



GIC-Member Portal



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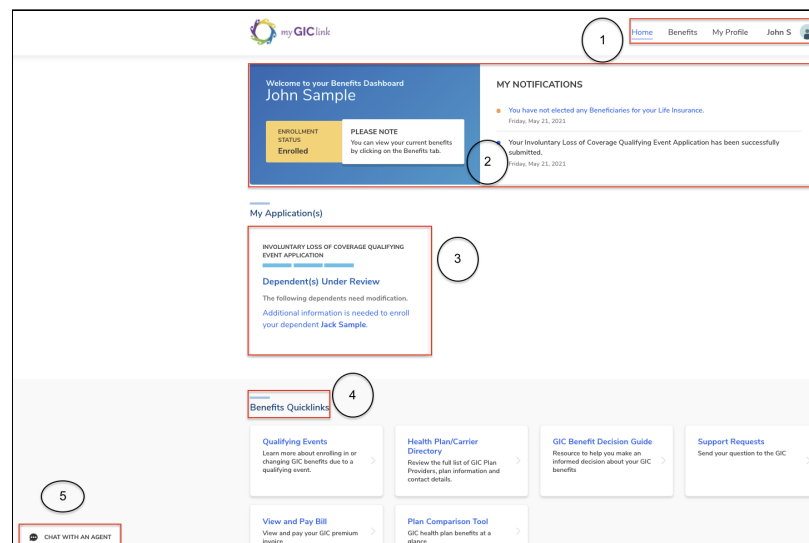
Introduction

Welcome to the GIC Member Portal user guide. This document will help you guide members on how to navigate through the Portal. The GIC portal gives its members easy access to enroll and keep track of their benefits, access to live chat agents, view and pay their bill, a plan comparison tool, and enable them to view their personal information instantly and benefits information, among other great features.

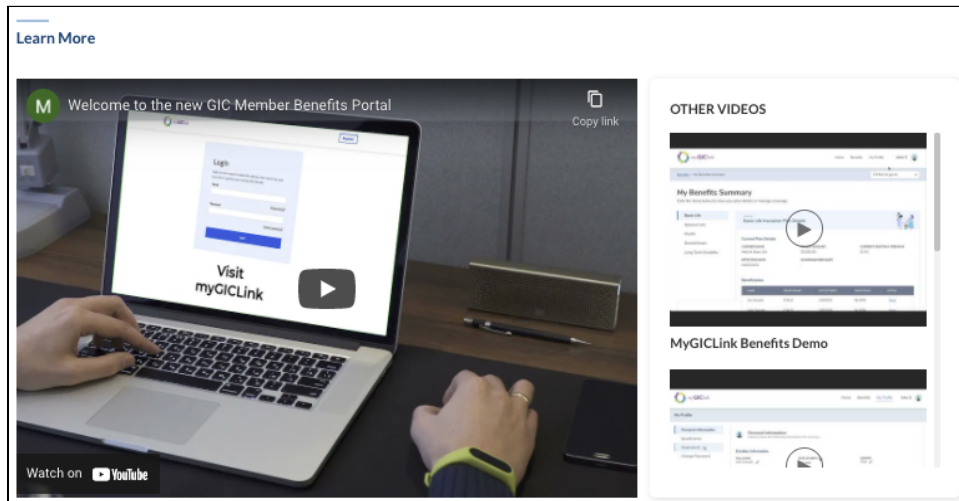
Homepage

After members log into the portal, they land on the portal homepage.

1. The right-side of the header displays links for members to view their **'Benefits'** and **'My Profile'**.
2. The top of the portal homepage displays **'Enrollment Status'** and **'My Notifications'**.
3. In the middle of the portal, the **'My Application(s)'** section tracks the member's application status.
4. The bottom of the portal contains **'Benefits Quicklinks'**.
5. The bottom-left corner contains an option to **'Chat with an expert'** for support.

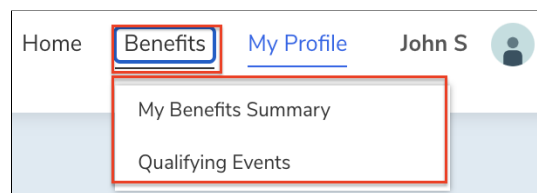


6. At the bottom of the portal contains the '**Learn More**' section to display welcome and other learning videos for the GIC Member Portal.



Benefits

Once members are enrolled, they can review their GIC benefits. Click '**Benefits**' on the top of the homepage and click '**My Benefits Summary**' to navigate the '**My Benefits Summary**' page.



(Continue to Next Page)


Select any of the GIC Benefits from the page's left-hand side to review them in greater detail.

My Benefits Summary

Click the items below to view your plan details or manage coverage.

- Basic Life
- Optional Life
- Health
- Dental/Vision
- Long Term Disability

Basic Life Insurance Plan Details



Current Plan Details

CARRIER NAME Hartford Basic Life	POLICY AMOUNT \$5,000.00	CURRENT MONTHLY PREMIUM \$1.30
EFFECTIVE DATE 12/01/2020	COVERAGE END DATE 09/01/2024	

[Coverage Details](#)
[Contact Information](#)

A Basic Life insurance product offered by GIC to all state employees through The Hartford Life and Accident Insurance Company.

Beneficiaries

NAME	RELATIONSHIP	DATE OF BIRTH	PERCENTAGE	
John J Williams	SPOUSE	9/12/1980	50.00 %	View
Mark J Williams	SON	9/12/1990	50.00 %	View

To edit the beneficiaries please click [here](#).

Future Plan Details

FUTURE MONTHLY PREMIUM \$1.30	FUTURE EFFECTIVE DATE 09/01/2021	FUTURE TERM DATE 09/01/2024
----------------------------------	-------------------------------------	--------------------------------


Click on '**Basic Life**' to view the plan related information. From each plan, click on '**Coverage Details**' and '**Contact information**' subtabs on the main body of the page to view related information.

My Benefits Summary

Click the items below to view your plan details or manage coverage.

- Basic Life
- Optional Life
- Health
- Dental/Vision
- Long Term Disability

Basic Life Insurance Plan Details



Current Plan Details

CARRIER NAME Hartford Basic Life	POLICY AMOUNT \$5,000.00	CURRENT MONTHLY PREMIUM \$1.30
EFFECTIVE DATE 12/01/2020	COVERAGE END DATE 09/01/2024	

[Coverage Details](#)
[Contact Information](#)

A Basic Life insurance product offered by GIC to all state employees through The Hartford Life and Accident Insurance Company.

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John J Williams	SPOUSE	9/12/1980	50.00 %	View
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To edit the beneficiaries please click [here](#).

