Commonwealth of Massachusetts
Group Insurance Commission
Your Benefits Connection

2010-2011

GIC Benefit Decision Guide for
Municipal
Employees, Retirees & Survivors

New Health Plan Choices and Benefit Changes for July 1, 2010
EVALUATE YOUR OPTIONS CAREFULLY!

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Spring 2010

Dear Colleagues:

As you know, we have had to make some tough choices to balance our budget in Fiscal Year 2010. Together with the Group Insurance Commission (GIC), we have maintained our basic commitment to provide employees and retirees with comprehensive benefits and worked to keep costs as low as possible.

Our administration is sponsoring a number of initiatives to improve quality, lower costs and reduce disparities in health care. The GIC has been at the forefront in trying to tackle the dual challenges of improving health care quality while containing costs. Through lower co-pays, members have an incentive to use better performing doctors, and in some plans, hospitals.

The 2010-2011 ***Benefit Decision Guide*** can help you become an active and prudent health care consumer by outlining your health plan choices and benefits that become effective July 1. There are new employee/Non-Medicare plans you may want to consider. Contact your current health plan, if you are not in Medicare, and other plans you are considering to find out which tiers your doctors and hospitals are in. All enrollees can take advantage of other resources, including the GIC's website and health fairs, to research your options and make the best selections for you and your family.

I look forward to continuing our work together to move Massachusetts forward.

Sincerely,

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All members should read:

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IMPORTANT REMINDERS

- This *Benefit Decision Guide* contains important benefit changes effective July 1, 2010. ***Review page 4 for details.***
- Read the *Choose the Best Health Plan for You and Your Family* section on page 5 for information to consider when selecting a health plan.
- If you are an employee or Non-Medicare Retiree/Survivor, read the *Maximize Your Employee/Non-Medicare Health Plan Benefits* section on page 6 for ways to save on your health insurance costs.
- Your annual enrollment forms are due to the GIC Coordinator in your benefits office ***(new GIC enrollees and active employees)*** or the GIC ***(current municipal retirees and survivors)*** by May 10. Changes go into effect July 1, 2010.

The *Benefit Decision Guide* is an overview of GIC benefits and is not a benefit handbook. Contact the plans or see the GIC's website for plan handbooks.

New Hire and Annual Enrollment Overview

Annual enrollment gives you the opportunity to review your benefit options and enroll in a health plan or make changes if you desire.

If you are a current municipal enrollee and want to keep the same GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

NEW EMPLOYEES	EMPLOYEES and *NON-MEDICARE* RETIREES/SURVIVORS	*MEDICARE* RETIREES/ SURVIVORS and RETIRED TEACHERS (RMTs) CONVERTING TO MUNICIPAL COVERAGE
Within 10 Calendar Days of Hire *See the GIC Coordinator in your benefits office or the GIC's website for coverage effective date details.*	**During Annual Enrollment** ***April 12-May 10, 2010 for changes effective July 1, 2010***	
You may enroll in one of these health plans:	***You may enroll in or change your selection of one of these health plans:***	***You may enroll in or change your selection of one of these health plans:***
▪ Fallon Community Health Plan Direct Care ▪ Fallon Community Health Plan Select Care ▪ Harvard Pilgrim Independence Plan ▪ Harvard Pilgrim Primary Choice Plan ▪ Health New England ▪ NHP Care (Neighborhood Health Plan) ▪ Tufts Health Plan Navigator ▪ Tufts Health Plan Spirit ▪ UniCare State Indemnity Plan/Basic ▪ UniCare State Indemnity Plan/Community Choice ▪ UniCare State Indemnity Plan/PLUS		▪ Fallon Senior Plan ▪ Harvard Pilgrim Medicare Enhance ▪ Health New England MedPlus ▪ Tufts Health Plan Medicare Complement ▪ Tufts Health Plan Medicare Preferred ▪ UniCare State Indemnity Plan/ Medicare Extension (OME)
By submitting within 10 days of employment…	***By submitting by May 10…***	***By submitting by May 10…***
▪ GIC enrollment forms; and ▪ Required documentation for family coverage *(if applicable)* as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office	**New GIC Enrollees and Active Employees:** GIC enrollment forms and, if not already enrolled in a GIC plan, required documentation for family coverage as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office **Existing Municipal Retirees/ Survivors:** Written request to the GIC asking for the change	**New Municipal Retirees/ Survivors:** GIC Municipality enrollment forms and required documentation as outlined on the *Forms* section of our website to the GIC Coordinator in your benefits office **Existing Municipal Retirees/ Survivors:** Written request to the GIC asking for the change

NOTE: *Current employees who lose health insurance coverage elsewhere may enroll in GIC health coverage during the year with proof of loss of coverage. Contact your municipality's GIC Coordinator for details.*

Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area or become eligible for Medicare *(in which case, you must switch plans)*.

Enrollment and application forms are available on our website: www.mass.gov/gic and through the GIC Coordinator in your benefits office.

Frequently Asked Questions

Q ***As a new employee, when do my GIC benefits begin?***

A GIC benefits begin on the first day of the month following 60 days or two full calendar months of employment, whichever comes first.

Q ***I am an active GIC-eligible employee and also retired from a state agency or participating municipality and eligible for GIC retirement benefits. Can I choose both employee and retiree benefits?***

A You must choose active employee or retiree benefits; you may not have benefits under both statuses. Contact the GIC to indicate whether you want employee or retiree benefits.

Q ***I'm turning age 65; what do I need to do?***

A If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If you are eligible and are retired, you must enroll in Medicare Parts A and B to continue coverage with the GIC.

If you are eligible and continue working after age 65, you should NOT enroll in Medicare Part B until you (the insured) retire.

The spouse of an active employee who is 65 or over should not sign up for Medicare Part B until the insured retires. Due to federal law, different rules apply for same-sex spouses; see our website for details.

Most enrollees should not sign up for Medicare Part D.

Q ***I am an active employee age 65 or over; which health plan card should I present to a doctor's office or hospital?***

A When visiting a hospital or doctor, present your GIC health plan card (not your Medicare card) to ensure that your GIC health plan is charged for the visit. Since you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare is secondary. You may need to explain this to your provider if he/she asks for your Medicare card.

