2021–2022 OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES

ANNUAL ENROLLMENT: APRIL 7 – MAY 5, 2021
Benefits and rates effective July 1, 2021

mass.gov/gic
Annual Enrollment offers you the opportunity to review your benefit options and enroll in or change your coverage.

- **REVIEW THIS GUIDE TO IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS THE BEST FOR YOU.**

  **TIP:** Use the locator map on page 4 to find which products are offered in your area. Based on that, you can use the rate chart on page 5 and the “Benefits-at-a-Glance” on pages 6-7 to determine which product is right for you.

- **CHECK WITH YOUR HEALTH AND OTHER INSURANCE CARRIERS ABOUT ANY PRODUCT OR TIER CHANGES.** This includes questions about network coverage, providers, drug tiers, or wellness benefits. *(See page 15 for carrier contact information.)*


- **TURNING 65?** Check our website for a video to guide you through the next steps, whether you’re retiring or not: [bit.ly/gicturning65](http://bit.ly/gicturning65).

- **SUBMIT ALL FORMS TO YOUR GIC COORDINATOR NO LATER THAN MAY 5, 2021.**


If you make no changes, your current GIC health, life, dental/vision, and LTD benefits will remain in place at the new rates effective July 1, 2021. You must re-enroll if you wish to participate in a health care or dependent care FSA in FY22.

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**THE GIC IS NOW DIGITAL!**

You can access your guide at [mass.gov/gic](http://mass.gov/gic).

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**IMPORTANT REMINDERS**

1. **Annual enrollment is your once-a-year opportunity to change your health plan or coverage election.**

2. **You may make certain changes to your elections within 60 days of a qualifying event.** Qualifying events include marriage, birth/adoption, involuntary loss of other coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave. Your doctor or hospital leaving a network is not a qualifying event. For complete details, go to [bit.ly/giclifeevents](http://bit.ly/giclifeevents).

3. **New hires must enroll in coverage within the first ten days of employment.**

4. **Doctors and hospitals within your network may change during the year.** If your provider is no longer available, your health insurance carrier will help you find a new one.

5. **When checking provider coverage and tiers, 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.”** Your health insurance carrier is the best source for this information.
HEALTH INSURANCE PRODUCTS

- **New in FY22—Three no-cost behavioral health telehealth visits per member** – Starting on July 1, 2021, for all non-Medicare health plans, each covered member will be eligible for three no-copay in-network behavioral health telehealth visits per year. This includes behavioral telehealth care you receive from a traditional provider.

PHARMACY BENEFITS

- COVID-19 vaccines are covered under Express Scripts.

OTHER BENEFITS

- As of July 1, 2021, MetLife will be the GIC’s insurance carrier for Long Term Disability as well as Life and Accidental Death & Dismemberment, in addition to continuing as our Dental carrier. More information can be found on pages 12-13.
- Due to the Covid pandemic, Congress loosened some of the rules relating to health care and dependent care spending accounts. These changes are focused on allowing participants as many opportunities as possible to fully utilize their withheld funds.
- You can still save up to 30% on eligible expenses by enrolling in either or both of the FSA options, for healthcare expenses for you and your family or for dependent care costs.
- You must re-enroll in an FSA each year in order to participate. More FSA information is available on pages 8-9.

What’s New This Year

GO DIGITAL!

If GIC has your email address you may use myGICLink to access enrollment forms to make Annual Enrollment changes.

- Go to bit.ly/mygiclink
- Enter your email address and DOB
- Choose your GIC form(s)
- Select Request
- Check your email for the requested form(s)
- Follow instructions for completion
- Select Submit
- Watch your email for confirmation of receipt

What You Need to Know

**GIC protects you from balance billing under Massachusetts General Law Chapter 32A, §20.**

If you receive covered, medically necessary medical care in Massachusetts, doctors, hospitals, and other medical providers may only collect the amount covered by your GIC plan. You are still responsible for your share of the plan’s copays, deductibles, and any other eligible medical out-of-pocket costs, but **not** any excess.

Always compare bills to the Explanation of Benefits (EOB) statement provided by your GIC health carrier. If you are not sure your invoice is a balance bill, call your health carrier. If it is a balance bill, advise your provider that as a GIC member, you are not liable for their excess compensation. If your provider persists in efforts to collect, contact the Group Insurance Commission.

**Avoid the Retail Refill Penalty!**

If you or a family member is taking a long-term medication—such as for high cholesterol or high blood pressure—you will receive a letter from Express Scripts asking you to tell them how you wish to receive your future refills—by mail or at your local CVS pharmacy.

