

EDUCATE. EVALUATE. DECIDE.

2019-2020
BENEFITS
AT - A - GLANCE

Benefits effective July 1, 2019



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**GREAT CARE. GREAT COVERAGE.
FOR YOU AND YOUR FAMILY.**

A GUIDE TO CHOOSING YOUR INSURANCE PLAN

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

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

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

OPEN ENROLLMENT

**APRIL 3
THROUGH
MAY 1**

*for benefit changes
effective July 1, 2019.*

ELIGIBILITY

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

NEW! THIS YEAR

- » Neighborhood Health Plan Prime is now called AllWays Health Partners Complete HMO.
- » A lower copay of \$150 for members who utilize freestanding facilities for eye procedures and GI endoscopies. Copays for procedures at hospital outpatient facilities would remain the same at \$250 this fiscal year. Unicare copay for any procedure at a freestanding facility is \$0.

PROVIDER TIERING

Continuing to migrate from individual to group-based tiering for all specialists, aligning with existing group-based tiering by some GIC carriers.

NEW EMPLOYEES

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

QUALIFYING EVENTS

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

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CHOOSING THE BEST HEALTH INSURANCE PLAN FOR YOU AND YOUR FAMILY

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

STEP 1: YOUR LOCATION.

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

STEP 2: COMPILE A LIST OF YOUR DOCTORS, HOSPITALS AND FREQUENTLY TAKEN MEDICATIONS.

Be sure to include the same information for every family member you cover.

STEP 3: DETERMINE WHETHER YOUR PHYSICIANS AND FACILITIES ARE IN THE NETWORK.

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

STEP 4: COSTS.

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

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

STEP 5: CHOOSE THE PLAN BEST SUITED FOR YOUR UNIQUE CIRCUMSTANCES.

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

IMPORTANT NOTES

- » Check with your carrier to see if your provider is still in the network or if copays have changed. See Health Insurance Plan chart for carrier contact information.
- » Integration of Medical and Behavioral Health Benefits is through your health insurance carrier.
- » You will pay lower copays for providers with the highest quality and/or cost-efficiency scores (based on specific criteria and national and industry standards):
 - **Tier 1** (*excellent*) → **Tier 2** (*good*) → **Tier 3** (*standard*)
- » Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level.
- » Keep in mind that if you change plans (i.e., change to a new plan carrier) you will incur a new deductible.

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SUMMARY OF BENEFITS

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

- » Information on other health insurance plan benefits that are not described in this Benefits At-a-Glance;
- » Whether your physicians and facilities are in the network; and
- » Which copay tiers your physicians and facilities are in.

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

HEALTH INSURANCE PLANS FOOTNOTES

¹ UMass Memorial's current Physician and Hospital agreement with Harvard Pilgrim Health Care and Fallon Health Plan expires on December 31, 2019 and we cannot confirm at this time whether UMass Memorial providers will continue their participation with Harvard Pilgrim Health Care and Fallon Health Plan beyond 2019.

² 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).

³ Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products.

⁴ \$15 per visit for Centered Care PCP.

⁵ Comprehensive. Without CIC, deductibles are higher and coverage is only 80% for some services. Out-of-network benefits – This plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these charges.

SAME BENEFITS FOR ALL HEALTH PLANS	
Preventive Services	Most covered at 100%; no copay
Eye & GI Procedures at Freestanding Facilities in MA *For Unicare, copay for any procedure at a freestanding facility is \$0.	\$150*
Telehealth Coverage	\$15 per visit
Emergency Room Care	\$100 per visit (waived if admitted)
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan (maximum one copay per day; contact plan for details)
Out-of-Pocket Maximum ³ Individual Family	\$5,000 \$10,000
Prescription Drug Administrator – Express Scripts® Telephone Number Website	1.855.283.7679 express-scripts.com/gicRx
Prescription Drug Deductible Individual Family	\$100 \$200
Prescription Drug Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3	\$10 \$30 \$65
Mail-Order Maintenance drugs: up to a 90-day supply Tier 1 Tier 2 Tier 3	\$25 \$75 \$165
Employee Assistance Program	No cost

