



2012-2013



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

GIC BENEFIT DECISION GUIDE

FOR COMMONWEALTH OF MASSACHUSETTS

RETIREES & SURVIVORS

Benefits and Rates Effective July 1, 2012 • ***EVALUATE YOUR OPTIONS CAREFULLY!***



OFFICE OF THE GOVERNOR
COMMONWEALTH OF MASSACHUSETTS
STATE HOUSE • BOSTON, MA 02133
(617) 725-4000

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR



Spring 2012

Dear Colleagues:

Important options are available to you in choosing a health care plan through the Group Insurance Commission.

Through limited network plans and new ways for municipalities to lower health care costs, the GIC continues to provide excellent benefits at affordable costs to state and municipal workers. As we look ahead to Fiscal Year 2013, we remain committed to these objectives.

This **2012-2013 Benefit Decision Guide** gives you an overview of your options. The GIC's website, www.mass.gov/gic, offers additional details. Take the time to research your options so that you can make the best selections for you and your family.

Each of us has a part to play in sustaining access to affordable, quality health care -- the Group Insurance Commission by designing programs to improve the system; the administration and the Legislature by funding these programs responsibly; and you by being informed, thoughtful and active consumers.

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 "Timothy P. Murray", written over a large, stylized blue oval graphic.

HOW TO USE THIS GUIDE

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 This symbol indicates that benefits are not available to GIC Retired Municipal Teachers (RMTs not participating in the municipal health-only program) and Elderly Governmental Retirees (EGRs).



**Commonwealth of Massachusetts
Group Insurance Commission**

**Your
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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.

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IMPORTANT REMINDERS

- This **Benefit Decision Guide** contains important benefit and rate changes effective July 1, 2012. *Review pages 4, 11, 12 and 14 for details.*
- Read the **Choose the Best Health Plan for You and Your Family** section on page 5 for information to consider when selecting a health plan.
- If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.
- **Once you choose a health plan, you cannot change plans until the next annual enrollment**, even if your doctor or hospital leaves the health plan, unless you move out of the plan's service area or become eligible for Medicare (in which case, you **must** switch plans).
- Your annual enrollment written requests and forms are due to the GIC or your benefits office (*retirees and survivors of new entities joining the GIC effective July 1, 2012, or later only*) **no later than Monday, May 7, 2012**. All forms and applications are available at the GIC's website (www.mass.gov/gic). Changes go into effect July 1, 2012.

Annual enrollment gives you the opportunity to review your options and select a new health plan.

Municipal teachers (RMTs) retiring in June 2012 have until June 15, 2012 to select their coverage.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option, GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

IF YOU HAVE MEDICARE:

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

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

You may enroll in...

- Retiree Dental Plan

You may apply for*...

- Health Insurance Buy-Out

By submitting by May 7...

- **Existing State/Retirees/Survivors:** Written request to make a health plan change and Buy-Out and Retiree Dental forms to the GIC
- **Retirees/Survivors of New Entities Joining the GIC:** New Entity enrollment forms and required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office



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 or become eligible for Medicare (in which case, you *must* switch plans).

* See page 35 for eligibility details.

- Enrollment and application forms are available on our website: www.mass.gov/gic, at the GIC health fairs, and by calling or writing to the GIC.
- For written requests to make a health plan change, include your name, address and GIC Identification number.



If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

Retirees, survivors, deferred retirees, and former employees who have continued to pay for health coverage through the state's 39-week option or the federal COBRA option

IF YOU DO NOT HAVE MEDICARE:

You may enroll in or change your selection of 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

You may enroll in...

- Retiree Dental Plan

You may apply for*... Health Insurance Buy-Out

By submitting by May 7...

- **Current State Retirees/Survivors:** Written request to make a health plan change and Buy-Out and Retiree Dental forms to the GIC
- **Retirees/Survivors of New Entities Joining the GIC:** New Entity enrollment forms and required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office

GIC Retired Municipal Teachers (RMTs) and Elderly Governmental Retirees (EGRs)

IF YOU DO NOT HAVE MEDICARE...

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

- Fallon Community Health Plan Direct Care 
- Fallon Community Health Plan Select Care
- Health New England 
- NHP Care (Neighborhood Health Plan) 
- UniCare State Indemnity Plan/Basic

You may enroll in...

- Retiree Dental Plan

You may apply for*... Health Insurance Buy-Out

By submitting by May 7...

Enrollment forms to the GIC



Indicates this is a GIC Limited Network Plan.

FREQUENTLY ASKED QUESTIONS

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 Social Security and Medicare benefit eligibility. **If you are eligible for Part A for free and if you are retired, you must enroll in Medicare Parts A and B** to continue coverage with the GIC.

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

The spouse covered by an active employee who is 65 or over should not sign up for Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D. See page 15 for more information.

Q *I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?*

A Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible for Part A for free, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. See page 6 for health plan combination options.

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 elect both employee and retiree benefits?*

A No. You must elect active employee **or** retiree benefits. Contact the GIC to indicate whether you want employee or retiree benefits.

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

A If you (the state retiree) 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 or dies, regardless of your retirement benefit option (A, B or C). However, he/she must apply for survivor coverage by contacting the GIC for an application; survivor coverage is **not** an automatic benefit.



You MUST Notify The GIC 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 billed for services provided to you or a family member. Please write to the GIC if any of the following changes occur:

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

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

See the GIC's website for answers to other frequently asked questions:

www.mass.gov/gic

FAQ

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

Limited Network Plans

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. The GIC continues its focus on **Non-Medicare** high-quality, limited network plans that provide the same great benefits as wider network plans, with fewer providers and lower costs. *See more about the benefits of these plans on page 9.*

Clinical Performance Improvement Initiative

The GIC's important Clinical Performance Improvement (CPI) Initiative is beginning its eighth year of operation. With this program, members pay lower copays for providers with higher 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 copay.

How are physician tiers determined?

Based on an analysis of tens of millions of physician claims and 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.

Health Plan Benefit Changes Effective July 1, 2012

- **Fallon Direct, Fallon Select, Harvard Independence, Harvard Primary Choice, Health New England, NHP Care, Tufts Navigator and Tufts Spirit:** the inpatient hospital member copay will be limited to one per calendar quarter for these plans. The UniCare plans already offer this benefit.
- **Neighborhood Health Plan** will require Primary Care Physician referrals to specialists.
- **Buy-Out Option Now Available Twice per Year:** state retirees may apply to buy out their health plan coverage effective July 1, 2012, and January 1, 2013. *See page 35 for buy-out dates and eligibility details.*
- **UniCare Indemnity Basic, Community Choice, Medicare Extension (OME) and PLUS:** the \$40 maximum reimbursement to chiropractor providers will be eliminated. The copay, coinsurance and 20-visit-per-year limit will still apply.

Other Benefit Changes Effective July 1, 2012

● New WellMASS Pilot Program

A new pilot wellness program is available for early state retirees ages 55-64 and their covered spouses. This program will include health assessments, online resources, and health coaching, depending on a retiree's risk factors. Wellness seminars will be held at state office buildings across the state and all GIC enrollees may attend these sessions. *See page 33 for more information.*

● Retiree Dental Plan

MetLife was awarded a new contract to continue as our Retiree Dental plan carrier. Previously, new members were required to wait six months to receive major restorative services, like crowns and dentures. This waiting period will be eliminated effective July 1, 2012. *See page 36 for plan information.*



During annual enrollment, be sure to check your doctor's and hospital's tier, as it can change each July 1 with new data.

