



Commonwealth of Massachusetts
Group Insurance Commission

2024-2025 BENEFITS GUIDE

For benefits and rates effective
JULY 1, 2024 - JUNE 30, 2025

COMMONWEALTH
OF MASSACHUSETTS
MUNICIPAL
EMPLOYEES, RETIREES
& SURVIVORS



View this Benefits Guide on the MyGICLink
member benefits portal or mass.gov/GIC



TABLE OF CONTENTS

3 Enrolling In or Updating GIC Benefits

4 Health Insurance Plan Rates

Employees & Non-Medicare Retirees

5 Health Insurance Plan Locator Map

6 Benefits-at-a-Glance

Medicare Retirees

8 Health Insurance Plan Locator Map

9 Benefits-at-a-Glance

10 Prescription Drug Benefits

11 Mass4YOU: Employee Assistance Program (EAP)

12 GIC Retiree Dental Plan

13 Resources & Contact Information

REVIEW THIS GUIDE TO IDENTIFY WHICH BENEFITS YOU'RE ELIGIBLE FOR AND WHICH OPTIONS ARE BEST FOR YOU.

You may only enroll in or change your health plan during GIC's spring annual enrollment or within 60 days of a qualifying event. For information about annual enrollment and a complete list of qualifying events, visit mass.gov/gic.

The GIC encourages members to actively shop and evaluate different coverage options. Please carefully review this guide as well as detailed benefits information for each GIC benefit carrier available at mass.gov/lists/contact-gic-benefit-plans, to make informed decisions about your coverage.

Existing members, after reviewing your options, if 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, 2024.

FY2025 Health Insurance Plan News:

Effective July 1, 2024, UniCare is changing its name to Wellpoint to reflect their mission of supporting GIC members' whole health. View FAQs on UniCare's new website, wellpointmass.com, to learn more.

IMPORTANT REMINDERS



1. Contact your health and other insurance plans about tier changes, network coverage, providers, drug tiers, wellness benefits, and more.
2. Which tier are your doctors and hospitals in? When checking provider coverage and tiers, be sure to specify the health insurance plan's full name, such as "Harvard Pilgrim Explorer" or "Harvard Pilgrim Quality," not just the health carrier name such as "Harvard Pilgrim Health Care." Your health insurance plan is the best source for this information.
3. Are your doctors and hospitals in the health plan's network? If your provider is no longer available, your health insurance carrier will help you find a new one. Note: Doctors and hospitals within any health plan's network may change during the year.
4. **TURNING 65?** Visit bit.ly/gicmedicare for a video to guide you through the next steps, whether you're retiring or not.

When You Can Enroll In or Update GIC Benefits



WITHIN 60 DAYS OF EXPERIENCING A QUALIFYING EVENT

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

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


 View a complete list of Qualifying Events
bit.ly/gicqualifyingevent

DURING GIC'S SPRING ANNUAL ENROLLMENT

**2024 Annual Enrollment dates:
April 3, 2024 - May 1, 2024**

As a GIC member, Annual Enrollment is your opportunity to review benefit options and better understand the upcoming plan year changes to make coverage updates for benefits effective July 1, 2024.

Reminder: Submit all changes no later than May 1, 2024.


 Learn more about Annual Enrollment
bit.ly/gicannualenrollment

WHEN YOU'RE A NEW HIRE OF A PARTICIPATING MUNICIPALITY

New employees have a period of 21 days to enroll in GIC benefits from their date of hire.

Please visit GIC's website for information regarding the effective date of GIC benefits as a new hire.

Note: this does not apply to employees who transfer agencies.

 Learn more at bit.ly/gicnewhire



GIC's Member Benefits Portal



Save time and paper by managing your benefits on MyGICLink, GIC's secure member benefits portal.

- Enroll in/update your benefits during Annual Enrollment or within 60 days of experiencing a qualifying event
- Securely update your personal information, chat with us, and more!

