

HRCMS/UMASS/MUNICIPAL AGENCIES

ANNUAL ENROLLMENT
MAGIC INSTRUCTIONS
FOR GIC HEALTH COVERAGE
ENROLLMENTS/CHANGES

March 2020

CHANGING HEALTH PLANS

GIC-ID:		NAME:	SMITH, FRANNY S	SEX:	FEMALE
SSN:		ADDRESS:	10 MAIN STREET BOSTON MA 02114	HOME PHONE:	
EMPLOYEE ID:				WORK PHONE:	
STATUS:	ACT	AGENCY / DIVISION:	GIC / 1000	DOB:	03/12/1955
HIRE DATE:	01/06/2008	SALARY (\$):	95,000.00	SALARY EFF DATE:	01/02/2018
FULL TIME HOURS:	37.50	STANDARD HOURS:	37.50		
REFERENCE NO:		TERM DATE:		TERM REASON:	

[-] Coverages

Add	<input checked="" type="radio"/> ACTIVE <input type="radio"/> All	Current Premium: \$414.22	Search: <input type="text"/>			
Type	Current Plan	Coverage Holder	Current Premium	Eff Date	Term Date	Action
BASIC LIFE	HARTFORD BASIC LIFE (\$5,000)	INSURED	\$ 1.63	04/01/2008		Select <input type="button" value="v"/>
HEALTH	UNICARE PLUS FAMILY	INSURED	\$ 412.59	04/01/2008		Select <input type="button" value="v"/>

Showing 1 to 2 of 2 entries First Previous 1 Next Last

[+] Dependents

- To change an employee's health plan, choose Select, then choose Edit.

* Municipal agencies do not have Basic Life Insurance.

Group Insurance Commission

Home Search Insured Medical EOI

Edit Health Coverage

PLAN	UNICARE PLUS FAMILY	HOLDER	Insured
TERMINATION DATE	06/30/2020	TERMINATION REASON	94 - Coverage Change

Submit Cancel

REFERENCE NO: DMZ75605A TERM DATE: TERM REASON:

Coverages

Add ACTIVE All Current Premium: \$414.22 Search:

Type	Current Plan	Coverage Holder	Current Premium	Eff Date	Term Date	Action
BASIC LIFE	HARTFORD BASIC LIFE (\$5,000)	INSURED	\$ 1.52	04/01/2008		Select

- Enter Health Plan Termination Date 6/30/2020
- Select Termination Reason 94 – Coverage Change from drop down menu
- Click Submit


Add Coverage ✕

COVERAGE EVENT	Annual Enrollment <input type="checkbox"/>	QUALIFYING EVENT	-- Select -- <input type="checkbox"/>
EVENT DATE	07/01/2020	EFFECTIVE DATE	07/01/2020
BASIC LIFE <input type="checkbox"/>	OPTION \$ -- Select -- <input type="checkbox"/>		
HEALTH <input checked="" type="checkbox"/>	PLAN HARVARD PILGRIM INDEPENDENCE FAMILY <input type="checkbox"/>	sured <input type="checkbox"/>	
ANNUAL SALARY \$	95000.00	SALARY EFFECTIVE DATE	01/02/2018

- Select COVERAGE EVENT Annual Enrollment in drop down menu
- Select the HEALTH checkbox and choose new plan from drop down menu
- Click Submit

GIC-ID:		NAME:	SMITH, FRANNY S	SEX:	FEMALE
SSN:		ADDRESS:	10 MAIN STREET BOSTON MA 02114	HOME PHONE:	
EMPLOYEE ID:				WORK PHONE:	
STATUS:	ACT	AGENCY / DIVISION:	GIC / 1000	DOB:	03/12/1955
HIRE DATE:	01/06/2008	SALARY (\$):	95,000.00	SALARY EFF DATE:	01/02/2018
FULL TIME HOURS:	37.50	STANDARD HOURS:	37.50		
REFERENCE NO:		TERM DATE:		TERM REASON:	

[Coverages](#)

