GIC BENEFITS DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

RETIRED MUNICIPAL TEACHER (RMT) OR ELDERLY GOVERNMENT RETIREE (EGR)

ANNUAL ENROLLMENT:

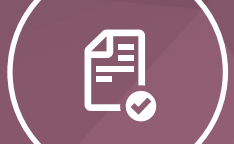
April 4 – May 2, 2018

2018 – 2019

Benefits and rates effective
July 1, 2018

Commonwealth of Massachusetts
Group Insurance Commission

Annual Enrollment Checklist



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

- ✓ **Review this guide.** Learn about important benefit and rate changes effective July 1, 2018 and review your options for health insurance products and benefit programs.
- ✓ **Attend a GIC health fair.** Health fairs offer the opportunity to speak with GIC staff and carrier representatives about the products and benefits available to you. Find information about health fair events at **mass.gov/orgs/group-insurance-commission**.
- ✓ **Contact the carriers.** Carrier specific questions such as network coverage, doctor, drug tiers or wellness benefits should be directed to the appropriate carrier. (See page 24 for more information on how to contact your carrier).
- ✓ **Consider a less expensive option.** If you are a non-Medicare retiree, you may have the option to select a lower cost regional or limited network product. These products have the same or better benefits as broad network products, but at a lower cost because they have a smaller network of providers (doctors and hospitals).
- ✓ **Ending your GIC coverage.** If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, you may benefit from the Buy-Out program. Go to **mass.gov/orgs/group-insurance-commission** to find out if you are eligible.

3 Ways to Lower Your Out-of-Pocket Costs

- Use non-emergency care facilities instead of an emergency room for non-urgent care
- Consider utilizing your carrier's Telehealth option
- If enrolled in a non-Medicare product, before receiving non-emergency services, check your health carrier's cost estimator to find high-quality, low-cost services

IMPORTANT REMINDERS!

- ✓ **Completed Annual Enrollment forms are due to the GIC, including Buy-Out forms by Wednesday, May 2, 2018:** All forms are available on the GIC website at **mass.gov/gic-forms**. Changes go into effect July 1, 2018.
- ✓ **Once you choose health care coverage, you cannot change products until the next Annual Enrollment period.** Even if your doctor or hospital leaves the health insurance product, unless you have an eligible qualifying status change, you must remain enrolled in your selected plan until the next Annual Enrollment. You can find a list of qualifying status changes on the GIC's Annual Enrollment website at **mass.gov/orgs/group-insurance-commission**.
- ✓ **Physician and hospital copay tiers change each July 1.** If you are enrolled in a non-Medicare plan, please check with your insurance carrier to see if your provider or hospital tier has changed.
- ✓ **Doctors and hospitals within a carrier's network can change during the year, usually because of a health carrier and provider contract issue, practice mergers, retirement or relocation.** If your doctor is no longer available, your health insurance carrier will help you find a new one.
- ✓ **When checking provider coverage and tiers, be sure to 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."** The health insurance carrier is your best source for this information.

How to Use This Guide

The *Benefits Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the carriers or visit the GIC's website for more detailed product handbooks.

Be sure to read:

Welcome to Annual Enrollment! 2
Learn What's New During Annual Enrollment 3
Medicare Part D Prescription 4
Benefits-at-a-Glance: Medicare Health Insurance Products 5
Medicare Health Insurance Rates 6
Medicare Health Insurance Locator Map 7
Benefits-at-a-Glance: Non-Medicare Health Insurance Products 8
Non-Medicare Health Insurance Rates 10
Non-Medicare Health Insurance Locator Map 11
Retired Municipal Teacher (RMT) Life Insurance Rates 12
Health Insurance Product Summaries 13
Medicare Prescription Drug Benefits 18
Non-Medicare Prescription Drug Benefits 19
Health Insurance Buy-Out 20
Life Insurance & AD&D 21
GIC Retiree Dental & Vision 22

Resources for additional information:

Attend a Health Fair 23
ADA Accommodations 23
Inscripción Anual 23
年度投保 23
Thời gian ghi danh hàng năm 23
GIC Website 23
GIC Carrier Contact Information 24
Health Fair Schedule 25

Terms to Know:

Most products require GIC member cost-sharing involving one or more of the following.

Copay: A fixed dollar amount (e.g., $20) that you pay for a covered health care service, such as a visit to your doctor or a specialist.

Deductible: A dollar amount you need to pay each year before your product pays for covered health care services.

Out-of-Pocket Maximum: The maximum amount you will pay each year for certain covered services that apply toward the maximum, after which your product will begin to pay in full for these covered services.

Coinsurance: Your share of the costs of a covered health care service, typically calculated as a percentage of the amount allowed for the service provided.

Out-of-Network Provider: A medical provider which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health insurance products, like HMOs, do not reimburse out-of-network providers at all, which means that you would be responsible for the full amount charged by your doctor. While an in-network provider is preferable in terms of lowering your out-of-pocket costs, there are some cases where seeing an out-of-network provider may be necessary, such as in an emergency or to receive certain specialized care.

Welcome to Annual Enrollment!

Dear Colleague:

As Executive Director of the Group Insurance Commission, I am privileged to have the opportunity to serve you and advance our goal to help every member access high-value health care benefit options at an affordable cost.

GIC members are at the center of this important work, and to that end, we continue to develop channels from which to hear directly from you, our members. We conducted a member survey last fall and have since held public forums to hear from you in person. You shared your concerns about maintaining your health plan benefits, and about the rising costs of health care and prescription drugs, which are growing at rates much faster than wages. You have also told us that while you are generally satisfied with your health plan, you want us to do more to try to control premium and other out-of-pocket costs.

With this in mind, this year, the GIC has taken steps to bend the trend when it comes to containing these costs, while conserving benefits and options for members. Overall, this year's aggregate premium rate increase is being kept to zero percent, and a number of member-friendly enhancements have been made to serve you better, including some reduced copays and deductibles.

You should consider this year's *Benefits Decision Guide*, and our website **mass.gov/orgs/group-insurance-commission** to be your go-to-resources for identifying and selecting the best plan. I also encourage you to attend one of this year's health fairs, at which you can meet with health plan representatives and other providers and GIC staff about your benefits.