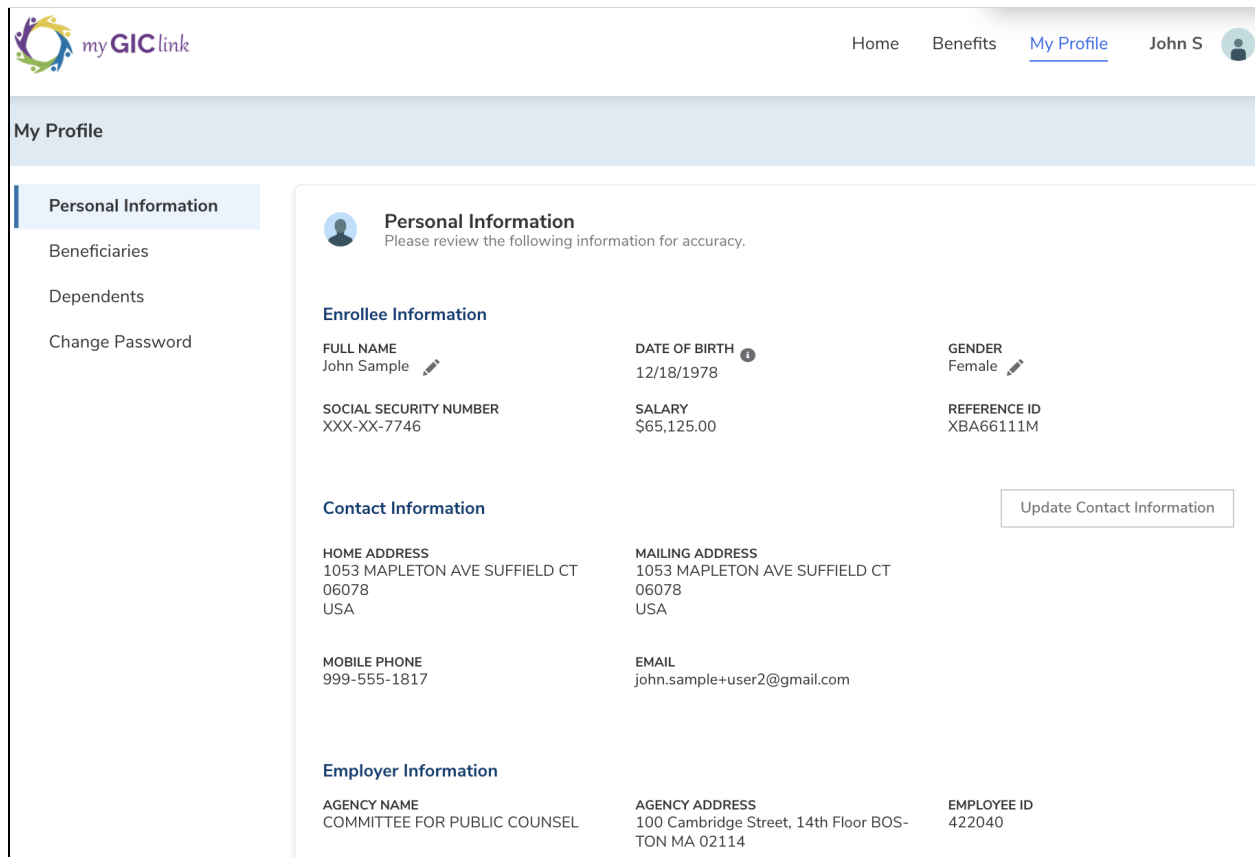
Future Plan Details

FUTURE MONTHLY PREMIUM \$1.30	FUTURE EFFECTIVE DATE 09/01/2021	FUTURE TERM DATE 09/01/2024
----------------------------------	-------------------------------------	--------------------------------

My Profile

Click on **'My Profile'** to view the **'Personal Information'**, **'Beneficiaries'**, **'Dependents'**, or **'Change Password'** sections.

Click **'Personal Information'** to view enrollee, contact, and employer information.




The screenshot shows the 'My Profile' page in the myGIClink portal. The page has a navigation bar with 'Home', 'Benefits', 'My Profile' (selected), and a user profile 'John S'. The main content area is titled 'My Profile' and contains a sidebar with links to 'Personal Information', 'Beneficiaries', 'Dependents', and 'Change Password'. The 'Personal Information' section is active and displays a profile card with a user icon and the title 'Personal Information'. Below the title is a message: 'Please review the following information for accuracy.' The profile card is divided into three sections: 'Enrollee Information', 'Contact Information', and 'Employer Information'. Each section contains various fields with values and edit icons (pencil icons). The 'Enrollee Information' section includes 'FULL NAME' (John Sample), 'DATE OF BIRTH' (12/18/1978), 'GENDER' (Female), 'SOCIAL SECURITY NUMBER' (XXX-XX-7746), 'SALARY' (\$65,125.00), and 'REFERENCE ID' (XBA66111M). The 'Contact Information' section includes 'HOME ADDRESS' (1053 MAPLETON AVE SUFFIELD CT 06078 USA), 'MAILING ADDRESS' (1053 MAPLETON AVE SUFFIELD CT 06078 USA), 'MOBILE PHONE' (999-555-1817), and 'EMAIL' (john.sample+user2@gmail.com). The 'Employer Information' section includes 'AGENCY NAME' (COMMITTEE FOR PUBLIC COUNSEL), 'AGENCY ADDRESS' (100 Cambridge Street, 14th Floor BOS- TON MA 02114), and 'EMPLOYEE ID' (422040). There is an 'Update Contact Information' button in the top right corner of the 'Contact Information' section.

Enrollee Information		
FULL NAME John Sample	DATE OF BIRTH 12/18/1978	GENDER Female
SOCIAL SECURITY NUMBER XXX-XX-7746	SALARY \$65,125.00	REFERENCE ID XBA66111M

Contact Information	
HOME ADDRESS 1053 MAPLETON AVE SUFFIELD CT 06078 USA	MAILING ADDRESS 1053 MAPLETON AVE SUFFIELD CT 06078 USA
MOBILE PHONE 999-555-1817	EMAIL john.sample+user2@gmail.com

Employer Information		
AGENCY NAME COMMITTEE FOR PUBLIC COUNSEL	AGENCY ADDRESS 100 Cambridge Street, 14th Floor BOS- TON MA 02114	EMPLOYEE ID 422040

The fields with the pencil icon  can be edited by the member.

To edit the **'Full Name'**, click its pencil icon :

1. The **'Name Change Request'** form will open.
2. Edit fields as necessary. All fields with a red asterisk are required.
3. Click **'Request Change'** to send the request for approval by GIC Staff (or)
4. Click **'Cancel'** to cancel the change.

