



Commonwealth of Massachusetts
Group Insurance Commission

2022-2023 BENEFITS OVERVIEW

JULY 1, 2022 - JUNE 30, 2023

COMMONWEALTH
OF MASSACHUSETTS

MUNICIPAL
EMPLOYEES, RETIREES
& SURVIVORS



ANNUAL ENROLLMENT:
APRIL 6 - MAY 4, 2022

mass.gov/GIC



TABLE OF CONTENTS

- 3 What's New This Year
- 4 Health Insurance Plan Rates

Non-Medicare

- 5 Health Insurance Plan Locator Map
- 6 Benefits-at-a-Glance
- 8 Prescription Drug Benefits

Medicare

- 9 Health Insurance Plan Locator Map
- 10 Benefits-at-a-Glance
- 11 Prescription Drug Benefits
- 12 Qualifying Events
- 13 Mass4YOU Employee Assistance Program (EAP)
- 14 Dental
- 15 Resources & Contact Information

You can access your guide throughout the year at

mass.gov/GIC



REVIEW THIS GUIDE TO IDENTIFY WHICH BENEFITS ARE OFFERED AND WHICH ONES ARE BEST FOR YOU.

The GIC strongly encourages members to actively shop and evaluate different coverage options. However, if after doing so you wish to keep your current GIC benefits, no action is required and your benefits will remain in place at the new rates effective July 1, 2022.

If you are a Fallon Health member, we strongly encourage you to select a new health plan. Please review page 3 for more information.



IMPORTANT REMINDERS



1. **SUBMIT ALL CHANGES NO LATER THAN MAY 4, 2022.**
2. Check with your health and other insurance carriers about any plan or tier changes. This includes questions about network coverage, providers, drug tiers, or wellness benefits.
3. **NEW HIRE?** Visit bit.ly/GICNewEmployee for employment & eligibility.
4. **TURNING 65?** Visit bit.ly/GIC65Enrollment for a video to guide you through the next steps, whether you're retiring or not.
5. Doctors and hospitals within your network may change during the year. If your provider is no longer available, your health insurance carrier will help you find a new one. Your doctor or hospital leaving a network is not a qualifying event to change health plans.
6. When checking provider coverage and tiers, be sure to specify the health insurance plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator," not just "Tufts Health Plan." Your health insurance carrier is the best source for this information.
7. You may only enroll in or change your health plan election during GIC's annual enrollment or within 60 days of a qualifying status change event. For a complete list of qualifying events, visit bit.ly/MassGICQualifyingEvents.



Fallon Health Members:

Fallon Health made the decision to stop offering insurance to commercial customers, including the GIC. As a result, the GIC will no longer be able to offer Fallon Direct or Fallon Select health plans beginning July 1, 2022.

We strongly encourage you to review your options and **choose a new health plan** during GIC's Annual Enrollment for health coverage effective July 1, 2022.

NOTE: If you do not select a new health plan by May 4th, 2022, you will be enrolled in the UniCare PLUS health plan effective July 1, 2022. Please review this guide to ensure that this plan meets all of your needs.

If you are a MEDICARE eligible Retiree:

- No benefit changes in GIC Medicare plans

If you are an EMPLOYEE or NON-MEDICARE Retiree:

- Starting July 1, 2022, each child and adolescent covered member will have access to expanded behavioral health benefits. These benefits include in-home behavioral services, family support and training, in-home therapy, therapeutic monitoring, mobile crisis intervention, intensive care coordination, community-based acute treatment, and intensive community-based acute treatment.
- COVID-19 vaccines, including booster vaccines, are covered under Express Scripts.

EMPLOYEES:

The **NEW MyGICLink member benefits portal** allows you to make changes to your coverage during GIC's Annual Enrollment period online.

Already Registered?

Log in at bit.ly/MyGICLinkLogin

Haven't registered yet?