Thank you for your service to the Commonwealth.

Sincerely yours,

Roberta Herman, M.D.
Executive Director
Group Insurance Commission

Learn What's New During Annual Enrollment

IMPORTANT UPDATE! In partnership with the State's Legislature, the Commonwealth has enacted new legislation through Governor Baker that will combine RMTs and EGRs with the GIC's broader insured population into a single risk pool. In doing so, the Commonwealth will ensure that you will enjoy the same great health insurance carrier and product options as all other GIC members. This also means that you will benefit from the best available health insurance rates.

This year's Annual Enrollment gives you the opportunity to review your benefit options and enroll in a health insurance product or make changes to your benefits. GIC has made specific benefit changes and is introducing a number of member-friendly enhancements to its health insurance products.

What's Changing This Year:

If you are a MEDICARE eligible GIC Retiree:

- **The Fallon Senior Plan will no longer be offered.** Please review the Benefits-at-a-Glance section for information about this year's product offerings or contact the health insurance carrier with specific questions about their GIC Medicare product (See page 24 for more information on how to contact your carrier.)
- **CVS SilverScript will be your prescription drug administrator.** When you enroll in medical coverage through the GIC, you will automatically receive prescription drug coverage through CVS SilverScript. CVS SilverScript offers cost management resources and live customer service support so you can best understand and manage your prescription costs. **With SilverScript, you have a separate ID card for your pharmacy benefit. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled.** If you have questions about this program, visit **gic.silverscript.com** or call **1.877.876.7214**.

If you are a NON-MEDICARE eligible GIC Retiree:

- **Increased choice for you and your spouse:** GIC members will now be able to select a Medicare product offering from a separate health insurance carrier than their spouse's non-Medicare product.
- **Health benefit changes for the coming year:** In response to your feedback, the GIC has implemented a number of changes to help reduce your out-of-pocket costs and make using your benefits easier, including:
  - Reduced copays when seeing a Tier 3 specialist (Tier 3 copays will now be $75, down from $90 last year)
  - Members will no longer be charged ambulance copays after their deductible
  - All members will have access to $15 Telehealth coverage
  - Utilizing hospice care will no longer require prior authorization
  - Some regional and limited network products will now have lower deductibles

  More information is detailed in this *Benefits Decision Guide*.
- **Integration of Medical and Behavioral Health Benefits:** To better integrate your care, effective July 1, you will receive behavioral health benefits through your health insurance carrier. Please contact your health insurance carrier to learn more about this change.
- **Express Scripts will be your prescription drug administrator:** If you are enrolled in medical coverage through the GIC, you will automatically receive prescription drug coverage through Express Scripts (ESI). Express Scripts offers cost management resources and live customer service support so you can best understand and manage your prescription costs. With Express Scripts, you have a separate ID card for your pharmacy benefit. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled. If you have questions about this new program, visit **express-scripts.com/gicrx** or call **1.855.283.7679**.

Personal or Family Information Changes?

You must notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents. Failure to do so can result in financial liability to you.

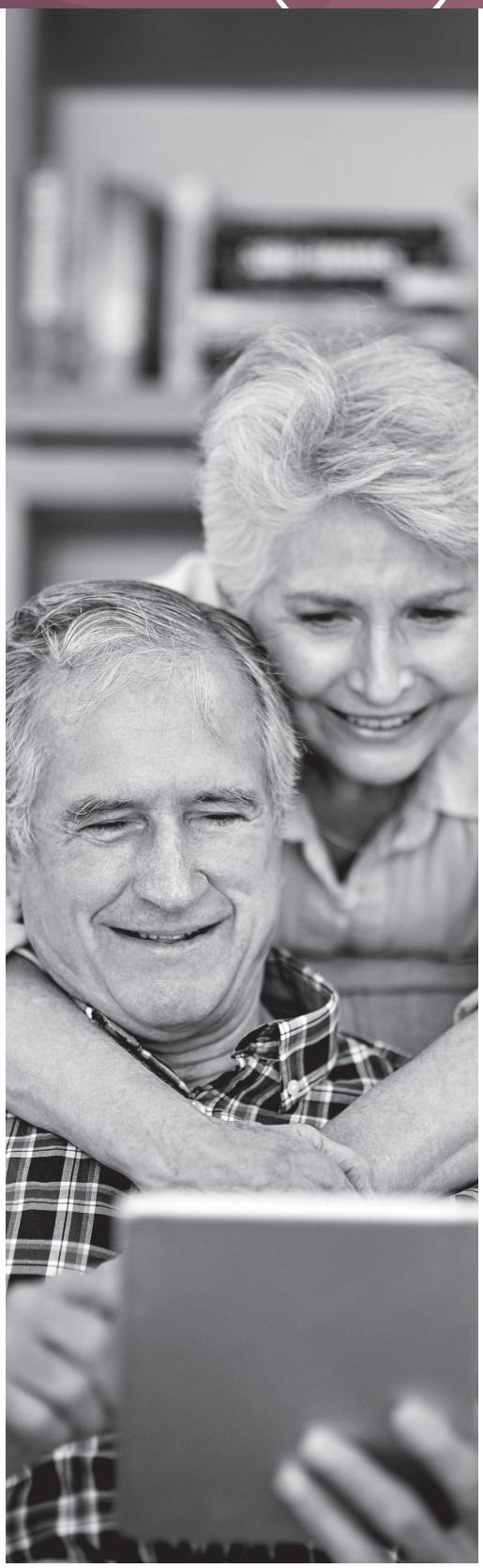
Please notify the GIC when any of the following changes occur:

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent age 19 to 26 who is no longer a full-time student
- Dependent other than full-time student who has moved out of your health plan's service area
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you will have through your GIC health plan is a **better value** than a basic Medicare Part D drug plan. Therefore, most individuals should ***not*** enroll in a non-GIC Medicare Part D drug plan.