Q ***I'm retired, but not age 65. My spouse is turning age 65; what should my spouse do?***

A Your spouse must call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible, he/she must enroll in Medicare Parts A and B to continue coverage with the GIC. *See page 8 for health plan combination options.*

Q ***If I die, is my surviving spouse eligible for GIC health insurance?***

A If you (the insured) have coverage through the GIC at the time of your death, your surviving spouse is eligible for GIC health insurance coverage ***until he/she remarries.***

See the GIC's website for answers to other frequently asked questions: www.mass.gov/gic

You *MUST* Notify Your Benefits Office *(active employees)* or the GIC *(retirees and survivors)* When Your Personal or Family Information Changes

Failure to provide timely notification of personal information changes may affect your insurance coverage and may result in your being billed for services provided to you or a family member. If any of the following occur, active employees must notify the GIC Coordinator in their benefits office; if you are a retiree or survivor, write to the GIC:

- Marriage or remarriage
- Remarriage of a former spouse
- Legal separation
- Divorce
- Address change
- Dependent turning age 19
- Dependent age 19 or over who ceases to be a full-time student, graduates, withdraws from school, is on a medical leave of absence from school or the medical leave of absence ends, ceases to be an IRS Dependent, or ceases to be a Non-IRS Dependent
- Marriage of a covered dependent
- Death of an insured
- Death of a covered spouse or dependent
- Birth or adoption of a child
- Legal guardianship of a child
- You have GIC COBRA coverage and become eligible for other health coverage

You may be held personally and financially responsible for failure to notify the GIC of personal or family status changes.

The GIC's Challenges

- State budget outlook continues to be bleak; revenues continue below forecast.
- Health care costs continue to skyrocket, driven by rising hospital, physician and other provider costs, increased utilization of services, and increased GIC membership. Of note, the Attorney General's preliminary report of January 29, 2010 (entitled "Investigation of Health Care Cost Drivers") revealed that provider payments are tied to market leverage and geographic isolation—10 Massachusetts hospitals get 10%-100% more than the other 55 for similar work.

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

The GIC has been on the forefront of raising awareness about differences in provider quality and costs. With the GIC's Clinical Performance Improvement (CPI) Initiative for ***Employee/Non-Medicare Health Plans***, 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 a thorough analysis of physician claims, GIC health plans assign physicians to tiers according to how they score on nationally recognized measures of quality and/or cost-efficiency.

Difficult Decisions Made in Fiscal Year 2010

Despite these efforts, physician and hospital costs continue to soar and members have been using more health care services. To help meet the GIC's projected FY10 deficit of $35 million, the Commission implemented mid-year Employee/Non-Medicare health plan benefit changes effective February 1, 2010—the first time major mid-year health plan benefit changes were needed since February 1, 1992. These changes included increased copays of $5 across most services as well as the implementation of a new calendar year deductible of $250 per individual and $750 per family. No one is happy about increased costs for members, but these changes were necessary to meet the GIC's ability to pay claims for the rest of FY10.

Outlook for Fiscal Year 2011

With the $3 billion structural state budget deficit projected for FY11, coupled with no abatement in cost increases, the Commission determined that the FY10 mid-year benefit changes could not be rolled back for FY11. The good news is that additional in-network benefit cuts were not made and all existing health plans will continue to be offered.

New Health Plans Introduced for Employees and Non-Medicare Retirees/Survivors

The GIC is offering two new health plan choices for employees and Non-Medicare Retirees/Survivors. These plans help address differences in provider costs and encourage employees to save money by enrolling in a narrower network plan:

- **Harvard Pilgrim Primary Choice Plan –** this new HMO, which includes selection of a PCP, will be offered throughout most of Massachusetts at an attractive premium.
- **Tufts Health Plan Spirit –** this Exclusive Provider Organization (EPO), which does not require the selection of a PCP, will be offered at an attractive premium.

See pages 16 and 20 for additional information about these new options.

Other Benefit Changes Effective July 1, 2010

- Prescription drug benefits for UniCare State Indemnity Plan/Basic, Community Choice, Medicare Extension (OME), and PLUS:
  - CVS Caremark has been selected as the new pharmacy benefit manager.
  - Most, but not all, drugs will remain in the same tier category; generic versions of Protonix and Prevacid covered at Tier 2.
  - Over-the-counter Prevacid covered with Tier 1 copay; prescription required.
  - Ability to fill 90-day maintenance medications at selected pharmacies as an alternative to filling those prescriptions through mail order.
- For Harvard Pilgrim Independence Plan, Tufts Health Plan Navigator, and UniCare State Indemnity Plan/PLUS:
  - The out-of-network calendar year deductible will be $400 per individual and $800 per family.
  - The out-of-network copays will be equal to or greater than in-network copays.
- Fallon Community Health Plan Select Care will no longer tier Primary Care Physicians; the PCP office visit copay will be $20.

Choose the Best Health Plan for You and Your Family

STEP 1: ***Identify which plan(s) you are eligible to join:***

- Where you live determines which plan(s) you may enroll in. See the map below for Employee/ Non-Medicare health plan locations and page 10 for Medicare plan locations.
- See each health plan page for eligibility details *(see pages 13-29).*

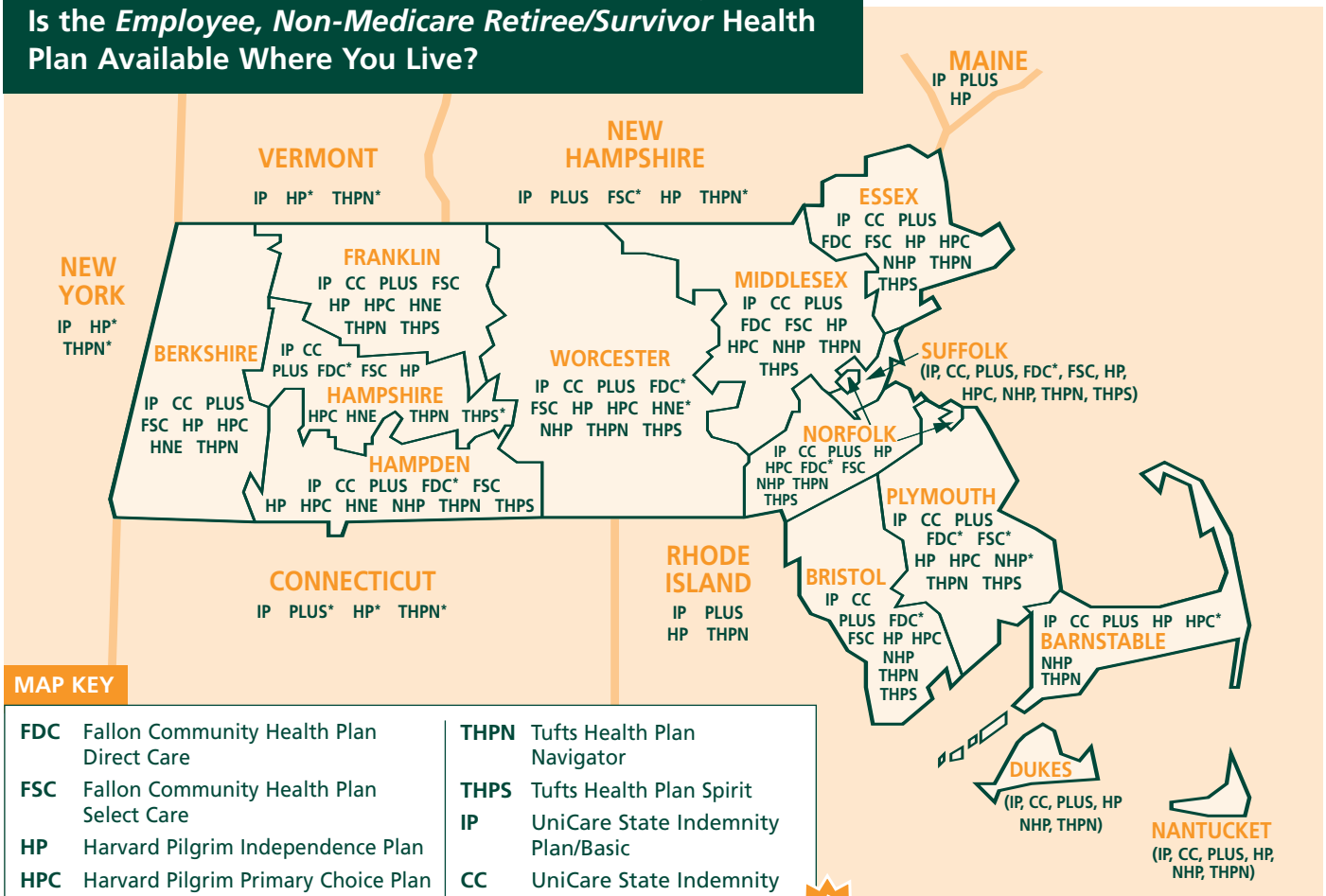
STEP 2: ***For the plans you are eligible to join and are interested in…***