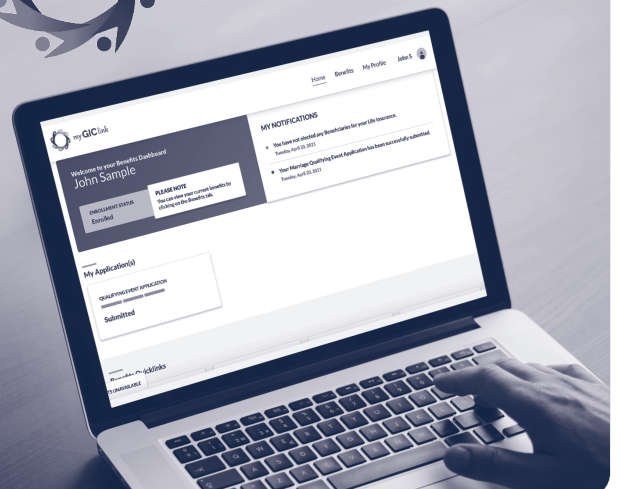
Register at bit.ly/MyGICLinkRegistration

For more information, visit mass.gov/MyGICLink

RETIREES:

In order to provide an efficient process for members to view and manage their benefits, the GIC is launching MyGICLink, a new member benefits portal coming this Fall!

Please be sure the GIC has your up-to-date email address in order to gain access to the MyGICLink member benefits portal by visiting bit.ly/MyGICLinkOnlineForms



Health Insurance Plan Rates (Monthly Full Cost)



Effective July 1, 2022

Full cost rates include the 0.30% administrative fee.

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

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PLANS

HEALTH INSURANCE PLANS	PLAN NETWORK	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with CIC</i>	National Network	Indemnity	\$1,239.09	\$2,752.65
UniCare State Indemnity Plan/Basic <i>without CIC</i>			\$1,179.92	\$2,617.94
UniCare State Indemnity Plan/PLUS	Broad Network	PPO-Type	\$811.39	\$1,938.75
Tufts Health Plan Navigator		POS	\$891.16	\$2,183.15
Harvard Pilgrim Independence Plan		POS	\$1,036.03	\$2,534.63
Health New England	Regional Network	HMO	\$669.71	\$1,602.13
AllWays Health Partners Complete HMO			\$844.47	\$2,211.64
UniCare State Indemnity Plan/Community Choice	Limited Network	PPO-Type	\$623.83	\$1,553.41
Tufts Health Plan Spirit		HMO-Type	\$675.73	\$1,634.54
Harvard Pilgrim Primary Choice Plan		HMO	\$746.72	\$1,909.58

