

2011-2012



GIC Health Plans
**Benefits
At-A-Glance**

Benefits effective
July 1, 2011

**EMPLOYEES
and Non-Medicare
Retirees and Survivors**



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

Calendar Year Deductible

The deductible is a fixed dollar amount you must pay each calendar year before your health plan begins paying benefits for you or your covered dependent(s).

The lists below summarize expenses that generally are and are not subject to the annual deductible. These are not exhaustive lists. You should check with your health plan for details. Also, as with all benefits, ***variations in the guidelines below may occur, depending upon individual patient circumstances and a plan's schedule of benefits.***

Examples of expenses generally ***exempt*** from the deductible:

- Prescription drug benefits
- Mental health/substance abuse benefits
- Office visits (Primary Care Physician, specialist, retail clinics, preventive care, maternity and well baby care, routine eye exam, occupational therapy, physical therapy, chiropractic care and speech therapy)
- Medically necessary child and adult immunizations
- Wigs (medically necessary)
- Hearing aids
- Mammograms
- Pap smears
- EKGs
- Colonoscopies

Examples of expenses generally ***subject to*** the deductible:

- Emergency room visits
- Inpatient hospitalization
- Surgery
- Laboratory and blood tests
- Bone density screenings
- X-rays and radiology (including high-tech imaging, such as MRI, PET and CT scans)
- Durable medical equipment



Mark the Date!

**Forms are Due Monday, May 9 for
Changes Effective July 1, 2011**

- **Current active state and municipal employees:** Return completed forms to your GIC Benefits Coordinator
- **Employees and Non-Medicare retirees/survivors joining GIC coverage July 1:** Return completed forms and required documentation to your GIC Benefits Coordinator
- **Current retirees and survivors:** Send written request and return completed forms to the GIC

This chart is a comparative overview of GIC plan benefits. See the...
These plans also offer out-of-network benefits with higher out-of-

HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN DIRECT CARE
PLAN TYPE	HMO
TELEPHONE NUMBER	1.866.344.4442
WEBSITE	www.fchp.org/gic
Calendar Year Deductible	
Individual	\$250
Two person family	\$500
Three or more person family	\$750
Primary Care Physician Office Visit	
★★★ Tier 1 (excellent)	\$15 per visit
★★ Tier 2 (good)	no tiering
★ Tier 3 (standard)	no tiering
Preventive Services	Covered at 100%; no copay
Specialist Physician Office Visit	
★★★ Tier 1 (excellent)	\$25 per visit
★★ Tier 2 (good)	no tiering
★ Tier 3 (standard)	no tiering
Retail Clinic	\$15 per visit
Outpatient Mental Health and Substance Abuse Care	\$15 per visit
Emergency Room Care	\$100 per visit (waived if admitted)
Inpatient Hospital Care: Medical	
Tier 1	\$200 per admission
Tier 2	no tiering
Tier 3	
Outpatient Surgery	\$110 per occurrence
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan
Prescription Drug	
Retail: up to a 30-day supply	
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Mail-order: Maintenance drugs up to a 90-day supply	
Tier 1	\$20
Tier 2	\$50
Tier 3	\$110

For the corresponding overview information for each plan for more information. Benefits described below for the Harvard Pilgrim Independence Plan are subject to certain out-of-pocket costs. With the exception of emergency care, there are no out-of-network benefits for the GIC's EPO and HMOs. For providers, be

FALLON COMMUNITY HEALTH PLAN SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN	HARVARD PILGRIM PRIMARY CHOICE PLAN	HEALTH NEW ENGLAND	NHP CARE (Neighborhood Health Plan)
HMO	PPO	HMO	HMO	HMO
1.866.344.4442	1.800.542.1499	1.800.542.1499	1.800.842.4464	1.800.462.5449
www.fchp.org/gic	www.harvardpilgrim.org/gic	www.harvardpilgrim.org/gic	www.hne.com	www.nhp.org
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$25 per visit \$30 per visit
Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$25 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)
<i>Maximum four copays per calendar quarter or per year, depending on plan; copays waived if readmitted within 30 days</i>				
\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission no Tier 3	\$250 per admission no tiering	\$250 per admission no tiering
<i>Maximum four copays per calendar quarter or per year, depending on plan</i>				
\$125 per occurrence	\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence
<i>Maximum one copay per day. Contact the plan for details.</i>				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/Community Choice and PLUS are **in-network** benefits. Benefit details, exclusions, and limitations, see the plan handbook or contact the individual plan.