- A "Notice of Creditable Coverage" is 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. **Keep this notice with your important papers**.
- If you are a member of **Tufts Medicare Preferred**, your plan will include Medicare Part D effective July 1, 2018. You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- All GIC Medicare plans automatically include Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D product.** If you enroll in another Medicare Part D drug product, the Centers for Medicare & Medicaid Services will automatically disenroll you from your GIC health product, which means you will **lose your GIC health, behavioral health, and prescription drug benefits**.
- 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.



Benefits-at-a-Glance: MEDICARE Health Insurance Products

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

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT			
HEALTH INSURANCE PRODUCTS	**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 the health insurance carrier for details.

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

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

MEDICARE Health Insurance Rates

How to Calculate Your Monthly Premium Effective July 1, 2018

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 12.
2. Locate your "RMT Pays Monthly" rate for life insurance.
3. Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

		RETIRED MUNICIPAL TEACHERS (RMTs)	
		RMTs *who retired on or before July 1, 1990 and* **SURVIVORS**[1]	**RMTs** *who retired after July 1, 1990*
		10%	15%
		RMT Pays Monthly	*RMT Pays Monthly*
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred[2]	Medicare Advantage	$33.09	$49.63
Tufts Health Plan Medicare Complement	Medicare Supplement	$36.05	$54.07
Harvard Pilgrim Medicare Enhance	Medicare Supplement	$38.13	$57.19
Health New England Medicare Supplement Plus	Medicare Supplement	$38.55	$57.82
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC[3] (Comprehensive)	Medicare Supplement	$43.95	$61.78
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare Supplement	$33.66	$51.49

1 Survivors are not eligible for life insurance.

2 Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2019.

3 CIC is an enrollee-pay-all benefit.

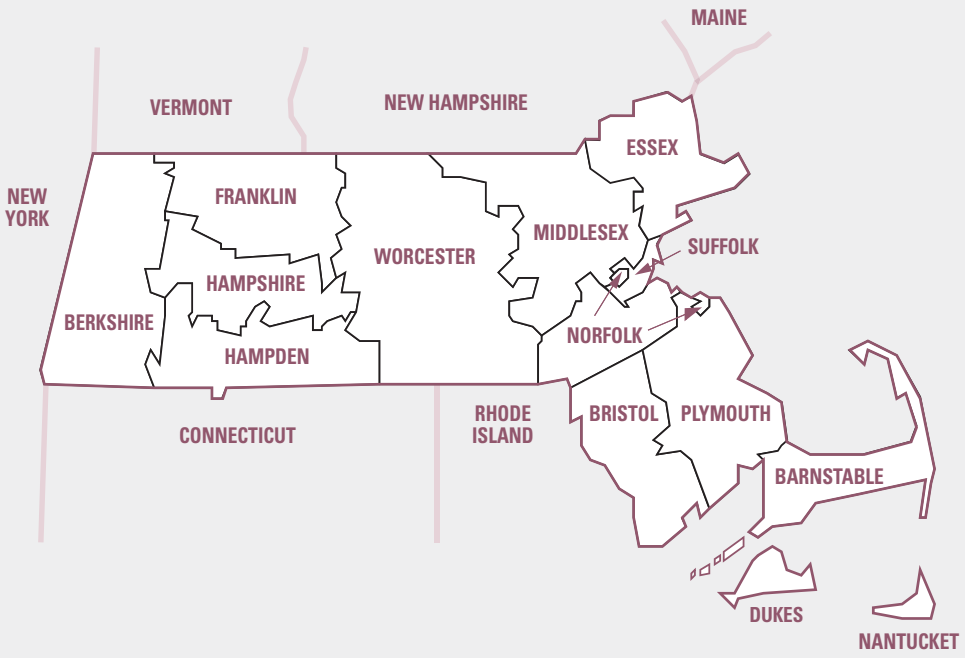
ELDERLY GOVERNMENTAL RETIREES (EGRS)
Call the GIC for rates at:

1.617.727.2310

MEDICARE Health Insurance Locator Map

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.

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



HPME – Harvard Pilgrim Medicare Enhance

HNEMSP – Health New England Medicare Supplement Plus

TMC – Tufts Health Plan Medicare Complement

TMP – Tufts Health Plan Medicare Preferred

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

PLEASE NOTE: EFFECTIVE JULY 1, 2018, THE FALLON SENIOR PLAN WILL BE DISCONTINUED FOR GIC RETIREES.

Is the MEDICARE Health Insurance Product Available Where You Live?

BARNSTABLE
HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE
HPME, HNEMSP, TMC, OME

BRISTOL
HPME, HNEMSP, TMC, TMP, OME

DUKES
HPME, HNEMSP, TMC, OME

ESSEX
HPME, HNEMSP, TMC, TMP, OME

FRANKLIN
HPME, HNEMSP, TMC, OME

HAMPDEN
HPME, HNEMSP, TMC, TMP, OME

HAMPSHIRE
HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX
HPME, HNEMSP, TMC, TMP, OME

NANTUCKET
HPME, HNEMSP, TMC, OME

NORFOLK
HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH
HPME, HNEMSP, TMC, TMP, OME

SUFFOLK
HPME, HNEMSP, TMC, TMP, OME

WORCESTER
HPME, HNEMSP, TMC, TMP, OME

Outside Massachusetts:

CONNECTICUT
HPME, HNEMSP, TMC, OME

MAINE
HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE
HPME, HNEMSP, TMC, OME

NEW YORK
HPME, HNEMSP, TMC, OME

RHODE ISLAND
HPME, HNEMSP, TMC, OME

VERMONT
HPME, HNEMSP, TMC, OME

Benefits-at-a-Glance: NON-MEDICARE Health Insurance Products

	NATIONAL NETWORK	BROAD NETWORK			
HEALTH INSURANCE PRODUCTS	UNICARE STATE INDEMNITY PLAN/ BASIC *with CIC* *(Comprehensive)*	NEW FOR RMTs AND EGRs! UNICARE STATE INDEMNITY PLAN/PLUS	NEW FOR RMTs AND EGRs! TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	NEW FOR RMTs AND EGRs! HARVARD PILGRIM INDE-PENDENCE 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 / Family	**$5,000 / $10,000**	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $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 / **$75** / 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	$20 / visit
Outpatient Behavioral Health/Substance Use Disorder Care	$20 / visit	$20 / 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 Tier 2 Tier 3	$275 / admission with no tiering	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission
Outpatient Surgery	Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.				
Tier 1 / Tier 2 / Tier 3	$250 / occurrence	$110 / $110 / $250 / occurrence	$250 / occurrence	$250 / occurrence	$250 / occurrence
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.				
(e.g., MRI, CT and 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

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2018.

