

**IN RESPONSE TO
THE COVID-19 OUTBREAK**

CANCELED:
Benefit Fairs (public-gathering ban)

EXTENDED:
Annual Enrollment
Mon. April 6 – Mon. June 1, 2020

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

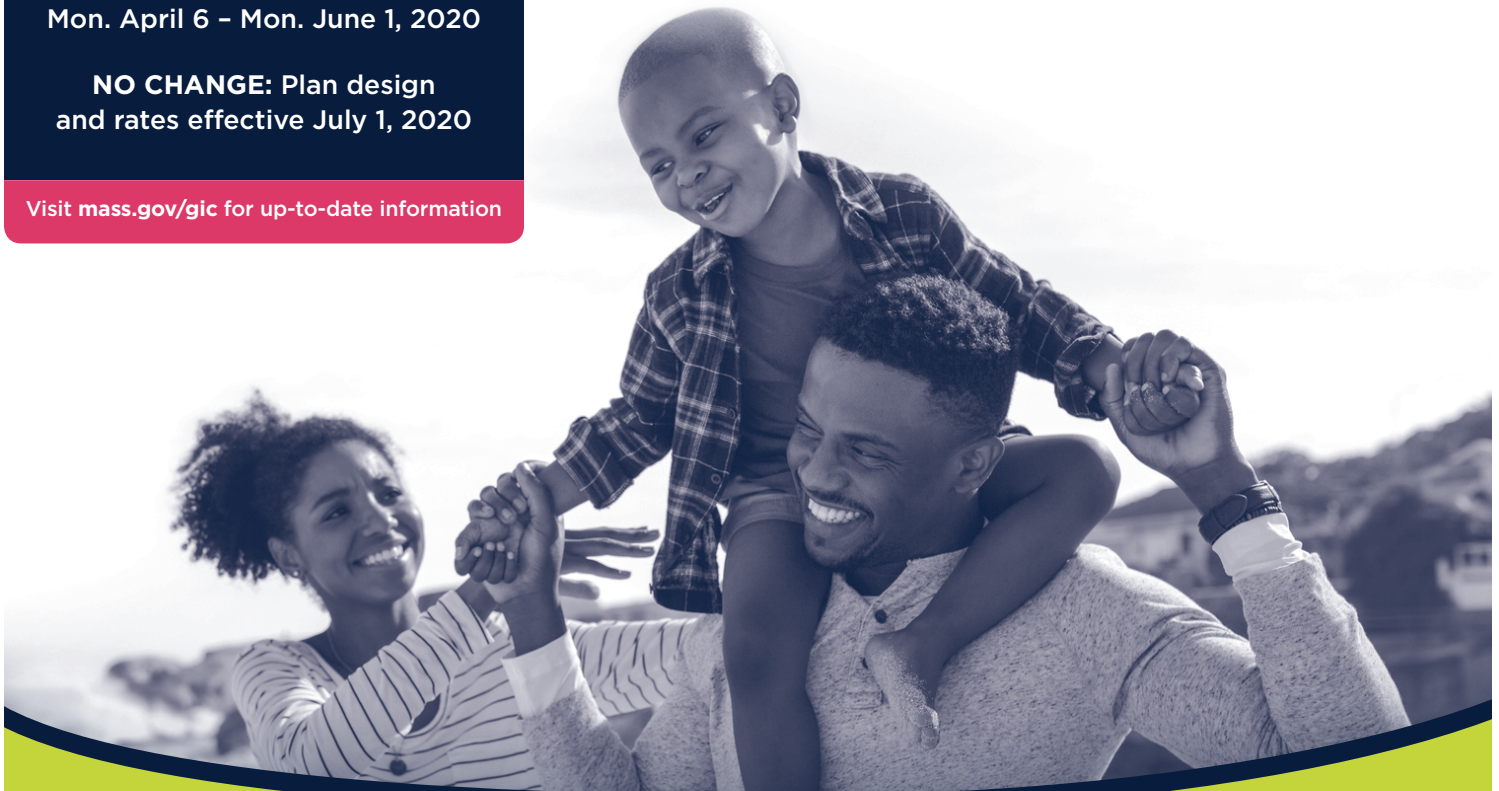
Visit mass.gov/gic for up-to-date information



