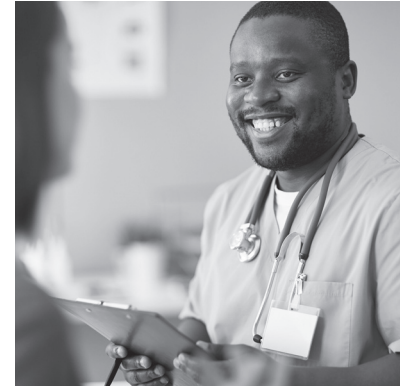
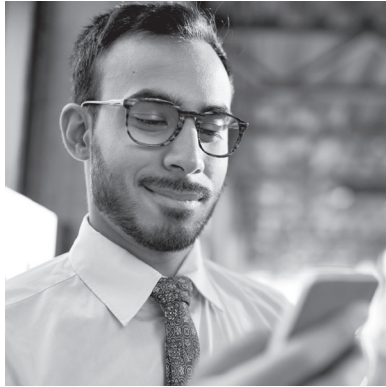


GIC BENEFITS DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES



2018 – 2019

Benefits and rates effective
July 1, 2018

Annual Enrollment Checklist



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

- ✓ **Review this guide.** Learn about important benefit and rate changes effective July 1, 2018 and review your options for health insurance products and benefit programs.
- ✓ **Attend a GIC health fair.** Health fairs offer the opportunity to speak with GIC staff and carrier representatives about the products and benefits available to you. Find information about health fair events at mass.gov/orgs/group-insurance-commission.
- ✓ **Consider a less expensive option.** Regional and limited network products have the same or better benefits as broad network products, but at a lower cost because they have a smaller network of providers (doctors and hospitals).
- ✓ **Contact the carriers.** Carrier-specific questions – such as network coverage, doctor or drug tiering, or wellness benefits – should be directed to the appropriate carrier. (See page 21 for more information on how to contact your carrier.)
- ✓ **Ending your GIC coverage.** If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, you may benefit from the Buy-Out program. Go to mass.gov/orgs/group-insurance-commission to find out if you are eligible.

IMPORTANT REMINDERS!



- ✓ **Completed Annual Enrollment forms are due to the GIC, including Buy-Out forms, by Wednesday, May 2, 2018:** All forms are available on the GIC website (mass.gov/gic-forms). Buy-Out forms must be mailed directly to the GIC by May 2. Changes go into effect July 1, 2018.
- ✓ **Employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a documented qualifying event.** Qualifying events include marriage, birth/adoption of a child, involuntary loss of other coverage, spouse's Annual Enrollment or return from an approved FMLA or maternity leave. New hires may enroll in coverage during their first ten days of employment and also during Annual Enrollment.
- ✓ **Once you choose health care coverage, you cannot change products until the next Annual Enrollment period.** Even if your doctor or hospital leaves the health insurance product, unless you have an eligible qualifying status change, you must remain enrolled in your selected plan until the next Annual Enrollment. You can find a list of qualifying status changes on the GIC's Annual Enrollment website at mass.gov/orgs/group-insurance-commission.
- ✓ **Physician and hospital copay tiers change each July 1.** Please check with your insurance carrier to see if your provider or hospital tier has changed.
- ✓ **Doctors and hospitals within a carrier's network can change during the year, usually because of a health carrier and provider contract issue, practice mergers, retirement or relocation.** If your doctor is no longer available, your health insurance carrier will help you find a new one.
- ✓ **When checking provider coverage and tiers, be sure to specify the health insurance product's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," and not just "Tufts Health Plan."** The health insurance carrier is your best source for this information.



How to Use This Guide

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

Be sure to read:

Welcome to Annual Enrollment!	2
Learn What’s New During Annual Enrollment	3
Benefits-at-a-Glance: Health Insurance Products	4
State Employee Health Insurance Rates	6
Health Insurance Locator Map	7
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GIC Rx: Prescription Drug Benefits	12
Health Insurance Buy-Out / Pre-Tax Premium Deductions	13
Flexible Spending Accounts (FSAs)	14
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Life Insurance & AD&D	16
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5 Ways to Lower Your Out-of-Pocket Costs

- 1 Enroll in pre-tax Flexible Spending Account benefits
- 2 Consider regional and limited network health product options
- 3 Use non-emergency care facilities instead of an emergency room for non-urgent care
- 4 Consider utilizing your carrier’s Telehealth option
- 5 Before receiving non-emergency services, check your health insurance carrier’s cost estimator to find high-quality, low-cost services



Which option is best for me?