Register & Log in
mygiclink.my.site.com



Health Insurance Plan Rates (Monthly Full Cost)



Effective July 1, 2024

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	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Harvard Pilgrim Access America PPO	National	\$1,259.39	\$2,809.26
Wellpoint Total Choice INDEMNITY	Broad	\$1,501.35	\$3,331.72
Wellpoint PLUS PPO-TYPE		\$958.62	\$2,284.05
Harvard Pilgrim Explorer POS		\$1,067.87	\$2,645.90
Mass General Brigham Health Plan Complete HMO		\$977.66	\$2,585.42
Harvard Pilgrim Quality HMO	Limited	\$788.04	\$2,005.81
Wellpoint Community Choice PPO-TYPE	Regional	\$744.97	\$1,849.09
Health New England HMO		\$778.25	\$1,866.96

MEDICARE HEALTH INSURANCE PLANS

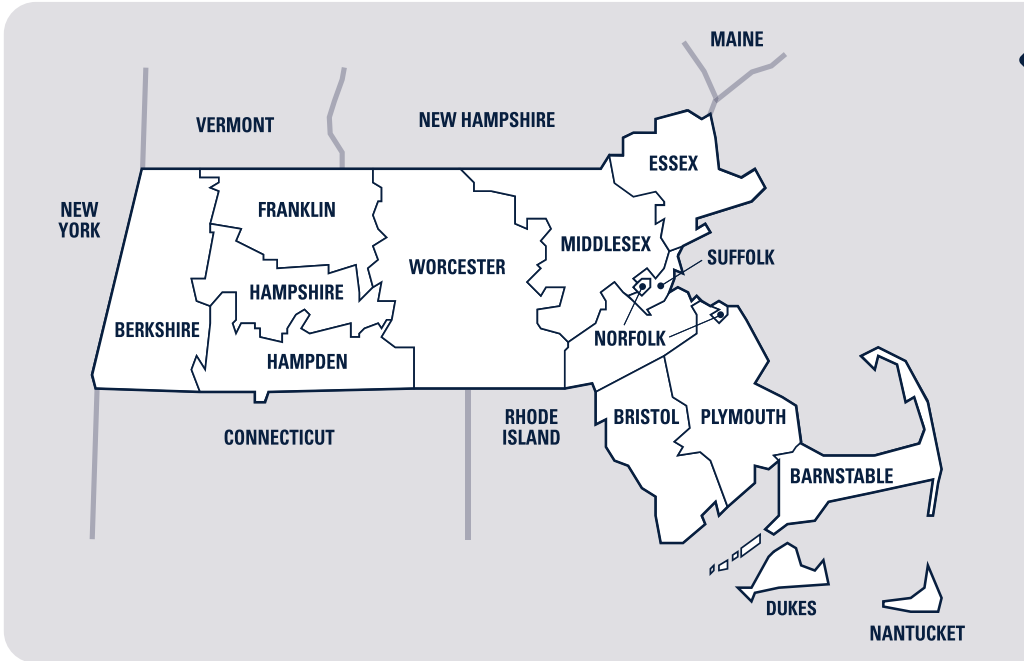
HEALTH INSURANCE PLANS	PLAN NETWORK	PER PERSON
Tufts Medicare Preferred MEDICARE ADVANTAGE	Limited	\$363.84
Harvard Pilgrim Medicare Enhance MEDICARE SUPPLEMENT	National	\$436.13
Health New England Medicare Supplement Plus MEDICARE SUPPLEMENT		\$438.79
Wellpoint Medicare Extension MEDICARE SUPPLEMENT		\$444.68

Health Insurance Plan Locator Map (Employees & Non-Medicare Retirees)



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

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



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.

ACCESS – Harvard Pilgrim Access America

TOTAL – Wellpoint Total Choice

EXPLORER – Harvard Pilgrim Explorer

PLUS – Wellpoint Plus

COMPLETE – Mass General Brigham Health Plan Complete

QUALITY – Harvard Pilgrim Quality

COMMUNITY – Wellpoint Community Choice

HNE – Health New England

OUTSIDE OF MASSACHUSETTS

Wellpoint Total Choice is the only health insurance plan offered by the GIC that is available for members living outside of the US.

Harvard Pilgrim Access America is the only plan offered by the GIC that is available for members living outside of New England (CT, ME, MA, NH, RI, and VT).

