

October 21, 2011

To: U.S. Department of Health and Human Services  
File code: CMS-9982-P

From: Dolores Mitchell, The Massachusetts Group Insurance Commission

**RE: Comments on Proposed Federal Rule, Summary of Benefits Coverage (SBC), Federal Register Vol.76, No.162, August 22, 2011**

The Massachusetts Group Insurance Commission (GIC) is responsible for negotiating, contracting for and administering health insurance benefits for over 350,000 public employees, retirees and their family members through both fully-insured and self-insured plans. The GIC submits the following comments on the proposed Summary of Benefits Coverage (SBC) regulations:

We at the GIC are supportive of the intended purpose of the SBC regulations: to provide consumers with better information about health plan benefits and approximate costs. These regulations are a step in the right direction, but they fail to take into account the variability and complexity of a multi-employer purchaser such as the Commonwealth of Massachusetts and, we suspect, other states as well. The approach the GIC has taken over the years to communicate benefit and premium information is simpler than the proposed Summary of Benefits, and has been very successful. See attached example.

We have specific concerns in the following areas:

**1.) Administrative Burden and Extra Costs**

The GIC is a multi-employer purchaser, and premium contributions vary as explained in more detail below (see #2). As the GIC administers twelve separate employee/Non-Medicare health plans with six carriers and each plan has different benefits and premiums, the new requirements would mean that we (for self-insured plans) and our plans (for the insured plans) would be producing at a minimum twelve additional communications for state employees, each spanning six potential premium contribution arrangements. Even though the GIC's fully-insured and self-insured plans would be paying for printing costs and expending extra labor in carrying out the SBC mandate, these costs would be passed onto the GIC members and the Massachusetts taxpayers. Even if only twelve additional documents (one per plan) were required, the cost would amount to one third of our budget for major enrollment communications per year. With postal and printing costs rapidly rising, these will increase dramatically over time. Additionally, as outlined below, multiple versions would be needed, adding to these initial estimates.

The GIC already produces comprehensive Benefit Decision Guides to help members weigh their options as a new hire and at annual enrollment. These

communications provide a single document to enable members to compare their options and also provides information on other non-health benefits.

## 2) Premium Contribution Field

The template of the proposed Summary of Coverage includes the member's premium dollar amount (p.1 in the template). GIC members pay widely varying premiums due to the number of entities we cover. For active state employees alone, the premium amount depends on date of hire and whether they have individual or family coverage, which would require four sections in that box alone, or alternatively four distinct documents.

We understand the Summary of Benefits need not be provided to Medicare retirees, but do we have an obligation to send the SBCs to non-Medicare retirees? If this group is included in this new requirement; we would have to add another eight boxes – or eight distinct documents – to the SBC (individual or family, for each of four scenarios related to date of retirement), for a total of twelve state employee/Non-Medicare retiree premium boxes, or twelve distinct documents.

Additionally, each of the 35 municipalities (and growing) that provides health benefits through the GIC has its own premium contribution splits, which varies by individual and family premium and can also vary by union, date of hire, and type of plan, depending on the collective bargaining agreement.

Therefore, under the proposed regulations, we would be required to produce thousands of unique documents (twelve plans, each with members from the state plus up to 35 different municipalities; and within each plan and payor, up to twelve different contribution splits between members and their employers). Again, this would be another large expense passed onto the members and the taxpayers.

The GIC therefore recommends that this field instead contain the most common individual and family premium, with a notation indicating where (e.g. benefits office, other materials) members can locate their particular premium.

## 3) Provider Rates – In network - Impossibility of Calculating Some Expenses

The template includes out-of-pocket costs for common medical events. The GIC tiers both doctors and hospitals, so the member's out-of-pocket costs at participating providers would be dependent on which doctors and hospitals the member used. The GIC recommends that this field be changed to a range of dollars for "you pay" field.

Although we understand the Coverage Examples are intended to give comparable information for similar services, the examples are not sufficiently

defined. Since the charges for maternity can vary greatly depending upon the type of labor and delivery a woman undergoes, there could be a significant cost differential depending upon the complexity of the treatment. Similar issues apply to the other two types of services (treating breast cancer and managing diabetes). We ask that HHS specify the CPT-4 and ICD-9 codes it has in mind in order to assist plans and payors in preparing appropriate and comparable cost estimates. For the plan pays dollar amount, the amount the plan pays is in many cases contract-protected information and not available to us and varies widely based on the hospital and physician practice used. We ask that for this field that we be permitted to indicate that the plan pays the balance of costs, as opposed to any specific amount.

#### 4) Provider rates – Non-Participating Provider common medical event examples

Out-of-network benefits are paid at 80% of reasonable and customary rates, which vary by health plan contract rates. The GIC recommends the use of a percentage instead of a dollar amount .

#### 5.) Timing and Distribution Challenges

The GIC operates on a fiscal (July 1) year basis and with this the March 23 deadline poses many challenges, particularly to cover new hires whose coverage goes into effect June 1. Producing the minimum 12 documents in addition to our regular communications and handbooks, times multiple variations of the SBC for the fiscal year ending June 30 in addition to the one beginning July 1 would be monumental. The GIC recommends that the SBC requirement be pushed to the next plan year beginning after September 23, 2012.

#### 6.) Glossary

In some cases, the terminology of the SBC glossary is different from the terminology used by the GIC and its plans, and therefore it would add to confusion rather than facilitating the intended clarity. We request the ability if necessary to modify the definitions in the glossary to conform with state law and our health plan contracts.

#### 7.) Requirement to Mail to All Insureds, Even if Not in Same Household

This requirement will create a large cost and administrative burden for the GIC, because the GIC does not maintain addresses of all family members and our IT system has no capacity to maintain multiple addresses per insured family. The GIC recommends that the requirement be changed to mailing to the insured's household.

8.) Culturally and Linguistically Appropriate Notices

Does this requirement mean that the GIC must produce each SBC in multiple different languages? The costs and logistics of matching names with languages spoken would be prohibitive. Our own attempts to provide multiple language versions of our plan documents have met with very limited interest.

Thank you for the opportunity to comment on the proposed rule. We appreciate your consideration of our comments, and we thank you for your efforts in promoting transparency for health insurance consumers.

**ACTION REQUIRED: APRIL 8 - MAY 9, 2011**  
State employees **MUST** re-enroll in health insurance.

**2011-2012**



# GIC Benefit **Decision Guide**

FOR COMMONWEALTH OF MASSACHUSETTS

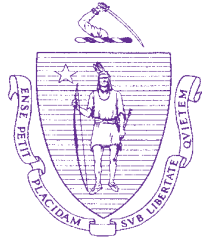
# **EMPLOYEES**

Benefit changes  
for July 1, 2011  
*EVALUATE YOUR  
OPTIONS CAREFULLY!*



Commonwealth of Massachusetts  
Group Insurance Commission

*Your  
Benefits  
Connection*



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**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

Spring, 2011



Dear Colleagues:

I am writing today to let you know about some important changes to your health care plan through the Group Insurance Commission.

With the loss of federal stimulus funds and tax revenues still below pre-recession levels, we face our toughest budget year yet in fiscal 2012. We have to reduce overall spending by the largest amount in 20 years. In addition to cuts to spending levels across the state budget, this means that we must take aggressive steps to control growth in health care costs, which constitute 40% of our total budget.

I know that you and your fellow state employees have already been asked to make significant sacrifices to help us manage through the recession, including paying a higher percentage share of health insurance premiums, increased co-pays and deductibles, wage freezes and unpaid furloughs. Because of these sacrifices, it was important to me that we find creative solutions to allow the GIC to live within a level budget next year without shifting more costs to employees.

By leveraging our purchasing power and developing creative, lower cost health insurance options, the GIC has developed a solution that will lower costs for the state and give employees the choice of preserving their existing coverage or joining a limited network plan that will save employees money. As an incentive, we are offering to reimburse all active state employees for three months of their premium costs if they switch from a broad to limited network plan. By switching plans, on average an individual can expect to potentially save \$800 while a family can expect to potentially save \$1,700 in one year.

We need your help to make this work. We require all active state employees to become conscious consumers of their health care by re-enrolling in a health plan this spring. Employees that do not re-enroll will automatically be enrolled in a lower-cost, limited network plan. The choice is ultimately yours, but we are requiring that you actively make the choice.

The **2011-2012 Benefit Decision Guide** outlines the health care plans offered. You can also log onto the GIC website [www.mass.gov/gic](http://www.mass.gov/gic) to find out more.

I encourage all of you to take the time to research your options and become an informed and active health care consumer. Thank you for working with us to build a better state government and a stronger Commonwealth.

Sincerely,

A handwritten signature in blue ink, appearing to read "Deval Patrick", written over a large, stylized blue scribble.

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## NEW THIS YEAR!

