



Commonwealth of Massachusetts
Group Insurance Commission

2021-2022 OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH
OF MASSACHUSETTS

RETIREES & SURVIVORS



**ANNUAL ENROLLMENT:
APRIL 7 – MAY 5, 2021**

Benefits and rates effective **July 1, 2021**

mass.gov/gic



Your Annual Enrollment Checklist



Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage.

- ☐ **REVIEW THIS GUIDE AND IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS BEST FOR YOU.**

TIP: Use the non-Medicare and Medicare locator maps on pages 4 and 9 to find which products are offered in your area.

- ☐ **MAKE SURE YOU UNDERSTAND YOUR OPTIONS.** For example, if you are a non-Medicare retiree, you may have the option to select a lower cost regional or limited network product. These products feature the same or better benefits as broad network products, but at a lower cost because they include a smaller network of providers (doctors and hospitals). For more information, visit our website: mass.gov/gic-annual-enrollment, or call us at **1.617.727.2310**.

- ☐ **CONTACT YOUR HEALTH AND OTHER INSURANCE CARRIERS ABOUT ANY PRODUCT OR TIER CHANGES.** This includes questions about network coverage, providers, drug tiers or wellness benefits. (See page 19 for carrier contact information.)

- ☐ **TURNING 65?** Check our website for a video to guide you through next steps, whether you're retiring or not: bit.ly/gicturning65.

- ☐ **SUBMIT ALL FORMS TO THE GIC NO LATER THAN MAY 5, 2021.** You may request and submit forms online using myGICLink (bit.ly/mygiclink). Forms are also available in PDF on the GIC website (bit.ly/gicforms). Changes go into effect July 1, 2021.

If you wish to keep your current coverage, no action is needed. Your coverage continues at the new rates, effective July 1, 2021.



IMPORTANT REMINDERS

- 1. Annual enrollment is your once-a-year opportunity to change your health plan or coverage election.**
- 2. You may make certain changes to your elections within 60 days of a qualifying event.** Qualifying events include marriage, birth/adoption, involuntary loss of other coverage, spouse's Annual Enrollment or return from an approved FMLA or military leave. Your doctor or hospital leaving a network is not a qualifying event. For complete details, go to bit.ly/gicliferevents.
- 3. Doctors and hospitals within your network may change during the year.** If your doctor is no longer available, your health plan will help you find a new one.
- 4. When checking provider coverage and tiers, specify the health insurance product's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," and not just "Tufts Health Plan."** Your health insurance carrier is the best source for this information.
- 5. Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, 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.



THE GIC IS NOW DIGITAL!

You can access your guide at mass.gov/gic.

What's New This Year



If you are a MEDICARE eligible GIC Retiree:

- No benefit changes in GIC Medicare Plans

If you are a NON-MEDICARE eligible GIC Retiree:

- **New in FY22—Three no-cost behavioral health telehealth visits per member**

Starting on July 1, 2021, for all non-Medicare health plans, each covered member will be eligible for three no-cost in-network behavioral health telehealth visits per year. This includes behavioral telehealth care you receive from a traditional provider.

- Check with your carrier to see if your provider is still in the network. See page 19 for carrier contact information.
- COVID-19 vaccines are covered under your Express Scripts benefit.

Other Benefits

- As of July 1, 2021, MetLife will be the GIC's insurance carrier for Life and Accidental Death & Dismemberment, in addition to continuing as our Dental carrier. More information can be found on page 14.



GO DIGITAL!

If GIC has your email address you may use *myGICLink* to access enrollment forms to make Annual Enrollment changes.

- Go to **bit.ly/mygiclink**
- Enter your email address and DOB
- Choose your GIC form(s)
- Select *Request*
- Check your email for the requested form(s)
- Follow instructions for completion
- Select *Submit*
- Watch your email for confirmation of receipt

What You Need to Know



Non-Medicare Plan Participants Only

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.

Avoid the Express Scripts Retail Refill Penalty!

