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Commonwealth of Massachusetts
Group Insurance Commission
*Your
Benefits
Connection*

BENEFIT

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Group Insurance Commission

*Providing State and Participating
Community Employees, Retirees, and
Their Dependents with Access to
Quality Care at
Reasonable Costs*

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Stay up-to-date on the GIC



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Celebrating 30 Years of GIC Health Fairs!

This was the 30th year of the GIC's popular health fairs. During Annual Enrollment, the GIC welcomed over 1,400 new members from the Essex North Shore Agricultural & Technical School District, the Pentucket Regional School District, and the Town of Winchendon. The Town of Westwood implemented the GIC Retiree Dental Plan. *See inside for photos from this year's fairs.*

New GIC Executive Director Roberta Herman, M.D.

***Brings Strong Credentials and Commitment to
Members and Commonwealth Residents***

The GIC's new Executive Director, Dr. Roberta Herman, is looking forward to tackling the GIC's dual objectives of quality benefits at affordable costs. "The GIC's membership size of over 435,000 people gives us the opportunity to be leaders in health care policy, both in Massachusetts and nationally," she said. "We will continue the forward thinking policies of retired Executive Director, Dolores L. Mitchell, to advance the effective use of data to influence provider and member behavior and use our purchasing power to help bring costs down."



*New GIC Executive Director,
Roberta Herman, M.D.*

The Commission engaged in a comprehensive three-month search for a new Executive Director. In March, the Commission selected Dr. Herman to lead the agency from a field of well-qualified candidates. She brings a unique blend of health care experiences to the agency as a physician and health care executive and consultant. "Dr. Herman brings crucial skills and experience to this very important position, including her impressive accomplishments as a physician and a quality improvement innovator," said Katherine Baicker, the Chair of the Commission. "GIC enrollees and the people of the Commonwealth will benefit enormously from her leadership."

As Director for Navigant Consulting's Healthcare Practice for the past two years, Dr. Herman assisted health care organizations with their strategies and operations. For 18 years, she held leadership roles at Harvard Pilgrim Health Care, including as Chief Operating Officer and Chief Medical Officer. Prior to that, she was an Urgent Care Physician and Primary Care Internist at Harvard Community Health Plan. Hailing from Canada, she received medical degrees from McGill University and her undergraduate biology degree from Brandeis University, magna cum laude. She has taught classes at Harvard Medical School and been an annual guest lecturer at the Harvard School of Public Health.

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Prescription Drug Program for UniCare State Indemnity Plan/ Medicare Extension (OME) Members

Successfully Implemented; A Few Bumps; Huge Savings for Members and the Commonwealth

A Successful Implementation

Last summer the GIC embarked on a complex project to implement a new prescription drug program for UniCare State Indemnity Plan/Medicare Extension (OME) members. Called EGWP for Employer Group Waiver Plan, the GIC-provided plan is a group Medicare Part D plan. We provide an additional “wrap” program to close the gaps between a standard Medicare Part D plan and the members’ previous non-Medicare plan coverage.

All agency departments were deployed to make the program a success. Weekly teleconference meetings with SilverScript, our consultant, Buck, and CVS Caremark kept the project on target with timely decisions reached on systems, operations, communications, budgeting, invoicing, and the formulary.

One of the most challenging aspects of the program was the required data match with Centers for Medicare and Medicaid (CMS) records. With over 70,000 members enrolled in the program, there were a lot of data discrepancies that needed to be worked through: spelling of first or last name, use of Junior or another suffix, date of birth, or totally different first names. File exchanges began in late spring and through file culling and outreach, the GIC achieved the cleanest files



out of SilverScript’s entire book of business and the lowest number of errors for any of CVS Caremark’s January 1, 2016 EGWP implementations.

The implementation of a Medicare Part D plan also meant the GIC needed to accelerate the timeline to enroll retirees and their covered spouses in Medicare coverage. Medicare requires that certain documentation be received before enrolling in Medicare. The GIC revamped its retirement and turning age 65 procedures, forms, and mailings to conform with these requirements while making the materials easy to understand. The Medicare plan enrollment process was automated and a tracking system was developed for ease of data retrieval. New eligibility screens helped the GIC customer service units answer member questions about the status of their mailings.