When deciding what product is right for you, it is important to consider:

- Where will you and your dependents be living in FY19?
- What type of coverage do you need, National? Broad? or Regional and Limited?
- Are your doctors and hospitals in the product’s network?
- Which tier are your doctors and hospitals in?
- If there are new doctors you would like to see, which of those doctors in the network are accepting new patients?

Welcome to Annual Enrollment!



Dear Colleague:

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

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

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

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

Thank you for your service to the Commonwealth.

Sincerely yours,

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





What's Changing This Year:

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

More information is detailed in this *Benefits Decision Guide*.

- **Integration of Medical and Behavioral Health Benefits.** To better integrate your care, effective July 1, you will receive behavioral health benefits through your health insurance carrier. Please contact your health insurance carrier to learn more about this change.
- **NEW! Express Scripts will be your prescription drug administrator:** If you are enrolled in medical coverage through the GIC, you will automatically receive prescription drug coverage through Express Scripts (ESI). Express Scripts offers cost management resources and live customer service support so you can best understand and manage your prescription costs. **You will receive a separate ID card for the Express Scripts pharmacy benefit. Don't forget to bring it with you to the pharmacy when you get your prescriptions filled.** If you have questions about this new program, visit express-scripts.com/gicRx or call 855-283-7679.
- **2018 FSA Account Maximum Increases.** The FSA Health Care Spending Account maximum will increase from \$2,600 to \$2,650.
- **WellMASS programs will now be offered through your health insurance carrier.** Please contact your carrier for details about their specific wellness programs.



Commonwealth of Massachusetts
Group Insurance Commission

- **The GIC offers 11 medical product options.** You can choose between Broad Network products and Regional and Limited Network products. The GIC has made a few changes and enhancements to your medical product options this year. The following pages detail this information.

Terms to Know:

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

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

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

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

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

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

Personal or Family Information Changes?

You must notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents. Failure to do so can result in financial liability to you. Please notify the GIC when any of the following changes occur: Marriage or remarriage; legal separation; divorce; address change; birth or adoption of a child; legal guardianship of a child; remarriage of a former spouse; dependent age 19 to 26 who is no longer a full-time student; dependent other than full-time student who has moved out of your health plan's service area; death of a covered spouse, dependent or beneficiary; life insurance beneficiary change; or you have GIC COBRA coverage and become eligible for other coverage.

Benefits-at-a-Glance: Health Insurance Products



	NATIONAL NETWORK	BROAD NETWORK			
HEALTH INSURANCE PRODUCTS	UNICARE STATE INDEMNITY PLAN/ BASIC <i>with CIC</i> (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
PRODUCT TYPE	INDEMNITY	PPO-TYPE	POS	HMO	POS
PCP Designation Required?	No	No	Yes	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes	Yes
Out-of-pocket Maximum Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Fiscal Year Deductible Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Outpatient Behavioral Health/Substance Use Disorder Care	\$20 / visit	\$20 / visit	\$10 / visit	\$20 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1 Tier 2 Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission	\$275 / admission \$500 / admission \$1,500 / admission
Outpatient Surgery	Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.				
Tier 1 / Tier 2 / Tier 3	\$250 / occurrence	\$110 / \$110 / \$250 / occurrence	\$250 / occurrence	\$250 / occurrence	\$250 / occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	Maximum one copay per day. Contact the carrier for details.				
	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drugs	Prescription Drug Deductible: \$100 Individual / \$200 Family				
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

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

Benefits-at-a-Glance: Health Insurance Products



REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	NHP PRIME (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	Tier 1 \$30 / Tier 2 \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission with no tiering	\$275 / admission \$500 / admission No Tier 3
Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.					
\$250 / occurrence	\$250 / occurrence	\$110 / occurrence	\$250 / occurrence	\$250 / occurrence	\$250 / occurrence
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family					
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance carriers.

