IN RESPONSE TO THE COVID-19 OUTBREAK

CANCELED: Benefit Fairs (public-gathering ban)

EXTENDED: Annual Enrollment
Monday, April 6 – Monday, June 1, 2020

NO CHANGE: Plan design and rates
effective July 1, 2020

Visit **mass.gov/gic** for up-to-date information

Annual Enrollment:
APRIL 6 – JUNE 1, 2020

Benefits and rates
effective **July 1, 2020**

2020–2021 OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

MUNICIPAL

EMPLOYEES, RETIREES & SURVIVORS

Commonwealth of Massachusetts
Group Insurance Commission

Your Annual Enrollment Checklist

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

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

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

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

- ❑ **ATTEND A GIC BENEFIT FAIR.** These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. Schedule subject to change. Check our website for updates: **bit.ly/gichealthfairs2020**.

- ❑ **NEW HIRE?** Check our website for Employment & Eligibility: **bit.ly/gicnewhires**.

- ❑ **TURNING 65?** Check our website for a video to guide you through the next steps, whether you're retiring or not: **bit.ly/gicturning65**.

- ❑ **SUBMIT ALL FORMS TO YOUR GIC COORDINATOR NO LATER THAN MAY 1, 2020.** All forms are available on the GIC website (**bit.ly/gicforms**). Changes go into effect July 1, 2020.

If you make no changes, your current health benefits will remain in place at the new rates effective July 1, 2020.

IMPORTANT REMINDERS

1. **Annual enrollment is your once-a-year opportunity to change your health plan or coverage election.**
2. **You may make certain changes to your elections within 60 days of a qualifying event.** Qualifying events include marriage, birth/adoption, involuntary loss of other coverage, spouse's Annual Enrollment or return from an approved FMLA or military leave. Your doctor or hospital leaving a network is not a qualifying event. For complete details, go to **bit.ly/giclifeevents**.
3. **New hires must enroll in coverage within the first 10 days of employment.**
4. **Doctors and hospitals within your network may change during the year.** If your doctor is no longer available, your health insurance carrier will help you find a new one.
5. **When checking provider coverage and tiers, specify the health insurance product's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," and not just "Tufts Health Plan."** Your health insurance carrier is the best source for this information.
6. **Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.

THE GIC IS **GOING DIGITAL!**

THE GIC IS ALWAYS LOOKING FOR NEW WAYS TO CONNECT WITH YOU.

You can print a copy of this guide at **mass.gov/gic**.

What's New This Year

If you are a MEDICARE eligible GIC Retiree:

- No benefit changes in GIC Medicare Plans

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

- The GIC regularly reviews its plans to be sure they offer medical and behavioral health benefits that meet state and federal "parity" laws—in other words, that the plans treat behavioral health benefits the same as or better than the way they treat medical benefits.
- This year, you'll see changes to the UniCare Basic, Choice and Plus behavioral health benefits that put them more in line with the medical benefits under those plans. The GIC has eliminated or reduced some copays and deductibles. For details, see the UniCare Handbooks, available no later than July 1, 2020, at **mass.gov/gic**.
- Check with your carrier to see if your provider is still in the network. See page 15 for carrier contact information.

GO DIGITAL!

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

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

What You Need to Know

Non-Medicare Plan Participants Only

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

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

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

Avoid the Retail Refill Penalty!

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

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

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

*If you choose the Express Scripts Pharmacy or a CVS™ pharmacy, you will pay one mail order copay for a 90-day supply of medication. If you use a non-CVS pharmacy, you will pay one retail copay for a 30-day supply of medication.

Monthly Full Cost Rates

Effective July 1, 2020

Full cost rates include the 0.35% administrative fee.

You do not pay the full cost rate. Your share of the cost depends on your city or town cost-sharing arrangement. Contact your local benefit coordinator for information on your premiums.

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PRODUCTS
Check pages 5-8 for product details

