2016-2017
GIC Benefit Decision Guide

For Commonwealth of Massachusetts

MUNICIPAL

EMPLOYEES, RETIREES AND SURVIVORS

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Dear Colleagues:

Health care plays a major role in the Commonwealth's economy and the state's budget. It's more important than ever that patients take an active role in their health care. Rising health care costs, including prescription drugs, are adding pressure on limited resources. Being an active consumer of health care will help you get the right treatment, at the right place, at the best cost.

The Group Insurance Commission's Annual Enrollment period gives you an opportunity to weigh your options. I encourage you to take this opportunity to do so. Read this **2016-2017 Benefit Decision Guide** to see how benefits and rates will change for July 1 and to understand those options. Consider enrolling in a Limited Network Plan to save money on your monthly premium. Take advantage of other GIC resources for selecting your health plan, including the GIC's website, www.mass.gov/gic, and health fairs across the state.

Throughout the year, be engaged in your care. Take advantage of health care transparency tools available on your insurers' website to weigh your provider choices. Use health plan cost comparison tools to shop for health care services in advance. Evaluate physician and hospital tiers before choosing your provider.

Thank you for your service to Massachusetts and for helping us to improve health care quality at a cost you and the Commonwealth can afford.

Sincerely,

Charles D. Baker
Governor

HOW TO USE THIS GUIDE

The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or visit the GIC's website for more detailed plan handbooks.

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Watch the Annual Enrollment video to find out the steps you should take during Annual Enrollment and how to lower your out-of-pocket costs: mass.gov/gic/aevideo.

- This *Benefit Decision Guide* contains important benefit and rate changes effective July 1, 2016. *Review pages 4-5 and 8-9 for details.*
- Read the *Annual Enrollment Checklist* on page 2 for information to consider when selecting a health plan.
- Read the *Consider Enrolling in a Less Expensive Plan* section on page 18 to find out more about limited network plan options for Employees and non-Medicare Retirees/Survivors and your responsibility before enrolling in a plan.
- If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans *until the next annual enrollment,* even if your doctor or hospital leaves the health plan, unless you have a qualifying event, such as moving out of the plan's service area or are a retiree/survivor and become Medicare eligible (in which case, you ***must*** enroll in a Medicare plan).

- Your annual enrollment forms are due **no later than Wednesday, May 4, 2016**. All forms are on the GIC's website (mass.gov/gic/forms). Changes go into effect July 1, 2016:
  - **Active employees and New GIC Enrollees:** GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office.
  - **Existing Municipal Retirees/Survivors:** Completed Annual Enrollment forms to the GIC. Municipal Retiree Dental form to the GIC Coordinator in your benefits office.

ANNUAL ENROLLMENT CHECKLIST

STEP 1: **Identify which health plan(s) you are eligible to join:**

- If you are retired, determine if you are eligible for Medicare *(see page 10).*
- Where you live determines which plan(s) you may enroll in. *See the locator map on page 12 for the Employee/non-Medicare health plans and page 11 for Medicare plans.*
- See the health plan pages for eligibility details *(see pages 19-24).*

Do Your Homework During Annual Enrollment – Even If You Think You Want to Stay in the Same Plan

STEP 2: **For the plans you are eligible to join and are interested in…**

- Review the at-a-glance charts in the center of this guide.
- Weigh features that are important to you, such as prescription drug coverage, mental health benefits, and whether there are out-of-network benefits.
- Review their monthly rates *(see separate rate chart).*
- If you are an employee or non-Medicare retiree/survivor, consider enrolling in a less expensive plan. Members who pay 25% of the premium ***will save, on average, $48 per month*** by enrolling in a limited network plan *(see page 18).*
- Contact the plan to find out about benefits that are not described in this guide.

STEP 3: **Find out if your doctors and hospitals are in the plan's network.** Call the plan or visit the plan's website and search for your own ***and*** your covered family members' doctors and hospitals. Be sure to specify the health plan's full name, such as "Tufts Health Plan *Spirit*," or "Tufts Health Plan *Navigator*," not just "Tufts Health Plan."

Your health plan selection is binding until the next annual enrollment, even if your doctor or hospital leaves your health plan's network during the year. Your health plan will help you find another provider.

STEP 4: **Check on copay tier assignments** that affect what you pay when you get physician or hospital services. Copay tiers do not apply to the GIC Medicare plans.

Physician and hospital copay tiers can change each July 1 for GIC Employee and Non-Medicare Retiree/Survivor plans. During Annual Enrollment, check to see if your doctor's or hospital's tier has changed.

STEP 5: **Retirees and Survivors – take a look at the Retiree Dental Plan** if your municipality participates *(see page 25 for details).*

THREE GREAT RESOURCES

1. **The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 28 for website addresses.*
2. **The health plan's customer service line:** A representative can help you. *See page 28 for phone numbers.*
3. **A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 27 for the health fair schedule.*

NEW HIRE AND ANNUAL ENROLLMENT OVERVIEW

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire.

If you are a current municipal enrollee and want to keep the same GIC health plan, you do *NOT* need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES
within 10 calendar days of hire.

GIC benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first.

You may enroll in one of these health plans…

- Fallon Health Direct Care ✓
- Fallon Health Select Care
- Harvard Pilgrim Primary Choice Plan ✓
- Health New England ✓
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit ✓
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice ✓
- UniCare State Indemnity Plan/PLUS

By submitting, within 10 days of employment…

- GIC enrollment forms; and
- Required documentation for family coverage *(if applicable)* as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office

NOTE: Current employees who have a qualifying status change during the year may enroll in GIC health coverage within 60 days of the qualifying event. *See page 6 for additional information.*

Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the health plan, unless you have a qualifying status change such as moving out of the plan's service area or are retired and become eligible for Medicare (in which case, you must enroll in a Medicare plan). *See page 6 for more information.*

EMPLOYEES AND *NON-MEDICARE* RETIREES/SURVIVORS

MEDICARE RETIREES/SURVIVORS

During annual enrollment April 6-May 4, 2016 for changes effective July 1, 2016

You may enroll in or change your selection of one of these health plans…

- Fallon Health Direct Care ✓
- Fallon Health Select Care
- Harvard Pilgrim Primary Choice Plan ✓
- Health New England ✓
- NHP Prime (Neighborhood Health Plan)
- Tufts Health Plan Navigator
- Tufts Health Plan Spirit ✓
- UniCare State Indemnity Plan/Basic
- UniCare State Indemnity Plan/Community Choice ✓
- UniCare State Indemnity Plan/PLUS

You may enroll in…

Retiree Dental Plan*

By submitting by May 4…

New GIC Enrollees and Active Employees:
GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation as outlined on the *Forms* section of our website, to the GIC Coordinator in your benefits office

Current Municipal Retirees/Survivors:

- Retiree/Survivor Enrollment/Change form to the GIC
- Retiree Dental Form to the GIC Coordinator in your benefits office

You may enroll in or change your selection of one of these health plans…

- Fallon Senior Plan
- Harvard Pilgrim Medicare Enhance
- Health New England MedPlus
- Tufts Health Plan Medicare Complement
- Tufts Health Plan Medicare Preferred
- UniCare State Indemnity Plan/ Medicare Extension (OME)

You may enroll in…

Retiree Dental Plan*

By submitting by May 4…

New Municipal Retirees/Survivors:
Initial Municipality Enrollment Forms, Retiree Dental Form, and required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office

Current Municipal Retirees/Survivors:

- Enrollment forms and, if applicable, a Medicare Disenrollment form, to the GIC
- Retiree Dental Form to the GIC Coordinator in your benefits office

Indicates a GIC Limited Network Plan.

