

2016-2017 Benefits At-a-Glance

Benefits effective July 1, 2016













Great Care. Great Coverage. Helping You Decide.

A Guide to Choosing Your Insurance Plans

At UMass Medical School we are passionate about quality health care. We believe it takes the best people to provide the best care – and that our employees deserve nothing less.

When each of us becomes healthier, we grow stronger as an institution. That means our health care benefits need to provide a balance between care when you're sick and access to resources and providers that help you stay well. We also understand that our employees have a variety of health care needs; and there's no single solution to meet the needs of all our employees.

For this reason, UMass Medical School offers its eligible employees a broad range of quality health insurance plan options that focus on wellness, prevention and access to top rated health care facilities and physicians. In addition to dental and vision plans, choosing your health insurance plan during Open Enrollment is an important decision that impacts you and your family for the whole year. Use the information in this Benefits At-a-Glance to get an overview of your insurance plan options – so you can choose what's best for you.

OPEN ENROLLMENT

April 6th through May 4th

for benefit changes effective July 1, 2016.

New Employees – We recommend you enroll within 10 calendar days of hire and no later than 21 days. Benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first.

Family Status Changes – Please contact Human Resources within 30 days of a family status change.

ELIGIBILITY

Employees budgeted for 20 hours or more per week, their spouse and dependents up to age 26.

Choosing the Best Health Insurance Plan for You and Your Family

As you review the health insurance plan options available to you and your family, there are a number of things to consider. Follow these steps to help determine the right plan for you:

STEP 1: Your location

Where you live determines the health insurance plan options available to you. Review the map in this Benefits At-a-Glance to determine which plans are available in your service area.

STEP 2: Whether your physicians and facilities are in the network

If you have a physician or facility that you'd like to continue to use, be sure to find out if they are included in the plan network and their quality/cost tier assignment. Keep in mind that if your physician or facility leaves your health insurance plan's network during the year, you must stay in the plan for the year. You can change to another plan during the next Open Enrollment. In the meantime, the health insurance plan will help you find another provider.

STEP 3: Costs

How much are you willing to pay for health care? In addition to your payroll contributions (premium payments), you'll want to consider your other out-of-pocket costs, such as copays, coinsurance and the plan's calendar year deductible.

STEP 4: Which type of plan is best for your unique circumstances

UMass Medical School, **through the GIC**, offers a variety of plan options to meet a variety of needs. The best health plan for you will depend on your individual needs and preferences. So, it's important to understand how each plan works and what is most important to you.

To help narrow the search to find the health plan that is right for you, we've included a worksheet within this Benefits At-a-Glance. Follow the above steps using the worksheet to help you in the selection process.

IMPORTANT NOTES

- The Harvard Pilgrim Independence Plan is not accepting new members at this time.
- 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 Fiscal Year 2017 budget is enacted. Please keep this in mind as you are weighing your health plan options.

For complete plan details, view the 2016-2017 GIC Benefit Decision Guide on the UMMS Benefits website at www.umassmed.edu/hr/benefits or go to GIC's website at www.mass.gov/gic/bdgs.

This map indicates which health insurance plans are available in each area.

MAP KEY

Berkshire

THPS*
HNE
HPC*
PLUS
FSC

THPN

Hampshire

FDC*
HNE
HPC
PLUS
FSC
THPN
HP

HP*

Vermont

THPS Tufts Health Plan Spirit

FDC Fallon Health Direct Care

THPS HNE HPC

PLUS

Hampden

HNE NHP HPC

SURROUNDING STATES

FSC*

HP

HP

HNE Health New England

NHP NHP Prime (Neighborhood Health Plan)

HNE NHP

HPC

FRANKLIN

NHP HPC

PLUS*

Rhode

Island

PLUS

THPN

HAMPSHIRE

HAMPDEN

WORCESTER

HPC Harvard Pilgrim Primary Choice Plan

PLUS UniCare State Indemnity Plan/PLUS
FSC Fallon Health Select Care
THPN Tufts Health Plan Navigator

Middlesex

FSC

HP

THPN

THPS FDC NHP HPC

MIDDLESEX

NORFOLK

Bristol

FDC NHP HPC

BRISTOL

HP Harvard Pilgrim Independence PlanIP UniCare State Indemnity Plan/Basic

HPC

PLUS

Suffolk

Essex

Dukes

PLUS

THPN

HP

* This health insurance plan has a narrow network in this county or state; contact

insurance plan your zip code to verify coverage.

the health insurance plan to find out if you live in the service area. Give the health

Plan/Basic

HP

HP

PLUS

FSC

HP

THPN HP

IP

IP

IP

THPN

NHP HPC PLUS

Plymouth

FDC NHP HPC

Barnstable

PLUS NHP

Nantucket

Dental Insurance - Cigna Dental

Dental and Vision Insurance

full calendar months, whichever, comes first.