Benefits-at-a-Glance: NON-MEDICARE Health Insurance Products

REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	**NHP PRIME** *(Neighborhood Health Plan)*	**NEW FOR RMTs AND EGRs!** **UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE**	**NEW FOR RMTs AND EGRs!** **TUFTS HEALTH PLAN SPIRIT**	**FALLON HEALTH DIRECT CARE**	**NEW FOR RMTs AND EGRs!** **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 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / $75 / visit	$30 / $60 / $75 / visit	$30 / $60 / **$75** / visit	Tier 1 $30 / Tier 2 $60 / visit (No Tier 3)
$20 / visit	$20 / visit	$20 / visit	$20 / visit	$15 / visit	$20 / visit
$20 / visit	$20 / visit	$20 / 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 with no tiering	$275 / admission with no tiering	$275 / admission with no tiering	$275 / admission $500 / admission No Tier 3	$275 / admission with no tiering	$275 / admission $500 / admission No Tier 3
Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.					
$250 / occurrence	$250 / occurrence	$110 / occurrence	$250 / occurrence	$250 / occurrence	$250 / occurrence
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

New legislation enacted in 2018 has allowed RMTs and EGRs to enroll in additional Non-Medicare health insurance products as noted.

NON-MEDICARE Health Insurance Rates

How to Calculate Your Monthly Premium Effective July 1, 2018

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 12.
2. Locate your "RMT Pays Monthly" rate for life insurance.
3. Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

		RETIRED MUNICIPAL TEACHERS (RMTs)			
		RMTs *who retired on or before July 1, 1990 and* SURVIVORS[1]		RMTs *who retired after July 1, 1990*	
		10%		15%	
		RMT Pays Monthly		*RMT Pays Monthly*	
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC[2] (Comprehensive)	National Network	$148.17	$331.01	$198.47	$442.25
UniCare State Indemnity Plan/Basic without CIC		$99.62	$220.47	$149.92	$331.71
UniCare State Indemnity Plan/PLUS	Broad Network	$69.37	$164.88	$104.05	$247.32
Tufts Health Plan Navigator		$74.09	$180.56	$111.13	$270.83
Fallon Health Select Care		$76.30	$184.91	$114.44	$277.36
Harvard Pilgrim Independence Plan		$82.38	$200.24	$123.57	$300.36
Health New England	Regional Network	$54.91	$130.20	$82.36	$195.30
NHP Prime (Neighborhood Health Plan)		$57.84	$149.09	$86.76	$223.63
UniCare State Indemnity Plan/Community Choice	Limited Network	$50.04	$123.22	$75.06	$184.83
Tufts Health Plan Spirit		$56.23	$135.07	$84.34	$202.61
Fallon Health Direct Care		$56.43	$141.80	$84.65	$212.70
Harvard Pilgrim Primary Choice		$60.11	$152.38	$90.17	$228.57

1 Survivors are not eligible for life insurance.

2 CIC is an enrollee-pay-all benefit.

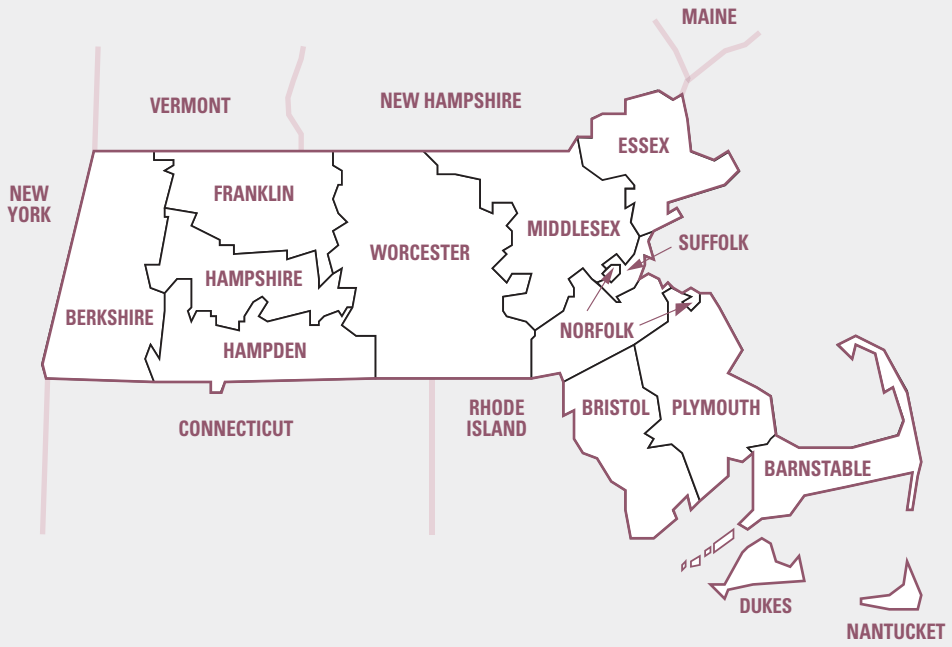
ELDERLY GOVERNMENTAL RETIREES (EGRS) – Call the GIC for rates at:

1.617.727.2310

NON-MEDICARE Health Insurance Locator Map

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.

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



DIRECT – Fallon Health Direct Care

SELECT – Fallon Health Select Care

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

NHP – NHP Prime (Neighborhood Health Plan)

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 Insurance Product Available Where You Live?

BARNSTABLE
Independence, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

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

BRISTOL
Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

DUKES
Independence, NHP, Navigator, Basic, PLUS

ESSEX
Direct, Select, Independence, Primary Choice, NHP, 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, NHP, 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, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

NANTUCKET
Independence, NHP, Navigator, Basic, PLUS

NORFOLK
Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

PLYMOUTH
Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

SUFFOLK
Direct, Select, Independence, Primary Choice, NHP, Navigator, Spirit, Basic, Community Choice, PLUS

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

Outside Massachusetts:

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

MAINE
Independence, 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.

