

Take Action During Annual Enrollment

Be sure to GIC: Gather, Investigate, and Choose • April 5 – May 3, 2017

>> Gather

Gather a list of your doctors, hospitals and medications that you take frequently. Be sure to include this same information for every family member you cover.

>> Investigate

Investigate your options by reading the *Benefit Decision Guide* and contacting the health plans:

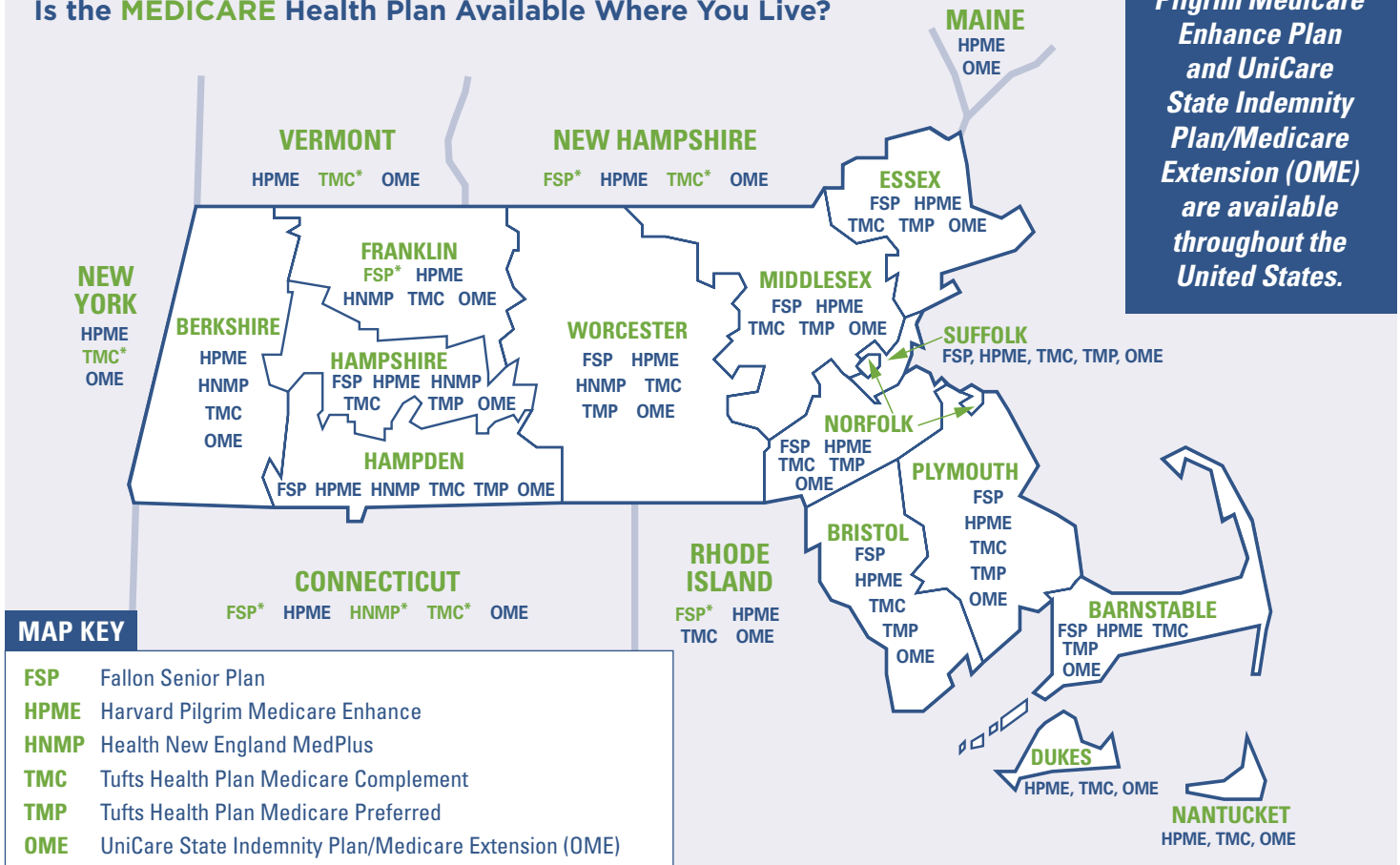
- Determine if you are eligible for Medicare (see the *Medicare and your GIC Benefits section* for more information).
- Where you live determines which plan(s) you may enroll in. See the locator map on the back cover to see which Medicare retiree/survivor health plans are available in your area.
- Are your doctors and hospitals in the network if considering an HMO?
- Are your prescription drugs included on the plan's drug formulary, and if so, what copay tier are they in?
- Are other services you might need covered?
- Weigh total expected copay costs and premiums for each plan before you decide to remain in the same health plan or change to another option.

