

See inside  
for benefit  
changes.



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# GIC Benefit Decision Guide

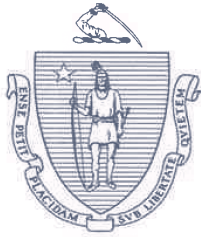
FOR COMMONWEALTH  
OF MASSACHUSETTS

**RETIREES &  
SURVIVORS**

Benefits and Rates Effective July 1, 2017  
*Weigh Your Options*

2017-2018

ANNUAL ENROLLMENT  
APRIL 5 - MAY 3, 2017



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**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR

Spring 2017

Dear Colleagues:

The Group Insurance Commission (GIC) is committed to providing quality and affordable benefit plans to Massachusetts state and municipal employees, despite the overall growth of health care costs. I encourage you to be an active consumer and take the time to read this **2017-2018 Benefit Decision Guide** to research available GIC plans.

The GIC is moving forward with a balanced approach to control costs so that state and municipal employees and retirees can continue to have access to comprehensive benefits. Be sure to read this pamphlet to understand how benefits will be changing and the many options available to you.

The health plan in which you are currently enrolled may be changing from last year. Therefore, it is particularly important for you to review your options to ensure you are enrolled in a plan that is best for you and your health care needs. Take advantage of GIC resources for selecting your health plan, including the GIC's website ([mass.gov/gic](http://mass.gov/gic)), your GIC Coordinator, the annual enrollment video ([mass.gov/gic/aevideo](http://mass.gov/gic/aevideo)), the health plan websites and call centers, and health fairs across the state.

Thank you for your service and for helping us to move forward with sustainable benefit programs.

Sincerely,

A handwritten signature in black ink that reads "Charles Baker". The signature is written in a cursive style.

Charles D. Baker  
Governor

**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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This symbol indicates that benefits are not available to GIC Retired Municipal Teachers (RMTs not participating in the municipal health-only program) and Elderly Governmental Retirees (EGRs).



## IMPORTANT REMINDERS:

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2017. *Review pages 4-6, 26-27, and 29 for details.*
- Read *Gather, Investigate, Choose* on page 2 to find out what steps to take during Annual Enrollment.
- 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 status change, such as moving out of the plan's service area or becoming Medicare eligible (in which case, you **must** enroll in a Medicare plan).

- Completed annual enrollment forms are due to the GIC **no later than Wednesday, May 3, 2017**. Forms are available on the GIC's website ([mass.gov/gic/forms](http://mass.gov/gic/forms)). Changes go into effect July 1, 2017.

## » Gather

Gather a list of your doctors, hospitals and medications that you take frequently. Be sure to include this same information for every family member you cover.

## » Investigate

Investigate your options by reading this *Benefit Decision Guide* and contacting the health plans:

- Are your doctors and hospitals in the network?
- If you are a **non-Medicare** retiree/survivor, what are the copay tiers of your providers? This determines your copay costs. (*Provider copay tiers do not apply to GIC Medicare plans.*)
- Are your prescription drugs included on the plan's formulary, and if so, what copay tier are they in?
- Are other services you might need covered?
- Weigh total expected copay costs and premiums for each plan before you decide to remain in the same health plan or change to another option.

## » Choose

Choose your health plan no later than **Wednesday, May 3**. Take a look at your **Buy-Out** and **Retiree Dental** options (*see pages 30 and 33 for eligibility and other details*). See important reminders on page 1.



**!**  
Do your homework during Annual Enrollment—even if you think you want to stay in the same plan

### Keep in Mind

- Physician and hospital copay tiers can change each July 1 for non-Medicare plans. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed. **Copay tiers do not apply to GIC Medicare plans.**
- When checking provider coverage and tiers, be sure to specify the health plan's full name, such as "Tufts Health Plan *Spirit*" or "Tufts Health Plan *Navigator*," not just "Tufts Health Plan." The health plan is the best source of this information (*see page 36*).
- 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.

**April 5 – May 3, 2017** *Changes Become Effective July 1, 2017*

Annual enrollment gives you the opportunity to review your options and enroll in or select a new health plan.

**Municipal teachers (RMTs) retiring in June 2017 have until June 15, 2017 to select their coverage.**

**! If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.**

If You Have Medicare...
Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)
<b>You may enroll in or change your selection of one of these plans:</b>
<ul style="list-style-type: none"> <li>• Fallon Senior Plan</li> <li>• Harvard Pilgrim Medicare Enhance</li> <li>• Health New England MedPlus</li> <li>• Tufts Health Plan Medicare Complement</li> <li>• Tufts Health Plan Medicare Preferred</li> <li>• UniCare State Indemnity Plan/Medicare Extension (OME)</li> </ul>
<b>You may enroll in...</b>
<ul style="list-style-type: none"> <li>• Retiree Dental Plan</li> </ul>
<b>You may apply for*...</b>
<ul style="list-style-type: none"> <li>• Health Insurance Buy-Out</li> </ul>
<b>By submitting by May 3...</b>
Enrollment form(s), Medicare Advantage Plan Disenrollment form, if applicable, Buy-Out form, and Retiree Dental form to the GIC

If You Do Not Have Medicare...
Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option
<b>You may enroll in or change your selection of one of these health plans:</b>
<ul style="list-style-type: none"> <li>• Fallon Health Direct Care ✓</li> <li>• Harvard Pilgrim Primary Choice Plan ✓</li> <li>• Health New England ✓</li> <li>• NHP Prime (Neighborhood Health Plan)</li> <li>• Tufts Health Plan Spirit ✓</li> <li>• UniCare State Indemnity Plan/Basic</li> <li>• UniCare State Indemnity Plan/Community Choice ✓</li> <li>• UniCare State Indemnity Plan/PLUS</li> </ul>
<b>You may enroll in...</b>
<ul style="list-style-type: none"> <li>• Retiree Dental Plan</li> </ul>
<b>You may apply for...</b>
<ul style="list-style-type: none"> <li>• Health Insurance Buy-Out*</li> </ul>
<b>By submitting by May 3...</b>
Enrollment form, Buy-Out form, and Retiree Dental form to the GIC
<b>GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)</b>
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<b>You may apply for...</b>
<ul style="list-style-type: none"> <li>• Health Insurance Buy-Out*</li> </ul>
<b>By submitting by May 3...</b>
<ul style="list-style-type: none"> <li>• Enrollment forms to the GIC</li> </ul>

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

Enrollment forms, application forms and the Medicare Advantage Plan Disenrollment form are available on our website: [mass.gov/gic/forms](http://mass.gov/gic/forms), at the GIC health fairs, and by calling or writing to the GIC.

\* See page 30 for eligibility details.

✓ Indicates a GIC Limited Network Plan.

We continue to face a challenging environment for both the state budget and controlling health care costs. Unknown Affordable Care Act changes, anticipated personal income tax decreases, and sluggish sales tax revenue may affect state and municipal revenues. At the same time, rising health care costs are crowding out other critical needs, including public safety and local aid. The state's health care increase benchmark under Chapter 224 is 3.6% annually, and this has been hard to achieve with rising costs. Yes, an aging population and mandates are contributing to rising costs, but the two main drivers are:

- High-cost providers and the prevalent use of these providers
- Skyrocketing prescription drug costs

According to the Massachusetts Center for Health Information and Analysis (CHIA), 80.3% of 2014 hospital commercial payments went to the most expensive Massachusetts hospitals. The GIC's members are also using the most expensive hospitals, with 46% of utilization in one of our largest broad network plans using Tier 3 — the most expensive — hospitals.

The GIC's winter 2017 *For Your Benefit* newsletter outlined many of the reasons for skyrocketing prescription drug costs. The Health Policy Commission reported in the fall that prescription drug costs rose 8.8% from 2014-2015 and now represent 17.2% of total Massachusetts medical expenditures.

The GIC's initial premium requests from the plans came in at 10.2% — clearly unaffordable for the state, municipalities, and members. The Commission knew that it would be able to negotiate down from this somewhat, but other changes would be needed to come in within the state's benchmark of 3.6%. Guiding principles were to:

- Spread the burden fairly
- Align benefits between plan options
- Use methods other than benefit changes to bring down trends wherever possible.