- Review their benefit summaries on pages 13-29.
- Review their monthly rates *(see separate rate chart).*
- Weigh features that are important to you, such as out-of-network benefits, prescription drug coverage, mental health benefits, and the selection of a Primary Care Physician to coordinate your care.
- Contact the plan to find out about benefits that are not described in this guide.
- If you are an employee or Non-Medicare retiree or survivor, remember the two new plan options: Harvard Pilgrim Primary Choice Plan and Tufts Health Plan Spirit *(see pages 16 and 20).*

STEP 3: ***For the plans you are interested in, determine if your doctors and hospitals are in the plan's network and which copay tiers they are in (copay tiers do not apply to GIC Medicare plans).*** Copay tiers are important because they affect how much you pay when you receive physician and hospital services.

- Go to the plan's website and search for your doctors and hospitals.
- If your doctors and hospitals are in the network, find their copay tier assignments.

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.*

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

Choosing a Health Plan

"Fred" switched to the new Harvard Pilgrim Primary Choice Plan.

Here's why:

During annual enrollment, "Fred" went on Harvard Pilgrim Health Care's website and found out that his Independence Plan doctors and hospitals participate in the new Harvard Pilgrim Primary Choice Plan. His monthly rate under this plan would be lower than with the Independence Plan, so he decides to switch to Harvard Pilgrim Primary Choice Plan during annual enrollment.

"Sarah" switched to UniCare Indemnity Plan/ Community Choice during annual enrollment.

Here's why:

During annual enrollment, "Sarah" checked out which tier her own, her husband's and her children's doctors would be in as of July 1 in some of the GIC's health plans. She found out that the doctors she and her family see most are Tier 1 in the UniCare State Indemnity Plan/PLUS and the UniCare State Indemnity Plan/Community Choice. However, the hospitals they use have a lower copay in the Community Choice Plan and her premium will be lower in that plan. She decides to change to the UniCare State Indemnity Plan/Community Choice during annual enrollment.

Choosing a Doctor or Hospital

"Susan" chooses a Tier 1 Tufts Health Plan Navigator hospital for her care.

Here's why:

"Susan" was told she needs surgery. She is in Tufts Health Plan Navigator and talks to her surgeon to find out which hospitals the surgeon recommends for her care. She contacts Tufts Health Plan to find out which copay tier the recommended hospitals are in. She elects to receive care at a Tier 1 hospital and saves money by doing so.

"John" chooses a Tier 1 Fallon Community Health Plan dermatologist.

Here's how and why:

"John" is a member of Fallon Community Health Plan Select Care. He needs to see a dermatologist and finds out that the doctor his internist recommended is in Tier 3. On Fallon's website, he finds two dermatologists in his area who are in Tier 1. He calls his internist to find out whether she recommends either of the two physicians. She highly recommends one of the doctors and John books an appointment with that dermatologist.

These scenarios and Select & Save benefits do not apply to any of the GIC Medicare Plans.

Three Good Ways to Get Plan Information

- **Log on to the plan's website:** Get additional benefit details, information about network physicians, tools to make health care decisions and more. *See page 33 for website addresses.*
- **Call the health plan's customer service line:** a representative can help you. *See page 33 for phone numbers.*
- **Attend a GIC Health Fair:** Talk with plan representatives and get personalized information and answers to your questions. *See page 31 for the health fair schedule.*

select & save
quality. value.

Calendar Year Deductible Questions and Answers

All GIC health plans ***(Employee and Non-Medicare Retiree/Survivor plans only)*** include a calendar year deductible for claims incurred on February 1, 2010, or later. The in-network deductible is $250 per member to a maximum of $750 per family. This is a fixed dollar amount you must pay before your health plan begins paying benefits for you or your covered dependent(s).

Deductible Questions and Answers

Q *What is a deductible?*

A This 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).

Q *How much is the in-network calendar year deductible?*

A The in-network deductible is $250 per member, up to a maximum of $750 per family.

Here is how it works for each coverage level:

- Individual: The individual has a $250 deductible before benefits begin.
- Two person family: Each person must satisfy a $250 deductible.
- Three or more person family: The maximum each person must satisfy is $250 until the family as a whole reaches the $750 maximum.

If you are in a PPO-type plan, the out-of-network deductible is $400 per member, up to a maximum of $800 per family; this is a separate charge from the in-network deductible.

Q *Am I subject to another deductible when the new fiscal year begins or if I change plans because I move out of the service area during the year?*

A Although GIC health benefits are effective each July, the deductible is a calendar year cost.

- ***You will not be subject to a new deductible if:***

  You stay in the same health plan but you switch to one of its other options

- ***You will be subject to a new deductible if:***

  You change health plans and choose a new GIC health plan carrier

Q *What health care services are subject to the deductible?*

A 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

Q *How will I know how much I need to pay out of pocket?*

A When you visit a doctor or hospital, the provider will ask you for your copay upfront. After you receive services, your health plan will provide you and your provider with an explanation of benefits so that you will be able to see which additional portion of the costs you will be responsible for. The provider will then bill you for any balance owed.