State Employee Health Insurance Rates

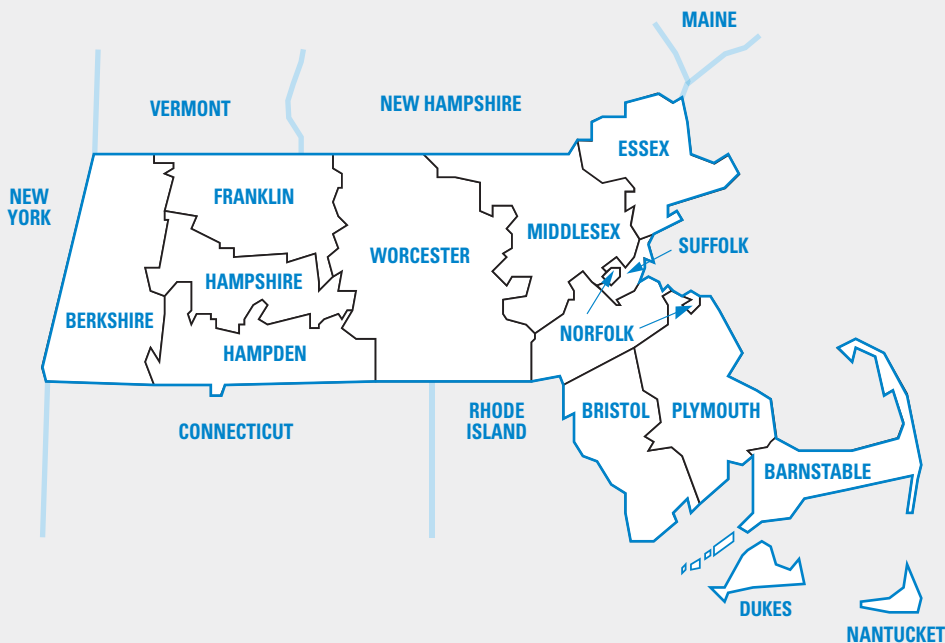


		MONTHLY GIC PRODUCT RATES EFFECTIVE JULY 1, 2018			
		For Employees Hired <i>Before July 1, 2003</i>		For Employees Hired <i>On or After July 1, 2003</i>	
		20%		25%	
		<i>Employee Pays Monthly</i>		<i>Employee Pays Monthly</i>	
BASIC LIFE INSURANCE ONLY – \$5,000 COVERAGE		\$1.30		\$1.63	
HEALTH PRODUCT (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	National Network	\$251.08	\$556.79	\$301.72	\$668.36
UniCare State Indemnity Plan/Basic without CIC		\$202.53	\$446.25	\$253.17	\$557.82
UniCare State Indemnity Plan/PLUS	Broad Network	\$140.03	\$331.05	\$175.05	\$413.82
Tufts Health Plan Navigator		\$149.47	\$362.41	\$186.85	\$453.02
Fallon Health Select Care		\$153.89	\$371.12	\$192.37	\$463.90
Harvard Pilgrim Independence Plan		\$166.06	\$401.78	\$207.58	\$502.23
Health New England	Regional Network	\$111.11	\$261.70	\$138.89	\$327.13
NHP Prime (Neighborhood Health Plan)		\$116.98	\$299.48	\$146.23	\$374.35
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$101.38	\$247.74	\$126.73	\$309.68
Tufts Health Plan Spirit		\$113.75	\$271.44	\$142.20	\$339.31
Fallon Health Direct Care		\$114.16	\$284.91	\$142.71	\$356.14
Harvard Pilgrim Primary Choice Plan		\$121.53	\$306.05	\$151.91	\$382.57

* CIC is an enrollee-pay-all benefit.

Health Insurance Locator Map

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



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

DIRECT – Fallon Health Direct Care

SELECT – Fallon Health Select Care

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

NHP – NHP Prime (Neighborhood Health Plan)

NAVIGATOR – Tufts Health Plan Navigator

SPIRIT – Tufts Health Plan Spirit

BASIC – UniCare State Indemnity Plan/Basic

COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

Is the Health Product Available Where You Live?