- This year, all active state employees who live in Massachusetts and currently have GIC health insurance ***MUST re-enroll in health insurance coverage*** Friday, April 8 – Monday, May 9, 2011.
- **If you enroll in one of the GIC's limited network plans, you will receive three free months of coverage (premium holiday).**
- **Use the customized re-enrollment form** delivered with this guide to make your health insurance election and return to your GIC Coordinator ***no later than Monday, May 9, 2011.***
- **If you do not re-enroll in health insurance, the GIC will select your health plan for you.**

## IMPORTANT REMINDERS

- This *Benefit Decision Guide* contains important benefit changes effective July 1, 2011. *Review pages 5, 7 and 9 for details.*
- **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 move out of the plan's service area.**
- Read the *Choose the Best Health Plan for You and Your Family* section on page 6 for information to consider when selecting a health plan.
- Read the *Limited Network Plans—Great Value; Quality Coverage* section on page 7 to find out more about the limited network plans, with the three-month premium holiday.
- Annual enrollment forms and applications are available at the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)). Changes go into effect July 1, 2011.



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

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

# 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.



Use the customized enrollment form sent to you with this guide (in-state employees only) for re-enrollment in health insurance. All other enrollment and application forms are available on our website: [www.mass.gov/gic](http://www.mass.gov/gic) and through your GIC Coordinator.

## NEW EMPLOYEES Within 10 Calendar Days of Hire and EMPLOYEES OF NEW ENTITIES JOINING THE GIC JULY 1, 2011, OR AFTER

GIC benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first. Dependent Care Assistance Program (DCAP) only begins on the first day of employment.

### You may enroll in\*:

#### One of these health plans:

- Fallon Community Health Plan Direct Care **\$**
- Fallon Community Health Plan Select Care
- Harvard Pilgrim Independence Plan
- Harvard Pilgrim Primary Choice Plan **\$**
- Health New England **\$**
- NHP Care (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

- Basic Life Insurance
- Optional Life Insurance
- Long Term Disability (LTD)
- GIC Dental/Vision Plan for Managers
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)
- Pre-tax or post-tax Basic Life and Health Insurance premium deductions

### You may apply for . . .

- Dependent Age 19 to 26 coverage

**By submitting within 10 days of employment or during the specified open enrollment period...**

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

## CURRENT EMPLOYEES

During Annual Enrollment  
April 8-May 9, 2011  
for changes effective July 1, 2011

### You may enroll or re-enroll in:

### You may enroll in or change your selection of:

- Basic Life Insurance
- Dependent Age 19 to 26 coverage for your child, stepchild, adopted child or foster child
- GIC Dental/Vision Plan for Managers\*

### You may apply for\*...

- Long Term Disability (LTD) (during annual enrollment or anytime during the year)
- Optional Life Insurance (during annual enrollment or anytime during the year)
- Health Insurance Buy-Out
- Opt in or out of pre-tax Basic Life and Health Insurance premium deductions

### By submitting by May 9...

GIC enrollment forms to your GIC Coordinator

**NOTE:** Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. Contact your GIC Coordinator for details.

\* See pages 23-26 and 28 for eligibility and option details.

**\$** Indicates this is a GIC Limited Network Plan.



## Frequently Asked Questions

**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. Dependent Care Assistance Program (DCAP) only begins on the first day of employment.

**Q** *I am an active GIC-eligible employee and am also retired from a state agency or participating municipality and am eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?*

**A** You must choose active employee **or** retiree benefits; you may not have benefits under both statuses. Contact the GIC to indicate whether you want employee or retiree benefits.

**Q** *I'm turning age 65; what do I need to do?*

**A** If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility.

If you are eligible and you continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see the GIC's website for details.

Employees should not sign up for Medicare Part D.

**Q** *I am an active state employee age 65 or over; which health plan card should I present to a doctor's office or hospital?*

**A** When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

**Q** *If I die, is my surviving spouse eligible for GIC health insurance?*

**A** If you (the state employee) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage **until he/she remarries**, regardless of your retirement benefit option (A, B or C).

See the GIC's website for answers to other frequently asked questions:  
[www.mass.gov/gic](http://www.mass.gov/gic)



**You MUST Notify Your GIC Coordinator When Your Personal or Family Information Changes**

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being charged for services provided to you or a family member. Please tell your GIC Coordinator if any of the following changes occur:

- Marriage or remarriage
- Legal separation
- Divorce
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Remarriage of a former spouse
- Dependent turning age 19
- Dependent age 19 or over who ceases to be a full-time student, graduates, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends
- Death of an insured
- Death of a covered spouse, dependent or beneficiary
- Life insurance beneficiary change
- You have GIC COBRA coverage and become eligible for other coverage

*You may be held personally and financially responsible for failing to notify the GIC of personal or family status changes.*

## The GIC's Challenges

- Health care costs continue to skyrocket—driven by rising hospital, physician and other provider costs, increased utilization of services, and increased GIC membership.
- National health care reform adds benefits and costs effective July 1, 2011 for GIC members: dependent benefits expansion to age 26, regardless of dependent's status, and eliminated copays and deductibles for preventive services.
- The state's budget outlook continues to be challenging: \$1.2 - \$2 billion structural deficit projected for FY12 due to loss of \$2 billion in one-time funds, including federal stimulus money, coupled with escalating health care costs.

## GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

The GIC has kept premium increases as low as possible and has been on the forefront of raising awareness about differences in provider quality and costs. In keeping with encouraging use of quality and less expensive networks, the GIC expanded its limited network plan options, adding two more choices for FY11.

With the GIC's Clinical Performance Improvement (CPI) Initiative, which began in 2004, members pay lower copays for providers with the highest quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)



Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

### ***How are physician tiers determined?***

Based on an analysis of tens of millions of physician claims and using sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.

The GIC considered and rejected a number of options to reduce its projected FY12 budget shortfall:

- ***Increase premium contribution ratios for all state enrollees.*** This requires legislative action and would not occur in time to satisfy the projected shortfall.
- ***Limit plan offerings.*** This would cause major disruption to members and providers, and would be strongly opposed by members.
- ***Increase copays and deductibles.*** Not only are deductibles unpopular, they also hurt sicker patients.



The options the GIC considered and accepted are very innovative:

- ***Improve the buy-out option.*** Legislation has been filed to add a mid-year buyout enrollment. This option is not yet available.
- ***Require all active state employees to re-enroll in health insurance, coupled with an incentive to choose one of the GIC's less expensive, limited network plans.*** This option:
  - Counteracts inertia—most employees do not change plans at annual enrollment
  - Focuses attention on costs and savings
  - Rewards state employees who become part of the solution
  - Puts market pressure on high-cost providersAchieved savings for this option will depend on migration patterns.

***Keep in mind***—with a limited network plan, the size of the network is limited (number of doctors and hospitals), but the benefits are not. You'll get the same coverage in a limited network as in a broad one.

*See pages 5 and 7 for additional details.*



## Action Required During Annual Enrollment

If you are an active state employee in any agency—including the Executive, Legislative and Judicial branches, higher education, housing, redevelopment and other authorities—you **MUST** re-enroll in health insurance or cancel your health insurance coverage during annual enrollment: April 8 – May 9, 2011. If you do not re-enroll, the GIC will enroll you in the UniCare Community Choice Plan and you will not receive the three-month premium holiday. Return the re-enrollment form to your GIC Coordinator no later than May 9, 2011.

You are exempt from this requirement if you:

- Do not have GIC health insurance
- Live outside of Massachusetts
- Are on direct bill for 100% of the GIC health insurance premium

Employees exempt from the health insurance re-enrollment did **not** receive a re-enrollment form with this guide.

If you enroll in one of our six limited network plans, you will not only save money every month on your premium, you will also receive three months of coverage absolutely **free**. It's like having a three-month "premium holiday." Details of the three-month premium holiday are on page 7. If you enroll or re-enroll in one of the following six plans, you will pay no health insurance premium for August, September and October:

- Fallon Community Health Plan Direct Care (HMO)
- Harvard Pilgrim Primary Choice Plan (HMO)
- Health New England (HMO)
- NHP Care – Neighborhood Health Plan (HMO)
- Tufts Health Plan Spirit (EPO)
- UniCare Community Choice Plan (PPO-type)

We encourage you to review your options and consider enrolling in one of these limited network plans, which provide great value and quality coverage.

## Health Plan Benefit News Effective July 1, 2011

*As part of federal health care reform, your benefits just got better!*

- **All GIC Health Plans – Preventive services**, such as mammograms, scheduled immunizations, routine physical and OB/GYN visits, colorectal cancer screenings, and cholesterol screenings for adults, **will not have a copay or be subject to the calendar year deductible.**
- **Open Enrollment for Dependents Ages 19 to 26** – Children, stepchildren, adopted and foster children whose coverage ended, or who were not eligible for

coverage because dependent coverage of children ended before age 26, are eligible to enroll in GIC health insurance. **Dependents ages 19 to 26 must live in the health plan's service area, unless they are full-time students.** You may enroll your dependent between April 8 and May 9 for coverage effective July 1, 2011. For additional information and the form, see the GIC's website ([www.mass.gov/gic](http://www.mass.gov/gic)).