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HEALTH INSURANCE PLANS <i>Listed from lower cost to higher cost</i>		UniCare State Indemnity Plan/ Community Choice	Health New England	Tufts Health Plan Spirit	Fallon Health Direct Care ¹	Harvard Pilgrim Primary Choice Plan ¹	UniCare State Indemnity Plan/PLUS	
PLAN TYPE		PPO-TYPE	HMO	EPO (HMO-TYPE)	HMO	HMO	PPO-TYPE	
UMass Memorial Hospitals/ Affiliated Facilities – In-Network	Clinton Hospital		✓		✓	✓	✓	
	Health Alliance Hospital – Fitchburg	✓	✓		✓	✓	✓	
	Health Alliance Hospital – Leominster	✓	✓		✓	✓	✓	
	Marlborough Hospital		✓		✓	✓	✓	
	UMass Memorial – Memorial Campus		✓				✓	
	UMass Memorial – University Campus		✓				✓	
	UMass Memorial – Hahnemann Campus		✓				✓	
	UMass Memorial Medical Group Primary Care Physicians	✓	✓		Limited Participation – Check with Plan		✓	
	UMass Memorial Medical Group Specialty Care Physicians	✓	✓		Exception Basis with Prior Authorization		✓	
Type of GIC Network Plan ²		Limited	Regional	Limited	Limited	Limited	Broad	
Monthly Rates	For Employees Hired Before July 1, 2003	Individual Family	\$104.44 \$255.80	\$115.06 \$271.66	\$114.09 \$272.14	\$121.02 \$303.09	\$130.01 \$329.45	\$140.03 \$331.07
	For Employees Hired on or After July 1, 2003	Individual Family	\$130.56 \$319.76	\$143.84 \$339.58	\$142.62 \$340.18	\$151.28 \$378.87	\$162.52 \$411.82	\$175.05 \$413.84
Summary of Benefits	Telephone Number	1.800.442.9300	1.800.842.4464	1.800.870.9488	1.866.344.4442	1.800.542.1499	1.800.442.9300	
	Website	unicarestateplan.com	hne.com/gic	tuftshealthplan.com/gic	fallonhealth.org/gic	harvardpilgrim.org/gic	unicarestateplan.com	
	PCP Required?	No	Yes	No	Yes	Yes	No	
	Referrals to Network Specialists Required?	No	No	No	Yes	Yes	No	
	Plan Year Medical Deductible	Individual Family	\$400 \$800	\$400 \$800	\$400 \$800	\$400 \$800	\$400 \$800	\$500 \$1,000
	Primary Care Provider Office Visit		\$20 per visit ⁴	\$20 per visit	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit ⁴
	Specialist Physician Office Visit	Tier 1 Tier 2 Tier 3	\$30 per visit \$60 per visit \$75 per visit	\$30 per visit \$60 per visit No Tier 3	\$30 per visit \$60 per visit \$75 per visit	\$30 per visit \$60 per visit \$75 per visit***	\$30 per visit \$60 per visit No Tier 3	\$30 per visit \$60 per visit \$75 per visit
	Retail Clinic and Urgent Care Center		\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit
	Outpatient Mental Health and Substance Abuse Care		\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit
	Inpatient Hospital Care – Medical	Tier 1 (excellent) Tier 2 (good) Tier 3 (standard)	<i>Maximum one copay per person per calendar year quarter. Waived if re-admitted within 30 days in the same calendar year.</i>					
		\$275 per admission No tiering	\$275 per admission No tiering	\$275 per admission \$500 per admission No Tier 3	\$275 per admission No tiering	\$275 per admission \$500 per admission No Tier 3	\$275 per admission \$500 per admission \$1,500 per admission	
Outpatient Surgery		<i>Maximum one copay per calendar quarter or four per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.</i>						
		\$110 per occurrence**	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$110 per occurrence** \$110 per occurrence** \$250 per occurrence**	

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** For Unicare, check handbook for provider tiering at mass.gov/gic.