Retired Municipal Teacher (RMT) Life Insurance Rates

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018			
BASIC LIFE INSURANCE	City/Town/School District (SD)		RMT Pays Monthly
Basic Life: $1,000 Coverage			$0.80
Blackstone Valley Regional SD	Newbury	Plainville	
Bridgewater	Paxton	Salisbury	
Granby	Pioneer Valley Regional SD	Wilbraham	
Narragansett Regional SD			
Basic Life: $2,000 Coverage			0.80
Barnstable	Quabbin Regional SD	Stoughton	
Dennis	Rehoboth	Upper Cape Cod Regional SD	
Martha's Vineyard Regional SD	Rockland	West Springfield	
Milton	Shawsheen Valley Regional SD	Whitman-Hanson SD	
Basic Life: $4,000 Coverage			1.60
Rockport			
Basic Life: $5,000 Coverage			2.00
Amesbury	Holyoke	Revere	
Billerica	Hudson	Rutland	
Bourne	Montague	Spencer	
Dedham	North Adams	Wareham	
Eastham	North Attleboro	West Bridgewater	
Everett	North Middlesex Regional SD	Westfield	
Greater Lawrence Regional SD	Norwell	Woburn	
Basic Life: $10,000 Coverage			4.00
Braintree			

Medicare-Eligible GIC Retirees

The GIC has made a few changes to our products for Medicare-eligible retirees this year. Please note that Fallon Senior Plan will not be offered on July 1, 2018. Members of this plan who do not take action will be defaulted into Tufts Medicare Complement.

Here is everything you need to know:

Tufts Health Plan - Medicare Preferred HMO (Medicare Advantage)

About the Product:

- Provides coverage through the plan's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care and obtain referrals to specialists
- No out-of-network benefits are provided, with the exception of emergency care
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Product includes Medicare Part D effective July 1, 2018. You will receive a federal government required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.**
- Separate vendor for prescription drug coverage: CVS SilverScript
- You will also have a separate ID card for your pharmacy benefit

Tufts Health Plan Medicare Complement Indemnity (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Nationwide product is new for this year

UniCare State Indemnity - Medicare Extension (OME) Indemnity

About the Product:

- A supplemental Medicare product
- Offers access to any licensed doctor or hospital throughout the United States
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Behavioral health is now integrated into product design

Harvard Pilgrim Medicare Enhance Indemnity (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- No plan changes for 2018

Health New England Medicare Supplement Plus (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Nationwide product is new for this year

WHAT'S NEW! In partnership with the State's Legislature, the Commonwealth has enacted new legislation through Governor Baker that will ensure that you will enjoy the same great health insurance carrier and product options as all other GIC members. Please review the information on all the health insurance carriers and products available to you to choose the plan that best fits your needs.

Non-Medicare Eligible GIC Retirees

National Product

(UniCare Basic)

UniCare State Indemnity Plan/Basic Indemnity

About the Product:

- Provides access to any licensed doctor or hospital throughout the United States and outside of the country*
- In Massachusetts, provides 100% coverage of allowed charges after copayment and deductible
- Members are encouraged to select a Primary Care Provider (PCP) to manage their care and pay a lower copay if they see a Centered Care PCP

What's changing for this plan year:

- Reduced copay from $90 to $75 for third-tier specialists
- New combined medical and pharmacy out-of-pocket maximum ($5,000/$10,000)
- New vendor for prescription drug coverage: Express Scripts
- Emergency ambulance (no charge after deductible)

Broad Network Products

(UniCare PLUS, Tufts Navigator, Fallon Select, Harvard Pilgrim Health Care Independence)

NEW FOR RMTs AND EGRs!

UniCare State Indemnity Plan/PLUS PPO-Type

About the Product:

- Provides access to all Massachusetts physicians and hospitals; also provides access to the carrier's network of physicians and providers throughout New England and border states, with in- and out-of-network benefits
- Out-of-state non-UniCare providers have 80% coverage of allowed charges*
- Members are encouraged to select a Primary Care Provider (PCP) to manage their care and pay a lower copay if they see a Centered Care PCP
- Members will pay lower copays for Tier 1 and Tier 2 PCPs and specialists and Tier 1 and Tier 2 hospitals

What's changing for this plan year:

- Reduced copay from $90 to $75 for third-tier specialists
- New combined medical and pharmacy out-of-pocket maximum ($5,000/$10,000)
- New vendor for prescription drug coverage: Express Scripts
- Emergency ambulance (no charge after deductible)
- Expansion of in-network coverage area in New England and border states

* To avoid additional non-Massachusetts provider charges, contact UniCare to find doctors and hospitals in your area that participate in UniCare's national Anthem and Private Healthcare Systems (PHCS) network. Please visit UniCare's website for in- and out-of-network providers and hospitals in New England and border states.

NEW FOR RMTs AND EGRs!

Tufts Health Plan Navigator POS

About the Product:

- Provides coverage for treatment by a network of doctors, hospitals and other health care providers
- Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage
- The product allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs
- Members will pay lower copays for Tier 1 or Tier 2 PCPs and specialists and Tier 1 or Tier 2 hospitals

What's changing for this plan year:

- Reduced copay from $90 to $75 for third-tier specialists
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- Emergency ambulance (no charge after deductible)
- New vendor for prescription drug coverage: Express Scripts

Fallon Health Select Care HMO

About the Product:

- Provides coverage through the carrier's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care and obtain referrals to specialists
- No out-of-network benefits are provided, with the exception of emergency care
- Members will pay lower office visit copays when they see Tier 1 or Tier 2 specialists and use Tier 1 or Tier 2 hospitals

What's changing for this plan year:

- Separate medical and prescription drug deductible: $500 (individual)/$1,000 family for medical and $100 (individual)/ $200 (family) for prescription drugs
- Reduced copay from $90 to $75 for third-tier specialists
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts
- New $15 copay for Telehealth visits

NEW FOR RMTs AND EGRs!

