KNOW YOUR GIC BENEFITS
COMMONWEALTH OF MASSACHUSETTS
EMPLOYEES
2019–2020 Overview
Your Annual Enrollment Checklist

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

- **REVIEW THIS GUIDE TO IDENTIFY WHICH HEALTH INSURANCE PRODUCTS ARE OFFERED AND WHICH ONE IS THE BEST FOR YOU.**
  
  **TIP:** Use the locator map on page 4 to find which products are offered in your area. Based on that, you can use the rate chart on page 5 and the “Benefits-at-a-Glance” on pages 6-7 to determine which product is right for you.

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

- **ATTEND A GIC BENEFIT FAIR TO HAVE YOUR QUESTIONS ANSWERED IN PERSON.** These events provide the chance to speak with GIC staff and carrier representatives about the products and benefits available to you. For the full schedule of fair locations, dates and times, check our website here: [bit.ly/GICBenefitFairs2019](https://bit.ly/GICBenefitFairs2019).


- **TURNING 65?** Check our website for a video to guide you through the next steps, whether you’re retiring or not: [bit.ly/GICTurning65](https://bit.ly/GICTurning65).

- **CHECK IF YOU ARE ELIGIBLE FOR THE BUY-OUT PROGRAM.** If you have access to non-GIC health insurance through your spouse or another employer-sponsored plan, you may benefit from the Buy-Out program. Go to [bit.ly/GICBuyOut](https://bit.ly/GICBuyOut) to find out if you are eligible. Buy-Out forms must be mailed directly to the GIC by May 1.

- **MAKE SURE YOU SUBMIT ALL FORMS TO YOUR GIC COORDINATOR NO LATER THAN MAY 1, 2019.** All forms are available on the GIC website ([bit.ly/GICForms](https://bit.ly/GICForms)). Changes go into effect July 1, 2019.

If you want to keep your current benefits, you do not need to complete any paperwork, as your coverage will continue automatically.

**IMPORTANT REMINDERS**

1. **Employees can enroll in coverage for the first time at Annual Enrollment or within 60 days of a documented qualifying event.** Qualifying events include marriage, birth/adoption of a child, involuntary loss of other coverage, spouse’s Annual Enrollment or return from an approved FMLA or military leave.

2. **New hires must enroll in coverage during their first ten days of employment.**

3. **Once you choose health care coverage, you cannot change products until the next Annual Enrollment period unless you have a qualifying event.** Even if your doctor or hospital leaves your network you must remain enrolled in your selected plan until the next Annual Enrollment, unless you have an eligible qualifying status change. You can find a list of qualifying status changes on the GIC’s Annual Enrollment website at [mass.gov/gic-annual-enrollment](https://mass.gov/gic-annual-enrollment).

4. **Physician and hospital copay tiers change each July 1.** Please check with your health insurance carrier to see if your provider(s) or hospital tier has changed.

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.

6. **When checking provider coverage and tiers, be sure to specify the health insurance product’s full name, such as “Tufts Health Plan Spirit” or “Tufts Health Plan Navigator,” and not just “Tufts Health Plan.”** Your health insurance carrier is the best source for this information.
## What’s New This Year

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PRODUCTS</th>
<th>PHARMACY BENEFITS</th>
<th>OTHER BENEFITS</th>
</tr>
</thead>
</table>
| - Neighborhood Health Plan Prime is now called AllWays Health Partners Complete HMO.  
- A lower copay of $150 for members who utilize freestanding facilities for eye procedures and GI endoscopies. Copays for procedures at hospital outpatient facilities would remain the same at $250 this fiscal year.  
- Check with your carrier to see if your provider is still in the network, or if copays have changed. See page 15 for carrier contact information. | - No changes | - If you are eligible for FSA benefits, Benefit Strategies is our new FSA vendor. Read more about Benefit Strategies and any enrollment changes on pages 8 and 9. |

### Terms to Know

**Copay:** A fixed dollar amount (e.g., $20) that you pay for a covered health care service, such as a visit to your doctor or a specialist.

**Deductible:** A dollar amount you need to pay each year before your product pays for covered health care services.

**Out-of-Pocket Maximum:** The maximum amount you will pay each year for certain covered services that apply toward the maximum, after which your product will begin to pay in full for these covered services.

**Coinsurance:** Your share of the costs of a covered health care service, typically calculated as a percentage of the amount allowed for the service provided.