*** Peace of Mind Program

HEALTH INSURANCE PLANS <i>Listed from lower cost to higher cost</i>		AllWays Health Partners Complete <i>(Formerly Neighborhood Health Plan)</i>	Tufts Health Plan Navigator	Fallon Health Select Care ¹	Harvard Pilgrim Independence Plan ¹	UniCare State Indemnity Plan/Basic With CIC ⁵		
PLAN TYPE		HMO	POS	HMO	POS	INDEMNITY		
UMass Memorial Hospitals/ Affiliated Facilities – In-Network	Clinton Hospital	✓	✓	✓	✓	✓		
	Health Alliance Hospital – Fitchburg	✓	✓	✓	✓	✓		
	Health Alliance Hospital – Leominster	✓	✓	✓	✓	✓		
	Marlborough Hospital	✓	✓	✓	✓	✓		
	UMass Memorial – Memorial Campus	✓	✓	✓	✓	✓		
	UMass Memorial – University Campus	✓	✓	✓	✓	✓		
	UMass Memorial – Hahnemann Campus	✓	✓	✓	✓	✓		
	UMass Memorial Medical Group Primary Care Physicians	✓	✓	✓	✓	✓		
	UMass Memorial Medical Group Specialty Care Physicians	✓	✓	✓	✓	✓		
Type of GIC Network Plan ²		Regional	Broad	Broad	Broad	National		
						without CIC	with CIC	
Monthly Rates	For Employees Hired Before July 1, 2003	Individual Family	\$130.23 \$335.67	\$150.33 \$364.44	\$163.09 \$394.30	\$178.61 \$434.08	\$207.49 \$457.54	\$258.87 \$574.53
	For Employees Hired on or After July 1, 2003	Individual Family	\$162.80 \$419.59	\$187.92 \$455.56	\$203.87 \$492.88	\$223.27 \$542.61	\$259.36 \$571.93	\$310.74 \$688.92
Summary of Benefits	Telephone Number	1.866.567.9175	1.800.870.9488	1.866.344.4442	1.800.542.1499	1.800.442.9300		
	Website	allwayshealthpartners.org/gic-members	tuftshealthplan.com/gic	fallonhealth.org/gic	harvardpilgrim.org/gic	unicarestateline.com		
	PCP Required?	Yes	Yes	Yes	Yes	No		
	Referrals to Network Specialists Required?	Yes	Yes	Yes	Yes	No		
	Plan Year Medical Deductible	Individual Family	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	
	Primary Care Provider Office Visit	\$20 per visit	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	\$20 per visit	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	\$20 per visit		
	Specialist Physician Office Visit	Tier 1 Tier 2 Tier 3	\$30 per visit \$60 per visit No Tier 3	\$30 per visit \$60 per visit \$75 per visit	\$30 per visit \$60 per visit \$75 per visit	\$30 per visit \$60 per visit \$75 per visit	\$30 per visit \$60 per visit \$60 per visit	
	Retail Clinic and Urgent Care Center	\$20 per visit	\$20 per visit	\$20 per visit	\$10 retail clinic \$20 urgent care	\$20 per visit		
	Outpatient Mental Health and Substance Abuse Care	\$20 per visit	\$10 per visit	\$20 per visit	\$10 per visit	\$20 per visit		
	Inpatient Hospital Care – Medical	Tier 1 (excellent) Tier 2 (good) Tier 3 (standard)	\$275 per admission No tiering	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission \$500 per admission \$1,500 per admission	\$275 per admission No tiering	
Outpatient Surgery	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence			