If you or a family member is taking a long-term medication—such as for high cholesterol or high blood pressure—you will receive a letter from Express Scripts asking you to tell them how you wish to receive your future refills—by mail or at your local CVS pharmacy.

If you choose to have your medication delivered to your home, your copay is lower. You can still pick up your medication at your local CVS pharmacy, but you'll pay a higher copay*.

Make sure you respond to that letter from Express Scripts before your third refill, or you will be charged a significant penalty.

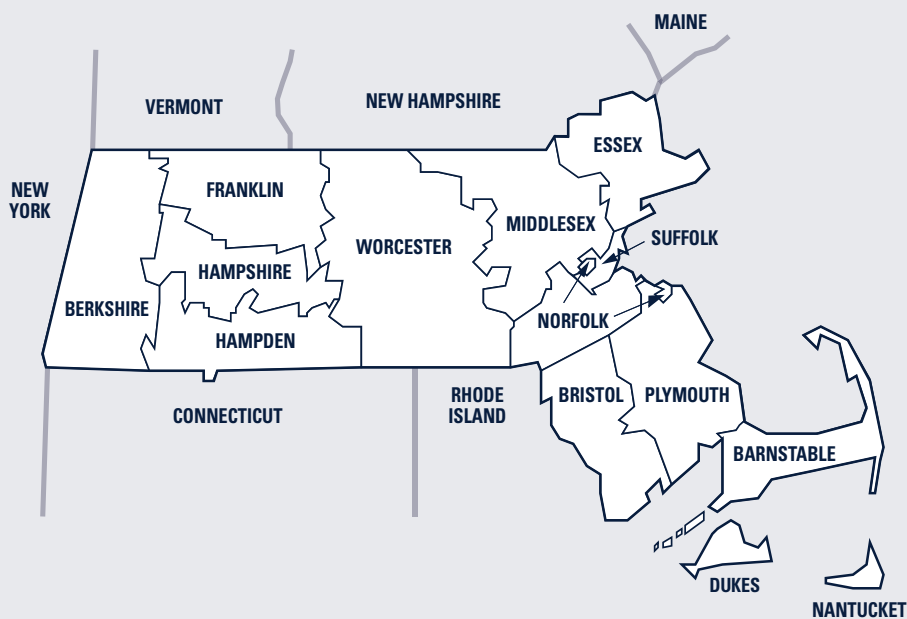
*If you choose the Express Scripts Pharmacy or a CVS™ pharmacy, you will pay one mail order copay for a 90-day supply of medication. If you use a non-CVS pharmacy, you will pay one retail copay for a 30-day supply of medication.

Where Do You Live? (Non-Medicare)



NON-MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.

The **bold** text is a shortened version of the full product name. These names are used to indicate which product is available in each county.



DIRECT – Fallon Health Direct Care
SELECT – Fallon Health Select Care
INDEPENDENCE – Harvard Pilgrim Independence
PRIMARY CHOICE – Harvard Pilgrim Primary Choice
HNE – Health New England
ALLWAYS COMPLETE – AllWays Health Partners Complete HMO
NAVIGATOR – Tufts Health Plan Navigator
SPIRIT – Tufts Health Plan Spirit
BASIC – UniCare State Indemnity Plan/Basic
COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice
PLUS – UniCare State Indemnity Plan/PLUS

Is the **NON-MEDICARE** Health Product Available Where You Live?

BARNSTABLE

Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

BERKSHIRE

Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, Community Choice, PLUS

BRISTOL

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

DUKES

Independence, AllWays Complete, Navigator, Basic, PLUS

ESSEX

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

FRANKLIN

Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPDEN

Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

HAMPSHIRE

Direct*, Select, Independence, Primary Choice, HNE, Navigator, Spirit*, Basic, PLUS, Community Choice

MIDDLESEX

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

NANTUCKET

Independence, AllWays Complete, Navigator, Basic, PLUS

NORFOLK

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

PLYMOUTH

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

SUFFOLK

Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

WORCESTER

Direct, Select, Independence, Primary Choice, HNE, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

OUTSIDE OF MASSACHUSETTS

The UniCare State Indemnity Plan/Basic is the only health insurance product offered by the GIC that is available throughout the United States and outside of the country.

