

FOR COMMONWEALTH OF MASSACHUSETTS
NON-MEDICARE
**RETIRED MUNICIPAL
TEACHERS (RMTs)**
AND ELDERLY GOVERNMENTAL
RETIREES (EGRs)

2014-2015
GIC HEALTH PLANS
**BENEFITS
AT-A-GLANCE**

Benefits Effective July 1, 2014



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

WEIGH YOUR OPTIONS

Choose the Best Health Plan for You and Your Family

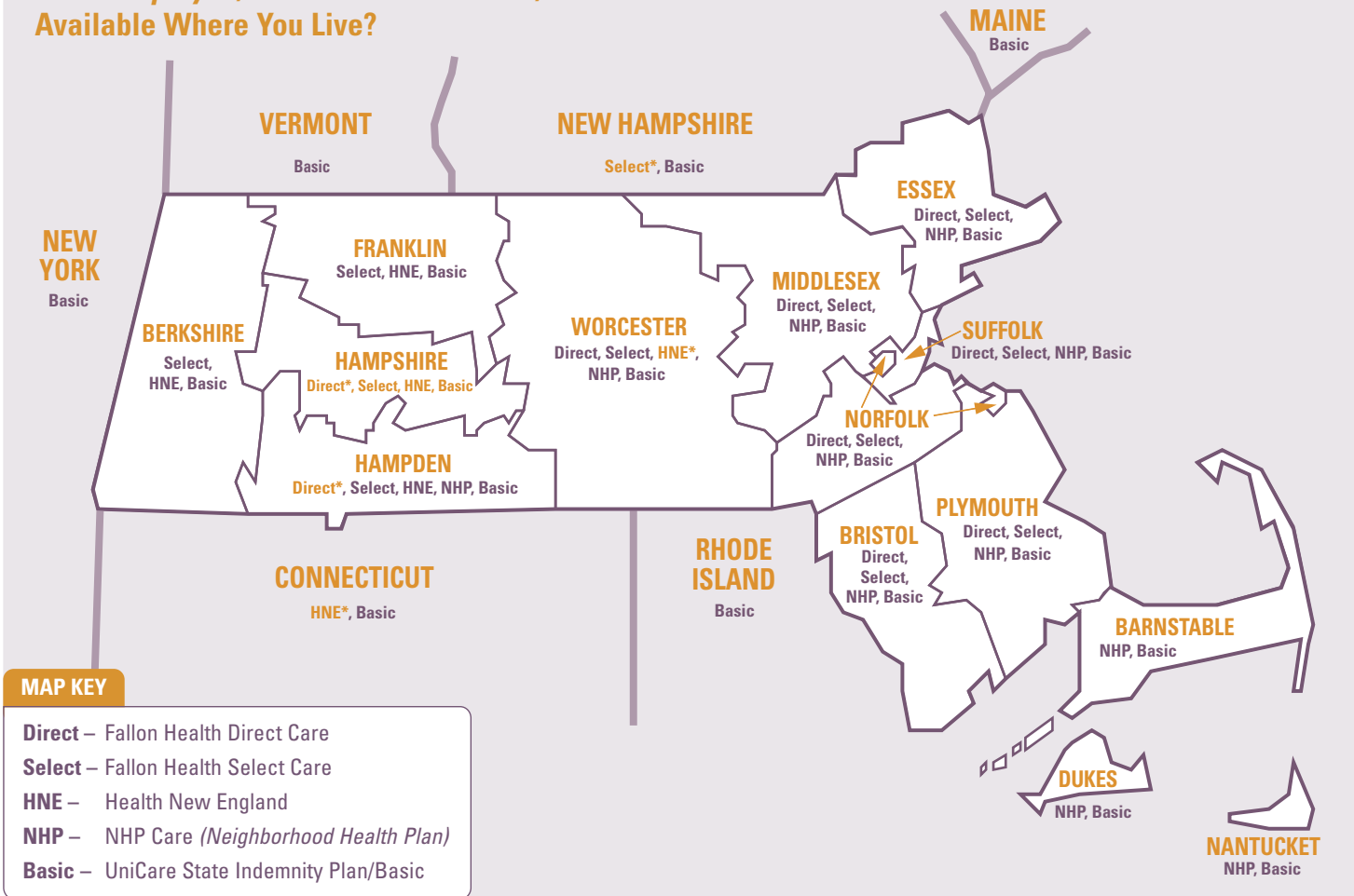
- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for additional eligibility details, benefit information, rates, and factors to consider when choosing a health plan.



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

- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure;
 - Whether your doctors and hospitals are in the network (Note: Be sure to specify the health plan's *full* name, such as "Harvard Pilgrim *Primary Choice Plan*" or "Harvard Pilgrim *Independence Plan*," not just "Harvard Pilgrim."); and
 - Which copay tiers your doctors and hospitals are in.
- See the GIC's website (www.mass.gov/gic) for additional information.

Where You Live Determines Which Plan You May Enroll In. Is the Employee, Non-Medicare Retiree/Survivor Health Plan Available Where You Live?