## Other Health Plan Benefit Changes Effective July 1, 2011

Prescription Drug benefits for Tufts Health Plan Navigator and Tufts Health Plan Spirit:

- Ability to fill 90-day maintenance medications at selected pharmacies as an alternative to filling those prescriptions through mail order.
- Implementation of maintenance drug pharmacy selection—if you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must tell your prescription drug plan whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.

Prescription Drug benefits for UniCare State Indemnity Plan/Basic, Community Choice, and PLUS:

- Nexium® and Aciphex® Proton Pump Inhibitors (PPIs) no longer covered; covered options include over-the-counter PPIs, generic PPIs, and a brand name PPI.

UniCare State Indemnity Plan/Community Choice:

- Members using non-Community Choice (out-of-network) hospitals will be subject to 20% coinsurance of allowable charges, plus the copay, for:
  - Inpatient hospital admissions
  - Outpatient surgery
- The high-tech imaging (e.g., MRI, PET and CT scans) copay at a non-Community Choice hospital will increase to \$200.

## Other Benefit Changes Effective July 1, 2011

### Life Insurance

- The GIC awarded a new contract to The Hartford as our life insurance carrier.
- Optional life insurance rates will change: Most active employee rates will stay the same or go down. (See page 25 for details.)

### Long Term Disability

- Benefit enhancement for disabilities occurring on or after July 1, 2011: the benefit will increase to 55% of an employee's gross monthly salary.

Vision portion of GIC Dental/Vision Program for Executive Department managers and legislators and their staff:

- The GIC awarded a new contract to Davis Vision as our vision carrier.

# Choose the Best Health Plan for You and Your Family



## **STEP 1:** **IDENTIFY** *which plan(s) you are eligible to join:*

- Where you live determines which plan(s) you may enroll in. See the map on page 8 for health plan locations.
- See each health plan page for eligibility details (*pages 12-22*).



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

- **REVIEW** their benefit summaries (*see pages 12-22*).
- **REVIEW** their monthly rates (*see page 9*).
- Consider enrolling in a limited network plan—you will save on your monthly premium AND enjoy a three-month premium holiday (*see page 7*).
- **WEIGH** features that are important to you, such as out-of-network benefits, prescription drug coverage, mental health benefits, and the selection of a Primary Care Physician to coordinate your care.
- Contact the plan to find out about benefits that are not described in this guide.



## **STEP 3:** **For the plans you are interested in, determine if your doctors and hospitals are in the plan's network and which copay tiers they are in.**

Copay tiers are important because they affect how much you pay when you receive physician and hospital services.

- Call the plan or go to the plan's website and search for your doctors and hospitals. Be sure to specify the health plan's full name, such as "Tufts Health Plan *Spirit*" or "Tufts Health Plan *Navigator*."
- If your doctors and hospitals are in the network, find their copay tier assignments.
- *Keep in mind that if your doctor or hospital leaves your health plan's network during the year, you must stay in the plan for the year. You can change to another plan during the next annual enrollment. In the meantime, the health plan will help you find another provider.*



## **STEP 4:** **Next fall,** consider enrolling in the Health Care Spending Account and save on out-of-pocket health care expenses. (*See page 27 for additional information.*)

### **Four Good Ways to Get Plan Information**

- 1. Log on to the plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. Be sure to specify the health plan's full name, such as Tufts Health Plan *Spirit* or *Navigator*. *See page 31 for website addresses.*
- 2. Call the health plan's customer service line:** A representative can help you. *See page 31 for phone numbers.*
- 3. Attend a GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 30 for the health fair schedule.*
- 4. Speak with your GIC Benefits Coordinator.**

## Limited Network Plans—Great Value; Quality Coverage

The GIC encourages you to consider one of our limited network plans. Limited network plans help address differences in provider costs and encourage employees to save money by enrolling in a narrower network plan (number of doctors and/or hospitals). **You will save money EVERY month by enrolling in one of these plans.** Your savings will depend on the plan you are switching from, the plan you select, your premium contribution, and whether you have individual or family coverage.

**Employees could save 20% or more by switching from a wider network to a limited network plan offered by the same insurance carrier or to the plan of another carrier.**

For example:

### **Harvard Pilgrim Primary Choice Plan vs. Independence**

Individual Coverage:

**Savings of \$25.98 - \$32.48 per month**

Family Coverage:

**Savings of \$63.40 - \$79.26 per month**

See page 9 to determine what the savings would be for the plans you are considering.

The GIC's limited network plans are:

- **Fallon Community Health Plan Direct Care** – an HMO based at physician practices throughout central Massachusetts, Metro West, Middlesex Valley, the North Shore and the South Shore. The plan includes 19 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 59 hospitals. The plan is available throughout Massachusetts, *except* for Martha's Vineyard and Nantucket.
- **Health New England** – a western Massachusetts-based HMO that also covers parts of Worcester County and includes 16 Massachusetts hospitals.
- **NHP Care (Neighborhood Health Plan)** – an HMO with a provider network that includes community health centers, independent medical groups, and hospital group practices, as well as 64 hospitals. NHP Care is available in most counties *except* for Berkshire, Franklin, Hampshire, and parts of Plymouth county.



## Limited Network Plan

- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 49 hospitals. The plan is available throughout Massachusetts, *except* for Martha's Vineyard and Nantucket.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 45 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, *except* for Martha's Vineyard and Nantucket.



### THREE-MONTH PREMIUM HOLIDAY

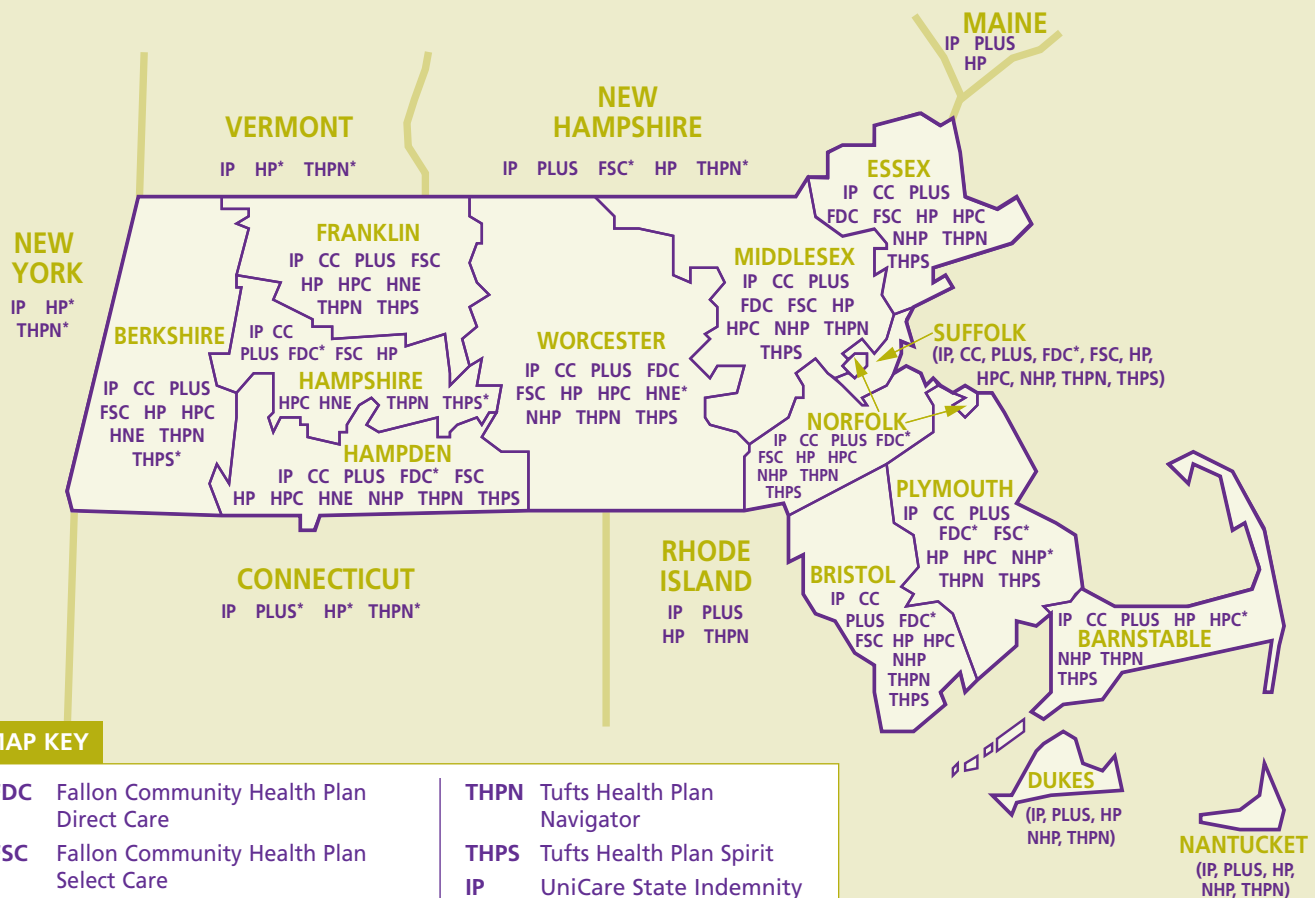
To encourage you to consider one of the GIC's limited network plans, the GIC will be offering three months of coverage absolutely **free**. It's like having a three-month "premium holiday." **You will not pay a health insurance premium for August, September, and October, 2011, when you enroll or re-enroll in one of the six limited network plans!** You must still pay your basic life insurance premium, be an active state employee, and not on direct bill for 100% of the full-cost premium to receive the premium holiday.