CHOOSE THE BEST HEALTH PLAN FOR YOU AND YOUR FAMILY



STEP 1:

IDENTIFY which plan(s) you are eligible to join:

- Determine if you are eligible for Medicare (*see page 6*).
- Where you live determines which plan(s) you may enroll in. *See the map on page 8 for Non-Medicare health plan locations and page 7 for Medicare plan locations.*
- See each health plan page for eligibility details (*see pages 16-32*).

 **Do Your Homework During Annual Enrollment—Even If You Want to Stay in the Same Health Plan**



STEP 2:

For the plans you are eligible to join and are interested in...

- **REVIEW** their benefit summaries (*see pages 16-32*).
- **REVIEW** their monthly rates (*see pages 11-12 and 14*).
- If you are a Non-Medicare retiree/survivor, consider enrolling in a limited network plan – you will save money on your monthly premium (*see page 9*).
- **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:

Find out if your doctors and hospitals are in the plan's network. 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 "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," and not just "Harvard Pilgrim."



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



STEP 4:

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



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

Three Great Resources

- 1 The plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 39 for website addresses.*
- 2 The health plan's customer service line:** A representative can help you. *See page 39 for phone numbers.*
- 3 A GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 38 for the health fair schedule.*

MEDICARE AND YOUR GIC BENEFITS

Medicare Guidelines

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

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

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

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

Retiree and Spouse Coverage if Under and Over Age 65

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

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

Health Plan Combination Choices – State retirees, deferred retirees and former employees receiving continuation coverage

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

Health Plan Combination Choices – GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)

| NON-MEDICARE PLAN | MEDICARE PLAN |
|--|---|
| Fallon Community Health Plan Direct Care | Fallon Senior Plan |
| Fallon Community Health Plan Select Care | Fallon Senior Plan |
| Health New England | Health New England MedPlus |
| UniCare State Indemnity Plan/Basic | UniCare State Indemnity Plan/Medicare Extension (OME) |

MEDICARE AND YOUR GIC BENEFITS

How to Calculate Your Rate

See rate charts on pages 11-12 and 14.

Retiree and Spouse Both on Medicare

Find the "Retiree Pays Monthly" rate for the Medicare plan in which you are enrolling and double it to calculate for your total monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

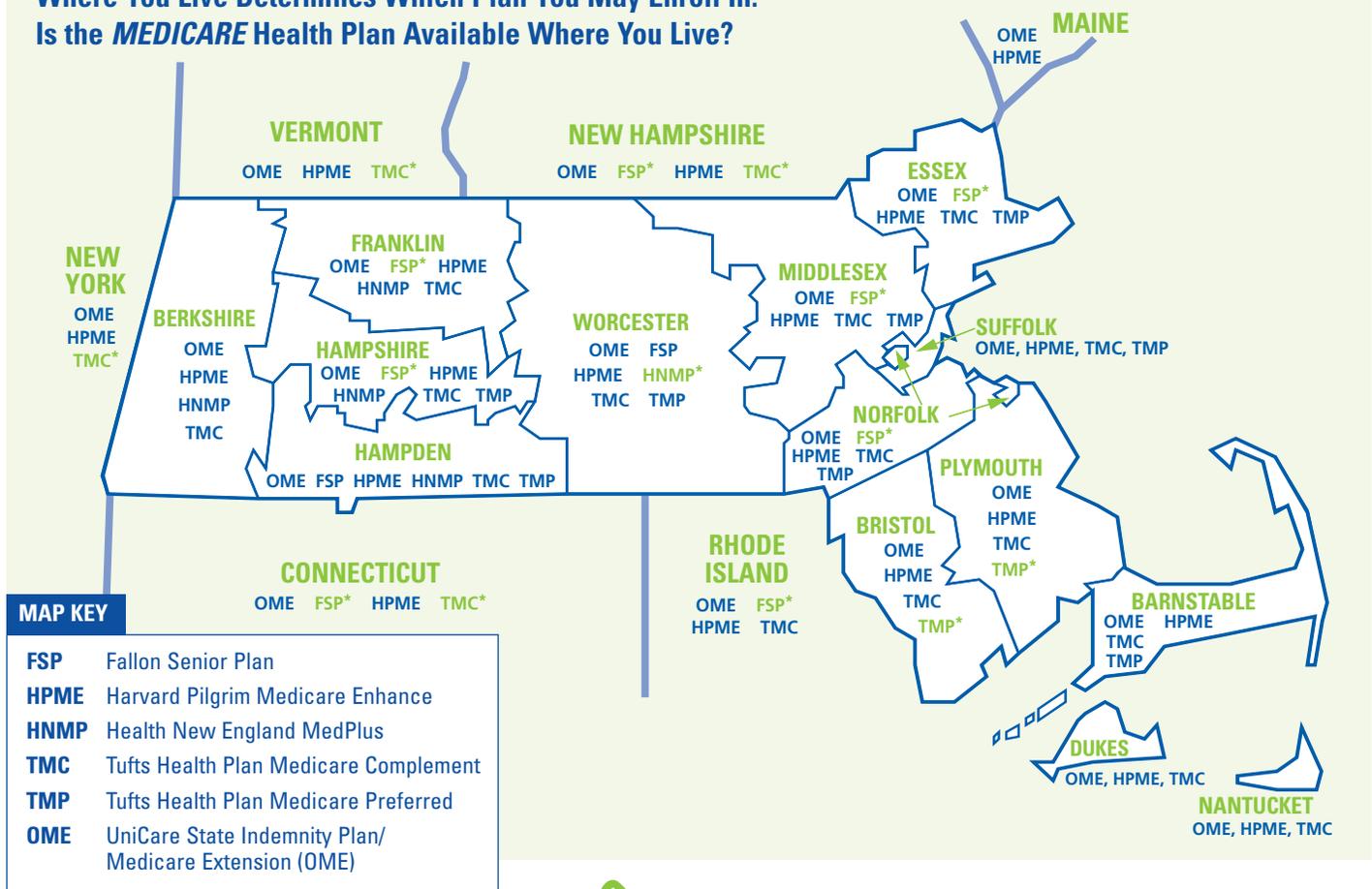
1. Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the "Retiree Pays Monthly" individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together;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

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the map below.*
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment. Your Medicare HMO will help you find another provider.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2013. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