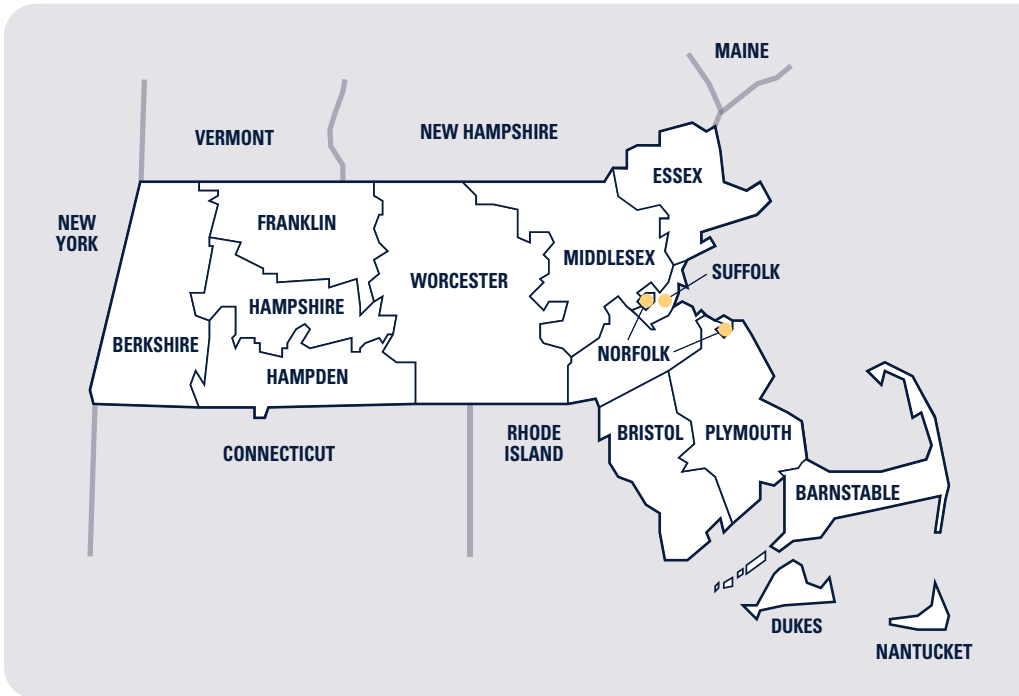
MEDICARE HEALTH INSURANCE PLANS

HEALTH INSURANCE PLANS	PLAN NETWORK	PLAN TYPE	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$345.42
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$406.02
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC</i> (Comprehensive)			\$413.37
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC</i> (Non-Comprehensive)			\$402.01
Harvard Pilgrim Medicare Enhance			\$423.97
Health New England Medicare Supplement Plus			\$430.29

Health Insurance Plan Locator Map (Non-Medicare)



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



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

INDEPENDENCE – Harvard Pilgrim Independence

PRIMARY CHOICE – Harvard Pilgrim Primary Choice

HNE – Health New England

ALLWAYS COMPLETE – AllWays Health Partners Complete HMO

NAVIGATOR – Tufts Health Plan Navigator

SPIRIT – Tufts Health Plan Spirit

BASIC – UniCare State Indemnity Plan/Basic

COMMUNITY CHOICE – UniCare State Indemnity Plan/Community Choice

PLUS – UniCare State Indemnity Plan/PLUS

OUTSIDE OF MASSACHUSETTS

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

CONNECTICUT

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

MAINE

Independence, Navigator*, Basic, PLUS

NEW HAMPSHIRE

Independence, Navigator*, Basic, PLUS

NEW YORK

Independence*, Navigator*, Basic

RHODE ISLAND

Independence, Navigator, Basic, PLUS

VERMONT

Independence*, Navigator*, Basic, PLUS

BARNSTABLE

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

BERKSHIRE

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

BRISTOL

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

DUKES

Independence, AllWays Complete, Navigator, Basic, PLUS

ESSEX

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

FRANKLIN

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

HAMPDEN

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

HAMPSHIRE

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

MIDDLESEX

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

NANTUCKET

Independence, AllWays Complete, Navigator, Basic, PLUS

NORFOLK

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

PLYMOUTH

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

SUFFOLK

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

WORCESTER

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

*Not every city and town is covered in this county or state; contact the health insurance carrier to find out which doctors and hospitals participate.

Benefits-at-a-Glance (Non-Medicare)



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

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

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

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

Benefits-at-a-Glance (Non-Medicare)



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

You pay both a copay and a deductible for some services. For details, see your plan's schedule of benefits at [mass.gov/GIC](https://www.mass.gov/GIC).

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

Prescription Drug Benefits (Non-Medicare)



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

Prescription Drug Deductible

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

Prescription Drug Copays

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

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

Covered prescription drugs may change when ESI updates its drug formulary.

Avoid the Prescription Retail Refill Penalty

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

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

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

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

QUESTIONS?