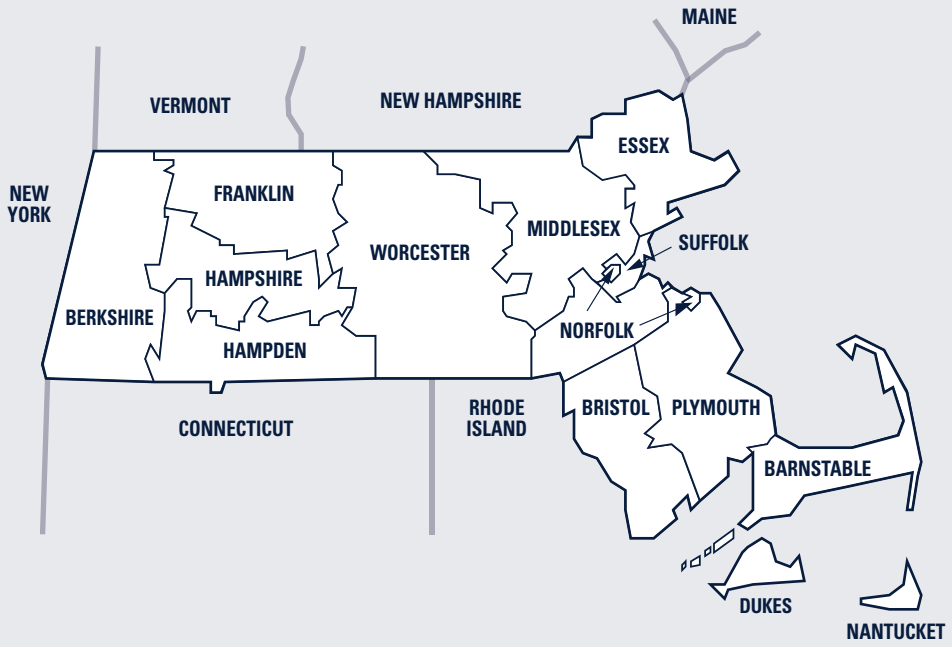
HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic *with CIC*	National Network	Indemnity	$1,163.76	$2,582.71
UniCare State Indemnity Plan/Basic *without CIC*			$1,107.42	$2,454.41
UniCare State Indemnity Plan/PLUS	Broad Network	PPO-Type	$723.74	$1,722.50
Tufts Health Plan Navigator		POS	$799.04	$1,951.46
Fallon Health Select Care		HMO	$836.19	$2,033.04
Harvard Pilgrim Independence Plan		POS	$917.18	$2,239.19
Health New England	Regional Network	HMO	$594.29	$1,414.80
AllWays Health Partners Complete HMO			$687.87	$1,789.45
UniCare State Indemnity Plan/ Community Choice	Limited Network	PPO-Type	$552.57	$1,368.05
Tufts Health Plan Spirit		HMO-Type	$606.68	$1,461.55
Fallon Health Direct Care		HMO	$618.59	$1,561.48
Harvard Pilgrim Primary Choice Plan		HMO	$665.43	$1,697.02

MEDICARE HEALTH INSURANCE PRODUCTS
Check pages 9-11 for product details

HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	$325.13
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	$383.88
UniCare State Indemnity Plan/ Medicare Extension (OME) *with CIC* (Comprehensive)			$399.86
UniCare State Indemnity Plan/ Medicare Extension (OME) *without CIC* (Non-Comprehensive)			$388.80
Harvard Pilgrim Medicare Enhance			$404.04
Health New England Medicare Supplement Plus			$404.80

Where Do You Live? (Non-Medicare)

NON-MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.



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

DIRECT – Fallon Health Direct Care

SELECT – Fallon Health Select Care

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

ALLWAYS COMPLETE – AllWays Health Partners Complete HMO

NAVIGATOR – Tufts Health Plan Navigator

SPIRIT – Tufts Health Plan Spirit

BASIC – UniCare State Indemnity Plan/Basic

COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

Is the Health Product Available Where You Live?

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

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

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

DUKES
Independence, AllWays Complete, Navigator, Basic, PLUS

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

FRANKLIN
Select, Independence, Primary Choice, HNE, Navigator, Spirit, Basic, Community Choice, PLUS