**Annual Enrollment:
APRIL 6 – JUNE 1, 2020**



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



2020–2021 OVERVIEW

KNOW YOUR GIC BENEFITS

COMMONWEALTH OF MASSACHUSETTS

EMPLOYEES



**Commonwealth of Massachusetts
Group Insurance Commission**



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

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

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

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

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

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

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

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

If you make no changes, your current GIC health, dental and vision benefits will remain in place at the new rates effective July 1, 2020. You must re-enroll if you wish to participate in a health care or dependent care FSA in FY21.



IMPORTANT REMINDERS

- 1. Annual enrollment is your once-a-year opportunity to change your health plan or coverage election.**
- 2. You may make certain changes to your elections within 60 days of a qualifying event.** Qualifying events include marriage, birth/adoption, involuntary loss of other coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave. Your doctor or hospital leaving a network is not a qualifying event. For complete details, go to bit.ly/gicliferevents.
- 3. New hires must enroll in coverage within the first ten days of employment.**
- 4. Doctors and hospitals within your network may change during the year.** If your provider is no longer available, your health insurance carrier will help you find a new one.
- 5. When checking provider coverage and tiers, specify the health insurance product’s full name, such as “Tufts Health Plan Spirit” or “Tufts Health Plan Navigator,” and not just “Tufts Health Plan.”** Your health insurance carrier is the best source for this information.

THE GIC IS
GOING
DIGITAL!



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

This year, you can access a mobile enabled guide online at mygiclink.com. You can also print a copy of this guide at mass.gov/gic.



HEALTH INSURANCE PRODUCTS

- The GIC regularly reviews its plans to be sure they offer medical and behavioral health benefits that meet state and federal “parity” laws—in other words, that the plans treat behavioral health benefits the same as or better than the way they treat medical benefits.
- This year, you’ll see changes to the UniCare Basic, Choice and Plus behavioral health benefits that put them more in line with the medical benefits under those plans. The GIC has eliminated or reduced some copays and deductibles. For details, see the UniCare Handbooks, available no later than July 1, 2020, at mass.gov/gic.

PHARMACY BENEFITS

- No plan design changes

OTHER BENEFITS

- You can save up to 30% on eligible out-of-pocket health and dependent care costs by enrolling in an FSA.
- You must re-enroll in your health care or dependent care FSA every year.
- Go to page 9 to learn more.



GO DIGITAL!

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

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

What You Need to Know



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

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

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

Avoid the Retail Refill Penalty!

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

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

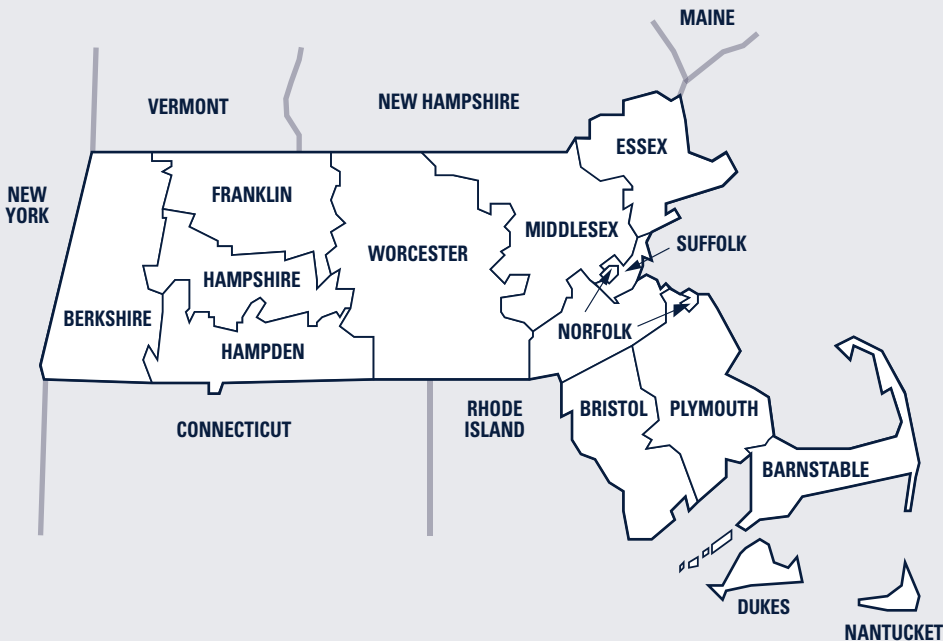
Make sure you respond to that letter from Express Scripts before your third refill, or you will be charged a significant penalty.