* *See page 25 for eligibility details*

Enrollment and the Medicare Disenrollment forms are available on our website: mass.gov/gic/forms

Health care costs continue to rise at unsustainable rates, adversely affecting other critical state needs, such as education and local aid. The GIC has been trying to change the way care is provided and paid through the Centered Care Initiative. Our five-year contracts with the health plans begin a shift from fee-for-service provider contracts to global budgets. Plans are subject to penalties for missed targets and receive shared savings if they beat targets.

However, the elephant in the room remains tackling provider charges. Recent Health Policy Commission and a study commissioned by the Massachusetts Association of Health Plans shows large gaps between the prices of high-price and low-price providers, that high-price providers charge more due to their market clout, and that too many patients are getting routine care at very expensive providers. Adding to this challenge are the skyrocketing costs of drugs – not only of specialty drugs, but also of brand name and generic medications.

For this year, the Commission elected not to make major benefit changes, especially since last year they did make copay and deductible changes. The Commission wants to see how some of last year's changes play out – especially the implementation of the Employer Group Waiver Plan for the prescription drug portion of UniCare State Indemnity Plan/Medicare Extension (OME) and the switch of the two Preferred Provider Organization (PPO) plans for Harvard and Tufts to Point of Service (POS) plans.

The Commission is also evaluating some longer-range changes that it may want to consider in the future. For now, most of the Employee/non-Medicare health plan benefit changes have to do with improving parity across the plans and most of these are benefit enhancements. These are outlined on the next page.

The initial proposed weighted rate increase from the plans was substantial at 7.1%. After our annual rate renewal negotiation process, the final weighted average rate increase is 3.6%, in keeping with the state's benchmark and better than both the national and Massachusetts average. Some plans did better than this and some did worse. If you are in a plan with a high premium, it's more important than ever to take the opportunity during Annual Enrollment to consider enrolling in a less expensive plan. S*ee page 18 for additional information.*

Due to the Harvard Pilgrim Independence Plan's significant premium increases and spending beyond its premium rates, the plan will be closed to new members. *See page 5 for additional information.*

The Employee/non-Medicare health plan calendar year deductible is transitioning to a fiscal year, so there's no longer a deductible barrier for changing carriers. *See page 8 for additional information.*

In addition to deciding which health plan best suits your needs during Annual Enrollment, take charge of your health and take advantage of ways to lower your out-of-pocket costs all year long.

All members:

- **Work with your Primary Care Provider** (PCP) to navigate the health care system.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- Read about ways to **take charge of your health**; the GIC's website has a wealth of articles and links to additional resources: mass.gov/gic/yourhealth.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.**

If you are an employee or Non-Medicare Retiree/ Survivor:

- **Seek care from Tier 1 and Tier 2 specialists.** Over 150 million claims have been analyzed for differences in how physicians perform on nationally recognized measures of quality and/or cost efficiency. You pay the lowest copay for the highest-performing doctors:

  ★★★ Tier 1 (excellent)

  ★★ Tier 2 (good)

  ★ Tier 3 (standard)

- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- **Use your health plan's online cost comparison tool** to shop for health care services in advance.
- Consider **enrolling in a Limited Network Plan** to save money on your monthly premium.

MUNICIPAL NEWS

The **Pentucket Regional School District** and **Town of Winchendon** will join GIC health benefits effective July 1, 2016.

The Towns of **Westwood** and **Winchendon** will be offering the GIC Retiree Dental Plan. During the spring Open Enrollment, eligible retirees and survivors from these towns and 15 other municipalities and school districts may join the plan for coverage effective July 1, 2016. *See page 25 for details.*

HEALTH PLANS

EMPLOYEE/NON-MEDICARE HEALTH PLAN CHANGES

All Employee/non-Medicare health plans will now cover the following additional preventive care benefits with no copay or deductible costs:

- Additional contraceptive coverage
- Genetic testing for breast and related cancer for asymptomatic women, if such testing is recommended by an attending provider
- Extension of women's preventive services to dependent children
- Sex-specific preventive services (e.g., mammograms and Pap smears), regardless of gender identity
- Anesthesia for preventive colonoscopies, if medically necessary

HARVARD PILGRIM INDEPENDENCE PLAN

- Due to concerns about significant premium increases and spending beyond those premium rates, Harvard Pilgrim Independence is closed to new members:
  - Existing HPHC Independence members can stay in the plan and can change their coverage (e.g., individual to family) within 60 days of a qualifying event;
  - No new groups or new employees joining the GIC can enroll in this plan;
  - Individuals who are picking up GIC health insurance coverage during Annual Enrollment cannot enroll in the plan; and
  - Existing GIC members currently enrolled in other health plans cannot switch into this plan.

  Employees and non-Medicare retirees/survivors can switch to the Harvard Pilgrim Primary Choice Plan. Retirees and survivors who become Medicare eligible can enroll in the Harvard Medicare Enhance Plan. If Harvard Independence's first six months of spending in FY17 demonstrates a significant improvement, the GIC may reopen the plan to new hires. If that is the case, we will notify GIC Coordinators of the change.
- The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.

HEALTH NEW ENGLAND

The urgent care center copay will decrease to $20 per visit.

TUFTS HEALTH PLAN NAVIGATOR

- The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.
- The urgent care center copay will decrease to $20 per visit.

TUFTS HEALTH PLAN SPIRIT

The urgent care center copay will decrease to $20 per visit.

UNICARE STATE INDEMNITY PLANS – BASIC, COMMUNITY CHOICE AND PLUS

- Mental health/substance abuse visits with a Primary Care Provider will now be covered.
- The urgent care center copay will stay the same or decrease to $20 per visit.
- New SmartShopper program – members receive a check of $25-$500 (depending on procedure) if they call or use the website to find a provider and then visit that lower-cost provider.
- Virtual colonoscopies will now be covered.
- Coverage of Early Intervention services will increase to 100% and not be subject to the deductible.

UNICARE STATE INDEMNITY PLAN/BASIC

The preventive examination frequency will increase to meet the Mass Health Quality Partners standards:

- Age 19-21: Annually
- Age 22-49: Every one to three years, depending on risk factors
- Age 49+: Annually

UNICARE STATE INDEMNITY PLAN/PLUS

The out-of-network out-of-pocket maximum will increase to $5,000 per individual; $10,000 per family.

There are no Medicare health plan benefit changes.

OTHER BENEFIT CHANGES

RETIREE DENTAL

Mouth guards for bruxism (teeth grinding) will now be covered. *See page 25 for additional information.*

REMINDERS

KEEP IN MIND…

Enrolling in a Health Plan: Members can only enroll in coverage for the first time as a new hire, at Annual Enrollment or within 60 days of a documented qualifying event: marriage, birth/adoption of child, involuntary loss of other coverage, spouse's annual enrollment, or return from an approved FMLA or military leave.