An additional CMS requirement is that all members be offered the opportunity to opt out of the SilverScript prescription drug coverage. However, if members did opt out, they would lose their GIC health, prescription drug and mental health benefits. The GIC conducted a comprehensive outreach campaign to let retirees know they should not opt out of coverage. A special edition of the September newsletter devoted to the EGWP was mailed to all retirees.

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New GIC Executive Director Roberta Herman, M.D. Brings Strong Credentials and Commitment to Members and Commonwealth Residents *continued from page 1*

“My whole career has been devoted to health care quality improvement and administration,” she said. “I’d like to help us fashion a uniquely American way – one that takes into consideration the importance of individual choice – to develop high quality and sustainable health care for our members and the Commonwealth’s residents.” She plans to dig into the GIC’s key policy programs – The Clinical Performance Improvement Initiative that tiers physicians based on quality and efficiency, and the Centered Care Initiatives that seeks to change the way care is paid for – to evaluate how these might be further improved. She also wants to take a look at skyrocketing drug costs to see where there might be room for more cost controls. “The specialty

pharmacy market, in particular, might offer an opportunity for a coherent policy and potential consolidation.”

Dr. Herman is struck by the diverse cross section of retirees and employees served by the Commission and the range of experience of the GIC’s governing body, the Commission. “In keeping with our diversity, we need to be broad with our solutions. I look forward to working with the Commissioners to come up with the best possible set of value-based options.” Dr. Herman officially starts at the GIC on Wednesday, June 29. The Commission and staff extend a warm welcome to her and look forward to working with her!

We also collaborated with the Retiree Association to get this important message out. A home mailing with 46 questions and answers was mailed in advance of the required opt out mailing. As a result, no member opted out of coverage unless they had an extenuating circumstance and GIC staff called these members to be sure that was the case.

To ensure that members who live outside of the country (where Medicare Part D coverage isn't available) still had health insurance, the GIC assisted these members with enrolling in the non-Medicare UniCare State Indemnity Plan/Basic.

Federal rules prohibited the launch of the SilverScript website before October 1, 2015, so the GIC developed a work around plan in cooperation with CVS Caremark and SilverScript. We also got out the word that very low income retirees might be eligible for subsidies so they could take advantage of these resources.

Finally, an all-new frequently asked question section of our website for turning age 65 was developed to reflect the operational changes made. Available at www.mass.gov/gic/faq, this has been a heavily used section of our website. A downloadable version is also available.

Member Concerns

Even though the move to SilverScript has been a resounding success for members and the GIC, there have been some bumps in the road.

The GIC has heard concerns from OME members about higher costs, primarily for some generic drugs. **Copayments have not changed for members enrolled in the OME plan.** OME members pay the same copayments that went into effect on July 1, 2015. As always, if the actual cost of a drug is less than your copayment, you pay the lower cost. For instance, a member may pay only the actual cost of \$20.93 for a generic drug because it is lower than the member's \$25 generic copayment for a 90-day supply at a preferred network retail pharmacy. However, for some members, the actual cost of their generic drug may be higher through SilverScript than it was through CVS Caremark. This difference in cost is due to SilverScript having a different drug list and pricing than CVS Caremark. Despite this difference in price, the member will pay no more than the copayment for that drug and in many cases the actual cost is still less than the copayment.

Some members were able to get only a 30-day supply of a drug when they got the first calendar 2016 refill of their medication. These members were also told that they would be able to get the full 90-day supply of their drug the next time they refilled that prescription. In most cases, members were refilling drugs that either are not covered by Medicare or are not on the SilverScript formulary, the drug list for the Medicare Part D portion of their coverage. But, the drugs *are* covered

through the members' additional coverage provided by the GIC. In other cases, members needed to get a prior authorization before they could get the full 90-day supply.

Due to Medicare rules, during the first 90 days of the plan year, SilverScript provides a temporary 30-day supply of a drug that is not on its formulary or if the drug requires a prior authorization. After the first time that non-formulary drug is filled, each subsequent refill is processed and covered through the additional coverage provided by the GIC. For more information about a 30-day temporary supply, see Chapter 3, Section 5.2 of your SilverScript Evidence of Coverage.