**Out-of-Network Provider:** A medical provider which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health insurance products, like HMOs, do not reimburse out-of-network providers at all, which means that you would be responsible for the full amount charged by your doctor.

**Freestanding Facility:** A facility that performs procedures that is not owned by a hospital. Visit your carrier’s website for a list of freestanding facilities.

---

**THE GIC IS TAKING STEPS TO BECOME GREENER!**

This year’s Benefits Decision Guide uses less paper, but still provides the benefit information you need in a clear, easier to read format.

This guide costs less to print and is better for our environment. In the future, the GIC will be reducing its use of paper and move toward greater use of digital tools to communicate with our members. You can still find and download information about the GIC’s benefits on our website: [mass.gov/orgs/Group-Insurance-Commission](http://mass.gov/orgs/Group-Insurance-Commission).
Where Do You Live?

Where You Live Determines Which Health Insurance Product You May Enroll In.

Is the Health Product Available Where You Live?

**BARNSTABLE**
- Independence, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

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

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

**DUKES**
- Independence, AllWays Complete, Navigator, Basic, PLUS

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

**FRANKLIN**
- Select, Independence, Primary Choice, AllWays Complete, Navigator, Spirit, Basic, Community Choice, PLUS

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

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

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

**NANTUCKET**
- Independence, AllWays Complete, Navigator, Basic, PLUS

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

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

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

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

Outside Massachusetts:

**CONNECTICUT**
- Independence, HNE*, Navigator*, Basic, PLUS*

**MAINE**
- Independence, Basic, PLUS

**NEW HAMPSHIRE**
- Select*, Independence, Navigator*, Basic, PLUS

**NEW YORK**
- Independence*, Navigator*, Basic

**RHODE ISLAND**
- Independence, Navigator, Basic, PLUS

**VERMONT**
- Independence*, Navigator*, Basic, PLUS

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

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

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

**DIRECT** - Fallon Health Direct Care

**SELECT** - Fallon Health Select Care

**INDEPENDENCE** - Harvard Pilgrim Independence

**PRIMARY CHOICE** - Harvard Pilgrim Primary Choice

**HNE** - Health New England

**ALLWAYS COMPLETE** - AllWays Health Partners Complete HMO

**NAVIGATOR** - Tufts Health Plan Navigator

**SPIRIT** - Tufts Health Plan Spirit

**BASIC** - UniCare State Indemnity Plan/Basic

**COMMUNITY CHOICE** - UniCare State Indemnity Plan/Community Choice

**PLUS** - UniCare State Indemnity Plan/PLUS
## Rate Chart

### Monthly GiC Product Rates Effective July 1, 2019

For Employees hired before July 1, 2003

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)</td>
<td>$258.87</td>
<td>$574.53</td>
<td>$310.74</td>
<td>$688.92</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>$207.49</td>
<td>$457.54</td>
<td>$259.36</td>
<td>$571.93</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>$140.03</td>
<td>$331.07</td>
<td>$175.05</td>
<td>$413.84</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>$150.33</td>
<td>$364.44</td>
<td>$187.92</td>
<td>$455.56</td>
</tr>
<tr>
<td>Fallon Health Select Care</td>
<td>$163.09</td>
<td>$394.30</td>
<td>$203.87</td>
<td>$492.88</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>$178.61</td>
<td>$434.08</td>
<td>$223.27</td>
<td>$542.61</td>
</tr>
<tr>
<td>Health New England</td>
<td>$115.06</td>
<td>$271.66</td>
<td>$143.84</td>
<td>$339.58</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>$130.23</td>
<td>$335.67</td>
<td>$162.80</td>
<td>$419.59</td>
</tr>
</tbody>
</table>

For Employees hired on or after July 1, 2003

<table>
<thead>
<tr>
<th>Product Description</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>$104.44</td>
<td>$255.80</td>
<td>$130.56</td>
<td>$319.76</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>$114.09</td>
<td>$272.14</td>
<td>$142.62</td>
<td>$340.18</td>
</tr>
<tr>
<td>Fallon Health Direct Care</td>
<td>$121.02</td>
<td>$303.09</td>
<td>$151.28</td>
<td>$378.87</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice Plan</td>
<td>$130.01</td>
<td>$329.45</td>
<td>$162.52</td>
<td>$411.82</td>
</tr>
</tbody>
</table>

**BASIC LIFE INSURANCE ONLY – $5,000 Coverage**

- **FOR EMPLOYEES HIRED BEFORE JULY 1, 2003**
  - Employee pays monthly: $1.30

- **FOR EMPLOYEES HIRED ON OR AFTER JULY 1, 2003**
  - Employee pays monthly: $1.63

* CIC is an enrollee-pay-all benefit.
## Benefits-at-a-Glance

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

*For Unicare, copay for any procedure at freestanding facility is $0. **For Unicare, check handbook for provider tiering.