New employees, or employees who are eligible for GIC coverage effective August 1, September 1, or October 1 who enroll in a limited network plan will pay no health insurance premiums for the months of coverage (e.g., a new hire whose coverage is effective September 1 will receive September and October's coverage with no employee premium).

**Employees who do not select a health plan during the mandatory health insurance re-enrollment will not be eligible for the three-month premium holiday, and the GIC will enroll those individuals in the UniCare Community Choice Plan.**

# Health Plan Locations

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



**MAP KEY**

<b>FDC</b>	Fallon Community Health Plan Direct Care	<b>THPN</b>	Tufts Health Plan Navigator
<b>FSC</b>	Fallon Community Health Plan Select Care	<b>THPS</b>	Tufts Health Plan Spirit
<b>HP</b>	Harvard Pilgrim Independence Plan	<b>IP</b>	UniCare State Indemnity Plan/Basic
<b>HPC</b>	Harvard Pilgrim Primary Choice Plan	<b>CC</b>	UniCare State Indemnity Plan/Community Choice
<b>HNE</b>	Health New England	<b>PLUS</b>	UniCare State Indemnity Plan/PLUS
<b>NHP</b>	NHP Care (Neighborhood Health Plan)		

\* The plan has a narrow network in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.









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



# State Employee Health Plan Rates

**GIC Plan Rates as of July 1, 2011**

Union employees from Barnstable, Bristol, Norfolk, Plymouth and Suffolk Sheriffs Departments – see your GIC Coordinator for rates.

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
Basic Life Insurance Only \$5,000 coverage		\$1.26		\$1.58	
HEALTH PLAN (premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care 	HMO	\$ 90.37	\$215.13	\$112.97	\$268.91
Fallon Community Health Plan Select Care	HMO	111.51	265.85	139.39	332.32
Harvard Pilgrim Independence Plan	PPO	131.18	318.27	163.98	397.85
Harvard Pilgrim Primary Choice Plan 	HMO	105.20	254.87	131.50	318.59
Health New England 	HMO	88.27	216.94	110.34	271.18
NHP Care (Neighborhood Health Plan) 	HMO	90.41	237.52	113.02	296.90
Tufts Health Plan Navigator	PPO	118.74	287.75	148.43	359.69
Tufts Health Plan Spirit 	EPO (HMO-type)	95.25	230.45	119.06	288.07
UniCare State Indemnity Plan/ Basic with CIC* (Comprehensive)	Indemnity	205.61	477.87	247.07	574.26
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	Indemnity	165.81	385.55	207.27	481.94
UniCare State Indemnity Plan/ Community Choice 	PPO-type	89.28	212.51	111.61	265.65
UniCare State Indemnity Plan/ PLUS	PPO-type	116.88	277.21	146.10	346.52

\* CIC is an enrollee-pay-all benefit.

Contribution percentages may change after the Commonwealth's FY12 budget is enacted.  
For other plan considerations, see page 6.



**Compare these plan rates with the other options and see how much you will save EVERY month!**

Additionally, if you enroll in one of these plans during annual enrollment or as a new hire in May, June or July, you will receive a premium holiday (free health insurance premium). See page 7 for details.

# Calendar Year Deductible Questions and Answers

All GIC health plans include a calendar year deductible. The in-network deductible is \$250 per member to a maximum of \$750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

## Deductible Questions and Answers

### Q *What is a deductible?*

**A** This is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

### Q *How much is the in-network calendar year deductible?*

**A** The in-network deductible is \$250 per member, up to a maximum of \$750 per family.

Here is how it works for each coverage level:

- **Individual:** The individual has a \$250 deductible before benefits begin.
- **Two person family:** Each person must satisfy a \$250 deductible.
- **Three or more person family:** The maximum each person must satisfy is \$250 until the family as a whole reaches the \$750 maximum.

If you are in a PPO-type plan, the out-of-network deductible is \$400 per member, up to a maximum of \$800 per family; this is a separate charge from the in-network deductible.



### Q *Am I subject to another deductible when the new fiscal year begins or if I change plans because I move out of the service area during the year?*

**A** Although GIC health benefits are effective each July, the deductible is a calendar year cost.

- **You will not be subject to a new deductible if:**

You stay with the same health plan carrier but switch to one of its other options.

- **You will be subject to a new deductible if:**

You change health plans and choose a new GIC health plan carrier.

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

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

Examples of expenses generally **exempt** from the deductible:

- Prescription drug benefits
- 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
- Wigs (medically necessary)
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of expenses generally **subject to** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- 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** When you visit a doctor or hospital, the provider will ask you for your copay upfront. After you receive services, your health plan will provide you and your provider with an explanation of benefits so that you will be able to see which additional portion of the costs you will be responsible for. The provider will then bill you for any balance owed.



## 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. The following descriptions will help you understand your prescription drug copayment levels. Contact 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 dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

**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, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money—up to one copay for three months of medication. *See pages 12-22 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, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy** – This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- **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.
- **Maintenance Drug Pharmacy Selection** – if you receive 30-day supplies of your maintenance drugs at a retail pharmacy, you must tell your prescription drug plan whether or not you wish to change to 90-day supplies through either mail order or certain retail pharmacies.
- **Specialty Drug Pharmacies** – If you are prescribed specialty drugs—such as injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis—you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or doctor's office.

## FALLON COMMUNITY HEALTH PLAN DIRECT CARE



**Limited Network Plan** ★ ★ ★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a selective network based in a geographically concentrated area. Contact the plan to see if your provider is in the network.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Fallon Community Health Plan Direct Care is available throughout the following Massachusetts counties:

Essex, Middlesex, Worcester

Fallon Community Health Plan Direct Care has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol, Hampden, Hampshire, Norfolk, Plymouth, Suffolk

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Fallon Community Health Plan**  
1.866.344.4442  
www.fchp.org/gic

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### Copays Effective July 1, 2011

#### Primary Care Physician Office Visit:

\$15 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Specialist Physician Office Visit:

\$25 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$15 per visit

#### Retail Clinic:

\$15 per visit

#### Inpatient Hospital Care – Medical

*(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year):*

\$200 per admission

#### Outpatient Surgery *(maximum four copays annually per person):*

\$110 per occurrence

#### High-Tech Imaging *(e.g., MRI, PET and CT scans)*

*(maximum one copay per day):*

\$100 per scan

#### Emergency Room:

\$100 per visit *(waived if admitted)*

#### Prescription Drug

##### Retail up to 30-day supply:

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

##### Mail Order up to 90-day supply:

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

## FALLON COMMUNITY HEALTH PLAN SELECT CARE

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Fallon Community Health Plan Select Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Fallon Community Health Plan Select Care has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

New Hampshire

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Fallon Community Health Plan**  
1.866.344.4442  
www.fchp.org/gic

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### Copays Effective July 1, 2011

#### Primary Care Physician Office Visit:

\$20 per visit

#### Preventive Services:

Covered at 100% – no copay

**Specialist Office Visit:** *Fallon Community Health Plan tiers the following specialists based on quality and/or cost efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Nephrologists, Neurologists, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumatologists, and Urologists.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$20 per visit

#### Inpatient Hospital Care – Medical

*(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year):*

\$250 per admission

**Outpatient Surgery** *(maximum four copays annually per person):*

\$125 per occurrence

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):*

\$100 per scan

#### Emergency Room:

\$100 per visit *(waived if admitted)*

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## HARVARD PILGRIM INDEPENDENCE PLAN

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. 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 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 are eligible. Members must live in the plan's service area.

### Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:  
Maine, New Hampshire, Rhode Island

The Harvard Pilgrim Independence Plan has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut, New York, Vermont

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Harvard Pilgrim Health Care**  
1.800.542.1499  
www.harvardpilgrim.org/gic

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

## In-Network Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *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, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

- ★★★ Tier 1 (excellent): \$20 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$20 per individual visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*)  
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:

- Tier 1: \$250 per admission
- Tier 2: \$500 per admission
- Tier 3: \$750 per admission

**Outpatient Surgery** (*maximum four copays per person per calendar year*):

\$150 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*):

\$100 per scan

### Emergency Room:

\$100 per visit (*waived if admitted*)

### Prescription Drug

**Retail up to 30-day supply:**

- Tier 1: \$10
- Tier 2: \$25
- Tier 3: \$50

**Mail Order up to 90-day supply:**

- Tier 1: \$20
- Tier 2: \$50
- Tier 3: \$110

## HARVARD PILGRIM PRIMARY CHOICE PLAN



**Limited Network Plan** ★★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is an HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

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 are eligible. Members must live in the plan's service area.

