

Benefits At-a-Glance

2017-2018

Options
Choices
Enrollment

Benefits effective July 1, 2017

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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.

**April 5
through
May 3**

Open Enrollment
for benefit changes effective July 1, 2017.

New Employees – You must enroll within 10 calendar days of hire. Benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first.

Qualifying Events – Please contact Human Resources within 30 days of a qualifying event to enroll or make changes to benefits.

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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 identify 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 coinsurance.

Go to mass.gov/gic/lessexpensive for a side-by-side comparison of the limited plans. 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).

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.

IMPORTANT NOTES

- The Harvard Pilgrim Independence Plan, Fallon Health Select Care and Tufts Health Plan Navigator are not accepting new members at this time.
- The physician office visits and hospital tiering on the Harvard Pilgrim Primary Choice Plan, Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator and Tufts Spirit have changed based on provider group performance instead of individual. This could affect your copays and your provider tiers.

Eligibility

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

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Summary of Benefits

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.

SAME BENEFITS FOR ALL HEALTH PLANS	
Preventive Services	Most covered at 100%; no copay
Specialist Physician and Office Visit	
Tier 1	\$30 per visit
Tier 2	\$60 per visit
Tier 3	\$90 per visit
Emergency Room Care	\$100 per visit (waived if admitted)
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan (maximum one copay per day; contact plan for details)
Prescription Drug	
Retail: up to a 30-day supply	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$65
Mail-Order	
Maintenance drugs: up to a 90-day supply	
Tier 1	\$25
Tier 2	\$75
Tier 3	\$165

Health Insurance Plans Footnotes

¹ Go to mass.gov/gic/lessexpensive for a side-by-side comparison of the limited plans. 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).

² Oral chemotherapy, preventive care medications under federal Health Care Reform, and certain drugs used to treat opioid dependence are not subject to copays or the deductible.

³ For inpatient hospital care and outpatient surgery, after you pay a copay.

⁴ \$15 per visit for Centered Care PCP.

⁵ Comprehensive. Without CIC, deductibles are higher and coverage is only 80% for some services. Out-of-network benefits – This plan 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.

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	HEALTH INSURANCE PLANS 		UniCare State Indemnity Plan/ Community Choice	Fallon Health Direct Care	Tufts Health Plan Spirit	Health New England	NHP Prime (Neighborhood Health Plan)	Harvard Pilgrim Primary Choice Plan	
	PLAN TYPE 		PPO-TYPE	HMO	EPO (HMO-TYPE)	HMO	HMO	HMO	
UMass Memorial Hospitals/ Affiliated Facilities – In-Network	Clinton Hospital			X		X	X	X	
	Health Alliance Hospital – Fitchburg		X	X		X	X	X	
	Health Alliance Hospital – Leominster		X	X		X	X	X	
	Marlborough Hospital			X		X	X	X	
	UMass Memorial – Memorial Campus					X	X		
	UMass Memorial – University Campus					X	X		
	UMass Memorial – Hahnemann Campus					X	X		
	UMass Memorial Medical Group Primary Care Physicians		X	Limited Participation – Check with Plan		X			
	UMass Memorial Medical Group Specialty Care Physicians		X	Exception Basis with Prior Authorization		X	X		
GIC Limited Network Plan ¹			X	X	X	X		X	
Monthly Rates	For Employees Hired Before July 1, 2003		Individual Family	\$105.05 \$250.32	\$111.84 \$266.61	\$111.57 \$266.75	\$110.55 \$272.15	\$111.72 \$293.92	\$125.01 \$303.15
	For Employees Hired on or After July 1, 2003		Individual Family	\$131.32 \$312.91	\$139.81 \$333.27	\$139.47 \$333.45	\$138.19 \$340.19	\$139.66 \$367.41	\$156.27 \$378.94
Summary of Benefits	Telephone Number		1.800.442.9300	1.866.344.4442	1.800.870.9488	1.800.842.4464	1.866.567.9175	1.800.542.1499	
	Website		unicarestateplan.com	fallonhealth.org/gic	tuftshealthplan.com/gic	hne.com/gic	nhp.org/gic	harvardpilgrim.org/gic	
	PCP Required?		No	Yes	No	Yes	Yes	Yes	
	Referrals to Network Specialists Required?		No	Yes	No	No	Yes	Yes	
	Plan Year Medical Deductible	Individual Family	\$500 \$1,000	\$550 \$1,100	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	
	Plan Year Prescription Drug Deductible ²	Individual Family	\$100 \$200	\$0 \$0	\$100 \$200	\$100 \$200	\$100 \$200	<div><div>\$100</div><div>Closed Formulary</div><div>\$200</div></div>	
	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	
	Prescription Drug Costs Applied to In-Network Out-of-Pocket Maximum?		No	Yes	Yes	Yes	Yes	Yes	
	Out-of-Network Benefits?		Yes 80% coverage of allowed amounts ³	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	
	Primary Care Provider Office Visit		\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
	Retail Clinic and Urgent Care Center		\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
	Outpatient Mental Health and Substance Abuse Care		\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
	Inpatient Hospital Care – Medical	Tier 1 (excellent) Tier 2 (good) Tier 3 (standard)	Maximum one copay per person per calendar year quarter. Waived if re-admitted within 30 days in the same calendar year.						
			\$275 per admission No tiering	\$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 \$500 per admission No Tier 3	
	Outpatient Surgery		Maximum four copays per calendar quarter or per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.						
			\$110 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	