Changing or Canceling Health Plan Coverage: Members can only change from individual to family, family to individual, or cancel coverage during Annual Enrollment or within 60 days of a qualifying event: marriage, birth/adoption of child, change in dependent eligibility, divorce (subject to M.G.L. Ch. 32A eligibility requirements), death of spouse/dependent or spouse's or dependent's involuntary loss of coverage elsewhere.

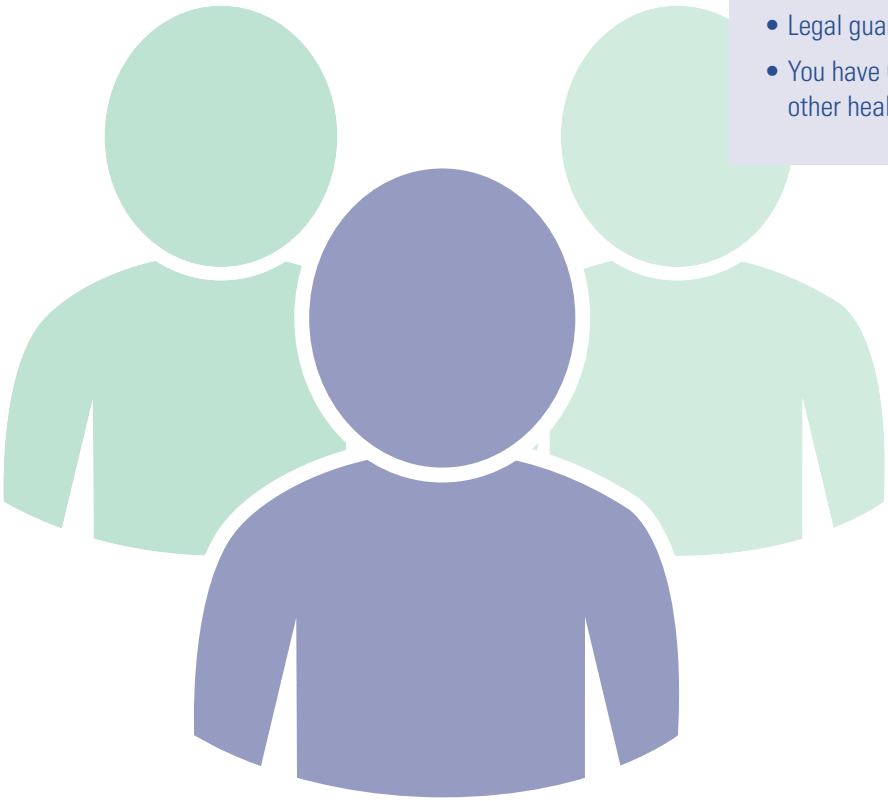
Changing Health Plans: Members can only change health plans at Annual Enrollment, unless you move out of your health plan's service area, at retirement, or are retired and become Medicare eligible, in which case you ***must*** change plans.

Qualifying Status Procedures and Deadlines: See the qualifying status change document for procedures and deadlines for qualifying events: mass.gov/gic/qualifyingevents.

You MUST Notify Your Benefits Office *(active employees)* or the GIC *(retirees and survivors)* When Your Personal or Family Information Changes

Failure to notify the GIC of family status changes, such as legal separation, divorce, remarriage, and/or addition of dependents **can result in financial liability** to you. When any of the following occur, active employees must notify the GIC Coordinator in their benefits office and retirees and survivors must notify the GIC. See the GIC's website for forms and any required documentation (mass.gov/gic/forms):

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



FREQUENTLY ASKED QUESTIONS

See our website for answers to other FAQs: mass.gov/gic/faq

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

A. The answer depends on your employment status with the Commonwealth or a participating GIC municipality:

- ***If you, the insured, continue working*** for the state or a participating GIC municipality at age 65 or over, you and your covered spouse should only enroll in free Medicare Part A if eligible. Defer Part B until you, the insured, retire.
- ***If retiring,*** and you or your covered spouse is age 65 or over, the family member(s) age 65 or over should apply for Medicare Part A and Part B up to a month before your retirement. You and/or your spouse age 65 or over will receive a Medicare enrollment package from the GIC approximately four to six weeks after the GIC is notified by your GIC Coordinator of your retirement. Be sure to respond to the GIC by the due date noted in the package.
- ***If retired,*** when you or your covered spouse turns age 65, apply for Medicare Part A and Part B up to three months before your 65th birthday. You or your spouse turning age 65 will receive a Medicare enrollment package from the GIC approximately three months before your 65th birthday to make your Medicare health plan selection. Be sure to respond to the GIC by the due date noted in the package.

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

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

Q. ***How can I add a newborn to my GIC coverage?***

A. Complete the *Enrollment/Change Form* and attach a copy of the hospital announcement letter or your child's birth certificate. A Social Security number must be sent, but you can do so upon receipt from Social Security. The birth certificate or hospital notice must link the dependent to the insured or spouse. The GIC must receive the form and documentation **within 60 days of the birth**.

Documents and forms received after 60 days of the qualifying event will be denied and you must wait until the next Annual Enrollment to add the dependent.

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

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

Q. ***As a new employee, when do my GIC benefits begin?***

A. GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

Q. ***My full-time student goes to school outside of our health plan's service area. May we remain in our current health plan?***

A. Yes. Your family may remain in your current health plan for as long as your child is a full-time student and enrolled in GIC coverage as a full-time student. However, if your child age 19 to 26 ceases to be a full-time student, complete and return the *Dependent Age 19 to 26 Enrollment/Change Form*; that child must reside within your health plan's service area to be covered. If he or she lives outside of your health plan's service area, you and your family must change plans. The UniCare State Indemnity Plan/Basic is the GIC's only nationwide plan.

FISCAL YEAR DEDUCTIBLE QUESTIONS AND ANSWERS

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

The deductible **for Employee and non-Medicare retiree/survivor health plans** changes from a calendar year to fiscal year deductible effective July 1, 2016, making it easier for members to change health plan carriers during Annual Enrollment.

DEDUCTIBLE QUESTIONS AND ANSWERS

Q. ***What is a deductible?***

A. All GIC **Employee and non-Medicare retiree/survivor health plans** include a deductible. This is a fixed dollar amount you must pay each year before your health plan begins paying benefits for you or your covered dependent(s). This is a separate charge from any copays.

Q. ***How much is the in-network fiscal year 2017 deductible?***

A. The in-network deductible is $300 per member, up to a maximum of $900 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a $300 deductible before benefits begin.
- **Two-person family:** Each person must satisfy a $300 deductible.
- **Three- or more person family:** The maximum each person must satisfy is $300 until the family as a whole reaches the $900 maximum.

If you are in Harvard Independence, Tufts Navigator, or UniCare PLUS, there is an additional out-of-network deductible. This deductible is increasing effective July 1, 2016, to $450 per member, up to a maximum of $900 per family. This is a separate charge from the in-network deductible.

