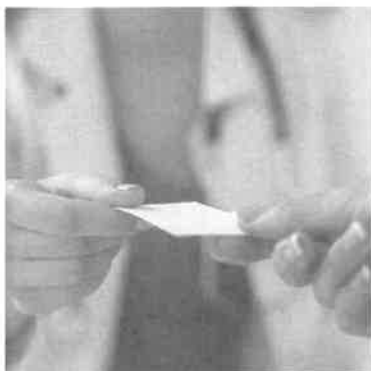
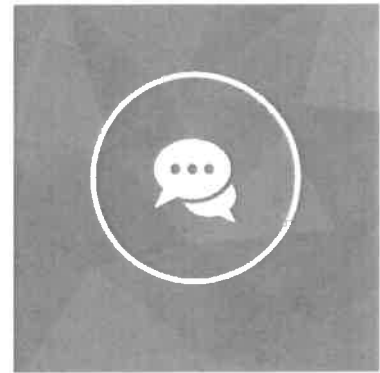
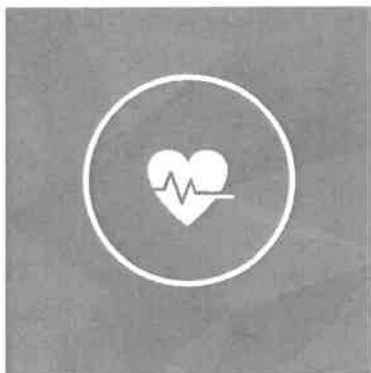
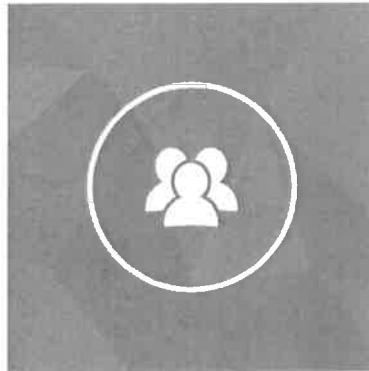


GIC BENEFITS DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

MUNICIPAL

EMPLOYEES, RETIREES & SURVIVORS



2018 – 2019

Benefits and rates effective
July 1, 2018



Commonwealth of Massachusetts
Group Insurance Commission

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.
- ✓ **Contact the carriers.** Carrier specific questions such as network coverage, doctor, drug tiers or wellness benefits should be directed to the appropriate carrier. (See page 21 for more information on how to contact your carrier.)
- ✓ **Consider a less expensive option.** If you are a non-Medicare retiree, you may have the option to select a lower cost regional or limited network product. These 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).
- ✓ **Active municipal employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a 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 10 days of employment and also during Annual Enrollment.

3 Ways to Lower Your Out-of-Pocket Costs

- Use non-emergency care facilities instead of an emergency room for non-urgent care
- Consider utilizing your carrier's Telehealth option
- If enrolled in a non-Medicare product, before receiving non-emergency services, check your health insurance carrier's cost estimator to find high-quality, low-cost services

IMPORTANT REMINDERS!



- ✓ **Complete Annual Enrollment forms by Wednesday, May 2, 2018.** Active employees should return forms to the GIC Coordinator in your municipality. Retirees can mail their forms to the GIC. All forms are available on the GIC website at mass.gov/gic-forms.
- ✓ **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.** If you are enrolled in a non-Medicare product, 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
Medicare Part D Prescription	4
Benefits-at-a-Glance: Medicare Health Insurance Products	5
Benefits-at-a-Glance: Active & Non-Medicare Health Insurance Products	6
Medicare Health Insurance Locator Map	8
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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.

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.

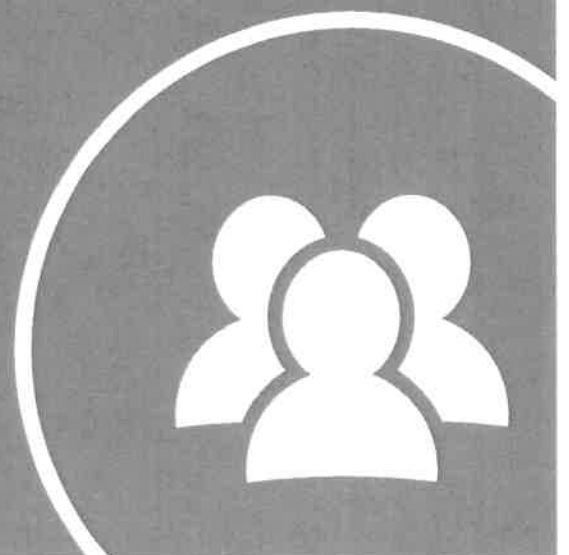
With this in mind, this year, the GIC has taken steps to bend the trend when it comes to containing these costs, while conserving benefits and options for members. Overall, this year's aggregate premium rate increase is being kept to zero percent, and a number of member-friendly enhancements have been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





This year's Annual Enrollment gives you the opportunity to review your benefit options and enroll in a health insurance product or make changes to your benefits. GIC has made specific benefit changes and is introducing a number of member-friendly enhancements to its health insurance products.

