

# Take Action During Annual Enrollment

## ! CONSIDER ENROLLING IN A LESS EXPENSIVE HEALTH PLAN.

### Limited Network Plans

Limited network plans help address differences in provider costs. You will enjoy **the same benefits** as the wider network plans, but will save money because limited network plans have a smaller network of providers (fewer doctors and hospitals). Your savings depend on:

- The plan you are switching from,
- The plan you select,
- Your premium contribution percentage, and
- Whether you have individual or family coverage.

For example, if you pay 25% of the premium and have individual coverage, by enrolling in the same health plan's limited network option instead of a wide network option, you **will save, on average, \$45.72 per month and \$548.67 per year.**



### Limited Network Plan

**Compare the rates of these plans with the other options and see how much you will save every month!**

Find out if your hospital is in a GIC limited network plan with the side-by-side comparison of the GIC's limited network plans. Rates and the limited network hospital grid are located on the GIC's website: [mass.gov/gic/lessexpensive](http://mass.gov/gic/lessexpensive).

### Other Health Plan Options

If you don't want a limited network plan, take a look at NHP Prime and UniCare State Indemnity Plan/PLUS.

## ! BE SURE TO GIC: GATHER, INVESTIGATE, AND CHOOSE

April 5 – May 3, 2017

### Do Your Homework During Annual Enrollment – Even if You Think You Want to Stay in the Same Plan

#### > Gather

Gather a list of your doctors, hospitals and medications that you take frequently. Be sure to include this same information for every family member you cover.

#### > Investigate

Investigate your options by reading the *Benefit Decision Guide* and contacting the health plans:

- Are your doctors and hospitals in the network?
- What are the copay tiers of your providers? This determines your copay costs.
- Are your prescription drugs included on the plan's formulary, and if so, what copay tier are they in?
- Are other services you might need covered?
- Weigh total expected copay costs and premiums for each plan before you decide to remain in the same health plan or change to another option.

#### > Choose

Choose your health plan no later than **Wednesday, May 3.**

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



# Deadline and Locator Map



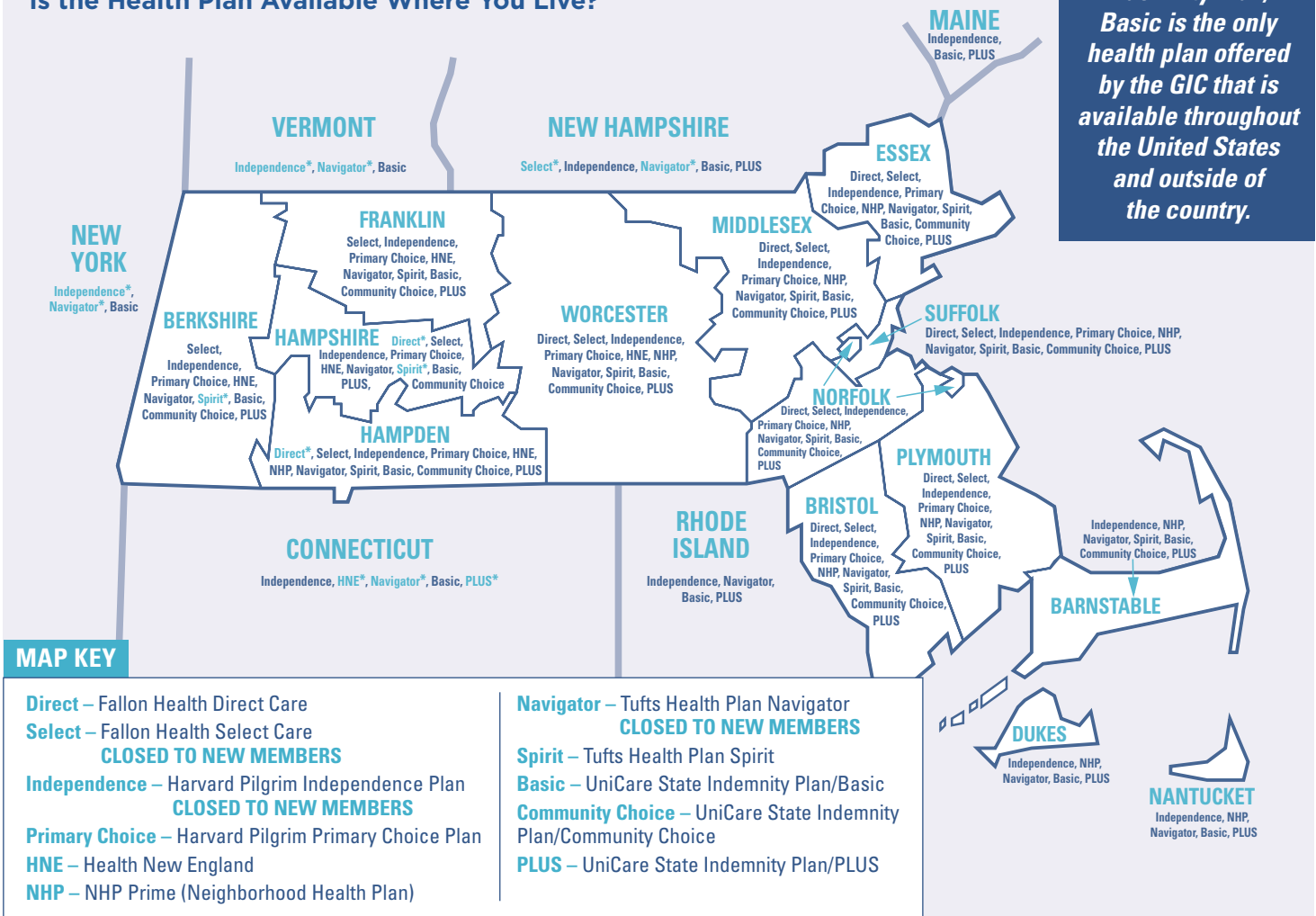
## MARK THE DATE!