Q. ***I've already satisfied my half calendar year deductible; will I need to pay a new deductible effective July 1, 2016?***

A. Yes. The new deductible period starts on July 1.

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

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

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

A. The lists below summarize expenses that generally are or are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. As with all benefits, ***variations in these guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of in-network expenses ***generally exempt*** from the deductible:

- Prescription drug benefits
- Outpatient mental health/substance abuse benefits
- Office visits (primary care physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Medically necessary wigs
- Hearing Aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of in-network expenses ***generally subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment

Q. ***How will I know how much I need to pay out of pocket?***

A. Upon request, plans are required to tell you the amount you will be required to pay before you incur charges. Call your plan or visit their website to get this information.

When you visit a doctor or hospital, the provider should ask you for your copay upfront. After you receive services, your health plan may provide you with an Explanation of Benefits, or you can call your plan to find out which portion of the costs you will be responsible for. The provider will then bill you for any balance owed. Please contact your plan if you have questions about what you owe.

Compare rates of these Limited Network plans with the other options and see how much you will save every month!

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/gic/munirates.

EFFECTIVE JULY 1, 2016

Full Cost Rates Including the 0.35% Administrative Fee

EMPLOYEE & NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	$519.74	$1,247.40
Fallon Health Select Care	HMO	690.66	1,657.54
Harvard Pilgrim Independence Plan **CLOSED TO NEW MEMBERS**	POS	816.43	1,992.07
Harvard Pilgrim Primary Choice Plan	HMO	610.40	1,489.38
Health New England	HMO	534.87	1,326.04
NHP Prime (Neighborhood Health Plan)	HMO	512.21	1,357.32
Tufts Health Plan Navigator	POS	686.34	1,674.68
Tufts Health Plan Spirit	HMO-type	515.32	1,240.52
UniCare State Indemnity Plan/Basic *with CIC* (Comprehensive)	Indemnity	1,002.41	2,346.44
UniCare State Indemnity Plan/Basic *without CIC* (Non-Comprehensive)	Indemnity	959.09	2,245.96
UniCare State Indemnity Plan/Community Choice	PPO-type	487.63	1,170.35
UniCare State Indemnity Plan/PLUS	PPO-type	655.32	1,566.13

MEDICARE PLANS

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare *(HMO)*	$311.54
Harvard Pilgrim Medicare Enhance	Medicare *(Indemnity)*	439.17
Health New England MedPlus	Medicare *(HMO)*	410.96
Tufts Health Plan Medicare Complement	Medicare *(HMO)*	398.39
Tufts Health Plan Medicare Preferred*	Medicare *(HMO)*	276.46
UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC* (Comprehensive)	Medicare *(Indemnity)*	374.63
UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC* (Non-Comprehensive)	Medicare *(Indemnity)*	363.94

* Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.

MEDICARE GUIDELINES

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

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

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

When you (the insured) retire:

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

HOW TO CALCULATE YOUR RATE

See separate rate chart from your municipality or visit mass.gov/gic/munirates.

Retiree and Spouse Both on Medicare

Find the premium for the Medicare plan in which you are enrolling and double it for your total monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

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

RETIREE AND SPOUSE COVERAGE IF UNDER AND OVER AGE 65

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

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

HEALTH PLAN COMBINATION CHOICES	
NON-MEDICARE PLAN	**MEDICARE PLAN**
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan **CLOSED TO NEW MEMBERS**	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/ Medicare Extension (OME)

HELPFUL REMINDERS

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

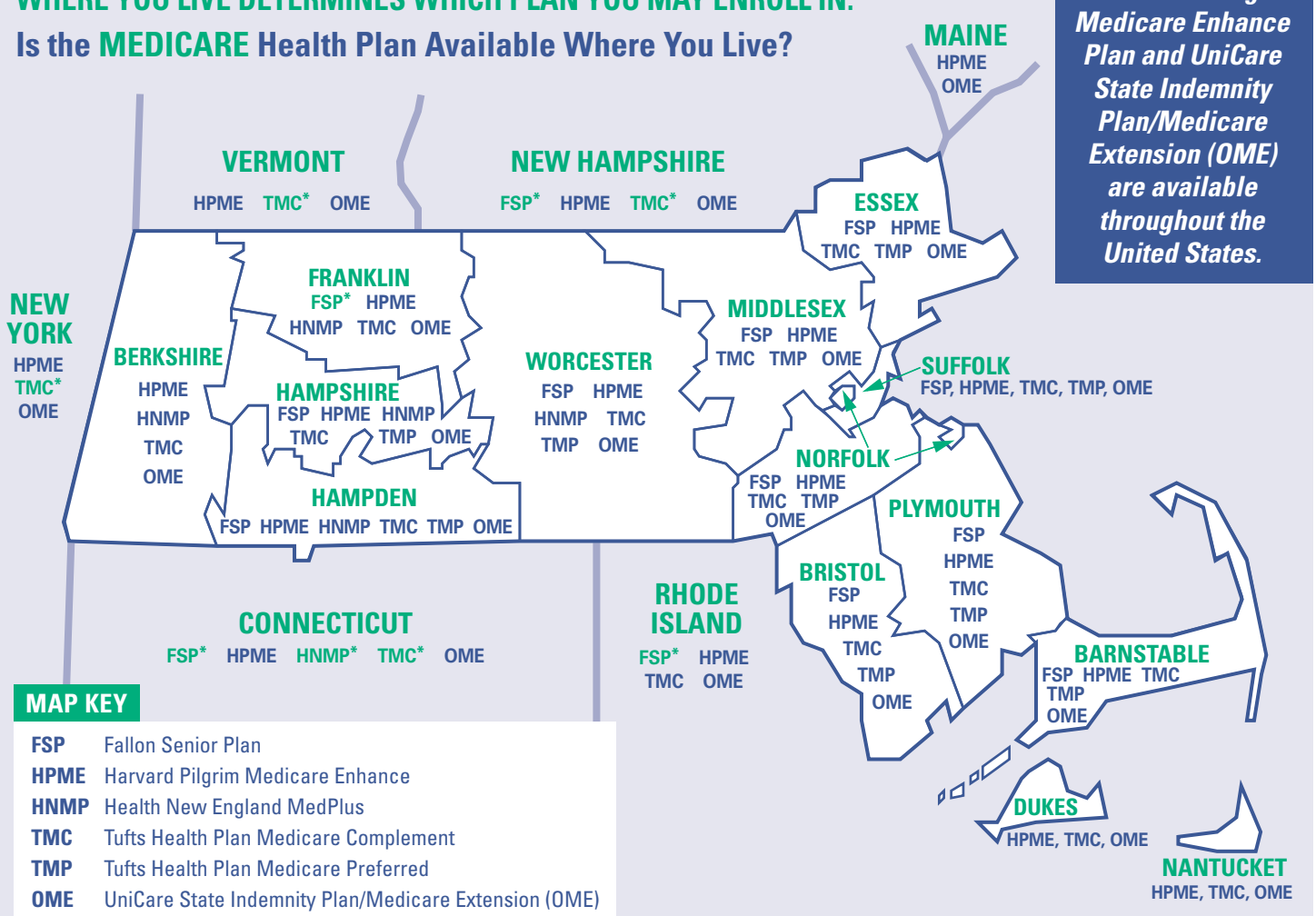
Medicare Part D and Your Prescription Drug Benefits

Most enrollees should not enroll in a non-GIC Medicare Part D drug plan. *See page 13 for additional details.*

WHERE YOU LIVE DETERMINES WHICH PLAN YOU MAY ENROLL IN.