What's Changing This Year:

If you are a **MEDICARE** eligible GIC Retiree:

- **The Fallon Senior Plan will no longer be offered.** Please review the Benefits-at-a-Glance section for information about this year's product offerings or contact the health insurance carriers with specific questions about their GIC Medicare product (See page 21 for more information on how to contact your carrier.)
- **CVS SilverScript will be your prescription drug administrator.** When you enroll in medical coverage through the GIC, you will automatically receive prescription drug coverage through CVS SilverScript. CVS SilverScript offers cost management resources and live customer service support so you can best understand and manage your prescription costs. **With SilverScript, you have a separate ID card for your 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 program, visit gic.silverscript.com or call **1.877.876.7214**.

If you are an **ACTIVE** or **NON-MEDICARE** eligible GIC Retiree:

- **Increased choice for you and your spouse:** GIC members will now be able to select a Medicare product offering from a separate health insurance carrier than their spouse's non-Medicare product.
- **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.
- **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. **With Express Scripts, you have a separate ID card for your 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 **1.855.283.7679**.

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:

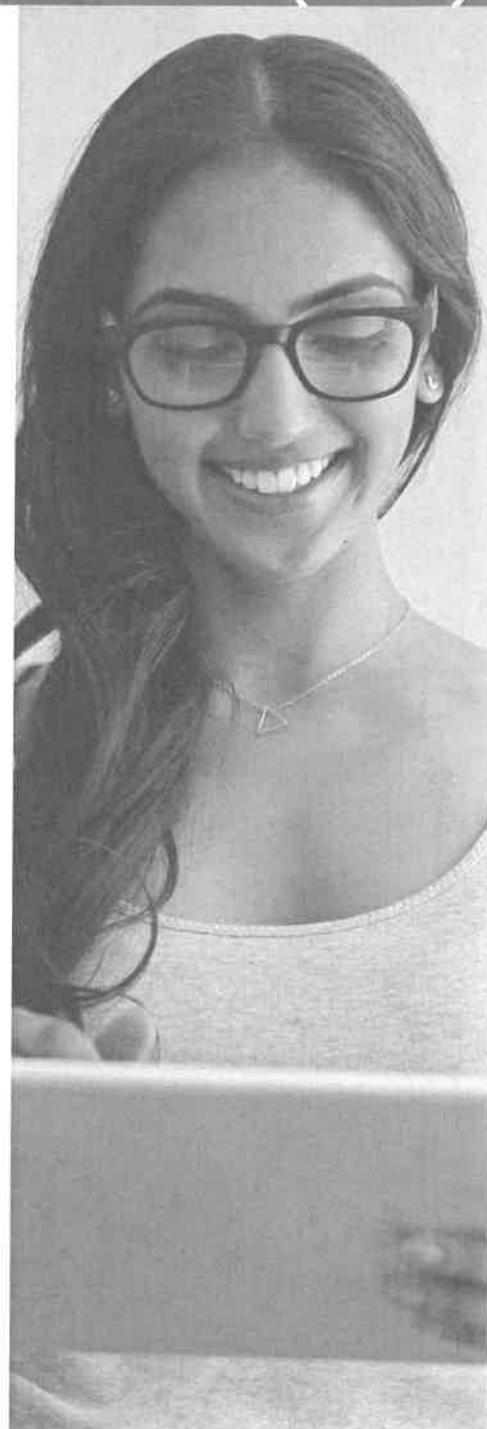
- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent age 19 to 26 who is no longer a full-time student
- Dependent other than full-time student who has moved out of your health plan's service area
- Death of a covered spouse or dependent
- You have GIC COBRA coverage and become eligible for other coverage



Drug Reminders and Warnings

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

- A “Notice of Creditable Coverage” is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you **must** show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. **Keep this notice with your important papers.**
- If you are a member of **Tufts Medicare Preferred**, your plan will include Medicare Part D effective July 1, 2018. You will receive a federal government-required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.** If you do, you will lose your GIC health, behavioral health, and prescription drug benefits and will not be able to re-enroll until next spring.
- All GIC Medicare plans automatically include Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D product.** If you enroll in another Medicare Part D drug product, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health product, which means you will **lose your GIC health, behavioral health, and prescription drug benefits.**
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.