CONNECTICUT

Independence, HNE*, Navigator*, Basic, PLUS*

MAINE

Independence, Navigator*, Basic, PLUS

NEW HAMPSHIRE

Select*, Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

*Not every city and town is covered in this county or state; contact the health insurance carrier to find out if you live in the service area. The product also has a limited network of providers in this county or state; contact the health insurance carrier to find out which doctors and hospitals participate.

Non-Medicare Health Insurance Rates



| | | Monthly GIC Product Rates Effective July 1, 2021 | | | | | |
|--|------------------|---|-----------------|---|-----------------|---|-----------------|
| | | NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹ | | NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement 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 PRODUCTS (Premium includes Basic Life Insurance) | PRODUCT CATEGORY | INDIVIDUAL COVERAGE | FAMILY COVERAGE | INDIVIDUAL COVERAGE | FAMILY COVERAGE | INDIVIDUAL COVERAGE | FAMILY COVERAGE |
| UniCare State Indemnity Plan/Basic <i>with</i> CIC ² (Comprehensive) | National Network | \$174.99 | \$390.86 | \$232.28 | \$517.53 | \$289.58 | \$644.22 |
| UniCare State Indemnity Plan/Basic <i>without</i> CIC | | \$114.60 | \$253.37 | \$171.89 | \$380.04 | \$229.19 | \$506.73 |
| UniCare State Indemnity Plan/PLUS | Broad Network | \$78.57 | \$186.66 | \$117.84 | \$279.98 | \$157.12 | \$373.31 |
| Tufts Health Plan Navigator | | \$84.01 | \$204.52 | \$126.01 | \$306.77 | \$168.02 | \$409.03 |
| Fallon Health Select Care | | \$86.64 | \$209.97 | \$129.95 | \$314.94 | \$173.27 | \$419.92 |
| Harvard Pilgrim Independence Plan | | \$96.73 | \$235.43 | \$145.09 | \$353.14 | \$193.45 | \$470.85 |
| Health New England | Regional Network | \$63.45 | \$150.56 | \$95.17 | \$225.83 | \$126.90 | \$301.11 |
| AllWays Health Partners Complete HMO | | \$77.17 | \$200.51 | \$115.74 | \$300.75 | \$154.33 | \$401.01 |
| UniCare State Indemnity Plan/Community Choice | Limited Network | \$59.82 | \$147.71 | \$89.71 | \$221.55 | \$119.62 | \$295.41 |
| Tufts Health Plan Spirit | | \$64.29 | \$154.29 | \$96.42 | \$231.43 | \$128.57 | \$308.58 |
| Fallon Health Direct Care | | \$64.17 | \$161.25 | \$96.25 | \$241.86 | \$128.33 | \$322.49 |
| Harvard Pilgrim Primary Choice | | \$70.19 | \$178.21 | \$105.28 | \$267.31 | \$140.37 | \$356.42 |