If you choose to have your medication delivered to your home, your copay is lower. You can still pick up your medication at your local CVS pharmacy, but you’ll pay a higher copay*.

**Make sure you respond to that letter from Express Scripts before your third refill, or you will be charged a significant penalty.**

*If you choose the Express Scripts Pharmacy or a CVS™ pharmacy, you will pay one mail order copay for a 90-day supply of medication. If you use a non-CVS pharmacy, you will pay one retail copay for a 30-day supply of medication.
Where you live determines which health insurance product you may enroll in.

**Is the Health Product Available Where You Live?**

**BARNSTABLE**
- Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

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

**BRISTOL**
- Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**DUKES**
- Independence, AllWays Complete, Navigator, Basic, PLUS

**ESSEX**
- Direct, Select, Independence, Primary Choice, AllWays Complete, 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, Navigator, Spirit*, Basic, Community Choice, PLUS

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

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

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

**MIDDLESEX**
- Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**NANTUCKET**
- Independence, AllWays Complete, Navigator, Basic, PLUS

**NORFOLK**
- Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**PLYMOUTH**
- Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**SUFFOLK**
- Direct, Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**WORCESTER**
- Direct, Select, Independence, Primary Choice, HNE, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

**Where Do You Live?**

The **bold** text is a shortened version of the full product name. These names are used to indicate which product is available in each county.

**DIRECT** – Fallon Health Direct Care

**SELECT** – Fallon Health Select Care

**INDEPENDENCE** – Harvard Pilgrim Independence

**PRIMARY CHOICE** – Harvard Pilgrim Primary Choice

**HNE** – Health New England

**ALLWAYS COMPLETE** – AllWays Health Partners Complete HMO

**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

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**OUTSIDE OF MASSACHUSETTS**

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.

**CONNECTICUT**
- Independence, HNE*, Navigator*, Basic, PLUS*

**MAINE**
- Independence, Navigator*, Basic, PLUS

**NEW HAMPSHIRE**
- Select*, Independence, Navigator*, Basic, PLUS

**NEW YORK**
- Independence*, Navigator*, Basic, PLUS

**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.
## Monthly GIC Product Rates Effective July 1, 2021

<table>
<thead>
<tr>
<th>Health Insurance Products (Premium includes Basic Life Insurance)</th>
<th>Product Category</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)</td>
<td>National Network</td>
<td>$289.58</td>
<td>$644.22</td>
<td>$346.88</td>
<td>$770.90</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td></td>
<td>$229.19</td>
<td>$506.73</td>
<td>$286.49</td>
<td>$633.41</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>Broad Network</td>
<td>$157.12</td>
<td>$373.31</td>
<td>$196.41</td>
<td>$466.64</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td></td>
<td>$168.02</td>
<td>$409.03</td>
<td>$210.02</td>
<td>$511.29</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td></td>
<td>$173.27</td>
<td>$419.92</td>
<td>$216.59</td>
<td>$524.90</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>Regional Network</td>
<td>$193.45</td>
<td>$470.85</td>
<td>$241.82</td>
<td>$588.57</td>
</tr>
<tr>
<td>Health New England</td>
<td></td>
<td>$126.90</td>
<td>$301.11</td>
<td>$158.62</td>
<td>$376.39</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td></td>
<td>$154.33</td>
<td>$401.01</td>
<td>$192.91</td>
<td>$501.26</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>Limited Network</td>
<td>$119.62</td>
<td>$295.41</td>
<td>$149.53</td>
<td>$369.26</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td></td>
<td>$128.57</td>
<td>$308.58</td>
<td>$160.71</td>
<td>$385.72</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td></td>
<td>$128.33</td>
<td>$322.49</td>
<td>$160.42</td>
<td>$403.11</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td></td>
<td>$140.37</td>
<td>$356.42</td>
<td>$175.47</td>
<td>$445.53</td>
</tr>
</tbody>
</table>

