

Benefits and Rates
Effective July 1, 2015

Weigh Your Options



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

2015-2016

GIC BENEFIT DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS EMPLOYEES

See inside for
benefit changes.



ANNUAL ENROLLMENT: April 8 - May 6, 2015



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CHARLES D. BAKER
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LIEUTENANT GOVERNOR

Spring 2015

Dear Colleagues:

Health care has been a major focus of mine for much of my career and I am honored to be working with the Group Insurance Commission again in this new and exciting role as your Governor.

As a former Secretary of Administration and Finance, I took seriously my role on the Commission, attending meetings and working with the GIC staff on how the Commonwealth could best fulfill the need for quality care at reasonable costs, to our employees and to taxpayers. The Commission has been at the forefront of improving healthcare transparency and empowering patients to take charge of their own health and wellbeing. Our administration is a firm believer in doing all we can, to further improve on those goals.

Getting the most out of the complex medical system depends on your active participation as a patient, a consistent relationship with a Primary Care Provider, and coordination of care. Be sure to read through this 2015-2016 Benefit Decision Guide to get an overview of upcoming benefit changes and your options. Take advantage of other GIC resources for selecting your health plan, including the GIC's website, www.mass.gov/gic, and health fairs across the state.

Thank you for your service and for helping us to improve health care quality at costs the taxpayer -- and you -- can afford.

Sincerely,

A handwritten signature in blue ink that reads "Charles D. Baker".

Charles D. Baker
Governor

HOW TO USE THIS GUIDE

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



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NEW THIS YEAR!

Watch the Annual Enrollment video to find out the steps you should take during Annual Enrollment and how to lower your out-of-pocket costs:
www.mass.gov/gic/aevideo.

IMPORTANT REMINDERS

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2015. Review pages 4-5, and 9 for details.
- Read the *Annual Enrollment Checklist* on page 2 for information to consider when selecting a health plan.
- Read the *Limited Network Plans – Great Value; Quality Coverage* section on page 11 to find out more about limited network plan options.
- If you want to **keep your current health plan**, you do not need to fill out any paperwork. Your coverage will continue automatically.



Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the health plan, unless you have a qualifying event, such as moving out of the plan's service area or retiring and becoming Medicare eligible (in which case, you **must** enroll in a Medicare plan).

- Your annual enrollment forms are due to the GIC Coordinator in your benefits office **no later than Wednesday, May 6, 2015**.

Forms and applications are available on the GIC's website (www.mass.gov/gic/forms). Changes go into effect July 1, 2015.

ANNUAL ENROLLMENT CHECKLIST

STEP 1:



IDENTIFY which health plan(s) you are eligible to join:

- Where you live determines which plan(s) you may enroll in. *See page 16 for the health plan locator map.*
- See the health plan pages for eligibility details (*pages 12-13 and 17-18*).

**Do Your Homework
During Annual
Enrollment – Even
If You Want to Stay
in the Same Plan**

STEP 2:



For the plans you are eligible to join and are interested in. . .

- **REVIEW** the at-a-glance charts in the center of this guide.
- **WEIGH** features that are important to you, such as out-of-network benefits, prescription drug coverage and mental health benefits.
- **REVIEW** their monthly rates (*see page 9*).
- **CONSIDER** enrolling in a limited network plan – individuals who pay 25% of the premium **will save, on average, \$50 per month** (*see page 11*).
- **CONTACT** the plan to find out about benefits that are not described in this guide.

STEP 3:



Find out if your doctors and hospitals are in the plan's network. Call the plan or visit the plan's website and search for your own **and** your covered family members' doctors and hospitals. Be sure to specify the health plan's full name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim."



Your health plan selection is binding until the next annual enrollment, even if your doctor or hospital leaves your health plan's network during the year. Your health plan will help you find another provider.

STEP 4:



Check on copay tier assignments that affect what you pay when you get physician or hospital services.



Physician and hospital copay tiers can change each July 1. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed.

STEP 5:



Take a look at other benefit options: Long Term Disability, Optional Life Insurance, Buy-Out, and Dental/Vision (*see pages 19-22 and 24 for eligibility and other details.*)

STEP 6:



Next fall, consider enrolling in the Health Care Spending Account and save on out-of-pocket health care expenses. (*See page 23 for additional information.*)

THREE GREAT RESOURCES

- 1 The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 28 for website addresses.*
- 2 The health plan's customer service line:** A representative can help you. *See page 28 for phone numbers.*
- 3 A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 27 for the health fair schedule.*

NEW HIRE AND ANNUAL ENROLLMENT OVERVIEW

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire. **If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.**



Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the plan, unless you have a qualifying status change, such as moving out of the plan's service area or retiring and becoming eligible for Medicare (in which case, you must switch to a Medicare plan).

NEW EMPLOYEES within 10 calendar days of hire.

See your GIC Coordinator or the GIC's website for coverage effective date details.

You may enroll in one of these health plans. . .

- Fallon Health Direct Care
- Fallon Health Select Care
- Harvard Pilgrim Independence Plan
- Harvard Pilgrim Primary Choice Plan
- Health New England
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

You may enroll in. . .

- Basic Life Insurance
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for Managers*
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

By submitting within 10 days of employment. . .

- GIC enrollment forms; and
- Required documentation for family coverage (if applicable) as outlined on the **Forms** section of our website to your GIC Coordinator

NOTE: Active state employees who involuntarily lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of involuntary loss of coverage. Contact your GIC Coordinator for details.

CURRENT EMPLOYEES

During Annual Enrollment April 8-May 6, 2015 for changes effective July 1, 2015

You may enroll in or change your selection of. . .

One of these health plans:

- Fallon Health Direct Care
- Fallon Health Select Care
- Harvard Pilgrim Independence Plan
- Harvard Pilgrim Primary Choice Plan
- Health New England
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice
- UniCare State Indemnity Plan/PLUS

GIC Dental/Vision Plan for Managers*

You may enroll in. . .

- Basic Life Insurance

You may apply for*. . .

- Long Term Disability (during annual enrollment or anytime during the year)
- Optional Life Insurance (during annual enrollment or anytime during the year)
- Health Insurance Buy-Out
- Opt in or out of pre-tax Basic Life and Health Insurance premium deductions

By submitting by May 6. . .

GIC enrollment forms to your GIC Coordinator

* See pages 19-22 and 24 for eligibility and option details.



Indicates a GIC Limited Network Plan.

Enrollment and application forms are available on our website – www.mass.gov/gic/forms – and through your GIC Coordinator.