Benefits-at-a-Glance: MEDICARE Health Insurance Products

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

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT			
HEALTH INSURANCE PRODUCTS	TUFTS HEALTH PLAN MEDICARE PREFERRED	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	UNICARE STATE INDEM- NITY PLAN MEDICARE EXTENSION (OME) with CIC* (Comprehensive)	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS
PRODUCT TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY	INDEMNITY
PCP Designation Required?	Yes	No	No	No	No
PCP Referral to Specialist Required?	Yes	No	No	No	No
Calendar Year Deductible	None	None	None	None	None
Preventive Care Office visits according to health plan's schedule	No Copay	No Copay	No Copay	No Copay	No Copay
Physician's Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit	\$15 per visit	\$15 per visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	No Copay	No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare	No Copay	No Copay
Emergency Room Care (includes out-of-area)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Hearing Aids First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period					
Prescription Drugs					
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

* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the carrier for details.

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



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

Benefits-at-a-Glance: ACTIVE & NON-MEDICARE Health Insurance Products

HEALTH INSURANCE PRODUCTS	NATIONAL NETWORK	BROAD NETWORK			
	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (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

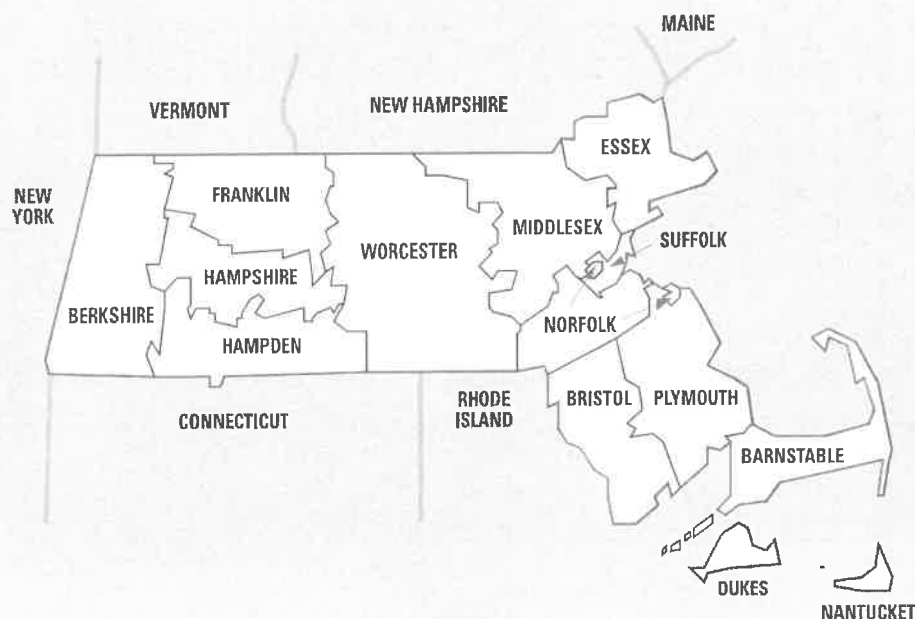
Copays and deductibles that appear in bold in this chart have changed effective July 1, 2018.

Benefits-at-a-Glance: ACTIVE & NON-MEDICARE 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

MEDICARE Health Insurance Locator Map

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



Is the MEDICARE Health Insurance Product Available Where You Live?

BARNSTABLE

HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE

HPME, HNEMSP, TMC, OME

BRISTOL

HPME, HNEMSP, TMC, TMP, OME

DUKES

HPME, HNEMSP, TMC, OME

ESSEX

HPME, HNEMSP, TMC, TMP, OME

FRANKLIN

HPME, HNEMSP, TMC, OME

HAMPDEN

HPME, HNEMSP, TMC, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMC, TMP, OME

NANTUCKET

HPME, HNEMSP, TMC, OME

NORFOLK

HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMC, TMP, OME

SUFFOLK

HPME, HNEMSP, TMC, TMP, OME

WORCESTER

HPME, HNEMSP, TMC, TMP, OME

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, Tufts Health Plan Medicare Complement, and UniCare State Indemnity Plan/Medicare Extension (OME) are available throughout the country.