Is the MEDICARE Health Plan Available Where You Live?

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



MAP KEY

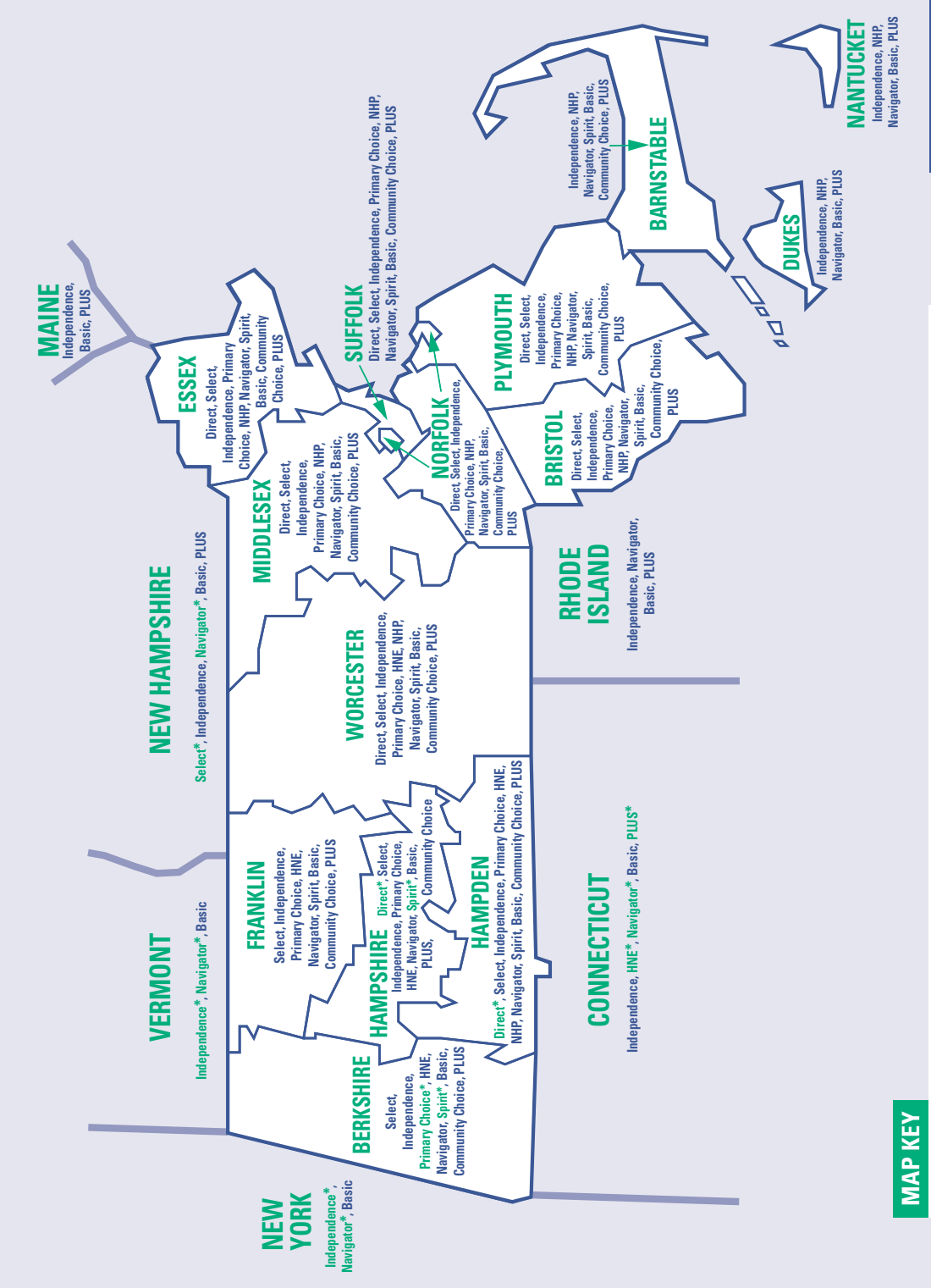
FSP	Fallon Senior Plan
HPME	Harvard Pilgrim Medicare Enhance
HNMP	Health New England MedPlus
TMC	Tufts Health Plan Medicare Complement
TMP	Tufts Health Plan Medicare Preferred
OME	UniCare State Indemnity Plan/Medicare Extension (OME)

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

EMPLOYEE/NON-MEDICARE HEALTH PLAN LOCATOR MAP

Where You Live Determines Which Plan You May Enroll In.
Is the EMPLOYEE/Non-Medicare Health Plan Available Where You Live?

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



MAP KEY

Direct – Fallon Health Direct Care
Select – Fallon Health Select Care
Independence – Harvard Pilgrim Independence Plan (CLOSED to new members)
Primary Choice – Harvard Pilgrim Primary Choice Plan
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

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

DRUG COPAYMENTS

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

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

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

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

Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. Some plans offer this benefit at select retail pharmacies. It can save you money – $5-$30 for three months of medication, depending on the tier. *See the at-a-glance charts for copay details.* Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

PRESCRIPTION DRUG PROGRAMS

Some GIC plans have the following programs to encourage the use of safe, effective, and less costly prescription drugs. Contact the plans you are considering to find out details about these programs:

- **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.
- **Prior Authorization –** You or your health care provider may be required to contact the plan for Prior Authorization before getting certain prescriptions filled. This restriction could be in place for safety reasons or because the plan needs to understand the reasons the drug is being prescribed instead of a less expensive, first-line formulary option.
- **Maintenance Drug Pharmacy Selection –** if you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must call your prescription drug plan to tell them whether or not you wish to change to 90-day supplies through either mail order or select retail pharmacies.
- **Specialty Drug Pharmacies –** If you are prescribed injected or infused specialty drugs, you may need to use a specialty pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.

Medicare Part D Prescription Drug Reminders and Warnings

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

- A "Notice of Creditable Coverage" is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you ***must*** show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you are a member of Harvard Medicare Enhance, Health New England MedPlus or Tufts Medicare Complement and have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage. If you are eligible, you may want to enroll in one of the GIC's Medicare Part D Plans (Fallon Senior Plan, Tufts Medicare Preferred, and UniCare State Indemnity Plan/Medicare Extension).
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), or the UniCare State Indemnity Plan/Medicare Extension (OME), your plan automatically includes Medicare Part D coverage. **Do not enroll in a non-GIC Medicare Part D plan.** If you enroll in another Medicare Part D drug plan, the Centers for Medicare & Medicaid Services will automatically dis-enroll you from your GIC health plan, which means you will **lose your GIC health, mental health, and prescription drug benefits.**
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), or the UniCare State Indemnity Plan/Medicare Extension (OME), and your adjusted gross income, as reported on the federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Social Security will notify you if this applies to you.