BARNSTABLE

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

BERKSHIRE

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

BRISTOL

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

DUKES

Independence, NHP, Navigator, Basic, PLUS

ESSEX

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

FRANKLIN

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

HAMPDEN

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

HAMPSHIRE

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

MIDDLESEX

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

NANTUCKET

Independence, NHP, Navigator, Basic, PLUS

NORFOLK

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

PLYMOUTH

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

SUFFOLK

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

WORCESTER

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

Outside Massachusetts:

CONNECTICUT

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

MAINE

Independence, Basic, PLUS

NEW HAMPSHIRE

Select*, Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

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



National Product

(UniCare Basic)

UniCare State Indemnity Plan/Basic Indemnity

About the Product:

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

What's changing for this plan year:

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

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

Terms to Know:

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

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

Broad Network Products

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

UniCare State Indemnity Plan/PLUS PPO-Type

About the Product:

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

What's changing for this plan year:

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

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

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



Tufts Health Plan Navigator POS

About the Product:

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

What's changing for this plan year:

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

Fallon Health Select Care HMO

About the Product:

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

What's changing for this plan year:

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

Harvard Pilgrim Health Care Independence POS

About the Product:

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

What's changing for this plan year:

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



Regional Network Products

(Health New England HMO and NHP Prime)

Health New England HMO

About the Product:

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

What's changing for this plan year:

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

NHP Prime (Neighborhood Health Plan) HMO

About the Product:

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

What's changing for this plan year:

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

Limited Network Products

UniCare State Indemnity Plan/ Community Choice

About the Product:

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

What's changing for this plan year:

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



Tufts Health Plan Spirit EPO HMO-Type

About the Product:

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

What's changing for this plan year:

- Lower medical deductible: from \$500 (individual)/\$1,000 (family) to \$400 (individual)/\$800 (family)
- Reduced copay from \$90 to \$75 for third-tier specialists
- Reduced inpatient hospital copay to \$275 for Tier 1 and \$500 for Tier 2
- For members 21 and under, new \$2,000 per hearing aid per impaired ear every 24 months
- New vendor for prescription drug coverage: Express Scripts

Fallon Health Direct Care HMO

About the Product:

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

What's changing for this plan year:

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

Harvard Pilgrim Primary Choice Plan HMO

About the Product:

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

What's changing for this plan year:

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



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

Prescription Drug Deductible

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

Drug Copayments

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

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

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

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

Prescription Drug Programs

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

Mandatory Generics

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

Step Therapy

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

Maintenance Drug Pharmacy Selection

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

Specialty Drug Pharmacies

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

Prior Authorization

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

Quantity Limits

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



Health Insurance Buy-Out

If you have access to non-GIC health insurance through your spouse or another employer-sponsored product, it may pay to participate in the Buy-Out Program. There are two buy-out periods and your reimbursement will be determined based on your product at the end of the covered period.

During Annual Enrollment

If you were insured with the GIC on January 1, 2018 or before, and continue your coverage through June 30, 2018, you may apply to buy out your health plan coverage **effective July 1, 2018**.

October 3 — November 2, 2018

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

In order to be eligible, 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 employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

FOR EXAMPLE:

State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2018:	\$1,805.55
Monthly 12-month benefit =	25% of this premium
Employee receives 12 payroll deposits or monthly checks of:	\$451.39
<i>(subject to federal, Medicare, and state taxes)</i>	

Form Submission

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

Buy-Out Questions? Contact the GIC:



1.617.727.2310



mass.gov/gic-forms

Pre-Tax Premium Deductions

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

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2018.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2018.

Pre-Tax Premium Deduction Questions?

Contact Your Payroll Department



Flexible Spending Accounts (FSAs)



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

Health Care Spending Account (HCSA)

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

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

For fiscal year 2019, participants can contribute from \$250 to a maximum of \$2,650 through payroll deduction on a pre-tax basis. Active state employees who are eligible for GIC benefits are eligible to enroll in the HCSA.

Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13, a disabled child age 13 or older, and/or an adult dependent – including day care, before- and after-school programs, elder day care, and day camp – on a pre-tax basis. You may elect a tax year DCAP contribution of up to \$2,500 if married and filing separately or \$5,000 per household. In keeping with state statute, to participate in DCAP, you must be an active state employee and eligible for GIC benefits.

HCSA & DCAP

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

For the 2019 fiscal year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$2.50 on a pre-tax basis.