Forms ([mass.gov/gic/forms](http://mass.gov/gic/forms)) are due Wednesday, May 3 for Changes Effective July 1, 2017

- **Current active state and municipal employees:**  
Return completed forms to your GIC Coordinator.
- **Current non-Medicare retirees and survivors:**  
Return completed annual enrollment forms to the GIC.
- **Employees and non-Medicare retirees/survivors of municipalities and school districts joining the GIC:**  
Return completed forms and required documentation to your GIC Coordinator.

### Where You Live Determines Which Plan You May Enroll In. Is the Health Plan Available Where You Live?

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



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



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# GIC Health Plans

Benefits-At-A-Glance

2017-2018

## EMPLOYEES

AND NON-MEDICARE  
RETIREES AND SURVIVORS

Benefits Effective  
July 1, 2017



# Take Charge of Your Health; Lower Your Out-Of-Pocket Costs

- Work with your **Primary Care Provider (PCP)** to navigate the health care system.
- Seek care from **Tier 1 and Tier 2 doctors**.
- Access on your phone or make copies and **bring the prescription drug formulary** from your plan's website with you to all doctor visits.
- If you are in a tiered hospital plan and have a planned hospital admission, talk with your doctor about whether a **Tier 1 hospital** would make sense.
- Use your **health plan's cost estimator** for health care procedure shopping – **UniCare and Fallon will send members a check** if they shop for and then visit a lower-cost provider.
- Use **urgent care facilities and retail minute clinics** instead of the emergency room for urgent (non-emergency) care.
- **Eat healthy, exercise regularly, don't smoke, and find ways to de-stress.** Articles to help you take charge of your health are posted on our website: [mass.gov/gic/yourhealth](https://mass.gov/gic/yourhealth).



For more information about specific plan benefits, participating doctors, hospitals and other providers, contact the plan.

## HEALTH INSURANCE

<b>Fallon Health</b> Direct Care Select Care <b>CLOSED TO NEW MEMBERS</b>	1.866.344.4442	<a href="https://fallonhealth.org/gic">fallonhealth.org/gic</a>
<b>Harvard Pilgrim Health Care</b> Independence Plan <b>CLOSED TO NEW MEMBERS</b> Primary Choice Plan	1.800.542.1499	<a href="https://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a>
<b>Health New England</b>	1.800.842.4464	<a href="https://hne.com/gic">hne.com/gic</a>
<b>Neighborhood Health Plan</b> NHP Prime	1.866.567.9175	<a href="https://nhp.org/gic">nhp.org/gic</a>
<b>Tufts Health Plan</b> Navigator <b>CLOSED TO NEW MEMBERS</b> Spirit Behavioral Health/Substance Abuse and EAP <i>(Beacon Health Options)</i>	1.800.870.9488	<a href="https://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a>
<b>UniCare State Indemnity Plan/</b> Basic Community Choice PLUS  <i>For all UniCare Plans:</i> <ul style="list-style-type: none"> <li>• Prescription Drugs (<i>CVS Caremark</i>)</li> <li>• Behavioral Health/Substance Use Disorder and EAP (<i>Beacon Health Options</i>)</li> </ul>	1.800.442.9300	<a href="https://unicarestatplan.com">unicarestatplan.com</a>
	1.877.876.7214	<a href="https://caremark.com/gic">caremark.com/gic</a>
	1.855.750.8980	<a href="https://beaconhealthoptions.com/gic">beaconhealthoptions.com/gic</a>