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

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

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

NANTUCKET
Independence, AllWays Complete, Navigator, Basic, PLUS

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

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

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

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

OUTSIDE OF MASSACHUSETTS

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

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

MAINE
Independence, Navigator*, Basic, PLUS

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

NEW YORK
Independence*, Navigator*, Basic

RHODE ISLAND
Independence, Navigator, Basic, PLUS

VERMONT
Independence*, Navigator*, Basic, PLUS

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

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

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

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

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

REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000	$5,000 $10,000
$400 / $800	$500 / $1,000	$400 / $800	$400 / $800	$400 / $800	$400 / $800
$20 / visit	$20 / visit	$15 / visit for Centered Care PCPs; $20 / visit for other PCPs	$20 / visit	$15 / visit	$20 / visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
$30 / $60 / visit (No Tier 3)	$30 / $60 / visit (No Tier 3)	$30 / $60 / $75 / visit	$30 / $60 / $75 / visit	$30 / $60 / $75 / visit	$30 / $60 / visit (No Tier 3)
$20 / visit	$20 / visit	$20 / visit	$20 / visit	$15 / visit	$20 / visit
$20 / visit	$20 / visit	$15 / visit	$20 / visit	$15 / visit	$20 / visit
$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
$275 / admission no tiering	$275 / admission no tiering	$275 / admission no tiering	$275 / admission $500 / admission No Tier 3	$275 / admission no tiering	$275 / admission $500 / admission No Tier 3
$150	$150	$0	$150	$150	$150
$250	$250	$110	$250	$250	$250
Maximum one copay per day. Contact the carrier for details.					
$100 / scan	$100 / scan	$100 / scan	$100 / scan	$100 / scan	$100 / scan
Prescription Drug Deductible: $100 Individual / $200 Family					
$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance products.

Non-Medicare Prescription Drug Benefits

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

Prescription Drug Deductible

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

Drug Copays

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

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

Covered drugs may change each January and July, when ESI updates its drug formulary.

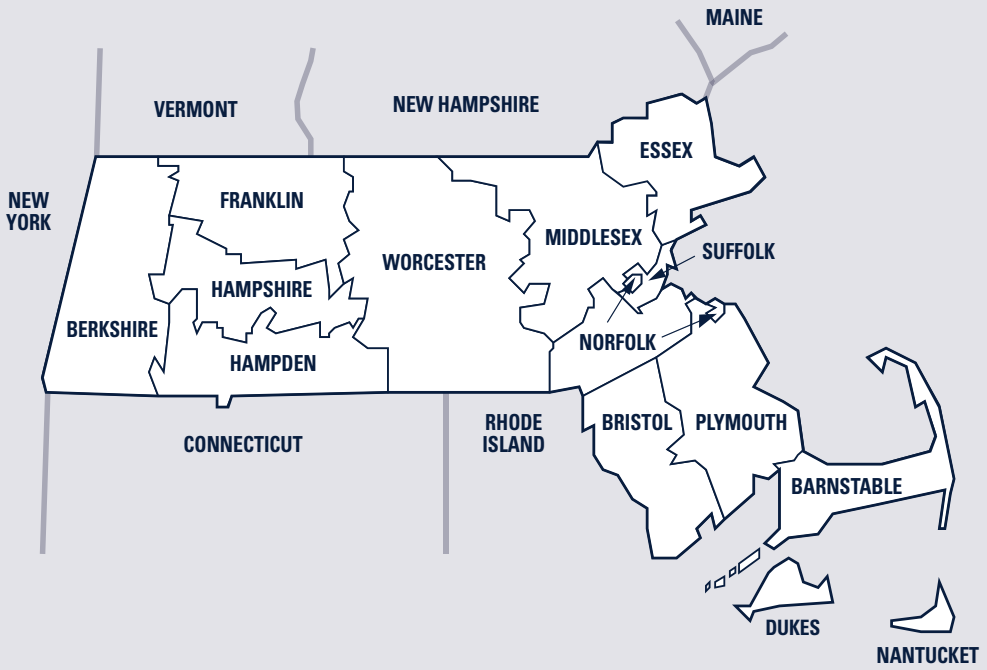
Questions?

1.855.283.7679

express-scripts.com/gicRx

Where Do You Live? (Medicare)

MEDICARE HEALTH LOCATOR MAP: Where You Live Determines Which Health Insurance Product You May Enroll In.



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

HPME – Harvard Pilgrim Medicare Enhance

HNEMSP – Health New England Medicare Supplement Plus

TMC – Tufts Health Plan Medicare Complement

TMP – Tufts Health Plan Medicare Preferred

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

Is the MEDICARE Health Product Available Where You Live?

BARNSTABLE
HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE
HPME, HNEMSP, TMC, OME

BRISTOL
HPME, HNEMSP, TMC, TMP, OME

DUKES
HPME, HNEMSP, TMC, OME

ESSEX
HPME, HNEMSP, TMC, TMP, OME

FRANKLIN
HPME, HNEMSP, TMC, OME

HAMPDEN
HPME, HNEMSP, TMC, TMP, OME

HAMPSHIRE
HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX
HPME, HNEMSP, TMC, TMP, OME

NANTUCKET
HPME, HNEMSP, TMC, OME

NORFOLK
HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH
HPME, HNEMSP, TMC, TMP, OME