ANNUAL ENROLLMENT NEWS

The Commonwealth continues to face challenging budget times. Many worthy initiatives including education, local aid and transportation are competing for scarce resources as health care costs crowd out the state budget. For this fiscal year, a \$765 million shortfall is projected; the GIC has a \$165 to \$190 million deficit. Most of the GIC budget shortfall is structural – we have been underfunded for the last three years because the budget base was not updated for the additional members that we have added, the end of federal funds, and the supplemental budgets we've received. The Fiscal Year 2016 premium requests we received from the plans, especially two of the larger ones, were not realistic given the budget situation. Additionally, too many patients use expensive academic medical centers for routine care, further increasing costs for all of us.



The Administration has committed to making the GIC's current budget whole. However, despite the new budget base, there's no room for increased spending next year. With many pressing concerns, agencies have been asked to come in with level funding. The GIC has been pushing hard through the Centered Care Initiative to change the way providers are paid: moving from fee for service payment arrangements that reward providers for ordering unnecessary tests and procedures to global payments. This has been a tough slog and progress has been slower than we would like. We will continue to push for these changes, but in the meantime, the Commission has had to make some difficult decisions. These were not easy decisions and they will affect all of us who work for the state and local communities.

We encourage you to take charge of your health and take advantage of ways to lower your out-of-pocket costs:

- **Work with your Primary Care Provider (PCP)** to navigate the health care system.
- **Seek care from Tier 1 and Tier 2 specialists.** Over 164 million claims have been analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:
 - ★★★ Tier 1 (excellent)
 - ★★ Tier 2 (good)
 - ★ Tier 3 (standard)
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- Use **urgent care facilities** and **retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- **Use your health plan's online cost comparison tool** to shop for health care services in advance.
- Consider **enrolling in a Limited Network Plan** to save money on your monthly premium.
- Read about ways to **take charge of your health**; the GIC's website has a wealth of articles and links to additional resources: www.mass.gov/gic/yourhealth.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.**

BENEFIT CHANGES EFFECTIVE JULY 1, 2015



PCPS AND REFERRALS REQUIRED!

HARVARD PILGRIM INDEPENDENCE PLAN AND TUFTS HEALTH PLAN NAVIGATOR

In keeping with the Centered Care Initiative, Harvard Pilgrim Independence Plan and Tufts Health Plan Navigator will become Point-of-Service (POS) plans. With a POS Plan, 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. Members who get care from specialists without a PCP referral will have higher out-of-pocket costs. Current members of these plans **will stay in the plan** if they do not switch plans during Annual Enrollment and will receive additional details of this transition from their plan.

ALL HEALTH PLANS

Rules for Enrolling in Health Plans and Adding Dependents:

In compliance with federal and state law for pre-tax benefits, the GIC will be tightening up our rules and instituting deadlines for enrolling in health plans and adding dependents. As always, required documentation (e.g., birth certificates and marriage certificates) must accompany the change forms. *See page 6 for additional information.*

Deductible: The current calendar year deductible will increase to \$300 individual; \$600 two-person family; and \$900 three- or more person family coverage. The carryover provision into 2016 for deductible-related charges incurred October – December 2015 has been eliminated. The deductible will transition to a fiscal year deductible to make it easier for members to change health plan carriers at future annual enrollments. *See page 6 for additional details.*

BENEFIT CHANGES EFFECTIVE JULY 1, 2015

Other Benefits That Accrue on a Calendar Year: will transition during FY16 to a fiscal year accrual. For 2015, they will accrue on a calendar year; from January 1 – June 30, 2016, they will accrue on a half-calendar year; from July 1, 2016 – June 30, 2017, they will accrue on a fiscal year. Details vary slightly by plan; contact the plan for details:

- Out-of-pocket maximum
- Inpatient copay
- Day limits for other inpatient medical facilities (skilled nursing, rehab, etc.)
- Outpatient surgery copay
- Physical and Occupational Therapy
- Outpatient mental health
- Smoking cessation counseling
- Hearing aids
- Fitness reimbursement
- Nutritional counseling
- Vision hardware for certain conditions
- Vision exam
- Chiropractic visits
- Speech therapy
- Private Duty nursing
- Hospital-based personal emergency response systems

See the At-A-Glance Chart in the center of this guide, pages 14-15, for the following changes:

Specialist Tiering: Copays for specialists will increase for all plans: \$30 Tier 1; \$60 Tier 2; \$90 Tier 3. Fallon Health Direct Care will tier specialists based on quality and/or cost efficiency for the first time.

Inpatient Hospital Care Copay: For plans that do not tier hospitals (Fallon Health Direct Care, Health New England, Neighborhood Health Plan, UniCare State Indemnity Plan/Basic, and UniCare Community Choice), the copay will increase to \$275. Tufts Health Plan Navigator will change to three tier hospital copays and Tier 1 and Tier 3 copays will increase or change for all plans that have three hospital tiers (Fallon Health Select Care, Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare PLUS): Tier 1: \$275 and Tier 3: \$1,500. For Harvard Pilgrim Primary Choice, Tier 1 will increase to \$275.

Outpatient Surgery Copay: The copay will increase for all plans to \$250 **except** UniCare Community Choice and PLUS.

Prescription Drug Copays: All prescription drug copays except for Tier 1 retail will increase to: Tier 2 \$30 and Tier 3 \$65 retail up to a 30-day supply; Tier 1 \$25; Tier 2 \$75 and Tier 3 \$165 mail order up to a 90-day supply.

In-Network Out-of-Pocket Maximum: The out-of-pocket maximum (\$5,000 per individual and \$10,000 per family) will now include prescription drugs for Harvard Independence and Primary Choice, Tufts Navigator and Spirit. (This already applies to the other GIC HMOs.) The out-of-pocket maximum for UniCare State Indemnity Plan/Basic, Community Choice and PLUS will change to \$4,000 per individual and \$8,000 per family for medical and mental health benefits and \$1,500 per individual and \$3,000 per family for prescription drug benefits.

Other Health Plan Changes

NEIGHBORHOOD HEALTH PLAN

- NHP Care will now be called NHP Prime.
- Prosthetics and orthotics with Durable Medical Equipment (DME) will be subject to the deductible, but not coinsurance.
- Hearing aid benefits for members over age 22 will no longer be subject to coinsurance.

TUFTS HEALTH PLAN NAVIGATOR AND SPIRIT

- **Mental Health/Substance Abuse:** Outpatient mental health visits up to 26 visits without prior authorization; thereafter, visits subject to prior authorization for medical necessity.

UNICARE STATE INDEMNITY PLAN/BASIC, COMMUNITY CHOICE AND PLUS

- **Prescription Drug Program:** CVS/caremark was selected to continue as the pharmacy benefit manager. Prior authorization will be required for certain high-cost drugs. *See page 10 for additional information.*
- **Certain Oral, Injectable, Infused and Inhaled Specialty Drugs:** After the first fill of certain specialty drugs, you must get refills through CVS/caremark's specialty pharmacy. The first fill may be limited to up to a 14-day supply with a prorated copay.
- **Mental Health/Substance Abuse:** One visit with a PCP for mental health/substance abuse will now be covered. Outpatient mental health visits up to 26 visits without prior authorization; thereafter, visits subject to prior authorization for medical necessity.