Good oral health is important, not only to your teeth and gums, but to your overall health. That is why it's so important to see your dentist on a regular basis. You may elect dental coverage in one of our two dental plans. UMMS pays the entire cost of the Basic Plan for Individual and Family coverage. If you enroll in the Plus Plan, both you and UMMS share in the cost.

We recommend you enroll within 10 calendar days of hire and no later than

You may enroll and make plan changes during the Open Enrollment period

that occurs each April/May with coverage effective July 1. Once enrolled,

you may change your election if you have a change in family status.

21 days. Benefits begin on the first of the month following 60 days or two

Benefit	Basic Plan	Plus Plan		
Annual Deductible* Individual Family Maximum	\$50 \$150	\$25 \$75		
Annual Plan Maximum**	\$750 per person	\$1,500 per person		
Preventive Care Services	100%	100%		
Basic Restorative Services	50%			
Major Restorative Services	40%	60%		
Orthodontia Maximum	No coverage	\$1,500 per person up to age 19		

- * Waived for Preventive Care.
- ** If you change plans effective 7/1/16, keep in mind that the Annual Plan Maximum is by calendar year. For example, if a covered person has reached the Annual Plan Maximum under the Plus Plan and switches to the Basic Plan, no additional reimbursement under the Basic Plan will be allowed, until the beginning of the next calendar year.

Employee Cost	Basic Plan	Plus Plan			
Individual	No cost	\$7.78 bi-weekly			
Family	No cost	\$29.80 bi-weekly			

For complete plan details, view the Cigna Plan Summaries available on the UMMS Benefits website at **www.umassmed.edu/hr/benefits**.

Vision Insurance - Guardian Vision Plan

UMMS offers an optional vision plan through Guardian, providing affordable eye care for you and your family. The plan provides:

- \$10 copay for routine eye exam in-network
- \$25 copay for eye glasses in-network
- Copay for elective contact lenses is waived

Employee Cost

Individual	\$2.85 bi-weekly					
Family	\$7.86 bi-weekly					

For complete plan details, view the Guardian Plan Summary available on the UMMS Benefits website at **www.umassmed.edu/hr/benefits**. To check providers in the network, go to **www.GuardianAnytime.com**.

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The **Summary of Benefits** to the right gives you a snap-shot of primary features of each health insurance plan. Before making your final decision you should review the plan documents or contact the health insurance plan you are considering to learn more about:

- Information on other health insurance plan benefits that are not described in this Benefits At-a-Glance;
- Whether your physicians and facilities are in the network, if not listed here. (Note: Be sure to specify the health plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator"); and
- Which copay tiers your physicians and facilities are in. You will pay lower copays for providers with the highest quality and/or cost-efficiency scores (based on specific criteria and national and industry standards):
- → Tier 1 (excellent) → Tier 2 (good) → Tier 3 (standard)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level.

Keep in mind that if you change plans (i.e., change to a new plan carrier) you will incur a new deductible.

"Same Benefits for All Plans" is just that – these plan features are the same in all plans so there is no need to factor them in when determining the right plan for you.

Calendar Year Deductible						
Individual	\$300					
Two person family Three or more person family	\$600					
Three or more person family	\$900					
Preventive Services	Most covered at 100%; no copay					
Specialist Physician and Office Visi	it					
Tier 1	\$30 per visit					
Tier 2 Tier 3	\$60 per visit					
Her 3	\$90 per visit					
Emergency Room Care	\$100 per visit (waived if admitted)					
High-Tech Imaging	\$100 per scan					
(e.g., MRI, CT and PET scans)	(maximum one copay per day; contact plan for details)					
Prescription Drug						
Retail: up to a 30-day supply						
Tier 1	\$10					
Tier 2 Tier 3	\$30 \$65					
	φΟΟ					
Mail-Order						
Maintenance drugs: up to a 90-day supply						
Tier 1	\$25					
Tier 2 Tier 3	\$75 \$165					