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should NOT enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.

When you (the insured) retire:

- If you and/or your spouse is eligible for free Part A coverage, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B in order to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- ***You MUST continue to pay your Medicare Part B premium.*** Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/ Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/ Medicare Extension (OME)

How to Calculate Your Rate

See separate rate chart from your municipality.

Medicare Family

Find the premium for the Medicare plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

1. Find the premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your total monthly premium.

Helpful Reminders

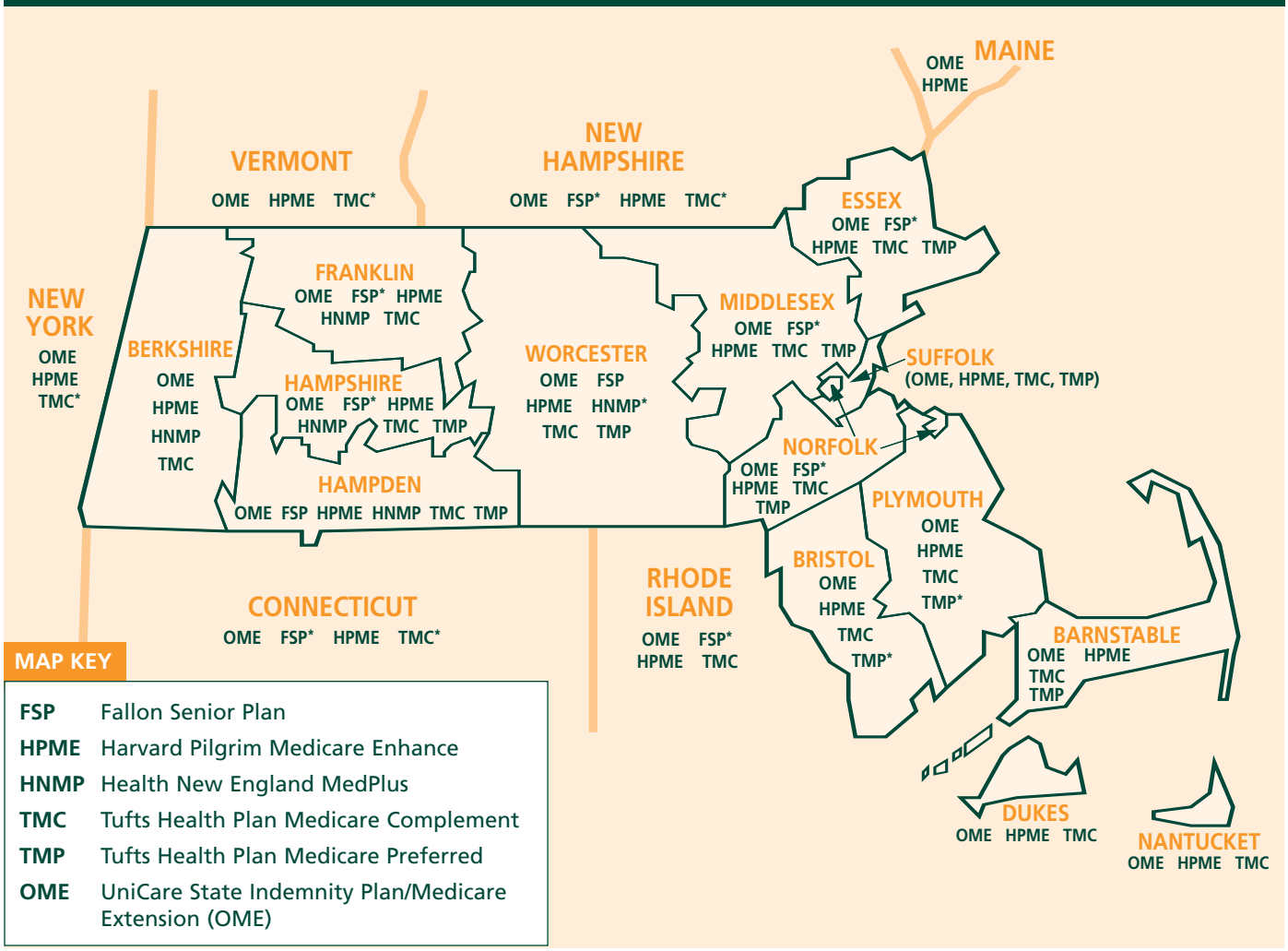
- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. *See the map on page 10.*
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. Note: Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2011. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

Medicare Part D Prescription Drug Reminders and Warnings

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan is a better value than the federal Medicare Part D drug plans being offered. Therefore, you should ***not*** enroll in a federal Medicare drug plan.

- A "Notice of Creditable Coverage" is in your plan handbooks. It provides proof that you have comparable or better coverage than Medicare Part D. If you should later enroll in a Medicare drug plan because of changed circumstances, you ***must*** show this notice to the Social Security Administration to avoid paying a penalty. Keep this notice with your important papers.
- If you have limited income and assets, the Social Security Administration offers help paying for Medicare prescription drug coverage; this may be the one instance where signing up for a Medicare Part D plan may work for you. Help is available online at www.ssa.gov or by phone at 1.800.772.1213.
- If you are a member of one of our Medicare Advantage plans (Fallon Senior Plan and Tufts Health Plan Medicare Preferred), your plan automatically includes Medicare Part D coverage. If you enroll in another Medicare Part D drug plan, the Centers for Medicare and Medicaid Services will automatically disenroll you from your GIC Medicare Advantage health plan, which will result in the loss of your GIC coverage.

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



MAP KEY

FSP	Fallon Senior Plan
HPME	Harvard Pilgrim Medicare Enhance
HNMP	Health New England MedPlus
TMC	Tufts Health Plan Medicare Complement
TMP	Tufts Health Plan Medicare Preferred
OME	UniCare State Indemnity Plan/Medicare Extension (OME)

* *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.*

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States. The UniCare Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Monthly Group Insurance Commission (GIC) Full Cost Rates

Effective July 1, 2010
Full Cost Rates Including 0.33% Administrative Fee

For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	$ 416.23	$ 998.94
Fallon Community Health Plan Select Care	HMO	499.27	1,198.24
Harvard Pilgrim Independence Plan	PPO	604.99	1,477.75
Harvard Pilgrim Primary Choice Plan	HMO	480.15	1,172.82
Health New England	HMO	415.38	1,029.68
NHP Care *(Neighborhood Health Plan)*	HMO	414.88	1,099.43
Tufts Health Plan Navigator	PPO	581.80	1,412.66
Tufts Health Plan Spirit	HMO-type	461.75	1,121.16
UniCare State Indemnity Plan/Basic *with CIC* *(Comprehensive)*	Indemnity	806.51	1,882.97
UniCare State Indemnity Plan/Basic *without CIC* *(Non-Comprehensive)*	Indemnity	769.35	1,796.76
UniCare State Indemnity Plan/ Community Choice	PPO-type	407.96	979.09
UniCare State Indemnity Plan/PLUS	PPO-type	562.84	1,343.22