Other GIC Benefit Changes

FLEXIBLE SPENDING ACCOUNT (FSA): The FSA Program will transition to a fiscal year to coincide with other GIC benefits. In the fall, there will be an open enrollment for half-year benefits of January 1 – June 30, 2016, and then next spring there will be an open enrollment for fiscal year benefits of July 1, 2016 – June 30, 2017. *See page 23 for additional information.*

GIC DENTAL/VISION: Composite fillings on posterior teeth will now be covered: 80%.

PROCEDURE CHANGES AND FREQUENTLY ASKED QUESTIONS

Modifications to Rules for Enrolling in Health Plans and Adding Dependents

In compliance with federal and state law for pre-tax benefits, the GIC will be tightening up our rules and instituting deadlines for enrolling in health plans and adding dependents effective July 1, 2015. As always, required documentation (e.g., birth certificates and marriage certificates) must accompany the change forms.

Effective July 1, 2015:

- All GIC forms have changed. Visit our website for current forms: www.mass.gov/gic/forms.
- GIC eligible enrollees can only enroll in coverage for the first time as a new hire, at Annual Enrollment or during the year with a documented qualifying event: marriage, birth/adoption of child, involuntary loss of other coverage, spouse's annual enrollment, or return from an approved FMLA or military leave.
- GIC members can only change from individual to family or family to individual coverage with a qualifying event: marriage, birth/adoption of child, change in dependent eligibility, divorce (subject to M.G.L. Ch. 32A eligibility requirements), death of spouse/dependent or spouse's or dependent's involuntary loss of coverage elsewhere.
- All forms and documentation for the above enrollments or changes **must** be received at the GIC within 60 days of the qualifying event. If you miss this deadline, you must wait for the next Annual Enrollment to make the change.

As always, it's important to remember that you can only change health plans at Annual Enrollment, unless you move out of your health plan's service area, at retirement, or are retired and become Medicare eligible, in which case you **must** change plans.

Frequently Asked Questions

Q As a new employee, when do my GIC benefits begin?

A GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first. Only the Dependent Care Assistance Program (DCAP) begins on the first day of employment.

Q I am an active GIC-eligible employee. I am also retired from a state agency or participating municipality and eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?

A No. You must choose either active employee **or** retiree benefits. Contact the GIC to indicate whether you want employee or retiree benefits.

Q I'm turning age 65; what do I need to do?

A If you are age 65 or over, visit Social Security's website or your local Social Security office for confirmation of Social Security and Medicare benefit eligibility.

See the GIC's website for answers to other frequently asked questions:
www.mass.gov/gic/faq

If you are eligible for Medicare Part A for free and **you continue working** after age 65, you and your covered spouse should **not** enroll in Medicare Part B until you (the insured) retire.

Employees should **not** sign up for Medicare Part D. Your drugs are already provided by your health plan.

Q My full-time student goes to school outside of our health plan's service area. May we remain in our current health plan?

A Yes. Your family may remain in your current health plan for as long as your child is a full-time student and enrolled in GIC coverage as a full-time student. However, if your child age 19 to 26 ceases to be a full-time student, complete and return the **Dependent Age 19 to 26 Enrollment/Change Form**; that child must reside within your health plan's service area to be covered. If he or she lives outside of your health plan's service area, the family must change plans. Only UniCare Indemnity Plan/Basic is nationwide.



You MUST Notify Your GIC Coordinator When Your Personal or Family Information Changes

Failure to notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents **can result in financial liability** to you. Please tell your GIC Coordinator 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 an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

DEDUCTIBLE CHANGES AND QUESTIONS & ANSWERS

The calendar year deductible will increase effective July 1, 2015. The deductible will transition to a fiscal year to make it easier for members to change health plan carriers at Annual Enrollment. The carryover provision of October – December has been eliminated.

Deductible Questions and Answers

Q What is a deductible?

A All GIC health plans include a deductible. This is a 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.

Q How much is the in-network 2015 calendar year deductible?

A The in-network deductible will increase effective July 1, 2015 to \$300 per member, up to a maximum of \$900 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a \$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 new \$900 maximum.

If you are in a POS or PPO-type plan, there is an additional out-of-network deductible of \$400 per member, up to a maximum of \$800 per family; this is a separate charge from the in-network deductible.

Q I've already satisfied my calendar year deductible; will I need to pay more toward my deductible in 2015?

A Yes. If you already paid \$250 for your individual calendar year deductible, you will be subject to another \$50 for the rest of the 2015 calendar year. Two-person families and families of three or more people that have met their deductible may incur an additional \$100 or \$150, respectively.

The calendar year deductible will transition to a fiscal year deductible next year to make it easier to change health plan carriers at Annual Enrollment. Here's how this will work:

For Calendar Year 2015:

The deductible will remain on a calendar year.

For January – June 2016, there will be a half-year deductible:

- **Individual:** The individual will have a \$150 deductible before benefits begin.
- **Two-person family:** Each person must satisfy a \$150 deductible.
- **Three- or more person family:** The maximum each person must satisfy is \$150 until the family as a whole reaches the six-month \$450 maximum.

Effective July 1, 2016: the deductible year will run July 1, 2016 – June 30, 2017.



Q If I change plans during this 2015-2016 Annual Enrollment, am I subject to another deductible?

A You will not be subject to a new deductible if:

You stay with the same health plan carrier but switch to one of its other options.

You will be subject to a new deductible this annual enrollment only if:

You enroll in a health plan with a different GIC health plan carrier.

DEDUCTIBLE CHANGES AND QUESTIONS & ANSWERS

Q *Will the deductible-related charges that I incur in October – December 2015 be applied toward my half-year calendar year deductible that begins January 1, 2016?*

A No. The carryover provision has been eliminated.

Q *Which health care services are subject to the deductible?*

A The lists below summarize expenses that generally are and are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. As with all benefits, ***variations in the guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Medically necessary wigs
- Hearing aids
- Mammograms
- Pap smears
- EKGs

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging such as MRI, PET and CT scans)
- Durable medical equipment

Q *How will I know how much I need to pay out of pocket?*

A Upon request, plans are required to tell you before you incur charges the amount you will be required to pay. Call your plan or visit their website to get this information.

When you visit a doctor or hospital, the provider should ask you for your copay upfront. After you receive services, your health plan may provide you with an Explanation of Benefits, or you can call your plan to find out which additional portion of the costs you will be responsible for. The provider will then bill you for any balance owed.

STATE EMPLOYEE HEALTH PLAN RATES

GIC PLAN RATES as of July 1, 2015



Compare the rates of these plans with the other options and see how much you will save every month!