MEDICARE HEALTH PLAN LOCATIONS

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

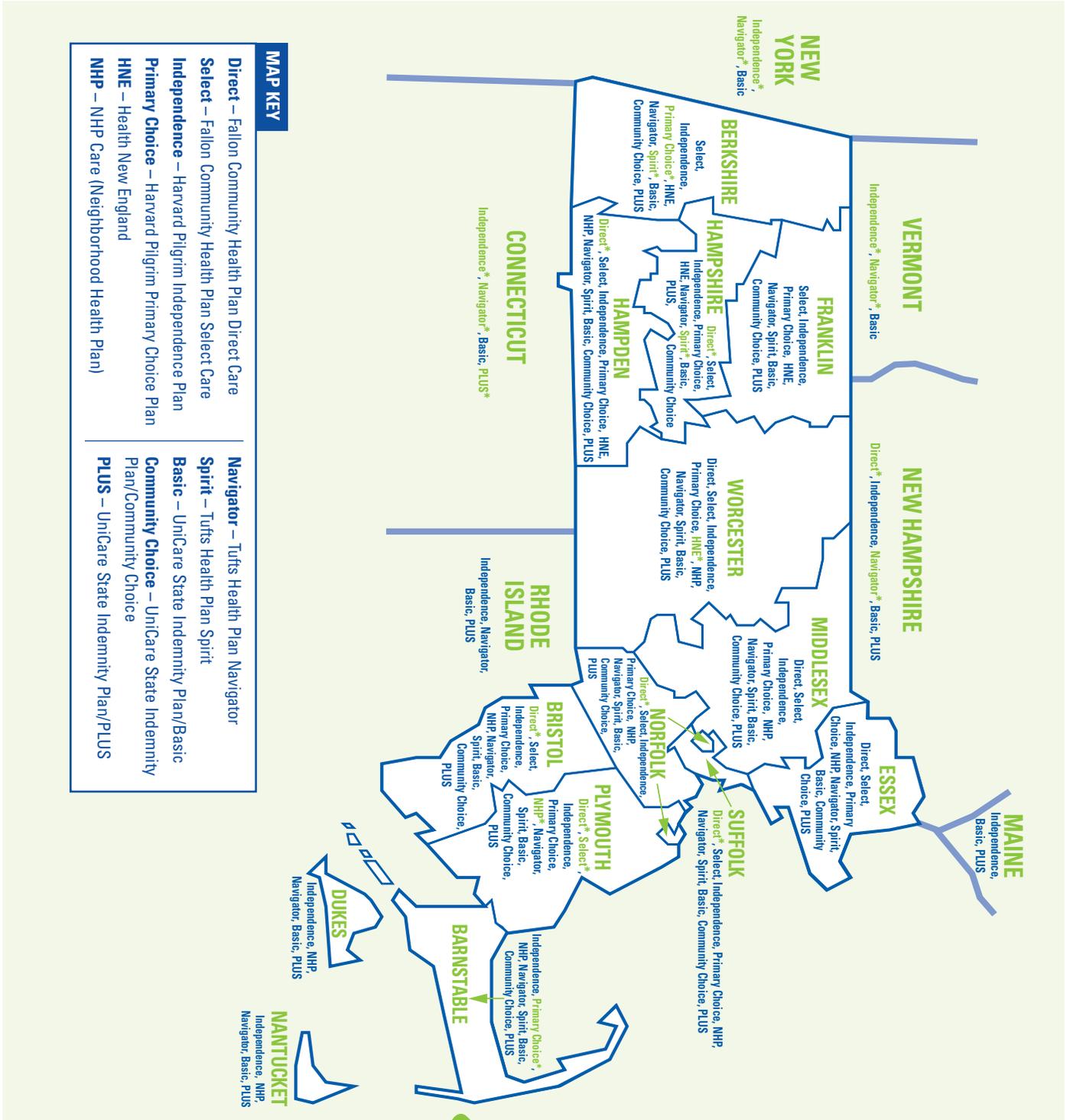


The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States. The UniCare State Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

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

NON-MEDICARE HEALTH PLAN LOCATIONS

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



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.

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



Consider Enrolling in a Limited Network Plan to Save Money Every Month on Your Premiums!

Limited network plans help address differences in provider costs. You will enjoy the same benefits as the wider network plans, but will save money because limited network plans have a smaller network of providers (not every doctor and hospital). Your savings depend on:

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

See pages 12 and 14 to determine what the savings would be for the plans you are considering.

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

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

For participating physician and other provider details, contact the individual plans by phone or visit their website (see page 39).



Limited Network Plan

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 25 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 57 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire County and Cape Cod.
- **Health New England** – a western Massachusetts-based HMO that also covers parts of Worcester County and includes 18 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 67 hospitals. NHP Care is available across most of the state except for Berkshire, Franklin, Hampshire, and parts of Plymouth County.
- **Tufts Health Plan Spirit** – an EPO (HMO-type) plan with a network of 53 hospitals. The plan is available throughout Massachusetts, except for Martha’s Vineyard, Nantucket and parts of Berkshire County.
- **UniCare State Indemnity Plan/Community Choice** – a PPO-type plan with a network of 49 hospitals. All Massachusetts physicians participate. The plan is available throughout Massachusetts, except for Martha’s Vineyard and Nantucket.



Your Responsibility Before You Enroll in a Plan

- Be sure to check if your doctors participate in the plan
- Find out if the doctors’ affiliated hospitals are in the plan
- **Keep in Mind:** Doctors and hospitals can leave a plan during the year, usually because of health plan and provider contract issues, practice mergers, retirement or relocation. *Once you choose a plan, you cannot change health plans during the year*, unless you move out of the plan’s service area. If your doctor or hospital leaves your health plan, you must find a new participating provider.

CALENDAR YEAR DEDUCTIBLE QUESTIONS AND ANSWERS

All GIC **Non-Medicare Retiree/Survivor** 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).

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

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). This is a separate charge from any copays.

Q **How much is the calendar year deductible?**

A The 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.

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

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

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

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

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

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

RETIREE AND SURVIVOR MEDICARE HEALTH PLAN RATES

Monthly GIC Plan Rates as of July 1, 2012

MEDICARE PLANS

| | | MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1,2} | MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009 | MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010 | MEDICARE RETIREES who filed for retirement after October 1, 2009 |
|---|----------------------|---|---|--|---|
| | | 10% | 15% | 15% | 20% |
| | | Retiree/Survivor Pays Monthly | Retiree Pays Monthly | Retiree Pays Monthly | Retiree Pays Monthly |
| Basic Life Insurance Only (<i>\$5,000 coverage</i>) | | \$0.63 | \$0.95 | \$0.95 | \$1.26 |
| HEALTH PLAN (<i>premium includes Basic Life Insurance</i>) | PLAN TYPE | PER PERSON | PER PERSON | PER PERSON | PER PERSON |
| Fallon Senior Plan³ | HMO | \$26.95 | \$40.43 | \$40.43 | \$53.90 |
| Harvard Pilgrim Medicare Enhance | Indemnity | 39.18 | 58.78 | 58.78 | 78.36 |
| Health New England MedPlus | HMO | 36.41 | 54.62 | 54.62 | 72.82 |
| Tufts Health Plan Medicare Complement | HMO | 39.53 | 59.30 | 59.30 | 79.06 |
| Tufts Health Plan Medicare Preferred³ | HMO | 24.83 | 37.25 | 37.25 | 49.66 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC⁴ (<i>Comprehensive</i>) | Indemnity | 47.39 | 65.76 | 65.76 | 84.12 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>) | Indemnity | 36.73 | 55.10 | 55.10 | 73.46 |

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2013.

⁴ CIC is an enrollee-pay-all benefit.

 Contribution percentages may change after the Commonwealth's FY13 budget is enacted. For other plan considerations, see page 5.