SUFFOLK
HPME, HNEMSP, TMC, TMP, OME

WORCESTER
HPME, HNEMSP, TMC, TMP, OME

OUTSIDE OF MASSACHUSETTS

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

CONNECTICUT
HPME, HNEMSP, TMC, OME

MAINE
HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE
HPME, HNEMSP, TMC, OME

NEW YORK
HPME, HNEMSP, TMC, OME

RHODE ISLAND
HPME, HNEMSP, TMC, OME

VERMONT
HPME, HNEMSP, TMC, OME

Benefits-at-a-Glance: MEDICARE

Here is an overview of health insurance benefits offered through each of the GIC's Medicare plans. Benefits are subject to definitions, conditions, limitations and exclusions as spelled out in the respective health insurance products' documents. With the exception of emergency care, out-of-network benefits are not available through the Tufts Medicare Advantage plan.

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT			
HEALTH INSURANCE PRODUCTS	**TUFTS HEALTH PLAN MEDICARE PREFERRED**	**TUFTS HEALTH PLAN MEDICARE COMPLEMENT**	**UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC*** (Comprehensive)	**HARVARD PILGRIM MEDICARE ENHANCE**	**HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS**
PRODUCT TYPE	**HMO**	**INDEMNITY**	**INDEMNITY**	**INDEMNITY**	**INDEMNITY**
PCP Designation Required?	**Yes**	**No**	**No**	**No**	**No**
PCP Referral to Specialist Required?	**Yes**	**No**	**No**	**No**	**No**
Calendar Year Deductible	None	None	None	None	None
Preventive Care Office visits according to health plan's schedule	No Copay	No Copay	No Copay	No Copay	No Copay
Physician's Office Visit (except behavioral health)	$15 per visit	$15 per visit	$10 per visit	$15 per visit	$15 per visit
Retail Clinic	$15 per visit	$15 per visit	$10 per visit	$15 per visit	$15 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	$15 per visit	$15 per visit	First 4 visits: no copay; visits 5 and over: $10 / visit	$15 per visit	$15 per visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	No Copay	No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare	No Copay	No Copay
Emergency Room Care (includes out-of-area)	$50 per visit (waived if admitted)	$50 per visit (waived if admitted)	$50 per visit (waived if admitted)	$50 per visit (waived if admitted)	$50 per visit (waived if admitted)
Hearing Aids	First $500 covered at 100%; 80% coverage for the next $1,200 per person, per two-year period				
PRESCRIPTION DRUGS					
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

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

Medicare Prescription Drug Benefits

CVS Silverscript administers the prescription drug benefit for all GIC Medicare health insurance products. Your prescription drug benefit is called an Employer Group Waiver Plan (EGWP). It combines a standard Medicare Part D drug plan with additional coverage provided by the GIC.

Drug Copays

All GIC health products feature a three-tier copay structure. Contact CVS SilverScript with questions about your specific medications.

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

Questions?

1.877.876.7214

gic.silverscript.com

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

IMPORTANT

- **Do not enroll in a non-GIC Medicare Part D product.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D product, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.
- A "Notice of Creditable Coverage" is located 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.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit **medicare.gov** for more information. Social Security will notify you if this applies to you.

Have You Had Any Personal or Family Information Changes?

Have you experienced any of these events?

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent age 19 to 26
- Dependent other than full-time student who has moved out of your health plan's service area
- Death of a covered spouse, dependent or beneficiary
- You have GIC COBRA coverage and become eligible for other coverage

Questions?

1.617.727.2310, TDD/TTY 711

bit.ly/gicqualifyingevents

If you have experienced any of these events, you must notify the GIC within 60 days of your family status changes. Failure to do so can result in financial liability to you.

Mass4You: Employee Assistance Program (EAP)

The Mass4You Employee Assistance Program (EAP) is available to all active, state and municipal employees and their families who are eligible for GIC benefits, to help achieve better work/life balance.

GIC health insurance coverage is not required to access the many Mass4You EAP work/life and other support services. Through Mass4You, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of free, confidential support available 24/7, including:

- Three in-person or Tele-EAP (virtual) counseling visits per issue per year—at no cost
- 30-minute telephonic or in-person legal or mediation consultation per issue per year—at no cost
- Guidance from a financial advisor to help with debt, foreclosure, financial planning and more
- Referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Optum's 24/7 confidential Substance Abuse Treatment Helpline and a licensed clinician

No formal enrollment is required. Contact Mass4You to learn more:

1.844.263.1982
TTY Support: 711 +1.844.263.1982
Substance Use Treatment Helpline: 1.855.780.5955

liveandworkwell.com

GIC Retiree Dental Plan

The GIC Retiree Dental Plan is provided through MetLife.

