

How to select a MA Group Insurance Commission (GIC) health plan

The GIC “Know your GIC Benefits” guide provides an overview of the insurance and flexible spending plans (and corresponding premiums) available through the GIC. Page 4 outlines which plans are available based on where we live; page 5 provides the premiums & pages 6-7 provides a high level plan comparison.

Prescription coverage across all GIC plans is identical (administrated by Express Scripts).

Most individuals and families want to keep the physicians they are currently using & also have a preference of what hospitals they can access. We’re looking to balance a) access to our preferred providers, b) cost of the plans and c) how flexible the plans are.

In reviewing your options:

1. Which plans are available where you live?
Start with the attached Guide, page numbered 4 – find the county in which you live & identify which plans are available to you based on where you live.
2. Which hospitals and doctors are in network and at what tier. This key step is where you may want to:
 - a. Contact your doctors’ offices to inquire which plans they accept (when inquiring please use the full plan name – the GIC offers 4 UniCare Plans, some doctors accept 2 of them but not all 4) & what their co-pay tier is as of July 1, and/or
 - b. Visit the plan websites (page 15 of the guide) to find if your doctor is in-a plan’s network and at what co-pay tier as of July 1, and/or
 - c. Come to the health fair on April 18 – 10am – 2pm in the Campus Center Auditorium. You can talk with representatives of each of the plans providers there.
3. How flexible is each plan?
On pages 6&7 of the Guide you’ll notice that many copays are the same across plans – key differences between the plans include:
 - a. If the plan requires you to have a Primary Care Physician (PCP)
 - b. If the plan requires you to obtain a referral to see a specialist
 - c. If you have coverage seeing an out-of-network provider (all plans provide coverage in the case of emergency regardless of if the provider is in-network):
 - i. EPO/HMO type: does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is encouraged.
 - ii. HMO: does not offer out-of-network benefits with the exception of emergency care. Selection of a Primary Care Provider (PCP) is required.
 - iii. POS: Selection of a Primary Care Provider (PCP) is required. To get the lowest out-of-pocket cost a member must get a referral for care by a specialist.
 - iv. PPO: allow treatment by out-of-network providers at a lower level of coverage. Selection of a Primary Care Provider (PCP) is encouraged
4. Weigh these answers against the premiums on page 5 (indeed the indemnity plans, which provide most access and coverage, are most costly).