Key FSA Dates

2019 Fiscal Plan Year: July 1, 2018 – June 30, 2019

Annual Enrollment: April 4 – May 2, 2018

2½-Month Grace Period: July 1 – September 15, 2019

Claim Filing Deadline: October 15, 2019

ANNUAL ENROLLMENT: April 4 – May 2, 2018

During the GIC's spring 2018 Annual Enrollment period, state employees can enroll in FSA benefits for the 12-month fiscal year of July 1, 2018 – June 30, 2019. It is important to consider your election carefully. Because the IRS has a strict "use-it-or-lose it" rule, which means that money left in a pre-tax account plan at the end of a plan year is forfeited.

New State Employees and Change in Status

New state employees and employees who have a qualifying status change during the year may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

2½-Month Grace Period

For the 2019 fiscal year, you have until **September 15, 2019** to incur claims and until **October 15, 2019** to submit claims.

Enrollment

Participants must re-enroll online each Annual Enrollment period, and give the enrollment confirmation page to their payroll coordinator. New participants, including those enrolling due to a qualifying status change, must complete and return the FSA enrollment and status change forms to their payroll coordinator.

HCSA and DCAP Questions? See the FSA plan handbook and contact ASIFlex:



1.800.659.3035



asiflex.com/gic

Long Term Disability (LTD)



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

LTD Benefits

If you become ill, are in an accident, or have an injury and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. With less than 25% of U.S. residents having enough savings to cover six months or more of their regular expenses (*Bankrate June 2015*), enrolling in a salary replacement plan is an important benefit for you and your family.

If you are unable to work for 90 consecutive days due to illness or injury, this program provides income replacement. Benefits include:

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

Be sure to contact Unum within 90 days of your disability, even if you are still using vacation, sick time or workers' compensation benefits. Although LTD benefits are reduced by other income sources, such as Social Security disability, workers' compensation, and accumulated sick leave and retirement benefits, you will still receive a benefit. The minimum LTD benefit is \$100 or 10% of your gross monthly benefit amount, whichever is greater. You must notify the plan if you begin receiving other benefits.

Eligibility and Enrollment

Active state employees who are eligible for GIC benefits are eligible for LTD.

New State Employees

As a new state employee within 31 days of hire, eligible employees may enroll in LTD without providing evidence of good health.

Current State Employees

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



LTD Rates

MONTHLY GIC PLAN RATES FOR FISCAL YEAR 2019	
ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM Per \$100 of MONTHLY Earnings
Under Age 24	\$0.08
25 – 29	\$0.10
30 – 34	\$0.14
35 – 39	\$0.17
40 – 44	\$0.35
45 – 49	\$0.47
50 – 54	\$0.57
55 – 59	\$0.70
60 – 64	\$0.67
65 – 69	\$0.38
70 and over	\$0.22

Long Term Disability (LTD) Questions? Contact Unum:



1.877.226.8620



mass.gov/long-term-disability-ltd



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

Basic Life Insurance

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

Optional Life Insurance

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

How Much Do You Need?

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

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

Preparing for Retirement

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

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

Accidental Death & Dismemberment (AD&D) Benefits

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

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

Accelerated Death Benefit

This one-time benefit allows you to elect an advance payment of 25% to 80% of your life insurance death benefit if you have been diagnosed with a terminal illness. 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.

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



1.617.727.2310



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



Optional Life Insurance Enrollment

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

New State Employees

As a new state employee, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

Current Employees During the Year

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

Current Employees with a Qualified Family Status Change

State employees actively at work who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to a coverage limit not to exceed four times their salary ***provided that the GIC receives proof, within 31 days, of the qualifying event.*** Family status changes include the following events:

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

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or a pipe nor used snuff, chewing tobacco or a nicotine delivery system) for at least the past 12 months, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment will become effective July 1, 2018.

Life Insurance and Leaving State Service

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

- **Portability** – Continue your basic and/or Optional Life Insurance at the group rate. Eligibility for portability ends at normal Social Security retirement age.
- **Conversion** – Convert your life insurance coverage to a non-group policy.