TUFTS HEALTH PLAN NAVIGATOR	TUFTS HEALTH PLAN SPIRIT	UNICARE STATE INDEMNITY PLAN/BASIC <i>With CIC (Comprehensive)</i> <i>Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.</i>	UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE	UNICARE STATE INDEMNITY PLAN/PLUS
PPO	HMO-TYPE	INDEMNITY	PPO-TYPE	PPO-TYPE
1.800.870.9488	1.800.870.9488	1.800.442.9300	1.800.442.9300	1.800.442.9300
www.tuftshealthplan.com/gic	www.tuftshealthplan.com/gic	www.unicarestatplan.com	www.unicarestatplan.com	www.unicarestatplan.com
\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750	\$250 \$500 \$750
\$20 per visit no tiering no tiering	\$20 per visit no tiering no tiering	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit	\$15 per visit \$30 per visit \$35 per visit
Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay	Covered at 100%; no copay
\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$30 per visit \$40 per visit	\$25 per visit \$30 per visit \$45 per visit	\$25 per visit \$30 per visit \$45 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
\$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>
<i>within 30 days in the same calendar year. Contact the plan for details.</i>				
\$300 per admission \$700 per admission no Tier 3	\$300 per admission \$700 per admission no Tier 3	\$200 per admission no tiering	\$250 per admission no tiering	\$250 per admission \$500 per admission \$750 per admission
o. Contact the plan for details.				
\$150 per occurrence	\$150 per occurrence	\$110 per occurrence	\$110 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence
Maximum one copay per day. Contact the plan for details.				
\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan	\$100 per scan
\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50	\$10 \$25 \$50
\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110	\$20 \$50 \$110

Physician Tiering and Plan Design

GIC Continues to Tackle Rising Costs and Disparities in Health Care Quality

The Group Insurance Commission (GIC) has been at the forefront of raising awareness about differences in provider quality and costs. With the GIC's Clinical Performance Improvement (CPI) Initiative, which began in 2004, members pay lower copays for providers with the highest quality and/or cost-efficiency scores:

- ★★★ Tier 1 (*excellent*)
- ★★ Tier 2 (*good*)
- ★ Tier 3 (*standard*)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level copay.

How are physician tiers determined?

Based on an analysis of tens of millions of physician claims and using sophisticated software programs, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost efficiency.



Limited Network Plans Save Money

The GIC encourages employees and Non-Medicare retirees and survivors to consider one of our six limited network plans. Limited network plans help address differences in provider costs and encourage enrollees to save money by enrolling in a narrower network plan (number of doctors and hospitals). Many employees and Non-Medicare retirees/survivors will save money every month by enrolling in one of these plans.

Employees could save 20% or more by switching from a wider network to a limited network plan offered by the same insurance carrier or to the plan of another carrier. Your savings will depend on the plan you are switching from, the plan you select, your premium contribution and your coverage level (individual or family).



Limited Network Plan

See the separate rate chart to calculate your savings.

Fallon Community Health Plan Direct Care HMO \$

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Fallon Community Health Plan Select Care HMO

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Harvard Pilgrim Independence Plan PPO

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

Harvard Pilgrim Primary Choice Plan HMO \$

- PCP required – yes
- Referrals to network specialists required – yes
- Out-of-network benefits – no, except for emergency care

Health New England HMO \$

- PCP required – yes
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

NHP Care – Neighborhood Health Plan HMO \$

- PCP required – yes
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

Tufts Health Plan Navigator PPO

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

Tufts Health Plan Spirit EPO (HMO-type) \$

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Basic (Indemnity Plan)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country.

UniCare State Indemnity Plan/Community Choice (PPO-type) \$

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

UniCare State Indemnity Plan/PLUS (PPO-type)

- PCP required – no
- Referrals to network specialists required – no
- Out-of-network benefits – yes

\$ A GIC Limited Network Plan. Compare these plans' rates, available on the GIC's website, with the other options and see how much you will save EVERY month!

Health Plan Locations

Choose the Best Health Plan for You and Your Family

- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your *GIC Benefit Decision Guide* for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure;
 - Whether your doctors and hospitals are in the network (Note: be sure to specify the health plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator"); and
 - Which copay tiers your doctors and hospitals are in.
- See the GIC's website (www.mass.gov/gic) for additional information.