Name Change Request

* First Name

Middle Initial

* Last Name

Jake

Sample

Suffix

* Reason for the name change?

Spelling Issues

* Please upload a scanned copy of your birth certificate, legal document, passport or license.

Upload Files

Or drop files


Screen Shot 2021-05-25 at 4.42.06 PM.png

Cancel

Request Change

Once a request is submitted, if members click the pencil icon  again, the change request form states, **'Your updates are under review'**.

Name Change Request


Your updates are under review

* First Name

Middle Initial

* Last Name

John

Sample

Suffix

* Reason for the name change?

Select a reason

Cancel

Request Change

To update '**Gender**,' click its pencil icon :

1. The '**Update Gender**' form will open.
2. Update the '**Gender**' field.
3. Click '**Update**' to save (or)
4. Click '**Cancel**' to cancel.

Update Gender


* Gender


Female

Cancel

Update

Click '**Update Contact Information**' for a member to edit/update their '**Contact Information**' section.



[Home](#)
[Benefits](#)
[My Profile](#)
John S 


My Profile

Personal Information

Beneficiaries




Dependents

Change Password



Personal Information
Please review the following information for accuracy.

Enrollee Information

FULL NAME John Sample 	DATE OF BIRTH  12/18/1978	GENDER Female 
SOCIAL SECURITY NUMBER XXX-XX-7746	SALARY \$65,125.00	REFERENCE ID XBA66111M


Contact Information

Update Contact Information


Employer Information

AGENCY NAME COMMITTEE FOR PUBLIC COUNSEL	AGENCY ADDRESS 100 Cambridge Street, 14th Floor BOS- TON MA 02114	EMPLOYEE ID 422040
--	--	------------------------------

Edit fields as necessary. All fields with a red asterisk are required. Click **'Update'** to save changes, or **'Cancel'** to discard any changes made.



[Home](#)
[Benefits](#)
[My Profile](#)

John S 


My Profile

Personal Information

Beneficiaries

Dependents

Change Password


Personal Information
Please review the following information for accuracy.

Enrollee Information

FULL NAME John Sample	DATE OF BIRTH ¹ 12/18/1978	GENDER Female
SOCIAL SECURITY NUMBER XXX-XX-7746	SALARY \$65,125.00	REFERENCE ID XBA66111M

Contact Information

HOME ADDRESS

* Street Address 1 1053 MAPLETON AVE	Street Address 2	Street Address 3
* City SUFFIELD	* State CT	* ZIP Code 06078
* Country USA		

☐ Mailing address is same as home address ¹

MAILING ADDRESS

Street Address 1 1053 MAPLETON AVE	Street Address 2	Street Address 3
City SUFFIELD	State CT	ZIP Code 06078
Country USA		

PHONE AND EMAIL ADDRESS

* Mobile Phone 999-555-1817	* Email john.sample+user2@gmail.com
--------------------------------	--

Cancel

Update

Click on the **'Beneficiaries'** side-tab to view the member's designated beneficiaries. Members can click **'View'** for each beneficiary for more details.

Personal Information
Beneficiaries
Dependents
Change Password

Beneficiaries

Please designate beneficiary(s) to your GIC Life Insurance Plan.

Primary Beneficiaries

NAME	RELATIONSHIP	PERCENTAGE	
Sam Martin	CHILD	50.00	View
Julie Smith	CHILD	50.00	View

Click on the **'Dependents'** side-tab to view enrolled dependents. For each enrolled dependent, members can click **'View'** to see details, or members can click **'Edit'** to make any changes.

My Profile

I'd like to go to

Personal Information
Beneficiaries
Dependents
Change Password

Enrolled Dependents

NAME	DATE OF BIRTH	RELATIONSHIP	GENDER	PLAN	
John J Williams	9/11/1980	Spouse	M	Tufts Health Plan Navigator	View Edit
Mark J Williams	9/11/2005	Dependent under 19	M	Tufts Health Plan Navigator	View Edit
Adam J Williams	9/11/2005	Dependent under 19	M	Tufts Health Plan Navigator	View Edit

(Continue to the next page)

If members click **'Edit,'** they can update the dependent information and then click **'Request Change'** to submit. After clicking **'Request Change,'** Dependent information goes through the GIC analyst's approval process.

Please Note:

- If the member is requesting a change for Gender, they have to check the box to attest to terms and conditions and enter their Full Name.
- If a Dependent change request is approved or rejected, members receive an email alert from GIC.

Edit Dependent Details

* First Name

Jake

Middle Initial

J

* Last Name

Smith

* Reason for the name change?

Spelling Issues

* Please upload a scanned copy of your Photo ID or Passport or License.

Upload Files

Or drop files

Screen Shot 2021-03-12 at 12.04.06 PM.png

x

* Date of Birth

9/11/1948

* Relationship

Spouse

Social Security Number

XXX-XX-6789

* Gender

Cancel

Request Change

Edit Dependent Details

!