* CIC is an enrollee-pay-all benefit.
# Health Insurance Products

## National Network

<table>
<thead>
<tr>
<th>UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)</th>
<th>UNICARE STATE INDEMNITY PLAN/PLUS</th>
<th>TUFTS HEALTH PLAN NAVIGATOR</th>
<th>FALLON HEALTH SELECT CARE</th>
<th>HARVARD PILGRIM INDEPENDENCE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product Type</strong></td>
<td>INDEMNITY</td>
<td>PPO-TYPE</td>
<td>POS</td>
<td>HMO</td>
</tr>
<tr>
<td><strong>PCP Designation Required?</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>PCP Referral to Specialist Required?</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Out-of-pocket Maximum</strong></td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Fiscal Year Deductible</strong></td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td><strong>Primary Care Provider Office Visit</strong></td>
<td>$20 / visit</td>
<td>$15 / visit for Centered Care PCPs; $20 / visit for other PCPs</td>
<td>Tier 1: $10 / visit Tier 2: $20 / visit Tier 3: $40 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
<td>Most covered at 100% - no copay</td>
</tr>
<tr>
<td><strong>Specialist Physician Office Visit</strong></td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / $75 / visit</td>
</tr>
<tr>
<td><strong>Retail Clinic and Urgent Care Center</strong></td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health/ Substance Use Disorder Care</strong></td>
<td>$15 or $20 / visit</td>
<td>$15 / visit</td>
<td>$10 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td><strong>Emergency Room Care</strong></td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Care – Medical</strong></td>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tier 1</strong></td>
<td>$275 / admission no tiering</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
<td>$275 / admission</td>
</tr>
<tr>
<td><strong>Tier 2</strong></td>
<td>$500 / admission $1,500 / admission</td>
<td>$500 / admission $1,500 / admission</td>
<td>$500 / admission $1,500 / admission</td>
<td>$500 / admission $1,500 / admission</td>
</tr>
<tr>
<td><strong>Tier 3</strong></td>
<td></td>
<td>$500 / admission $1,500 / admission</td>
<td>$500 / admission $1,500 / admission</td>
<td>$500 / admission $1,500 / admission</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$0</td>
<td>$0</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Eye &amp; GI procedures at freestanding facilities in Massachusetts</strong></td>
<td>$250</td>
<td>$110 / $110 / $250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td><strong>All other in Massachusetts</strong></td>
<td>$250</td>
<td>$110 / $110 / $250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td><strong>High-Tech Imaging</strong></td>
<td>Maximum one copay per day. Contact the carrier for details.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(e.g., MRI, CT &amp; PET scans)</strong></td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Prescription Drug Deductible: $100 Individual / $200 Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retail (up to a 30-day supply)</strong></td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
<tr>
<td><strong>Mail Order Maintenance Drugs (up to a 90-day supply)</strong></td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

You pay both a copay and a deductible for some services. For details, see your plan’s Schedule of Benefits at mass.gov/gic.
### 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 products.

<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>LIMITED NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH NEW ENGLAND: ALLWAYS HEALTH PARTNERS COMPLETE HMO</td>
<td>UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE</td>
</tr>
<tr>
<td><strong>HMO</strong></td>
<td><strong>HMO</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>$400 / $800</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
</tr>
<tr>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
</tbody>
</table>

Maximum one copay per person per calendar year quarter.
Waived if readmitted within 30 days in the same calendar year.

| **$275 / admission no tiering** | **$275 / admission no tiering** | **$275 / admission no tiering** | **$275 / admission $500 / admission No Tier 3** | **$275 / admission no tiering** | **$275 / admission $500 / admission No Tier 3** |
| $150 | $150 | $0 | $150 | $150 | $150 |
| $250 | $250 | $110 | $250 | $250 | $250 |

Maximum one copay per day. Contact the carrier for details.

| **$100 / scan** | **$100 / scan** | **$100 / scan** | **$100 / scan** | **$100 / scan** | **$100 / scan** |
| $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 products.
Have you experienced any of these events?

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

Questions?

Phone: 1.617.727.2310, TDD/TTY 711

Website: bit.ly/gicqualifyingevents

Flexible Spending Accounts (FSAs)

What is a Flexible Spending Account (FSA)?

An FSA is a great way to set aside money on a pre-tax basis to pay for healthcare expenses for you and your dependents (HCSA) or for care of your child or disabled adult dependent while you work (DCAP), thereby lowering your state and federal tax liability. A chart illustrating how these savings work can be found on the next page.

The IRS determines the rules that govern these plans, but in response to the COVID-19 pandemic, some changes have been made that the GIC would like to make everyone aware of.

New HCSA rule: HCSA funds can now be used to purchase over-the-counter (OTC) medications and some medical supplies without a prescription.

FY2020 Grace Period: If you still have unused funds available from the plan year that ended June 30, 2020, you will now have until June 30, 2021 to incur (date of service/purchase) claims, and until July 31, 2021 to submit those claims for payment. You should have received an email from Benefit Strategies with detailed information, if your FY20 balance was over $5.