RETIREE AND SURVIVOR NON-MEDICARE HEALTH PLAN RATES

Monthly GIC Plan Rates as of July 1, 2012

NON-MEDICARE PLANS

| | | NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1,2} | | NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009 | | NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010 | | NON-MEDICARE RETIREES who filed for retirement after October 1, 2009 | |
|--|----------------------|---|----------|---|----------|--|----------|---|----------|
| | | 10% | | 15% | | 15% | | 20% | |
| | | Retiree/Survivor Pays Monthly | | Retiree Pays Monthly | | Retiree Pays Monthly | | Retiree Pays Monthly | |
| Basic Life Insurance Only (<i>\$5,000 coverage</i>) | | \$0.63 | | \$0.95 | | \$0.95 | | \$1.26 | |
| HEALTH PLAN (<i>premium includes Basic Life Insurance</i>) | PLAN TYPE | Individual | Family | Individual | Family | Individual | Family | Individual | Family |
| Fallon Community Health Plan Direct Care  | HMO | \$45.85 | \$109.17 | \$68.79 | \$163.76 | \$68.79 | \$163.76 | \$91.71 | \$218.33 |
| Fallon Community Health Plan Select Care | HMO | 57.68 | 137.56 | 86.53 | 206.34 | 86.53 | 206.34 | 115.37 | 275.11 |
| Harvard Pilgrim Independence Plan | PPO | 65.76 | 159.55 | 98.65 | 239.33 | 98.65 | 239.33 | 131.52 | 319.10 |
| Harvard Pilgrim Primary Choice Plan  | HMO | 52.73 | 127.76 | 79.11 | 191.65 | 79.11 | 191.65 | 105.47 | 255.53 |
| Health New England  | HMO | 44.92 | 110.44 | 67.39 | 165.67 | 67.39 | 165.67 | 89.85 | 220.89 |
| NHP Care (Neighborhood Health Plan)  | HMO | 47.98 | 126.10 | 71.97 | 189.15 | 71.97 | 189.15 | 95.95 | 252.19 |
| Tufts Health Plan Navigator | PPO | 60.37 | 146.30 | 90.56 | 219.46 | 90.56 | 219.46 | 120.73 | 292.60 |
| Tufts Health Plan Spirit  | EPO (HMO-type) | 48.23 | 116.71 | 72.35 | 175.07 | 72.35 | 175.07 | 96.47 | 233.43 |
| UniCare State Indemnity Plan/Basic with CIC³ (<i>Comprehensive</i>) | Indemnity | 126.06 | 292.94 | 168.77 | 392.29 | 168.77 | 392.29 | 211.47 | 491.62 |
| UniCare State Indemnity Plan/Basic without CIC (<i>Non-Comprehensive</i>) | Indemnity | 85.42 | 198.68 | 128.13 | 298.03 | 128.13 | 298.03 | 170.83 | 397.36 |
| UniCare State Indemnity Plan/Community Choice  | PPO-type | 42.79 | 101.80 | 64.18 | 152.71 | 64.18 | 152.71 | 85.57 | 203.61 |
| UniCare State Indemnity Plan/PLUS | PPO-type | 58.12 | 137.86 | 87.19 | 206.79 | 87.19 | 206.79 | 116.24 | 275.72 |

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ CIC is an enrollee-pay-all benefit.

Contribution percentages may change after the Commonwealth's FY13 budget is enacted.
For other plan considerations, see page 5.



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

RETIRED MUNICIPAL TEACHER (RMT) LIFE INSURANCE RATES

Monthly GIC Plan Rates as of July 1, 2012

BASIC LIFE INSURANCE

| City/Town/School District (SD) | | | RMT Pays Monthly |
|--------------------------------------|-------------------------------|----------------------------|------------------|
| Basic Life: \$1,000 Coverage | | | \$0.90 |
| Andover | Hampden-Wilbraham Regional SD | Pelham | |
| Blackstone Valley Regional SD | Narragansett Regional SD | Pioneer Valley Regional SD | |
| Bridgewater | Newbury | Plainville | |
| Gloucester | Orange | Salisbury | |
| Granby | Paxton | Wilbraham | |
| Basic Life: \$2,000 Coverage | | | |
| Amherst | Milton | Stoughton | |
| Amherst-Pelham Regional SD | North Andover | Upper Cape Cod Regional SD | |
| Barnstable | Quabbin Regional SD | Ware | |
| Cohasset | Rehoboth | West Springfield | |
| Dennis | Rockland | Whitman-Hanson SD | |
| Martha's Vineyard Regional SD | Shawsheen Valley Regional SD | | |
| Basic Life: \$4,000 Coverage | | | \$1.80 |
| Rockport | | | |
| Basic Life: \$5,000 Coverage | | | \$2.25 |
| Amesbury | Holyoke | Rutland | |
| Billerica | Hudson | Spencer | |
| Bourne | Montague | Wareham | |
| Dedham | North Adams | West Bridgewater | |
| Eastham | North Attleboro | Westfield | |
| Everett | North Middlesex Regional SD | Woburn | |
| Greater Lawrence Regional SD | Norwell | | |
| Harvard | Revere | | |
| Basic Life: \$5,000 Coverage | | | \$3.75 |
| Peabody | | | |
| Basic Life: \$10,000 Coverage | | | \$4.50 |
| Braintree | | | |
| Basic Life: \$15,000 Coverage | | | \$6.75 |
| Spencer-East Brookfield Regional SD | | | |

RETIRED MUNICIPAL TEACHER (RMT) HEALTH PLAN RATES

How to calculate your Monthly Premium as of July 1, 2012

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart on page 13.
- 2 Locate your "RMT Pays Monthly" rate for life insurance.
- 3 Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in to determine your monthly health and life insurance premium.

MEDICARE PLANS

| | | RETIRED MUNICIPAL TEACHERS (RMTs) | |
|---|-----------|---|---|
| | | <i>RMTs who retired On or Before July 1, 1990¹</i> | <i>RMTs who retired After July 1, 1990</i> |
| | | 10% | 15% |
| HEALTH PLAN | PLAN TYPE | <i>RMT Pays Monthly Per Person Coverage</i> | <i>RMT Pays Monthly Per Person Coverage</i> |
| Fallon Senior Plan ² | HMO | \$26.32 | \$39.48 |
| Harvard Pilgrim Medicare Enhance | Indemnity | 38.55 | 57.83 |
| Health New England MedPlus | HMO | 35.78 | 53.67 |
| Tufts Health Plan Medicare Complement | HMO | 38.90 | 58.35 |
| Tufts Health Plan Medicare Preferred ² | HMO | 24.20 | 36.30 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC (Comprehensive) ^{3,4} | Indemnity | 40.28 | 56.41 |
| UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive) ⁴ | Indemnity | 30.27 | 46.40 |

NON-MEDICARE PLANS

| | | RETIRED MUNICIPAL TEACHERS (RMTs) | | | |
|--|-----------|---|-------------------------|--|-------------------------|
| | | <i>RMTs who retired On or Before July 1, 1990¹</i> | | <i>RMTs who retired After July 1, 1990</i> | |
| | | 10% | | 15% | |
| HEALTH PLAN | PLAN TYPE | <i>RMT Pays Monthly</i> | <i>RMT Pays Monthly</i> | <i>RMT Pays Monthly</i> | <i>RMT Pays Monthly</i> |
| | | Individual | Family | Individual | Family |
| Fallon Community Health Plan Direct Care | HMO | \$45.22 | \$108.54 | \$67.84 | \$162.81 |
| Fallon Community Health Plan Select Care | HMO | 57.05 | 136.93 | 85.58 | 205.39 |
| Health New England | HMO | 44.29 | 109.81 | 66.44 | 164.72 |
| NHP Care (Neighborhood Health Plan) | HMO | 47.35 | 125.47 | 71.02 | 188.20 |
| UniCare State Indemnity Plan/ Basic with CIC (Comprehensive) ^{3,4} | Indemnity | 105.97 | 256.66 | 141.94 | 343.12 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) ⁴ | Indemnity | 67.33 | 161.85 | 103.30 | 248.31 |

¹ RMTs from Peabody who retired on or before July 1, 1990 – call the GIC for monthly rates.

² Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2013.

³ CIC is an enrollee-pay-all benefit.

⁴ The RMT share of the rate for these plans has been subsidized for FY13 using funds from the GIC UniCare Rate Stabilization Reserve.

PRESCRIPTION DRUG BENEFITS

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 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 16-32 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.



Medicare Part D Prescription Drug Reminders and Warnings

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

- A "Notice of Creditable Coverage" is in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you **must** show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one instance where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at **1.800.772.1213**.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically dis-enroll you from your GIC Medicare Advantage health plan, which includes both your medical and your drug coverage.



Your Responsibility

Do your doctors and hospitals participate in Fallon Senior Plan?

Contact the plan.

FALLON SENIOR PLAN

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. 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. Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2013.***

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available in the following Massachusetts counties:

Hampden, Worcester

Fallon Senior Plan is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Essex, Franklin, Hampshire, Middlesex, Norfolk

Fallon Senior Plan is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New Hampshire, Rhode Island

Monthly Rates as of January 1, 2012

See pages 11 and 14.

Plan Contact Information

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

Fallon Senior Plan

1.866.344.4442

www.fchp.org/gic

Copays Effective January 1, 2012

Physician Office Visit

\$10 per visit

Preventive Services

Covered at 100% – no copay

Outpatient Mental Health and Substance Abuse Care

\$10 per visit

Inpatient Hospital Care

Covered at 100% – no copay

Inpatient and Outpatient Surgery

Covered at 100% – no copay

Emergency Room

\$50 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 MEDICARE ENHANCE

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

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2012

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional information

Harvard Pilgrim Medicare Enhance

1.800.542.1499

www.harvardpilgrim.org/gic

Copays Effective July 1, 2012

Physician Office Visit

\$10 per visit

Preventive Services

Covered at 100% – no copay

Retail Clinic

\$10 per visit

Outpatient Mental Health and Substance Abuse Care

\$10 per visit

Inpatient Hospital Care

Covered at 100% – no copay

Inpatient and Outpatient Surgery

Covered at 100% – no copay

Emergency Room

\$50 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



Your Responsibility

Do your doctors and hospitals participate in Health New England MedPlus?
Contact the plan.

HEALTH NEW ENGLAND MEDPLUS

Health New England MedPlus is a Medicare HMO option 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 and urgent care. Contact the plan to see if your provider is in the network.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available in the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England MedPlus is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Worcester

Monthly Rates as of July 1, 2012

See pages 11 and 14.

Plan Contact Information

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

Health New England MedPlus

1.800.842.4464

www.hne.com/gic

Copays Effective July 1, 2012

Physician Office Visit

\$10 per visit

Preventive Services

Covered at 100% – no copay

Retail Clinic

\$10 per visit

Outpatient Mental Health and Substance Abuse Care

\$10 per visit

Inpatient Hospital Care

Covered at 100% – no copay

Inpatient and Outpatient Surgery

Covered at 100% – no copay

Emergency Room

\$50 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



Your Responsibility

Do your doctors and hospitals participate in Tufts Medicare Complement?
Contact the plan.

TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. 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 and urgent care. Contact the plan to see if your provider is in the network.

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available throughout Massachusetts.

The plan is also available in the following other state:

Rhode Island

Tufts Health Plan Medicare Complement is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New Hampshire, New York, Vermont

Monthly Rates as of July 1, 2012

See pages 11 and 14.

Plan Contact Information

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

Tufts Health Plan Medicare Complement

1.888.333.0880

www.tuftshealthplan.com/gic

Copays Effective July 1, 2012

Physician Office Visit

\$10 per visit

Preventive Services

Covered at 100% – no copay

Retail Clinic

\$10 per visit

Outpatient Mental Health and Substance Abuse Care

\$10 per visit

Inpatient Hospital Care

Covered at 100% – no copay

Inpatient and Outpatient Surgery

Covered at 100% – no copay

Emergency Room

\$50 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



Your Responsibility

Do your doctors and hospitals participate in Tufts Medicare Preferred? Contact the plan.

TUFTS HEALTH PLAN MEDICARE PREFERRED

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. 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. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. ***This Medicare plan's benefits and rates are subject to federal approval and may change January 1, 2013.***

Eligibility

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available in the following Massachusetts counties:

Barnstable, Essex, Hampden, Hampshire, Middlesex, Norfolk, Suffolk, Worcester

Tufts Health Plan Medicare Preferred is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Bristol, Plymouth

Monthly Rates as of January 1, 2012

See pages 11 and 14.

Plan Contact Information

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

Tufts Health Plan Medicare Preferred

1.888.333.0880

www.tuftshealthplan.com/gic

Copays Effective January 1, 2012

Physician Office Visit

\$10 per visit

Preventive Services

Covered at 100% – no copay

Outpatient Mental Health and Substance Abuse Care

\$10 per visit

Inpatient Hospital Care

Covered at 100% – no copay

Inpatient and Outpatient Surgery

Covered at 100% – no copay

Emergency Room

\$50 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/MEDICARE EXTENSION (OME)

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. 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

Retirees, GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs), Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Medicare Extension (OME) is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2012

See pages 11 and 14.

Plan Contact Information

Contact the plan for additional benefit information.

Medical Benefits: UniCare

1.800.442.9300 | www.unicarestatementplan.com

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | www.caremark.com/gic

Copays with CIC (Comprehensive) Effective July 1, 2012

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

Physician Office Visit:

None after \$35 calendar year deductible

Preventive Services:

Covered at 100% – no copay

Retail Clinic:

None after \$35 calendar year deductible

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

First four visits \$0; visits 5 and over: \$10 per visit

UBH also offers EAP services.

Inpatient Hospital Care *(Maximum one copay per person per calendar year quarter):*

\$50 per admission

Inpatient and Outpatient Surgery:

Covered at 100% within Massachusetts – no copay; call the plan for out-of-state details

Emergency Room:

\$25 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



Limited Network Plan



Your Responsibility

Do your doctors and hospitals participate in Fallon Direct? Contact the plan.

FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. The plan offers a selective network based in a geographically concentrated area.

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

Calendar Year Deductible

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

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 in the following Massachusetts counties:

Essex, Middlesex, Worcester

Fallon Community Health Plan Direct Care is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Bristol, Hampden, Hampshire, Norfolk, Plymouth, Suffolk

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

Copays Effective July 1, 2012

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 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 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



Your Responsibility

Do your doctors and hospitals participate in Fallon Select?

Contact the plan.

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, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your provider is rated.

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

Calendar Year Deductible

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

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 in the following Massachusetts counties:

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

Fallon Community Health Plan Select Care is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Plymouth

Fallon Community Health Plan Select Care is available only in certain parts of the following state; contact the plan to find out if you live in the service area:

New Hampshire

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

Copays Effective July 1, 2012

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, Hematologists/Oncologists, Nephrologists, Neurologists, Obstetrician/Gynecologists, Orthopedists, 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 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 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

NON-MEDICARE HEALTH PLANS

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.

