes Effective July 1, 2018

Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage. If you want to keep your current benefits, you do not need to complete any paperwork, as your coverage will continue automatically.

**RETIREES AND SURVIVORS:** Mail completed annual enrollment forms to the GIC to the address below.

## For more information about specific products or benefits, contact your carrier. Be sure to indicate you are a GIC member.

| HEALTH INSURANCE   |                           |                         |  |  |
|--|---------------------------|-------------------------|--|--|
| Harvard Pilgrim Health Care<br>Medicare Enhance                | 1.800.542.1499            | harvardpilgrim.org/gic  |  |  |
| Health New England<br>Medicare Supplement Plus                 | 1.800.842.4464            | hne.com/gic             |  |  |
| Tufts Health Plan<br>Medicare Complement<br>Medicare Preferred | 1.888.333.0880 (Medicare) | tuftshealthplan.com/gic |  |  |
| UniCare State Indemnity Plan<br>Medicare Extension (OME)       | 1.800.442.9300            | unicarestateplan.com    |  |  |
| Pharmacy Benefits Manager<br>CVS SilverScript                  | 1.877.876.7214            | gic.silverscript.com    |  |  |