CONNECTICUT*
Total, Explorer, Plus

MAINE
Total, Explorer, Plus

NEW HAMPSHIRE
Total, Explorer, Plus

NEW YORK
Access

RHODE ISLAND
Total, Explorer, Plus

VERMONT
Total, Explorer, Plus

BARNSTABLE

Total, Explorer, Plus, Complete, Community

BERKSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

BRISTOL

Total, Explorer, Plus, Complete, Quality, Community

DUKES

Total, Explorer, Plus, Complete

ESSEX

Total, Explorer, Plus, Complete, Quality, Community

FRANKLIN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPDEN

Total, Explorer, Plus, Complete, Quality, Community, HNE

HAMPSHIRE

Total, Explorer, Plus, Complete, Quality, Community, HNE

MIDDLESEX

Total, Explorer, Plus, Complete, Quality, Community

NANTUCKET

Total, Explorer, Plus, Complete

NORFOLK

Total, Explorer, Plus, Complete, Quality, Community

PLYMOUTH

Total, Explorer, Plus, Complete, Quality, Community

SUFFOLK

Total, Explorer, Plus, Complete, Quality, Community

WORCESTER

Total, Explorer, Plus, Complete, Quality, Community, HNE

* For residents of CT, members residing near the MA border may enroll in HNE (review HNE's website for provider and network information).

Note: If you are a New England resident who covers dependent family member(s) who live in a state outside of New England, you may select the Total, Explorer and Plus health insurance plans – contact the plans for details regarding their national networks/out of area coverage. For all other health insurance plans, your dependents may only have emergency coverage while out of the plan's service area. You should contact the health insurance plans directly for details. Please view page 13 for health insurance plan contact information.



Benefits-at-a-Glance (Employees & Non-Medicare Retirees)

HEALTH INSURANCE PLANS	NATIONAL NETWORK			BROAD NETWORK		
	HARVARD PILGRIM ACCESS AMERICA	WELLPOINT TOTAL CHOICE	WELLPOINT PLUS	HARVARD PILGRIM EXPLORER		
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 5)	U.S. Outside New England	New England	New England	New England		
PLAN TYPE	PPO	INDEMNITY	PPO-TYPE	POS		
PCP Designation Required?	No	No	No	Yes		
PCP Referral to Specialist Required?	No	No	No	Yes		
Out-of-pocket Maximum Individual coverage 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	\$20 / visit	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	\$45 / visit (no tiering)	\$45 / visit (no tiering)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit		
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit		
Outpatient Behavioral Health/ Substance Use Disorder Care	\$20 / visit	\$20 / 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.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	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 / admission no tiering	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission		
Outpatient Surgery						
Eye & GI procedures at freestanding facilities in Massachusetts	\$150	\$150	\$150	\$150		
All other in Massachusetts	\$250	\$250	\$250	\$250		
High-Tech Imaging (e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan		
Prescription Drugs	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.		
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		

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 (Employees & Non-Medicare Retirees)

HEALTH INSURANCE PLANS	BROAD NETWORK			LIMITED NETWORK			REGIONAL NETWORK		
	MASS GENERAL BRIGHAM HEALTH PLAN COMPLETE	HARVARD PILGRIM QUALITY	WELLPOINT COMMUNITY CHOICE	HARVARD PILGRIM QUALITY	WELLPOINT COMMUNITY CHOICE	HEALTH NEW ENGLAND			
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 5)	All of Mass	Most of Mass	Most of Mass	Most of Mass	Most of Mass	Western Mass			
PLAN TYPE	HMO	HMO	PPO-TYPE	HMO	PPO-TYPE	HMO			
PCP Designation Required?	Yes	Yes	No	Yes	No	Yes			
PCP Referral to Specialist Required?	Yes	Yes	No	Yes	No	No			
Out-of-pocket Maximum Individual coverage Family coverage	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000			
Fiscal Year Deductible Individual / Family	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800			
Primary Care Provider Office Visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / 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	Most covered at 100% - no copay	Most covered at 100% - no copay			
Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / 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	\$20 / visit	\$20 / visit	\$20 / visit			
Outpatient Behavioral Health/ Substance Use Disorder Care	\$10 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit			
Emergency Room Care	\$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)	\$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.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	Maximum one copay per person per calendar year, quarter. Waived if readmitted within 30 days in the same calendar year.	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 / \$500 / \$1,500 / admission	\$275 / \$500 / admission (no Tier 3)	\$275 / admission no tiering	\$275 / \$500 / admission (no Tier 3)	\$275 / admission no tiering	\$275 / admission no tiering			
Outpatient Surgery									
Eye & GI procedures at freestanding facilities in Massachusetts	\$150	\$150	\$150	\$150	\$150	\$150			
All other in Massachusetts	\$250	\$250	\$250	\$250	\$250	\$250			
High-Tech Imaging (e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan			
Prescription Drugs	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.	Maximum one copay per day. Contact the carrier for details.			
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	\$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	\$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.