Other members have not been able to refill their prescription because the drug was prescribed for a condition that is not a "medically accepted indication" for the use of that drug. Medicare requires that prescription drugs may only be used for a diagnosis or condition approved by the U.S. Food and Drug Administration (FDA) or one supported by certain reference books (see Chapter 3, Section 3 of your SilverScript Evidence of Coverage). One such medication is the Lidoderm patch. It is available on the SilverScript formulary but only for the FDA-approved treatment of neuropathic pain related to shingles. In this case, members who cannot refill the Lidoderm patch for treatment of other conditions will need to talk to their doctors about alternative medications.

Program Brings Huge Premium Savings and Additional Benefits

Despite well-publicized skyrocketing prescription drug costs, the new EGWP program is reaping huge savings for both members and the Commonwealth. First year estimated savings will come in around \$30 million total. Lower drug costs were the largest factor leading to lower premiums; the UniCare State Indemnity Plan/Medicare Extension premium went down 7.2% effective July 1, 2016. For retired teachers in the GIC RMT (non-municipal) program, the premium went down 10.3%.

In addition to premium savings, very low income members can now access prescription drug premium subsidies. Some members prescribed certain drugs are paying lower costs than they did under the CVS Caremark program, as the SilverScript prescription drug formulary is more favorable (the reverse of the scenario outlined above). Members can also now get their 90-day supply of prescription drugs at any participating retail pharmacy (retirees continue to have the lower mail-order copay at certain pharmacies, such as CVS Pharmacy and Navarro). They can also now get their prescription drugs at nursing home and long term care facilities.

The bottom line – the new SilverScript program is an overwhelming success for both members and the Commonwealth.



GIC's Newest Commissioner is a Proponent of Wellness and Coordinated Care to Help Control Rising Prescription Drug Costs



Commissioner Valerie Sullivan

"Prescription drugs improve people's lives and ultimately help decrease health care costs," says the GIC's newest Commissioner, Valerie Sullivan. She acknowledges that rising prescription drug costs pose a challenge for the Commission and its members as Wall Street puts pressure on pharmaceutical companies to perform well for stockholders. In her over 25 year career in the pharmaceutical industry, Commissioner

Sullivan has helped patients navigate their benefits and other available programs to get access to expensive prescription drugs. "The Commission must continue to encourage members to exercise and eat right to help control costs as well as work with physician and hospital providers to help bring costs down," she says.

The GIC's work on the Centered Care initiative for better coordinated care and copay incentives to use less expensive hospitals will help maintain comprehensive prescription drug benefits according to Commissioner Sullivan. "Teaching hospitals are terrific, but more convenient and less expensive care for routine care is available right in the local commu-

nity, she says. "Retail clinics and urgent care centers are a great option for urgent, non-emergency care, and members have attractive copays for these alternatives to the emergency room." As a long-time team leader at Pfizer followed by executive roles at a specialty pharmacy benefit manager and pharmacy patient access company, she also believes patients need to know their numbers including weight, blood pressure, and cholesterol levels. "It's hard to change behavior, but patients need to be their own health care advocate – eating right, knowing their insurance benefits, exercising, and not deferring care until an issue becomes an emergency. GIC members have access to tools that patients across the country don't have including reasonable copays, clear benefit communications, a customer service unit, and health fairs," she says.

Commissioner Sullivan served on the selection committee for new Executive Director, Roberta Herman, M.D. and says "As a physician operations executive at a prestigious health plan, and community health leader, Dr. Herman is very qualified and knowledgeable. She has big shoes to fill, but she has an opportunity to build on Dolores L. Mitchell's work and go places where the Commission has never been before, supported by a very strong staff. I am looking forward to working with her." Welcome Commissioner Sullivan!



GIC Health Fairs



Joanna Penta, CVS Caremark GIC Account Executive, Pete Duffy, CVS Manager of Account Management, and Luther Henry, EGWP Account Manager, answered questions about prescription drug benefits for UniCare State Indemnity Plan members at the health fair held at UMass Amherst.



Livia Ataide, Clinical Manager for Beacon Health Options, at the health fair held at the Massasoit Conference Center in Brockton. She answered questions about mental health and substance abuse benefits for UniCare State Indemnity Plan and Tufts Navigator and Spirit members.