Your updates are under review

* First Name

Health

Middle Initial

J

* Last Name

Smith

* Date of Birth

9/11/1948

* Relationship

Full-Time Student

Social Security Number

XXX-XX-6789

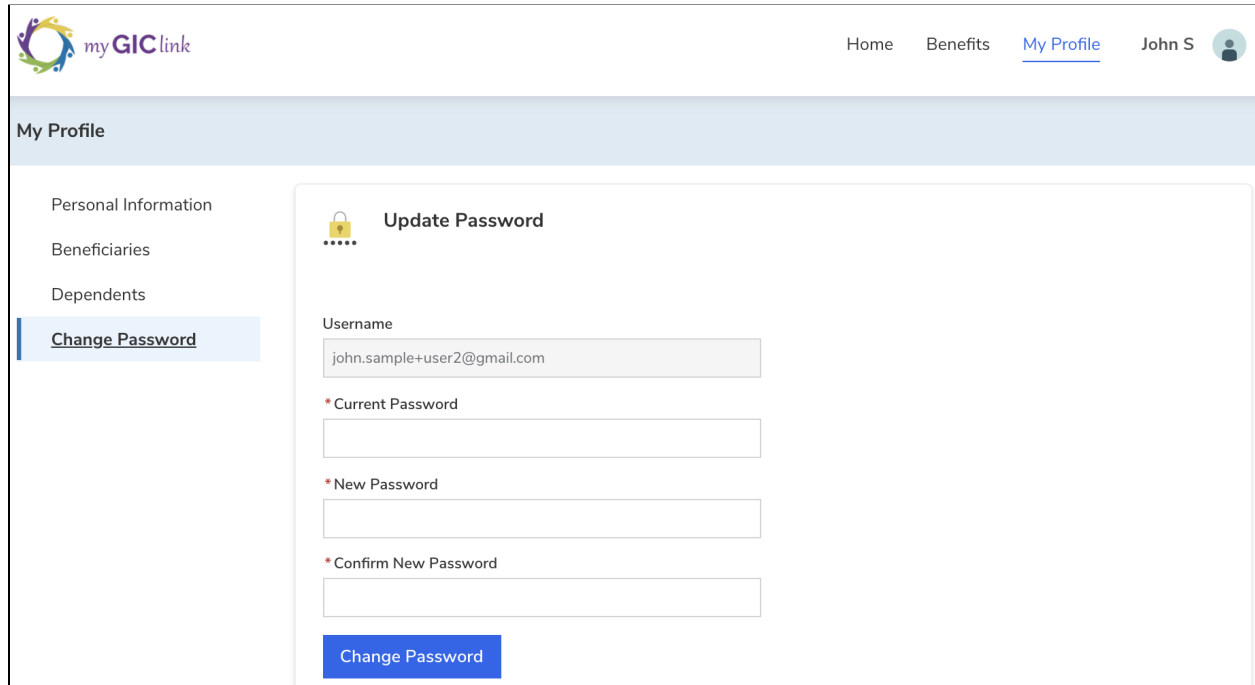
* Gender

Male

Please Note: Members receive an approval/rejection email once their change request has been reviewed by a GIC analyst.

To change a member's password, click the '**Change Password**' side-tab.

On the '**Update Password**' page, the member enters their current password, new password, and a confirmation of their new password. Once complete, the member clicks '**Change Password**' to update their password.



The screenshot displays the 'myGIClink' member portal interface. At the top, there is a navigation bar with links for 'Home', 'Benefits', 'My Profile', and a user profile icon labeled 'John S'. Below this, a 'My Profile' section is visible on the left, with a sidebar containing links for 'Personal Information', 'Beneficiaries', 'Dependents', and 'Change Password' (which is highlighted). The main content area is titled 'Update Password' and features a lock icon. It contains four input fields: 'Username' (pre-filled with 'john.sample+user2@gmail.com'), '* Current Password', '* New Password', and '* Confirm New Password'. A blue 'Change Password' button is located at the bottom of the form.

View and Pay Bills

Navigate back to the portal homepage and click **'View and Pay Bill'** on the **'Benefits QuickLinks'** section.

We will also review the other panels in the **'Benefits QuickLinks'** section later in this guide so you can become more familiar with the information each provides.

My Application(s)

Benefits Quicklinks

Qualifying Events
Review the full list of GIC Plan providers and contact information for each provider.

Health Plan/Carrier Directory
Review the full list of GIC Plan Providers, plan information and contact details.

GIC Benefit Decision Guide
Resource to help you make an informed decision about your GIC benefits.

Support Requests
Send your question to the GIC.

View and Pay Bill
View and pay your GIC premium invoice.

Plan Comparison Tool
GIC health plan benefits at a glance.

View/Pay My Bill

I'd like to go to

View Bill

Pay Bill

Reference Details
REFERENCE NUMBER
123123124
AGENCY/DIV
test/123
ISSUE DATE
12/22/2020
DUE BY
01/23/2021
TOTAL DUE
\$165.76

Please Note: This is your current bill. Any payments made will be visible on your next bill.

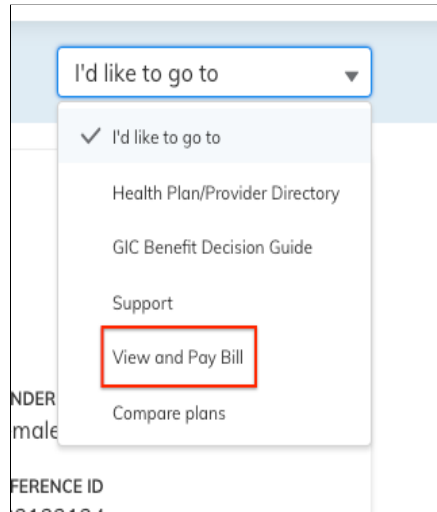
PREMIUM MONTH/DESCRIPTION	BASIC LIFE	HEALTH	OPTIONAL LIFE	LTD	DENTAL/VISION	TOTAL
09/2020 - Coverage Charge	\$1.30	\$113.73	\$0.00	\$0.00	\$50.73	\$165.76
Total Coverage	\$1.30	\$113.73	\$0.00	\$0.00	\$50.73	\$165.76
Balance Forward						(\$0.00)
Total due						\$165.76
PREVIOUS BALANCE	ADJUSTMENTS		PAYMENT RECEIVED			
\$0.00	\$0.00		\$283.00			

Comments
Total due in full by 01/23/2021

(Continue to the next page)

Members can also access a drop down either from their '**Benefits**' or '**My Profile**' page and select '**View and Pay Bill**'.

Please Note: All the options listed in the dropdown are the same as the options provided in the '**Benefits QuickLinks**', so members can access them either way.



On the '**View/Pay My Bill**' page, members can only see their current bill. Any payments made will be visible on their next bill.

View/Pay My Bill

I'd like to go to

View Bill

Pay Bill

Reference Details

REFERENCE NUMBER

123123124

AGENCY/DIV

test/123

ISSUE DATE

12/22/2020

DUE BY

01/23/2021

TOTAL DUE

\$165.76

Please Note: This is your current bill. Any payments made will be visible on your next bill.

PREMIUM MONTH/DESCRIPTION	BASIC LIFE	HEALTH	OPTIONAL LIFE	LTD	DENTAL/VISION	TOTAL
09/2020 - Coverage Charge	\$1.30	\$113.73	\$0.00	\$0.00	\$50.73	\$165.76
Total Coverage	\$1.30	\$113.73	\$0.00	\$0.00	\$50.73	\$165.76
Balance Forward						(\$0.00)
Total due						\$165.76

PREVIOUS BALANCE

\$0.00

ADJUSTMENTS

\$0.00

PAYMENT RECEIVED

\$283.00


Comments

Total due in full by 01/23/2021


(Continue to the next page)

View Bill

Pay Bill



GIC Member Payments



Your link to exceptional member benefits!

Reference Details

REFERENCE NUMBER
123123124

AGENCY/DIV
test/123

ISSUE DATE
12/22/2020

DUE BY
01/23/2021

TOTAL DUE
\$165.76

For Questions About Your Billing Statement: Contact Phone 617-727-2310 19 Staniford Street, 4th Floor, Boston, Massachusetts 02114 [Agency Website](#)

There is a 2.35% convenience fee for processing credit card payment(s) and a \$0.35 convenience fee for Electronic Check/ACH online / ACH FAQ

Your Information
Payment
Receipt

Important Information

There is a **non-refundable 2.35% convenience fee for processing credit card payment(s) and a \$0.35 convenience fee for Electronic Check/ACH online.** The total charge amount will be displayed prior to submitting the payment.