Copays and deductibles that appear in bold in this chart have changed effective July 1, 2019.
<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>HEALTH NEW ENGLAND</th>
<th>ALLWAYS HEALTH PARTNERS COMPLETE HMO</th>
<th>UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE</th>
<th>TUFTS HEALTH PLAN SPIRIT</th>
<th>FALLON HEALTH DIRECT CARE</th>
<th>HARVARD PILGRIM PRIMARY CHOICE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HMO</td>
<td>HMO</td>
<td>PPO-TYPE</td>
<td>EPO (HMO-TYPE)</td>
<td>HMO</td>
<td>HMO</td>
</tr>
<tr>
<td>Benefits-at-a-Glance</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance carriers.</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>$400 / $800</td>
<td>$500 / $1,000</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
<td>$400 / $800</td>
</tr>
<tr>
<td></td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$15 / visit for Covered Care PCPs; $20 / visit for other PCPs</td>
<td>$20 / visit</td>
<td>$15 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td></td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / $75 / visit</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
</tr>
<tr>
<td></td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$20 / visit</td>
<td>$15 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td></td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
<td>$275 / admission with no tiering</td>
</tr>
<tr>
<td>Prescription Drug Deductible: $100 Individual / $200 Family</td>
<td>$150</td>
<td>$150</td>
<td>$0*</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>$10 / $30 / $65</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

*For Unicare, copay for any procedure at freestanding facility is $0. **For Unicare, check handbook for provider tiering.
Have You Had Any Personal or Family Information Changes?

Do any of these circumstances apply to you?

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

Questions?

1.617.727.2310, TDD/TTY 711
mass.gov/service-details/gic-qualifying-life-events-and-your-options

Flexible Spending Accounts (FSAs)

Benefit Strategies is the new administrator for the GIC’s Flexible Spending Account (FSA) benefit!
As of July 1, 2019, all claims must be filed with Benefit Strategies, including claims from the 2019 plan year.

What is a Flexible Spending Account (FSA)?
An FSA is an account that allows you to set aside pre-tax money to help you pay for certain life expenses. These accounts reduce your federal and state tax liabilities and increase your available income. The GIC offers two types of FSAs, administered by Benefit Strategies: Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP). You can use these FSAs to help pay for qualified health care and dependent care expenses.

Examples of qualified HCSA expenses:
- Physician office visits
- Prescription drug copayments
- Medical deductibles and co-insurance

Examples of qualified DCAP expenses:
- Daycare payments
- Certain before/after school care
- Certain summer camps

Learn more about the HSCA and DCAP, view other qualified expenses, and/or enroll in your FSA benefits by visiting benstrat.com/gic-fsa.
Flexible Spending Accounts (FSAs)

How will an FSA help me save on taxes?

An FSA allows you to set aside money from each paycheck for eligible expenses before your taxes are taken from your paycheck. This means there is less income to tax each month. Also, you are not taxed when you file a claim and are reimbursed!

For example:

<table>
<thead>
<tr>
<th>BREAKDOWN OF PAYCHECK &amp; DEDUCTIONS</th>
<th>NOT PARTICIPATING IN HCSA OR DCAP PLAN</th>
<th>PARTICIPATING IN HCSA OR DCAP PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Yearly Pay</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>HCSA Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($2,000)</td>
</tr>
<tr>
<td>DCAP Annual Contribution (Pre-Tax)</td>
<td>$0</td>
<td>($4,000)</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$30,000</td>
<td>$24,000</td>
</tr>
<tr>
<td>Sample Tax Withholdings of 30%</td>
<td>($9,000)</td>
<td>($7,200)</td>
</tr>
<tr>
<td>Yearly Health Care Expenses</td>
<td>($2,000 post-tax)</td>
<td>$2,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Yearly Daycare Expenses</td>
<td>($4,000 post-tax)</td>
<td>$4,000 (Claims reimbursed)</td>
</tr>
<tr>
<td>Net Available Income</td>
<td>$15,000</td>
<td>$16,800</td>
</tr>
</tbody>
</table>

Who is eligible and when do I enroll?