Telehealth: A New Way to Access Care After Hours

Guest Editorial by Laurie Gianturco, M.D., Vice President and Chief Medical Officer, Health New England

Telehealth is the use of telecommunications and information technologies to deliver clinical care, preventative services, wellness services, patient education, and other health and healthcare related services from a distance. What does that mean for you as a health care member and why should you take notice?

Telehealth is transforming the way health care is delivered, expanding it beyond the traditional doctor's office to virtual consultations over the phone and even webcams. You can request a phone or online video consultation with a telehealth physician to treat non-emergency medical issues such as a cold, the flu, rash, urinary tract infections, ear infections and more.

Twenty-nine percent of family physicians in rural communities have embraced telehealth, according to research conducted by the Robert Graham Center. An aging population, increasing incidences of chronic disease, and rapid technology advancements are fueling growth in the market.

Health New England is the first Massachusetts health plan to offer telehealth services to its members through a program called Teladoc, which it launched in August 2015. Health New England made its decision to begin offering telehealth services to give members convenient, affordable alternatives to costly emergency room visits for non-urgent care.



Laurie Gianturco, M.D., Vice President and Chief Medical Officer, Health New England

Teladoc providers are U.S. board-certified in internal medicine, family practice, emergency medicine, pediatrics, dermatology and behavioral health. They are U.S. residents and are licensed in Massachusetts, with an average of 20 years of practice experience. To ensure continuity of care, Teladoc providers share information from your virtual visit with your Primary Care Provider so he or she is aware of the visit and can follow up as needed. Another benefit is that a Teladoc copay of \$20 is significantly lower than a \$100 emergency room copay or up to \$60 copay at an urgent care facility.

Teladoc offers a convenient option for members who need care during afterhours as well as those on vacation, on a business trip or away from home. Teladoc is intended for low acuity conditions such as a rash, nasal congestion or allergies. It is not intended to replace your primary care provider for ongoing care and chronic conditions. If you have a non-urgent medical need after hours, and your health plan offers a telehealth program, it's an option that could save you time and money while providing care coordination with your PCP.

Dr. Laurie Gianturco serves as vice president and chief medical officer of Health New England. Dr. Gianturco is board certified in radiology and nuclear medicine. She is currently a member of the executive committee of the Massachusetts Radiological Society and has twice been selected as one of the "Best Doctors in America."



GIC Health Fairs



Health New England sponsored a wellness exhibit to educate members about foods with high fat content. Maria Garrity displayed food and their respective fat content in glass tubes at the fair held at UMass Amherst.



Katie Devin and Derry Fellows from The Hartford answered state employee and retiree life insurance questions at the health fair held at the Hampden County Sheriff's Department.

Keep in Mind....

Getting married? Having a baby? Don't forget the 60 day deadline to add your new spouse or dependent. For additional information, see your GIC Coordinator or the Qualifying Status Change section of our website www.mass.gov/gic/qualifingevents.

Q) How do I change my address?

A) It's important to keep your address up to date with both the GIC *and* the post office so that you receive important information about your benefits. Be aware that if you do not let both the GIC and the post office know of your address change, the address the GIC has on file for you could be replaced by the address the post office has on record, as required by U.S. Postal Service regulations. Additionally, any address changes you give to your health plan may be overwritten by the GIC's records. To process an address change, take the following steps:

- Employees and Retirees - visit your local post office, or go to the U.S. Postal Service website (www.usps.com) to submit an address change.
- Employees - complete a GIC Enrollment/Change form and return to your GIC Coordinator.
- Retirees - complete and return to the GIC a Retiree/Survivor Enrollment/Change Form or write to the GIC requesting the change. Include your name, GIC Identification Number (usually your Social Security Number), telephone number, date and signature.

Q) I am, or my covered dependents are, moving out of my GIC health plan's service area. Does this affect my health

plan options?

A) Yes. You and your covered dependents **MUST** live in your health plan's service area at least nine months per year. Full-time college students are deemed to reside at your address. Most GIC health plans require that college students receive their routine health care services within the health plan's service area. Contact your health plan for details.