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$1.26		\$1.58	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	\$ 99.45	\$236.91	\$124.31	\$296.14
Fallon Health Select Care	HMO	131.73	314.39	164.67	392.99
Harvard Pilgrim Independence Plan	POS	150.54	365.50	188.18	456.88
Harvard Pilgrim Primary Choice Plan	HMO	120.68	292.65	150.86	365.82
Health New England	HMO	99.70	245.31	124.63	306.65
NHP Prime (Neighborhood Health Plan)	HMO	95.03	249.74	118.79	312.18
Tufts Health Plan Navigator	POS	132.58	321.90	165.74	402.38
Tufts Health Plan Spirit	EPO (HMO-type)	101.14	241.87	126.43	302.34
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	Indemnity	229.14	534.01	275.89	643.07
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	186.98	436.23	233.73	545.29
UniCare State Indemnity Plan/ Community Choice	PPO-type	95.34	227.61	119.18	284.52
UniCare State Indemnity Plan/PLUS	PPO-type	131.87	313.39	164.84	391.75

* CIC is an enrollee-pay-all benefit.

The House 1 budget proposes changing all EMPLOYEE contributions to 25% regardless of date of hire. However, whether or not this takes place will not be known until the Commonwealth's FY16 budget is enacted. Please keep this in mind as you are weighing your health plan options.

For other things to consider, see page 2.

PRESCRIPTION DRUG BENEFITS

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact the plans you are considering 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 relative 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 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.



Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money—\$5-\$30 for three months of medication, depending on the tier. *See the at-a-glance chart on pages 14-15 for copay details.*

Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

Prescription Drug Programs

Some GIC plans have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact the plans you are considering to find out details about these programs:

- **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 your prescription drug plan to tell them whether you wish to continue to use a retail pharmacy or change to 90-day supplies through either mail order or certain retail 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.

UniCare Prescription Drug Formulary and Prior Authorization Change Effective July 1, 2015

To control escalating prescription drug costs, the GIC is moving to a new formulary for all UniCare members. Certain high-cost drugs with lower-cost alternatives will only be covered based on medical necessity. Prior authorization will be required. For additional details, contact CVS/caremark.

LIMITED NETWORK PLANS – Great Value; Quality Coverage

Consider Enrolling in a Limited Network Plan to Save Money Every Month on Your Premiums!

Limited network plans help address differences in provider costs. You will enjoy **the same benefits** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium contribution percentage, and
- Whether you have individual or family coverage.

For example, if you pay 25% of the premium and have individual coverage, by enrolling in a limited network plan instead of a wide network plan, you will **save, on average, \$50 per month and \$600 per year.**

See page 9 to determine what the savings would be for the plans you are considering.



Find out if your hospital is in a GIC limited network plan

The GIC has a side-by-side comparison of the six limited network plans and their participating hospitals on our website: **www.mass.gov/gic/limitedplans**

For participating physician and other provider details, contact the individual plans by phone or visit their website (*see page 28*).



Limited Network Plan

The GIC's limited network plans are:

- **Fallon Health Direct Care** – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 28 area hospitals and another six “Peace of Mind” hospitals in Boston that provide second opinions and care for very complex cases.
- **Harvard Pilgrim Primary Choice Plan** – an HMO with a network of 55 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha’s Vineyard, Nantucket, and parts of Berkshire County.
- **Health New England** – a western and central Massachusetts-based HMO that includes 20 Massachusetts hospitals.
- **NHP Prime (Neighborhood Health Plan)** – an HMO with a provider network that includes community health centers, independent medical groups and hospital group practices, as well as 56 hospitals. NHP Prime is available across most of the state except for Berkshire, Franklin, and Hampshire Counties.
- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 54 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire and Hampshire Counties.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 55 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha’s Vineyard and Nantucket.



Your Responsibility Before You Enroll in a Plan

- **Once you choose a plan, you cannot change health plans during the year**, unless you move out of the plan’s service area. If your doctor or hospital leaves your health plan, you must find a new participating provider in your chosen plan.
- Check if your doctors participate in the plan.
- Find out if the doctors’ affiliated hospitals are in the plan.
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation.

LIMITED NETWORK HEALTH PLANS



Fallon Health Direct Care HMO

Fallon Health Direct Care is an HMO that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists. The plan offers a selective network based in a geographically concentrated area.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Effective July 1, 2015, Fallon Health Direct Care will tier the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members will pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Harvard Pilgrim Primary Choice Plan HMO

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists,

Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Health New England HMO

Health New England is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care; referrals to network specialists are not required.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Health New England tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

LIMITED NETWORK HEALTH PLANS



NHP Prime (Neighborhood Health Plan) HMO

NHP Prime, formerly known as NHP Care, is administered by Neighborhood Health Plan. The plan is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Otolaryngologists (ENTs), Orthopedists, Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Tufts Health Plan Spirit EPO (HMO-type)

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that provides coverage through the plan's network of doctors, hospitals and other providers. The plan encourages members to select a Primary Care Provider (PCP).

The mental health benefits of this plan are administered by Beacon Health Options.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay

lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UniCare State Indemnity Plan/Community Choice PPO-Type

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network based at community and some tertiary hospitals at 100% coverage, after a copayment. Or, you may seek care from an out-of-network hospital for 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay.

Contact the plan to find out if your hospital is in the network.

The plan offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP).

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS/caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

BENEFITS AT-A-GLANCE

Health Plan Copays and Deductibles

This chart is a comparative overview of GIC plan benefits. See the corresponding Plan Navigator, and UniCare State Indemnity Plan/Community Choice and PL. With the exception of emergency care, there are no out-of-network benefits.

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
PLAN TYPE	HMO	HMO	POS	HMO	HMO
PCP Designation Required	Yes	Yes	Yes	Yes	Yes
PCP Referral to Specialist Required	Yes	Yes	Yes	Yes	No
Out-of-pocket Maximum					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Calendar Year Deductible					
Individual	\$300	\$300	\$300	\$300	\$300
Two-person family	\$600	\$600	\$600	\$600	\$600
Three- or more person family	\$900	\$900	\$900	\$900	\$900
Primary Care Provider Office Visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per 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 (excellent)	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
★★ Tier 2 (good)	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
★ Tier 3 (standard)	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
Retail Clinic	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Outpatient Mental Health & Substance Abuse Care	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year				
Tier 1	\$275 per admission with no tiering	\$275 per admission \$500 per admission	\$275 per admission \$500 per admission	\$275 per admission \$500 per admission	\$275 per admission with no tiering
Tier 2					
Tier 3		\$1,500 per admission	\$1,500 per admission	No Tier 3	
Outpatient Surgery	Maximum four copays per calendar year				
	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	Maximum one copay per person per calendar year				
	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
Prescription Drug					
Retail: up to a 30-day supply					
Tier 1	\$10	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65	\$65
Mail-order: Maintenance drugs – up to a 90-day supply					
Tier 1	\$25	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165	\$165

The amounts and terms that appear in bold in this chart are benefits that have changed effective July 1, 2015.