In line with the third goal, the GIC is renegotiating our contract with CVS Caremark and continues the Centered Care Initiative to encourage our health plans to move from fee-for-service provider contracts to global budgets. The GIC's Clinical Performance Improvement (CPI) Initiative for **non-Medicare retirees/survivors** that analyzes 155 million de-identified claims on nationally recognized measures of quality and/or cost efficiency will continue for Fallon Health, Health New England, Neighborhood Health Plan and the UniCare State Indemnity Plan. Members of these plans pay the lowest copay for the highest-performing specialists:

- ★★★ Tier 1 (excellent)
- ★★ Tier 2 (good)
- ★ Tier 3 (standard)

Harvard Pilgrim Health Plan and Tufts Health Plan will also tier providers to encourage **non-Medicare** members to shop for their care. In a major initiative, the GIC has proposed legislation as part of the Governor's budget to cap payments to hospitals, doctors, and other providers for GIC members.

Additional benefit changes were also needed. Some of our broad network plans were spending well beyond other similar plans. These plans include Fallon Health Select Care, which proposed a 9.4% increase; Harvard Pilgrim Independence, which proposed a 6.1% increase after two consecutive years of increases exceeding 9.0%; and Tufts Health Plan Navigator, which proposed a 12.9% increase. As a result, these plans are **closed** to new members. This change and others are outlined on the next few pages.

## Take Action to Lower Your Out-of-Pocket Costs

### All members:

- Work with your **Primary Care Provider (PCP)** to navigate the health care system.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.** Articles to help you take charge of your health are posted on our website: [mass.gov/gic/yourhealth](http://mass.gov/gic/yourhealth).

### Non-Medicare members should also:

- Seek care from **Tier 1 and Tier 2 doctors**.
- Access on your phone or make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- 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.
- Use your **health plan's cost estimator** for health care procedure shopping — **UniCare and Fallon will send members a check** if they shop for and then visit a lower-cost provider.

## Take Advantage of Annual Enrollment

It's more important than ever to review your health plan options during this year's Annual Enrollment. Be sure to follow the **Gather, Investigate and Choose** instructions on page 2 and watch the Annual Enrollment video at [mass.gov/gic/aevideo](http://mass.gov/gic/aevideo). If you are in a plan with a high premium, it's important to take the opportunity to consider enrolling in a less expensive plan (*see page 21*). The health plan in which you are currently enrolled may or may not be the best value for you and your family for the next fiscal year.

## HEALTH PLANS

### Medicare Plans

#### Medication-Assisted Treatment

There will no longer be any copayments or prior authorization for Medication-assisted Treatment for opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products).

#### Harvard Pilgrim Medicare Enhance, Health New England MedPlus, and Tufts Medicare Complement

- The prescription drug programs for these plans will change to an Employer Group Waiver Plan (EGWP) with CVS's SilverScript.
  - Your plan will include Medicare Part D effective July 1, 2017. Do not enroll in a non-GIC Medicare Part D Plan.
  - You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, mental health, and prescription drug benefits and will not be able to re-enroll until next spring.
  - If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
  - If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit [medicare.gov](http://medicare.gov) for more information. Social Security will notify you if this applies to you.
- The copay for physician office visits, retail clinic/urgent care, outpatient behavioral health/substance use disorder care, physical therapy, occupational therapy, speech therapy, and routine eye exams will increase to \$15 per visit.

#### Fallon Senior Plan and Tufts Medicare Preferred

- The copay for physician office visits, retail clinic/urgent care, and outpatient behavioral health/substance use disorder care will increase to \$15 per visit, effective January 1, 2018.

#### Unicare State Indemnity Plan/Medicare Extension (Ome)

- The \$35 calendar year deductible will be eliminated.
- There will be a \$10 per visit copay for physician office visits, retail clinic/urgent care, and outpatient behavioral health/substance use disorder care.
- The copay for Emergency Room care will increase to \$50 per visit.
- The \$100 deductible for out-of-network behavioral health has been eliminated.

### Non-Medicare Plans

#### New Prescription Drug Fiscal Year Deductible

There will be a new separate prescription drug deductible of \$100 individual/\$200 family for all health plans except Fallon Health Direct and Select. Oral chemotherapy and preventive care medications covered under the Affordable Care Act will not be subject to the deductible.

#### Fiscal Year Medical Deductible

The fiscal year deductible will increase to \$500 individual/\$1,000 family (regardless of family size). For the Fallon Health Direct and Select plans, the deductible will increase to \$550 individual/\$1,100 family.

#### Health Plans Closed to New Members

Due to concerns about significant premium increases and spending beyond those premium rates, **Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator** will be closed to new members:

- Existing members can stay in or leave these plans and can change their coverage (e.g., individual to family) within 60 days of a qualifying event; however,
- New groups or new employees joining the GIC cannot enroll in these plans;
- Individuals who are picking up GIC health insurance coverage during Annual Enrollment or within 60 days of a qualifying event cannot enroll in these plans; and
- Existing GIC members currently enrolled in other health plans cannot switch into these plans.

#### Medication-Assisted Treatment

There will no longer be any copayments or prior authorization for Medication-assisted Treatment for opioid use disorder (generic buprenorphine-naloxone, naloxone, and naltrexone products). These drugs will also not be subject to the prescription drug deductible.

#### Harvard Pilgrim Independence and Primary Choice Plans

- The prescription drug formulary for these plans will change to a closed formulary similar to the other plans. This means certain prescription drugs will be excluded from coverage, but will have alternatives available that are more cost effective.
- Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

# Benefit Changes Effective July 1, 2017 & Reminders

## Harvard Pilgrim Independence Plan

- Will implement Primary Care Provider (PCP) tiering based on provider group value: \$10 Tier 1/\$20 Tier 2/\$40 Tier 3. Contact the plan to find out which tier your PCP is in.
- The outpatient behavioral health/substance use disorder office visit copay will decrease to \$10 per visit.
- The out-of-network deductible will increase to \$500 per individual and \$1,000 per family.

## Tufts Health Plan Navigator and Spirit

- Physician office visit and hospital tiering will change to one based on provider group value instead of individual performance. This could affect your copays. Contact the plan to see each of your provider's tiers for the office location you visit. Also, contact the plan to see which tier your hospital is in.

## Tufts Health Plan Navigator

- Will implement Primary Care Provider (PCP) tiering based on provider group value: \$10 Tier 1/\$20 Tier 2/\$40 Tier 3. Contact the plan to find out which tier your PCP is in.
- The outpatient behavioral health/substance use disorder office visit copay will decrease to \$10 per visit.
- The out-of-network deductible will increase to \$500 per individual and \$1,000 per family.

## Unicare State Indemnity Plan/Basic and Community Choice

- The telehealth benefit already available to UniCare PLUS members will be expanded to these two plans: \$15 copay/telehealth visit.

## Unicare State Indemnity Plan/Plus

- The out-of-network deductible will increase to \$500 per individual and \$1,000 per family.

## Other GIC Benefit Changes

### Retiree Dental

The GIC awarded a new contract to MetLife to continue as the dental carrier:

- Rates will not change.
- The reimbursement table of allowance is increasing for the most highly used services by approximately 5%, reducing participants' out-of-pocket costs. These services include periodic oral evaluation, cleanings, periodontal maintenance, endosteal implants, and bitewing X-rays.

See page 33 for more information.

## REMINDERS

### Keep In Mind...

**Enrolling in a Health Plan:** Members can only enroll in coverage for the first time as a new hire, at Annual Enrollment or within 60 days of 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.

**Changing or Canceling Health Plan Coverage:** Members can only change from individual to family, family to individual, or cancel coverage during Annual Enrollment or within 60 days of 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.

**Changing Health Plans:** Members 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.

**Qualifying Status Procedures and Deadlines:** See the qualifying status change document for procedures and deadlines for qualifying events: [mass.gov/gic/qualifyingevents](http://mass.gov/gic/qualifyingevents).



## You MUST Notify the GIC 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. See the GIC's website for forms and any required documentation ([mass.gov/gic/forms](http://mass.gov/gic/forms)):

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- 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
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other coverage

### Q. ***I have GIC health insurance coverage. When must I enroll in Medicare Part A and Part B?***

- A.** The answer depends on your employment status with the Commonwealth or a participating GIC municipality:
- **If retiring**, and you or your covered spouse is age 65 or over, the family member(s) age 65 or over should apply for Medicare Part A and Part B up to a month before your retirement. You and/or your spouse age 65 or over will receive a Medicare enrollment package from the GIC approximately two to three weeks after the GIC is notified by your GIC Coordinator of your retirement. Be sure to respond to the GIC by the due date noted in the package.
  - **If retired**, when you or your covered spouse turns age 65, apply for Medicare Part A and Part B up to three months before your 65th birthday. You or your spouse turning age 65 will receive a Medicare enrollment package from the GIC approximately three months before your 65th birthday to make your Medicare health plan selection. Be sure to respond to the GIC by the due date noted in the package.