Harvard Pilgrim Health Care Independence POS

About the Product:

- A POS product that provides coverage for treatment by a network of doctors, hospitals and other health care providers
- Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage
- The product allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs
- Members will pay lower copays for Tier 1 or Tier 2 PCPs and specialists and Tier 1 or Tier 2 hospitals

What's changing for this plan year:

- Reduced copay from $90 to $75 for third-tier specialists
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- Emergency ambulance (no charge after deductible)
- New vendor for prescription drug coverage: Express Scripts

Regional Network Products

(Health New England HMO and NHP Prime)

Health New England HMO

About the Product:

- Provides coverage through the carrier's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care; referrals to network specialists are not required
- No out-of-network benefits are provided, with the exception of emergency care
- Members will pay lower office visit copays when they see Tier 1 or Tier 2 specialists

What's changing for this plan year:

- Lower medical deductible: $400 (individual)/$800 (family)
- Reduced copay from $90 to $75 for third-tier specialists
- Emergency ambulance (no charge after deductible)
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts
- New $15 copay for Telehealth visits

NHP Prime (Neighborhood Health Plan) HMO

About the Product:

- Provides coverage through the carrier's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care and obtain referrals to specialists
- No out-of-network benefits are provided, with the exception of emergency care
- Members will pay lower office visit copays when they see Tier 1 or Tier 2 specialists

What's changing for this plan year:

- Reduced copay from $90 to $75 for third-tier specialists
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts
- New $15 copay for Telehealth visits

Terms to Know:

HMO (Health Maintenance Organization): A health insurance product providing coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits, with the exception of emergency care. Selection of a Primary Care Provider is required.

PPO (Preferred Provider Organization): A health insurance product providing coverage by network doctors, hospitals, and other health care providers. It allows treatment by out-of-network providers, but at a lower level of coverage. A PPO plan encourages the selection of a Primary Care Provider.

POS (Point of Service): A health insurance product providing coverage for treatment by a network of doctors, hospitals and other health care providers. Selection of a Primary Care Provider is required. To get the lowest out-of-pocket cost, a member must get a referral to a specialist.

Indemnity Plan: Comprehensive coverage anywhere in the world for many health services including hospital stays, surgery, emergency care, preventive care, outpatient services and other medically necessary treatment. You can get services from any provider, anywhere in the world. Keep in mind, however, that benefits differ depending on the service and the provider, and that not all services are covered.

Limited Network Products

NEW FOR RMTs AND EGRs!

UniCare State Indemnity Plan/ Community Choice

About the Product:

- Product with a hospital network of community hospitals and some tertiary hospitals in Massachusetts, provides 100% coverage of allowed charges after copayment and deductible
- Members have the option to seek care from an out-of-network hospital for 80% coverage of the allowed amount for inpatient care and outpatient surgery, after paying a copay
- The product offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP)
- Members will pay lower office visit copays when they see Tier 1 or Tier 2 specialists

What's changing for this plan year:

- Lower medical deductible from $500 (individual)/$1,000 (family) to $400 (individual)/$800 (family)
- Reduced copay from $90 to $75 for third-tier specialists
- New combined medical and pharmacy out-of-pocket maximum ($5,000/$10,000)
- Lowered copay for Patient Centered PCPs from $20 to $15
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts

Fallon Health Direct Care HMO

About the Product:

- The product offers a limited network based in a geographically concentrated area
- Provides coverage through the carrier's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care and obtain referrals to specialists
- No out-of-network benefits are provided, with the exception of emergency care
- Members will pay lower office visit copays when they see Tier 1 or Tier 2 specialists

What's changing for this plan year:

- Separate medical and prescription drug deductible: $400 (individual)/$800 (family) for medical and $100 (individual)/ $200 (family) for prescription drugs.
- Reduced copay from $90 to $75 for third-tier specialists
- New vendor for prescription drug coverage: Express Scripts

NEW FOR RMTs AND EGRs!

Harvard Pilgrim Primary Choice Plan HMO

About the Product:

- Provides coverage through the carrier's network of doctors, hospital and other providers
- Members must select a Primary Care Provider (PCP) to coordinate their care and obtain referrals to specialists
- No out-of-network benefits are provided, with the exception of emergency care
- Members will pay lower office visit copays when they see Tier 1 specialists and Tier 1 hospitals

What's changing for this plan year:

- Lower medical deductible: from $500 (individual)/$1,000 (family) to $400 (individual)/$800 (family)
- For members 21 and under, new $2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts
- New $15 copay for Telehealth visits

MEDICARE Prescription Drug Benefits

The GIC has contracted with CVS SilverScript to manage the prescription drug benefit for all GIC Medicare medical products. Your prescription drug benefit is an Employer Group Waiver Plan (EGWP). The product combines a standard Medicare Part D prescription drug plan with additional coverage provided by the GIC.

Drug Copayments

All GIC medical products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact SilverScript with questions about your specific medications.

Tier 1: You pay the ***lowest*** copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive than generics.

Tier 2: You pay the ***mid-level*** copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relatively safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

Tier 3: You pay the ***highest*** copayment. This tier is primarily made up of the brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Prescription Drug Programs

All GIC products have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact SilverScript for details about these programs and whether they apply to drugs you are taking.

Step Therapy

This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.

Specialty Drug Pharmacies

If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education and side effect management.

Prior Authorization

You or your health care provider may be required to contact SilverScript for prior authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because SilverScript needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.

Quantity Limits

To promote member safety and appropriate and cost-effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.

NON-MEDICARE Prescription Drug Benefits

In an effort to help GIC members save on pharmaceutical costs, the GIC has contracted with Express Scripts (ESI) to manage the prescription drug benefit for all GIC non-Medicare medical products beginning July 1, 2018. **You will receive a separate ID card that you will be required to use when filling your prescriptions.** You will be able to access a broad network of retail pharmacies to fill a 30-day supply and can fill a 90-day supply through mail order or at a CVS Pharmacy.

Prescription Drug Deductible

All GIC non-Medicare medical products have a fiscal year Rx deductible of $100 individual/$200 family. The prescription drug deductible is separate from your health product deductible. Once you've paid your prescription deductible, your covered drugs will be subject to copayment.

Drug Copayments

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact ESI with questions about your specific medications.