	HEALTH INSURAN		UniCare State Indemnity Plan/ Community Choice	Tufts Health Plan Spirit	Fallon Health Direct Care	Health New England	NHP Prime (Neighborhood Health Plan)	Harvard Pilgrim Primary Choice Plan	UniCare State Indemnity Plan/PLUS	Fallon Health Select Care	Tufts Health Plan Navigator	Harvard Pilgrim Independence Plan CLOSED TO NEW MEMBERS	UniCare State Indemnity Plan/Basic With CIC ⁴
		PLAN TYPE >	PPO-TYPE	EPO (HMO-TYPE)	HMO	НМО	HMO	НМО	PPO-TYPE	HMO	POS	POS	INDEMNITY
논	Clinton Hospital				X	X	X	X	X	X	X	X	X
Facilities - In-Network	Health Alliance Hospit	al – Fitchburg	X		X	X	X	X	X	X	X	X	X
- Se	Health Alliance Hospit	al – Leominster	X		X	X	X	X	X	X	X	X	X
	Marlborough Hospital				X	X	X	X	X	X	X	X	X
2	UMass Memorial - Me	emorial Campus				X	X		X	X	X	X	X
	UMass Memorial - Un	iversity Campus				X	X		X	X	X	X	X
- -	UMass Memorial - Ha	hnemann Campus				X	X		X	X	X	X	X
Allillateu	UMass Memorial Med Primary Care Physicia		X		Limited Participation – Check with Plan	Х			X	Х	X	X	X
•	UMass Memorial Med Specialty Care Physici		X		Exception Basis with Prior Authorization	X	Х		X	Х	X	X	X
	GIC Limited Network F	Plan ¹	X	X	X	X		X					
													without CIC with CIC
	For Employees Hired Before July 1, 2003	Individual Family	\$98.49 \$234.55	\$104.00 \$248.54	\$104.89 \$249.91	\$107.90 \$265.58	\$103.38 \$271.82	\$122.95 \$298.14	\$131.91 \$313.43	\$138.95 \$331.65	\$138.09 \$335.07	\$164.02 \$398.32	\$192.45 \$235.62 \$448.93 \$549.06
Nates	For Employees Hired or After July 1, 2003	on Individual Family	\$123.11 \$293.20	\$130.01 \$310.68	\$131.11 \$312.39	\$134.88 \$331.99	\$129.24 \$339.78	\$153.70 \$372.68	\$164.89 \$391.80	\$173.69 \$414.57	\$172.62 \$418.84	\$205.03 \$497.91	\$240.57 \$283.74 \$561.16 \$661.29
	Telephone Number		1.800.442.9300	1.800.870.9488	1.866.344.4442	1.800.842.4464	1.866.567.9175	1.800.542.1499	1.800.442.9300	1.866.344.4442	1.800.870.9488	1.800.542.1499	1.800.442.9300
	Website		unicarestateplan.com	tuftshealthplan.com/gic	fallonhealth.org/gic	hne.com/gic	nhp.org/gic	harvardpilgrim.org/gic	unicarestateplan.com	fallonhealth.org/gic	tuftshealthplan.com/gic	harvardpilgrim.org/gic	unicarestateplan.com
	PCP Required?		No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
	Referrals to Network S	pecialists Required?	No	No	Yes	No	Yes	Yes	No	Yes	Yes	Yes	No
	In-Network Out-of- Pocket Maximum	Individual Family	\$4,000 medical and mental health/\$1,500 Rx \$8,000 medical and mental health/\$3,000 Rx	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 medical and mental health/\$1,500 Rx \$8,000 medical and mental health/\$3,000 Rx	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$4,000 medical and ments health/\$1,500 Rx \$8,000 medical and ments health/\$3,000 Rx
	Prescription Drug Cost In-Network Out-of-Poc		No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
of Benefits	Out-of-Network Benef	its?	Yes 80% coverage of allowed amounts ²	No except for emergency care	No except for emergency care	No except for emergency care	No except for emergency care	No except for emergency care	Yes 80% coverage of allowed amounts	No except for emergency care	Yes with higher out-of-pocket costs	Yes with higher out-of-pocket costs	Not applicable; the Indemnit Plan is available throughout t U.S. and outside of the coun
	Primary Care Provider O	ffice Visit	\$20 per visit	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit ³	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
	Retail Clinic and Urger	nt Care Center	\$20 per visit	\$20 per visit	\$15 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
	Outpatient Mental Hea and Substance Abuse		\$20 per visit	\$20 per visit	\$15 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
				Ф000		Maximum one copây per	person per calendar year				ФОДЕ	4075	
	Inpatient Hospital Care – Medical	Tier 1 (excellent) Tier 2 (good) Tier 3 (standard)	\$275 per admission No tiering	\$300 per admission \$700 per admission No Tier 3	\$275 per admission No tiering	\$275 per admission No tiering	\$275 per admission No tiering	\$275 per admission \$500 per admission No Tier 3	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission No tiering
					Ma	ximum four copays per calenda	r quarter or per year, deper	nding on plan. Contact the	e plan for details or see th	e GIC Benefit Decision G	uide.		
	Outpatient Surgery		\$110 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence

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).

This worksheet may help you determine the right health insurance plan. If the plan meets your criteria, make a checkmark in the box. Review the health insurance plan with the most checkmarks to see if this plan is right for you (and your family).

HEALTH INSURANCE PLANS



This Benefits At-a-Glance briefly describes the benefit plans available to you as an employee of UMass Medical School and is meant to cover only the major points of each plan. It does not contain all of the details that are included in the Summary Plan Description. If there is ever a question about one of these plans, or if there is a conflict between the information in this Benefits At-a-Glance and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this Benefits At-a-Glance may be changed at any time and do not represent a contractual obligation on the part of UMass Medical School.

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determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these charges.