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

Where Do You Live?



Where you live determines which health insurance product you may enroll in.



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

- DIRECT** – Fallon Health Direct Care
- SELECT** – Fallon Health Select Care
- INDEPENDENCE** – Harvard Pilgrim Independence
- PRIMARY CHOICE** – Harvard Pilgrim Primary Choice
- HNE** – Health New England
- ALLWAYS COMPLETE** – AllWays Health Partners Complete HMO
- NAVIGATOR** – Tufts Health Plan Navigator
- SPIRIT** – Tufts Health Plan Spirit
- BASIC** – UniCare State Indemnity Plan/Basic
- COMMUNITY CHOICE** – UniCare State Indemnity Plan/Community Choice
- PLUS** – UniCare State Indemnity Plan/PLUS

Is the Health Product Available Where You Live?

BARNSTABLE

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

BERKSHIRE

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

BRISTOL

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

DUKES

Independence, AllWays Complete, Navigator, Basic, PLUS

ESSEX

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

FRANKLIN

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

HAMPDEN

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

HAMPSHIRE

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

MIDDLESEX

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

NANTUCKET

Independence, AllWays Complete, Navigator, Basic, PLUS

NORFOLK

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

PLYMOUTH

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

SUFFOLK

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

WORCESTER

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

OUTSIDE OF MASSACHUSETTS

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

CONNECTICUT

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

MAINE

Independence, Navigator*, Basic, PLUS

NEW HAMPSHIRE

Select*, Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

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

Rate Chart



		Monthly GIC Product Rates Effective July 1, 2020			
		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		\$1.30		\$1.63	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/ Basic <i>with CIC*</i> (Comprehensive)	National Network	\$278.15	\$618.32	\$333.66	\$740.94
UniCare State Indemnity Plan/ Basic <i>without CIC</i>		\$222.01	\$490.47	\$277.52	\$613.09
UniCare State Indemnity Plan/ PLUS	Broad Network	\$145.54	\$344.60	\$181.94	\$430.75
Tufts Health Plan Navigator		\$160.55	\$390.23	\$200.69	\$487.79
Fallon Health Select Care		\$167.95	\$406.49	\$209.95	\$508.12
Harvard Pilgrim Independence Plan		\$184.10	\$447.58	\$230.13	\$559.48
Health New England	Regional Network	\$119.74	\$283.27	\$149.69	\$354.10
AllWays Health Partners Complete HMO		\$138.39	\$357.94	\$173.00	\$447.43
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$111.43	\$273.96	\$139.29	\$342.45
Tufts Health Plan Spirit		\$122.21	\$292.59	\$152.77	\$365.74
Fallon Health Direct Care		\$124.59	\$312.51	\$155.74	\$390.64
Harvard Pilgrim Primary Choice Plan		\$133.92	\$339.52	\$167.41	\$424.41

* CIC is an enrollee-pay-all benefit.

Benefits-at-a-Glance



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

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

Benefits-at-a-Glance



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

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

Have You Had Any Personal or Family Information Changes?

Have you experienced any of these events?

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

Questions?

 1.617.727.2310, TDD/TTY 711

 bit.ly/gicqualifyingevents

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

Flexible Spending Accounts (FSAs)



What is a Flexible Spending Account (FSA)?

An FSA is a great way to save money on eligible health and dependent care expenses. Here's how an FSA works: you set aside a set dollar amount every paycheck. That dollar amount is not subject to state or federal income taxes. It goes into an "account" administered by Benefit Strategies. During the year, when you have eligible health care and/or dependent care expenses, you get reimbursed—tax-free—from your account. Your total annual Health Care FSA contribution is available to you immediately. Your Dependent Care FSA contributions are available to you as you contribute them to your account.