Tier 1: You pay the ***lowest*** copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same strength as their brand name counterparts. Brand name drugs are almost always significantly more expensive than generics.

Tier 2: You pay the ***mid-level*** copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relatively safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

Tier 3: You pay the ***highest*** copayment. This tier is primarily made up of the brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Prescription Drug Programs

All GIC products have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact ESI for details about these programs and whether they apply to drugs you are taking.

Mandatory Generics

When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, ***plus*** the generic copay.

Step Therapy

This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.

Maintenance Drug Pharmacy Selection

If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call ESI to tell them whether you wish to continue to use a retail pharmacy for a 30-day supply or change to 90-day supplies through either mail order or CVS pharmacies.

Specialty Drug Pharmacies

If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or doctor's office.

Prior Authorization

You or your health care provider may be required to contact ESI for prior authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because ESI needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.

Quantity Limits

To promote member safety and appropriate and cost-effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.

Health Insurance Buy-Out

RMT's ONLY

If you have access to non-GIC health insurance through your spouse or another employer-sponsored product, it may pay to participate in the Health Insurance Buy-Out program. 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, 2018 or before and continue your coverage through June 30, 2018, you may apply to buy out your health plan coverage **effective July 1, 2018**, during Annual Enrollment.

October 3 — November 2, 2018

If you are insured with the GIC on July 1, 2018 or before, and continue your coverage through December 31, 2018, you may apply to buy out your health plan coverage **effective January 1, 2019**. The enrollment period for this buy-out will be October 3 – November 2, 2018.

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. 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:

RMT's with UniCare State Indemnity Plan/Medicare Extension (OME) individual coverage:

Full-cost premium on July 1, 2018:	$356.60
Monthly 12-month benefit =	25% of this premium
Retiree receives 12 monthly checks of: *(subject to federal and state taxes)*	$89.15

Form Submission

Send the completed Buy-Out form to the GIC **no later than May 2, 2018** for the July 1, 2018 buy-out or **November 2, 2018** for the January 1, 2019 buy-out. Forms received after the deadline will not be accepted.

Buy-Out Questions? Contact the GIC:

1.617.727.2310

mass.gov/gic-forms

Life Insurance & AD&D

Life insurance, insured by The Hartford Life and Accident Insurance Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

Basic Life Insurance

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire.

Survivors, Elderly Governmental Retirees (EGRs) enrollees are not eligible for GIC basic or optional life insurance.

Accelerated Death Benefit

This one-time benefit allows you to elect an advance payment of 25% to 80% of your life insurance death benefit if you have been diagnosed with a terminal illness. Retirees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. Upon payment of the accelerated death benefit, future life insurance premiums are waived, regardless of your age. The remaining balance is paid to your beneficiary when you die.

Accidental Death & Dismemberment (AD&D) Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life while using an airbag or seat belt

GIC Retired Municipal Teachers with Basic Life Insurance of $1,000 do not have Accidental Death & Dismemberment benefits.

Life Insurance and AD&D Questions? Contact the GIC:

1.617.727.2310

mass.gov/life-insurance-and-accidental-death

Retiree Dental & Vision

GIC Retiree Dental Plan

Metropolitan Life Insurance Company (MetLife) is the carrier for the GIC Retiree Dental Plan. The product offers a fixed reimbursement of up to $1,250 per member per year for dental services:

- Dental examinations
- Dental cleanings
- Fillings
- Crowns
- Dentures
- Dental implants

As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting one of the over 370,000 nationwide network of participating dentists. When you visit a MetLife provider, your out-of-pocket expenses will be lower, as you usually pay the lower negotiated fee, even after you have exceeded your annual maximum.

This is an entirely voluntary (retiree-pay-all) plan that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

Eligibility

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

Eligible retirees and survivors 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. **However, if you have ever dropped coverage, you can never re-enroll in the plan.**

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018	
$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	$29.91
Family	72.05

Retiree Dental Questions? Contact MetLife:

1.866.292.9990

metlife.com/gic

GIC Retiree Vision Discount Plan

Davis Vision is the carrier for the Retiree Vision Discount Plan. The plan is available at any of the almost 45,000 nationwide Davis Vision providers. The plan offers significant discounts on:

- Eye examinations
- Frames
- Spectacles
- Contact lenses

All eyeglasses purchased through the Retiree Vision Discount Plan are covered by a two-year unconditional warranty against breakage at no additional cost. There is no monthly premium or fee to use the program; you pay for the services at the discounted price when they are needed. However, you must call Davis Vision before visiting the provider's office in order to participate.

Eligibility

To be eligible for this program, you, as the insured, must have GIC coverage. Your family members are only eligible if they are covered under your GIC health plan.

Retiree Vision Questions? Contact Davis Vision:

1.800.224.1157

davisvision.com (client code: 7621)

Need More Help?

Attend a Health Fair

Retirees and survivors who are thinking about changing health products, or looking at other benefit options, can attend one of the GIC's health fairs to:

- Speak with health and other benefit product representatives;
- Pick up detailed materials;
- Ask GIC staff about your benefit options;
- Change your health plan or apply for other GIC retiree/survivor benefits; and
- Take advantage of complimentary health screenings.

Please see page 25 or visit mass.gov/gic-news-and-announcements for the health fair schedule.

ADA Accommodations

If you require disability-related accommodations, contact the GIC's ADA Coordinator at least two weeks prior to the fair you wish to attend:

1.617.727.2310

GIC.ADA.Requests@massmail.state.ma.us

INSCRIPCIÓN ANUAL

La inscripción anual es del 4 de abril al 2 de mayo, y los cambios entrarán en efecto el 1 de julio de 2018. Comuníquese con Group Insurance Commission (Comisión de Seguros de Grupo) llamando al **1.617.727.2310** para obtener ayuda.

年度投保

年度投保的時間為 2018 年 4 月 4 日至 5 月 2 日，變更則於 7 月 1 日生效。如需協助，請聯絡團體保險委員會 (GIC), 電話 **1.617.727.2310**。

Thời gian ghi danh hàng năm

Thời gian ghi danh hàng năm là từ ngày 4 tháng 4 đến ngày 2 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2018. Vui lòng liên lạc với GIC tại số **1.617.727.2310** để được trợ giúp.