Calendar Year Deductible

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

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 is available only in certain parts of the following states; contact the plan to find out if you live in the service area:

Connecticut, New York, Vermont

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

In-Network Copays Effective July 1, 2012

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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, 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 one copay per person per calendar year quarter; 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

NON-MEDICARE HEALTH PLANS



Limited Network Plan



Your Responsibility

Do your doctors and hospitals participate in Harvard Pilgrim Primary Choice? Contact the plan.

HARVARD PILGRIM PRIMARY CHOICE PLAN

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, including referrals to specialists. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers.

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

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.

Calendar Year Deductible

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

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 in the following Massachusetts counties:

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

The Harvard Pilgrim Primary Choice Plan is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Barnstable, Berkshire

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

Copays Effective July 1, 2012

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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, 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 one copay per person per calendar year quarter; 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



Limited Network Plan



Your Responsibility

Do your doctors and hospitals participate in Health New England?
Contact the plan.

HEALTH NEW ENGLAND

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. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see how your provider is rated.

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

Calendar Year Deductible

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

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 in the following Massachusetts counties:

Berkshire, Franklin, Hampden, Hampshire

Health New England is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Worcester

Monthly Rates as of July 1, 2012

See pages 12 and 14.

Plan Contact Information

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

Health New England

1.800.842.4464
www.hne.com/gic

Copays Effective July 1, 2012

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, Orthopedists, 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 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 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

NON-MEDICARE HEALTH PLANS



Limited Network Plan



Your Responsibility

Do your doctors and hospitals participate in Neighborhood Health Plan? Contact the plan.

NHP CARE (*Neighborhood Health Plan*)

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care, **including referrals to specialists**. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your provider is rated.

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

Calendar Year Deductible

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

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 in the following Massachusetts counties:

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

NHP Care is available only in certain parts of the following Massachusetts county; contact the plan to find out if you live in the service area:

Plymouth

Monthly Rates as of July 1, 2012

See pages 12 and 14.

Plan Contact Information

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

NHP Care

1.800.462.5449

www.nhp.org

Copays Effective July 1, 2012

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, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedists, 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 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 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.

Calendar Year Deductible

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

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 is available only in certain parts of the following states; contact the plan to see if you live in the service area:

Connecticut, New Hampshire, New York, Vermont

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

In-Network Copays Effective July 1, 2012

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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, 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 Tufts Navigator 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)
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

NON-MEDICARE HEALTH PLANS



Limited Network Plan



Your Responsibility

Do your doctors and hospitals participate in Tufts Spirit? Contact the plan.

TUFTS HEALTH PLAN SPIRIT

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.

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

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).

Calendar Year Deductible

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

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 in the following Massachusetts counties:

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

Tufts Health Plan Spirit is available only in certain parts of the following Massachusetts counties; contact the plan to find out if you live in the service area:

Berkshire, Hampshire

Monthly Rates as of July 1, 2012

See pages 12 and 14.

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

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Copays Effective July 1, 2012

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, Obstetrician/Gynecologists, Ophthalmologists, Orthopedists, 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 Tufts Spirit 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)

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

NON-MEDICARE HEALTH PLANS

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.

Calendar Year Deductible

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

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, 2012

See pages 12 and 14.

Plan Contact Information

Contact the plan for additional information on benefits and the national network of providers.

Medical Benefits: UniCare

1.800.442.9300 | www.unicarestateplan.com

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | www.caremark.com/gic

Copays with CIC (Comprehensive) Effective July 1, 2012

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 UniCare Basic 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

NON-MEDICARE HEALTH PLANS



Limited Network Plan



Your Responsibility

Are your hospitals in the UniCare Community Choice network?

Contact the plan.

UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE

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.

Calendar Year Deductible

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

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 in 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, 2012

See pages 12 and 14.

Plan Contact Information

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

Medical Benefits: UniCare

1.800.442.9300 | www.unicarestateplan.com

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | www.caremark.com/gic

In-Network Copays Effective July 1, 2012

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 UniCare Community Choice 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

NON-MEDICARE HEALTH PLANS

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.

Calendar Year Deductible

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

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 is available only in certain parts of the following state; contact the plan to find out if you live in the service area:

Connecticut

Monthly Rates as of July 1, 2012

See pages 12 and 14.

Plan Contact Information

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

Medical Benefits: UniCare

1.800.442.9300 | www.unicarestateplan.com

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

1.888.610.9039

www.liveandworkwell.com (access code: 10910)

Prescription Drug Benefits: CVS Caremark

1.877.876.7214 | www.caremark.com/gic

In-Network Copays Effective July 1, 2012

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 UniCare PLUS 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

New WellMASS Pilot Program for Early Retirees Ages 55-64 And Their Covered Spouses



Commonwealth of Massachusetts
Group Insurance Commission

Most early state retirees ages 55-64 and their covered spouses have a new opportunity to improve their health with the GIC's pilot wellness program, called WellMASS. This program, administered by StayWell Health Management, LLC, provides helpful tools to improve your health and well-being:

- **Health Assessments** that give you a snapshot of your current health and help guide your future health goals;
- **Online resources** to help you set goals, monitor your progress, find answers, and stay motivated; and
- **Health coaching** by phone, mail, or online to give you tips for eating right, stopping smoking, adding exercise to your routine, and relieving stress. Health coaching is available to eligible participants based on their Health Assessment risks.



REWARDS:

Participants will receive incentives for completing certain milestones of this program.

Eligibility for the WellMASS Pilot Program

The WellMASS Pilot Program is for state retirees ages 55-64 and their GIC-covered spouses. To be eligible, you must be enrolled in a GIC health plan.

GIC Retired Municipal Teachers (RMTs), Elderly Governmental Retirees (EGRs) and Survivors are not currently eligible for this pilot program.



Lunch 'n Learn

All GIC members are eligible to participate in the WellMASS Lunch 'n Learn programs that will be held at various state office buildings across the state beginning in late spring. These programs will focus on weight, stress, hypertension, and tobacco cessation. A schedule of events will be available on the GIC's website.

Questions?

1.800.926.5455 • WellMASS.staywell.com

Life insurance, insured by The Hartford Life and Accident Company, helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

GIC Retired Municipal Teachers (RMTs) are eligible for basic life insurance only in an amount determined by the city or town from which they retire. *See page 13 for details.*

Survivors, Elderly Governmental Retirees (EGRs), COBRA enrollees, and retirees in the GIC municipal health-only program are not eligible for GIC basic or optional life insurance.

Basic Life Insurance

(Retired State Employees Only)

The Commonwealth requires \$5,000 of Basic Life Insurance for most retirees who have health coverage through the GIC.

Optional Life Insurance After Retirement

(Retired State Employees Only)

At retirement, you should review the amount of your optional life insurance coverage and its cost to determine whether it makes economic sense for you to maintain it. Optional life insurance rates significantly increase when you retire, and continue to increase based on your age. If you have paid off your home and other debts, such as student loans, your tax advisor might recommend other programs that might be more beneficial. You cannot increase your amount of life insurance after you retire. However, if you decrease coverage and then later want to increase up to the amount you carried at the time of retirement, you may do so with proof of good health acceptable to The Hartford.