Medicare Plans

HEALTH PLAN	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare (HMO)	$ 226.24
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	379.45
Health New England MedPlus	Medicare (HMO)	363.35
Tufts Health Plan Medicare Complement	Medicare (HMO)	351.91
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	223.23
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC *(Comprehensive)*	Medicare (Indemnity)	363.25
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC *(Non-Comprehensive)*	Medicare (Indemnity)	352.57

** Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2011.*

Drug Copayments

All GIC health plans provide benefits for prescription drugs using a three-tier copayment structure in which your copayments vary, depending on the drug dispensed. The following descriptions will help you understand your prescription drug copayment levels. Contact plans you are considering with questions about your specific medications. ***See pages 13-29 for the corresponding copayment information.***

Tier 1: You pay the lowest copayment. This tier is primarily made up of generic drugs, although some brand name drugs may be included. Generic drugs have the same active ingredients in the same dosage and strength as their brand name counterparts. They cost less because they do not have the same marketing and research expenses as brand name drugs.

Tier 2: You pay the mid-level copayment. This tier is primarily made up of brand name drugs, selected based on reviews of the relative safety, effectiveness and cost of the many brand name drugs on the market. Some generics may also be included.

Tier 3: You pay the highest copayment. This tier is primarily made up of brand name drugs not included in Tiers 1 or 2. Generic or brand name alternatives for Tier 3 drugs may be available in Tiers 1 or 2.

Tip for Reducing Your Prescription Drug Costs

Use Mail Order: Are you taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail order. It can save you money – up to one copay every three months. ***See pages 13-29 for copay details.*** Once you begin mail order, you can conveniently order refills by phone or online. Contact your plan for details.

Additionally, in some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, you may have an option to fill 90-day supplies of maintenance medications at certain retail pharmacies. Contact your plan for details.

Prescription Drug Programs

Some GIC plans, including the UniCare State Indemnity Plans' prescription drug program managed by CVS Caremark, have the following programs to encourage the use of safe, effective and less costly prescription drugs. Contact plans you are considering to find out details about these programs:

- **Step Therapy –** This program requires the use of effective, less costly drugs before more expensive alternatives will be covered.
- **Mandatory Generics –** When filling a prescription for a brand name drug for which there is a generic equivalent, you will be responsible for the cost difference between the brand name drug and the generic, **plus** the generic copay.
- **Specialty Drug Pharmacies –** If you are prescribed specialty medications, such as injectable drugs for conditions such as hepatitis C, rheumatoid arthritis, infertility, and multiple sclerosis, you'll need to use a specialized pharmacy which can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.

Important Information About Medicare Part D

Medicare Retirees and Survivors

For most GIC Medicare enrollees, the drug coverage you currently have through your GIC health plan has better benefits than the Medicare Part D drug plans being offered. Therefore, you should **not** enroll in a Medicare Part D drug plan. *See page 9 for additional details.*

FALLON COMMUNITY HEALTH PLAN DIRECT CARE

Fallon Community Health Plan Direct Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a selective network based in a geographically concentrated area. Contact the plan to see if your provider is in the network.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Direct Care is available throughout the following Massachusetts counties:

Essex
Middlesex

Fallon Community Health Plan Direct Care has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol
Hampden
Hampshire
Norfolk
Plymouth
Suffolk
Worcester

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  $15 per visit
  $5 per pediatric wellness visit
- **Specialist Physician Office Visit**
  $25 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $15 per visit
- **Retail Clinic:** $15 per visit
- **Inpatient Hospital Care – Medical**
  (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
  $200 per admission
- **Outpatient Surgery** *(maximum four copays annually per person)*
  $110 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*
  $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

FALLON COMMUNITY HEALTH PLAN SELECT CARE

Fallon Community Health Plan Select Care is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Fallon Community Health Plan Select Care is available throughout the following Massachusetts counties:

Berkshire	Hampshire
Bristol	Middlesex
Essex	Norfolk
Franklin	Suffolk
Hampden	Worcester

Fallon Community Health Plan Select Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Fallon Community Health Plan Select Care has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

New Hampshire

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Community Health Plan
1.866.344.4442
www.fchp.org

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  $20 per visit
  $10 per pediatric wellness visit
- **Specialist Office Visit**
  Fallon Community Health Plan tiers the following specialists based on quality and/or cost-efficiency: Allergists/Immunologists, Cardiologists, Endocrinologists, Gastroenterologists, Hematology Oncologists, Nephrologists, Neurologists, Obstetrician/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Podiatrists, Pulmonologists, Rheumotologists, and Urologists.
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** $20 per visit
- **Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)*: $250 per admission
- **Outpatient Surgery** *(maximum four copays annually per person)*:
  $125 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*:
  $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

HARVARD PILGRIM INDEPENDENCE PLAN

The Harvard Pilgrim Independence Plan, administered by Harvard Pilgrim Health Care, is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges, after you pay a deductible. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Independence Plan is available throughout Massachusetts.

The plan is also available in the following other states:

Maine
Rhode Island
New Hampshire

The Harvard Pilgrim Independence Plan has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut
Vermont
New York

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

In-Network Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  $20 per visit
- **Specialist Physician Office Visit**
  Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
  ★★★ Tier 1 (excellent): $20 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Out-of-State Specialist Office Visit:** $35 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** $20 per individual visit
- **Inpatient Hospital Care – Medical**
  (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
  Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:
  Tier 1: $250 per admission
  Tier 2: $500 per admission
  Tier 3: $750 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year)*: $150 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

HARVARD PILGRIM PRIMARY CHOICE PLAN

The Harvard Pilgrim Primary Choice Plan, administered by Harvard Pilgrim Health Care, is a new HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a select network at an attractive premium price. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The Harvard Pilgrim Primary Choice Plan is available throughout the following Massachusetts counties:

Berkshire	Middlesex
Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester
Hampshire	

The Harvard Pilgrim Primary Choice Plan has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Barnstable

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Harvard Pilgrim Health Care
1.800.542.1499
www.harvardpilgrim.org/gic