Out-of-pocket maximums apply to medical and mental health benefits across all health plans. Prescription drug maximums in all health plans except UniCare, which has one out-of-pocket maximum for medical & mental health.

giving overview information for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health US are **in-network** benefits with PCP referral where required. These plans also offer out-of-network benefits with higher out-of-pocket costs. For the GIC's EPO and HMOs. For providers, benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan.

NHP PRIME (Neighborhood Health Plan)	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC WITH CIC (Comprehensive)*	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
\$5,000	\$5,000	\$5,000	\$4,000 medical & mental health/\$1,500 Rx	\$4,000 medical & mental health/\$1,500 Rx	\$4,000 medical & mental health/\$1,500 Rx
\$10,000	\$10,000	\$10,000	\$8,000 medical & mental health/\$3,000 Rx	\$8,000 medical & mental health/\$3,000 Rx	\$8,000 medical & mental health/\$3,000 Rx
\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900	\$300 \$600 \$900
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit for Centered Care PCPs; \$20 per visit for other PCPs
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 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
per year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission	\$300 per admission \$700 per admission No Tier 3	\$275 per admission with no tiering	\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission
per quarter or per year, depending on plan. Contact the plan for details.					
\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
on one copay per day. Contact the plan for details.					
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$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

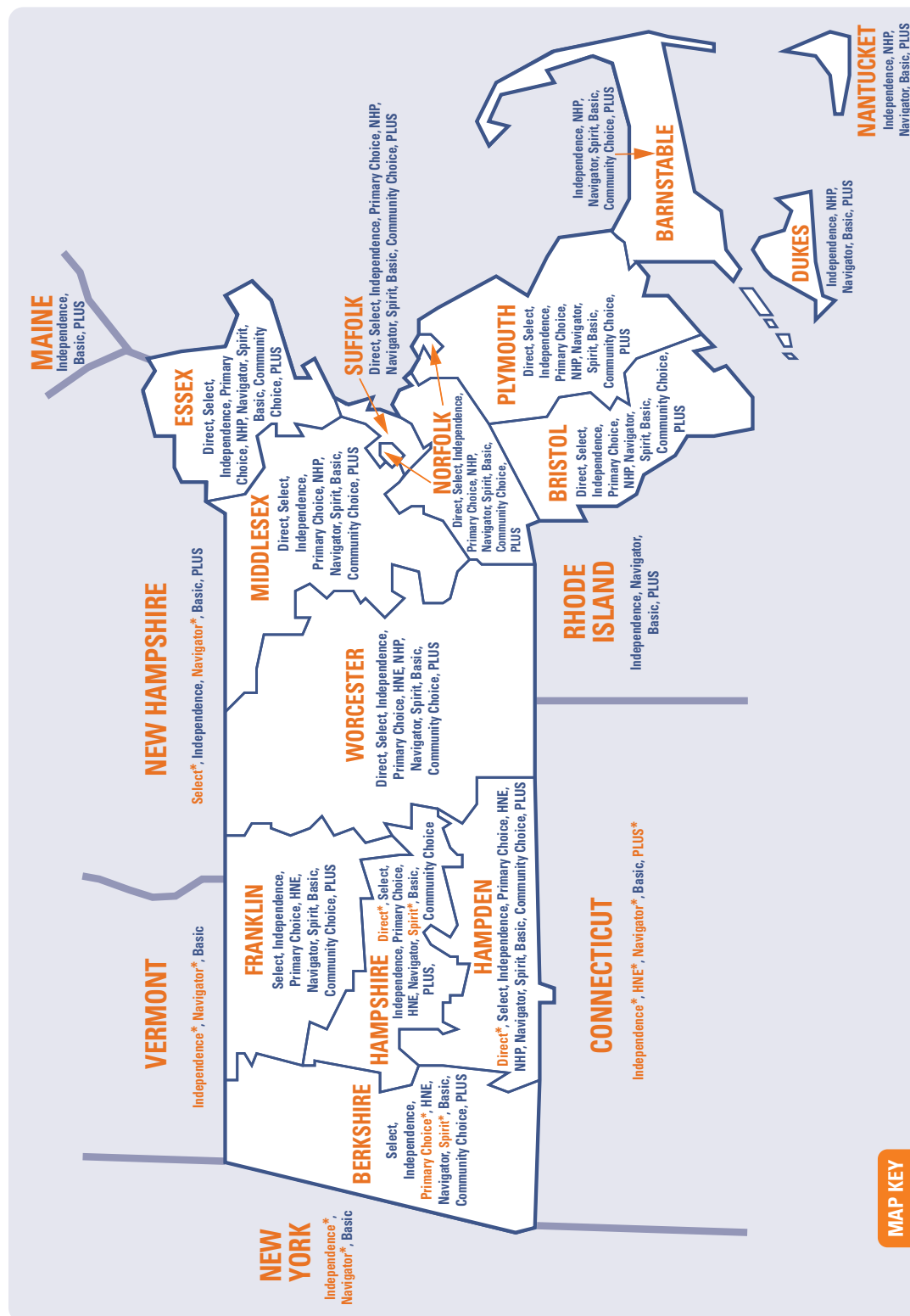
g (Rx) benefits are included in the out-of-pocket health and a separate maximum for prescription drugs.

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

HEALTH PLAN LOCATOR MAP

Where You Live Determines Which Plan You May Enroll In.
Is the Health Plan Available Where You Live?

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



MAP KEY

Direct – Fallon Health Direct Care

Select – Fallon Health Select Care

Independence – Harvard Pilgrim Independence Plan

Primary Choice – Harvard Pilgrim Primary Choice Plan

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



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

WIDE NETWORK HEALTH PLANS

Fallon Health Select Care HMO

Fallon Health Select Care is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Fallon Health tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

Harvard Pilgrim Independence Plan POS

Effective July 1, 2015, the Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, will become a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also 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.

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.



Harvard Independence and Tufts Navigator will become POS Plans Effective July 1, 2015.

New PCP & Referral Requirements

- Has the ***same wide network*** of doctors, hospitals and other providers and includes out-of-network benefits as the current PPO offering does.
- ***Requires a PCP designation and referrals*** from your PCP for specialty care.
- If you ***do not get a referral*** to a specialist, you will have health care benefits, but with ***higher out-of-pocket costs***.

WIDE NETWORK HEALTH PLANS

Tufts Health Plan Navigator POS

Effective July 1, 2015, Navigator by Tufts Health Plan will become a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but at higher out-of-pocket costs.

The mental health benefits of this plan, administered by Beacon Health Options, offer you in-network benefits with a copay. Or, you may seek care from out-of-network providers, but with higher out-of-pocket costs.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Effective July 1, 2015, the plan will change from two to three hospital tiers. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UniCare State Indemnity Plan/Basic Indemnity

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and

paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS/caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible.