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

2 CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance: Non-Medicare Retirees



HEALTH INSURANCE PRODUCTS

| | NATIONAL NETWORK | BROAD NETWORK | | | |
|---|--|--|--|------------------------------------|--|
| | UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive) | UNICARE STATE INDEMNITY PLAN/PLUS | TUFTS HEALTH PLAN NAVIGATOR | FALLON HEALTH SELECT CARE | HARVARD PILGRIM INDEPENDENCE PLAN |
| PRODUCT TYPE | INDEMNITY | PPO-TYPE | POS | HMO | POS |
| PCP Designation Required? | No | No | Yes | Yes | Yes |
| PCP Referral to Specialist Required? | No | No | Yes | Yes | Yes |
| Out-of-pocket Maximum | | | | | |
| Individual coverage | \$5,000 | \$5,000 | \$5,000 | \$5,000 | \$5,000 |
| Family coverage | \$10,000 | \$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 | \$500 / \$1,000 |
| Primary Care Provider Office Visit | \$20 / visit | \$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs | Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit | \$20 / 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 | Most covered at 100% - no copay |
| Specialist Physician Office Visit | | | | | |
| Tier 1 / Tier 2 / Tier 3 | \$30 / \$60 / \$60 / visit | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit |
| Retail Clinic and Urgent Care Center | \$20 / visit | \$20 / visit | \$20 / visit | \$20 / visit | \$10 retail clinic / \$20 urgent care |
| Outpatient Behavioral Health/Substance Use Disorder Care | \$15 or \$20 / visit | \$15 / visit | \$10 / visit | \$20 / 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) | \$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 | \$275 / admission | \$275 / admission | \$275 / admission | \$275 / admission | \$275 / admission |
| Tier 2 | no tiering | \$500 / admission | \$500 / admission | \$500 / admission | \$500 / admission |
| Tier 3 | | \$1,500 / admission | \$1,500 / admission | \$1,500 / admission | \$1,500 / admission |
| Outpatient Surgery | | | | | |
| Eye & GI procedures at freestanding facilities in Massachusetts | \$0 | \$0 | \$150 | \$150 | \$150 |
| All other in Massachusetts | \$250 | \$110 / \$110 / \$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 | \$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 | \$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 | \$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.

Benefits-at-a-Glance: Non-Medicare Retirees



| REGIONAL NETWORK | | LIMITED NETWORK | | | |
|---|--------------------------------------|--|---|------------------------------------|---|
| HEALTH NEW ENGLAND | ALLWAYS HEALTH PARTNERS COMPLETE HMO | UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE | TUFTS HEALTH PLAN SPIRIT | FALLON HEALTH DIRECT CARE | HARVARD PILGRIM PRIMARY CHOICE PLAN |
| HMO | HMO | PPO-TYPE | EPO (HMO-TYPE) | HMO | HMO |
| Yes | Yes | No | No | Yes | Yes |
| No | Yes | No | No | Yes | Yes |
| \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 | \$5,000 \$10,000 |
| \$400 / \$800 | \$500 / \$1,000 | \$400 / \$800 | \$400 / \$800 | \$400 / \$800 | \$400 / \$800 |
| \$20 / visit | \$20 / visit | \$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs | \$20 / visit | \$15 / 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 | Most covered at 100% - no copay | Most covered at 100% - no copay |
| \$30 / \$60 / visit (No Tier 3) | \$30 / \$60 / visit (No Tier 3) | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit | \$30 / \$60 / \$75 / visit | \$30 / \$60 / visit (No Tier 3) |
| \$20 / visit | \$20 / visit | \$20 / visit | \$20 / visit | \$15 / visit | \$20 / visit |
| \$20 / visit | \$20 / visit | \$15 / visit | \$20 / visit | \$15 / visit | \$20 / visit |
| \$100 / visit (waived if admitted) | \$100 / visit (waived if admitted) | \$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 / admission no tiering | \$275 / admission no tiering | \$275 / admission no tiering | \$275 / admission \$500 / admission No Tier 3 | \$275 / admission no tiering | \$275 / admission \$500 / admission No Tier 3 |
| \$150 | \$150 | \$0 | \$150 | \$150 | \$150 |
| \$250 | \$250 | \$110 | \$250 | \$250 | \$250 |
| Maximum one copay per day. Contact the carrier for details. | | | | | |
| \$100 / scan | \$100 / scan | \$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 | \$10 / \$30 / \$65 | \$10 / \$30 / \$65 |
| \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 | \$25 / \$75 / \$165 |

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

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

Non-Medicare Prescription Drug Benefits



Express Scripts (ESI) administers the GIC prescription drug benefit for non-Medicare health insurance products. Use your ESI 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.

Drug Copays

All GIC health plans feature a three-tier copay structure. Contact ESI with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic drugs that don't fall into Tiers 1 or 2.