Add	<input checked="" type="radio"/> ACTIVE <input type="radio"/> All	Current Premium: \$414.22	Search: <input type="text"/>			
Type	Current Plan	Coverage Holder	Current Premium	Eff Date	Term Date	Action
BASIC LIFE	HARTFORD BASIC LIFE (\$5,000)	INSURED	\$ 1.63	04/01/2008		Select <input type="button" value="v"/>
HEALTH	HARVARD PILGRIM INDEPENDENCE FAMILY	INSURED	\$ 501.02	07/01/2020		Select <input type="button" value="v"/>
HEALTH	UNICARE PLUS FAMILY	INSURED	\$ 412.59	04/01/2008	06/30/2020	
Showing 1 to 3 of 3 entries						First Previous 1 Next Last

MAGIC system will show the cancelled plan effective 6/30/2020 and new plan effective 07/01/2020

HEALTH PLAN ENROLLMENT

GIC-ID:		NAME:	SMITH, FRANNY S	SEX:	FEMALE
SSN:		ADDRESS:	10 MAIN STREET BOSTON MA 02114	HOME PHONE:	
EMPLOYEE ID:	999999			WORK PHONE:	
STATUS:	ACT	AGENCY / DIVISION:	GIC / 1000	DOB:	03/12/1955
HIRE DATE:		SALARY (\$):	95,000.00	SALARY EFF DATE:	01/02/2018
FULL TIME HOURS:	37.50	STANDARD HOURS:	37.50		
REFERENCE NO:	DMZ75605A	TERM DATE:		TERM REASON:	

Coverages

Add	<input type="radio"/> All	Current Premium: \$1.63			Search:	
Type	Current Plan	Coverage Holder	Current Premium	Eff Date	Term Date	Action
BASIC LIFE	HARTFORD BASIC LIFE (\$5,000)	INSURED	\$ 1.63	04/01/2008		Select <input type="button" value="v"/>
Showing 1 to 1 of 1 entries (filtered from 2 total entries)						First Previous 1 Next Last

- To enroll an employee in a health plan, click Add

* Municipal agencies do not have Basic Life Insurance

Add Coverage

COVERAGE EVENT	Annual Enrollment	QUALIFYING EVENT	-- Select --
EVENT DATE	07/01/2020	EFFECTIVE DATE	07/01/2020
BASIC LIFE	<input type="checkbox"/>	OPTION	\$ -- Select --
HEALTH	<input checked="" type="checkbox"/>	PLAN	UNICARE PLUS FAMILY
ANNUAL SALARY	\$ 95000.00	SALARY EFFECTIVE DATE	01/02/2018

Current Premium: \$1.63

- Select COVERAGE EVENT Annual Enrollment in drop down menu
- Select the HEALTH checkbox and choose new plan from drop down menu
- Click Submit

GIC-ID:		NAME:	SMITH, FRANNY S	SEX:	FEMALE
SSN:		ADDRESS:	10 MAIN STREET BOSTON MA 02114	HOME PHONE:	
EMPLOYEE ID:	999999			WORK PHONE:	
STATUS:	ACT	AGENCY / DIVISION:	GIC / 1000	DOB:	03/12/1955
HIRE DATE:	01/06/2008	SALARY (\$):	95,000.00	SALARY EFF DATE:	01/02/2018
FULL TIME HOURS:	37.50	STANDARD HOURS:	37.50		
REFERENCE NO:		TERM DATE:		TERM REASON:	

Coverages

Add	<input checked="" type="radio"/> ACTIVE <input type="radio"/> All	Current Premium: \$1.63	Search: <input type="text"/>			
Type	Current Plan	Coverage Holder	Current Premium	Eff Date	Term Date	Action
BASIC LIFE	HARTFORD BASIC LIFE (\$5,000)	INSURED	\$ 1.63	04/01/2008		Select <input type="button" value="v"/>
HEALTH	UNICARE PLUS FAMILY	INSURED	\$ 412.59	07/01/2020		Select <input type="button" value="v"/>
Showing 1 to 2 of 2 entries (filtered from 3 total entries)						First Previous 1 Next Last



MAGIC system will show the new plan effective 07/01/2020

IMPORTANT! You will not be able to add dependents to family coverage. Enrollment/change forms and required documentation (i.e. marriage and birth certificates) must be sent by mail or submit using myGICLink no later than Wednesday, May 6, 2020.

Questions? Please email magic.help@mass.gov