# BENEFITS AT-A-GLANCE

## HEALTH PLAN COPAYS & DEDUCTIBLES

This chart is a comparative overview of GIC plan benefits. See the corresponding overview information for Community Choice and PLUS are **in-network** benefits with PCP referral where required. These plans also apply to benefits for the GIC's EPO and HMOs. For a list of doctors, hospitals and other providers, benefit details,

HEALTH PLAN	FALLON HEALTH DIRECT CARE	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND
<b>PLAN TYPE</b>	HMO	HMO	POS	HMO	HMO
<b>PCP Designation Required?</b>	Yes	Yes	Yes	Yes	Yes
<b>PCP Referral to Specialist Required?</b>	Yes	Yes	Yes	Yes	No
<b>Out-of-pocket Maximum</b>					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>					
Individual	<b>\$550</b>	<b>\$550</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
Family	<b>\$1,100</b>	<b>\$1,100</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>Primary Care Provider Office Visit</b>	\$15 per visit	\$20 per visit	<b>Tier 1: \$10 per visit Tier 2: \$20 per visit Tier 3: \$40 per visit</b>	\$20 per visit	\$20 per visit
<b>Preventive Services</b>	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
<b>Specialist Physician Office Visit</b>					
Tier 1	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Tier 2	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Tier 3	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>Retail Clinic and Urgent Care Center</b>	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Outpatient Behavioral Health/Substance Use Disorder Care</b>	\$15 per visit	\$20 per visit	<b>\$10 per visit</b>	\$20 per visit	\$20 per visit
<b>Emergency Room Care</b>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>	\$100 per visit <i>(waived if admitted)</i>
<b>Inpatient Hospital Care – Medical</b>	Maximum one copay per person per calendar year				
Tier 1	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission
Tier 2	with no tiering	\$500 per admission	\$500 per admission	\$500 per admission	with no tiering
Tier 3		\$1,500 per admission	\$1,500 per admission	No Tier 3	
<b>Outpatient Surgery</b>	Maximum one copay per calendar year				
	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
<b>High-Tech Imaging</b> (e.g., MRI, CT and PET scans)	Maximum one copay per scan				
	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
<b>Prescription Drug</b>	Prescription Drug Deductible: N/A				
<i>Retail, up to a 30-day supply</i> Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
<i>Mail Order Maintenance Drugs, up to a 90-day supply</i> Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2017.

Fallon Health Select Care, Harvard Pilgrim Independence Plan, and Tufts Health Plan Navigator are closed to new members. *See your Benefit Decision Guide for more information.*

For each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/Plus do not offer out-of-network benefits with higher out-of-pocket costs. Contact the plans for details. With the exception of emergency care, there are no out-of-network exclusions, and limitations, see the plan handbook or contact the individual plan. For details about UniCare/Basic without CIC, contact the plan.

NHP PRIME (Neighborhood Health Plan)	TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
HMO	POS	EPO (HMO-TYPE)	INDEMNITY	PPO-TYPE	PPO-TYPE
Yes	Yes	No	No	No	No
Yes	Yes	No	No	No	No
\$5,000	\$5,000	\$5,000	\$4,000 medical & behavioral health/\$1,500 Rx	\$4,000 medical & behavioral health/\$1,500 Rx	\$4,000 medical & behavioral health/\$1,500 Rx
\$10,000	\$10,000	\$10,000	\$8,000 medical & behavioral health/\$3,000 Rx	\$8,000 medical & behavioral health/\$3,000 Rx	\$8,000 medical & behavioral health/\$3,000 Rx
\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000	\$500 \$1,000
\$20 per visit	Tier 1: \$10 per visit Tier 2: \$20 per visit Tier 3: \$40 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$15 per visit for Centered Care PCPs; \$20 per visit for other PCPs
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	Most covered at 100% – no copay
\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit	\$30 per visit \$60 per visit \$90 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$10 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)
per year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission	\$300 per admission \$700 per admission No tier 3	\$275 per admission with no tiering	\$275 per admission with no tiering	\$275 per admission \$500 per admission \$1,500 per admission
per quarter or four per year, depending on plan. Contact the plan for details.					
\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
per copay per day. Contact the plan for details.					
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
<b>Prescription Drug Deductible: \$100 Individual / \$200 Family</b>					
\$10 / \$30 / \$65	\$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	\$25 / \$75 / \$165

Out-of-pocket maximums apply to medical and behavioral health benefits across all health plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums in all health plans except UniCare, which has separate in-network out-of-pocket maximums for medical/behavioral health and prescription drugs.