FY2021 Changes: As circumstances change in response to the pandemic, you may make a prospective (no 60-day window) change to your elections, raising or lowering your payroll withholding, without a qualifying event. Rules for terminated participants, whether through retirement, layoff, or voluntary/involuntary termination have also been relaxed to allow additional time for members to utilize their withheld funds. These changes are only intended to be in effect for the FY2021 plan year.

You can enroll in a Health Care FSA for as little as $250 or as much as $2,750/year.

You can enroll in a Dependent Care FSA for as little as $250 and as much as $5,000/year (or $2,500 if married and filing separate tax returns).

To enroll in an FSA, learn more about Health Care and Dependent Care FSAs and view other eligible expenses, go to benstrat.com/gic-fsa.

Even if you are enrolled in one or both FSAs this year, you must re-enroll if you wish to participate in FY22.
How can an FSA save you money?

With an FSA, you set aside money every paycheck on an income tax-free basis. You use this money during the year to pay for eligible expenses — tax free.

For example:

<table>
<thead>
<tr>
<th>BREAKDOWN OF PAYCHECK &amp; DEDUCTIONS</th>
<th>NOT PARTICIPATING IN HCSA OR DCAP PLAN</th>
<th>PARTICIPATING IN HCSA OR DCAP PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Yearly Pay</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Health Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>Dependent Care FSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($4,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$30,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Sample Income Tax Withholdings of 25%</td>
<td>($7,500)</td>
<td>($6,000)</td>
</tr>
<tr>
<td>Yearly Health Care Expenses</td>
<td>($2,000 post-tax)</td>
<td>$2,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Yearly Daycare Expenses</td>
<td>($4,000 post-tax)</td>
<td>$4,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Net Available Income</td>
<td>$16,500</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

Who is eligible and when do I enroll?

Active state employees who are eligible for GIC benefits may enroll in a Health Care and/or Dependent Care FSA.

FSA Enrollment for the 2022 Plan Year: April 7 – May 5, 2021

During the GIC’s spring 2021 Annual Enrollment period, you may enroll in one or both FSAs for the plan year of July 1, 2021–June 30, 2022. You must re-enroll every year.

- New State Employees and Changes in Status: New state employees and employees who experience a qualifying status change during the year may enroll for partial-year benefits. For the Health Care FSA, new hire participation begins at the same time as other GIC benefits. For the Dependent Care FSA, participation begins on the first day of employment.

What else do I need to know?

In exchange for the tax savings these programs offer, the IRS imposes a use-it-or-lose-it rule. This means that you must use all the money in your account by the end of the plan year, or you lose that money, subject to the grace period.

- 2½-Month Grace Period: If you still have money left in your FSA at the end of the plan year, you have an additional 2½ months to incur eligible claims and submit them for reimbursement. For the 2022 plan year, you have until September 15, 2022 to incur claims and until October 15, 2022 to submit them.

- Administrative Fee: You pay a $1.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.

<table>
<thead>
<tr>
<th>KEY FSA DATES</th>
<th>Open Enrollment: April 7 – May 5, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021 Plan Year</td>
<td></td>
</tr>
<tr>
<td>Plan Year:</td>
<td>July 1, 2020 – June 30, 2021</td>
</tr>
<tr>
<td>2½ month Grace Period:</td>
<td>July 1, 2022 – September 15, 2022</td>
</tr>
<tr>
<td>Claim filing deadline:</td>
<td>October 15, 2021</td>
</tr>
<tr>
<td>2022 Plan Year</td>
<td></td>
</tr>
<tr>
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<td>July 1, 2021 – June 30, 2022</td>
</tr>
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</tr>
<tr>
<td>Claim filing deadline:</td>
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</tr>
</tbody>
</table>

Questions?

Toll Free: 1.877.FlexGIC (1.877.353.9442)    benstrat.com/gic-fsa
GIC Rx: Prescription Drug Benefits

Express Scripts (ESI) administers the GIC prescription drug benefit for non-Medicare health insurance products. Use your ESI ID card when filling prescriptions.

Prescription Drug Deductible

You pay an annual prescription drug deductible of $100/individual and $200/family, separate from your health plan deductible. Once you have paid your prescription drug deductible, your covered prescriptions are subject to a copay.

Drug Copays

All GIC health plans feature a three-tier copay structure. Contact ESI with questions about your specific medications.

- **Tier 1**: You pay the **lowest copay**. Most generic drugs fall into this tier.
- **Tier 2**: You pay the **mid-level copay**. Many brand-name drugs fall into this tier.
- **Tier 3**: You pay the **highest copay**. This tier includes brand-name and generic drugs that don’t fall into Tiers 1 or 2.