If you are covering a former spouse and/or children outside of a plan's service area, you must enroll in a health plan that covers your dependents where they reside. To change health plans because you and/or your dependents are moving out of the service area, complete an Enrollment/Change form and attach proof of new residency (e.g. bills or lease), returning to your GIC Coordinator (employees) or the GIC (retirees). Forms and documentation must be received at the GIC within 60 days of the move.

Q) My doctor or hospital left my health plan's network and it is not the GIC's Annual Enrollment. Can I change my health plan?

A) No you cannot change health plans until the GIC's Annual Enrollment. Doctors and hospital can leave a health plan during the year, usually as part of contract negotiations with a health plan. Contact your health plan to find another doctor or hospital that is in the health plan. During the GIC's spring Annual Enrollment, you can change your health plan if you so desire. The only instance when you can (and must) change your health plan during the year is if you move out of the health plan's service area, or are retired and become eligible for Medicare.

See the GIC's website for answers to other frequently asked questions, including what to do when you turn age 65: mass.gov/gic/faq.

Separation or Divorce? In Debt? Other Stress? Access Enrollee Assistance Program Benefits

If you are going through the emotional toll of a separation or divorce, need help adjusting to life changes, or are experiencing stress at work and/or home, take advantage of free Enrollee Assistance Program (EAP) benefits. Members of *Tufts Navigator*, *Tufts Spirit*, and any of the *UniCare State Indemnity Plans* have free EAP benefits that include three or four face-to-face counseling visits per year, depending on your health plan. In addition to EAP counseling benefits, you and your covered spouse and dependents can access other helpful services:

Financial Counseling: If you need help repairing your credit report, managing debt, or with budgeting, this service includes a 30-minute telephone consultation with a financial counselor.

Child and Elder Care Benefit: Choosing a child and elder care facility can be overwhelming. This service will help you identify a provider that meets your needs. You'll receive materials that include helpful website links and referral information to providers in your area.

Financial Planning: If you would like to plan ahead for college costs, retirement, and other long-term financial needs, this service includes a 30-minute initial consultation with a financial planner and 15% off their hourly rate for services contracted beyond the initial consultation.

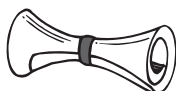
Legal Consultations: If you need legal help for a divorce, child custody, bankruptcy, estate planning or more, this service will provide you with a free 30-minute consultation with an attorney and 25% off the hourly rate for services contracted beyond the initial consultation.

If you are a member of Tufts Navigator, Tufts Spirit, or any of the UniCare State Indemnity plans, contact Beacon Health Options to access your EAP and behavioral health benefits: www.beaconhealthoptions.com/gic; 1.855.750.8980. For members of other GIC health plans, contact your health plan for mental health/substance abuse benefits (*see page 7 for contact information*).

Allied Health Majors: Apply for Tufts Scholarship No Later Than July 20, 2016

If you have a full-time student dependent who is pursuing a degree in the allied health field, let him or her know about the \$2,500 Tufts Scholarship. Tufts Health Plan will award in August two \$2,500 scholarships to GIC-eligible undergraduate students currently enrolled in an accredited two-or four-year college or university, who have completed at a minimum one semester of classes. The application deadline is Wednesday, July 20, 2016, and winners will be notified no later than August 12, 2016.

Additional eligibility details:



- Minimum college GPA of 3.0.
- Applicant must be pursuing a career in the allied health field, such as nursing, pharmacy, physical therapy, occupational therapy, physician assistant, or a clinical management track in health sciences.
- The student's parent or legal guardian must be enrolled in one of the GIC's health plans at the time of the award; being a member of Tufts Health Plan is not required.
- Previous scholarship winners and dependents of GIC employees and of members of the Commission are not eligible.

For additional details and the application, visit the GIC's website: www.mass.gov/gic.



For the first time, the pre-tax Flexible Spending Account open enrollment for state employees took place during the GIC's Annual Enrollment period for coverage effective July 1, 2016. Anita Spencer, Vice President of Marketing for ASIFlex, the FSA carrier, answered questions at the health fair held at the McCormack State Office Building.



Dr. Bob Sorrenti, UniCare's Medical Director, stands with Frank Valeri, President of The Retired State, County and Municipal Employees Association, at the McCormack State Office building.