BENEFITS AT-A-GLANCE:

EMPLOYEE/NON-MEDICARE HEALTH PLAN COPAYS & DEDUCTIBLES

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information
Plan/Community Choice and PLUS are **in-network** benefits with PCP referral where required. These pla
network benefits for the GIC's EPO and HMOs. For a list of doctors, hospitals and other providers, benef

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN (CLOSED)	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
PLAN TYPE	HMO	HMO	POS	HMO	HMO
PCP Designation Required	Yes	Yes	Yes	Yes	Yes
PCP Referral to Specialist Required	Yes	Yes	Yes	Yes	No
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
Calendar Year Deductible					
Individual	$300	$300	$300	$300	$300
Two-person family	$600	$600	$600	$600	$600
Three- or more person family	$900	$900	$900	$900	$900
Primary Care Provider Office Visit	$15 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per 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 (excellent)	$30 per visit	$30 per visit	$30 per visit	$30 per visit	$30 per visit
★★ Tier 2 (good)	$60 per visit	$60 per visit	$60 per visit	$60 per visit	$60 per visit
★ Tier 3 (standard)	$90 per visit	$90 per visit	$90 per visit	$90 per visit	$90 per visit
Retail Clinic and *Urgent Care Center*	$15 per visit	$20 per visit	$20 per visit	$20 per visit	**$20 per visit**
Outpatient Mental Health and Substance Abuse Care	$15 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
Emergency Room Care	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
Inpatient Hospital Care – Medical				Maximum one copay per person per calendar	
Tier 1	$275 per admission with no tiering	$275 per admission	$275 per admission	$275 per admission	$275 per admission with no tiering
Tier 2		$500 per admission	$500 per admission	$500 per admission	
Tier 3		$1,500 per admission	$1,500 per admission	No Tier 3	
Outpatient Surgery				Maximum one copay per calendar qua	
	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)					Maximum one
	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
Prescription Drug **Retail:** up to a 30-day supply					
Tier 1	$10	$10	$10	$10	$10
Tier 2	$30	$30	$30	$30	$30
Tier 3	$65	$65	$65	$65	$65
Mail Order Maintenance Drugs: up to a 90-day supply					
Tier 1	$25	$25	$25	$25	$25
Tier 2	$75	$75	$75	$75	$75
Tier 3	$165	$165	$165	$165	$165

Copays for the ***italicized*** terms that appear in **bold** in this chart have changed effective July 1, 2016.

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

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

NHP PRIME *(Neighborhood Health Plan)*	**TUFTS HEALTH PLAN NAVIGATOR**	**TUFTS HEALTH PLAN SPIRIT**	**UNICARE STATE INDEMNITY PLAN/BASIC** ***with CIC*** *(Comprehensive)*	**UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE**	**UNICARE STATE INDEMNITY PLAN/PLUS**
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx	$4,000 medical & mental health/$1,500 Rx $8,000 medical & mental health/$3,000 Rx
$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900	$300 $600 $900
$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit	$15 per visit for Centered Care PCPs; $20 per visit for other PCPs
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit	$30 per visit $60 per visit $90 per visit
$20 per visit	**$20 per visit**	**$20 per visit**	**$20 per visit**	**$20 per visit**	**$20 per visit**
$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit	$20 per visit
$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*	$100 per visit *(waived if admitted)*
year quarter. Waived if readmitted within 30 days in the same calendar year.					
$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission	$300 per admission $700 per admission No tier 3	$275 per admission with no tiering	$275 per admission with no tiering	$275 per admission $500 per admission $1,500 per admission
rter or four per year, depending on plan. Contact the plan for details.					
$250 per occurrence	$250 per occurrence	$250 per occurrence	$250 per occurrence	$110 per occurrence	Tier 1 and Tier 2: $110 per occurrence; Tier 3: $250 per occurrence
e copay per day. Contact the plan for details.					
$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan	$100 per scan
$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 mental health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/mental health and prescription drugs.

BENEFITS AT-A-GLANCE: MEDICARE HEALTH PLAN COPAYS & DEDUCTIBLES

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

HEALTH PLAN	FALLON SENIOR PLAN	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDPLUS
PLAN TYPE	HMO	INDEMNITY	HMO
PCP Designation Required	Yes	No	Yes
PCP Referral to Specialist Required	Yes	No	No
Calendar Year Deductible	None	None	None
Preventive Care Office visits according to health plan's schedule	No copay	No copay	No copay
Physician Office Visit (except mental health)	$10 per visit	$10 per visit	$10 per visit
Retail Clinic	$10 per visit	$10 per visit	$10 per visit
Outpatient Mental Health and Substance Abuse Care	$10 per visit	$10 per visit	$10 per visit
Inpatient Hospital Care	No copay	No copay	No copay
Hospice Care	No copay	No copay	No copay
Diagnostic Laboratory Tests and X-rays	No copay	No copay	No copay
Surgery Inpatient and Outpatient	No copay	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)*
Hearing Aids	First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
Prescription Drug **Retail:** up to 30-day supply			
Tier 1	$10	$10	$10
Tier 2	$30	$30	$30
Tier 3	$65	$65	$65
Mail Order Maintenance Drugs: up to 90-day supply			
Tier 1	$25	$25	$25
Tier 2	$75	$75	$75
Tier 3	$165	$165	$165

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2017.

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

TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) *with CIC* *(Comprehensive)* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
Yes	Yes	No
Yes	Yes	No
None	None	$35 per person
No copay	No copay	No copay
$10 per visit	$10 per visit	No copay
$10 per visit	$10 per visit	No copay
$10 per visit	$10 per visit	First 4 visits: no copay; visits 5 and over: $10 per visit
No copay	No copay	$50 per admission (maximum one copay per person per calendar year quarter)
No copay	No copay	No copay
No copay	No copay	No copay
No copay	No copay	No copay in MA and for out-of-state providers who accept Medicare; call the plan for details if using out-of-state providers who do not accept Medicare
$50 per visit *(waived if admitted)*	$50 per visit *(waived if admitted)*	$25 per visit *(waived if admitted)*
First $500 covered at 100%; 80% coverage for the next $1,500 per person, per two-year period		
$10 $30 $65	$10 $30 $65	$10 $30 $65
$25 $75 $165	$25 $75 $165	$25 $75 $165

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

CONSIDER ENROLLING IN A LESS EXPENSIVE PLAN

Take Action During Annual Enrollment

Consider enrolling in a less expensive plan.

EMPLOYEES AND NON-MEDICARE RETIREES AND SURVIVORS:

Limited Network Plans Offer an Affordable Option

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

- The plan you are switching from;
- The plan you select;
- Your premium contribution; and
- Whether you have individual or family coverage.

For example, if you pay 25% of the premium and have individual coverage, by enrolling in a limited network plan instead of a wide network plan, you ***will save, on average, $48 per month and $579 per year.***

See the separate municipal rate chart from your municipality or on our website (mass.gov/gic/munirates) to calculate your savings.

GREAT VALUE, QUALITY COVERAGE

Limited Network Plan

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

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

For participating physician and other provider details, contact the individual plans by phone or visit their website *(see page 28).*

THE GIC'S LIMITED NETWORK PLANS ARE:

Fallon Health Direct Care – an HMO available throughout central Massachusetts, Metro West, Middlesex County, the North Shore and the South Shore. The plan includes 29 area hospitals and another five "Peace of Mind" hospitals in Boston that provide second opinions and care for very complex cases.