### Q. ***I am getting married; how do I add my new spouse to my GIC health insurance coverage?***

- A.** Complete the *Retiree/Survivor Enrollment/Change Form* and include a copy of your marriage certificate. Active employees return these forms to their GIC Coordinators; retirees return them to the GIC. Forms and documentation must be received at the GIC **within 60 days of the marriage**. Otherwise, you must wait until the next Annual Enrollment to add your spouse.

### Q. ***How do I drop a spouse or dependent from my GIC health and/or Retiree Dental coverage?***

- A.** Complete a *Retiree/Survivor Enrollment/Change Form* and attach proof of the qualifying event (e.g., enrollment in other health coverage or spouse's/dependent's open enrollment). The GIC must receive this form and documentation **within 60 days of the qualifying event**. Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to drop the spouse/dependent from your coverage. For a death of a spouse or dependent only, if documentation is received after 60 days, the GIC will determine the effective date of cancellation and you will not need to wait for the next Annual Enrollment.

### Q. ***I do not have GIC health insurance benefits as a retiree. May I enroll in GIC health insurance benefits?***

- A.** You may enroll in GIC health insurance benefits during the GIC's spring Annual Enrollment period or within 60 days of a qualifying event (e.g., involuntary loss of coverage elsewhere, marriage, or spouse's open enrollment). In order to be eligible for GIC health insurance, you must be collecting a monthly pension from the State Retirement Board or another participating public retirement system and be retired from a participating state agency or municipality.

### Q. ***If I die, is my surviving spouse eligible for GIC health insurance?***

- A.** If you (the state retiree) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage **until he/she remarries or dies**, regardless of your retirement benefit option (A, B or C). However, he/she must apply for survivor coverage by contacting the GIC for an application; survivor coverage is **not** an automatic benefit. If your surviving spouse is a state or participating municipal employee or retiree, he or she must elect coverage through the state or participating municipality and is not eligible for survivor health coverage.



See our website for answers to other FAQs:  
[mass.gov/gic/faq](http://mass.gov/gic/faq)

## Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic X-rays and lab tests, and durable medical equipment. Medicare Part D is a federal prescription drug program.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit Social Security’s website or your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire.

## Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

HEALTH PLAN COMBINATION CHOICES <i>State retirees, deferred retirees and former employees receiving continuation coverage</i>	
NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care <b>CLOSED TO NEW MEMBERS</b>	Fallon Senior Plan
Harvard Pilgrim Independence Plan <b>CLOSED TO NEW MEMBERS</b>	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator <b>CLOSED TO NEW MEMBERS</b>	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator <b>CLOSED TO NEW MEMBERS</b>	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/ Medicare Extension (OME)

HEALTH PLAN COMBINATION CHOICES <i>GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)</i>	
NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care <b>CLOSED TO NEW MEMBERS</b>	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)

### ! When you (the insured) retire:

- If you and/or your spouse is eligible for free Part A coverage, state law requires that you and/or your spouse enroll in Medicare Part A and Part B in order to be covered by the GIC.
- You **must** join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- **You must continue to pay your Medicare Part B premium.** Failure to pay this premium will result in the loss of your GIC coverage.

## How to Calculate Your Rate

See rate charts on pages 26-27 and 29.

### Retiree and Spouse Both on Medicare

Find the “Retiree Pays Monthly” rate for the Medicare plan in which you are enrolling and double it for your total monthly rate.

### Retiree and Spouse Coverage if Under and Over Age 65

1. Find the “Retiree Pays Monthly” premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the “Retiree Pays Monthly” individual coverage premium for the non-Medicare Plan in which the non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is the total that you will pay monthly.

## Helpful Reminders

- Visit Social Security’s website or your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the Medicare Health Plan Locator Map on page 13.*
- You may change GIC Medicare plans **only during Annual Enrollment**, unless you have a qualifying status change, such as moving out of your plan’s service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment. Your Medicare HMO will help you find another provider.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018; you cannot change plans until the spring Annual Enrollment period.
- Effective July 1, 2017, all GIC Medicare plans will automatically include Medicare Part D prescription drug benefits.

## Medicare Part D Prescription Drug Reminders and Warnings

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

- A “Notice of Creditable Coverage” is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you **must** show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of **Harvard Medicare Enhance, Health New England MedPlus or Tufts Medicare Complement**, your plan will include Medicare Part D effective July 1, 2017. You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- Effective July 1, 2017, all GIC Medicare plans automatically include Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D plan.** If you enroll in another Medicare Part D drug plan, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health plan, which means you will **lose your GIC health, behavioral health, and prescription drug benefits.**
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.



Information on this page does not apply to the GIC Medicare Plans.

## Medical Deductible Changes and New Prescription Drug Deductible

All GIC **non-Medicare retiree/survivor** health plans include a deductible that applies to certain services. Before the plan will pay for these services, you are responsible for paying your provider(s) up to the deductible maximum. This is a separate charge from any copays.

- The fiscal year deductible will increase, effective July 1, 2017
- There will be a new separate prescription drug deductible for all **non-Medicare** health plans except Fallon Health Direct and Select

## Medical Deductible Questions and Answers

### Q. *How much is the in-network fiscal year 2018 medical deductible?*

**A.** The in-network deductible will increase effective July 1, 2017 to \$500 per individual and \$1,000 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a \$500 deductible before benefits begin.
- **Two- or more person family:** The family as a whole has a \$1,000 maximum deductible before benefits begin, but no single family member will be liable for more than \$500 per year.

If you are in Harvard Independence, Tufts Navigator, or UniCare PLUS, there is an additional out-of-network deductible. This deductible is increasing effective July 1, 2017, to \$500 per member, up to a maximum of \$1,000 per family. This is a separate charge from the in-network deductible.

### Q. *What is the effect of changing plans on my deductible?*

**A.** There is no effect on your deductible for changing plans during Annual Enrollment. Whether you decide to stay in the same health plan, switch to a different option with the same health plan carrier, or switch to a different health plan carrier, a new deductible will begin July 1.

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

**A.** The lists below summarize expenses that generally are or 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 these 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 medical deductible:

- Prescription drugs
- 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
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the medical 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 the amount you will be required to pay before you incur charges. 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 portion of the costs you will be responsible for. The provider will then bill you for any balance owed. Please contact your plan if you have any questions about what you owe.

## Prescription Drug Deductible Questions and Answers

### **Q. How much is the fiscal year 2018 prescription drug deductible?**

**A.** The prescription drug deductible effective July 1, 2017, will be \$100 per individual and \$200 per family for all **non-Medicare** plans except Fallon Health Direct and Select.

### **Q. How does the prescription drug deductible affect my copays?**

**A.** If the cost of a drug is less than \$100, you will pay the cost of the drug, which will go towards satisfying the deductible. Once an individual reaches his or her deductible, copays apply. When the family deductible is reached, copay benefits apply to all family members, even those who have not met their individual deductible.

### **Examples:**

**Family Member 1** orders a 30-day supply of a brand drug that costs \$80. This family member will pay \$80 to the pharmacist and will have a \$20 deductible balance.

**Family Member 2** orders a 30-day supply of a brand drug that costs \$105.23. The family member will pay the \$100 deductible **plus** the balance of \$5.23, because the remaining balance is less than the brand copay of \$30. This family member has satisfied his or her prescription drug deductible and will pay copays only for all future prescription drugs.

**Family Member 3** orders a 30-day supply of a brand name drug that costs \$200. This family member will pay the remaining family deductible of \$20 (see Family Member 1) plus the \$30 copay. The family's deductible has been met and all family members will pay a copay for any prescription drugs ordered for the remainder of the fiscal year until they reach their out-of-pocket maximum.

## Prescription Drug Changes Effective July 1, 2017

- The prescription drug programs for Harvard Medicare Enhance, Health New England MedPlus and Tufts Medicare Complement will change to an Employer Group Waiver Plan (EGWP) with SilverScript. *See the Medicare Part D Drug Reminders and Warnings and page 9 for additional information.*
- GIC employee/non-Medicare health plans, except for Fallon Direct and Fallon Select, will have a fiscal year deductible of \$100 individual/\$200 family. The prescription drug deductible is separate from your health plan deductible. Once you've paid your prescription deductible, your covered drugs will be subject to a copayment.
- The prescription drug program for Harvard Pilgrim Independence Plan and Harvard Pilgrim Primary Choice Plan will change to a closed formulary, similar to the other GIC plans. Certain prescription drugs will be excluded from coverage. The excluded products have alternatives available that are more cost effective.