Covered drugs may change when ESI updates its drug formulary.

Questions?



1.855.283.7679



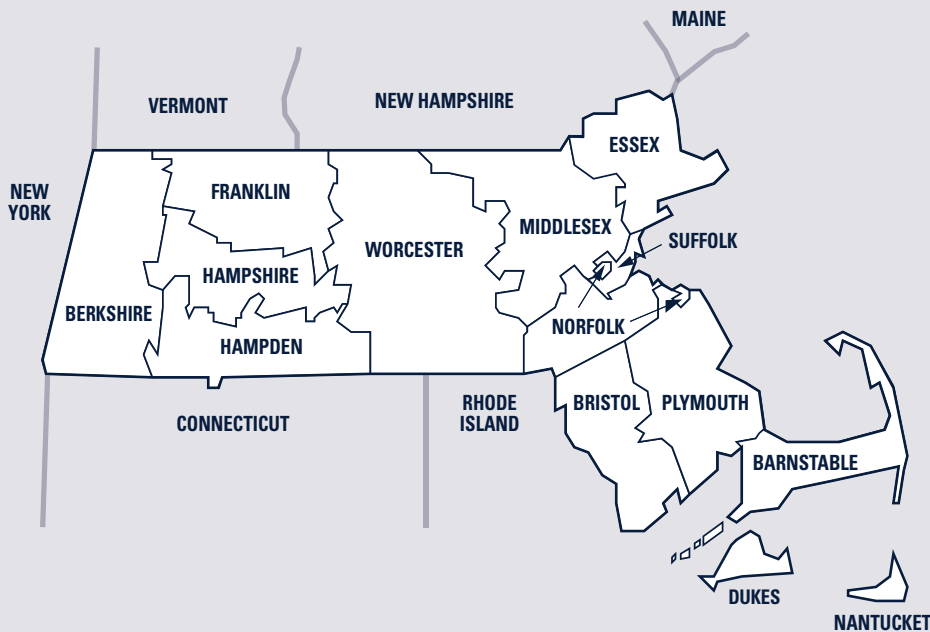
[express-scripts.com/gicRx](https://www.express-scripts.com/gicRx)



Where Do You Live? (Medicare)



MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.



The **bold** text is a shortened version of the full product name. These names are used to indicate which product is available in each county.

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)

Is the **MEDICARE** Health 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

OUTSIDE OF MASSACHUSETTS

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.

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

| | | | Monthly GIC Product Rates Effective July 1, 2021 | | |
|--|---------------------|--------------|--|--|--|
| | | | MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS¹ | 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 PRODUCTS (Premium includes Basic Life Insurance) | PRODUCT CATEGORY | PRODUCT TYPE | PER PERSON | PER PERSON | PER PERSON |
| Tufts Health Plan Medicare Preferred | Medicare Advantage | HMO | \$33.79 | \$50.68 | \$67.58 |
| Tufts Health Plan Medicare Complement | Medicare Supplement | Indemnity | \$39.76 | \$59.63 | \$79.51 |
| Harvard Pilgrim Medicare Enhance | | | \$41.84 | \$62.75 | \$83.67 |
| Health New England Medicare Supplement Plus | | | \$41.91 | \$62.86 | \$83.82 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ² (Comprehensive) | | | \$51.89 | \$71.99 | \$92.10 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive) | | | \$40.21 | \$60.31 | \$80.42 |

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

2 CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance: Medicare Retirees



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 products' documents. With the exception of emergency care, out-of-network benefits are not covered through the Tufts Medicare Advantage Plan.