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  100% after $20 per visit
- **Specialist Physician Office Visit**
  Harvard Pilgrim Health Care tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Allergists, Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
  ★★★ Tier 1 (excellent): $20 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Out-of-State Specialist Office Visit:** $35 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** $20 per individual visit
- **Inpatient Hospital Care – Medical**
  (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)
  Harvard Pilgrim Health Care tiers its hospitals based on quality and/or cost:
  Tier 1: $250 per admission
  Tier 2: $500 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year):* $150 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day):* $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

HEALTH NEW ENGLAND

Health New England is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 or Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Health New England is available throughout the following Massachusetts counties:

Berkshire	Hampden
Franklin	Hampshire

Health New England has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England
1.800.842.4464
www.hne.com

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Pediatric Physician Office Visit**
  $0 per wellness office visit
  $20 per diagnostic visit
- **Primary Care Physician Office Visit**
  $20 per visit
- **Specialist Physician Office Visit**
  Health New England tiers the following specialists based on quality and/or cost-efficiency: Cardiologists, Endocrinologists, Gastroenterologists, General Surgeons, Obstetricians/Gynecologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, and Rheumatologists.
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** $20 per visit
- **Inpatient Hospital Care – Medical**
  (maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year): $250 per admission
- **Outpatient Surgery** *(maximum four copays annually per person)*: $110 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*
  $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

NHP CARE *(Neighborhood Health Plan)*

NHP Care, administered by Neighborhood Health Plan, is an HMO that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see if your provider is in the network and how he/she is rated.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

NHP Care is available throughout the following Massachusetts counties:

Barnstable	Middlesex
Bristol	Nantucket
Dukes	Norfolk
Essex	Suffolk
Hampden	Worcester

NHP Care has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Plymouth

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

NHP Care
1.800.462.5449
www.nhp.org

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  Neighborhood Health Plan tiers network Primary Care Physicians based on quality and/or cost-efficiency
  ★★★ Tier 1 (excellent): $15 per visit
  ★★ Tier 2 (good): $25 per visit
  ★ Tier 3 (standard): $30 per visit
- **Specialist Physician Office Visit**
  Neighborhood Health Plan tiers the following specialists based on quality and/or cost-efficiency: Cardiologists, Endocrinologists, Gastroenterologists, Obstetrician/Gynecologists, Otolaryngologists (ENTs), Orthopedic Specialists, Pulmonologists, and Rheumatologists.
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care:** $25 per visit
- **Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)*: $250 per admission
- **Outpatient Surgery** *(maximum four copays annually per person)*: $110 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*
  $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

TUFTS HEALTH PLAN NAVIGATOR

Tufts Health Plan Navigator is a PPO plan that does not require members to select a Primary Care Physician (PCP). The plan offers you a choice of using network providers and paying a copayment, or seeking care from an out-of-network provider for 80% coverage of reasonable and customary charges after you pay a deductible. Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Navigator is available throughout Massachusetts.

The Plan is also available in the following other state:

Rhode Island

Tufts Health Plan Navigator has a narrow network in the following states; contact the plan to see which doctors and hospitals participate in the plan:

Connecticut	New York
New Hampshire	Vermont

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic

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

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

In-Network Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  $20 per visit
- **Specialist Physician Office Visit**
  Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Out-of-State Specialist Office Visit:** $35 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)*: $20 per visit
  UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)* *Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics, based on quality and/or cost:*
  Tier 1: $300 per admission
  Tier 2: $700 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year)*: $150 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room:** $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

TUFTS HEALTH PLAN SPIRIT

Tufts Health Plan Spirit is a new Exclusive Provider Organization (EPO) plan that does not require members to select a Primary Care Physician (PCP). With an EPO, you receive care through the plan's network of doctors, hospitals and other providers. There are no out-of-network benefits, with the exception of emergency care. The plan offers a select network at an attractive premium. Contact the plan to see if your provider is in the network.

Members pay lower office visit copays when they see Tier 1 and Tier 2 specialists. Contact the plan to see if your provider is in the network and how he/she is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital copay when they use Tier 1 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan are administered by United Behavioral Health (UBH).

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Spirit is available throughout the following Massachusetts counties:

Bristol	Norfolk
Essex	Plymouth
Franklin	Suffolk
Hampden	Worcester
Middlesex	

Tufts Health Plan Spirit has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Hampshire

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: Tufts Health Plan
1.800.870.9488
www.tuftshealthplan.com/gic

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

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays Effective July 1, 2010

- **Primary Care Physician Office Visit**
  $20 per visit
- **Specialist Physician Office Visit**
  Tufts Health Plan tiers the following Massachusetts specialists based on quality and/or cost-efficiency: Cardiologists, Dermatologists, Endocrinologists, Gastroenterologists, General Surgeons, Neurologists, Obstetrician/Gynecologists, Ophthalmologists, Orthopedic Specialists, Otolaryngologists (ENTs), Pulmonologists, Rheumatologists, and Urologists.
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $35 per visit
  ★ Tier 3 (standard): $45 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)*:
  $20 per visit
  UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** *(maximum four copays per person per calendar year; waived if readmitted within 30 days in the same calendar year)* *Tufts Health Plan tiers its hospitals for adult medical/surgical services, obstetrics, and pediatrics based on quality and/or cost:*
  Tier 1: $300 per admission
  Tier 2: $700 per admission
- **Outpatient Surgery** *(maximum four copays per person per calendar year)*: $150 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room:** $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

UNICARE STATE INDEMNITY PLAN/BASIC

The UniCare State Indemnity Plan/Basic offers access to any licensed doctor or hospital throughout the United States and outside of the country. Your copays are determined by your choice of physician. Massachusetts members pay lower office visit copays when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

The plan determines "allowed amounts" for out-of-state providers; you may be responsible for a portion of the total charge. To avoid these additional provider charges, if you use non-Massachusetts doctors or hospitals, contact the plan to find out which doctors and hospitals in your area participate in UniCare's national network of providers.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible, regardless of where you live.

Service Area

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

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare
1.800.442.9300
www.unicarestateplan.com

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

Prescription Drug Benefits: CVS Caremark
1.877.876.7214
www.caremark.com/gic

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

Copays with CIC (Comprehensive) Effective July 1, 2010

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

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

- **Primary Care Physician Office Visit**
  ★★★ Tier 1 (excellent): $15 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $35 per visit
- **Specialist Office Visit**
  ★★★ Tier 1 (excellent): $20 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $40 per visit
- **Out-of-State Primary Care Physician and Specialist Office Visit:** $30 per visit
- **Retail Clinic:** $20 per visit
- **Network Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)*: $20 per visit

  UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** *(maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)*: $200 copay
- **Outpatient Surgery** *(maximum one copay per person per calendar year quarter)*: $110 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save quality. value.