** For Unicare, check handbook for provider tiering at mass.gov/gic.

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MAP KEY

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

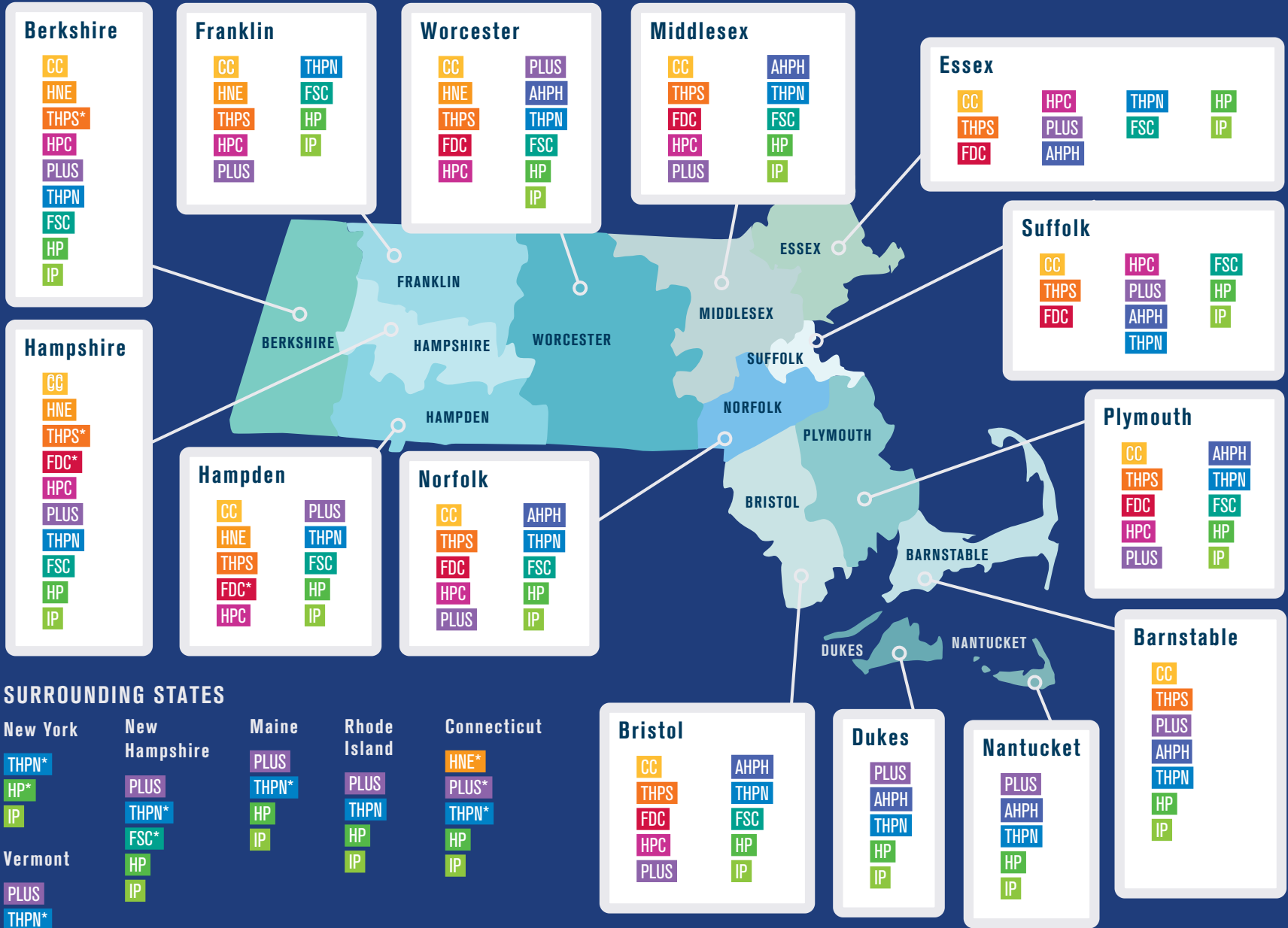
The UniCare State Indemnity Plan/Basic is the only health plan offered by the GIC that is available throughout the United States and outside of the country.