Examples of eligible health care expenses:

- Doctor's office visit copays
- Prescription drug copays
- Medical deductibles and coinsurance amounts

Examples of eligible dependent care expenses:

- Payments for adult or child day care
- Certain before- and after-school expenses
- Certain summer camp costs

You can enroll in a Health Care FSA for as little as \$250 or as much as \$2,750/year.

You can enroll in a Dependent Care FSA for as little as \$250 and as much as \$5,000/year (or \$2,500 if married and filing separate tax returns).

To enroll in an FSA, learn more about Health Care and Dependent Care FSAs and view other eligible expenses, go to benstrat.com/gic-fsa.

Even if you are enrolled in one or both FSAs this year, you must re-enroll if you wish to participate in FY21.



How can an FSA save you money?

With an FSA, you set aside money every paycheck on an income tax-free basis. You use this money during the year to pay for eligible expenses — tax free.

For example:

BREAKDOWN OF PAYCHECK & DEDUCTIONS	NOT PARTICIPATING IN HCSA OR DCAP PLAN	PARTICIPATING IN HCSA OR DCAP PLAN
Gross Yearly Pay	\$30,000	\$30,000
Health Care FSA Annual Contribution (Pre-Tax)	\$0	(\$2,000)
Dependent Care FSA Annual Contribution (Pre-Tax)	\$0	(\$4,000)
Taxable Income	\$30,000	\$24,000
Sample Income Tax Withholdings of 25%	(\$7,500)	(\$6,200)
Yearly Health Care Expenses	(\$2,000 post-tax)	\$2,000 (Claims reimbursed)
Yearly Daycare Expenses	(\$4,000 post-tax)	\$4,000 (Claims reimbursed)
Net Available Income	\$16,500	\$18,000

Who is eligible and when do I enroll?

Active state employees who are eligible for GIC benefits may enroll in a Health Care and/or Dependent Care FSA.

FSA Enrollment for the 2021 Plan Year: April 6 – May 1, 2020

During the GIC's spring 2020 Annual Enrollment period, you may enroll in one or both FSAs for the plan year of July 1, 2020–June 30, 2021. **You must re-enroll every year.**

- New State Employees and Changes in Status:** New state employees and employees who experience a qualifying status change during the year may enroll for partial-year benefits. For the Health Care FSA, new hire participation begins at the same time as other GIC benefits. For the Dependent Care FSA, participation begins on the first day of employment.

What else do I need to know?

In exchange for the tax savings these programs offer, the IRS imposes a use-it-or-lose-it rule. This means that you must use all the money in your account by the end of the plan year, or you lose that money, subject to the grace period.

- 2½-Month Grace Period:** If you still have money left in your FSA at the end of the plan year, you have an additional 2½ months to incur eligible claims and submit them for reimbursement. For the 2021 plan year, you have until September 15, 2021 to incur claims and until October 15, 2021 to submit them.
- Administrative Fee:** You pay a \$1.00 monthly administrative fee regardless of whether you enroll in one or both FSAs.

KEY FSA DATES | Open Enrollment: April 6 – May 1, 2020

2020 Plan Year	2021 Plan Year
<ul style="list-style-type: none"> Plan Year: July 1, 2019 – June 30, 2020 2½ month Grace Period: July 1, 2020 – September 15, 2020 Claim filing deadline: October 15, 2020 	<ul style="list-style-type: none"> Plan Year: July 1, 2020 – June 30, 2021 2½ month Grace Period: July 1, 2021 – September 15, 2021 Claim filing deadline: October 15, 2021

Questions?

 Toll Free: 1.877.FlexGIC (1.877.353.9442)

 benstrat.com/gic-fsa

Mass4You: Employee Assistance Program (EAP)



The Mass4You Employee Assistance Program (EAP) is available to all active, state and municipal employees and their families who are eligible for GIC benefits.

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

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

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



1.844.263.1982

TTY Support: 711 +1.844.263.1982

Substance Use Treatment Helpline: 1.855.780.5955



liveandworkwell.com

GIC Rx: Prescription Drug Benefits



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

Prescription Drug Deductible

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

Drug Copays

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

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

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

Questions?