Covered drugs may change when ESI updates its drug formulary.

Questions?

1.855.283.7679  express-scripts.com/gicRx
Health Insurance Buy-Out

To be eligible for the Health Insurance Buy-Out, 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 GIC basic life insurance.

What is the Buy-Out Program?

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 paychecks; 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, 2021 (Monthly): $2,038.79
12-month benefit = 25% of this premium

Employee receives 12 payroll deposits or monthly checks of:* $509.70
Yearly Earnings (12 monthly payments):* $6,116.40

*subject to federal, Medicare, and state taxes

When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on the GIC product you are enrolled in at the end of the covered period.

- **During Annual Enrollment**: If you were insured with the GIC on January 1, 2021 or before, and continue your coverage through June 30, 2021, you may apply to buy out your health plan coverage effective July 1, 2021.
- **October 4 – October 29, 2021**: If you are insured with the GIC on July 1, 2021 or before, and continue your coverage through December 31, 2021, you may apply to buy out your health plan coverage effective January 1, 2022. The enrollment period for this buy-out is October 4 – October 29, 2021.

Form Submission

Submit your completed Buy-Out form no later than May 5, 2021 for the July 1, 2021 buy-out or October 29, 2021 for the January 1, 2022 buy-out. Forms received after the deadline will not be accepted.

Questions?

1.617.727.2310 bit.ly/gicbuyout

Pre-Tax Premium Deductions

The Commonwealth deducts your share of basic life and health insurance premiums on a pre-tax basis. During Annual Enrollment, or when you experience a qualified status change as outlined on the pre-tax form, you may change the tax status of your premiums:

- If your deductions are taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2021.
- If your deductions are taken on an after-tax basis, you may switch to pre-tax effective July 1, 2021.

Contact your payroll coordinator or the GIC with questions.
What is it?

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. Effective July 1, 2021, MetLife is the GIC’s Long Term Disability (LTD) Carrier. 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;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of $100 or 10% of your gross monthly benefit amount – whichever is higher.

Eligibility and Enrollment

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

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 MetLife’s approval to enter the plan.

New State Employees: Eligible employees may enroll in LTD without providing evidence of good health.

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>EMPLOYEE PREMIUM – Per $100 of Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 24</td>
<td>$0.06</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.07</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.11</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.13</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.30</td>
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<tr>
<td>45 – 49</td>
<td>$0.40</td>
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<tr>
<td>50 – 54</td>
<td>$0.48</td>
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<tr>
<td>55 – 59</td>
<td>$0.60</td>
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<tr>
<td>60 – 64</td>
<td>$0.58</td>
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<tr>
<td>65 – 69</td>
<td>$0.33</td>
</tr>
<tr>
<td>70 and over</td>
<td>$0.20</td>
</tr>
</tbody>
</table>

Questions?

1.877.355.6277  metlife.com/gicbenefits
Insured by MetLife, Life and AD&D insurance help provide for your beneficiary’s well-being in the event of a serious accident or death. This benefit is paid to your designated beneficiary(ies).

- **Basic Life Insurance**: The Commonwealth offers $5,000 of Basic Life Insurance.
- **Optional Life Insurance**: You may buy additional coverage of up to eight times your annual salary, to a maximum benefit of $1.5 million. You pay the full cost of this benefit.

  This is term insurance, which means that it is in effect for as long as you are eligible for coverage through your employment, and premium rates increase as you age. It has no cash value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

Optional Life Insurance

You must be enrolled in basic life insurance in order to be eligible for optional life insurance.

- **New State Employees**: You may enroll in optional life insurance within 10 days of employment without providing evidence of good health.
- **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 MetLife’s review and approval. The GIC will determine the effective date if MetLife approves your application.

Current Employees with a Qualified Family Status Change

If you experience a qualified family status change during the year, you may enroll in or increase your optional life insurance amount without providing proof of good health. You must provide the GIC with proof of your status change within 60 days. Total optional life insurance coverage is limited to up to four times your salary.

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free, you are eligible for reduced non-smoker optional life insurance rates. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. 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 take effect effective July 1, 2021.