Our Website Provides Additional Helpful Information:

mass.gov/orgs/group-insurance-commission

See our website for:

- *Benefits Decision Guides* in electronic format
- Helpful FAQs about this year's benefits
- Summaries of all GIC health products – conveniently search for participating doctors and hospitals online
- Forms to expedite your Annual Enrollment decisions
- Easy to read rate sheets to calculate your expected costs and savings
- The latest Annual Enrollment news and announcements from the GIC
  - Benefits-at-a-glance charts to compare different benefit products side by side; and
  - Carrier handbooks for each health insurance product

For More Information, Contact the Plans

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

HEALTH INSURANCE		
Fallon Health Direct Care Select Care	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan Medicare Enhance	1.800.542.1499	harvardpilgrim.org/gic
Health New England HMO Medicare Supplement Plus	1.800.842.4464	hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit Medicare Complement Medicare Preferred	1.800.870.9488 (Non-Medicare) 1.888.333.0880 (Medicare)	tuftshealthplan.com/gic
UniCare State Indemnity Plan Basic Community Choice Medicare Extension (OME) PLUS	1.800.442.9300	unicarestateplan.com
Pharmacy Benefits Manager CVS SilverScript Express Scripts	1.877.876.7214 1.855.283.7679	gic.silverscript.com express-scripts.com/gicrx
OTHER BENEFITS		
GIC Retiree Dental Plan *(MetLife)*	1.866.292.9990	metlife.com/gic
GIC Retiree Vision Discount Plan *(Davis Vision)*	1.800.224.1157	davisvision.com (client code: 7621)
Life/AD&D Insurance *(The Hartford)* - contact the GIC	1.617.727.2310	mass.gov/gic/life
ADDITIONAL RESOURCES		
Internal Revenue Service *(IRS)*	1.800.829.1040	irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	mass.gov/news/mtrs-news
Medicare	1.800.633.4227	medicare.gov
Social Security Administration	1.800.772.1213	ssa.gov
State Board of Retirement	1.617.367.7770	mass.gov/orgs/massachusetts-state-retirement-board-msrb

Other Questions? Contact the GIC:

1.617.727.2310, TDD/TTY 711

mass.gov/orgs/group-insurance-commission

Health Fair Schedule

APRIL 2018

11 — **WEDNESDAY** — **11:00 – 3:00**
WRENTHAM DEVELOPMENTAL CENTER
Graves Auditorium
Littlefield Street
WRENTHAM

12 — **THURSDAY** — **11:00 – 3:00**
QUINSIGAMOND COMMUNITY COLLEGE
Harrington Learning Center, Rooms 109 AB
670 West Boylston Street
WORCESTER

13 — **FRIDAY** — **11:00 – 2:00**
BERKSHIRE COMMUNITY COLLEGE
Paterson Field House
1350 West Street
PITTSFIELD

17 — **TUESDAY** — **10:00 – 3:00**
MCCORMACK STATE OFFICE BUILDING
1 Ashburton Place, 21st Floor
BOSTON

18 — **WEDNESDAY** — **11:00 – 3:00**
HAMPDEN COUNTY SHERIFF'S DEPARTMENT
Hampden County Correctional Center
627 Randall Road
LUDLOW

19 — **THURSDAY** — **10:00 – 3:00**
UMASS AMHERST
Student Union Ballroom
AMHERST

20 — **FRIDAY** — **1:00 – 5:00**
MASSASOIT CONFERENCE CENTER
770 Crescent Street
BROCKTON

21 — **SATURDAY** — **10:00 – 2:00**
NORTH SHORE COMMUNITY COLLEGE
Frederick Berry Building, 1st Floor Lobby
1 Ferncroft Road
DANVERS

23 — **MONDAY** — **11:00 – 3:00**
STATE TRANSPORTATION BUILDING
Conference Rooms 1, 2, 3
10 Park Plaza, 2nd Floor
BOSTON

24 — **TUESDAY** — **1:00 – 5:00**
MOUNT WACHUSETT COMMUNITY COLLEGE
Hall of Possibilities
444 Green Street
GARDNER

26 — **THURSDAY** — **3:00 – 7:00**
GREENLEAF COMMUNITY CENTER
1188 Parker Street
SPRINGFIELD

27 — **FRIDAY** — **1:00 – 5:00**
MIDDLESEX COMMUNITY COLLEGE
Cafeteria
591 Springs Road
BEDFORD

28 — **SATURDAY** — **10:00 – 2:00**
MASS MARITIME ACADEMY
Gymnasium
101 Academy Drive
BUZZARDS BAY

Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

PRSRT. STD.
U.S. POSTAGE
PAID
HARTFORD, CT
PERMIT NO. 2850

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, *Governor*
Karyn Polito, *Lieutenant Governor*

Group Insurance Commission
Roberta Herman, M.D., *Executive Director*
19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310
TDD/TTY: 711

Mailing Address
Group Insurance Commission
P.O. Box 8747
Boston, MA 02114

Website: mass.gov/orgs/group-insurance-commission

Commissioners

*Current as of March, 2018. For more information, visit **mass.gov/orgs/group-insurance-commission**.

Valerie Sullivan *(Public Member), Chair*
Gary Anderson, *Commissioner of Insurance*
Michael Heffernan, *Secretary of Administration and Finance (or his designee)*
Theron R. Bradley *(Public Member)*
Edward T. Choate *(Public Member)*
Tamara P. Davis *(Public Member)*
Kevin Drake *(Council 93, AFSCME, AFL-CIO)*
Jane Edmonds *(Public Member)*
Joseph Gentile *(AFL-CIO, Public Safety Member)*
Christine Hayes Clinard, *Esq. (Public Member)*
Bobbi Kaplan *(NAGE)*
Melvin A. Kleckner *(Massachusetts Municipal Association)*
Eileen P. McAnneny *(Public Member)*
Timothy D. Sullivan, *Ed.D. (Massachusetts Teachers Association)*
Margaret Thompson *(Local 5000, SEIU, NAGE)*
Vacant *(Health Economist)*