CONTACT EXPRESS SCRIPTS



[express-scripts.com/gicRx](https://www.express-scripts.com/gicRx)

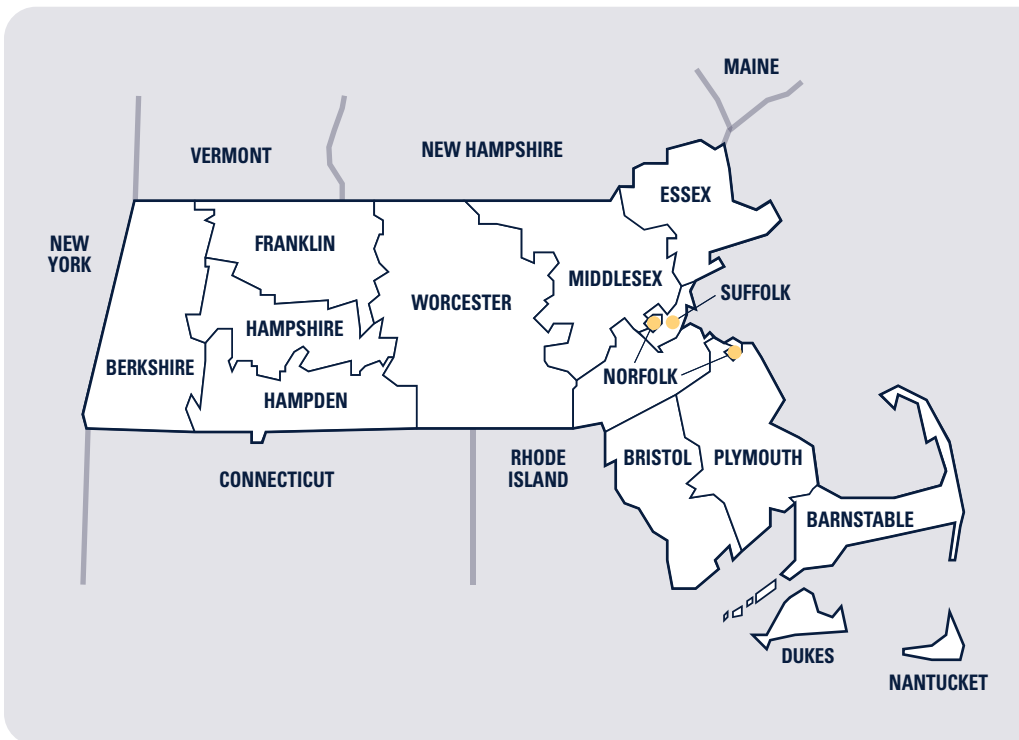


1.855.283.7679

Health Insurance Plan Locator Map (Medicare)



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



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

HPME - Harvard Pilgrim Medicare Enhance

HNEMSP - Health New England Medicare Supplement Plus

TMC - Tufts Health Plan Medicare Complement

TMP - Tufts Health Plan Medicare Preferred

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

BARNSTABLE

HPME, HNEMSP, TMC, TMP, OME

BERKSHIRE

HPME, HNEMSP, TMC, OME

BRISTOL

HPME, HNEMSP, TMC, TMP, OME

DUKES

HPME, HNEMSP, TMC, OME

ESSEX

HPME, HNEMSP, TMC, TMP, OME

FRANKLIN

HPME, HNEMSP, TMC, OME

HAMPDEN

HPME, HNEMSP, TMC, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMC, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMC, TMP, OME

NANTUCKET

HPME, HNEMSP, TMC, OME

NORFOLK

HPME, HNEMSP, TMC, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMC, TMP, OME

SUFFOLK

HPME, HNEMSP, TMC, TMP, OME

WORCESTER

HPME, HNEMSP, TMC, TMP, OME

OUTSIDE OF MASSACHUSETTS

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

CONNECTICUT

HPME, HNEMSP, TMC, OME

MAINE

HPME, HNEMSP, TMC, OME

NEW HAMPSHIRE

HPME, HNEMSP, TMC, OME

NEW YORK

HPME, HNEMSP, TMC, OME

RHODE ISLAND

HPME, HNEMSP, TMC, OME

VERMONT

HPME, HNEMSP, TMC, OME

Benefits-at-a-Glance (Medicare)