GIC BENEFIT ACCESS Health Insurance

Fallon Health	1.866.344.4442
Direct Care, Select Care, Senior Plan	fallonhealth.org/gic
Harvard Pilgrim Health Care	1.800.333.4742
Independence Plan, Primary Choice Plan	harvardpilgrim.org/gic
Medicare Enhance	
Health New England	1.800.310.2835
HMO, MedPlus	hne.com/gic
NHP Prime (Neighborhood Health Plan)	1.866.567.9175
	nhp.org/gic
Tufts Health Plan	1.800.870.9488
Navigator, Spirit	tuftshealthplan.com/gic
Mental Health/Substance Abuse and EAP (Beacon)	1.855.750.8980
	beaconhealthoptions.com/gic (code: GIC)
Medicare Complement, Medicare Preferred	1.888.333.0880
	tuftshealthplan.com/gic
UniCare State Indemnity Plan	1.800.442.9300
Basic, Community Choice, Medicare Extension (OME) & PLUS	unicarestatplan.com
Mental Health/Substance Abuse and EAP (Beacon)	1.855.750.8980
	beaconhealthoptions.com/gic (code: GIC)
Prescription Drugs Basic, Community Choice & PLUS (CVS Caremark)	1.877.876.7214
	caremark.com
Prescription Drugs OME (SilverScript)	1.877.876.7214
	gic.silverscript.com



Other Benefits for State Enrollees

Life Insurance and AD&D (The Hartford)	Call the GIC 1.617.727.2310, ext. 1
	mass.gov/gic/life
Long Term Disability (LTD) (Unum)	1.877.226.8620
	mass.gov/gic/ltd
Flexible Spending Account (FSA) Program (ASIFlex)	1.800.659.3035
	mass.gov/gic/fsa
GIC Retiree Vision Discount Plan (Davis Vision)	1.800.783.3594
	davisvision.com
GIC Retiree Dental Plan (MetLife)	1.866.292.9990
	metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (MetLife)	1.866.292.9990
	metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (Davis Vision)	1.800.650.2466
	davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (Beacon Health Options)	1.781.994.7424
	beaconhealthoptions.com/gic (code: GIC)
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA)
	1.413.784.1711 (Western MA)
	mass.gov/rmtrs
Medicare (Federal Program)	1.800.633.4227
	medicare.gov
Social Security Administration (Federal Program)	1.800.772.1213
	socialsecurity.gov
State Board of Retirement	1.617.367-7770
	mass.gov/retirement

Questions

Group Insurance Commission	1.617.727.2310
TDD/TTY Access	1.617.227.8583
	mass.gov/gic

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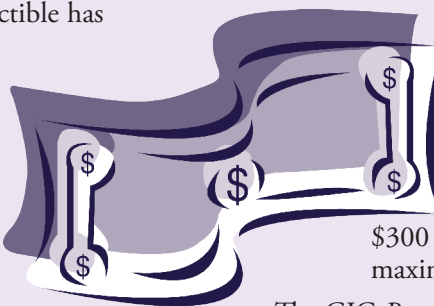
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Fiscal Year Deductible Effective July 1, 2016

As reported in last year's and this year's *Benefit Decision Guides* and the winter issue of the *For Your Benefit* newsletter, the calendar year deductible has transitioned to a fiscal year effective July 1, 2016. This means that if you are an **employee or non-Medicare retiree/survivor**, you are subject to deductible charges for certain health care services, such as laboratory and blood tests, X-rays and radiology, surgery, inpatient hospitalization and emergency room visits. The deductible is the fixed dollar amount you must pay each year before your health plan begins paying benefits for you or your covered dependent(s). This is a separate charge from any copays. Once you've met your deductible, you will have no more deductible charges until July 1, 2017.



In-Network Fiscal Year Deductible Amount:

- **Individual:** The individual has \$300 deductible before benefits begin.
- **Two- person family:** Each person must satisfy a \$300 deductible.
- **Three- or more person family:**

The maximum each person must satisfy is \$300 until the family as a whole reaches the \$900 maximum.

The GIC *Benefit Decision Guides* give you an overview of charges generally subject to and exempt from the fiscal year deductible. For additional details, including information about out-of-network deductibles (if applicable), see your health plan handbook or contact your health plan (*see page 7*).