2022–2023 BENEFITS OVERVIEW

JULY 1, 2022 – JUNE 30, 2023

COMMONWEALTH OF MASSACHUSETTS

RETIREES & SURVIVORS

ANNUAL ENROLLMENT: APRIL 6 – MAY 4, 2022

mass.gov/GIC
You can access your guide throughout the year at mass.gov/GIC

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. **TURNING 65?** Visit bit.ly/GIC65Enrollment for a video to guide you through the next steps, whether you’re retiring or not.

4. Doctors and hospitals within your network may change during the year. If your provider is no longer available, your health insurance carrier will help you find a new one. Your doctor or hospital leaving a network is not a qualifying event to change health plans.

5. 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.

6. 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.
If you are a MEDICARE eligible Retiree:

- No benefit changes in GIC Medicare Plans

If you are a 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.

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
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

**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, PLUS

**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 which doctors and hospitals participate.
# Health Insurance Plan Rates (Non-Medicare)

**Monthly GIC Health Plan Rates Effective July 1, 2022**

<table>
<thead>
<tr>
<th>Health Insurance Plans (Premium includes Basic Life Insurance)</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RETIREE/SURVIVOR PAYS MONTHLY</strong></td>
<td>INDIVIDUAL COVERAGE</td>
<td>FAMILY COVERAGE</td>
<td>INDIVIDUAL COVERAGE</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic with CIC&lt;sup&gt;2&lt;/sup&gt; (Comprehensive)</td>
<td>$177.27</td>
<td>$395.96</td>
<td>$236.40</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Basic without CIC</td>
<td>$118.28</td>
<td>$261.65</td>
<td>$177.41</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/PLUS</td>
<td>$81.54</td>
<td>$193.94</td>
<td>$122.29</td>
</tr>
<tr>
<td>Tufts Health Plan Navigator</td>
<td>$89.49</td>
<td>$218.30</td>
<td>$134.22</td>
</tr>
<tr>
<td>Harvard Pilgrim Independence Plan</td>
<td>$103.93</td>
<td>$253.35</td>
<td>$155.89</td>
</tr>
<tr>
<td>Health New England</td>
<td>$67.41</td>
<td>$160.37</td>
<td>$101.11</td>
</tr>
<tr>
<td>AllWays Health Partners Complete HMO</td>
<td>$84.83</td>
<td>$221.14</td>
<td>$127.24</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/Community Choice</td>
<td>$62.84</td>
<td>$155.52</td>
<td>$94.24</td>
</tr>
<tr>
<td>Tufts Health Plan Spirit</td>
<td>$68.01</td>
<td>$163.61</td>
<td>$102.01</td>
</tr>
<tr>
<td>Harvard Pilgrim Primary Choice</td>
<td>$75.09</td>
<td>$191.03</td>
<td>$112.62</td>
</tr>
</tbody>
</table>

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1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct $.64 from monthly “Retiree/Survivor Pays Monthly” premium.

2 CIC is an enrollee-pay-all benefit.
### Benefits-at-a-Glance (Non-Medicare)

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PLANS</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>PLAN TYPE</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 Individual / Family coverage</td>
<td>$5,000 / $10,000</td>
<td>$5,000 / $10,000</td>
</tr>
<tr>
<td>Fiscal Year Deductible 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 Tier 1 / Tier 2 / Tier 3</td>
<td>$30 / $60 / $60 / visit</td>
<td>$30 / $60 / $75 / 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>$15 or $20 / visit</td>
<td>$15 / 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>Tier 1 / Tier 2 / Tier 3</td>
</tr>
<tr>
<td>Tier 1 / Tier 2 / Tier 3</td>
<td>$275 / admission no tiering</td>
<td>$275 / $500 / $1,500 / admission</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td></td>
<td></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 (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) 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) Tier 1 / Tier 2 / Tier 3</td>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

If you participate in a non-Medicare plan, 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)