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

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

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

Prescription Drug Benefits (Medicare)



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

Prescription Drug Copays

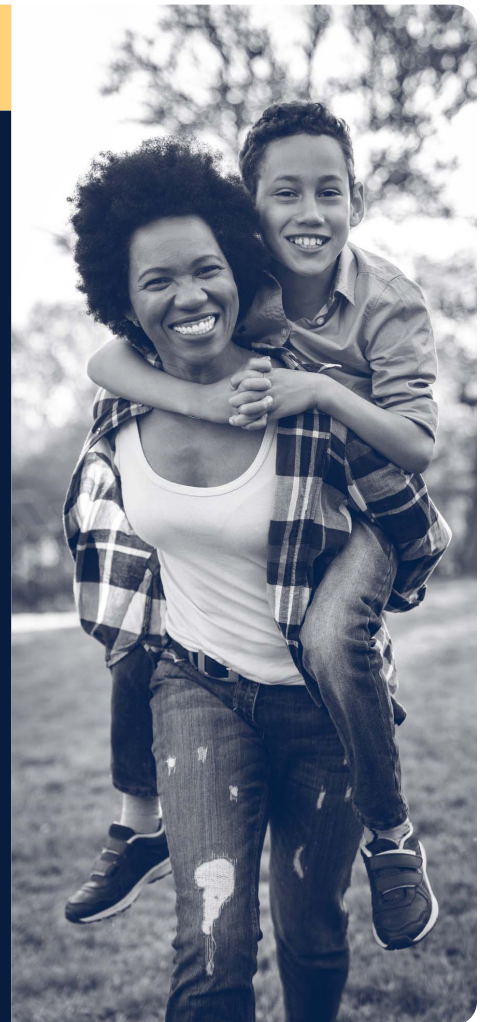
All GIC health plans feature a three-tier copay structure. Contact CVS SilverScript with questions about your specific medications.

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

MEDICARE PART D PRESCRIPTION DRUG COVERAGE

IMPORTANT

- **Do not enroll in a non-GIC Medicare Part D plan.** All GIC Medicare plans include Medicare Part D coverage. If you enroll in another Part D plan, the Centers for Medicare and Medicaid Services will disenroll you from your GIC coverage. This means that you will lose your GIC health, behavioral health and prescription drug benefits.
- A "Notice of Creditable Coverage" is located in your plan handbook. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in an individual Medicare drug plan because of changed circumstances, you must show the Notice of Creditable Coverage to the Social Security Administration to avoid paying a penalty.
- If you have extremely limited income and assets, contact the Social Security Administration to find out about subsidized Part D coverage.
- If your adjusted gross income, as reported on your federal tax return, exceeds a certain amount, Social Security will impose a monthly additional fee called IRMAA (Income-Related Monthly Adjustment Amount). Visit [medicare.gov](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.



QUESTIONS?

CONTACT CVS SILVERSCRIPT



[gic.silverscript.com](https://www.gic.silverscript.com)



1.877.876.7214

Have You Experienced Any of These Qualifying Events?

- Marriage
- Legal separation, divorce or remarriage of you or your former spouse
- Address change
- Birth or adoption of a child
- Legal guardianship of a child
- Death of a covered spouse, dependent or beneficiary
- You have GIC COBRA coverage and become eligible for other coverage

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

QUESTIONS?
CONTACT THE GIC



bit.ly/MassGICQualifyingEvents



1.617.727.2310, TDD/TTY 711



Mass4YOU: Employee Assistance Program (EAP)



Mass4YOU is a free Employee Assistance Program available to all state and municipal employees and their families who are eligible for GIC benefits administered through Optum health.