### Service Area

The Harvard Pilgrim Primary Choice Plan is available throughout the following Massachusetts counties:

Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

The Harvard Pilgrim Primary Choice Plan has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Barnstable

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Harvard Pilgrim Health Care**  
1.800.542.1499  
www.harvardpilgrim.org/gic

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### Copays Effective July 1, 2011

#### Primary Care Physician Office Visit:

\$20 per visit

#### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *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, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

★★★ Tier 1 (excellent): \$20 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

#### Out-of-State Specialist Office Visit:

\$35 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$20 per individual visit

**Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)*  
Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:

Tier 1: \$250 per admission

Tier 2: \$500 per admission

**Outpatient Surgery** *(maximum four copays per person per calendar year):*

\$150 per occurrence

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):*

\$100 per scan

#### Emergency Room:

\$100 per visit *(waived if admitted)*

#### Prescription Drug

##### Retail up to

##### 30-day supply:

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

##### Mail Order up to

##### 90-day supply:

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## HEALTH NEW ENGLAND



**Limited Network Plan** ★ ★ ★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. 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.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Health New England

1.800.842.4464

www.hne.com

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

## Copays Effective July 1, 2011

### Pediatric Physician Office Visit:

\$0 per wellness office visit; \$20 per diagnostic visit

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Health New England tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care:

\$20 per visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*):  
\$250 per admission

**Outpatient Surgery** (*maximum four copays annually per person*):  
\$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (*maximum one copay per day*):  
\$100 per scan

### Emergency Room:

\$100 per visit (*waived if admitted*)

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110



## NHP CARE (Neighborhood Health Plan)



**Limited Network Plan** ★★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to most network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

NHP Care is available throughout the following Massachusetts counties:

Barnstable, Bristol, Dukes, Essex, Hampden, Middlesex, Nantucket, Norfolk, Suffolk, Worcester

NHP Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**NHP Care**  
1.800.462.5449  
www.nhp.org

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### Copays Effective July 1, 2011

**Primary Care Physician Office Visit:** *Neighborhood Health Plan tiers network Primary Care Physicians based on quality and/or cost efficiency:*

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$25 per visit
- ★ Tier 3 (standard): \$30 per visit

#### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *Neighborhood Health Plan tiers the following specialists based on quality and/or cost efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetricians/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance Abuse Care:

\$25 per visit

**Inpatient Hospital Care – Medical** (*maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year*):  
\$250 per admission

**Outpatient Surgery** (*maximum four copays annually per person*):

\$110 per occurrence

**High-Tech Imaging** (*e.g., MRI, PET and CT scans*) (*maximum one copay per day*):

\$100 per scan

#### Emergency Room:

\$100 per visit (*waived if admitted*)

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

## TUFTS HEALTH PLAN NAVIGATOR

Tufts Health Plan Navigator is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and 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.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Navigator is available throughout Massachusetts.

The Plan is also available in the following other state:

Rhode Island

Tufts Health Plan Navigator has a narrow network in the following states; contact the plan to see which doctors and hospitals participate in the plan:

Connecticut, New Hampshire, New York, Vermont

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: Tufts Health Plan

1.800.870.9488

[www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

## In-Network Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *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, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

★★★ Tier 1 (excellent): \$25 per visit

★★ Tier 2 (good): \$35 per visit

★ Tier 3 (standard): \$45 per visit

### Out-of-State Specialist Office Visit:

\$35 per visit

### Retail Clinic:

\$20 per visit

### Outpatient Mental Health and Substance Abuse Care

*(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):*

\$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)*  
 Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:

Tier 1: \$300 per admission

Tier 2: \$700 per admission

**Outpatient Surgery** *(maximum four copays per person per calendar year):*

\$150 per occurrence

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):*

\$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110



## TUFTS HEALTH PLAN SPIRIT



**Limited Network Plan** ★★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

Tufts Health Plan Spirit is an Exclusive Provider Organization (EPO) plan that does not require members to select a Primary Care Physician (PCP). With an EPO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 and 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.

The mental health benefits of this plan are administered by United Behavioral Health (UBH).

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

Tufts Health Plan Spirit is available throughout the following Massachusetts counties:

Barnstable, Bristol, Essex, Franklin, Hampden, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

Tufts Health Plan Spirit has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Berkshire, Hampshire

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

**Medical Benefits: Tufts Health Plan**  
1.800.870.9488 | [www.tuftshealthplan.com/gic](http://www.tuftshealthplan.com/gic)

**Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health**  
1.888.610.9039  
[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

## Copays Effective July 1, 2011

### Primary Care Physician Office Visit:

\$20 per visit

### Preventive Services:

Covered at 100% – no copay

**Specialist Physician Office Visit:** *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, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.*

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$35 per visit
- ★ Tier 3 (standard): \$45 per visit

### Retail Clinic:

\$20 per visit

**Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):*

\$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)*

Tufts Health Plan tiers its hospitals for adult medical/ surgical services, obstetrics, and pediatrics, based on quality and/or cost:

Tier 1: \$300 per admission

Tier 2: \$700 per admission

**Outpatient Surgery** *(maximum four copays per person per calendar year):*

\$150 per occurrence

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):*

\$100 per scan

### Emergency Room:

\$100 per visit *(waived if admitted)*

### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/BASIC

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

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 United Behavioral Health (UBH), 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.

### Eligibility

Employees, Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents without Medicare are eligible, regardless of where they live.

### Service Area

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

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestateplan.com](http://www.unicarestateplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### Copays with CIC (Comprehensive) Effective July 1, 2011

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

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

#### Preventive Services:

Covered at 100% – no copay

#### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$20 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$40 per visit

#### Out-of-State Primary Care Physician and Specialist Office Visit: \$30 per visit

#### Retail Clinic:

\$20 per visit

#### Network Outpatient Mental Health and Substance Abuse Care

*(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit*

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** *(maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year): \$200 per admission*

**Outpatient Surgery** *(maximum one copay per person per calendar year quarter): \$110 per occurrence*

**High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan*

#### Emergency Room:

\$100 per visit *(waived if admitted)*

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

## UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE



**Limited Network Plan** ★★

*If you enroll in this plan, you will receive a three-month premium holiday (see page 7 for details)*

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan with a hospital network based at community and some tertiary hospitals. Or, you may seek care from an out-of-network hospital for 80% coverage of the allowed amount for inpatient care and outpatient surgery, after you pay a copay. The plan offers access to all Massachusetts physicians and members are not required to select a Primary Care Physician (PCP). Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The UniCare State Indemnity Plan/Community Choice is available throughout the following Massachusetts counties:

Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester

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

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestatelineplan.com](http://www.unicarestatelineplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039  
[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gic](http://www.caremark.com/gic)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### In-Network Copays Effective July 1, 2011

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

★★★ Tier 1 (excellent): \$15 per visit  
★★ Tier 2 (good): \$30 per visit  
★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

#### Specialist Office Visit

★★★ Tier 1 (excellent): \$25 per visit  
★★ Tier 2 (good): \$30 per visit  
★ Tier 3 (standard): \$45 per visit

#### Retail Clinic:

\$20 per visit

#### Outpatient Mental Health and Substance

**Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details):

\$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care – Medical** (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):

\$250 per admission

**Outpatient Surgery** (maximum one copay per person per calendar year quarter):

\$110 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day):

\$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10  
Tier 2: \$25  
Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20  
Tier 2: \$50  
Tier 3: \$110

**Out-of-network benefits will change effective July 1, 2011 (see page 5 for details).** The GIC recommends that if you or a covered dependent uses non-Community Choice hospitals, you consider using another hospital provider or switching to another plan.

## UNICARE STATE INDEMNITY PLAN/PLUS

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan 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 after you pay a deductible.

Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your 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.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), 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.

### Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

### Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine, New Hampshire, Rhode Island

The UniCare State Indemnity Plan/PLUS has a narrow network in the following state; contact the plan to find out which doctors and hospital participate in the plan:

Connecticut

### Monthly Rates as of July 1, 2011

See page 9.

### Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

#### Medical Benefits: UniCare

1.800.442.9300 | [www.unicarestateplan.com](http://www.unicarestateplan.com)

#### Mental Health, Substance Abuse and EAP Benefits: United Behavioral Health

1.888.610.9039

[www.liveandworkwell.com](http://www.liveandworkwell.com) (access code: 10910)

#### Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | [www.caremark.com/gjc](http://www.caremark.com/gjc)

### Calendar Year Deductible

\$250 per individual up to a maximum of \$750 per family. See page 10 for details.