Invoice Details

Reference Number

[Where can I find my Reference Number?](#)

Agency/Division

[Where can I find my Agency/Division?](#)

Issue Date

[Where can I find my Issue Date?](#)

Payment Amount

Save and add another

General Information

Please enter the following information about the person for whom you are making a payment.

Subscriber First Name

Subscriber Last Name

Address 1

Address 2

Zip Code

City

State


Phone

Save and Continue


(Continue to the next page)

Enter the **'Invoice Details'** and **'General Information'**, and click **'Save and Continue'**.

View Bill
Pay Bill



GIC Member Payments



Reference Details
REFERENCE NUMBER
123123124
AGENCY/DIV
test/123
ISSUE DATE
12/22/2020
DUE BY
01/23/2021
TOTAL DUE
\$165.76

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[Agency Website](#)
There is a 2.35% convenience fee for processing credit card payment(s) and a \$0.35 convenience fee for Electronic Check/ACH online / [ACH FAQ](#)

Your Information
Payment
Receipt

Important Information
There is a **non-refundable 2.35% convenience fee for processing credit card payment(s) and a \$0.35 convenience fee for Electronic Check/ACH online.** The total charge amount will be displayed prior to submitting the payment.

Invoice Details


Reference Number
Enter Reference Number
[Where can I find my Reference Number?](#)
Agency/Division
Enter Agency/Division (XXX/XXXX)
[Where can I find my Agency/Division?](#)
Issue Date
Enter Issue Date (YYYY/MM/DD)
[Where can I find my Issue Date?](#)
Payment Amount
Enter Amount

Save and add another

General Information

Please enter the following information about the person for whom you are making a payment.
Subscriber First Name
Enter First Name
Subscriber Last Name
Enter Last Name
Address 1
Enter Address Line 1
Address 2
Enter Address Line 2
Zip Code
Enter Zip
City
Enter City
State
Select One...
Phone
() - -

Save and Continue

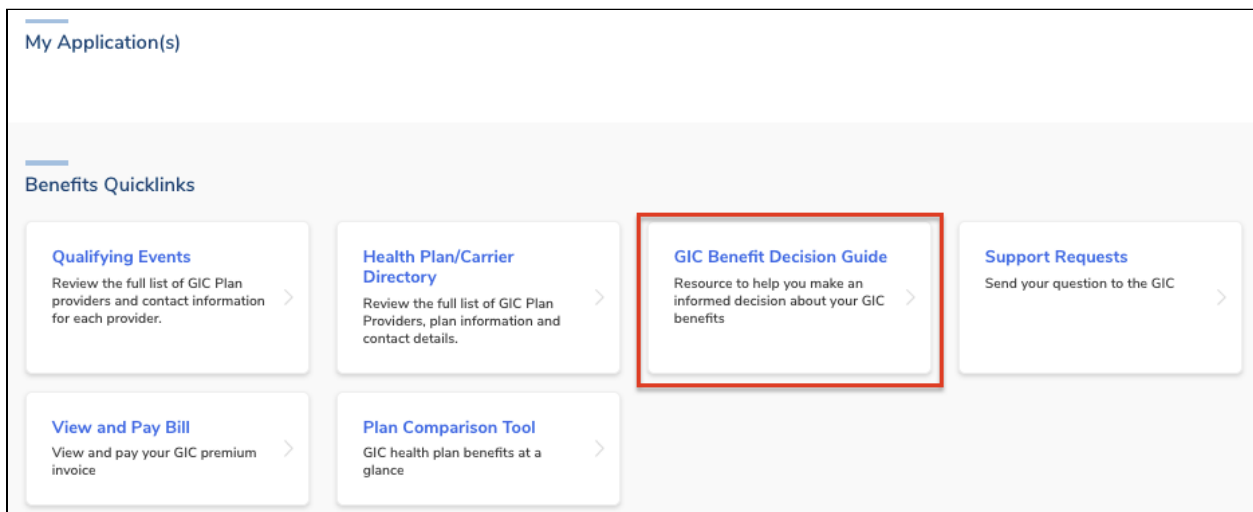


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GIC Benefit Decision Guide

Navigate back to the bottom of the portal homepage, and click '**GIC Benefit Decision Guide**' in the '**Benefits QuickLinks**' section.

Please Note: As stated previously, members can also access this quicklink by using the dropdown menu from the '**Benefits**' or '**My Profile**' page .



The screenshot shows the 'My Application(s)' section at the top. Below it is the 'Benefits Quicklinks' section, which contains six cards arranged in two rows. The card for 'GIC Benefit Decision Guide' is highlighted with a red border. Each card includes a title, a brief description, and a right-pointing arrow.

Benefits Quicklinks	
Qualifying Events Review the full list of GIC Plan providers and contact information for each provider.	Health Plan/Carrier Directory Review the full list of GIC Plan Providers, plan information and contact details.
GIC Benefit Decision Guide Resource to help you make an informed decision about your GIC benefits	Support Requests Send your question to the GIC
View and Pay Bill View and pay your GIC premium invoice	Plan Comparison Tool GIC health plan benefits at a glance

(Continue to the next page)


Members can click any of the panels on this page to navigate to each PDF page.

GIC Benefit Decision Guide

I'd like to go to

[My Benefits](#) / GIC Benefit Decision Guide

GIC Benefit Decision Guide




myGIClink

Member Benefit Guides

Mass.gov Decision Guide for State Employees

The Group Insurance Commission (GIC) provides high-quality, affordable health insurance and other benefit options.




myGIClink

Member Benefit Guides

Mass.gov Decision Guide for Municipal Employees

The Group Insurance Commission (GIC) provides high-quality, affordable health insurance and other benefit options.




myGIClink

Member Benefit Guides

Mass.gov Decision Guide for Retirees and Survivors

The Group Insurance Commission (GIC) provides high-quality, affordable health insurance and other benefit options.



myGIClink

Member Benefit Guides

Mass.gov Decision Guide for Retired Municipal Teachers and Elderly Government Retirees

The Group Insurance Commission (GIC) provides high-quality, affordable health insurance and other benefit options.

Support Cases

On the bottom of the portal homepage, click '**Support Requests**' in the '**Benefits QuickLinks**' section.

Benefits Quicklinks

Qualifying Events
Review the full list of GIC Plan providers and contact information for each provider.

Health Plan/Carrier Directory
Review the full list of GIC Plan Providers, plan information and contact details.