| HEALTH INSURANCE PRODUCTS | MEDICARE ADVANTAGE | MEDICARE SUPPLEMENT | | | |
|--|--|---|---|---|---|
| | TUFTS HEALTH PLAN MEDICARE PREFERRED | TUFTS HEALTH PLAN MEDICARE COMPLEMENT | UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive) | HARVARD PILGRIM MEDICARE ENHANCE | HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS |
| PRODUCT TYPE | HMO | INDEMNITY | INDEMNITY | INDEMNITY | INDEMNITY |
| PCP Designation Required? | Yes | No | No | No | No |
| PCP Referral to Specialist Required? | Yes | No | No | No | No |
| Calendar Year Deductible | None | None | None | None | None |
| Preventive Care Office visits according to health plan's schedule | No Copay | No Copay | No Copay | No Copay | No Copay |
| Physician's Office Visit (except behavioral health) | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Retail Clinic | \$15 per visit | \$15 per visit | \$10 per visit | \$15 per visit | \$15 per visit |
| Outpatient Behavioral Health / Substance Abuse Disorder Care | \$15 per visit | \$15 per visit | First 4 visits: no copay; visits 5 and over: \$10 / visit | \$15 per visit | \$15 per visit |
| Inpatient Hospital Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Hospice Care | No Copay | No Copay | No Copay | No Copay | No Copay |
| Diagnostic Laboratory Tests and X-Rays | No Copay | No Copay | No Copay | No Copay | No Copay |
| Surgery Inpatient and Outpatient | 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 | No Copay | No Copay |
| 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) | \$50 per visit (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 | | | | | |
| 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 | \$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 | \$25 / \$75 / \$165 |

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



CVS SilverScript administers the prescription drug benefit for all GIC Medicare health insurance products. 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.

Drug Copays

All GIC health products feature a three-tier copay structure. Contact CVS SilverScript with questions about your specific medications.

- **Tier 1:** You pay the **lowest copay**. Most generic drugs fall into this tier.
- **Tier 2:** You pay the **mid-level copay**. Many brand-name drugs fall into this tier.
- **Tier 3:** You pay the **highest copay**. This tier includes brand-name and generic drugs that don't fall into Tiers 1 or 2.

Questions?



1.877.876.7214



gic.silverscript.com



MEDICARE PART D PRESCRIPTION DRUG COVERAGE

IMPORTANT

- **Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, 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** for more information. Social Security will notify you if this applies to you.



Health Insurance Buy-Out

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 basic life insurance.

What is the Buy-Out Program?

Under the buy-out plan, eligible state retirees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

State Retiree with UniCare State Indemnity Plan/ Medicare Extension (OME) individual coverage:

| | |
|--|---------------------|
| Full-Cost premium on July 1, 2021 (Monthly): | \$395.73 |
| 12-month benefit = | 25% of this premium |
| <hr/> | |
| Retiree receives 12 payroll deposits or monthly checks of:* | \$98.93 |
| Yearly Earnings (12 monthly payments):* | \$1,187.16 |

**subject to federal, Medicare, and state taxes*

When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on your product at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2021 or before and continue your coverage through June 30, 2021, you may apply to buy out your health plan coverage effective July 1, 2021, during Annual Enrollment.
- **October 4 – October 29, 2021:** If you are insured with the GIC on July 1, 2021 or before, and continue your coverage through December 31, 2021, you may apply to buy out your health plan coverage effective January 1, 2022. The enrollment period for this buy-out is October 4 – October 29, 2021.

Form Submission and Deadline

Submit your completed form no later than May 5, 2021 for the July 1, 2021 buy-out or October 29, 2021 for the January 1, 2022 buy-out.

Questions?



1.617.727.2310



bit.ly/gicbuyout

Life Insurance and Accidental Death & Dismemberment (AD&D)

Insured by MetLife, Life and AD&D insurance 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). 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:** If you wish to keep your GIC health insurance coverage, you must keep \$5,000 in basic life insurance.
- **Optional Life Insurance After Retirement:** 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 proof of good health.

This coverage is called "term" insurance; this means there is no cash value associated with it. Optional life insurance premiums increase as you age. You can check the amount of your optional life insurance on your annual benefit statement.