Optional Life Insurance Non-Smoker Benefit

(Retired State Employees Only)

During annual enrollment, retired state employees who have been tobacco-free (have not smoked cigarettes, cigars or pipes nor used snuff or chewing tobacco) for at least the past 12 months are eligible for reduced Optional Life Insurance rates effective July 1, 2012. Request an enrollment form by writing to the GIC, visiting us at a health fair, or downloading it from our website. You will be required to periodically re-certify your non-smoking status in order to qualify for the lower rates.

Accelerated Life Benefit

(Retired State Employees and GIC RMTs Only)

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 retirees 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.



GIC Retired Municipal Teachers with Basic Life Insurance of \$1,000 do not have Accidental Death & Dismemberment benefits.

Accidental Death & Dismemberment (AD&D) Benefits

(Retired State Employees and GIC RMTs with \$2,000 or more Basic Life Only)

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 while using an airbag or seat belt

Life Insurance and AD&D Questions?

Contact the GIC: 1.617.727.2310 ext. 1

www.mass.gov/gic

LIFE INSURANCE AND AD&D/HEALTH INSURANCE BUY-OUT

STATE RETIREE OPTIONAL LIFE INSURANCE RATES – Including Accidental Death & Dismemberment Monthly GIC Plan Rates as of July 1, 2012

| RETIRED STATE EMPLOYEE AGE | RETIREE SMOKER RATE <i>Pays Monthly Per \$1,000 of Coverage</i> | RETIREE NON-SMOKER RATE <i>Pays Monthly Per \$1,000 of Coverage</i> |
|----------------------------|--|--|
| Under Age 70 | \$ 1.64 | \$ 1.29 |
| 70 – 74 | 2.87 | 2.26 |
| 75 – 79 | 7.82 | 5.98 |
| 80 – 84 | 14.82 | 11.31 |
| 85 – 89 | 23.46 | 17.92 |
| 90 – 94 | 33.64 | 27.24 |
| 95 – 99 | 73.49 | 59.47 |
| Ages 100 and over | 140.90 | 114.02 |

Health Insurance Buy-Out

If you have access to non-state health insurance, for example, through a spouse, it may pay to participate in the Buy-Out Program.

During Annual Enrollment

If you were insured with the GIC on January 1, 2012 or before and continue your coverage through June 30, 2012, you may apply to buy out your health plan coverage **effective July 1, 2012**, during annual enrollment.

October 1 – November 5, 2012

If you are insured with the GIC on July 1, 2012 or before, and continue your coverage through December 31, 2012, you may apply to buy out your health plan coverage **effective January 1, 2013**. The enrollment period for this buy-out will be from October 1 - November 5, 2012.

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 enrollees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period. You will receive a monthly check. The amount of payment depends on your health plan and coverage.

For example:

Retiree with UniCare State Indemnity Plan/Medicare Extension (OME) individual coverage

Full-cost premium on July 1, 2012: \$361.01

Monthly 12-month benefit = 25% of this premium

Retiree receives 12 monthly checks of \$62.95
(after federal and state taxes)

Buy-Out Questions?

Contact the GIC: 1.617.727.2310 ext. 1
www.mass.gov/gic

RETIREE DENTAL AND VISION

GIC Retiree Dental Plan

The GIC has selected Metropolitan Life Insurance Company (MetLife) to continue as the provider of the GIC Retiree Dental Plan. The plan offers a fixed reimbursement for dental services, such as examinations, cleanings, fillings, crowns and dentures.

As a member of this plan, you may go to the dentist of your choice. However, you will save money by visiting one of the over 168,000 nationwide MetLife Preferred Dentist Program (PDP) network providers. When you visit a participating PDP provider, your out-of-pocket expenses will generally be lower and if you exceed the annual calendar year maximum, you will continue to receive discounted fees.

This is an entirely voluntary plan (retiree-pay-all) that provides GIC members with coverage at discounted group insurance rates through convenient pension deductions.

Benefit Enhancement Effective July 1, 2012

Previously, new members were required to wait six months to receive major restorative services, like crowns and dentures. This waiting period will be eliminated effective July 1, 2012.

Retiree Dental Questions?

Contact MetLife: 1.866.292.9990

www.metlife.com/gic

Eligibility

All state retirees, Elderly Governmental Retirees (EGRs), survivors and GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) are eligible for the GIC Retiree Dental Plan. Dependents of eligible retirees are eligible for the program if they are covered under the retiree's GIC health plan.

Enrollment

Eligible retirees may join during annual enrollment, when COBRA dental coverage ends, when they become a survivor of a GIC member, or at retirement. However, if you have ever dropped coverage, you can never re-enroll in the plan.

GIC RETIREE DENTAL PLAN

Monthly GIC Plan Rates as of July 1, 2012

\$1,000 Maximum Annual Benefit per Member

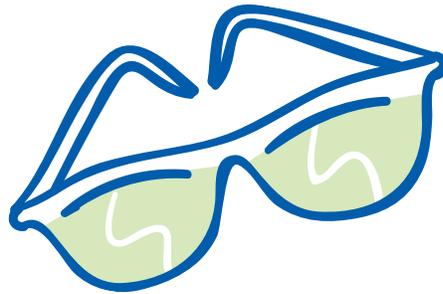
| COVERAGE TYPE | RETIREE PAYS MONTHLY |
|---------------|----------------------|
| SINGLE | \$26.37 |
| FAMILY | \$63.53 |

GIC Retiree Vision Discount Plan

Davis Vision is the carrier for the Retiree Vision Discount Plan. The plan is available at any of the over 22,000 nationwide Davis Vision providers and offers significant discounts on eye examinations, frames, spectacle and contact lenses. In addition, all eyeglasses purchased through the Retiree Vision Discount Plan are covered by a two-year unconditional warranty against breakage at no additional cost. There is no monthly premium or fee to use the program; you pay for the services at the discounted price when they are needed. However, you must call Davis Vision before visiting the provider's office in order to participate.

Eligibility

To be eligible for this program, you, as the insured, must have GIC coverage. Your family members are only eligible if they are covered under your GIC health plan.



Retiree Vision Questions?

Contact Davis Vision:

1.800.224.1157

www.davisvision.com (client code: 7621)

NEED MORE HELP?

Attend a Health Fair

Retirees and survivors who are thinking about changing health plans, or 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;
- Change your health plan or apply for other GIC retiree/survivor benefits; and
- Take advantage of complimentary health screenings.

See page 38 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 9 de abril hasta el 7 de mayo del 2012. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de inscribirse o cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer en el plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio o es elegible para Medicare.

Los cambios de cobertura entrarán en vigencia el 1 de julio del 2012. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan español que le ayudarán.

年度登記

年度投保從 2012 年 4 月 9 日開始，到 5 月 7 日結束。在這段期間，您（因為您是這個州的員工或退休員工）有機會可以投保或變更您的健康保險。如果您希望維持您目前的健康保險福利，則什麼都不必做。您的承保會自動持續。

即使您的醫師或醫院退出本計畫，您仍須維持您目前選擇的健保計畫，直到下一次開放投保期間才可以變更，除非是您搬離服務區域或是您符合 Medicare 的資格。

任何承保變更都會在 2012 年 7 月 1 日生效。欲查詢詳情，請致電 Group Insurance Commission，電話 617.727.2310，分機 1。

我們有講中文的員工可以幫助您。

Our Website Provides Additional Helpful Information



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;
- The latest annual enrollment news;
- 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 all UniCare plans and Tufts Health Plan Navigator and Spirit plans; and
- Health articles and links to help you take charge of your health.