GIC Benefit Decision Guide
Resource to help you make an informed decision about your GIC benefits

Support Requests
Send your question to the GIC

View and Pay Bill
View and pay your GIC premium invoice

Plan Comparison Tool
GIC health plan benefits at a glance

Here members can '**Create a New Support Request**' and view the status of previously submitted requests under '**Logged Support Requests**'.

Logged Support Cases

REQUEST NUMBER	DESCRIPTION	CATEGORY	RESOLUTION	STATUS
00114245	I have question on Genera Benefit More Details	Public Information, general benefit and pres... More Details		Submitted

New Support Case

*Select a Category

Select a Category

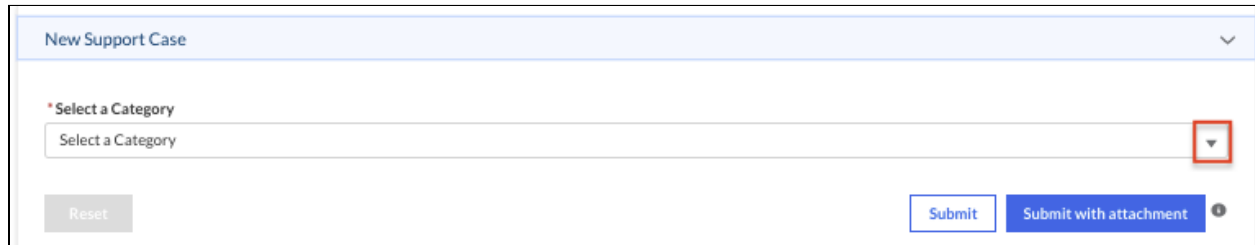
Reset

Submit

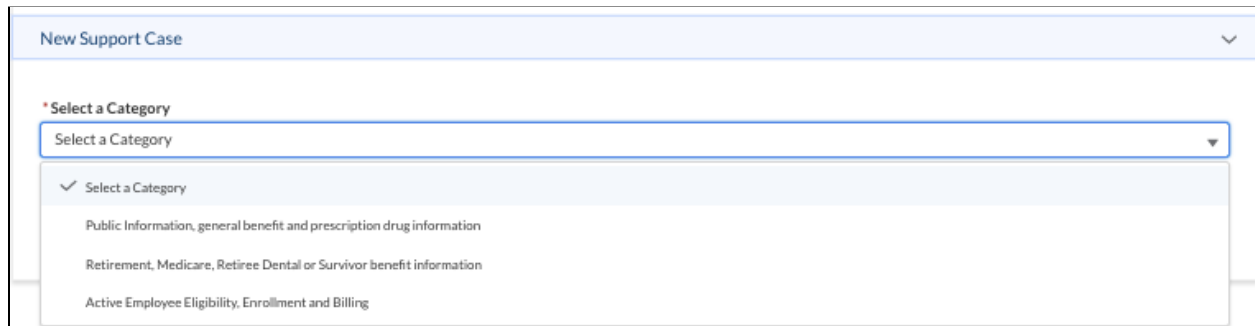
Submit with attachment

(Continue to the next page)

To **'Create a New Support Request'**, select a category from its dropdown menu.

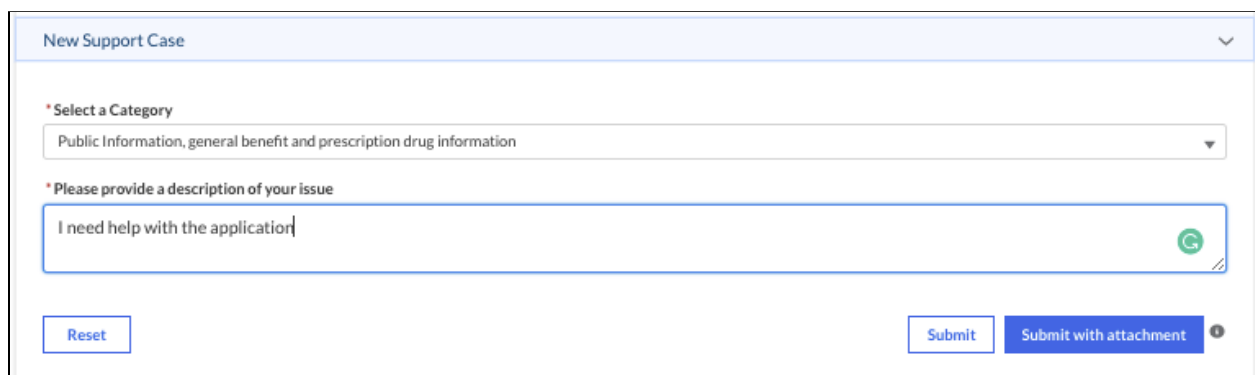


The screenshot shows the 'New Support Case' form. The 'Select a Category' dropdown menu is open, showing a list of categories. The 'Submit' button is highlighted with a red box.



The screenshot shows the 'New Support Case' form. The 'Select a Category' dropdown menu is open, showing a list of categories. The 'Submit' button is highlighted with a red box.

Enter the issue description and click **'Submit'**. If members have an attachment related to the issue, they can add it by clicking **'Submit with attachment'**.



The screenshot shows the 'New Support Case' form. The 'Select a Category' dropdown menu is open, showing a list of categories. The 'Submit' button is highlighted with a red box.

Once the case is submitted, it is tracked under **'Logged Support Requests'** for members to view GIC staff internal comments, resolutions, and status updates.

Logged Support Cases				
REQUEST NUMBER	DESCRIPTION	CATEGORY	RESOLUTION	STATUS
00114245	I have question on Genera Benefit More Details	Public Information, general benefit and pres... More Details		Submitted

Please Note: Attachments should only relate to the issue. Members should never submit any documents specifically related to a **'Dependent'** in this section. Dependent documents should only be uploaded from the application itself or when the dependent information needs to be modified. Help text added for reference.

Health Plan / Carrier Directory

On the bottom of the portal homepage, click **'Health Plan/Carrier Directory'** in the **'Benefits QuickLinks'** section.

Benefits Quicklinks

Qualifying Events
Learn more about enrolling in or changing GIC benefits due to a qualifying event.

Health Plan/Carrier Directory
Review the full list of GIC Plan Providers, plan information and contact details.


GIC Benefit Decision Guide
Resource to help you make an informed decision about your GIC benefits.

Support Requests
Send your question to the GIC.

View and Pay Bill
View and pay your GIC premium invoice.

Plan Comparison Tool
GIC health plan benefits at a glance.


Other Providers



Unum

Unum's long-term disability (LTD) coverage is available to executive branch employees who choose to purchase it. LTD replaces part of your income replacement if you are unable to work for an extended time due to a non-work related illness or injury.