Harvard Pilgrim Primary Choice Plan – an HMO with a network of 55 hospitals. The plan is available throughout Massachusetts, except for Cape Cod, Martha's Vineyard, Nantucket, and parts of Berkshire County.

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

Tufts Health Plan Spirit – an EPO (HMO-type) plan with a network of 54 hospitals. The plan is available throughout Massachusetts, except for Martha's Vineyard, Nantucket and parts of Berkshire and Hampshire Counties.

UniCare State Indemnity Plan/Community Choice – a PPO-type plan with a network of 55 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha's Vineyard and Nantucket.

OTHER EMPLOYEE AND NON-MEDICARE HEALTH PLAN OPTIONS

If you don't want to change to a limited network plan, consider a different wide network option. Information on the wide network plans is on pages 14-15 and 21-22.

Your Responsibility Before You Enroll in a Health Plan

Once you choose a plan, you cannot change health plans during the year, unless you move out of the plan's service area. If your doctor or hospital leaves your health plan, you must find a new participating provider in your chosen plan.

- Check if your doctors participate in the plan.
- Find out if the doctors' affiliated hospitals are in the plan.
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation.

FALLON HEALTH DIRECT CARE HMO

Fallon Health Direct Care is an HMO that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists. The plan offers a selective network based in a geographically concentrated area.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Fallon Health Direct Care tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members will pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HARVARD PILGRIM PRIMARY CHOICE PLAN HMO

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that provides coverage through the plan's network of doctors, hospitals and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HEALTH NEW ENGLAND HMO

Health New England is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care; referrals to network specialists are not required.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Health New England tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

TUFTS HEALTH PLAN SPIRIT EPO (HMO-TYPE)

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that provides coverage through the plan's network of doctors, hospitals and other providers. The plan encourages members to select a Primary Care Provider (PCP).

The mental health benefits of this plan are administered by Beacon Health Options.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE (PPO-TYPE)

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network of community and some tertiary hospitals at 100% coverage, after a copayment. Or, you may seek care from an out-of-network hospital at 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay.

Contact the plan to find out if your hospital is in the network.

The plan offers access to all Massachusetts physicians and members are encouraged to select a Primary Care Provider (PCP).

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

FALLON HEALTH SELECT CARE HMO

Fallon Health Select Care is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist and Hospital Tiering

Fallon Health Select Care tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists. Members pay lower copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

HARVARD PILGRIM INDEPENDENCE PLAN POS

Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but with higher out-of-pocket costs.

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

Specialist and Hospital Tiering

Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

NHP PRIME (NEIGHBORHOOD HEALTH PLAN) HMO

NHP Prime is administered by Neighborhood Health Plan. The plan is an HMO that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Provider (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Specialist Tiering

Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Otolaryngologists (ENTs), Orthopedists, Pulmonologists, and Rheumatologists. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how your provider is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

TUFTS HEALTH PLAN NAVIGATOR POS

Navigator by Tufts Health Plan is a POS plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers. Members must select a PCP to manage their care and obtain referrals to specialists to receive care at the in-network level of coverage. It also allows treatment by out-of-network providers or in-network care without a Primary Care Provider (PCP) referral, but at a lower level of coverage.

The mental health benefits of this plan, administered by Beacon Health Options, offer you in-network benefits with a copay. Or, you may seek care from out-of-network providers, but with higher out-of-pocket costs.

Specialist and Hospital Tiering

Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetricians/Gynecologists, Ophthalmologists, Orthopedists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

UNICARE STATE INDEMNITY PLAN/BASIC INDEMNITY

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how a physician is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible.

UNICARE STATE INDEMNITY PLAN/PLUS (PPO-TYPE)

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that provides access to all Massachusetts physicians and hospitals and out-of-state UniCare providers at 100% coverage, after a copayment. Out-of-state non-UniCare providers have 80% coverage of allowed charges. Members are encouraged to select a Primary Care Provider (PCP) to manage their care and pay a lower copay if they see a Centered Care PCP.

Contact the plan to find out if your PCP is a Centered Care provider.

The mental health benefits of this plan, administered by Beacon Health Options, offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Specialist and Hospital Tiering

UniCare tiers Massachusetts specialists based on quality and/or cost efficiency. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see how a physician is rated.

The plan also tiers hospitals based on quality and/or cost. Members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare who live in the service area are eligible.

FALLON SENIOR PLAN HMO

Fallon Senior Plan is a Medicare Advantage HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2017.***

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

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

HARVARD PILGRIM MEDICARE ENHANCE INDEMNITY

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

Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Part B who live in the United States are eligible.

HEALTH NEW ENGLAND MEDPLUS HMO

Health New England MedPlus is a Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency and urgent care.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B who live in the service area are eligible.

TUFTS HEALTH PLAN MEDICARE COMPLEMENT HMO

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency and urgent care.

Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Part B who live in the service area are eligible.

TUFTS HEALTH PLAN MEDICARE PREFERRED HMO

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that provides coverage through the plan's network of doctors, hospitals, and other providers. Members must select a Primary Care Physician (PCP) to manage their care and obtain referrals to specialists.

Contact the plan to see if your doctors and hospitals are in the network. There are no out-of-network benefits, with the exception of emergency care.

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits and extra coverage from the GIC. Contact the plan for details. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2017.***

Eligibility

Retirees, Survivors, and their dependents with Medicare Part A and Part B who live in the service area are eligible.

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

UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME) INDEMNITY

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

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible.

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

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

Benefit Enhancement Effective July 1, 2016:

- Mouth guards for bruxism (teeth grinding)

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 317,000 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 plan *(retiree-pay-all)* 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 Ashland
- Town of Bedford
- Town of Brookline
- Town of Holbrook
- Town of Holden
- Town of Hopedale
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Town of Winchendon
- Athol Roylston School District
- Northeast Metropolitan Regional Vocational School District

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 drop coverage in the future, you can never re-enroll in the plan.***

GIC RETIREE DENTAL PLAN

Includes 0.35% Administrative Fee

MONTHLY GIC Plan Rates as of July 1, 2016	
$1,250 Maximum Annual Benefit per Member	
COVERAGE TYPE	**RETIREE PAYS MONTHLY**
SINGLE	$29.47
FAMILY	71.00

Retiree Dental Questions?
Contact MetLife: 1.866.292.9990
metlife.com/gic

NEED MORE HELP?

ATTEND A HEALTH FAIR

Municipal members who are enrolling in GIC benefits for the first time, thinking about changing health plans, or have other health plan questions can attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives;
- Pick up detailed materials and provider directories;
- Ask GIC staff about your benefit options;
- Enroll in a health plan – remember to bring Required Documents with you *(for the list, see the Municipal Forms section of our website)*;
- Enroll in Retiree Dental if your municipality participates *(see page 25)*; and
- Take advantage of complimentary health screenings.

See page 27 for the schedule.

ADA ACCOMMODATIONS

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

1.617.727.2310

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

INSCRIPCIÓN ANUAL

La inscripción anual es del 6 de abril al 4 de mayo, y los cambios entrarán en vigor el 1 de julio de 2016. Comuníquese con Group Insurance Commission (Comisión de Seguros de Grupo) llamando al **1.617.727.2310**, ext. 1 para obtener ayuda.