HPME – Harvard Pilgrim Medicare Enhance

HNEMSP – Health New England Medicare Supplement Plus

TMC – Tufts Health Plan Medicare Complement

TMP – Tufts Health Plan Medicare Preferred

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

PLEASE NOTE: EFFECTIVE JULY 1, 2018, THE FALLON SENIOR PLAN WILL NO LONGER BE AVAILABLE.

Outside Massachusetts:

CONNECTICUT

HPME, HNEMSP, TMC, OME

MAINE

HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE

HPME, HNEMSP, TMC, OME

NEW YORK

HPME, HNEMSP, TMC, OME

RHODE ISLAND

HPME, HNEMSP, TMC, OME

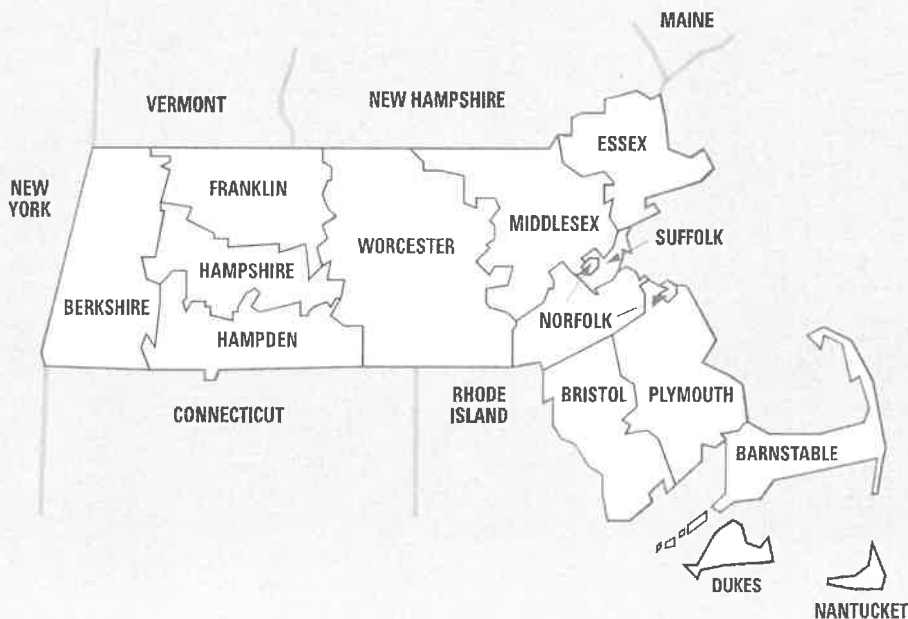
VERMONT

HPME, HNEMSP, TMC, OME

NON-MEDICARE 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 NON-MEDICARE Health Insurance 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.

Monthly Full Cost Rates



Effective July 1, 2018

Full Cost Rates including the 0.35% Administrative Fee

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PRODUCTS				
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC	National Network	Indemnity	\$1,058.39	\$2,343.45
UniCare State Indemnity Plan/Basic without CIC			\$1,009.67	\$2,232.53
UniCare State Indemnity Plan/PLUS	Broad Network	PPO-Type	\$696.09	\$1,654.54
Tufts Health Plan Navigator		POS	\$743.45	\$1,811.87
Fallon Health Select Care		HMO	\$765.62	\$1,855.55
Harvard Pilgrim Independence Plan		POS	\$826.68	\$2,009.40
Health New England	Regional Network	HMO	\$550.97	\$1,306.54
NHP Prime (Neighborhood Health Plan)			\$580.43	\$1,496.10
UniCare State Indemnity Plan/Community Choice	Narrow Network	PPO-Type	\$502.16	\$1,236.52
Tufts Health Plan Spirit		HMO-Type	\$564.24	\$1,355.43
Fallon Health Direct Care		HMO	\$566.29	\$1,422.99
Harvard Pilgrim Primary Choice Plan		HMO	\$603.23	\$1,529.10

MEDICARE HEALTH INSURANCE PRODUCTS			
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON
Tufts Health Plan Medicare Preferred*	Medicare Advantage	HMO	\$332.01
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$361.73
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)			\$379.67
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)			\$368.59
Harvard Pilgrim Medicare Enhance			\$382.59
Health New England Medicare Supplement Plus			\$386.82

* Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2019.

For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality or the GIC's website: mass.gov/guides/gic-rates.