UNICARE STATE INDEMNITY PLAN/COMMUNITY CHOICE

The UniCare State Indemnity Plan/Community Choice is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan offers access to all Massachusetts physicians. Members receive greater benefits when they see Tier 1 or Tier 2 physicians. Contact the plan to see how your physician is rated.

Hospital care copays are determined by the type of treatment. For most procedures, members receive the highest benefit when choosing one of the plan's hospitals, most of which are community hospitals. For a few complex procedures, additional hospitals are available at the highest benefit. Otherwise, members pay a higher hospital copay when they seek care from a hospital that is not in the plan. Contact the plan to see if the hospitals you are likely to use are Community Choice hospitals.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/Community Choice is available throughout Massachusetts. Contact the plan to find out if your hospital is in the network.

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare
1.800.442.9300
www.unicarestateplan.com

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

Prescription Drug Benefits: CVS Caremark
1.877.876.7214
www.caremark.com/gic

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

In-Network Copays Effective July 1, 2010

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

- **Primary Care Physician Office Visit**
  ★★★ Tier 1 (excellent): $15 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $35 per visit
- **Specialist Office Visit**
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $45 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)*: $20 per visit

  UBH also offers EAP services.
- **Inpatient Hospital Care – Medical** *(maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year)*: $250 per admission
- **Outpatient Surgery** *(maximum one copay per person per calendar year quarter)*: $110 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room**
  $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save
quality. value.

UNICARE STATE INDEMNITY PLAN/PLUS

The UniCare State Indemnity Plan/PLUS is a PPO-type plan that does not require members to select a Primary Care Physician (PCP). The plan provides access to all Massachusetts physicians and hospitals at 100% coverage less a copayment. Out-of-state non-UniCare providers have 80% coverage of reasonable and customary charges after you pay a deductible.

Members pay lower office visit copays when they see Tier 1 and Tier 2 physicians. Contact the plan to see how your physician is rated. The plan also tiers hospitals based on quality and/or cost; members pay a lower inpatient hospital and outpatient surgery copay when they use Tier 1 or Tier 2 hospitals. Contact the plan to see which tier your hospital is in.

The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Employees, Retirees, Survivors, and their eligible dependents without Medicare are eligible. Members must live in the plan's service area.

Service Area

The UniCare State Indemnity Plan/PLUS is available throughout Massachusetts.

The plan is also available in the following other states:

Maine
Rhode Island
New Hampshire

The UniCare State Indemnity Plan/PLUS has a narrow network in the following state; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Medical Benefits: UniCare
1.800.442.9300
www.unicarestateplan.com

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

Prescription Drug Benefits: CVS Caremark
1.877.876.7214
www.caremark.com/gic

Calendar Year Deductible

$250 per individual up to a maximum of $750 per family. *See page 7 for details.*

In-Network Copays Effective July 1, 2010

UniCare tiers Massachusetts physicians based on quality and/or cost-efficiency.

- **Primary Care Physician Office Visit**
  ★★★ Tier 1 (excellent): $15 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $35 per visit
- **Specialist Office Visit**
  ★★★ Tier 1 (excellent): $25 per visit
  ★★ Tier 2 (good): $30 per visit
  ★ Tier 3 (standard): $45 per visit
- **Out-of-State Primary Care Physician and Specialist Office Visit:** $30 per visit
- **Retail Clinic:** $20 per visit
- **Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details)*: $20 per visit
  UBH also offers EAP services.

UniCare tiers hospitals based on quality and/or cost.

- **Inpatient Hospital Care – Medical** *(maximum one copay per person per calendar year quarter; waived if readmitted within 30 days in the same calendar year):*
  Tier 1: $250 per admission
  Tier 2: $500 per admission
  Tier 3: $750 per admission

UniCare's outpatient surgery copay is based on the hospital's tier, with Tier 1 and Tier 2 hospitals having the same outpatient surgery copay.

- **Outpatient Surgery** *(maximum one copay per person per calendar year quarter)*
  Tier 1 and Tier 2: $110 per occurrence
  Tier 3: $250 per occurrence
- **High-Tech Imaging** *(e.g., MRI, PET and CT scans) (maximum one copay per day)*: $100 per scan
- **Emergency Room:** $100 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

select & save quality. value.

FALLON SENIOR PLAN

Fallon Senior Plan is a Medicare Advantage HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Fallon Senior Plan is a Medicare plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2011.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Fallon Senior Plan is available throughout the following Massachusetts counties:

Hampden
Worcester

Fallon Senior Plan has a narrow network of providers in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Essex
Franklin
Hampshire
Middlesex
Norfolk

Fallon Senior Plan has a narrow network of providers in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut
New Hampshire
Rhode Island

Monthly Rates as of January 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Fallon Senior Plan
1.866.344.4442
www.fchp.org

Copays Effective January 1, 2010

- **Physician Office Visit and Preventive Care**
  $10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $10 per visit
- **Inpatient Hospital Care**
  None
- **Inpatient and Outpatient Surgery**
  None
- **Emergency Room**
  $50 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

HARVARD PILGRIM MEDICARE ENHANCE

Harvard Pilgrim Medicare Enhance is a supplemental Medicare plan, offering coverage for services provided by any licensed doctor or hospital throughout the United States that accepts Medicare payment.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Medicare Part B are eligible, regardless of where they live in the United States.

Service Area

The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States.

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information.

Harvard Pilgrim Medicare Enhance
1.800.542.1499
www.harvardpilgrim.org

Copays Effective July 1, 2010

- **Physician Office Visit and Preventive Care**
  $10 per visit
- **Retail Clinic**
  $10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $10 per visit
- **Inpatient Hospital Care**
  None
- **Inpatient and Outpatient Surgery**
  None
- **Emergency Room**
  $50 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

HEALTH NEW ENGLAND MEDPLUS

Health New England MedPlus is a Medicare HMO option that requires members to select a Primary Care Physician (PCP) to manage their care; referrals to network specialists are not required. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Health New England MedPlus is available throughout the following Massachusetts counties:

Berkshire	Hampden
Franklin	Hampshire

Health New England MedPlus has a narrow network in the following Massachusetts county; contact the plan to find out which doctors and hospitals participate in the plan:

Worcester

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Health New England MedPlus
1.800.842.4464
www.hne.com

Copays Effective July 1, 2010

- **Physician Office Visit and Preventive Care**
  $10 per visit
- **Retail Clinic**
  $10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $10 per visit
- **Inpatient Hospital Care**
  None
- **Inpatient and Outpatient Surgery**
  None
- **Emergency Room**
  $50 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

TUFTS HEALTH PLAN MEDICARE COMPLEMENT

Tufts Health Plan Medicare Complement is a supplemental Medicare HMO plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency and urgent care. Contact the plan to see if your provider is in the network.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Complement is available throughout Massachusetts.