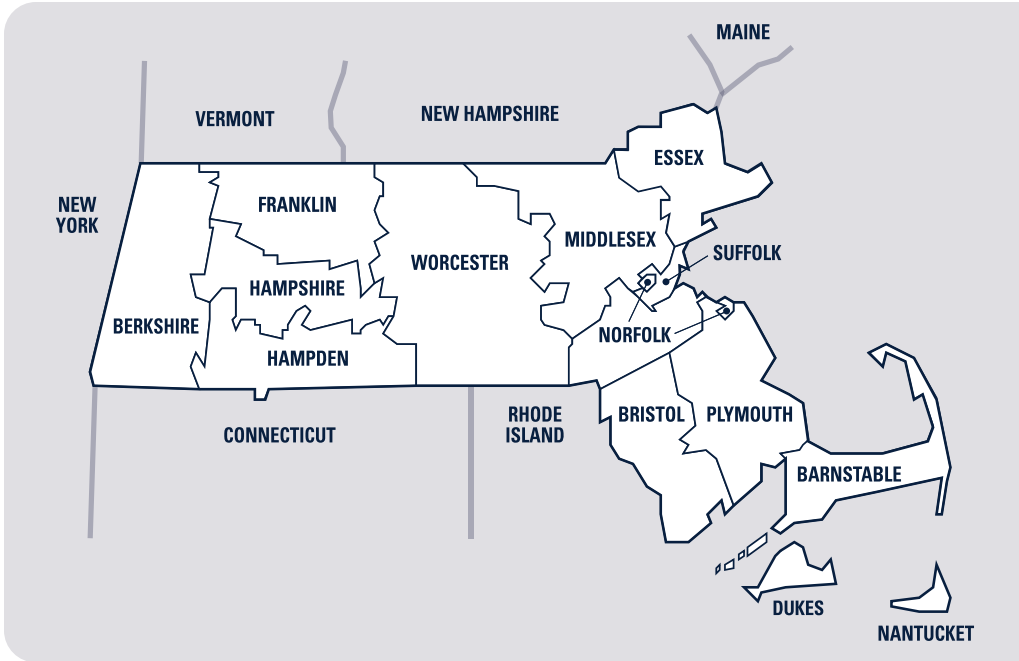
Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance plans. Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance plans.

Health Insurance Plan Locator Map (Medicare)



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

Please review the map and information below to determine which plan you are eligible to enroll in. Ensure your plan's provider network includes your area of residence prior to enrollment.



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

TMP – Tufts Health Plan Medicare Preferred

OME – Wellpoint Medicare Extension

OUTSIDE OF MASSACHUSETTS

Harvard Pilgrim Medicare Enhance, Health New England Medicare Supplement Plus, and Wellpoint Medicare Extension are available throughout the country.

BARNSTABLE

HPME, HNEMSP, TMP, OME

BERKSHIRE

HPME, HNEMSP, OME

BRISTOL

HPME, HNEMSP, TMP, OME

DUKES

HPME, HNEMSP, OME

ESSEX

HPME, HNEMSP, TMP, OME

FRANKLIN

HPME, HNEMSP, OME

HAMPDEN

HPME, HNEMSP, TMP, OME

HAMPSHIRE

HPME, HNEMSP, TMP, OME

MIDDLESEX

HPME, HNEMSP, TMP, OME

NANTUCKET

HPME, HNEMSP, OME

NORFOLK

HPME, HNEMSP, TMP, OME

PLYMOUTH

HPME, HNEMSP, TMP, OME

SUFFOLK

HPME, HNEMSP, TMP, OME

WORCESTER

HPME, HNEMSP, TMP, OME

CONNECTICUT

HPME, HNEMSP, OME

MAINE

HPME, HNEMSP, OME

NEW HAMPSHIRE

HPME, HNEMSP, OME

NEW YORK

HPME, HNEMSP, OME

RHODE ISLAND

HPME, HNEMSP, OME

VERMONT

HPME, HNEMSP, OME

Benefits-at-a-Glance (Medicare)