### In-Network Copays Effective July 1, 2011

*UniCare tiers Massachusetts physicians based on quality and/or cost efficiency.*

#### Primary Care Physician Office Visit

- ★★★ Tier 1 (excellent): \$15 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$35 per visit

**Preventive Services:** Covered at 100% – no copay

#### Specialist Office Visit

- ★★★ Tier 1 (excellent): \$25 per visit
- ★★ Tier 2 (good): \$30 per visit
- ★ Tier 3 (standard): \$45 per visit

**Out-of-State Primary Care Physician and Specialist Office Visit:** \$30 per visit

**Retail Clinic:** \$20 per visit

**Outpatient Mental Health and Substance Abuse Care** (See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details): \$20 per visit

*UBH also offers EAP services.*

**Inpatient Hospital Care - Medical:** UniCare tiers hospitals based on quality and/or cost (maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)

Tier 1: \$250 per admission

Tier 2: \$500 per admission

Tier 3: \$750 per admission

**Outpatient Surgery:** UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay. (maximum one copay per person per calendar year quarter)

Tier 1 and Tier 2: \$110 per occurrence

Tier 3: \$250 per occurrence

**High-Tech Imaging** (e.g., MRI, PET and CT scans) (maximum one copay per day): \$100 per scan

#### Emergency Room:

\$100 per visit (waived if admitted)

#### Prescription Drug

**Retail up to 30-day supply:**

Tier 1: \$10

Tier 2: \$25

Tier 3: \$50

**Mail Order up to 90-day supply:**

Tier 1: \$20

Tier 2: \$50

Tier 3: \$110

## Long Term Disability (LTD)

The GIC's Long Term Disability (LTD) program is insured by Unum. LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job.

If you become suddenly ill, are in an accident, or have a weekend sports injury and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. With nearly 26 million Americans suffering disabling injuries each year (*National Safety Council, 2010*), being out of work due to a disability is a very real possibility. That's why a salary replacement plan is an important benefit for you and your family.

### **Benefit Enhancement Effective July 1, 2011**

If you become ill or injured and are unable to work for 90 consecutive days, the LTD **tax-free benefit will increase from 50% to 55%** of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. This change will be applicable to all disabilities that occur on or after July 1, 2011.

This program will also provide you with:

- A benefit for mental health disabilities and for partial disabilities
- A rehabilitation and return-to-work assistance benefit
- A dependent care expense benefit

Benefits are reduced by other income sources, such as Social Security disability, Workers' Compensation, and accumulated sick leave and retirement benefits. You must notify the plan if you begin receiving other benefits. The minimum benefit will be \$100 or 10% of your gross monthly benefit amount, whichever is greater.

### **Long Term Disability (LTD) Questions?**

Contact Unum: 1.877.226.8620

[www.mass.gov/gic](http://www.mass.gov/gic)

## Eligibility and Enrollment

All active full-time and half-time state employees who work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week are eligible for LTD benefits.

### **New State Employees**

As a new state employee within 31 days of hire or during the established enrollment period for transportation departments joining the GIC, employees may enroll in LTD without providing evidence of good health.

### **Current State Employees**

All eligible employees can apply for LTD coverage during annual enrollment, or any time during the year. You must provide proof of good health in order to receive Unum's approval to enter the plan.

### **LONG TERM DISABILITY Monthly GIC Plan Rates as of July 1, 2011**

<b>ACTIVE EMPLOYEE AGE</b>	<b>STATE EMPLOYEE MONTHLY PREMIUM <i>Per \$100 of Monthly Earnings</i></b>
Under 20	\$0.09
20 – 24	0.09
25 – 29	0.11
30 – 34	0.15
35 – 39	0.19
40 – 44	0.38
45 – 49	0.55
50 – 54	0.77
55 – 59	0.98
60 – 64	0.89
65 – 69	0.41
70 and over	0.23



The GIC has selected The Hartford Life and Accident Company to continue as its life insurance carrier. Life insurance helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

### Rate Changes Effective July 1, 2011

Basic Life Insurance rates will decrease by 8% effective July 1, 2011 (see page 9 for details). Optional Life Insurance rates for most active state employees will stay the same or decrease, depending on your age and smoker status (see page 25 for new rates).

### Basic Life Insurance

The Commonwealth offers \$5,000 of Basic Life Insurance.

### Accidental Death & Dismemberment (AD&D) Benefits

In the event you are injured or die as a result of an accident while insured for life insurance, there are benefits for the following losses:

- Life
- Hands, Feet, Eyes
- Speech and/or Hearing
- Thumb and Index Finger of the Same Hand
- Quadriplegia
- Paraplegia
- Hemiplegia
- Coma
- Brain Damage
- Added benefits for loss of life in a car accident while using an airbag or seat belt

### Accelerated Life Benefit

This benefit provision allows you to elect an advance payment of 25% to 75% of your life insurance death benefit if you have been diagnosed with a terminal illness. Insured employees are eligible for this benefit if the attending physician provides satisfactory evidence that you have a life expectancy of 12 months or less. You must continue to pay the required monthly premium. The remaining balance is paid to your beneficiary at death.

### Optional Life Insurance

Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary. Term insurance covers you and pays your designated beneficiary in the event of your death or certain other catastrophic events. It is not an investment policy; it has no cash value. This is an employee-pay-all benefit. If you have been diagnosed with a terminal illness, you may elect an advance payment of a portion of your life insurance death benefits during your lifetime (*Accelerated Death Benefit*).

#### How Much Do You Need?

To estimate how much Optional Life Insurance you might need, or whether this coverage is right for you, consider such financial factors as:

- Your family's yearly expenses;
- Future expenses, such as college tuition or other expenses unique to your family;
- Your family's income from savings, other insurance, other sources; and
- The life insurance cost and needs for your age bracket. For instance, 35-year-olds with young families and mortgages might need the coverage. But 65-year-olds who have paid off their mortgage and have no dependent expenses might not need it, especially because premiums increase significantly as you age.

#### Preparing for Retirement

Before retirement, you should review the amount of your Optional Life Insurance coverage and its cost to determine whether it will make financial sense for you to keep it. Talk with a tax advisor about other programs that might be more beneficial at retirement. Optional Life Insurance rates significantly increase when you retire, and continue to increase based on your age. See the *GIC Benefit Decision Guide for Retirees & Survivors* or our website for these rates.

#### Life Insurance and Leaving State Service

Active employees who leave state service or become ineligible for GIC life insurance can take advantage of the following options:

- **Portability** – continue your basic and/or optional life insurance at the group rate
- **Conversion** – convert your life insurance coverage to a non-group policy

**Portability and Conversion Questions?**  
Contact The Hartford Life and Accident Company  
1.877.320.0484

## Optional Life Insurance Enrollment

You must be enrolled in Basic Life Insurance in order to apply for Optional Life Insurance.

### New State Employees

As a new state employee or during the established enrollment period for transportation department employees joining the GIC, you may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without the need for any medical review.

### Current Employees

Active employees may apply for the first time or apply to increase their coverage at any time during the year. The active employee must complete a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves the application.

### Current Employees with a Qualified Family Status Change

Active state employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to four times their salary provided that the GIC receives proof within 31 days of the qualifying event. Family status changes include the following events and documentation of the qualifying event is required:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse

### Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during annual enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months, you are eligible for reduced Optional Life Insurance rates. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during annual enrollment will become effective July 1, 2011.

### Life Insurance and AD&D Questions?

Contact the GIC  
1.617.727.2310 ext. 1  
[www.mass.gov/gic](http://www.mass.gov/gic)

## OPTIONAL LIFE INSURANCE RATES – Including Accidental Death & Dismemberment

Monthly GIC Plan Rates as of July 1, 2011

ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.05
35 – 44	0.12	0.06
45 – 49	0.22	0.08
50 – 54	0.35	0.15
55 – 59	0.54	0.21
60 – 64	0.80	0.32
65 – 69	1.46	0.74
Age 70 and over	2.58	1.17

If you currently have Optional Life Insurance coverage, your payroll deduction will be updated automatically with these new rates for coverage effective July 1, 2011.

# Buy-Out and Pre-Tax Premium Deductions

## Health Insurance Buy-Out

If you were insured with the GIC on January 1, 2011 or before, and continue your coverage through June 30, 2011, you may apply to buy out your health plan coverage during annual enrollment. You must have other non-state health insurance coverage that is comparable to the health insurance you now receive through the Group Insurance Commission.

Under the buy-out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

### **For example:**

*State employee with Tufts Health Plan Navigator family coverage:*

Full-cost premium on July 1, 2011:	\$1,432.43
Monthly 12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 monthly checks of <i>(before federal and state tax deductions)</i>	\$358.11

### **Buy Out Questions?**

Contact the GIC: 617.727.2310 ext. 1  
[www.mass.gov/gic](http://www.mass.gov/gic)

## Pre-Tax Premium Deductions

The Commonwealth deducts the employee's share of basic life and health insurance premiums on a pre-tax basis. By deducting on a pre-tax basis, the result is a small increase in your paycheck. During annual enrollment, or when you have a "qualifying event" as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums.

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2011.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2011.

**Pre-Tax Premium  
Deduction Questions?  
Contact Your Payroll Department**



# Flexible Spending Accounts

The GIC's Flexible Spending Accounts (FSAs), administered by Benefit Strategies, help you save money on out-of-pocket health care costs and/or dependent care expenses. By participating in an FSA, you will reduce your gross income and save on both federal and state taxes.