[View Website](#)



The Hartford
HMO

Eligible GIC members are automatically enrolled in the \$5,000 Basic Life/AD&D plan. You may choose up to eight times your annual salary in optional life coverage. Late enrollees will be asked to provide evidence of insurability before coverage can take effect.


[View Website](#)



Express Scripts

Express Scripts administers pharmacy and prescription benefits for all non-Medicare medical insurance plans for GIC member. It requires a separate ID card and contact information. All copays and benefits identical, regardless of your choice of medical insurance carrier.

[View Website](#)



Benefit Strategies

GIC members are eligible to participate in either or both of the Flexible Spending Account options, regardless of enrollment in other benefits. You must make FSA elections each year during the annual enrollment period in order to participate in the upcoming fiscal year.

[View Website](#)

Click View Website to get more information

Dental/Vision Providers



MetLife

MetLife offers two dental plans for active non-union employees. The Value dental plan features the lowest premiums, but you pay more when you receive care from out-of-network dental providers.

[View Website](#)


Davis Vision

Vision coverage from Davis is automatically included if you elect GIC dental coverage. Davis offers large discounts when you use their in-network providers, frames, and lenses.

[View Website](#)

Health Providers



Health New England HMO

The HNE HMO is a limited regional network plan for residents of central and western Massachusetts.

[View Website](#)


Allways Health Partners HMO

The AllWays Complete HMO is a limited network plan that covers the eastern half of Massachusetts, including the Cape and island counties.

[View Website](#)


Fallon Health HMO

Fallon's Direct Care HMO has a more limited network than the Select Care HMO plan, and the Direct Care plan is not available to residents of western Massachusetts. The Select Care plan features a larger network of available hospitals and other providers. Neither plan is available to residents of the Cape or islands.

[View Website](#)


Harvard Pilgrim HealthCare HMO

Harvard Pilgrim's Primary Choice HMO is a limited network plan available to Massachusetts residents outside of the Cape or Islands. The Independence point-of-service plan is a broader network plan that offers significant savings when they use in-network providers, available to GIC residents throughout New England.

[View Website](#)


UniCare

UniCare offers the Basic indemnity plan (where you can see any provider), without Catastrophic Individual Coverage (CIC) to members throughout the country and world. The Plus plan is available to New England residents; members pay less when they use in-network providers. The Community Choice plan is a limited network plan (like an HMO); it is only available to Massachusetts residents outside of the Cape and islands.

[View Website](#)

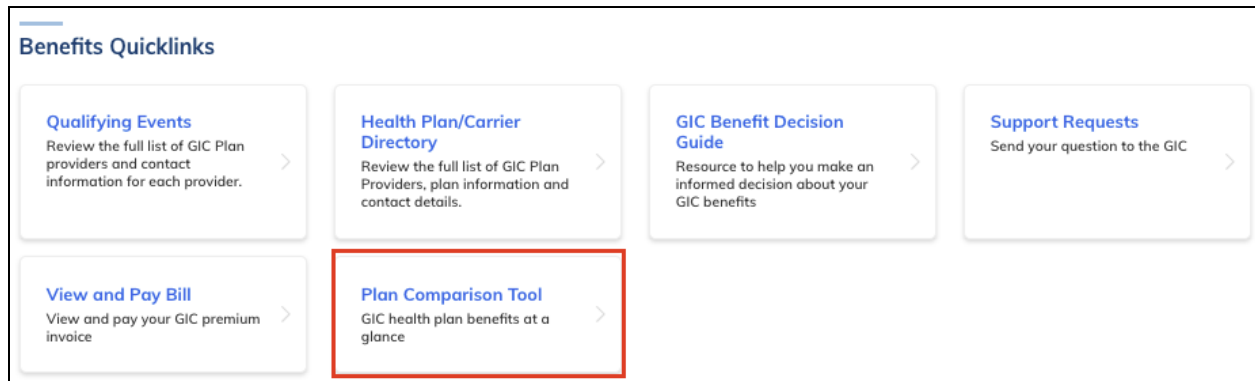

Tufts Health Plan HMO

The Spirit HMO plan is a limited network plan available to mainland Massachusetts residents. The Navigator point-of-service plan is a broader network plan that offers significant savings when they use in-network providers, available to GIC residents throughout New England.

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Plan Comparison Tool

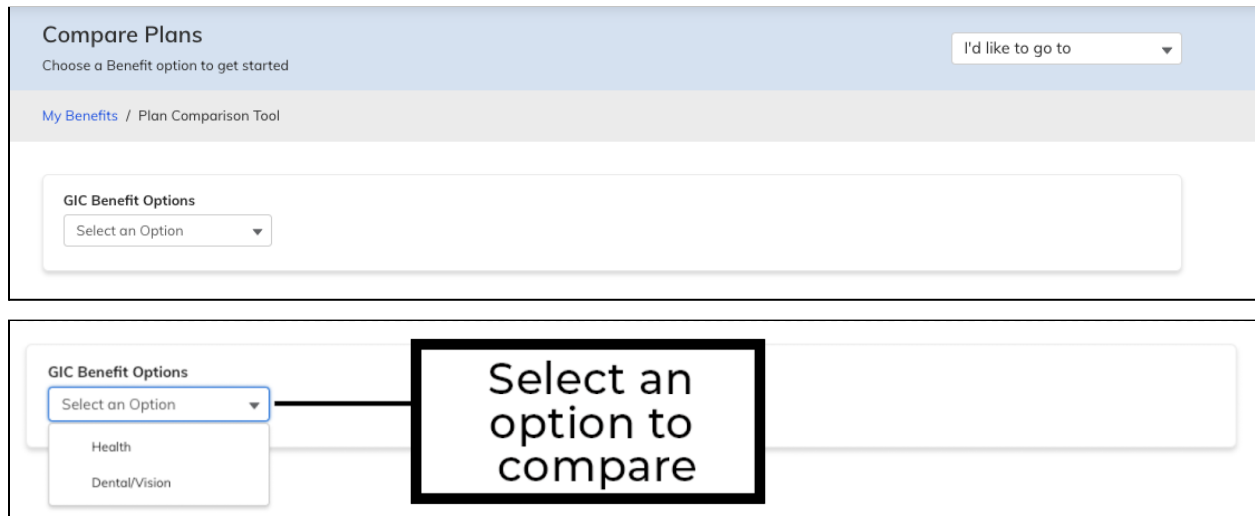
On the bottom of the portal homepage, click '**Plan Comparison Tool**' in the '**Benefits QuickLinks**' section.