Optional Life Insurance Non-Smoker Benefit

Retired state employees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2021. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. This benefit is only available for enrollment during the Annual Enrollment period. If this applies to you, the enrollment form is available on GIC's website, bit.ly/gicforms. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

Optional Life Insurance Rates (Including AD&D)

| RETIRED STATE EMPLOYEE AGE | MONTHLY GIC PLAN RATES | |
|-------------------------------|--|--|
| | RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i> | RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i> |
| Under Age 70 | \$1.62 | \$1.29 |
| 70-74 | \$2.83 | \$2.17 |
| 75-79 | \$7.72 | \$5.90 |
| 80-84 | \$14.63 | \$11.16 |
| 85-89 | \$23.17 | \$17.69 |
| 90-94 | \$32.22 | \$26.89 |
| 95-99 | \$72.57 | \$58.72 |
| 100 and over | \$139.14 | \$112.59 |

Questions?



1.877.355.6277



metlife.com/gicbenefits

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 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 | \$28.31 |
| Family | \$68.20 |

For information, contact MetLife directly:

 1.866.292.9990

 metlife.com/gicbenefits



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.

For information, contact Davis Vision:



1.800.224.1157



davisvision.com (client code: 7621)



Have You Had Any Personal or Family Information Changes?

Have you experienced any of these events?

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

Questions?



1.617.727.2310, TDD/TTY 711



bit.ly/gicqualifyingevents

If you have experienced any of these events, you must notify the GIC within 60 days of your family status changes. Failure to do so can result in financial liability to you.



COVID-19 Vaccine Information



For information on eligibility and links to sign up for a COVID-19 vaccination, please visit mass.gov/covid-19-vaccine.



Vaccinations are covered at NO COST to GIC members.

Members with non-Medicare GIC health insurance should provide their Express Scripts prescription card for billing administration.

For GIC members with Medicare, the COVID-19 vaccine will be covered by Medicare Part B.

If you have further questions about your eligibility or which vaccine is most appropriate for you, please consult your primary care provider.





Whom to Contact if You Have a Question About...

Anything related to: ENROLLMENT OR ELIGIBILITY

For example:

- How do I enroll?
- How do I change my plan?
- Where should I send my forms?
- Problems filling out the form

Contact the Group Insurance Commission

1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment

Anything related to: HEALTH INSURANCE PRODUCT AND COVERAGE

For example:

- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- What tele-health options are offered?
- Fitness and wellness programs offered

Contact your health insurance carrier

| HEALTH INSURANCE CARRIERS | PHONE | WEBSITE |
|--|--|--|
| AllWays Health Partners | 1.866.567.9175 | allwayshealthpartners.org/gic-members |
| Fallon Health | 1.866.344.4442 | fallonhealth.org/gic |
| Harvard Pilgrim Health Care | 1.866.874.0817 | harvardpilgrim.org/gic |
| Health New England | 1.800.842.4464 | healthnewengland.org/gic |
| Tufts Health Plan | 1.800.870.9488 Medicare Products: 1.888.333.0880 | tuftshealthplan.com/gic |
| UniCare State Indemnity Plan Medicare plans Non-Medicare plans | 1.800.442.9300 1.833.663.4176 | unicaremass.com |
| Pharmacy Benefits Manager Express Scripts SilverScript | 1.855.283.7679 1.877.876.7214 | express-scripts.com/gicRx gic.silverscript.com |
| Life/AD&D Insurance | 1.877.355.6277 | metlife.com/gicbenefits |
| GIC Retiree MetLife Dental Plan | 1.866.292.9990 | metlife.com/gicbenefits |
| GIC Retiree Vision Discount Plan | 1.800.224.1157 | davisvision.com (client code: 7621) |
| 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**

P.O. Box 8747
Boston, MA 02114

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COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission
19 Staniford Street, 4th Floor
Boston, Massachusetts 02114



Telephone: 1.617.727.2310
TDD/TTY: 711



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



Website: mass.gov/gic

Commissioners

*Current as of March 2021.

For more information, visit mass.gov/gic.

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