1.855.283.7679



express-scripts.com/gicRx

Health Insurance Buy-Out/Pre-Tax Premium Deductions

Health Insurance Buy-Out

To be eligible for the Health Insurance Buy-Out, you must have other non-GIC health insurance coverage through another employer-sponsored plan that meets Internal Revenue Service “minimum value” criteria and must maintain GIC basic life insurance.

What is the Buy-Out Program?

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. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paychecks; employees of housing and other authorities 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, 2020 (Monthly):	\$1,944.65
12-month benefit =	25% of this premium
<hr/>	
Employee receives 12 payroll deposits or monthly checks of:*	\$486.16
Yearly Earnings (12 monthly payments):*	\$5,833.92

**subject to federal, Medicare, and state taxes*

When to Enroll

There are two buy-out periods, and your reimbursement will be determined based on the GIC product you are enrolled in at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2020 or before, and continue your coverage through June 30, 2020, you may apply to buy out your health plan coverage effective July 1, 2020.
- **October 5 – October 30, 2020:** If you are insured with the GIC on July 1, 2020 or before, and continue your coverage through December 31, 2020, you may apply to buy out your health plan coverage effective January 1, 2021. The enrollment period for this buy-out is October 5 – October 30, 2020.

Form Submission

Submit your completed Buy-Out form no later than May 1, 2020 for the July 1, 2020 buy-out or October 30, 2020 for the January 1, 2021 buy-out. Forms received after the deadline will not be accepted.

Questions?



1.617.727.2310



bit.ly/gicbuyout

Pre-Tax Premium Deductions

The Commonwealth deducts your share of basic life and health insurance premiums on a pre-tax basis. During Annual Enrollment, or when you experience a qualified status change as outlined on the pre-tax form, you may change the tax status of your premiums:

- If your deductions are taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2020.
- If your deductions are taken on an after-tax basis, you may switch to pre-tax effective July 1, 2020.

Contact your payroll coordinator or the GIC with questions.



What is it?

LTD insurance is an income replacement program that financially protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. Unum is the GIC's Long Term Disability (LTD) Carrier. If you are unable to work for 90 consecutive days due to illness or injury, this program provides income replacement. Benefits include:

- A tax-free benefit of 55% of a participant's gross monthly salary, up to a maximum benefit of \$10,000 per month, up to the age of 65. If a participant is disabled on or after age 62, benefits may continue after age 65;
- A benefit for partial disabilities;
- A 36-month benefit for behavioral health disabilities;
- A rehabilitation and return-to-work assistance benefit;
- A dependent care expense benefit; and
- Partial benefits, even if you are receiving other income benefits, with a minimum of \$100 or 10% of your gross monthly benefit amount - whichever is higher.

Eligibility and Enrollment

Active state employees who are eligible for GIC benefits are eligible for LTD.

Current State Employees: All eligible employees can apply for LTD coverage during Annual Enrollment, or at any time during the year. You must provide proof of good health for Unum's approval to enter the plan.

New State Employees: Eligible employees may enroll in LTD without providing evidence of good health.

MONTHLY GIC PLAN RATES	
ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM – Per \$100 of Monthly Earnings
Under Age 24	\$0.08
25 – 29	\$0.10
30 – 34	\$0.14
35 – 39	\$0.17
40 – 44	\$0.35
45 – 49	\$0.47
50 – 54	\$0.57
55 – 59	\$0.70
60 – 64	\$0.67
65 – 69	\$0.38
70 and over	\$0.22

Questions?

 1.877.226.8620

 bit.ly/giclongtermdisability

Life Insurance and Accidental Death & Dismemberment (AD&D)

Insured by The Hartford Life and Accident Insurance Company, life and AD&D insurance help provide for your beneficiary's well-being in the event of a serious accident or death. This benefit is paid to your designated beneficiary(ies).

- **Basic Life Insurance:** The Commonwealth offers \$5,000 of Basic Life Insurance.
- **Optional Life Insurance:** You may buy additional coverage of up to eight times your annual salary, to a maximum benefit of \$1.5 million. You pay the full cost of this benefit.