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

Additional Contact Information

All UniCare State Indemnity Plans

- Prescription Drug Benefits (CVS Caremark):** 1.877.876.7214; www.caremark.com/gic
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):** 1.888.610.9039; www.liveandworkwell.com (access code: 10910)

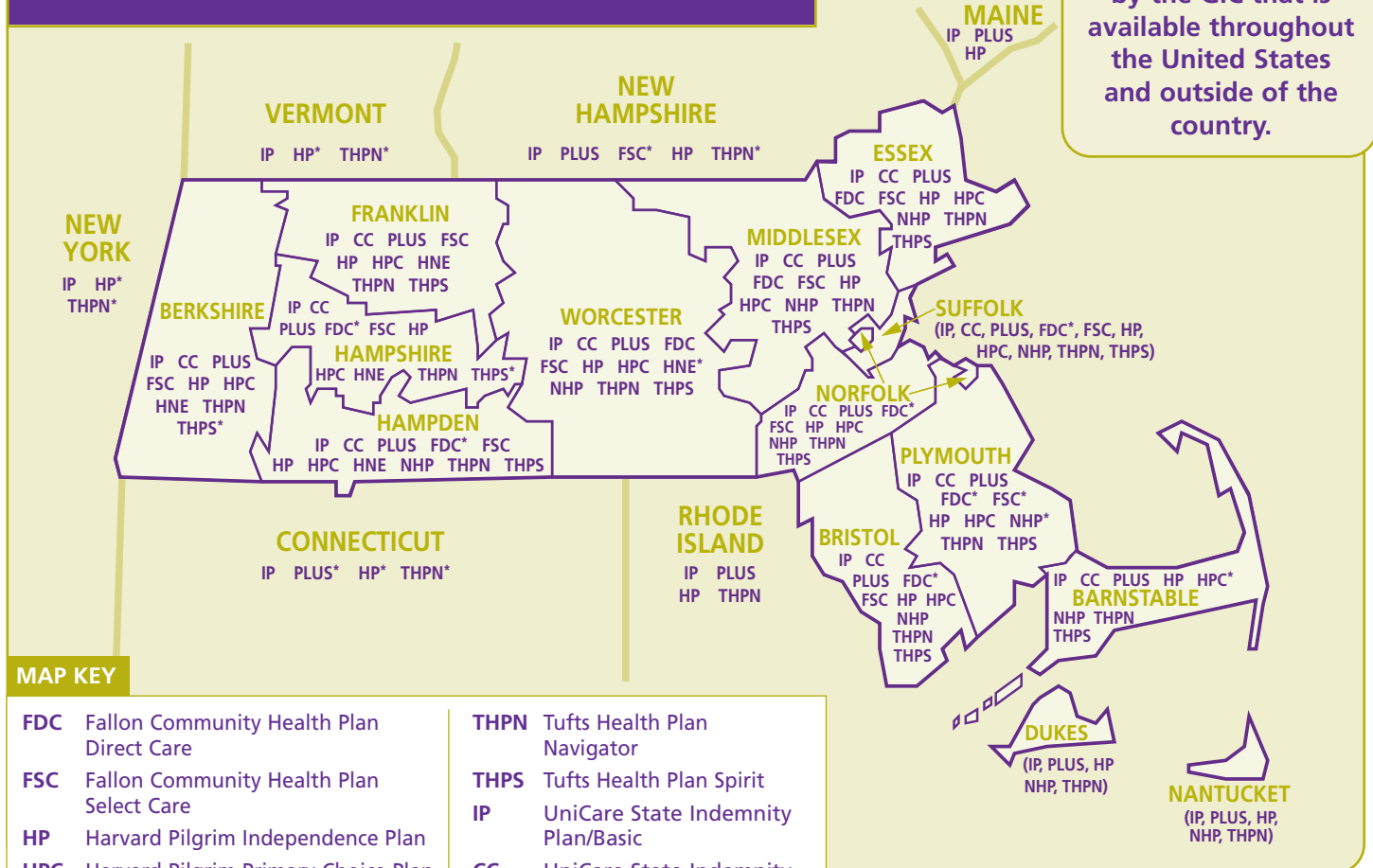
Tufts Health Plan Navigator and Spirit Plans

- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health):** 1.888.610.9039; www.liveandworkwell.com (access code: 10910)



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

Where You Live Determines Which Plan You May Enroll In. Is the Employee, Non-Medicare Retiree/ Survivor Health Plan Available Where You Live?



MAP KEY

FDC	Fallon Community Health Plan Direct Care	THPN	Tufts Health Plan Navigator
FSC	Fallon Community Health Plan Select Care	THPS	Tufts Health Plan Spirit
HP	Harvard Pilgrim Independence Plan	IP	UniCare State Indemnity Plan/Basic
HPC	Harvard Pilgrim Primary Choice Plan	CC	UniCare State Indemnity Plan/Community Choice
HNE	Health New England	PLUS	UniCare State Indemnity Plan/PLUS
NHP	NHP Care (Neighborhood Health Plan)		

* The plan has a narrow network in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.