UniCare State Indemnity Plan/PLUS PPO-Type

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. 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. Contact the plan to find out if your PCP is a Centered Care provider.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS/caremark.

Specialist and Hospital Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

LONG TERM DISABILITY (LTD)

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

If you become ill, are in an accident, or have a sports injury and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. With less than 25% of U.S. residents having enough savings to cover six months or more of their regular expenses (*Bankrate June 2014*), enrolling in a salary replacement plan is an important benefit for you and your family.

If you are unable to work for 90 consecutive days due to illness or injury, this program will provide participants with income replacement.

Benefits include:

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. If disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for mental health disabilities that occur on or after July 1, 2014;
- A rehabilitation and return-to-work assistance benefit; and
- A dependent care expense benefit.

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits. You must notify the plan if you begin receiving other benefits. The minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater. Be sure to contact Unum soon after you become disabled to expedite and maximize your claim benefit.

Eligibility and Enrollment

All active state employees who are eligible for GIC health benefits are eligible for LTD. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

New State Employees

As a new state employee within 31 days of hire, or during any established enrollment period for new group employees joining the GIC, eligible employees may enroll in LTD without providing evidence of good health.

Current State Employees

All eligible employees can apply for LTD coverage during annual enrollment, or at any time during the year. You must provide proof of good health for Unum's approval to enter the plan.

LONG TERM DISABILITY MONTHLY GIC Plan Rates Effective July 1, 2015

ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM Per \$100 of MONTHLY Earnings
Under age 25	\$0.09
25 – 29	\$0.11
30 – 34	\$0.15
35 – 39	\$0.19
40 – 44	\$0.39
45 – 49	\$0.52
50 – 54	\$0.63
55 – 59	\$0.77
60 – 64	\$0.74
65 – 69	\$0.42
70 and over	\$0.24

**Long Term Disability (LTD)
Questions?**

Contact Unum: 1.877.226.8620

www.mass.gov/gic/ltd

LIFE INSURANCE AND 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

The Commonwealth offers \$5,000 of Basic Life Insurance.

Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary, up to a maximum of \$1.5 million. Term insurance pays your designated beneficiary in the event of your death. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit.

How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and your family's outstanding debts. For instance, employees with young families and mortgages might need the coverage. But older employees who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make economic sense for you to keep it or reduce your amount of coverage. Talk with a financial advisor about other programs that might be more beneficial at retirement. If you make no change to your optional life coverage at retirement, you will be responsible for the retiree optional life insurance premium, which can be substantial. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age.

See the GIC Benefit Decision Guide for Retirees & Survivors or our website for these rates.

Life Insurance and AD&D Questions?

Contact the GIC:

1.617.727.2310 ext. 1

www.mass.gov/gic/life

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 in a car accident while using an airbag or seat belt

Accelerated Life Benefit

This one-time benefit allows you to elect an advance payment of 25% to 75% of your life insurance death benefit if you have been diagnosed with a terminal illness. Insured employees 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 life benefit, future life insurance premiums are waived regardless of your age. The remaining balance is paid to your beneficiary when you die.

LIFE INSURANCE

Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

New State Employees

As a new state employee, or during any established enrollment period for new group employees joining the GIC, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

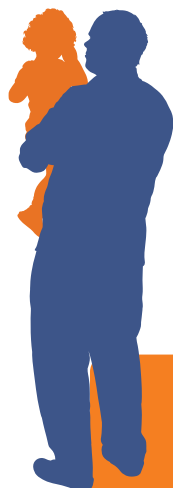
Current Employees During the Year

State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

Current Employees with a Qualified Family Status Change

State employees actively at work who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to four times their salary ***provided that the GIC receives proof within 31 days of the qualifying event.*** Family status changes include the following events:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse



Portability and Conversion Questions?

Contact The Hartford
1.877.320.0484

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or a pipe nor used snuff, chewing tobacco or a nicotine delivery system) for at least the past 12 months, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2015.

Life Insurance and Leaving State Service

Active employees who leave state service can take advantage of the following options:

- **Portability** – continue your basic and/or optional life insurance at the group rate
- **Conversion** – convert your life insurance coverage to a non-group policy

Optional Life Insurance

Including Accidental Death & Dismemberment

MONTHLY GIC Plan Rates Effective July 1, 2015

ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.05
35 – 44	0.12	0.06
45 – 49	0.22	0.08
50 – 54	0.35	0.15
55 – 59	0.54	0.21
60 – 64	0.80	0.32
65 – 69	1.46	0.74
70 and over	2.58	1.17

HEALTH INSURANCE BUY-OUT & PRE-TAX PREMIUM DEDUCTIONS

Health Insurance Buy-Out

If you have access to non-GIC health insurance through your spouse or another source, it may pay to participate in the Buy-Out Program.

During Annual Enrollment

If you were insured with the GIC on January 1, 2015 or before, and continue your coverage through June 30, 2015, you may apply to buy out your health plan coverage **effective July 1, 2015**, during annual enrollment.

October 5 – November 6, 2015

If you are insured with the GIC on July 1, 2015 or before, and continue your coverage through December 31, 2015, you may apply to buy out your health plan coverage **effective January 1, 2016**. The enrollment period for this buy-out will be October 5 – November 6, 2015.

In order to be eligible for the buy-out, you must have other non-GIC health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission and must maintain basic life insurance. Under the buy-out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

FOR EXAMPLE:



State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2015: \$1,603.19

Monthly 12-month benefit = 25% of this premium

Employee receives 12 payroll deposits or monthly checks of: \$273.75
(after federal, Medicare, and state taxes)

Buy-Out Questions?

Contact the GIC: 1.617.727.2310 ext. 1
www.mass.gov/gic/forms

Pre-Tax Premium Deductions

The Commonwealth normally deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. During annual enrollment, or when you have a qualified status change as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums:

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2015.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2015.

Pre-Tax Premium Deduction Questions?

Contact Your Payroll Department

FLEXIBLE SPENDING ACCOUNTS

The GIC's Flexible Spending Accounts (FSAs), administered by ASIFlex, help you save money on out-of-pocket health care costs and/or dependent care expenses. On average, state employees save \$300 in federal and state taxes for every \$1,000 contributed.

Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for qualifying out-of-pocket health and dental care expenses on a pre-tax basis. Examples include:

- Physician office visit and prescription drug copayments
- Medical deductibles and coinsurance
- Eyeglasses, prescription sunglasses, and contact lenses
- Orthodontia and dental care
- Hearing aids and durable medical equipment
- Smoking cessation and childbirth classes
- Chiropractor and acupuncture visits

For calendar year 2015, participants can contribute \$250 to \$2,550 through payroll deduction on a pre-tax basis.