You can get reimbursed up to $1,250 a year for cleanings, fillings, crowns and other dental services. You pay less if you receive care from one of 370,000 participating dentists nationwide. You pay more if you receive care from a non-participating dentist.

You pay the full cost of this voluntary coverage.

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 Marblehead
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Athol Royalston 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.
If you drop GIC Retiree Dental coverage, you may never re-enroll.

	MONTHLY GIC PLAN RATES – EFFECTIVE JULY 1, 2020 *Includes 0.35% Administrative Fee* $1,250 Maximum Annual Benefit per Member
COVERAGE TYPE	**RETIREE PAYS MONTHLY**
Single	$29.92
Family	$72.07

For information, contact MetLife:

1.866.292.9990

metlife.com/gic

Need More Help? Attend a Benefits Fair*

FRIDAY, APRIL 10 — **10:00 – 2:00 PM**

BERKSHIRE COMMUNITY COLLEGE
Paterson Field House
1350 West Street – PITTSFIELD

MONDAY, APRIL 13 — **11:00 – 3:00 PM**

UMASS AMHERST
Campus Center Auditorium
1 Campus Center Way – AMHERST

TUESDAY, APRIL 14 — **11:00 – 3:00 PM**

HAMPDEN COUNTY SHERIFF'S DEPT.
Hampden County Pre-Release Center
627 Randall Road – LUDLOW

THURSDAY, APRIL 16 — **11:00 – 3:00 PM**

QUINSIGAMOND COMMUNITY COLLEGE
Harrington Learning Ctr., Rooms 109 AB
670 West Boylston Street – WORCESTER

SATURDAY, APRIL 18 — **10:00 – 2:00 PM**

SALEM STATE UNIVERSITY
O'Keefe Sports Complex, Twohig Gymnasium
225 Canal Street – SALEM

TUESDAY, APRIL 21 — **11:00 – 3:00 PM**

STATE TRANSPORTATION BUILDING
2nd Floor, Conference Rooms 1, 2, 3
10 Park Plaza – BOSTON

FRIDAY, APRIL 24 — **10:00 – 3:00 PM**

MCCORMACK STATE OFFICE BUILDING
21st Floor
One Ashburton Place – BOSTON

SATURDAY, APRIL 25 — **10:00 – 2:00 PM**

MASS MARITIME ACADEMY
Gymnasium
101 Academy Drive – BUZZARDS BAY

MONDAY, APRIL 27 — **11:00 – 3:00 PM**

WRENTHAM DEVELOPMENTAL CENTER
Graves Auditorium
7 Littlefield Road – WRENTHAM

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@mass.gov**

***Subject to Change: Please watch mass.gov/gic for updates**

Contact Information

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

Anything related to: ENROLLMENT OR ELIGIBILITY

For example:

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

Contact the Group Insurance Commission or your GIC Coordinator

1.617.727.2310, TDD/TTY 711

mass.gov/gic-annual-enrollment

Anything related to: HEALTH INSURANCE PRODUCT AND COVERAGE

For example:

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

Contact your health insurance carrier

HEALTH INSURANCE CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	allwayshealthpartners.org/gic-members
Fallon Health	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488 **Medicare Products:** 1.888.333.0880	tuftshealthplan.com/gic
UniCare State Indemnity Plan Medicare plans Non-Medicare plans	1.800.442.9300 1.833.663.4176	unicarestateplan.com
Pharmacy Benefits Manager Express Scripts SilverScript	1.855.283.7679 1.877.876.7214	express-scripts.com/gicRx gic.silverscript.com
Life/AD&D Insurance	1.617.727.2310	bit.ly/giclifeinsurance
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gic
Social Security Administration	1.800.772.1213 or your local Social Security Office	ssa.gov
Medicare	1.800.633.4227	medicare.gov

Commonwealth of Massachusetts
Group Insurance Commission

P.O. Box 8747
Boston, MA 02114

PRSRT. STD.
U.S. POSTAGE
PAID
PERMIT #860
GREEN BAY, WI

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission
19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 1.617.727.2310
TDD/TTY: 711

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

Website: mass.gov/gic

Commissioners

*Current as of March 2020.
For more information, visit **mass.gov/gic**.

Valerie Sullivan (Public Member), Chair
Bobbi Kaplan (NAGE), Vice Chair
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