HEALTH INSURANCE PLANS	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT		
	TUFTS HEALTH PLAN MEDICARE PREFERRED	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS	WELLPOINT MEDICARE EXTENSION
GEOGRAPHIC ELIGIBILITY (See Health Insurance Plan Locator Map, page 8)	Most of Mass	National	National	National
PLAN TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY
PCP Designation Required?	Yes	No	No	No
PCP Referral to Specialist Required?	Yes	No	No	No
Calendar Year Deductible	None	None	None	None
Preventive Care Office visits according to health plan's schedule	No Copay	No Copay	No Copay	No Copay
Physician's Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Retail Clinic	\$15 per visit	\$15 per visit	\$15 per visit	\$10 per visit
Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay
Hospice Care	No Copay	No Copay	No Copay	No Copay
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay
Surgery Inpatient and Outpatient	No Copay	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
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)
Hearing Aids	First \$500 covered at 100%, 80% coverage of the next \$1,500 per ear, per two-year period	First \$1,700 per ear, 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
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

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.



Employees & Non-Medicare Retirees

CVS Caremark is the GIC's prescription drug benefit administrator for non-Medicare health insurance plans. Use your CVS Caremark 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 CVS Caremark 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 Caremark updates its drug formulary during the plan year.

Avoid the Prescription Retail Refill Penalty

- If you or a family member is taking a long-term medication—such as high cholesterol or high blood pressure medicine—you will receive a communication from CVS Caremark asking you how you wish to receive your future refills—by mail or at your local CVS pharmacy. For these maintenance medications, you must fill a 90-day supply at either a CVS Retail Pharmacy, or you may utilize CVS Caremark Mail Service Pharmacy, and you will pay one mail order copay.
- All acute 30-day retail medications, or any non-maintenance medications—such as antibiotics or painkillers—can be filled at any in-network Retail Pharmacy for one 30-day retail copay.

Make sure you take action before your third refill, otherwise you will pay the full cost of the medication.

QUESTIONS? CONTACT CVS CAREMARK



info.caremark.com/oe/gic



1.877.876.7214

Medicare Eligible Retirees

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.

QUESTIONS? CONTACT CVS SILVERSCRIPT



gic.silverscript.com



1.877.876.7214

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](https://www.medicare.gov) for more information. Social Security will notify you if this applies to you.

Mass4YOU: Employee Assistance Program (Employees)



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
- 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, 2024

Includes 0.30% Administrative Fee

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$29.36
Family	\$70.75

QUESTIONS?
CONTACT METLIFE



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



1.866.292.9990



CONTACT YOUR HEALTH INSURANCE CARRIERS FOR:

- Requesting Member ID card(s)
- Finding a provider
- Tiered doctor & hospital lists
- Tele-health options that are offered
- Fitness and wellness programs offered

HEALTH INSURANCE PLAN CARRIERS	PHONE	WEBSITE
Mass General Brigham Health Plan	1.866.567.9175	massgeneralbrighamhealthplan.org/gic-members
Harvard Pilgrim Health Care	1.844.442.7324	harvardpilgrim.org/gic
Health New England	1.800.842.4464	healthnewengland.org/gic
Tufts Health Plan (Medicare Only)	1.855.852.1016	tuftshealthplan.com/gic
Wellpoint (Formerly UniCare) Non-Medicare plans Medicare plan	1.833.663.4176 1.800.442.9300	wellpointmass.com
PHARMACY BENEFITS		
CVS Caremark	1.877.876.7214	info.caremark.com/oe/gic
CVS SilverScript	1.877.876.7214	gic.silverscript.com
DENTAL BENEFITS		
GIC Retiree MetLife Dental Plan	1.866.292.9990	metlife.com/gicbenefits
ADDITIONAL RESOURCES (NOT ADMINISTERED BY THE GIC)		
Social Security Administration	1.800.772.1213 or your local Social Security Office	ssa.gov
Medicare	1.800.633.4227	medicare.gov



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**Commonwealth of Massachusetts
Group Insurance Commission**

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