Keep in mind that even if your doctor or hospital leaves your health plan's network during the year, you *must* stay in the plan until the next annual enrollment. In the meantime, your health plan will help you find another provider.

>> Choose

Choose your health plan no later than Wednesday, May 3.

Where You Live Determines Which Plan You May Enroll In. Is the MEDICARE Health Plan Available Where You Live?



* 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.

Medicare Rate Calculations, Reminders and Plan Design

How to Calculate Your Rate

[See Separate Rate Chart](#)

Retiree and Spouse Both on Medicare

Find the “Retiree Pays Monthly” rate 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 “Retiree Pays Monthly” premium for the Medicare plan in which the Medicare retiree or spouse will be enrolling.
2. Find the “Retiree Pays Monthly” 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.

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.*
- 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, 2018; you cannot change plans until the spring Annual Enrollment period.

- Effective July 1, 2017, all GIC Medicare plans will automatically include Medicare Part D prescription drug benefits. 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, 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 the 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 IRMAA applies to you.

For more information about specific plan benefits, participating doctors, hospitals and other providers, contact the plan.

HEALTH INSURANCE

Fallon Health Senior Plan	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care Medicare Enhance • Prescription Drugs (<i>SilverScript</i>)	1.800.542.1499 1.877.876.7214	harvardpilgrim.org/gic gic.silverscript.com
Health New England MedPlus • Prescription Drugs (<i>SilverScript</i>)	1.800.842.4464 1.877.876.7214	hne.com/gic gic.silverscript.com
Tufts Health Plan Medicare Complement • Prescription Drugs (<i>SilverScript</i>) Medicare Preferred	1.888.333.0880 1.877.876.7214 1.888.333.0880	tuftshealthplan.com/gic gic.silverscript.com tuftshealthplan.com/gic
UniCare State Indemnity Plan/ Medicare Extension (OME) • Prescription Drugs (<i>SilverScript</i>) • Behavioral Health/Substance Use Disorder and EAP (<i>Beacon Health Options</i>)	1.800.442.9300 1.877.876.7214 1.855.750.8980	unicarestatement.com gic.silverscript.com beaconhealthoptions.com/gic



Commonwealth of Massachusetts
Group Insurance Commission

Your
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Connection

GIC Medicare Health Plans

Benefits-At-A-Glance

2017-2018

MEDICARE

RETIREES AND SURVIVORS

Benefits Effective
July 1, 2017



Medicare and Your GIC Benefits

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 do NOT enroll in Medicare Part B until you (the insured) retire.

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 <i>State retirees, municipal retirees, deferred retirees and former employees receiving continuation coverage</i>	
NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care CLOSED TO NEW MEMBERS	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 CLOSED TO NEW MEMBERS	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator CLOSED TO NEW MEMBERS	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)

HEALTH PLAN COMBINATION CHOICES <i>GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)</i>	
NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care CLOSED TO NEW MEMBERS	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)

When you (the insured) retire:

- If you and/or your spouse is eligible for free 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.



MARK THE DATE!

Annual Enrollment changes are due **Wednesday, May 3** for changes effective **July 1, 2017**

- Current members:** Return completed annual enrollment forms (mass.gov/gic/forms) to the GIC.
- Retirees and survivors of municipalities and school districts joining the GIC:** Send completed forms, along with required documentation, to your GIC Coordinator.

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 behavioral health)	\$15 per visit	\$15 per visit	\$15 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$15 per visit
Outpatient Behavioral Health/ Substance Use Disorder Care	\$15 per visit	\$15 per visit	\$15 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 <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period		
Prescription Drug <i>Retail, up to 30-day supply</i>			
Tier 1	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65
Mail Order Maintenance Drugs, <i>up to 90-day supply</i>			
Tier 1	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165

Copays and deductibles that appear in **bold** in this chart are changing effective July 1, 2017, except for the two calendar year Medicare plans that are changing January 1, 2018.

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2018. Office visit copays for these plans will increase to the copays listed effective January 1, 2018.

For more information about a specific plan's benefits or 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) <i>with CIC (Comprehensive)</i> 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	None
No copay	No copay	No copay
\$15 per visit	\$15 per visit	\$10 per visit
\$15 per visit	\$15 per visit	\$10 per visit
\$15 per visit	\$15 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 <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>
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.