Active state employees who are eligible for GIC benefits may participate in the HCSA and/or DCAP programs.

**FSA Enrollment for the 2020 Plan Year: April 3 – May 1, 2019**

During the GIC’s spring 2019 Annual Enrollment period, state employees can enroll in FSA benefits for the Plan Year of July 1, 2019 – June 30, 2020. **These plans require that participants re-enroll each year.**

- **New State Employees and Change in Status:** New state employees and employees who have a qualifying status change during the year may enroll for partial-year benefits. For HCSA, new hire benefits begin at the same time as other GIC benefits. For DCAP, coverage begins on the first day of employment.

What else do I need to know?

It is important to note, the IRS has a strict “use-it-or-lose it” rule, which means that money left in a pre-tax account at the end of a plan year is forfeited, so consider your election carefully.

- **2½-Month Grace Period:** If you still have money left in your FSA at the end of the plan year, you have an additional 2½ months to incur claims. For the 2020 fiscal year, you have until September 15, 2020 to incur claims and until October 15, 2020 to submit them.

- **Administrative Fee:** For the 2020 Plan Year, there is a flat $2.00 administrative fee, per month, per participant, whether you enroll in one or both plans.

**KEY FSA DATES** | **Open Enrollment: April 3 – May 1, 2019**

<table>
<thead>
<tr>
<th>2019 Plan Year</th>
<th>2020 Plan Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year: July 1, 2018 - June 30, 2019</td>
<td>Plan Year: July 1, 2019 - June 30, 2020</td>
</tr>
<tr>
<td>2½ month Grace Period: July 1, 2019 - September 15, 2019</td>
<td>2½ month Grace Period: July 1, 2020 - September 15, 2020</td>
</tr>
<tr>
<td>Claim filing deadline: October 15, 2019</td>
<td>Claim filing deadline: October 15, 2020</td>
</tr>
</tbody>
</table>

Questions?

Contact Benefit Strategies for more information and see the Participant Handbook for additional Plan Rules (found on Benefit Strategies website).

**Toll Free: 1.877.FlexGIC (1.877.353.9442)**

**benstrat.com/gic-fsa**
Mass4You: Employee Assistance Program (EAP)

The Mass4You Employee Assistance Program (EAP) is available to all active, state and municipal employees and their families who are eligible for GIC benefits, to help achieve better work/life balance.

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

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

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

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

GIC Rx: Prescription Drug Benefits

The GIC contracts with Express Scripts (ESI) to manage the prescription drug benefit for all GIC non-Medicare health insurance products. You are required to use your ESI ID card when filling your prescriptions. You will be able to access a broad network of retail pharmacies to fill a 30-day supply and can fill a 90-day supply through mail order or at a CVS Pharmacy.

**Prescription Drug Deductible**

All GIC non-Medicare medical products have a fiscal year Rx deductible of $100 individual/$200 family. The prescription drug deductible is separate from your health product deductible. Once you’ve paid your prescription deductible, your covered drugs will be subject to copayment.

**Drug Copayments**

All GIC health products provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. Contact ESI with questions about your specific medications. Please note, covered medications may change in January and July.

- **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. Brand name drugs are almost always significantly more expensive than generics.
- **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 the 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.

**Questions?**

**1.855.283.7679**  **express-scripts.com/gicRx**
Health Insurance Buy-Out/Pre-Tax Premium Deductions

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

What is the Buy-Out Program?
Under the Buy-Out plan, eligible state employees receive 25% of the full-cost monthly premium in lieu of health insurance benefits for one 12-month period of time. Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck; employees of housing and other authorities will receive a monthly check. The amount of payment depends on your health plan and coverage.

For Example:

<table>
<thead>
<tr>
<th>State employee with Tufts Health Plan Navigator family coverage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full cost monthly premium: $1,815.72</td>
</tr>
<tr>
<td>Monthly 12-month benefit = 25% of this premium</td>
</tr>
<tr>
<td>Employee receives 12 payroll deposits or monthly checks of:* $453.93</td>
</tr>
<tr>
<td>Yearly Earnings (12 monthly payments):* $5,447.16</td>
</tr>
</tbody>
</table>

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

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2019 or before, and continue your coverage through June 30, 2019, you may apply to buy out your health plan coverage effective July 1, 2019.