<table>
<thead>
<tr>
<th>REGIONAL NETWORK</th>
<th>LIMITED NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH NEW ENGLAND</td>
<td>ALLWAYS HEALTH PARTNERS COMPLETE HMO</td>
</tr>
<tr>
<td><strong>HMO</strong></td>
<td><strong>HMO</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>$5,000 / $10,000</td>
<td>$5,000 / $10,000</td>
</tr>
<tr>
<td>$400 / $800</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>Most covered at 100% – no copay</td>
<td>Most covered at 100% – no copay</td>
</tr>
<tr>
<td>$30 / $60 / visit (No Tier 3)</td>
<td>$30 / $60 / visit (No Tier 3)</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$20 / visit</td>
</tr>
<tr>
<td>$20 / visit</td>
<td>$15 / visit</td>
</tr>
<tr>
<td>$100 / visit (waived if admitted)</td>
<td>$100 / visit (waived if admitted)</td>
</tr>
<tr>
<td><strong>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</strong></td>
<td><strong>Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.</strong></td>
</tr>
<tr>
<td>$275 / admission no tiering</td>
<td>$275 / admission no tiering</td>
</tr>
<tr>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td><strong>Maximum one copay per day. Contact the carrier for details.</strong></td>
<td><strong>Maximum one copay per day. Contact the carrier for details.</strong></td>
</tr>
<tr>
<td>$100 / scan</td>
<td>$100 / scan</td>
</tr>
<tr>
<td>$10 / $30 / $65</td>
<td>$10 / $30 / $65</td>
</tr>
<tr>
<td>$25 / $75 / $165</td>
<td>$25 / $75 / $165</td>
</tr>
</tbody>
</table>

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

**Harvard Pilgrim Medicare Enhance (HPME)**
- Berkshire
- Hampshire
- Middlesex
- Norfolk
- Suffolk
- Worcester
- Barnstable

**Health New England Medicare Supplement Plus (HNEMSP)**
- Berkshire
- Hampshire
- Middlesex
- Norfolk
- Suffolk
- Worcester
- Barnstable

**Tufts Health Plan Medicare Complement (TMC)**
- Berkshire
- Hampshire
- Middlesex
- Norfolk
- Suffolk
- Worcester
- Barnstable

**Tufts Health Plan Medicare Preferred (TMP)**
- Berkshire
- Hampshire
- Middlesex
- Norfolk
- Suffolk
- Worcester
- Barnstable

**UniCare State Indemnity Plan/Medicare Extension (OME)**
- Berkshire
- Hampshire
- Middlesex
- Norfolk
- Suffolk
- Worcester
- Barnstable

**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
## Monthly GIC Health Plan Rates
**Effective July 1, 2022**

<table>
<thead>
<tr>
<th>MEDICARE RETIREES</th>
<th>MEDICARE RETIREES</th>
<th>MEDICARE RETIREES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired on or before July 1, 1994 and SURVIVORS(^1)</td>
<td>Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009</td>
<td>who filed for retirement after October 1, 2009</td>
</tr>
<tr>
<td>10%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>RETIREE/SURVIVOR PAYS MONTHLY</strong></td>
<td><strong>RETIREE PAYS MONTHLY</strong></td>
<td><strong>RETIREE PAYS MONTHLY</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)</th>
<th>PLAN NETWORK</th>
<th>PLAN TYPE</th>
<th>PER PERSON</th>
<th>PER PERSON</th>
<th>PER PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tufts Health Plan Medicare Preferred</td>
<td>Medicare Advantage</td>
<td>HMO</td>
<td>$35.08</td>
<td>$52.61</td>
<td>$70.15</td>
</tr>
<tr>
<td>Tufts Health Plan Medicare Complement</td>
<td></td>
<td></td>
<td>$41.12</td>
<td>$61.67</td>
<td>$82.23</td>
</tr>
<tr>
<td>Harvard Pilgrim Medicare Enhance</td>
<td></td>
<td></td>
<td>$42.91</td>
<td>$64.36</td>
<td>$85.81</td>
</tr>
<tr>
<td>Health New England Medicare Supplement Plus</td>
<td>Medicare Supplement</td>
<td>Indemnity</td>
<td>$43.54</td>
<td>$65.30</td>
<td>$87.07</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC(^2) (Comprehensive)</td>
<td></td>
<td></td>
<td>$52.04</td>
<td>$72.39</td>
<td>$92.75</td>
</tr>
<tr>
<td>UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)</td>
<td></td>
<td></td>
<td>$40.72</td>
<td>$61.07</td>
<td>$81.43</td>
</tr>
</tbody>
</table>

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1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct $.64 from monthly “Retiree/Survivor Pays Monthly” premium.

2 CIC is an enrollee-pay-all benefit.
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 covered through the Tufts Medicare Advantage Plan.

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

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.

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

IMPORTANT Medicare Part D Prescription Drug Coverage

- **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 for more information.