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	HEALTH INSURANCE PLANS 		UniCare State Indemnity Plan/PLUS	Fallon Health Select Care CLOSED TO NEW MEMBERS	Tufts Health Plan Navigator CLOSED TO NEW MEMBERS	Harvard Pilgrim Independence Plan CLOSED TO NEW MEMBERS	UniCare State Indemnity Plan/Basic With CIC ⁵	
	Listed from lower cost to higher cost							
	PLAN TYPE 		PPO-TYPE	HMO	POS	POS	INDEMNITY	
UMass Memorial Hospitals/ Affiliated Facilities – In-Network	Clinton Hospital		X	X	X	X	X	
	Health Alliance Hospital – Fitchburg		X	X	X	X	X	
	Health Alliance Hospital – Leominster		X	X	X	X	X	
	Marlborough Hospital		X	X	X	X	X	
	UMass Memorial – Memorial Campus		X	X	X	X	X	
	UMass Memorial – University Campus		X	X	X	X	X	
	UMass Memorial – Hahnemann Campus		X	X	X	X	X	
	UMass Memorial Medical Group Primary Care Physicians		X	X	X	X	X	
	UMass Memorial Medical Group Specialty Care Physicians		X	X	X	X	X	
	GIC Limited Network Plan ¹							
Monthly Rates							without CIC	with CIC
	For Employees Hired Before July 1, 2003	Individual	\$139.46	\$148.20	\$146.56	\$165.57	\$198.97	\$245.81
		Family	\$331.37	\$353.84	\$355.74	\$402.12	\$463.98	\$572.62
	For Employees Hired on or After July 1, 2003	Individual	\$174.33	\$185.25	\$183.21	\$206.97	\$248.72	\$295.56
		Family	\$414.22	\$442.31	\$444.68	\$502.65	\$579.99	\$688.63
Summary of Benefits	Telephone Number		1.800.442.9300	1.866.344.4442	1.800.870.9488	1.800.542.1499	1.800.442.9300	
	Website		unicarestateplan.com	fallonhealth.org/gic	tuftshealthplan.com/gic	harvardpilgrim.org/gic	unicarestateplan.com	
	PCP Required?		No	Yes	Yes	Yes	No	
	Referrals to Network Specialists Required?		No	Yes	Yes	Yes	No	
	Plan Year Medical Deductible	Individual	\$500	\$550	\$500	\$500	\$500	\$500
		Family	\$1,000	\$1,100	\$1,000	\$1,000	\$1,000	\$1,000
	Plan Year Prescription Drug Deductible ²	Individual	\$100	\$0	\$100	\$100	\$100	\$100
		Family	\$200	\$0	\$200	\$200	\$200	\$200
	In-Network Out-of-Pocket Maximum	Individual	\$4,000 medical and mental health/\$1,500 Rx	\$5,000	\$5,000	[Closed Formulary] \$5,000 \$10,000	\$4,000 medical and mental health/\$1,500 Rx	
		Family	\$8,000 medical and mental health/\$3,000 Rx	\$10,000	\$10,000		\$8,000 medical and mental health/\$3,000 Rx	
	Prescription Drug Costs Applied to In-Network Out-of-Pocket Maximum?		No	Yes	Yes	Yes	No	
	Out-of-Network Benefits?		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 Indemnity Plan is available throughout the U.S. and outside of the country	
	Primary Care Provider Office Visit		\$20 per visit ⁴	\$20 per visit	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	\$20 per visit	
	Retail Clinic and Urgent Care Center		\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
	Outpatient Mental Health and Substance Abuse Care		\$20 per visit	\$20 per visit	\$10 per visit	\$10 per visit	\$20 per visit	
			Maximum one copay per person per calendar year quarter. Waived if re-admitted within 30 days in the same calendar year.					
Inpatient Hospital Care – Medical	Tier 1 (excellent) Tier 2 (good) Tier 3 (standard)	\$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		
		Maximum four copays per calendar quarter or per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.						
Outpatient Surgery		Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence		

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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.