This is term insurance, which means that it is in effect for as long as you are eligible for coverage through your employment. It has no cash value. Benefits are paid to your beneficiary(ies), so it is important to keep your beneficiary designation up to date.

Optional Life Insurance

You must be enrolled in basic life insurance in order to be eligible for optional life insurance.

- **New State Employees:** You may enroll in optional life insurance within 10 days of employment without providing evidence of good health.
- **Current Employees During the Year:** State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for The Hartford's review and approval. The GIC will determine the effective date if The Hartford approves your application.

Current Employees with a Qualified Family Status Change

If you experience a qualified family status change during the year, you may enroll in or increase your optional life insurance amount without providing proof of good health. You must provide the GIC with proof of your status change within 31 days. Total optional life insurance coverage is limited to up to four times your salary.

Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free, you are eligible for reduced non-smoker optional life insurance rates. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment take effect effective July 1, 2020.

Optional Life Insurance Rates (Including AD&D)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES - Per \$1,000 of Coverage	
	SMOKER RATE	NON-SMOKER RATE
Under Age 35	\$0.10	\$0.04
35 - 44	\$0.12	\$0.05
45 - 49	\$0.20	\$0.07
50 - 54	\$0.33	\$0.14
55 - 59	\$0.53	\$0.21
60 - 64	\$0.79	\$0.31
65 - 69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

Questions?

 1.617.727.2310

 bit.ly/giclifelifelifeinsurancebooklet



Eligibility

The GIC dental and vision plans cover state employees who are not covered by collective bargaining or do not have another dental or vision plan through the Commonwealth. The plans primarily cover managers, legislators, legislative staff, and certain Executive Office staff. Employees of authorities, municipalities, and higher education are **not** eligible for the GIC Dental/Vision Plan.

Enrollment

During Annual Enrollment or within 60 days of a qualifying status change, you may enroll in GIC dental and vision benefits and change your dental product selection.

Dental Benefits

Metropolitan Life Insurance Company (MetLife) is the dental plan carrier. You have two product options from which to choose:

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

For more information, including covered services, out-of-network benefits, and providers, contact MetLife:

 **1.866.292.9990**


 **metlife.com/gic**

Vision Benefits

Davis Vision is the vision plan provider. You may receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

- Routine eye examinations
- Fashion and designer frames
- Lenses
- Scratch-resistant lens coating

For more information, including copay amounts, providers, and discount programs, contact Davis Vision:

 **1.800.650.2466**

 **davisvision.com** (client code: 7852)

GIC Dental / Vision Rates

PLAN	MONTHLY GIC DENTAL/VISION RATES - Effective July 1, 2020	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.75	\$14.75
Indemnity (Classic) Plan	\$6.44	\$19.97



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



Anything related to: **ENROLLMENT OR ELIGIBILITY**

For example:

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

**Contact the Group Insurance
Commission or your GIC Coordinator**

**1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment**



Anything related to: **HEALTH INSURANCE PRODUCT AND COVERAGE**

For example:

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

**Contact your
health insurance carrier**

HEALTH INSURANCE CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	alwayshealthpartners.org/ gic-members
Fallon Health	1.866.344.4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	1.800.542.1499	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488	tuftshealthplan.com/gic
UniCare State Indemnity Plan	1.833.663.4176	unicarestateplan.com
Express Scripts Pharmacy Benefits Manager	1.855.283.7679	express-scripts.com/gicRx
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)	1.877.353.9442	benstrat.com/gic-fsa
Life/AD&D Insurance	1.617.727.2310	bit.ly/giclifelineinsurance
Long Term Disability	1.877.226.8620	bit.ly/giclongtermdisability
MetLife Dental Benefits	1.866.292.9990	metlife.com/gic
Vision Benefits	1.800.650.2466	davisvision.com (client code: 7852)



P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

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



Telephone: 1.617.727.2310

TDD/TTY: 711



Mailing Address:

**Group Insurance Commission
P.O. Box 556
Randolph, MA 02368**



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

Commissioners

*Current as of March 2020.

For more information, visit [mass.gov/gic](https://www.mass.gov/gic).

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