- CC** UniCare State Indemnity Plan/Community Choice
- HNE** Health New England
- THPS** Tufts Health Plan Spirit

- FDC** Fallon Health Direct Care
- HPC** Harvard Pilgrim Primary Choice Plan
- PLUS** UniCare State Indemnity Plan/PLUS

- AHPH** AllWays Health Partners Complete (Formerly Neighborhood Health Plan)
- THPN** Tufts Health Plan Navigator

- FSC** Fallon Health Select Care
- HP** Harvard Pilgrim Independence Plan
- IP** UniCare State Indemnity Plan/Basic



SURROUNDING STATES

- | | | | | |
|-----------------|----------------------|--------------|---------------------|--------------------|
| New York | New Hampshire | Maine | Rhode Island | Connecticut |
| THPN* | PLUS | PLUS | PLUS | HNE* |
| HP* | THPN* | THPN* | THPN | PLUS* |
| IP | FSC* | HP | HP | THPN* |
| | HP | IP | IP | HP |
| | IP | | | IP |
| Vermont | | | | |
| PLUS | | | | |
| THPN* | | | | |
| HP* | | | | |
| IP | | | | |

* Not every city and town are 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.

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OPTIONAL LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT / LONG TERM DISABILITY INSURANCE

OPTIONAL LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Optional Life Insurance is offered to you as a voluntary benefit through The Hartford. The cost is based on your age, salary and the amount of insurance coverage you elect. **Coverage is effective on the first of the month following 60 days of employment or two full calendar months, whichever comes first, if you enroll as a new hire.** In addition, you are also provided with \$5,000 of basic life insurance with your health insurance plan through the Group Insurance Commission.

BASIC FEATURES

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

ENROLLMENT INFORMATION

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

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

Rates include Accidental Death and Dismemberment coverage.

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

LONG TERM DISABILITY (LTD) INSURANCE

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

PROVISIONS

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

ENROLLMENT INFORMATION

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

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

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DENTAL AND VISION INSURANCE

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

You may enroll and make plan changes during the Open Enrollment period that occurs each April/May with coverage effective July 1. Once enrolled, you may add or delete dependents if you have a qualifying event.

DENTAL INSURANCE – CIGNA DENTAL

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

BENEFIT	BASIC PLAN	PLUS PLAN
Annual Deductible*		
Individual	\$50	\$25
Family Maximum	\$150	\$75
Annual Plan Maximum**	\$750 per person	\$1,500 per person
Preventive Care Services	100%	100%
Basic Restorative Services	50%	80%
Major Restorative Services	40%	60%
Orthodontia Maximum	No coverage	\$1,500 per person, up to age 19

* Waived for Preventive Care.

** If you change plans effective 7/1/19, keep in mind that the Annual Plan Maximum is by calendar year. For example, if a covered person has reached the Annual Plan Maximum under the Plus Plan and switches to the Basic Plan, no additional reimbursement under the Basic Plan will be allowed, until the beginning of the next calendar year.

EMPLOYEE COST

	BASIC PLAN	PLUS PLAN
Individual	No cost	\$10.01 bi-weekly
Family	No cost	\$36.50 bi-weekly

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

VISION INSURANCE – GUARDIAN VISION

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

- \$10 copay for routine eye exam in-network
- \$25 copay for eye glasses in-network
- Copay for elective contact lenses varies depending on fitting and evaluation

EMPLOYEE COST

Individual	\$2.94 bi-weekly
Family	\$8.10 bi-weekly

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

Benefit Forms
umassmed.edu/hr/benefits/forms

Benefit Summaries
umassmed.edu/hr/benefits/benefits-summaries

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