Benefits Quicklinks

- Qualifying Events**
Review the full list of GIC Plan providers and contact information for each provider.
- Health Plan/Carrier Directory**
Review the full list of GIC Plan Providers, plan information and contact details.
- GIC Benefit Decision Guide**
Resource to help you make an informed decision about your GIC benefits.
- Support Requests**
Send your question to the GIC.
- View and Pay Bill**
View and pay your GIC premium invoice.
- Plan Comparison Tool**
GIC health plan benefits at a glance.

Select an option from the '**GIC Benefit Options**' dropdown menu.



Compare Plans
Choose a Benefit option to get started

I'd like to go to

My Benefits / Plan Comparison Tool

GIC Benefit Options
Select an Option

Select an option to compare

(Continue to the next page)

Members can select up to 3 plans and click '**Compare Now**' to compare plans side by side.

GIC Benefit Options

Health

Search

Reset Filters

Available plans

Select 2-3 plans from the list below to compare plans side-by-side.

SELECT	NAME		NETWORK TYPE	INDIVIDUAL	FAMILY
<input checked="" type="checkbox"/>	Tufts Health Plan Navigator VIEW DETAIL		POS	\$159.25	\$388.93
<input checked="" type="checkbox"/>	Tufts Health Plan Spirit VIEW DETAIL		EPO(HMO-TYPE)	\$120.91	\$291.29
<input type="checkbox"/>	Harvard Pilgrim Primary Choice Plan VIEW DETAIL	Limited Network	HMO	\$132.62	\$338.22
<input type="checkbox"/>	Harvard Pilgrim Independence Plan VIEW DETAIL	Broad Network	POS	\$182.80	\$446.28
<input type="checkbox"/>	AllWays Health Partners Complete HMO VIEW DETAIL	Regional Network	HMO	\$137.09	\$356.64
<input checked="" type="checkbox"/>	Unicare State Indemnity Plan/Basic with CIC VIEW DETAIL	National Network	Indemnity	\$231.94	\$514.74

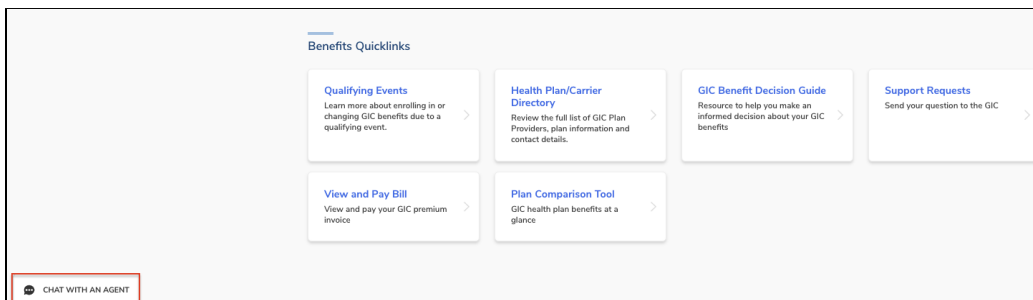
Compare Now

Click Compare Now

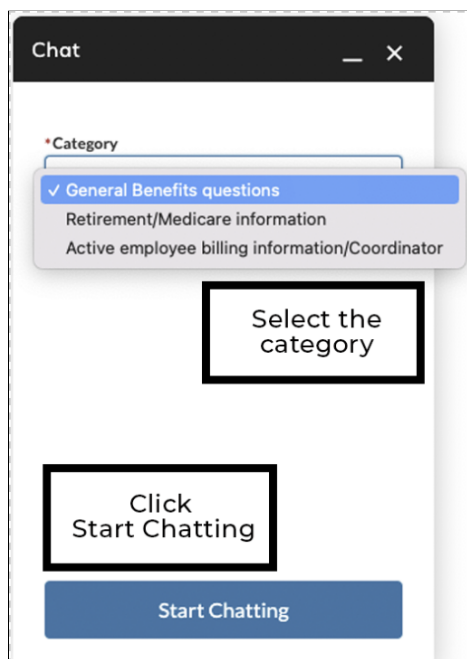
PRODUCTS DETAILS	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC WITH CIC
Product Type	POS	EPO(HMO-TYPE)	Indemnity
PCP Designation Required?	Yes	No	No
PCP Referral to Specialist Required?	Yes	No	No
Out-of-pocket Maximum Family Coverage Individual Coverage	\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000
Fiscal Year Deductible Individual/Family	\$500 / \$1,000	\$400 / \$800	\$500 / \$1,000
Primary Care	Tier 2: \$20 / visit Tier 3:	\$20 / visit	\$20 / visit
Preventive Se	100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Phy Tier 1/Tier 2/Tier 3	visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$60 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit
Outpatient Behavioral Health/Substance Use Disorder Care	\$10 / visit	\$20 / visit	\$15 or \$20 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)

Live Agent

There is a chatbox on the bottom-left corner of the portal homepage, where members can directly speak with a live agent.



Click '**CHAT WITH AN AGENT**' to open the chat console and select a '**Category**' to choose a topic. Click '**Start Chatting**' to initiate a chat with the Live Agent.

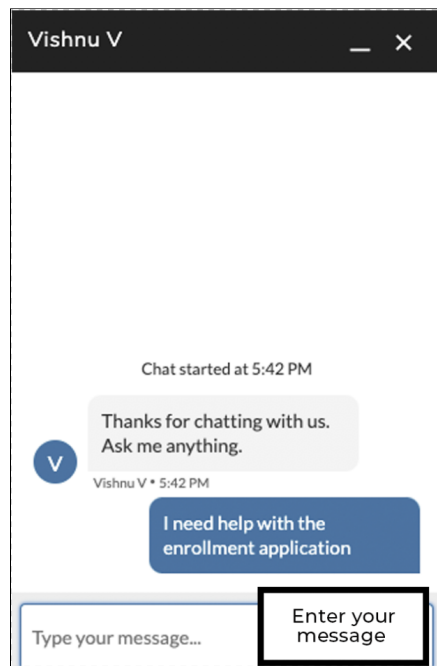


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While waiting to chat, members can '**Cancel Chat Request**'.

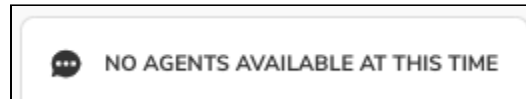


Once connected with the agent, start typing a message in the chat box and click '**enter**' on the keyboard to send a live agent message.



(Continue to the next page)

When live agents are offline, live chat is unavailable on the application portal. On the application portal, it is displayed as '**NO AGENTS AVAILABLE AT THIS TIME.**'



Please Note: If experts are unavailable, members can create a support request to log any issue or question.

Member Portal User Guide completed.