MAP KEY

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

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



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

BENEFITS AT-A-GLANCE: *Non-Medicare Plan Copays for GIC RMTs (Retired Municipal Teachers)*

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for each plan for more information. With the exception of dental and vision, all services are covered under the plan. For providers, benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan.

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE
PLAN TYPE	HMO	HMO
TELEPHONE NUMBER	1.866.344.4442	1.866.344.4442
WEBSITE	www.fchp.org/gic	www.fchp.org/gic
Calendar Year Deductible		
Individual	\$250	\$250
Two-person family	\$500	\$500
Three- or more person family	\$750	\$750
Primary Care Provider Office Visit	\$15 per visit	\$20 per visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit		
★★★ Tier 1 (<i>excellent</i>)	\$25 per visit with no tiering	\$25 per visit
★★ Tier 2 (<i>good</i>)		\$35 per visit
★ Tier 3 (<i>standard</i>)		\$45 per visit
Retail Clinic	\$15 per visit	\$20 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit	\$20 per visit
Emergency Room Care	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
Inpatient Hospital Care – Medical		<i>Maximum one copay per person per calendar year</i>
Tier 1	\$200 per admission with no tiering	\$250 per admission
Tier 2		\$500 per admission
Tier 3		\$750 per admission
Outpatient Surgery	\$110 per occurrence	<i>Maximum four copays per calendar quarter or per year</i> \$125 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	<i>Maximum one copay per day. Contact the plan for details.</i> \$100 per scan	\$100 per scan
Prescription Drug		
Retail: up to a 30-day supply		
Tier 1	\$10	\$10
Tier 2	\$25	\$25
Tier 3	\$50	\$50
Mail-order: Maintenance drugs up to a 90-day supply		
Tier 1	\$20	\$20
Tier 2	\$50	\$50
Tier 3	\$110	\$110

ers not in the Municipal Health-Only Program) and EGRs (Elderly Governmental Retirees)

exception of emergency care, there are no out-of-network benefits for the GIC's HMOs.

HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)	UNICARE STATE INDEMNITY PLAN/ BASIC With CIC (Comprehensive) Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.
HMO	HMO	INDEMNITY
1.800.842.4464	1.866.567.9175	1.800.442.9300
www.hne.com/gic	www.nhp.org/gic	www.unicarestatement.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit	\$20 per visit	\$20 per visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
<i>calendar year quarter; copays waived if readmitted within 30 days in the same calendar year.</i>		
\$250 per admission with no tiering	\$250 per admission with no tiering	\$200 per admission with no tiering
<i>per year, depending on plan. Contact the plan for details or see the GIC Benefit Decision Guide.</i>		
\$110 per occurrence	\$110 per occurrence	\$110 per occurrence
<i>Maximum one copay per day. Contact the plan for details.</i>		
\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

CENTERED CARE AND PLAN DESIGN

Centered Care Initiative

The GIC's Centered Care Initiative, which seeks to improve health care coordination and quality, continues to expand. Because health care is so expensive, Centered Care seeks to engage providers and health plans in managing these dollars more efficiently. For members, this means:

- You are encouraged to designate a Primary Care Provider (PCP) with your health plan; you can choose a physician, nurse practitioner, or physician assistant as your PCP;
- You will get more coordinated, integrated care with expanded office hours;
- You have incentives to use quality, lower-cost providers; and
- Your premiums should stabilize and even go down over the next few years.

Health plan benefits help support this initiative:

- All GIC health plans will be reaching out to members to acquire PCP information.
- Plans will continue to tier specialists based on quality and/or cost-efficiency scores. You pay the lowest copay for the highest-performing doctors:
 - ★★★ 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.

Many GIC health plans tier hospitals based on quality and/or cost.



During annual enrollment, check your doctors' and hospitals' tiers, as they can change each July 1 with new data.

Plan Design

Fallon Health Direct Care HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Fallon Health Select Care HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Health New England HMO

- PCP – designation required
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

NHP Care – Neighborhood Health Plan HMO

- PCP – designation required
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP – designation encouraged
- Referrals to network specialists required – no
- Out-of-network benefits – The plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these provider charges.

Calendar Year Deductible

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

The lists below summarize expenses that generally are or 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 these 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

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



MARK THE DATE!

- **GIC Retired Municipal Teachers (RMTs) retiring in June 2014 have until June 15, 2014** to select their coverage, which becomes effective September 1, 2014. Return enrollment forms and required documentation to your benefits office.
- **Current RMTs and EGRs wishing to change plans:** Completed forms are due to the GIC no later than Wednesday, **May 7**, for changes effective July 1, 2014.

Additional Contact Information

UniCare State Indemnity Plan/Basic

- **Prescription Drug Benefits (CVS Caremark):**
1.877.876.7214
www.caremark.com/gic
- **Mental Health/Substance Abuse and EAP Benefits (Beacon Health Strategies):**
1.855.750.8980
www.beaconhs.com/gic



Group Insurance Commission
P.O. Box 8747, Boston, MA 02114
617.727.2310 • TDD/TTY: 617.227.8583
www.mass.gov/gic