HCSA Eligibility

All active state employees who are eligible for GIC health benefits are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13, a disabled child age 13 or older, and/or an adult dependent—including day care, after-school programs, elder day care, and day camp—on a pre-tax basis. You may elect an annual DCAP contribution of up to \$5,000 per household.

DCAP Eligibility

Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

HCSA and DCAP Questions?

Contact ASIFlex

1.800.659.3035

www.mass.gov/gic/fsa

HCSA & DCAP

All HCSA participants receive two free debit cards from ASIFlex to conveniently pay for health care expenses out of their HCSA account. Additional cards for other dependents are \$5.00 per set of two cards. For DCAP participants and as an alternative for HCSA participants, pay for the expenses and then submit a claim form with receipt to receive reimbursement by check or direct deposit, depending on which option you have elected. ASIFlex has an online tool and mobile app to help expedite your claims submission. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2015 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$2.50 on a pre-tax basis.

HCSA & DCAP Enrollment Will Transition to Fiscal Year in 2016

OPEN ENROLLMENT: October 13 – December 4, 2015 for Half-Year Benefits

The HCSA and DCAP plan year will be changing from a calendar year to a fiscal year in 2016 to coincide with other GIC benefits. Open enrollment for these programs will take place October 13 – December 4, 2015 for *the short plan year of* January 1 – June 30, 2016. For the short plan year, the maximum election amount for HCSA will be \$1,275 and the maximum DCAP election will be \$2,500. During the GIC's spring 2016 Annual Enrollment period, state employees will be able to enroll in FSA benefits for the 12-month fiscal year of July 1, 2016 – June 30, 2017.

Participants must re-enroll each open enrollment period using the online enrollment form.

New State Employees

New state employees, including MBTA employees joining the GIC during the fiscal year, may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

Change in Status

Employees who have a "qualified" status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

It is important to estimate your expenses carefully – the Internal Revenue Service requires that any unused funds be forfeited. IRS substantiation requirements apply.

GIC DENTAL/VISION PLAN

For Managers, Legislators, Legislative Staff, and Certain Executive Office Staff

Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are **not** eligible for GIC Dental/Vision coverage.

Annual Enrollment Options

During annual enrollment, eligible employees may enroll in GIC Dental/Vision for the first time, or change their dental plan selection.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision plan.

There are two dental plan options:

- **The PPO Plan** (also known as the MetLife Value Plan), and
- **The Indemnity Plan** (also known as the MetLife Classic Plan).

Both plans include MetLife's network of dentists and offer the following in-network benefits:

- Per-person calendar year maximum benefit of \$1,250
- 100% coverage for preventive and diagnostic services
- 80% coverage for basic services, such as root canals and extractions
- 50% coverage for major services, such as dental implants

Benefit Enhancement for Both Plans Effective July 1, 2015:

- Composite fillings on posterior teeth – covered at 80%

With either plan, if you use MetLife's network of participating dentists, you will be able to take advantage of negotiated fees, even after you have exceeded your annual maximum.



The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating MetLife dentist:

• PPO Plan (MetLife Value):

If you and/or your dependents receive all of your care from a participating MetLife dentist, this plan will help you save on monthly premium costs and will also usually lower your out-of-pocket costs. However, if you are in the PPO (MetLife Value) Plan and you go out of network, you will need to satisfy a \$100 deductible and the benefit levels are slightly lower.

• Indemnity Plan (MetLife Classic):

If you and/or your dependents intend to not visit participating dentists, choosing this plan will provide higher benefit levels, but at a higher monthly premium cost.

Keep in mind that once you choose your dental plan, you may not change plans until the next annual enrollment, even if your dentist leaves the plan during the year.

Dental Questions?

Including frequency of covered services, out-of-network benefits, and providers

Contact MetLife: 1.866.292.9990

www.metlife.com/gic

GIC DENTAL/VISION PLAN AND WELLMASS PILOT PROGRAM

VISION BENEFITS

For Managers, Legislators, Legislative Staff and Certain Executive Office Staff

The vision portion of the GIC Dental/Vision Plan is administered by Davis Vision. This plan provides a preferred provider network of almost 1,500 Massachusetts providers, with additional providers across the country. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- routine eye examinations;
- collection frames;
- lenses; and
- scratch-resistant lens coating.

Enhanced materials and services at preferred providers are covered at 100% after a copay. Members can also take advantage of Davis Vision discounts on additional eyewear.

When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Vision Questions?

Including copayment amounts, providers,
and discount programs

Contact Davis Vision: 1.800.650.2466

www.davisvision.com
(client code: 7852)

GIC Dental/Vision Plan

MONTHLY GIC Plan Rates Effective July 1, 2015

PLAN	INDIVIDUAL	FAMILY
PPO (Value) Plan	\$4.67	\$14.49
Indemnity (Classic) Plan	\$6.25	\$19.39

WELLMASS PILOT PROGRAM

*For Employees in the Executive Branch,
Constitutional Offices and the Legislature*

State employees have an opportunity to improve their health with the GIC's pilot program, called WellMASS, subject to a FY16 appropriation. This program, administered by StayWell Health Management, LLC, provides helpful tools to improve your health and well-being:

- **Health Questionnaire** gives you a snapshot of your current health and helps guide your future health goals;
- **Online resources** help you set goals, monitor your progress, find answers, and stay motivated; and
- **Health coaching** – by phone, mail, or online – encourages you and provides tips for eating right, stopping smoking, adding exercise to your routine, and relieving stress. Health coaching is available to eligible participants based on their Health Questionnaire risks.

Take advantage of these programs today!
WellMASS.staywell.com



Commonwealth of Massachusetts
Group Insurance Commission

Eligibility

The WellMASS Pilot Program is for active state employees working in the Executive Branch, Constitutional Offices, and the Legislature. To be eligible, you must be enrolled in a GIC health plan. Retirees and employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for this pilot program.

Lunch 'n Learn Programs

All state employees can participate in the WellMASS Lunch 'n Learn programs that are held at state office buildings across the state. These programs focus on nutrition, stress, physical activity, and tobacco cessation. Visit the GIC's website for the schedule.

WellMASS Questions?

1.800.926.5455

www.mass.gov/gic/wellmass

NEED MORE HELP?

Attend a Health Fair

Employees who are enrolling in GIC benefits for the first time, thinking about changing health plans, or are looking at other benefit options can attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives;
- Pick up detailed materials and provider directories;
- Ask GIC staff about your benefit options;
- Change your health plan or apply for other GIC active state employee benefits; and
- Take advantage of complimentary health screenings.

See page 27 for the schedule.

Inscripción Anual

La inscripción anual es del 8 de abril al 6 de mayo, y los cambios entrarán en vigor el 1 de julio de 2015. Comuníquese con Group Insurance Commission (Comisión de Seguros de Grupo) llamando al **1.617.727.2310**, ext. 1 para obtener ayuda.