Optional Life Insurance Rates (Including AD&D)

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>NON-SMOKER RATE</th>
<th>SMOKER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 35</td>
<td>$0.04</td>
<td>$0.10</td>
</tr>
<tr>
<td>35 – 44</td>
<td>$0.05</td>
<td>$0.12</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.06</td>
<td>$0.19</td>
</tr>
<tr>
<td>50 – 54</td>
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<td>$0.31</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.20</td>
<td>$0.49</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.29</td>
<td>$0.73</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.67</td>
<td>$1.37</td>
</tr>
<tr>
<td>70 and over</td>
<td>$1.13</td>
<td>$2.49</td>
</tr>
</tbody>
</table>

Questions?

1.877.355.6277  metlife.com/gicbenefits
Eligibility

The GIC dental and vision plans cover state employees who are not covered by collective bargaining or do not have another dental or vision plan through the Commonwealth. The plans primarily cover managers, legislators, legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, and higher education are not eligible for the GIC Dental/Vision Plan.

Enrollment

During Annual Enrollment or within 60 days of a qualifying status change, you may enroll in GIC dental and vision benefits and change your dental product selection.

DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the dental plan carrier. You have two product options from which to choose:

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

For more information, including covered services, out-of-network benefits, and providers, contact MetLife:

1.866.292.9990
metlife.com/gicbenefits

VISION BENEFITS

Davis Vision is the vision plan provider. You may 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
- Fashion and designer frames
- Lenses
- Scratch-resistant lens coating

For more information, including copay amounts, providers, and discount programs, contact Davis Vision:

1.800.650.2466
davisvision.com (client code: 7852)

GIC Dental / Vision Rates

<table>
<thead>
<tr>
<th>PLAN</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO (Value) Plan</td>
<td>$4.53</td>
<td>$14.00</td>
</tr>
<tr>
<td>Indemnity (Classic) Plan</td>
<td>$6.12</td>
<td>$18.91</td>
</tr>
</tbody>
</table>
Contact Information

Whom to Contact if You Have a Question About...

Anything related to: ENROLLMENT OR ELIGIBILITY

For example:
- How do I enroll?
- How do I change my plan?
- Where should I send my forms?
- Problems filling out the form

Contact the Group Insurance Commission or your GIC Coordinator
1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment

Anything related to: HEALTH INSURANCE PRODUCT AND COVERAGE

For example:
- Changes in coverage
- Finding a provider
- Tiered doctor & hospital lists
- What tele-health options are offered?
- Fitness and wellness programs offered

Contact your health insurance carrier

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<table>
<thead>
<tr>
<th>HEALTH INSURANCE CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td>allwayshealthpartners.org/gic-members</td>
</tr>
<tr>
<td>Fallon Health</td>
<td>1.866.344.4442</td>
<td>fallonhealth.org/gic</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.866.874.0817</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>healthnewengland.org/gic</td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.833.663.4176</td>
<td>unicaremass.com</td>
</tr>
<tr>
<td>Express Scripts Pharmacy Benefits Manager</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>Health Care Spending Account (HCSA) and DCAP</td>
<td>1.877.353.9442</td>
<td>benstrat.com/gic-fsa</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>1.877.355.6277</td>
<td>metlife.com/gicbenefits</td>
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<tr>
<td>Long Term Disability</td>
<td>1.877.355.6277</td>
<td>metlife.com/gicbenefits</td>
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<tr>
<td>MetLife Dental Benefits</td>
<td>1.866.292.9990</td>
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</tr>
<tr>
<td>Vision Benefits</td>
<td>1.800.650.2466</td>
<td>davisvision.com (client code: 7852)</td>
</tr>
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COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor
Matthew Veno, Executive Director
Group Insurance Commission
19 Staniford Street, 4th Floor
Boston, Massachusetts 02114

Telephone: 1.617.727.2310
TDD/TTY: 711

Mailing Address:
Group Insurance Commission
P.O. Box 556
Randolph, MA 02368

Website: mass.gov/gic

Commissioners
*Current as of March 2021.
For more information, visit mass.gov/gic.
Valerie Sullivan (Public Member), Chair
Bobbi Kaplan (NAGE), Vice Chair
Michael Heffernan, Secretary for Administration and Finance, ex officio
Gary Anderson, Commissioner of Insurance, ex officio
Elizabeth Chabot (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Christine Hayes-Clinard, Esq. (Public Member)
Tamara P. Davis (Public Member)
Gerzino Guirand (Council 93, AFSCME, AFL-CIO)
Jane Edmonds (Retiree Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Patricia Jennings (Public Member)
Eileen P. McAnenny (Public Member)
Melissa Murphy-Rodrigues (Massachusetts Municipal Association)
Anna Sinaiko, MPP, PhD (Health Economist)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers’ Association)