## Health Care Spending Account (HCSA)

Through the GIC's Health Care Spending Account (HCSA), active state employees can pay for out-of-pocket health care expenses not covered by a medical or dental plan on a pre-tax basis. Examples can include:

- Physician office visit and prescription drug copayments
- Medical deductibles and coinsurance
- Eyeglasses, prescription sunglasses, and contact lenses
- Orthodontia and dental benefits
- Hearing aids and durable medical equipment
- Smoking cessation and child birth classes
- Chiropractor and acupuncture visits

For calendar year 2011, participants can contribute \$500 to \$5,000 through payroll deduction on a pre-tax basis.

### HCSA Eligibility

All active state employees who are eligible for health benefits with the GIC are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week.

## Dependent Care Assistance Program (DCAP)

The Dependent Care Assistance Program (DCAP) allows state employees to pay for qualified dependent care expenses for a child under the age of 13 and an adult dependent—including day care, after-school programs, elder day care, and day camp—on a pre-tax basis. You may elect an annual DCAP contribution of up to \$5,000 per household.

### DCAP Eligibility

Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP benefits.

## HCSA & DCAP

All HCSA employee participants receive a free debit card from Benefit Strategies to conveniently pay for health care expenses out of their HCSA account. Alternately, as you incur health care and dependent care expenses, submit a claim form and receipt to Benefit Strategies. They will deposit the reimbursement to your bank account or will mail you a check, depending on whether or not you enroll in direct deposit. As required by the IRS, keep copies of all HCSA and DCAP receipts with your tax documents.

For the 2011 calendar year, the monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$3.60 on a pre-tax basis.

***It is important to estimate your expenses carefully – the Internal Revenue Service requires that any unused funds be forfeited.***

## HCSA & DCAP Enrollment

### New State Employees

New state employees, including transportation employees joining the GIC, may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

### Open Enrollment and Enrollment During the Year

The HCSA and DCAP plan year is January through December. **Open enrollment for these programs is in the fall** for the following calendar year. **You must re-enroll each year.** Employees who have a "qualified" family status change during the plan year, as outlined on the enrollment and change form, may enroll during the year.

### HCSA and DCAP Questions?

Contact Benefit Strategies

1.877.FLEXGIC (1.877.353.9442)

[www.mass.gov/gic](http://www.mass.gov/gic)

## Eligibility for the GIC Dental and Vision Plan

The GIC Dental/Vision Plan is for state employees who are not covered by collective bargaining or do not have another Dental and/or Vision Plan through the state. The plan primarily covers managers, Legislators, Legislative staff, and certain Executive Office and MBTA staff. Employees of authorities, municipalities, higher education, and the Judicial Trial Court system are not eligible for GIC Dental/Vision coverage.

## Annual Enrollment Options

During annual enrollment, eligible employees may enroll in GIC Dental/Vision for the first time, or change their dental plan selection.

## DENTAL BENEFITS

Metropolitan Life Insurance Company (MetLife) is the provider of the dental portion of the GIC Dental/Vision plan. There are two dental plan options:

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

Both plans offer the following **in-network** benefits:

- Per person calendar year maximum benefit of \$1,250
- 100% coverage for preventive and diagnostic services
- 80% coverage for basic services, such as root canals and extractions
- 50% coverage for major services, such as dental implants

**Keep in mind that if you enroll in the MetLife Value (PPO) Plan and your dentist leaves the plan during the year, you may not change plans until the next annual enrollment.**

With either plan, if you use MetLife's Preferred Dentist Program (PDP), a network of participating dentists that have agreed to accept a schedule of reduced fees, you will pay the lower negotiated fee, even after you have exceeded your annual maximum.

### Dental Questions?

**Including frequency of covered services, out-of-network benefits, and providers**

**Contact MetLife: 1.866.292.9990**

**[www.metlife.com/gic](http://www.metlife.com/gic)**



**The GIC recommends that you check to see whether you and/or your dependents receive all of your dental care from a participating PDP dentist:**

- If you do, choosing the MetLife Value (PPO) Plan will save monthly premium costs. However, if you are in the MetLife Value (PPO) Plan and you go out of network, you will need to satisfy a deductible and the benefit levels are slightly lower.
- If you and/or your dependents do not always visit participating dentists, choosing the MetLife Classic (Indemnity) Plan will provide higher benefit levels.

## VISION BENEFITS

The GIC has selected Davis Vision to continue as its carrier for the Vision portion of the GIC Dental/Vision Plan. This plan provides a preferred provider network of over 1,100 Massachusetts providers, with additional providers across the country. Members receive basic services, such as routine eye examinations, collection frames, lenses, and scratch-resistant lens coating, at no cost and pay a copay for enhanced materials and services when they use a preferred provider. Members can also take advantage of Davis Vision discounts on additional eyewear.

When members do not use a preferred provider, they are reimbursed according to a fixed schedule of benefits.

### Vision Questions?

**Including copayment amounts, providers, and discount programs**

**Contact Davis Vision: 1.800.650.2466**

**[www.davisvision.com](http://www.davisvision.com) (client code: 7852)**

## GIC DENTAL/VISION PLAN

**Monthly GIC Plan Rates as of July 1, 2011**

PLAN	INDIVIDUAL	FAMILY
Value (PPO) Plan	\$4.36	\$13.54
Classic (Indemnity) Plan	6.00	18.62

## Need More Help?

### Attend a Health Fair

Employees who are re-enrolling in a health plan and are looking at other benefit options 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

See page 30 for the schedule.

You are not required to attend a health fair to re-enroll in health insurance coverage. Simply return the re-enrollment form to your GIC Coordinator no later than May 9.

La inscripción anual tendrá lugar a partir del 8 de abril hasta el 9 de mayo de 2011.

Todos los empleados del estado activos que viven en Massachusetts y que actualmente cuentan con seguro de salud de GIC deben volver a inscribirse en su cobertura de seguro de salud durante el período de inscripción anual utilizando el formulario personalizado de reinscripción al seguro de salud adjunto. Si no vuelve a inscribirse en (o cancela) la cobertura, la GIC automáticamente le inscribirá en el plan UniCare Community Choice Plan.

No necesita volver a inscribirse si no está inscrito en el seguro de salud GIC, vive fuera de Massachusetts o recibe cobro directo del 100% de la prima de seguro de salud de GIC.

Una vez que haya seleccionado un seguro de salud, no puede cambiar de plan hasta el próximo período de inscripción anual aunque su médico u hospital se salgan del plan, a menos que usted se mude fuera del área del servicio.

Debe completar su formulario de reinscripción y enviarlo a su Coordinador de Beneficios de GIC a más tardar el 9 de mayo de 2011. Los cambios en su cobertura entrarán en vigencia el 1 de julio de 2011. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Los representantes que hablan español estarán disponibles para ayudarle con sus preguntas.

年度登記在 2011 年 4 月 8 日開始，於 5 月 9 日結束。

所有居住於 Massachusetts 且目前擁有 GIC 健康保險的現任州政府員工，必需使用函附之個人化健康保險重新登記表，於年度登記期間重新登記其健康保險承保。若您未重新登記 (或取消) 承保，則 GIC 將會自動為您登記 UniCare Community Choice Plan。

若您未登記 GIC 健康保險、未居住於 Massachusetts、或需直接支付 100% 的 GIC 健康保險費用，則毋需重新登記。

一旦您選擇了醫療保險計劃，即便您的醫師或醫院退出該醫療保險計劃，您還是必需保持您現有的計劃，直到下一個登記年度才可以更改，若您搬離該計劃服務區域時則另當別論。

您最遲必需在 2011 年 5 月 9 日以前填妥您的重新登記表並交回給您的 GIC Coordinator。您所變更的選項將在 2011 年 7 月 1 日生效。欲取得更多訊息，請致電 Group Insurance Commission，電話 617.727.2310，分機 1。



### Our Website Provides Additional Helpful Information

[www.mass.gov/gic](http://www.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
- Answers to questions about this year's health insurance re-enrollment
- The latest annual enrollment news and forms to expedite your annual enrollment decisions
- Answers to frequently asked questions
- GIC publications – including the *Benefits At-A-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Tufts Health Plan Navigator and Spirit members
- Health articles and links to help you take charge of your health

Chương trình ghi danh hàng năm sẽ bắt đầu từ ngày 8 tháng 4 đến hết ngày 9 tháng 5 năm 2011.

Tất cả nhân viên tại chức của chính phủ tiểu bang, hiện đang sống tại Massachusetts và có bảo hiểm sức khỏe GIC, phải tái ghi danh chương trình bảo hiểm sức khỏe trong thời gian ghi danh bảo hiểm hàng năm, dùng đơn tái ghi danh bảo hiểm sức khỏe in sẵn thông tin cá nhân đính kèm. Nếu quý vị không tái ghi danh (hoặc hủy bỏ) bảo hiểm, chương trình GIC sẽ tự động ghi danh quý vị vào chương trình bảo hiểm UniCare Community Choice Plan.

Quý vị không phải tái ghi danh nếu quý vị hiện không có bảo hiểm sức khỏe qua chương trình GIC, quý vị sống ngoài tiểu bang Massachusetts, hoặc quý vị thuộc chương trình trả trực tiếp 100% lệ phí bảo hiểm sức khỏe GIC.