GIC health insurance coverage is not required to access the many Mass4YOU work/life and other support services. Through Mass4YOU, GIC benefits-eligible employees and their families can find easy access to a comprehensive suite of *free*, confidential support available 24/7, including:

- Three in-person virtual, telephone, or in-person therapy visits per issue, per year
- 30-minute telephone or in-person legal or mediation consultation per issue per year
- Guidance from a financial advisor to help with debt, foreclosure, financial planning, and more
- Referrals for a variety of Work-Life convenience services: child care, elder care and more
- Access to Mass4YOU's 24/7 confidential substance abuse treatment helpline and a licensed clinician

No formal enrollment is required. Stay up-to-date on all Mass4YOU benefits by providing the GIC with your email at bit.ly/MyGICLinkOnlineForms.

QUESTIONS?

CONTACT
MASS4YOU



liveandworkwell.com;
Enter access code **mass4you**



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



GIC Retiree Dental Plan



The GIC Retiree Dental Plan is provided through MetLife.

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

You pay the full cost of this voluntary coverage.

Eligibility

Retirees and survivors from the following municipalities that have elected to offer the plan are eligible:

- City of Melrose
- Town of Ashland
- Town of Bedford
- Town of Brookline
- Town of Holbrook
- Town of Marblehead
- Town of Middleborough
- Town of Millis
- Town of North Andover
- Town of Randolph
- Town of Swampscott
- Town of Weston
- Town of Westwood
- Athol Roylston School District
- Northeast Metropolitan Regional Vocational School District

If your municipality is not listed, you are not eligible for GIC Retiree Dental benefits. Contact your municipal benefits office for additional information.

Enrollment

Eligible retirees and survivors may join during Annual Enrollment, or within 60 days of a qualifying status change, such as when COBRA dental coverage ends, when you become a survivor of a GIC member, or at retirement.

If you drop GIC Retiree Dental coverage, you may never re-enroll.

MONTHLY GIC PLAN RATES - EFFECTIVE JULY 1, 2022

Includes 0.30% Administrative Fee

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$28.88
Family	\$69.57

QUESTIONS?
CONTACT METLIFE



[metlife.com/gicbenefits](https://www.metlife.com/gicbenefits)



1.866.292.9990



CONTACT YOUR HEALTH INSURANCE CARRIERS FOR:

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



INFORMATION ABOUT COVID-19

Since federal and state mandates are changing frequently in response to the ongoing COVID-19 pandemic, please visit bit.ly/GIC-covid19 for the latest information.

HEALTH INSURANCE PLAN CARRIERS	PHONE	WEBSITE
AllWays Health Partners	1.866.567.9175	allwayshealthpartners.org/gic-members
Harvard Pilgrim Health Care	1.866.874.0817	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan	1.800.870.9488 Medicare Plans: 1.888.333.0880	tuftshealthplan.com/gic
UniCare State Indemnity Plan Medicare plans Non-Medicare plans	1.800.442.9300 1.833.663.4176	unicaremass.com
PHARMACY BENEFITS		
Express Scripts	1.855.283.7679	express-scripts.com/gicRx
CVS SilverScript	1.877.876.7214	gic.silverscript.com
OTHER BENEFITS		
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gicbenefits
Social Security Administration	1.800.772.1213 or your local Social Security Office	ssa.gov
Medicare	1.800.633.4227	medicare.gov
ADDITIONAL RESOURCES		
Annual Enrollment		bit.ly/GICenrollment
Qualifying Events for GIC Coverage		bit.ly/MassGICQualifyingEvents
Retirement & GIC Benefits		bit.ly/GICretirement
GIC COVID-19 Information		bit.ly/GIC-covid19
Mass4YOU (Employee Assistance Program - EAP)	1.844.263.1982 TTY Support: 711 +1.844.263.1982	liveandworkwell.com (access code: mass4you)



Commonwealth of Massachusetts
Group Insurance Commission

1 Ashburton Place, Suite 1619
Boston, MA 02108

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Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor

Matthew Veno, Executive Director
Group Insurance Commission
John W. McCormack Building
1 Ashburton Place, Suite 1619
Boston, MA 02108

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Telephone: 1.617.727.2310
TDD/TTY: 711



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