年度投保

年度投保的時間為 2015 年 4 月 8 日至 5 月 6 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 轉分機 1。

Thời gian ghi danh hàng năm

Thời gian ghi danh hàng năm là từ ngày 8 tháng 4 đến ngày 6 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2015. Vui lòng liên lạc với GIC tại số **1.617.727.2310**, số nội bộ là 1, để được trợ giúp.

Our Website Provides Additional Helpful Information



www.mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats;
- Information about and links to all GIC plans;
- The latest annual enrollment news;
- Forms to expedite your annual enrollment decisions;
- Answers to frequently asked questions including what to do when you turn age 65;
- GIC publications – including the *Turning Age 65 Q&A* brochure and *For Your Benefit* newsletters;
- Summary of Benefits and Coverage for all GIC health plans;
- Benefits At-A-Glance charts for mental health and substance abuse benefits for all UniCare State Indemnity plans and Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.



FOR MORE INFORMATION, ATTEND A GIC HEALTH FAIR

APRIL 2015

10 FRIDAY 11:00-2:00

Berkshire Community College
Paterson Field House
1350 West Street
PITTSFIELD

11 SATURDAY 11:00-2:00

North Shore Community College
Math and Science Building, 1st Floor Lobby
1 Ferncroft Road
DANVERS

13 MONDAY 11:00-4:00

Oliver Ames High School
Nixon Gym
100 Lothrop Street
EASTON

14 TUESDAY 11:00-4:00

Ashland Community Center
162 West Union Street
Route 135
ASHLAND

15 WEDNESDAY 11:00-3:00

State Transportation Building
10 Park Plaza, 2nd Floor
Conference Rooms 1, 2 and 3
BOSTON

16 THURSDAY 11:00-3:00

Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

17 FRIDAY 11:00-4:00

Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

18 SATURDAY 10:00-2:00

Mass Maritime Academy
Gymnasium
101 Academy Drive
BUZZARDS BAY

22 WEDNESDAY 11:00-3:00

U-Mass Amherst
Student Union Ballroom
AMHERST

23 THURSDAY 10:00-2:00

Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW

28 TUESDAY 10:00-3:00

McCormack State Office Building
One Ashburton Place
21st Floor
BOSTON

29 WEDNESDAY 11:00-4:00

Westwood High School Gym
200 Nahatan Street
WESTWOOD

30 THURSDAY 11:00-3:00

Quinsigamond Community College
Harrington Learning Center
Rooms 109 A & B
670 West Boylston Street
WORCESTER



**Commonwealth of Massachusetts
Group Insurance Commission**

FOR MORE INFORMATION, CONTACT THE PLANS

For more information about specific plan benefits, contact the individual plan. Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Health Direct Care Select Care	1.866.344.4442	www.fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1.800.542.1499	www.harvardpilgrim.org/gic
Health New England	1.800.842.4464	www.hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	www.nhp.org/gic
Tufts Health Plan Navigator Spirit • Mental Health/Substance Abuse and EAP (Beacon Health Options)	1.800.870.9488 1.855.750.8980	www.tuftshealthplan.com/gic www.beaconhs.com/gic
UniCare State Indemnity Plan/ Basic Community Choice PLUS <i>For all UniCare Plans</i> • Prescription Drugs (CVS/caremark) • Mental Health/Substance Abuse and EAP (Beacon Health Options)	1.800.442.9300 1.877.876.7214 1.855.750.8980	www.unicarestateplan.com www.caremark.com/gic www.beaconhs.com/gic
OTHER BENEFITS		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (ASI Flex)	1.800.659.3035	www.mass.gov/gic/fsa
Life/AD&D Insurance (The Hartford) – Contact the GIC	1.617.727.2310 ext. 1	www.mass.gov/gic/life
Long Term Disability (Unum)	1.877.226.8620	www.mass.gov/gic/ltd
WellMASS Wellness Pilot Program (StayWell Health Management)	1.800.926.5455	www.mass.gov/gic/wellmass
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits (MetLife)	1.866.292.9990	www.metlife.com/gic
Vision Benefits (Davis Vision)	1.800.650.2466	www.davisvision.com (client code: 7852)
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors (Beacon Health Options)	1.855.750.8980	www.beaconhs.com/gic
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Social Security Administration	1.800.772.1213	www.ssa.gov
State Board of Retirement	1.617.367.7770	www.mass.gov/retirement

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
www.mass.gov/gic

GLOSSARY

Centered Care – a GIC program that seeks to improve health care coordination and quality while reducing costs. Primary Care Providers play a critical role in helping their patients get the right care at the right place with the right provider. The central idea is to coordinate health care services around the needs of you, the patient. Because health care is so expensive, Centered Care also seeks to engage providers and health plans on managing these dollars more efficiently.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees **without** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) Initiative – a GIC program that seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health carriers are aggregated to identify differences in physician quality and cost efficiency, and this information is given back to the plans to tier specialists. Members who choose to see high-performing doctors pay lower copays.

DCAP (Dependent Care Assistance Program) – a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent.

Deductible – a set dollar amount which must be satisfied within a calendar year before the health plan begins making payments on claims.

Deferred Retirement – allows you to continue your group health insurance after you leave state service with vested pension rights until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

EAP (Enrollee Assistance Program) – mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

EPO (Exclusive Provider Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 17-member commission appointed by the Governor. The mission of the GIC is to provide high-value health insurance and certain other benefits to state, particular authority, and participating municipality employees, retirees, and their survivors and dependents.

HCSA (Health Care Spending Account) – a pre-tax benefit that allows state employees to contribute a set amount of their income for out-of-pocket health care expenses, such as copayments, deductibles, eyeglasses and orthodontia.

HMO (Health Maintenance Organization) – a health plan that provides 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 (PCP) is required.

Limited Network Plan – a less expensive health plan that offers essentially the same benefits as more expensive, wider network plans, but with fewer physicians, hospitals, and other providers.

LTD (Long Term Disability) – an income replacement program for active employees providing a tax-free benefit of up to 55% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers both network and non-network coverage, you will receive a higher level of benefits when you are treated by network providers.

PCP (Primary Care Provider) – physicians with specialties in internal medicine, family practice, and pediatrics as well as nurse practitioners and physician assistants who coordinate their patients' health care.

Portability – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

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

PPO (Preferred Provider Organization) – a health plan that provides 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 (PCP).

Preventive Services – health care services that do not treat an illness, injury or a condition (e.g., routine physicals).

39-Week Layoff Coverage – allows laid-off employees to continue their group health and life insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.



**Commonwealth of Massachusetts
Group Insurance Commission**

P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

Website:
www.mass.gov/gic

Charlie Baker, Governor

Karyn Polito, Lieutenant Governor

Group Insurance Commission

Dolores L. Mitchell, Executive Director

19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

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

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