CC UniCare State Indemnity Plan/Community Choice

FDC Fallon Health Direct Care

THPS Tufts Health Plan Spirit

HNE Health New England

NHP NHP Prime (Neighborhood Health Plan)

HPC Harvard Pilgrim Primary Choice Plan

PLUS UniCare State Indemnity Plan/PLUS

FSC Fallon Health Select Care –
Closed to New Members

THPN Tufts Health Plan Navigator –
Closed to New Members

HP Harvard Pilgrim Independence Plan –

Closed to New Members

IP UniCare State Indemnity Plan/Basic

Berkshire

CC
THPS*
HNE
HPC
PLUS
FSC
THPN
HP
IP

Franklin

CC
THPS
HNE
HPC
PLUS
FSC
THPN
HP
IP

Worcester

CC
FDC
THPS
HNE
NHP
HPC
PLUS
FSC
THPN
HP
IP

Middlesex

CC
FDC
THPS
NHP
HPC
PLUS
FSC
THPN
HP
IP

Essex

CC
FDC
THPS
NHP
HPC
PLUS
FSC
THPN
HP
IP

Suffolk

CC
FDC
THPS
NHP
HPC
PLUS
FSC
THPN
HP
IP

Hampshire

CC
FDC*
THPS*
HNE
HPC
PLUS
FSC
THPN
HP
IP

Hampden

CC
FDC*
THPS
HNE
NHP
HPC
PLUS
FSC
THPN
HP
IP

Norfolk

CC
FDC
THPS
NHP
HPC
PLUS
FSC
THPN
HP
IP

Bristol

CC
FDC
THPS
NHP
HPC
PLUS
FSC
THPN
HP
IP

Dukes

NHP
PLUS
THPN
HP
IP

Nantucket

NHP
PLUS
THPN
HP
IP

Barnstable

CC
THPS
PLUS
NHP
THPN
HP
IP

SURROUNDING STATES

New York

THPN*
HP*
IP

New Hampshire

PLUS
FSC*
THPN*
HP
IP

Maine

PLUS
HP
IP

Rhode Island

PLUS
THPN
HP
IP

Connecticut

HNE*
PLUS*
THPN*
HP
IP

Vermont

THPN*
HP*
IP

* This health insurance plan has a narrow network in this county or state; contact the health insurance plan to find out if you live in the service area. Give the health insurance plan your zip code to verify coverage.

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Life Insurance and Accidental Death & Dismemberment / Long Term Disability Insurance

Optional Life Insurance and Accidental Death & Dismemberment (AD&D)

Optional Life Insurance is offered to you as a voluntary benefit through The Hartford. The cost is based on your age, salary and the amount of insurance coverage you elect. **Coverage is effective on the first of the month following 60 days of employment or 2 full calendar months, whichever comes first, if you enroll as a new hire.**

In addition, you are also provided with \$5,000 of basic life insurance with your health insurance plan through the Group Insurance Commission.

PROVISIONS

- May elect up to 8x annual salary (up to \$1.5 million maximum) without evidence of insurability as a new hire
- Accidental death and dismemberment included
- Portable upon termination
- Option available to convert to permanent whole or universal life policy

ENROLLMENT INFORMATION

When to enroll – You may enroll as a new hire during your first 10 days of employment without having to provide evidence of medical insurability. If you choose to enroll at a later date, you must prove evidence of medical insurability.

MONTHLY OPTIONAL LIFE INSURANCE RATES		
ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.04
35-44	\$0.12	\$0.05
45-49	\$0.20	\$0.07
50-54	\$0.33	\$0.14
55-59	\$0.53	\$0.21
60-64	\$0.79	\$0.31
65-69	\$1.45	\$0.70
Age 70 and over	\$2.57	\$1.16

Rates include Accidental Death and Dismemberment coverage.

State employees who have a qualified family status change during the year may enroll in or increase their coverage without evidence of medical insurability in an amount up to 4x salary within 31 days of the qualifying event. Family status changes include: marriage, birth or adoption of a child, divorce and death of a spouse.

Long Term Disability Insurance

Employees may choose to participate in a Long Term Disability program offered by Unum. The employee pays the entire cost of the plan. **Coverage is effective on the first of the month following 60 days of employment or 2 full calendar months, whichever comes first, if you enroll as a new hire.**

BASIC FEATURES

- A tax-free benefit of 55% of your gross monthly salary
- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

ENROLLMENT INFORMATION

When to enroll – You may enroll as a new hire during your first 10 days of employment without having to provide evidence of medical insurability. If you choose to enroll at a later date, you must prove evidence of medical insurability.

LONG TERM DISABILITY RATES	
ACTIVE EMPLOYEE AGE	EMPLOYEE MONTHLY RATES Per \$100 of Monthly Earnings
Under Age 25	\$0.08
25-29	\$0.10
30-34	\$0.14
35-39	\$0.17
40-44	\$0.35
45-49	\$0.47
50-54	\$0.57
55-59	\$0.70
60-64	\$0.67
65-69	\$0.38
Age 70 and over	\$0.22

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Dental and Vision Insurance

New employees must enroll within 10 calendar days of hire. Benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first.

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 add or delete dependents if you have a qualifying event.

Dental Insurance – Cigna Dental

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.

Benefit	Basic Plan	Plus Plan
Annual Deductible*		
Individual	\$50	\$25
Family Maximum	\$150	\$75
Annual Plan Maximum**	\$750 per person	\$1,500 per person
Preventive Care Services	100%	100%
Basic Restorative Services	50%	80%
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 7/1/17, 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

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 varies depending on fitting and evaluation

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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