## 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.

## 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 and whether they apply to drugs you are taking:

- **Mandatory Generics** – When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, *plus* the generic copay.
- **Step Therapy** – This program requires enrollees to try effective, less costly drugs before more expensive alternatives will be covered.
- **Maintenance Drug Pharmacy Selection** – If you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call your prescription drug plan to tell them whether or not you wish to change to 90-day supplies through either mail order or select retail pharmacies.
- **Specialty Drug Pharmacies** – If you are prescribed injected or infused specialty drugs, you may need to use a specialized pharmacy which can provide you with 24-hour clinical support, education, and side effect management. Medications are delivered to your home or doctor's office.
- **Prior Authorization** – You or your health care provider may be required to contact the plan for Prior Authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because the plan needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.
- **Quantity Limits** – To promote member safety and appropriate and cost-effective use of medications, there may be limits on the quantity of certain prescription drugs that you may receive at one time.



## Tips for Reducing Your Prescription Drug Costs

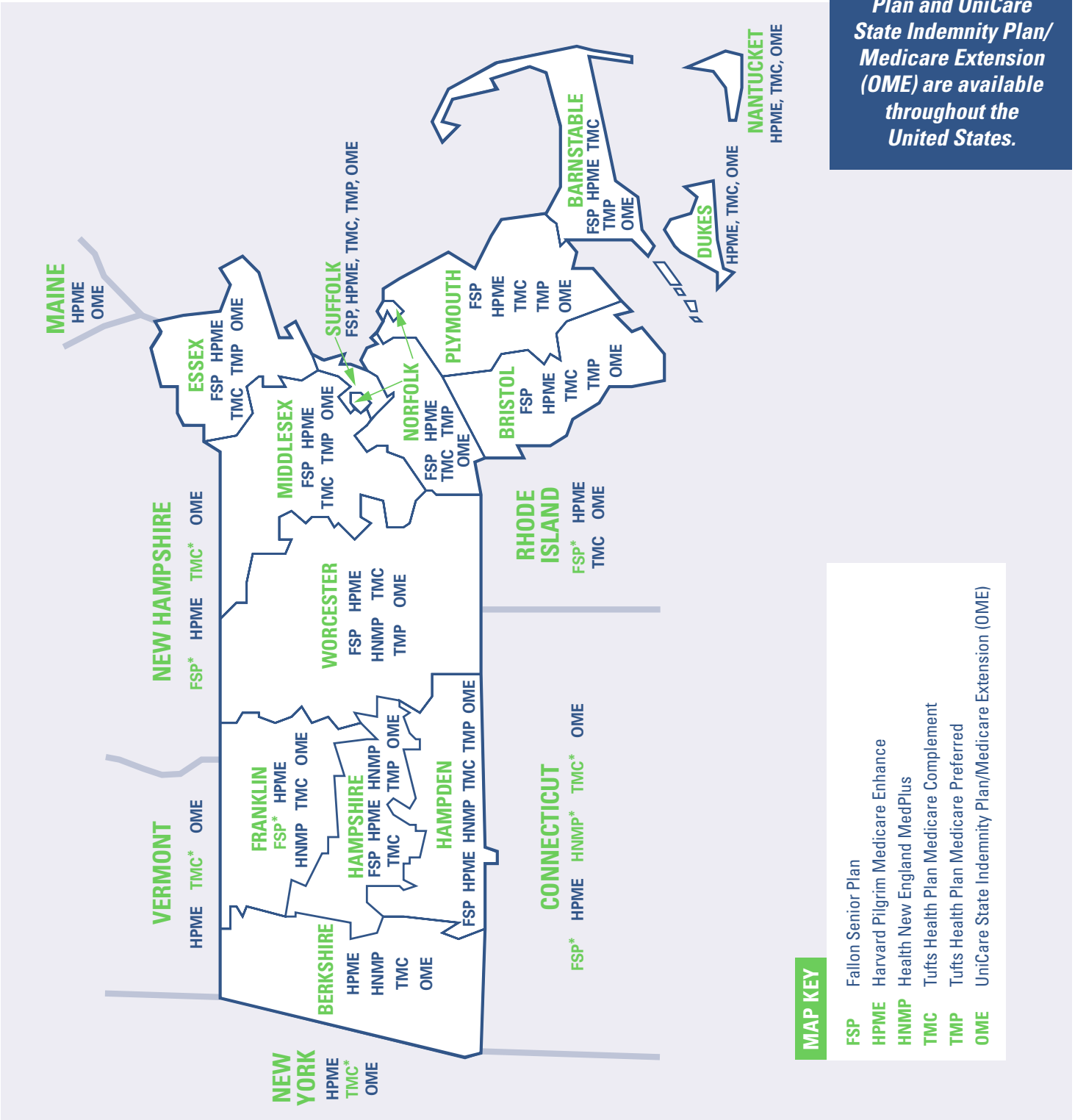
**During Annual Enrollment, Compare and Contrast Prescription Drug Programs:** Contact the plans you are considering to find out which tier the prescription drugs you and your family use most often are in. It may save you money to switch to a plan that places your prescription drugs in a more favorable tier.

**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. Some plans offer this benefit at select retail pharmacies. It can save you money – \$5-\$30 for three months of medication, depending on the tier. *See the at-a-glance charts for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

# Medicare Health Plan Locator Map

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

*The Harvard Pilgrim Medicare Enhance Plan and UniCare State Indemnity Plan/ Medicare Extension (OME) are available throughout the United States.*



\* 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.

## Fallon Senior Plan HMO

Fallon Senior Plan is a Medicare Advantage HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.**

Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2018.***

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

**You may change plans *only* during the GIC's spring Annual Enrollment period, even though the plan's benefits may change on a calendar year basis.**

## Harvard Pilgrim Medicare Enhance Indemnity

Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

**Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. See page 5.**

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Medicare Part B who live in the United States are eligible.

## Health New England MedPlus HMO

Health New England MedPlus is a Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.**

**Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. See page 5.**

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.



## Tufts Health Plan Medicare Complement HMO

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.**

**Effective July 1, 2017, members will be automatically enrolled in Medicare Part D as the prescription drug benefit of this plan transitions to an Employer Group Waiver Plan (EGWP) under contract with the federal government along with extra coverage from the GIC. The program will be administered by SilverScript. See page 5.**

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

## Tufts Health Plan Medicare Preferred HMO

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (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.**

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details.

***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2018.***

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.



**You may change plans *only* during the GIC's spring Annual Enrollment period, even though the plan's benefits may change on a calendar year basis.**

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

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States. The behavioral health benefits of this plan, administered by Beacon Health Options, offer you in-network benefits with a copay. Or, you may seek care out-of-network, but at higher out-of-pocket costs. The prescription drug portion of the plan is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Prescription drug benefits are administered by SilverScript.

### Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible.

## BENEFITS AT-A-GLANCE: MEDICARE Health Plan Copays & Deductibles

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

HEALTH PLAN	FALLON SENIOR PLAN	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDPLUS
<b>PLAN TYPE</b>	HMO	INDEMNITY	HMO
<b>PCP Designation Required?</b>	Yes	No	Yes
<b>PCP Referral to Specialist Required?</b>	Yes	No	No
<b>Calendar Year Deductible</b>	None	None	None
<b>Preventive Care</b> Office visits according to health plan's schedule	No copay	No copay	No copay
<b>Physician Office Visit</b> (except behavioral health)	<b>\$15 per visit</b>	<b>\$15 per visit</b>	<b>\$15 per visit</b>
<b>Retail Clinic</b>	<b>\$15 per visit</b>	<b>\$15 per visit</b>	<b>\$15 per visit</b>
<b>Outpatient Behavioral Health/ Substance Use Disorder Care</b>	<b>\$15 per visit</b>	<b>\$15 per visit</b>	<b>\$15 per visit</b>
<b>Inpatient Hospital Care</b>	No copay	No copay	No copay
<b>Hospice Care</b>	No copay	No copay	No copay
<b>Diagnostic Laboratory Tests and X-rays</b>	No copay	No copay	No copay
<b>Surgery</b> Inpatient and Outpatient	No copay	No copay	No copay
<b>Emergency Room Care</b> (includes out-of-area)	\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>
<b>Hearing Aids</b>	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period		
<b>Prescription Drug</b> <i>Retail, up to 30-day supply</i>			
Tier 1	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65
<b>Mail Order Maintenance Drugs,</b> <i>up to 90-day supply</i>			
Tier 1	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165

Copays and deductibles that appear in **bold** in this chart are changing effective July 1, 2017, except for the two calendar year Medicare plans that are changing January 1, 2018.

**Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2018. Office visit copays for these plans will increase to the copays listed effective January 1, 2018.**

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

TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) <i>with CIC (Comprehensive)</i> Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
Yes	Yes	No
Yes	Yes	No
None	None	<b>None</b>
No copay	No copay	No copay
<b>\$15 per visit</b>	<b>\$15 per visit</b>	<b>\$10 per visit</b>
<b>\$15 per visit</b>	<b>\$15 per visit</b>	<b>\$10 per visit</b>
<b>\$15 per visit</b>	<b>\$15 per visit</b>	First 4 visits: no copay; visits 5 and over: \$10 per visit
No copay	No copay	\$50 per admission (maximum one copay per person per calendar year quarter)
No copay	No copay	No copay
No copay	No copay	No copay
No copay	No copay	No copay in MA and for out-of-state providers who accept Medicare; call the plan for details if using out-of-state providers who do not accept Medicare
\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>	<b>\$50 per visit</b> <i>(waived if admitted)</i>
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period		
\$10 \$30 \$65	\$10 \$30 \$65	\$10 \$30 \$65
\$25 \$75 \$165	\$25 \$75 \$165	\$25 \$75 \$165



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

# BENEFITS AT-A-GLANCE

## NON-MEDICARE Health Plan Copays & Deductibles

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for the Plan/Community Choice and PLUS are **in-network** benefits with PCP referral where required. The chart does not show network benefits for the GIC's EPO and HMOs. For a list of doctors, hospitals and other providers, b

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
<b>PLAN TYPE</b>	HMO	HMO	POS	HMO	HMO
<b>PCP Designation Required?</b>	Yes	Yes	Yes	Yes	Yes
<b>PCP Referral to Specialist Required?</b>	Yes	Yes	Yes	Yes	No
<b>Out-of-pocket Maximum</b>					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>					
Individual	<b>\$550</b>	<b>\$550</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
Family	<b>\$1,100</b>	<b>\$1,100</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>Primary Care Provider Office Visit</b>	\$15 per visit	\$20 per visit	<b>Tier 1: \$10 per visit Tier 2: \$20 per visit Tier 3: \$40 per visit</b>	\$20 per visit	\$20 per visit
<b>Preventive Services</b>	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
<b>Specialist Physician Office Visit</b>					
Tier 1	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Tier 2	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Tier 3	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>Retail Clinic and Urgent Care Center</b>	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Outpatient Behavioral Health/Substance Use Disorder Care</b>	\$15 per visit	\$20 per visit	<b>\$10 per visit</b>	\$20 per visit	\$20 per visit
<b>Emergency Room Care</b>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>
<b>Inpatient Hospital Care – Medical</b>	Maximum one copay per person per calendar year				
Tier 1	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission
Tier 2	with no tiering	\$500 per admission	\$500 per admission	\$500 per admission	with no tiering
Tier 3		\$1,500 per admission	\$1,500 per admission	No Tier 3	
<b>Outpatient Surgery</b>	Maximum one copay per calendar quarter				
	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
<b>High-Tech Imaging</b> (e.g., MRI, CT and PET scans)	Maximum one copay per scan				
	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
<b>Prescription Drug</b>	Prescription Drug Deductible: N/A				
<i>Retail, up to a 30-day supply</i> Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
<i>Mail Order Maintenance Drugs, up to a 90-day supply</i> Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2017.

**Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator are closed to new members. See page 5 for more information.**

ation for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity se plans also offer out-of-network benefits with higher out-of-pocket costs. Contact the plans for details. With the exception of emergency care, there are no out-of-benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan. For details about UniCare/Basic without CIC, contact the plan.

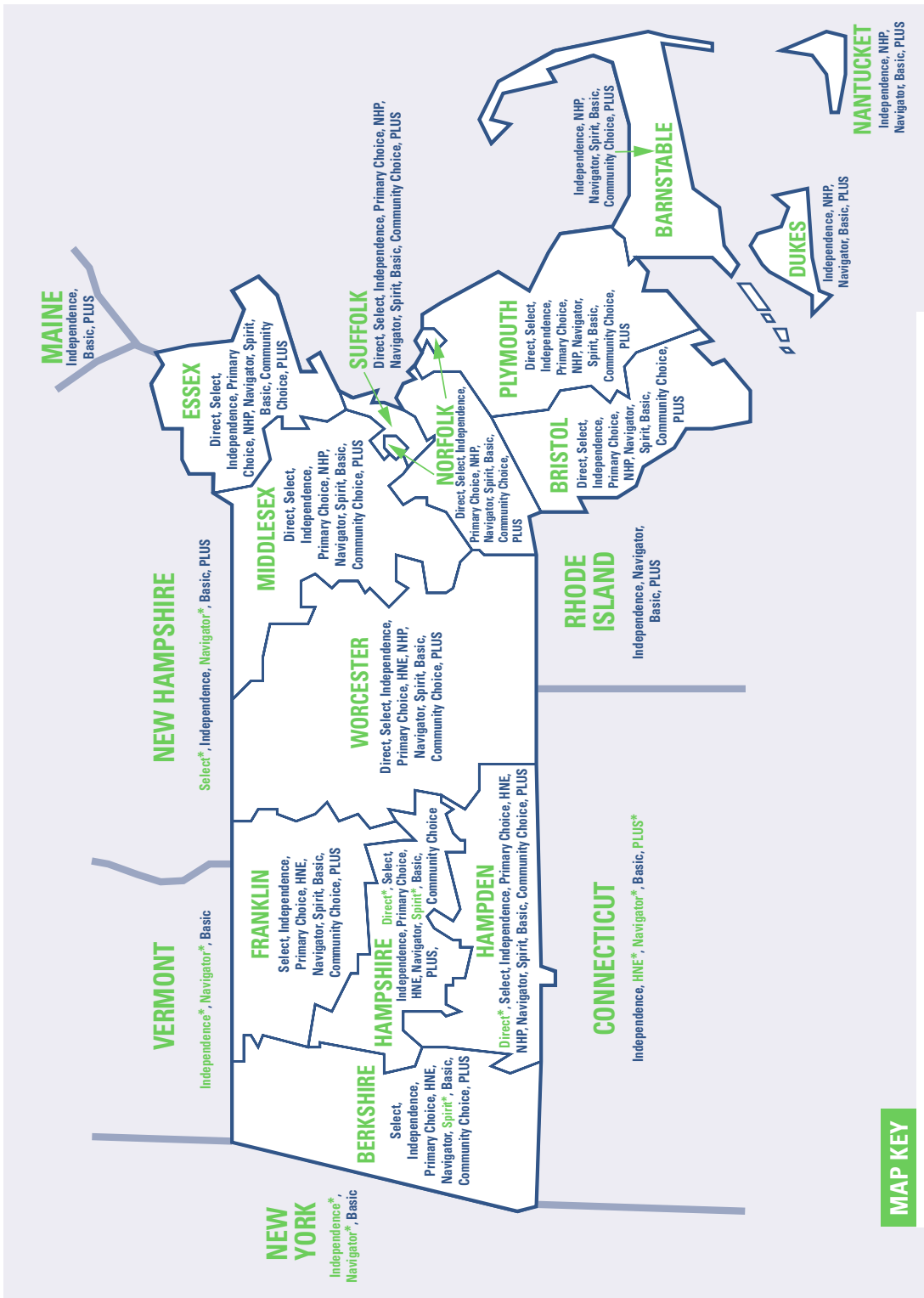
NHP PRIME (Neighborhood Health Plan)	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
\$5,000	\$5,000	\$5,000	\$4,000 medical & behavioral health/\$1,500 Rx	\$4,000 medical & behavioral health/\$1,500 Rx	\$4,000 medical & behavioral health/\$1,500 Rx
\$10,000	\$10,000	\$10,000	\$8,000 medical & behavioral health/\$3,000 Rx	\$8,000 medical & behavioral health/\$3,000 Rx	\$8,000 medical & behavioral health/\$3,000 Rx
\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000
\$20 per visit	Tier 1: \$10 per visit Tier 2: \$20 per visit Tier 3: \$40 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	<b>\$10 per visit</b>	\$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)
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
rter or four 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
copy 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
<b>Prescription Drug Deductible: \$100 Individual / \$200 Family</b>					
\$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

Out-of-pocket maximums apply to medical and behavioral health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/behavioral health and prescription drugs.