AVOID THE EXPRESS SCRIPTS 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 1.855.283.7679

QUESTIONS? CONTACT CVS SILVERSCRIPT

gic.silverscript.com 1.877.876.7214
Health Insurance Buy-Out

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

What is the Buy-Out Program?
Under the buy-out plan, eligible state retirees 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:
State Retiree with UniCare State Indemnity Plan/Medicare Extension (OME) individual coverage:

- Full-Cost premium on July 1, 2022 (Monthly): $400.81
- 12-month benefit = 25% of this premium
- Retiree receives 12 payroll deposits or monthly checks of: $100.20
- Yearly Earnings (12 monthly payments): $1,202.40

*subject to federal, Medicare, and state taxes

Submit Your Buy-Out Application
There are two buy-out periods, and your reimbursement will be determined based on your plan at the end of the covered period.

- **During Annual Enrollment:** If you were insured with the GIC on January 1, 2022 or before and continue your coverage through June 30, 2022, you may apply to buy out your health plan coverage effective July 1, 2022, during Annual Enrollment.

- **October 3 – October 28, 2022:** If you are insured with the GIC on July 1, 2022 or before, and continue your coverage through December 31, 2022, you may apply to buy out your health plan coverage effective January 1, 2023. The enrollment period for this buy-out is October 3 – October 28, 2022.

The deadline for submission is May 4, 2022 for the July 1, 2022 buy-out or October 28, 2022 for the January 1, 2023 buy-out.

QUESTIONS?
CONTACT THE GIC

bit.ly/GICHealthBuyout
1.617.727.2310, TDD/TTY 711
Life and AD&D insurance, offered by MetLife, helps provide for your beneficiary’s well-being in the event of a serious accident or death. This benefit is paid to your designated beneficiary(ies). 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**: If you wish to keep your GIC health insurance coverage, you must keep $5,000 in basic life insurance.

- **Optional Life Insurance After Retirement**: If you make no change to your optional life coverage at retirement, you will be responsible for the retiree optional life insurance premium, which can be substantial. Optional life insurance rates significantly increase when you retire, and continue to increase based on your age. You may decrease, but cannot increase, your amount of life insurance after you retire. If you decrease your coverage and then later wish to increase it, the increased amount will be subject to proof of good health.

This coverage is called “term” insurance; this means there is no cash value associated with it. Optional life insurance premiums increase as you age. You can check the amount of your optional life insurance on your annual benefit statement.

### Optional Life Insurance Non-Smoker Benefit

Retired state employees who have been tobacco-free are eligible for reduced non-smoker optional life insurance rates effective July 1, 2022. Tobacco-free means you have not smoked cigarettes, cigars or a pipe, used snuff or chewing tobacco or any nicotine delivery system for the previous 12 months. This benefit is only available for enrollment during the Annual Enrollment period. If this applies to you, the enrollment form is available at [bit.ly/MyGICLinkOnlineForms](http://bit.ly/MyGICLinkOnlineForms). You will be required to periodically recertify your non-smoking status in order to qualify for the lower rates.

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

<table>
<thead>
<tr>
<th>RETIRED STATE EMPLOYEE AGE</th>
<th>RETIREE SMOKER RATE Per $1,000 of Coverage</th>
<th>RETIREE NON-SMOKER RATE Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 70</td>
<td>$1.62</td>
<td>$1.29</td>
</tr>
<tr>
<td>70-74</td>
<td>$2.83</td>
<td>$2.17</td>
</tr>
<tr>
<td>75-79</td>
<td>$7.72</td>
<td>$5.90</td>
</tr>
<tr>
<td>80-84</td>
<td>$14.63</td>
<td>$11.16</td>
</tr>
<tr>
<td>85-89</td>
<td>$23.17</td>
<td>$17.69</td>
</tr>
<tr>
<td>90-94</td>
<td>$32.22</td>
<td>$26.89</td>
</tr>
<tr>
<td>95-99</td>
<td>$72.57</td>
<td>$58.72</td>
</tr>
<tr>
<td>100 and over</td>
<td>$139.14</td>
<td>$112.59</td>
</tr>
</tbody>
</table>

QUESTIONS? CONTACT METLIFE

[metlife.com/gicbenefits](http://metlife.com/gicbenefits)  1.877.355.6277
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

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.