Optional Life Insurance Rates

Including Accidental Death & Dismemberment

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018		
ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.04
35 – 44	\$0.12	\$0.05
45 – 49	\$0.20	\$0.07
50 – 54	\$0.33	\$0.14
55 – 59	\$0.53	\$0.21
60 – 64	\$0.79	\$0.31
65 – 69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

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



1.617.727.2310



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

Portability and Conversion Questions? Contact The Hartford:



1.877.320.0484



Eligibility for the GIC Dental and Vision Plan

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

Enrollment

During Annual Enrollment or within 60 days of a qualifying status change, eligible employees may enroll in GIC Dental/Vision benefits, and change their dental product selection.

WEIGH YOUR DENTAL PRODUCT OPTIONS

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

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

- **PPO Product (MetLife Value):**

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

- **Indemnity Product (MetLife Classic):**

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

Keep in mind that once you choose a dental product, you may not change products until the next Annual Enrollment, even if your dentist leaves the network during the year.





Dental Benefits

Metropolitan Life Insurance Company (MetLife) is the carrier for the dental portion of the GIC Dental/Vision Plan.

There are two dental product options:

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

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

- 100% coverage for preventive and diagnostic services
- 80% coverage for basic services, such as root canals and extractions
- 50% coverage for major services, such as dental implants
- The lifetime orthodontic maximum is \$1,500
- The annual per-person calendar year maximum is \$1,500 for in-network claims and \$1,250 for out-of-network claims

Vision Benefits

Davis Vision is the vision provider for the vision portion of the GIC Dental/Vision Plan. This product offers a preferred provider network of almost 2,100 Massachusetts providers, with additional providers across the country. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- Routine eye examinations
- Lenses
- Fashion and designer frames
- Scratch-resistant lens coating

Premier collection frames are covered at any of the almost 700 nationwide Visionworks® stores with no copay. Non-plan frames are covered up to \$149.95 at Visionworks®.

Enhanced materials and services at all preferred providers are covered at 100% after a copay. Members can also take advantage of Davis Vision discounts on additional eyewear. When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

Dental Questions?

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

Contact MetLife:



1.866.292.9990



metlife.com/gic

Vision Questions?

including copayment amounts, providers, and discount programs

Contact Davis Vision:



1.800.650.2466



davisvision.com (client code: 7852)

GIC Dental/Vision Rates

MONTHLY GIC DENTAL/VISION RATES EFFECTIVE JULY 1, 2018		
PLAN	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.59	\$14.25
Indemnity (Classic) Plan	\$6.16	\$19.11



Attend a Health Fair

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

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

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

ADA Accommodations

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



1.617.727.2310



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

INSCRIPCIÓN ANUAL

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

年度投保

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

Thời gian ghi danh hàng năm

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

Our Website Provides Additional Helpful Information:

mass.gov/orgs/group-insurance-commission



See our website for:

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

For More Information, Contact the Carrier



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

HEALTH INSURANCE		
Fallon Health Direct Care Select Care	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit	1.800.870.9488	tuftshealthplan.com/gic
UniCare State Indemnity Plan Basic Community Choice PLUS	1.800.442.9300	unicarestateplan.com
Pharmacy Benefits Manager Express Scripts	1.855.283.7679	express-scripts.com/gicRx
OTHER BENEFITS		
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) (ASIFlex)	1.800.659.3035	asiflex.com/gic
Life/AD&D Insurance (The Hartford) – Contact the GIC	1.617.727.2310	mass.gov/gic/life
Long Term Disability (Unum)	1.877.226.8620	mass.gov/gic/ltd
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF		
Dental Benefits (MetLife)	1.866.292.9990	metlife.com/gic
Vision Benefits (Davis Vision)	1.800.650.2466	davisvision.com (client code: 7852)
ADDITIONAL RESOURCES		
Internal Revenue Service (IRS)	1.800.829.1040	irs.gov
Social Security Administration	1.800.772.1213	ssa.gov
State Board of Retirement	1.617.367.7770	mass.gov/orgs/massachusetts-state-retirement-board-msrb

Other Questions? Contact the GIC:



1.617.727.2310, TDD/TTY 711



mass.gov/orgs/group-insurance-commission



**Commonwealth of Massachusetts
Group Insurance Commission**

P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

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

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



Telephone: 617.727.2310

TDD/TTY: 711



Mailing Address

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

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

Commissioners

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

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