# Non-Medicare Health Plan Locator Map

Where You Live Determines Which Plan You May Enroll In.  
Is the **NON-MEDICARE** 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.*



\* 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.

# Consider Enrolling in a Less Expensive Non-Medicare Plan



## NON-MEDICARE RETIREES: TAKE ACTION DURING ANNUAL ENROLLMENT!

**Gather** – a list of doctors, hospitals and medications

**Investigate** – your options by reading this *Benefit Decision Guide* and contacting the health plans you're considering

**Choose** – a plan no later than May 3

## Non-Medicare Retirees and Survivors: Limited Network Plans Offer an Affordable Option

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; and
- Whether you have individual or family coverage.

For example, if you pay 20% of the premium and have individual coverage, by enrolling in the same health plan's limited network option instead of a wide network option, you **will save, on average, \$36.58 per month and \$438.96 per year.**

See pages 26 and 29 to determine what the savings would be for the plans you are considering.



## Limited Network Plan

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

The GIC has a side-by-side comparison of the five limited network plans and their participating hospitals on our website: [mass.gov/gic/lessexpensive](http://mass.gov/gic/lessexpensive)

For participating physician and other provider details, contact the individual plans by phone or visit their website (see page 36).

## 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 29 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 56 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha's Vineyard, and Nantucket.

**Health New England** – a western and central Massachusetts-based HMO that includes 20 Massachusetts hospitals.

**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 58 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha's Vineyard and Nantucket.

## Other Non-Medicare Health Plan Options

If you don't want a limited network plan, take a look at NHP Prime and UniCare State Indemnity Plan/PLUS. Information on these plans is on pages 19 and 24-25.

## Your Responsibility Before You Enroll in a Health Plan

**Once you choose a plan, you cannot change health plans during the year**, unless you move out of the plan's service area or become Medicare eligible, in which case you must enroll in a Medicare plan. 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.

# Non-Medicare 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

Fallon 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, 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 Changes

Harvard Pilgrim is changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 specialists and Tier 1 hospitals. Contact the plan to find out each of your provider's tier at the office location you visit. Also, 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 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, 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 behavioral 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 Changes

Tufts Health Plan is changing its tiering program to one based on provider group value instead of individual performance. ***This change may affect your copays.*** Members will pay lower copays for Tier 1 and Tier 2 specialists and Tier 1 hospitals. Contact the plan to find out each of your provider's tier at the office location you visit. Also, 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 of community and some tertiary hospitals at 100% coverage, after a copayment. Or, you may seek care from an out-of-network hospital at 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 behavioral 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.



# Non-Medicare 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.**

**Fallon Health Select Care is closed to new members. See page 5 for more information.**

### Specialist and Hospital Tiering

Fallon Health 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 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

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is 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.

**The Harvard Pilgrim Independence Plan is closed to new members. See page 5 for more information.**

## Harvard Pilgrim Independence Plan POS (Continued)

### Primary Care Provider (PCP), Specialist, and Hospital Tiering Changes

Harvard Pilgrim is implementing PCP tiering and changing its tiering program to one based on provider group value instead of individual performance. **This change may affect your copays.** Members will pay lower copays for Tier 1 and Tier 2 PCPs and specialists and Tier 1 and Tier 2 hospitals. Contact the plan to see each of your provider's tiers for the office location you visit. Also contact the plan to see which tier your hospital is in.

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.



## NHP Prime (Neighborhood Health Plan) HMO

NHP Prime 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 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, 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 Navigator POS

Navigator by Tufts Health Plan is 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.

The behavioral 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 at higher out-of-pocket costs.

**Tufts Health Plan Navigator is closed to new members. See page 5 for more information.**

### Primary Care Provider (PCP), Specialist, and Hospital Tiering Changes

Tufts Health Plan is implementing PCP tiering and changing its tiering program to one based on provider group value instead of individual performance. **This change may affect your copays.** Members will pay lower copays for Tier 1 and Tier 2 PCPs and specialists and Tier 1 and Tier 2 hospitals. Contact the plan to see each of your provider's tiers for the office location you visit. Also, 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 additional non-Massachusetts provider charges, contact UniCare to find doctors and hospitals in your area who participate in UniCare's national Anthem and Private Healthcare Systems (PHCS) network.

The behavioral 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.

## UniCare State Indemnity Plan/Basic (Continued)

### 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. To avoid additional non-Massachusetts provider charges, contact UniCare to find doctors and hospitals in your area who participate in UniCare's national Anthem and Private Healthcare Systems (PHCS) network.

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 behavioral 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.



# Non-Medicare Health Plan Rates

## NON-MEDICARE PLANS



*Compare the rates of these plans with other options and see how much you will save each month.*

## Monthly GIC Plan Rates Effective July 1, 2017

NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS <sup>1,2</sup>	NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	NON-MEDICARE RETIREES who filed for retirement after October 1, 2009
10%	15%	20%
Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly

BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$0.65		\$0.98		\$1.30	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	\$55.92	\$133.31	\$83.89	\$199.96	\$111.84	\$266.61
Fallon Health Select Care CLOSED TO NEW MEMBERS	HMO	74.10	176.92	111.15	265.39	148.20	353.84
Harvard Pilgrim Independence Plan CLOSED TO NEW MEMBERS	POS	82.79	201.06	124.18	301.59	165.57	402.12
Harvard Pilgrim Primary Choice Plan	HMO	62.50	151.58	93.76	227.37	125.01	303.15
Health New England	HMO	55.27	136.07	82.92	204.12	110.55	272.15
NHP Prime (Neighborhood Health Plan)	HMO	55.86	146.96	83.80	220.45	111.72	293.92
Tufts Health Plan Navigator CLOSED TO NEW MEMBERS	POS	73.28	177.87	109.93	266.81	146.56	355.74
Tufts Health Plan Spirit	EPO (HMO-Type)	55.78	133.38	83.68	200.07	111.57	266.75
UniCare State Indemnity Plan/Basic with CIC <sup>3</sup> (Comprehensive)	Indemnity	146.32	340.63	196.07	456.63	245.81	572.62
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	99.48	231.99	149.23	347.99	198.97	463.98
UniCare State Indemnity Plan/ Community Choice	PPO-Type	52.53	125.16	78.80	187.75	105.05	250.32
UniCare State Indemnity Plan/PLUS	PPO-Type	69.73	165.69	104.60	248.53	139.46	331.37

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly "Retiree/Survivor Pays Monthly" premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> CIC is an enrollee-pay-all benefit.

# Medicare Health Plan Rates

## MEDICARE PLANS

## Monthly GIC Plan Rates Effective July 1, 2017

		MEDICARE RETIREES Retired <i>on or before</i> July 1, 1994 and SURVIVORS <sup>1,2</sup>	MEDICARE RETIREES Retired <i>after July 1,</i> 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES <i>who filed for</i> retirement after October 1, 2009
		10%	15%	20%
		<i>Retiree/Survivor Pays Monthly</i>	<i>Retiree Pays Monthly</i>	<i>Retiree Pays Monthly</i>
<b>BASIC LIFE INSURANCE ONLY</b> – \$5,000 Coverage		\$0.65	\$0.98	\$1.30
<b>HEALTH PLAN</b> (Premium includes Basic Life Insurance)	PLAN TYPE	Per Person	Per Person	Per Person
<b>Fallon Senior Plan<sup>3</sup></b>	HMO	\$34.15	\$51.23	\$68.30
<b>Harvard Pilgrim Medicare Enhance</b>	Indemnity	42.81	64.22	85.61
<b>Health New England MedPlus</b>	HMO	40.00	60.00	79.99
<b>Tufts Health Plan Medicare Complement</b>	HMO	38.74	58.12	77.49
<b>Tufts Health Plan Medicare Preferred<sup>3</sup></b>	HMO	30.65	45.98	61.30
<b>UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC<sup>4</sup></b> <i>(Comprehensive)</i>	Indemnity	48.20	66.96	85.71
<b>UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC</b> <i>(Non-Comprehensive)</i>	Indemnity	37.51	56.27	75.02

<sup>1</sup> Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly “Retiree/Survivor Pays Monthly” premium.

<sup>2</sup> Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

<sup>3</sup> Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018.

<sup>4</sup> CIC is an enrollee-pay-all benefit.

# Retired Municipal Teacher (RMT) Life Insurance Rates

## Monthly GIC Plan Rates Effective July 1, 2017

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

# Retired Municipal Teacher (RMT) Health Plan Rates

## How to Calculate Your Monthly Premium Effective July 1, 2017

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 28.
- 2 Locate your "RMT Pays Monthly" rate for life insurance.
- 3 Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly combined life and health insurance premium.