Một khi quý vị đã chọn chương trình bảo hiểm sức khỏe, quý vị không thể đổi sang chương trình khác cho đến thời gian ghi danh hàng năm của năm sau, ngay cả khi bác sĩ hoặc bệnh viện của quý vị không còn hợp tác với chương trình, trừ khi quý vị dời chỗ ở ra khỏi khu vực phục vụ của chương trình bảo hiểm.

Quý vị phải điền đơn tái ghi danh và gửi trở lại cho Nhân viên phụ trách quyền lợi bảo hiểm GIC của quý vị trước ngày 9 tháng 5, 2011. Mọi thay đổi quý vị đã chọn sẽ bắt đầu có hiệu lực từ ngày 1 tháng 7, 2011. Để biết thông tin chi tiết, vui lòng gọi cho văn phòng Group Insurance Commission tại số 617.727.2310, số nội bộ 1.

**APRIL 2011**

**12 TUESDAY 11-2**  
**Berkshire Community College**  
 Paterson Field House  
 1350 West Street  
 PITTSFIELD

**13 WEDNESDAY 10-3**  
**State Transportation Building**  
 10 Park Plaza, 2nd Floor  
 Conference Rooms 1, 2, 3  
 BOSTON

**14 THURSDAY 11-3**  
**Wrentham Developmental Center**  
 Graves Auditorium  
 Littlefield Street  
 WRENTHAM

**15 FRIDAY 10-3**  
**Middlesex Community College**  
 Cafeteria  
 591 Springs Road  
 BEDFORD

**16 SATURDAY 10-2**  
**Boston Teachers' Union Hall**  
 180 Mt. Vernon Street (off of Day Boulevard)  
 DORCHESTER

**19 TUESDAY 11-3**  
**Northern Essex Community College**  
 The Technology Center  
 Rooms 103 A & B  
 100 Elliott Street  
 HAVERHILL

**20 WEDNESDAY 10-3**  
**McCormack State Office Building**  
 One Ashburton Place, 21st Floor  
 BOSTON

**22 FRIDAY 10-2**  
**Quinsigamond Community College**  
 Library/Learning Center, Room 109  
 670 West Boylston Street  
 WORCESTER

**25 MONDAY 10-2**  
**U-Mass Amherst**  
 Student Union Ballroom  
 AMHERST

**26 TUESDAY 10-3**  
**Hampden County Sheriff's Department**  
 Hampden County Correctional Center  
 627 Randall Road  
 LUDLOW

**27 WEDNESDAY 11-3**  
**Massasoit Community College**  
 Conference Center  
 770 Crescent Street  
 BROCKTON

**30 SATURDAY 10-2**  
**Mass Maritime Academy**  
 Bresnahan Building  
 Academy Drive  
 BUZZARDS BAY

**MAY 2011**

**2 MONDAY 10-2**  
**Bristol Community College**  
 Commonwealth College Center  
 Atrium Area  
 777 Elsbree Street  
 FALL RIVER

**3 TUESDAY 10-3**  
**State Transportation Building**  
 10 Park Plaza, 2nd Floor  
 Conference Rooms 1, 2, 3  
 BOSTON

**"No-Frills" Health Fairs**

*As all active state employees will be required to re-enroll in health insurance, large crowds are expected at this year's fairs. Therefore, this year, the GIC will be holding no-frills fairs: no wellness exhibits, health screenings or refreshments.*

## For More Information, Contact the Plans

For more information about specific plan benefits, contact the individual plan.  
Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
<b>Fallon Community Health Plan</b> Direct Care Select Care	1.866.344.4442	<a href="http://www.fchp.org/gic">www.fchp.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan Primary Choice Plan	1.800.542.1499	<a href="http://www.harvardpilgrim.org/gic">www.harvardpilgrim.org/gic</a>
<b>Health New England</b>	1.800.842.4464	<a href="http://www.hne.com">www.hne.com</a>
<b>Neighborhood Health Plan</b> NHP Care	1.800.462.5449	<a href="http://www.nhp.org">www.nhp.org</a>
<b>Tufts Health Plan</b> Navigator Spirit ■ Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1.800.870.9488   1.888.610.9039	<a href="http://www.tuftshealthplan.com/gic">www.tuftshealthplan.com/gic</a>   <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
<b>UniCare State Indemnity Plan/</b> Basic Community Choice PLUS  <i>For all UniCare Plans</i> ■ Prescription Drugs ( <i>CVS Caremark</i> ) ■ Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1.800.442.9300   1.877.876.7214 1.888.610.9039	<a href="http://www.unicarestatplan.com">www.unicarestatplan.com</a>   <a href="http://www.caremark.com/gic">www.caremark.com/gic</a> <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
OTHER BENEFITS		
<b>Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)</b> ( <i>Benefit Strategies</i> )	1.877.FLEXGIC (1.877.353.9442)	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
<b>Life/AD&amp;D Insurance (<i>The Hartford</i>)</b> <i>Contact the GIC</i>	1.617.727.2310 ext. 1	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
<b>Long Term Disability (<i>Unum</i>)</b>	1.877.226.8620	<a href="http://www.mass.gov/gic">www.mass.gov/gic</a>
FOR MANAGERS, LEGISLATORS, LEGISLATIVE STAFF, AND CERTAIN EXECUTIVE OFFICE STAFF		
<b>Dental Benefits (<i>MetLife</i>)</b>	1.866.292.9990	<a href="http://www.metlife.com/gic">www.metlife.com/gic</a>
<b>Vision Benefits (<i>Davis Vision</i>)</b>	1.800.650.2466	<a href="http://www.davisvision.com">www.davisvision.com</a> (client code: 7852)
ADDITIONAL RESOURCES		
<b>Employee Assistance Program for Managers and Supervisors (<i>United Behavioral Health</i>)</b>	1.888.610.9039	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> (access code: 10910)
<b>Internal Revenue Service (IRS)</b>	1.800.829.1040	<a href="http://www.irs.gov">www.irs.gov</a>
<b>Social Security Administration</b>	1.800.772.1213	<a href="http://www.ssa.gov">www.ssa.gov</a>
<b>State Board of Retirement</b>	1.617.367.7770	<a href="http://www.mass.gov/retirement">www.mass.gov/retirement</a>

### OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1,  
TDD/TTY: 1.617.227.8583 ■ [www.mass.gov/gic](http://www.mass.gov/gic)



**CIC (Catastrophic Illness Coverage)** – an optional part of the UniCare State Indemnity Plan/Basic. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. It is a Commonwealth of Massachusetts enrollee-pay-all benefit. Enrollees **without** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic 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 which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency information to develop tiered networks are designated as Select & Save plans.

**DCAP (Dependent Care Assistance Program)** – a pre-tax benefit that allows participants to set aside a certain amount of their income annually to use to pay certain employment-related dependent care expenses, such as child care or day camp for a dependent child under the age of 13 and/or a disabled adult dependent. Open enrollment for this program takes place in the fall for a calendar year benefit.

**Deductible** – a set dollar amount which must be satisfied within a calendar year before the health plan begins making payments on claims.

**Deferred Retirement** – allows you to continue your group health insurance after you leave state service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire life and 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.

**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. EPOs do not require the selection of a Primary Care Physician (PCP).

**GIC (Group Insurance Commission)** – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in certain cities and towns.

**HCSA (Health Care Spending Account)** – a pre-tax benefit that allows employees to contribute a set amount of their income for non-covered health expenses, such as copayments, deductibles, eyeglasses and orthodontia. Open enrollment for this program takes place in the fall for a calendar year benefit.

**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. An HMO requires the selection of a Primary Care Physician (PCP).

**LTD (Long Term Disability)** – an income replacement program for active employees providing a tax-free benefit of up to 55% of salary if illness or injury renders them unable to work for longer than 90 days. Employees pay 100% of the premium.

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

**PCP (Primary Care Physician)** – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

**Portability** – allows active employees who end employment with the Commonwealth to continue life insurance coverage at the same level of coverage. The premium for the portable life insurance coverage will be at the same rates you are insured for under the Commonwealth's group plan. Certain coverage and time limits apply.

**PPO (Preferred Provider Organization)** – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician (PCP).





**Commonwealth of Massachusetts  
Group Insurance Commission**

P.O. Box 8747  
Boston, MA 02114-8747

## Commonwealth of Massachusetts

**Deval L. Patrick, Governor**

**Timothy P. Murray, Lieutenant Governor**

**Group Insurance Commission**

**Dolores L. Mitchell, Executive Director**

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**COMMISSIONERS**

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**Richard E. Waring, Vice Chair (NAGE)**

**Suzanne Bailey, Designee (for Joseph G. Murphy, Commissioner, Division of Insurance)**

**Harris A. Berman, M.D.**

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**Anne M. Paulsen (Retiree Member)**

**Laurel Sweeney**

**Paul F. Toner (Massachusetts Teachers Association)**

**Website: [www.mass.gov/gic](http://www.mass.gov/gic)**