Medicare-Eligible GIC Retirees

The GIC has made a few changes to our products for Medicare-eligible retirees this year. Please note that the Fallon Senior Plan will not be offered on July 1, 2018. Members of this plan who do not take action will be defaulted into Tufts Medicare Complement.

Here is everything you need to know:

Tufts Health Plan - Medicare Preferred HMO (Medicare Advantage)

About the Product:

- Provides coverage through the plan'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
- The prescription drug portion is an Employer Group Waiver Plan (EGWP), under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Product includes Medicare Part D effective July 1, 2018. You will receive a federal government required opt-out mailing in early May. **Do not opt out of the SilverScript Part D program.**
- Separate vendor for prescription drug coverage: CVS SilverScript
- You will also have a separate ID card for your pharmacy benefit

Tufts Health Plan Medicare Complement Indemnity (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Nationwide product is new for this year

UniCare State Indemnity - Medicare Extension (OME) Indemnity (Medicare Supplement)

About the Product:

- A supplemental Medicare product
- Offers access to any licensed doctor or hospital throughout the United States
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Behavioral health is now integrated into product design

Harvard Pilgrim Medicare Enhance Indemnity (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- No plan changes for 2018

Health New England Medicare Supplement Plus (Medicare Supplement)

About the Product:

- A supplemental Medicare plan
- Offers coverage for services provided by any licensed doctor or hospital that accepts Medicare payment
- The prescription drug portion is an Employer Group Waiver Plan (EGWP) under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC
- Prescription drug benefits are administered by CVS SilverScript

What's changing for this plan year:

- Nationwide product is new for this year



Active & Non-Medicare Eligible GIC Retirees

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 copayment 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)

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

* 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.



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

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.

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.



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 or Tier 2 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



MEDICARE Prescription Drug Benefits



The GIC has contracted with CVS SilverScript to manage the prescription drug benefit for all GIC Medicare medical products. Your prescription drug benefit is an Employer Group Waiver Plan (EGWP). The product combines a standard Medicare Part D prescription drug plan with additional coverage provided by the GIC.

Drug Copayments

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

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

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

Tier 3: You pay the **highest** copayment. This tier is primarily made up of 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 SilverScript for details about these programs and whether they apply to drugs you are taking.

Step Therapy

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

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.

Prior Authorization

You or your health care provider may be required to contact SilverScript for prior authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because SilverScript 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.



ACTIVE & NON-MEDICARE Prescription Drug Benefits

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.



GIC Retiree Dental Plan



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

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

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

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

Eligibility

Retirees and survivors from the following municipalities that have elected to offer the plan are eligible:

- City of Melrose
- Town of North Andover
- Town of Ashland
- Town of Randolph
- Town of Bedford
- Town of Swampscott
- Town of Brookline
- Town of Weston
- Town of Holbrook
- Town of Westwood
- Town of Hopedale
- Town of Winchendon
- Town of Marblehead
- Athol Roylston School District
- Town of Middleborough
- Northeast Metropolitan Regional Vocational School District
- Town of Millis

If your municipality is not listed, you are not eligible for GIC Retiree Dental benefits. Contact your municipal benefits office for additional information.

Enrollment

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

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018

Includes 0.35% Administrative Fee

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$30.01
Family	\$72.30

Retiree Dental Questions? Contact MetLife:



1.866.292.9990



metlife.com/gic



Attend a Health Fair

Retirees and survivors who are thinking about changing health products, or 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 retiree/survivor 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
- 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 Plans



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 Medicare Enhance	1.800.542.1499	harvardpilgrim.org/gic
Health New England HMO Medicare Supplement Plus	1.800.842.4464	hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit Medicare Complement Medicare Preferred	1.800.870.9488 (Non-Medicare) 1.888.333.0880 (Medicare)	tuftshealthplan.com/gic
UniCare State Indemnity Plan Basic Community Choice Medicare Extension (OME) PLUS	1.800.442.9300	unicarestatement.com
Pharmacy Benefits Manager CVS SilverScript Express Scripts	1.877.876.7214 1.855.283.7679	gic.silverscript.com express-scripts.com/gicrx
OTHER BENEFITS		
GIC Retiree Dental Plan (MetLife)	1.866.292.9990	metlife.com/gic
ADDITIONAL RESOURCES		
Internal Revenue Service (IRS)	1.800.829.1040	irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	mass.gov/news/mtrs-news
Medicare	1.800.633.4227	medicare.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

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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*)