MEDICARE PLANS		Retired Municipal Teachers (RMTs)	
		RMTs who retired on or before July 1, 1990 and SURVIVORS <sup>1</sup>	RMTs who retired after July 1, 1990
		10%	15%
HEALTH PLAN	PLAN TYPE	Per Person Coverage RMT Pays Monthly	Per Person Coverage RMT Pays Monthly
Fallon Senior Plan <sup>2</sup>	HMO	\$33.50	\$50.25
Harvard Pilgrim Medicare Enhance	Indemnity	42.16	63.24
Health New England MedPlus	HMO	39.35	59.02
Tufts Health Plan Medicare Complement	HMO	38.09	57.14
Tufts Health Plan Medicare Preferred <sup>2</sup>	HMO	30.00	45.00
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) <sup>3,4</sup>	Indemnity	43.26	60.74
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) <sup>4</sup>	Indemnity	32.95	50.43

NON-MEDICARE PLANS		Retired Municipal Teachers (RMTs)			
		RMTs who retired on or before July 1, 1990 and SURVIVORS <sup>1</sup>		RMTs who retired after July 1, 1990	
		10%		15%	
		RMT/Survivor Pays Monthly		RMT Pays Monthly	
HEALTH PLAN	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	\$55.27	\$132.66	\$82.91	\$198.98
Fallon Health Select Care CLOSED TO NEW MEMBERS	HMO	73.45	176.27	110.17	264.41
Health New England	HMO	54.62	135.42	81.94	203.14
NHP Prime (Neighborhood Health Plan)	HMO	55.21	146.31	82.82	219.47
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) <sup>3,4</sup>	Indemnity	149.07	361.99	198.71	481.33
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) <sup>4</sup>	Indemnity	96.30	231.69	145.94	351.03

<sup>1</sup> Survivors are not eligible for basic life insurance. Do not add the basic life insurance premium to calculate your monthly premium.

<sup>2</sup> Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018.

<sup>3</sup> CIC is an enrollee-pay-all benefit.

<sup>4</sup> The RMT rate for these plans has been subsidized for FY18 using funds from the GIC UniCare Rate Stabilization Reserve.

## Health Insurance Buy-Out

If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, it may pay to participate in the buy-out program.

### During Annual Enrollment

If you were insured with the GIC on January 1, 2017 or before and continue your coverage through June 30, 2017, you may apply to buy out your health plan coverage **effective July 1, 2017**, during annual enrollment.

### October 2 – November 3, 2017

If you are insured with the GIC on July 1, 2017 or before, and continue your coverage through December 31, 2017, you may apply to buy out your health plan coverage **effective January 1, 2018**. The enrollment period for this buy-out will be October 2–November 3, 2017.

You must have other non-GIC health insurance coverage through another employer-sponsored plan that meets Internal Revenue Service “minimum value” criteria and must maintain basic life insurance. Under the buy-out plan, eligible state retirees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

### FOR EXAMPLE:

#### State Retiree with UniCare State Indemnity Plan/ Medicare Extension (OME) individual coverage with CIC:

Full cost premium on July 1, 2017:	\$379.31
Monthly 12-month benefit =	25% of this premium
Retiree receives 12 monthly checks of: <i>(after federal and state taxes)</i>	\$102.85

### Form Submission

Send the completed Buy-Out form to the GIC **no later than May 3, 2017** for the July 1, 2017 buyout or **November 3, 2017** for the January 1, 2018 buyout. Forms received after the deadline will not be accepted.



**Buy-Out Questions?**  
**Contact the GIC: 1.617.727.2310 ext. 1**  
**[mass.gov/gic/forms](http://mass.gov/gic/forms)**



The GIC's health plans offer the following gym membership reimbursements. Contact the individual health plan (*see page 36*) to find out what other services may be covered under this program, whether the reimbursement is on a fiscal or calendar year, other wellness programs, and to get a gym membership reimbursement form.

NON-MEDICARE HEALTH PLAN	ANNUAL GYM MEMBERSHIP REIMBURSEMENT
Fallon Health Direct Care	\$200 individual/\$400 family
Fallon Health Select Care	\$100 individual or family
Harvard Pilgrim Independence Plan	\$100 individual or family
Harvard Pilgrim Primary Choice Plan	\$200 individual/\$400 family
Health New England	\$150 individual or family
Neighborhood Health Plan	\$150 individual/\$300 family
Tufts Health Plan Navigator and Spirit	\$150 individual or family
UniCare State Indemnity Plan/Basic, Community Choice and PLUS	\$100 individual or family

MEDICARE HEALTH PLAN	ANNUAL GYM MEMBERSHIP REIMBURSEMENT
Fallon Senior Plan	Free basic gym membership at participating SilverSneakers gyms
Harvard Pilgrim Medicare Enhance	\$150 individual
Health New England MedPlus	\$150 individual
Tufts Health Plan Medicare Complement	\$150 individual
Tufts Health Plan Medicare Preferred	\$150 individual
UniCare State Indemnity Plan/Medicare Extension (OME)	\$100 individual

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.

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire. *See page 28 for details.*

**Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or optional life insurance.**

## Basic Life Insurance

***(Retired State Employees Only)***

The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC.

## Optional Life Insurance After Retirement

***(Retired State Employees Only)***

At 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. If you have paid off your home and other debts, such as student loans, talk with a financial advisor about other programs that might be more beneficial. 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. You may decrease but cannot increase your amount of life insurance after you retire. If you decrease coverage and then later want to increase up to the amount you carried at the time of retirement, you may do so only with proof of good health acceptable to The Hartford.

## Optional Life Insurance Non-Smoker Benefit

***(Retired State Employees Only)***

During annual enrollment, retired state employees who 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 are eligible for reduced non-smoker Optional Life Insurance rates effective July 1, 2017. Request an enrollment form by writing to the GIC, visiting us at a health fair, or downloading it from our website. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

## Accelerated Death Benefit

***(Retired State Employees and GIC RMTs Only)***

This one-time benefit allows you to elect an advance payment of 25% to 80% of your life insurance death benefit if you have been diagnosed with a terminal illness. 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 death benefit, future life insurance premiums are waived, regardless of your age. The remaining balance is paid to your beneficiary when you die.

## Accidental Death & Dismemberment (AD&D) Benefits

***(Retired State Employees and GIC RMTs with \$2,000 or more Basic Life Only)***

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

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



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

## State Retiree Optional Life Insurance

**MONTHLY GIC Plan Rates Effective July 1, 2017**

***Including Accidental Death & Dismemberment***

RETIRED STATE EMPLOYEE AGE	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.64	\$ 1.29
70-74	2.87	2.24
75-79	7.82	5.97
80-84	14.82	11.30
85-89	23.46	17.91
90-94	33.64	27.23
95-99	73.49	59.46
Ages 100 and over	140.90	114.02



**Life Insurance and AD&D Questions?  
Contact the GIC: 1.617.727.2310 ext. 1  
mass.gov/gic/life**

## GIC Retiree Dental Plan

The GIC has selected Metropolitan Life Insurance Company (MetLife) to continue as its carrier for the GIC Retiree Dental Plan. The plan offers a fixed reimbursement of up to \$1,250 per member per year for dental services:

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

### Benefit Enhancement Effective July 1, 2017

- Rates are remaining the same
- The reimbursement table of allowance is increasing for the most highly used services by approximately 5%, reducing participants' out-of-pocket costs. These services include periodic oral evaluation, cleanings, periodontal maintenance, endosteal implants, and bitewing X-rays.

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

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

### Eligibility

All state retirees, Elderly Governmental Retirees (EGRs), survivors and GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) are eligible for the GIC Retiree Dental Plan.

### Enrollment

Eligible retirees and survivors may join during annual enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement. **However, if you have ever dropped coverage, you can never re-enroll in the plan.**

### MONTHLY GIC Plan Rates Effective July 1, 2017

*\$1,250 Maximum Annual Benefit per Member*

COVERAGE TYPE	RETIREE PAYS MONTHLY
<b>SINGLE</b>	\$29.37
<b>FAMILY</b>	70.75



**Retiree Dental Questions?**  
**Contact MetLife: 1.866.292.9990**  
[metlife.com/gic](http://metlife.com/gic)

## GIC Retiree Vision Discount Plan

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

- Eye examinations
- Frames
- Spectacles
- Contact lenses

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

### Eligibility

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



**Retiree Vision Questions?**  
**Contact Davis Vision: 1.800.224.1157**  
[davisvision.com](http://davisvision.com) (client code: 7621)

## Attend a Health Fair

Retirees and survivors who are thinking about changing health plans, or 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 retiree/survivor benefits; and
- Take advantage of complimentary health screenings.