- **October 2 — November 1, 2019:** If you are insured with the GIC on July 1, 2019 or before, and continue your coverage through December 31, 2019, you may apply to buy out your health plan coverage effective January 1, 2020. The enrollment period for this buy-out will be October 2 - November 1, 2019.

Form Submission
Send the completed Buy-Out form to the GIC no later than May 1, 2019 for the July 1, 2019 buy-out or November 1, 2019 for the January 1, 2020 buy-out. Forms received after the deadline will not be accepted.

For any questions, or to get more information, contact the GIC:

| 1.617.727.2310 | bit.ly/GICBuyOut |

Pre-Tax Premium Deductions
The Commonwealth normally deducts the employee’s share of basic life and health insurance premiums on a pre-tax basis. During Annual Enrollment, or when you have a qualified status change as outlined on the pre-tax form, you have the opportunity to change the tax status of your premiums:

- If your deductions are now taken on a pre-tax basis, you may elect to have them taxed, effective July 1, 2019.
- If you previously chose not to take the pre-tax option, you may switch to a pre-tax basis, effective July 1, 2019.

For more information about Pre-Tax Deductions contact your Payroll Coordinator or the GIC.
Long Term Disability (LTD): Special Enrollment

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

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

Eligibility and Enrollment
Active state employees who are eligible for GIC benefits are eligible for LTD.

- **New State Employees:** Eligible employees may enroll in LTD without providing evidence of good health.
- **Current State Employees:** During this Special Enrollment Period (April 3 – June 14, 2019), eligible active state employees can enroll for LTD with no evidence of good health as long as they have not been previously declined. Be sure to use the special LTD Open Enrollment Form, available on the GIC’s website and through your GIC Coordinator, to enroll. Coverage will be effective October 1, 2019.

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>EMPLOYEE PREMIUM Per $100 of Monthly Earnings</th>
<th>ACTIVE EMPLOYEE AGE</th>
<th>EMPLOYEE PREMIUM Per $100 of Monthly Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 24</td>
<td>$0.08</td>
<td>50 – 54</td>
<td>$0.57</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.10</td>
<td>55 – 59</td>
<td>$0.70</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.14</td>
<td>60 – 64</td>
<td>$0.67</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.17</td>
<td>65 – 69</td>
<td>$0.38</td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.35</td>
<td>70 and over</td>
<td>$0.22</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.47</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Questions?
1.877.226.8620  bit.ly/OtherGICBenefits
Life insurance, insured by The Hartford Life and Accident Insurance Company, helps provide for your family’s economic well-being in the event of your death. This benefit is paid to your designated beneficiaries.

- **Basic Life Insurance:** The Commonwealth offers $5,000 of Basic Life Insurance.
- **Optional Life Insurance:** Optional Life Insurance is available to provide economic support for your family. This term insurance allows you to increase your coverage up to eight times your annual salary, up to a maximum of $1.5 million. Term insurance pays your designated beneficiary in the event of your death. It has no cash value. This is an employee-pay-all benefit.

### Optional Life Insurance

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

- **New State Employees:** You may enroll in Optional Life Insurance for a coverage amount of up to eight times your salary, without providing evidence of good health.
- **Current Employees During the Year:** State employees actively at work may apply for the first time or apply to increase their coverage at any time during the year. After you apply, you will receive instructions for completing a personal health application for The Hartford’s review and approval. The GIC will determine the effective date if The Hartford approves the application.

#### Current Employees with a Qualified Family Status Change

Employees who have a qualified family status change during the year may enroll in or increase their coverage without any medical review in an amount up to a coverage limit not to exceed four times their salary provided that the GIC receives proof, within 31 days, of the qualifying event. Family status changes include the following events:

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

### Optional Life Insurance Non-Smoker Benefit

At initial enrollment or during Annual Enrollment, if you have been tobacco-free (have not smoked cigarettes, cigars or a pipe nor used snuff, chewing tobacco or a nicotine delivery system) for at least the past 12 months, you are eligible for reduced non-smoker Optional Life Insurance rates. You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates. Changes in smoking status made during Annual Enrollment will become effective July 1, 2019.