### Enrollment

You 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 RETIREE DENTAL PLAN RATES](#)

<table>
<thead>
<tr>
<th>COVERAGE TYPE</th>
<th>RETIREE PAYs MONTHLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$28.79</td>
</tr>
<tr>
<td>Family</td>
<td>$69.36</td>
</tr>
</tbody>
</table>

**FOR INFORMATION, CONTACT METLIFE DIRECTLY:**

[metlife.com/gicbenefits](http://metlife.com/gicbenefits) 1.866.292.9990

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### GIC Retiree Vision Discount Plan

You are eligible to receive discounted vision care through Davis Vision. Discounts are available through almost 45,000 Davis Vision participating providers. Discounts are available on:

- Eye examinations
- Frames
- Eyeglasses
- Contact Lenses

All eyeglasses purchased through the Retiree Vision Discount Plan are covered by a two-year unconditional warranty against breakage. There is no monthly premium to use the program; you pay for the services at the discounted price when you need them. **To participate, contact Davis Vision before you receive care.**

### Eligibility

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

**FOR INFORMATION, CONTACT DAVIS VISION:**

[davisvision.com](http://davisvision.com) (client code: 7621) 1.800.224.1157
# Resources & Contact Information

## 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


### HEALTH INSURANCE PLAN CARRIERS

<table>
<thead>
<tr>
<th>Plan Carrier</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>Harvard Pilgrim Health Care</td>
<td>1.866.874.0817</td>
<td>harvardpilgrim.org/gic</td>
</tr>
<tr>
<td>Health New England</td>
<td>1.800.842.4464</td>
<td>healthnewengland.org/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 Non-Medicare Plans: 1.833.663.4176</td>
<td>unicaremass.com</td>
</tr>
</tbody>
</table>

### PHARMACY BENEFITS

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Express Scripts</td>
<td>1.855.283.7679</td>
<td>express-scripts.com/gicRx</td>
</tr>
<tr>
<td>CVS Silverscript</td>
<td>1.877.876.7214</td>
<td>gic.silverscript.com</td>
</tr>
</tbody>
</table>

### OTHER BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life/AD&amp;D Insurance</td>
<td>1.877.355.6277</td>
<td>metlife.com/gicbenefits</td>
</tr>
<tr>
<td>GIC Retiree MetLife Dental Plan</td>
<td>1.866.292.9990</td>
<td>metlife.com/gicbenefits</td>
</tr>
<tr>
<td>GIC Retiree Vision Discount Plan</td>
<td>1.800.224.1157</td>
<td>davisvision.com (client code: 7621)</td>
</tr>
<tr>
<td>Massachusetts State Retirement Board</td>
<td>1.617.367.7770</td>
<td>mass.gov/orgs/massachusetts-state-retirement-board</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>1.800.772.1213 or your local Social Security Office</td>
<td>ssa.gov</td>
</tr>
<tr>
<td>Medicare</td>
<td>1.800.633.4227</td>
<td>medicare.gov</td>
</tr>
</tbody>
</table>

### ADDITIONAL RESOURCES

<table>
<thead>
<tr>
<th>Resource</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Enrollment</td>
<td>bit.ly/GICenrollment</td>
</tr>
<tr>
<td>Qualifying Events for GIC Coverage</td>
<td>bit.ly/MassGICQualifyingEvents</td>
</tr>
<tr>
<td>Retirement &amp; GIC Benefits</td>
<td>bit.ly/GICretirement</td>
</tr>
<tr>
<td>GIC COVID-19 Information</td>
<td>bit.ly/GIC-covid19</td>
</tr>
</tbody>
</table>
Commonwealth of Massachusetts
Group Insurance Commission

1 Ashburton Place, Suite 1619
Boston, MA 02108

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

Commissioners
*Current as of March 2022.
Valerie Sullivan (Public Member), Chair
Bobbi Kaplan (NAGE), Vice Chair
Michael Heffernan, Secretary for Administration and Finance, ex officio
Gary Anderson, Commissioner of Insurance, ex officio
Elizabeth Chabot (NAGE)
Adam Chapdelaine (Massachusetts Municipal Association)
Edward Tobey Choate (Public Member)
Christine Clinard, Esq. (Public Member)
Tamara P. Davis (Public Member)
Jane Edmonds (Retiree Member)
Joseph Gentile (AFL-CIO, Public Safety Member)
Gerzino Guirand (Council 93, AFSCME, AFL-CIO)
Patricia Jennings (Public Member)
Eileen P. McAnneny (Public Member)
Melissa Murphy-Rodrigues (Massachusetts Municipal Association)
Anna Sinaiko, MPP, PhD (Health Economist)
Timothy D. Sullivan, Ed.D. (Massachusetts Teachers’ Association)

Website: mass.gov/GIC

Telephone: 1.617.727.2310
TDD/TTY: 711
Mailing Address:
Group Insurance Commission
P.O. Box 556
Randolph, MA 02368

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