年度投保

年度投保的時間為 2016 年 6 月 4 日至 4 月 5 日，變更則於 7 月 1 日生效。如需協助，請聯絡團體保險委員會 (GIC), 電話 **1.617.727.2310** 轉分機 1。

Thời gian ghi danh hàng năm

Thời gian ghi danh hàng năm là từ ngày 6 tháng 4 đến ngày 4 tháng 5 và những thay đổi sẽ có hiệu lực kể từ ngày 1 tháng 7 năm 2016. Vui lòng liên lạc với GIC tại số **1.617.727.2310**, số nội bộ là 1, để được trợ giúp.

Our Website Provides Additional Helpful Information

mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats;
- Information about and links to all GIC plans – conveniently search for participating health plan doctors and hospitals online;
- The latest annual enrollment news;
- Forms to expedite your annual enrollment decisions;
- Answers to frequently asked questions including what to do when you turn age 65;
- GIC publications – including an all-new *Turning Age 65 Q&A* brochure and *For Your Benefit* newsletters;
- Summary of Benefits and Coverage for all GIC employee/non-Medicare health plans;
- Benefits At-A-Glance charts for mental health and substance abuse benefits for all UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.

APRIL 2016

8 FRIDAY 11:00 – 2:00
Berkshire Community College
Paterson Field House
1350 West Street
PITTSFIELD

9 SATURDAY 11:00 – 2:00
North Shore Community College
Frederick Berry Building, 1st Floor Lobby
1 Ferncroft Road
DANVERS

12 TUESDAY 11:00 – 3:00
Massasoit Conference Center
770 Crescent Street
BROCKTON

13 WEDNESDAY 11:00 – 3:00
Quinsigamond Community College
Harrington Learning Center, Rooms 109 AB
670 West Boylston Street
WORCESTER

14 THURSDAY 11:00 – 4:00
Murdock Middle/High School
Gymnasium
3 Memorial Drive
WINCHENDON

15 FRIDAY 11:00 – 3:00
Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

16 SATURDAY 10:00 – 2:00
Mass Maritime Academy
Gymnasium
101 Academy Drive
BUZZARDS BAY

19 TUESDAY 11:00 – 4:00
Pentucket Regional Middle School
Cafeteria
20 Main Street
WEST NEWBURY

20 WEDNESDAY 11:00 – 3:00
State Transportation Building
Conference Rooms 1, 2, 3
10 Park Plaza, 2nd Floor
BOSTON

21 THURSDAY 11:00 – 3:00
UMass Amherst
Student Union Ballroom
AMHERST

22 FRIDAY 10:00 – 2:00
Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW

26 TUESDAY 10:00 – 3:00
McCormack State Office Building
1 Ashburton Place, 21st Floor
BOSTON

28 THURSDAY 11:00 – 3:00
Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

FOR MORE INFORMATION, CONTACT THE PLANS

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

HEALTH INSURANCE		
Fallon Health Direct Care Select Care Senior Plan	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 MedPlus	1.800.842.4464	hne.com/gic
Neighborhood Health Plan NHP Prime	1.866.567.9175	nhp.org/gic
Tufts Health Plan Navigator Spirit • Mental Health/Substance Abuse and EAP *(Beacon Health Options)* Medicare Complement Medicare Preferred	1.800.870.9488 1.855.750.8980 1.888.333.0880	tuftshealthplan.com/gic beaconhealthoptions.com/gic tuftshealthplan.com/gic
UniCare State Indemnity Plan/ Basic Community Choice PLUS Medicare Extension (OME) • Mental Health/Substance Abuse and EAP *(Beacon Health Options)* • Prescription Drugs Basic, Community Choice and PLUS *(CVS Caremark)* • Prescription Drugs Medicare Extension (OME) *(SilverScript)*	1.800.442.9300 1.855.750.8980 1.877.876.7214 1.877.876.7214	unicarestateplan.com beaconhealthoptions.com/gic caremark.com/gic gic.silverscript.com
OTHER BENEFITS		
GIC Retiree Dental Plan *(MetLife)*	1.866.292.9990	metlife.com/gic
ADDITIONAL RESOURCES		
Employee Assistance Program for Managers and Supervisors *(Beacon Health Options)*	1.855.750.8980	beaconhealthoptions.com/gic
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/mtrs
Medicare	1.800.633.4227	medicare.gov
Social Security Administration	1.800.772.1213	ssa.gov

OTHER QUESTIONS?
Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
mass.gov/gic

Centered Care – a GIC program that seeks to improve health care coordination and quality while reducing costs. Primary Care Providers play a critical role in helping their patients get the right care at the right place with the right provider. The central idea is to coordinate health care services around the needs of you, the patient. Because health care is so expensive, Centered Care also seeks to engage providers and health plans on managing these dollars more efficiently.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. Enrollees ***without*** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic and Medicare Extension Plan members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) **Initiative** – a GIC program that seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health carriers are aggregated to identify differences in physician quality and cost efficiency, and this information is given back to the plans to tier specialists. Members who choose to see high-performing doctors pay lower copays.

Deductible – a set dollar amount which must be satisfied within the fiscal year (Employee/non-Medicare plans) or calendar year (UniCare/Medicare Extension OME plan) before the health plan begins making payments on claims.

Deferred Retirement – allows you to continue your group health insurance after you leave municipality service with vested pension rights until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

EAP (Enrollee Assistance Program) – mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

EGWP (Employer Group Waiver Plan) – an employer-sponsored Medicare Part D prescription drug plan. Members of Fallon Senior Plan, Tufts Medicare Preferred, and the UniCare State Indemnity/Medicare Extension (OME) Plan are enrolled in an EGWP. Due to the additional coverage provided by the GIC, benefits are more comprehensive than offered under a standard Medicare prescription drug plan. Under an EGWP Plan, qualified low-income retirees may be eligible for premium subsidies and reduced prescription copayments. If you are enrolled in a GIC EGWP plan, do not enroll in a non-GIC Part D Plan. If you do, you will be disenrolled by the GIC plan and will lose your GIC health, drug and mental health benefits.

EPO (Exclusive Provider Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 17-member commission appointed by the Governor. The mission of the GIC is to provide high-value health insurance and certain other benefits to state, particular authority, and participating municipality employees, retirees, and their survivors and dependents.

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

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

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers both network and non-network coverage, you will receive a higher level of benefits when you are treated by network providers.

PCP (Primary Care Provider) – physicians with specialties in internal medicine, family practice, and pediatrics as well as nurse practitioners and physician assistants who coordinate their patients' health care.

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

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

Preventive Services – health care services that do not treat an illness, injury or a condition (e.g., routine physicals).

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

39-Week Layoff Coverage – allows laid-off insureds to continue their group health insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

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

Group Insurance Commission
Dolores L. Mitchell, *Executive Director*
19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310
TDD/TTY: 617.227.8583

Mailing Address
Group Insurance Commission
P.O. Box 8747
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Commissioners

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Anne M. Paulsen *(Retiree Member), Vice Chair*
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