See page 35 for the schedule.

## ADA Accommodations

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

**Tel: 1.617.727.2310**

**Email: GIC.ADA.Requests@massmail.state.ma.us**

## INSCRIPCIÓN ANUAL

La inscripción anual es del 5 de abril al 3 de mayo, y los cambios entrarán en vigor el 1 de julio de 2017. 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 2017 年 5 月 4 日至 3 月 5 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 5 tháng 4 đến ngày 3 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2017. 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

[mass.gov/gic](http://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 – conveniently search for participating health plan doctors and hospitals online;
- 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;
- Benefits At-A-Glance charts for behavioral health and substance abuse benefits for all UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health

## APRIL 2017

- 7 FRIDAY 11:00 - 2:00**  
**Berkshire Community College**  
Paterson Field House  
1350 West Street  
PITTSFIELD
- 8 SATURDAY 10:00 - 2:00**  
**Mass Maritime Academy**  
Gymnasium  
101 Academy Drive  
BUZZARDS BAY
- 12 WEDNESDAY 11:00 - 3:00**  
**Quinsigamond Community College**  
Harrington Learning Center, Rooms 109 AB  
670 West Boylston Street  
WORCESTER
- 13 THURSDAY 11:00 - 4:00**  
**Hingham Middle School Gym**  
1103 Main Street  
HINGHAM
- 14 FRIDAY 11:00 - 4:00**  
**Northern Essex Community College**  
David Hartleb Technology Center  
100 Elliott Street  
HAVERHILL
- 18 TUESDAY 11:00 - 3:00**  
**Massasoit Conference Center**  
770 Crescent Street  
BROCKTON
- 19 WEDNESDAY 11:00 - 3:00**  
**State Transportation Building**  
Conference Rooms 1, 2, 3  
10 Park Plaza, 2nd Floor  
BOSTON
- 20 THURSDAY 11:00 - 3:00**  
**Wrentham Developmental Center**  
Graves Auditorium  
Littlefield Street  
WRENTHAM
- 21 FRIDAY 11:00 - 3:00**  
**Middlesex Community College**  
Cafeteria  
591 Springs Road  
BEDFORD
- 22 SATURDAY 10:00 - 2:00**  
**North Shore Community College**  
Frederick Berry Building, 1st Floor Lobby  
1 Ferncroft Road  
DANVERS
- 25 TUESDAY 10:00 - 3:00**  
**McCormack State Office Building**  
1 Ashburton Place, 21st Floor  
BOSTON
- 26 WEDNESDAY 11:00 - 3:00**  
**Hampden County Sheriff's Department**  
Hampden County Correctional Center  
627 Randall Road  
LUDLOW
- 27 THURSDAY 10:00 - 2:00**  
**UMass Amherst**  
Student Union Ballroom  
AMHERST



**Commonwealth of Massachusetts  
Group Insurance Commission**

*Your  
Benefits  
Connection*

# For More Information, Contact the Plans

For more information about specific plan benefits, call a plan representative. Be sure to indicate you are a GIC insured.

## HEALTH INSURANCE

<b>Fallon Health</b> Direct Care Select Care Senior Plan	1.866.344.4442	fallonhealth.org/gic
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan Medicare Enhance • Prescription Drugs Medicare Enhance ( <i>SilverScript</i> )	1.800.542.1499  1.877.876.7214	harvardpilgrim.org/gic  gic.silverscript.com
<b>Health New England</b> HMO MedPlus • Prescription Drugs MedPlus ( <i>SilverScript</i> )	1.800.842.4464  1.877.876.7214	hne.com/gic  gic.silverscript.com
<b>Neighborhood Health Plan</b> NHP Prime	1.866.567.9175	nhp.org/gic
<b>Tufts Health Plan</b> Navigator Spirit • Behavioral Health/Substance Abuse and EAP ( <i>Beacon Health Options</i> ) Medicare Complement • Prescription Drugs Medicare Complement ( <i>SilverScript</i> ) Medicare Preferred	1.800.870.9488  1.855.750.8980 1.888.333.0880 1.877.876.7214 1.888.333.0880	tuftshealthplan.com/gic  beaconhealthoptions.com/gic tuftshealthplan.com/gic gic.silverscript.com tuftshealthplan.com/gic
<b>UniCare State Indemnity Plan/</b> Basic Community Choice Medicare Extension (OME) PLUS • Behavioral Health/Substance Abuse and EAP ( <i>Beacon Health Options</i> ) • Prescription Drugs Basic, Community Choice and PLUS ( <i>CVS Caremark</i> ) • Prescription Drugs Medicare Extension (OME) ( <i>SilverScript</i> )	1.800.442.9300  1.855.750.8980 1.877.876.7214 1.877.876.7214	unicarestatement.com  beaconhealthoptions.com/gic caremark.com/gic gic.silverscript.com

## OTHER BENEFITS

<b>GIC Retiree Dental Plan (<i>MetLife</i>)</b>	1.866.292.9990	metlife.com/gic
<b>GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)</b>	1.800.224.1157	davisvision.com (client code: 7621)
<b>Life/AD&amp;D Insurance (<i>The Hartford</i>)</b> – contact the GIC	1.617.727.2310 ext. 1	mass.gov/gic/life

## ADDITIONAL RESOURCES

<b>Internal Revenue Service (<i>IRS</i>)</b>	1.800.829.1040	irs.gov
<b>Massachusetts Teachers' Retirement System</b>	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	mass.gov/mtrs
<b>Medicare</b>	1.800.633.4227	medicare.gov
<b>Social Security Administration</b>	1.800.772.1213	ssa.gov
<b>State Board of Retirement</b>	1.617.367.7770	mass.gov/retirement

## OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY 711  
mass.gov/gic

**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. 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 and Medicare Extension (OME) plans. 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 and Medicare Extension Plan members select CIC.

**Copayment** – a set dollar amount you pay for network doctors' office visits, prescription drugs, inpatient hospital care, outpatient surgery, and emergency room care.

**CPI (Clinical Performance Improvement) Initiative** – under this program, which applies to non-Medicare members of Fallon Health, Health New England, Neighborhood Health Plan and the UniCare State Indemnity Plan, claims data from the 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.

**Deductible** – a set dollar amount you are responsible for paying to your provider(s) for certain services before the plan will pay for these services. Deductibles reset each fiscal year.

**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.

**EGR (Elderly Governmental Retiree)** – a state employee who retired from state service prior to January 1, 1956. EGRs also include certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

**EGWP (Employer Group Waiver Plan)** – an employer-sponsored Medicare Part D prescription drug plan. Effective July 1, 2017, members of Harvard Pilgrim Medicare Enhance, Health New England MedPlus, and Tufts Medicare Complement will be enrolled in an EGWP. Members of UniCare State Indemnity/Medicare Extension (OME) Plan are already enrolled in an EGWP. Due to the additional coverage provided by the GIC, benefits are more comprehensive than offered under a standard Medicare prescription drug plan. Under an EGWP Plan, qualified low-income retirees may be eligible for premium subsidies and reduced prescription copayments.

**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.

**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.

**IRMAA (Income-Related Monthly Adjustment Amount)** – a monthly additional fee imposed by Social Security on any Medicare beneficiary enrolled in Medicare Part B and/or Part D when it is determined that the member's adjusted gross income, as reported on the federal tax return, exceeds a certain amount. Visit [medicare.gov](http://medicare.gov) for more information. Social Security will notify you if IRMAA applies to you.

**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.

**Network** – 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.

**Out-of-Pocket Maximum** – the maximum amount of medical, prescription drug, and behavioral health copays, coinsurance, and deductibles a member will pay for covered expenses within a fiscal year.

**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.

**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).

**RMT (GIC Retired Municipal Teacher)** – a retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the GIC RMT program. Retired teachers who transfer to municipal coverage as part of the municipality joining the GIC are no longer GIC RMTs.



Commonwealth of Massachusetts  
Group Insurance Commission

P.O. Box 8747  
Boston, MA 02114

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

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

**Telephone:** 617.727.2310  
**TDD/TTY:** 711

### Mailing Address

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

**Website**  
[mass.gov/gic](http://mass.gov/gic)

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