### Optional Life Insurance Rates (Including AD&D)

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE AGE</th>
<th>SMOKER RATE</th>
<th>NON-SMOKER RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 35</td>
<td>$0.10</td>
<td>$0.04</td>
</tr>
<tr>
<td>35 – 44</td>
<td>$0.12</td>
<td>$0.05</td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.20</td>
<td>$0.07</td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.33</td>
<td>$0.14</td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.53</td>
<td>$0.21</td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.79</td>
<td>$0.31</td>
</tr>
<tr>
<td>65 – 69</td>
<td>$1.45</td>
<td>$0.70</td>
</tr>
<tr>
<td>70 and over</td>
<td>$2.57</td>
<td>$1.16</td>
</tr>
</tbody>
</table>

Questions?

1. 617.727.2310

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

Enrollment
During Annual Enrollment or within 60 days of a qualifying status change, eligible employees may enroll in GIC Dental/Vision benefits and change their dental product selection.

Dental Benefits
Metropolitan Life Insurance Company (MetLife) is the carrier for the dental portion of the GIC Dental/Vision Plan. There are two dental product options:

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

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

1.866.292.9990
metlife.com/gic

Vision Benefits
Davis Vision is the vision provider for the vision portion of the GIC Dental/Vision Plan. Members receive basic services every 24 months (age 19-60) or every 12 months (age 18 or under and 61 or over) at no cost:

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

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

1.800.650.2466
davisvision.com (client code: 7852)

GIC Dental / Vision Rates

<table>
<thead>
<tr>
<th>PLAN</th>
<th>INDIVIDUAL COVERAGE</th>
<th>FAMILY COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO (Value) Plan</td>
<td>$4.72</td>
<td>$14.65</td>
</tr>
<tr>
<td>Indemnity (Classic) Plan</td>
<td>$6.33</td>
<td>$19.66</td>
</tr>
</tbody>
</table>

MONTHLY GIC DENTAL/VISION RATES – Effective July 1, 2019
Contact Information

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

Anything related to: ENROLLMENT OR ELIGIBILITY

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

Contact the Group Insurance Commission or your GIC Coordinator
1.617.727.2310, TDD/TTY 711
mass.gov/gic-annual-enrollment

Anything related to: HEALTH INSURANCE PRODUCT AND COVERAGE

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

Contact your health insurance carrier directly

<table>
<thead>
<tr>
<th>HEALTH INSURANCE CARRIERS</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllWays Health Partners</td>
<td>1.866.567.9175</td>
<td>allwayshealthpartners.org/gic-members</td>
</tr>
<tr>
<td>Fallon Health</td>
<td>1.866.344.4442</td>
<td>fallonhealth.org/gic</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care</td>
<td>1.800.542.1499</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>hne.com/gic</td>
</tr>
<tr>
<td>Tufts Health Plan</td>
<td>1.800.870.9488</td>
<td>tuftshealthplan.com/gic</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan</td>
<td>1.800.442.9300</td>
<td>unicarestateplan.com</td>
</tr>
<tr>
<td>Pharmacy Benefits Manager</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)</td>
<td>1.877.353.9442</td>
<td>benstrat.com/gic-fsa</td>
</tr>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>1.617.727.2310</td>
<td>mass.gov/gic/life</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>1.877.226.8620</td>
<td>mass.gov/gic/ltd</td>
</tr>
<tr>
<td>Dental Benefits</td>
<td>1.866.292.9990</td>
<td>metlife.com/gic</td>
</tr>
<tr>
<td>Vision Benefits</td>
<td>1.800.650.2466</td>
<td>davisvision.com (client code: 7852)</td>
</tr>
</tbody>
</table>
P.O. Box 8747
Boston, MA 02114

COMMONWEALTH OF MASSACHUSETTS

Charles D. Baker, Governor
Karyn Polito, Lieutenant Governor
Group Insurance Commission
Roberta Herman, M.D., Executive Director
19 Staniford Street, 4th Floor
Boston, Massachusetts

Commissioners
*Current as of March, 2019. For more information, visit mass.gov/orgs/group-insurance-commission.

Valerie Sullivan (Public Member), Chair
Gary Anderson, Commissioner of Insurance
Michael Heffernan, Secretary of Administration and Finance (or his designee)
Theron R. Bradley (Public Member)
Edward T. Choate (Public Member)
Tamara P. Davis (Public Member)
Kevin Drake (Council 93, AFSCME, AFL-CIO)
Jane Edmonds (Public Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Christine Hayes Clinard, Esq. (Public Member)
Bobbi Kaplan (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Eileen P. McAnneny (Public Member)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers Association)
Anna Sinaiko, MPP, PhD (Health Economist)

Website: mass.gov/orgs/group-insurance-commission