Ghi danh hàng năm

Thời gian ghi danh hàng năm bắt đầu vào ngày 9 tháng 4 và chấm dứt vào ngày 7 tháng 5, năm 2012. Trong khoảng thời gian này, quý vị (với tư cách là nhân viên hoặc nhân viên hưu trí của tiểu bang) có cơ hội để ghi danh hoặc đổi chương trình bảo hiểm sức khỏe. Nếu muốn giữ chương trình bảo hiểm sức khỏe hiện tại của mình, quý vị không cần phải làm gì cả. Bảo hiểm của quý vị sẽ được tự động tiếp tục.

Quý vị phải giữ chương trình bảo hiểm sức khỏe hiện tại mà quý vị chọn cho đến thời gian ghi danh hàng năm kế tiếp, ngay cả khi bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình, trừ khi quý vị di chuyển ra khỏi khu vực phục vụ của chương trình hoặc khi quý vị hội đủ điều kiện được hưởng chương trình Medicare.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng 7, năm 2012. Để biết thêm thông tin chi tiết, xin quý vị gọi cho Group Insurance Commission tại số 617.727.2310, số nội bộ 1.

Có nhân viên nói tiếng Việt giúp đỡ quý vị.

FOR MORE INFORMATION, ATTEND A GIC HEALTH FAIR

APRIL 2012

| | | | | | |
|-----------|--|-------------------|-----------------|---|-------------------|
| 12 | THURSDAY Lexington High School Field House 251 Waltham Street LEXINGTON | 11:00-4:30 | 23 | MONDAY Tsongas Center 300 Martin Luther King Jr. Way LOWELL | 11:00-5:00 |
| 13 | FRIDAY Berkshire Community College Paterson Field House 1350 West Street PITTSFIELD | 11:00-2:00 | 24 | TUESDAY Community Center 10 Humphrey Street MARBLEHEAD | 11:00-4:30 |
| 14 | SATURDAY Mass Maritime Academy Gymnasium Academy Drive BUZZARDS BAY | 10:00-2:00 | 25 | WEDNESDAY U-Mass Amherst Student Union Ballroom AMHERST | 10:00-3:00 |
| 17 | TUESDAY Quinsigamond Community College Harrington Learning Center, Room 109 670 West Boylston Street WORCESTER | 10:00-3:00 | 26 | THURSDAY Hampden County Sheriff's Department Hampden County Correctional Center 627 Randall Road LUDLOW | 10:00-3:00 |
| 18 | WEDNESDAY McCormack State Office Building One Ashburton Place, 21st Floor BOSTON | 10:00-3:00 | 27 | FRIDAY Peter Noyes Elementary School Gymnasium 280 Old Sudbury Road SUDBURY | 11:00-4:30 |
| 19 | THURSDAY Wrentham Developmental Center Graves Auditorium Littlefield Street WRENTHAM | 11:00-3:00 | MAY 2012 | | |
| 20 | FRIDAY Middlesex Community College Cafeteria 591 Springs Road BEDFORD | 10:00-3:00 | 1 | TUESDAY Massasoit Community College Conference Center 770 Crescent Street BROCKTON | 11:00-3:00 |
| 21 | SATURDAY Northern Essex Community College The Technology Center, Rooms 103 A & B 100 Elliott Street HAVERHILL | 11:00-3:00 | 2 | WEDNESDAY State Transportation Building 10 Park Plaza, 2nd Floor Conference Rooms 1, 2, 3 BOSTON | 10:00-3:00 |

FOR MORE INFORMATION, CONTACT THE PLANS

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

| HEALTH INSURANCE | | |
|---|--|---|
| Fallon Community Health Plan Direct Care Select Care Senior Plan | 1.866.344.4442 | www.fchp.org/gic |
| Harvard Pilgrim Health Care Independence Plan Primary Choice Plan Medicare Enhance | 1.800.542.1499 | www.harvardpilgrim.org/gic |
| Health New England HMO MedPlus | 1.800.842.4464 | www.hne.com/gic |
| Neighborhood Health Plan NHP Care | 1.800.462.5449 | www.nhp.org |
| Tufts Health Plan Navigator Spirit • Mental Health/Substance Abuse and EAP (United Behavioral Health) Medicare Complement Medicare Preferred | 1.800.870.9488 1.888.610.9039 1.888.333.0880 | www.tuftshealthplan.com/gic www.liveandworkwell.com (access code: 10910) www.tuftshealthplan.com/gic |
| UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS <i>For all UniCare Plans</i> • Prescription Drugs (CVS Caremark) • Mental Health/Substance Abuse and EAP (United Behavioral Health) | 1.800.442.9300 1.877.876.7214 1.888.610.9039 | www.unicarestatement.com www.caremark.com/gic www.liveandworkwell.com (access code: 10910) |
| OTHER BENEFITS | | |
| GIC Retiree Dental Plan (MetLife) | 1.866.292.9990 | www.metlife.com/gic |
| GIC Retiree Vision Discount Plan (Davis Vision) | 1.800.224.1157 | www.davisvision.com (client code: 7621) |
| Life/AD&D Insurance (The Hartford) – Contact the GIC | 1.617.727.2310 ext. 1 | www.mass.gov/gic |
| WellMASS Wellness Pilot Program (StayWell Health Management) | 1.800.926.5455 | WellMASS.staywell.com |
| ADDITIONAL RESOURCES | | |
| Internal Revenue Service (IRS) | 1.800.829.1040 | www.irs.gov |
| Massachusetts Teachers' Retirement System | 1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA) | www.mass.gov/mtrs |
| Medicare | 1.800.633.4227 | www.medicare.gov |
| Social Security Administration | 1.800.772.1213 | www.ssa.gov |
| State Board of Retirement | 1.617.367.7770 | www.mass.gov/retirement |

OTHER QUESTIONS?

Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583 • www.mass.gov/gic

CIC (Catastrophic Illness Coverage)— an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. 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 and Medicare Extension Plan members select CIC.

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

CPI (Clinical Performance Improvement) Initiative — a GIC program 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 copay incentives when they use higher-performing providers.

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.

EGR (Elderly Governmental Retiree)— a state employee who retired from state service prior to January 1, 1956. EGRs also include certain municipal employees who retired prior to the date their city or town elected to provide health insurance benefits to their employees/retirees and whose municipality has elected to participate in the EGR program.

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. The mission of the GIC is to provide high-value health insurance and other benefits to state and certain authority employees, retirees, and their survivors and dependents. The GIC also provides health-only benefits to participating municipalities.

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).

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.

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).

Preventive Services — generally, health care services, such as routine physicals, that do not treat an illness, injury, or condition.

RMT (GIC Retired Municipal Teacher)— a retired teacher from a city, town or school district who is receiving a pension from the Teacher's Retirement Board and whose municipality has elected to participate in the GIC RMT program. Retired teachers who participate in the municipal program for GIC health-only benefits are not RMTs.

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



**Commonwealth of Massachusetts
Group Insurance Commission**

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

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Timothy P. Murray, *Lieutenant Governor*

Group Insurance Commission

Dolores L. Mitchell, *Executive Director*

19 Staniford Street, 4th Floor
Boston, Massachusetts

Telephone: 617.727.2310

TDD/TTY: 617.227.8583

MAILING ADDRESS

Group Insurance Commission
P.O. Box 8747
Boston, MA 02114-8747

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Website: www.mass.gov/gic