The plan is also available in the following other state:

Rhode Island

Tufts Health Plan Medicare Complement has a narrow network in the following states; contact the plan to find out which doctors and hospitals participate in the plan:

Connecticut
New Hampshire
New York
Vermont

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Complement
1.888.333.0880
www.tuftshealthplan.com

Copays Effective July 1, 2010

- **Physician Office Visit and Preventive Care**
  $10 per visit
- **Retail Clinic**
  $10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $10 per visit
- **Inpatient Hospital Care**
  None
- **Inpatient and Outpatient Surgery**
  None
- **Emergency Room**
  $50 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

TUFTS HEALTH PLAN MEDICARE PREFERRED

Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan that requires members to select a Primary Care Physician (PCP) to manage their care. With an HMO, you receive care through the plan's network of doctors, hospitals, and other providers. There are no out-of-network benefits, with the exception of emergency care. Tufts Health Plan Medicare Preferred HMO is a Medicare Advantage plan under contract with the federal government that includes Medicare Part D prescription drug benefits. Contact the plan for details and to see if your provider is in the network. This Medicare plan's benefits and rates are subject to change January 1, 2011.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible. Members must live in the plan's service area.

Service Area

Tufts Health Plan Medicare Preferred is available throughout the following Massachusetts counties:

Barnstable	Middlesex
Essex	Norfolk
Hampden	Suffolk
Hampshire	Worcester

Tufts Health Plan Medicare Preferred has a narrow network in the following Massachusetts counties; contact the plan to find out which doctors and hospitals participate in the plan:

Bristol	Plymouth

Monthly Rates as of January 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional information on participating providers and benefits.

Tufts Health Plan Medicare Preferred
1.888.333.0880
www.tuftshealthplan.com

Copays Effective January 1, 2010

- **Physician Office Visit and Preventive Care**
  $10 per visit
- **Outpatient Mental Health and Substance Abuse Care**
  $10 per visit
- **Inpatient Hospital Care**
  None
- **Inpatient and Outpatient Surgery**
  None
- **Emergency Room**
  $50 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	**Mail Order up to 90-day supply:**
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

UNICARE STATE INDEMNITY PLAN/MEDICARE EXTENSION (OME)

The UniCare State Indemnity Plan/Medicare Extension (OME) is a supplemental Medicare plan offering access to any licensed doctor or hospital throughout the United States and outside of the country. The mental health benefits of this plan, administered by United Behavioral Health (UBH), offer you a choice of using network providers and paying a copayment, or seeking care from out-of-network providers at higher out-of-pocket costs. Prescription drug benefits are administered by CVS Caremark.

Eligibility

Retirees, Survivors, and their eligible dependents with Medicare Part A and Part B are eligible, regardless of where they live.

Service Area

The UniCare State Indemnity Plan/Medicare Extension (OME) is available throughout the United States and outside of the country.

Monthly Rates as of July 1, 2010

Municipal enrollees will receive a separate rate chart.

Plan Contact Information

Contact the plan for additional benefit information.

Medical Benefits:
UniCare
1.800.442.9300
www.unicarestateplan.com

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

Prescription Drug Benefits:
CVS Caremark
1.877.876.7214
www.caremark.com/gic

Copays with CIC *(Comprehensive)* Effective July 1, 2010

(Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.)

- **Physician Office Visit**
  None after $35 calendar year deductible
- **Preventive Care**
  $5 per visit
- **Retail Clinic**
  None after $35 calendar year deductible
- **Network Outpatient Mental Health and Substance Abuse Care** *(See the GIC's website for a UBH benefit grid or contact UBH for additional benefit details.)*
  First four visits: none
  Visits 5 and over: $10 per visit
  UBH also offers EAP services.
- **Inpatient Hospital Care** *(maximum one copay per person per calendar year quarter)*
  $50 per admission
- **Inpatient and Outpatient Surgery**
  None within Massachusetts; call the plan for out-of-state details
- **Emergency Room**
  $25 per visit *(waived if admitted)*

Prescription Drug

Retail up to 30-day supply:	Mail Order up to 90-day supply:
Tier 1: $10	Tier 1: $20
Tier 2: $25	Tier 2: $50
Tier 3: $50	Tier 3: $110

Attend a Health Fair

Attend one of the GIC's health fairs to:

- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See page 31 for the schedule.

Inscripción Anual

La inscripción anual tendrá lugar a partir del 12 de Abril hasta el 10 de Mayo del 2010. Durante dicho período, usted como (empleado o jubilado del estado) tendrá la oportunidad de cambiar su seguro de salud. Si desea mantener los beneficios del seguro de salud que actualmente tiene no hace falta que haga nada. Su cobertura continúa en forma automática.

Usted deberá permanecer al plan de salud que seleccionó hasta el próximo período de inscripción anual aunque su médico o hospital se salgan del plan, a menos que usted se mude fuera del área de servicio.

Los cambios de cobertura entrarán en vigencia el 1 de Julio del 2010. Para obtener más información, sírvase llamar a Group Insurance Commission (Comisión de Seguros de Grupo) al 617.727.2310, extensión 1. Hay empleados que hablan Español que le ayudarán.

年度登記

年度登記在2010年4月12日開始，於5月10日結束。你可以利用這段時間改變你的醫療保險計劃。如果你希望保持你現有的保險計劃，則不必在此期間做任何事，你的保險計劃將自動延續。

如果你的醫師或是醫院退出你所選的醫療保險計劃，你必須保持你現有的保險計劃直到下一個登記年度才可以更改。若是你在期間搬出你現有的保險計劃服務區域，就另當別論了。

你的計劃改變在2010年7月1日生效。如有問題，請打電話給 Group Insurance Commission。電話號碼是 617.727.2310，轉分機 1。

Our Website Provides Additional Helpful Information

www.mass.gov/gic

See our website for:

- *Benefit Decision Guide* content in HTML and XML-accessible formats
- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Information about and links to all GIC plans
- Answers to frequently asked questions
- GIC publications – including the *Benefits At-a-Glance* brochures and our *For Your Benefit* newsletter
- United Behavioral Health At-A-Glance charts for mental health and substance abuse benefits for UniCare State plans and Tufts Health Plan Navigator and Spirit members
- Health articles and links to help you take charge of your health

Ghi Danh Hàng Năm

Việc ghi danh hàng năm bắt đầu vào ngày 12 tháng Tư và chấm dứt vào ngày 10 tháng Năm, 2010. Trong khoảng thời gian này quý vị có cơ hội để thay đổi chương trình sức khỏe. Nếu muốn giữ chương trình sức khỏe hiện tại của mình, quý vị không cần phải làm gì cho việc ghi danh hàng năm. Bảo hiểm của quý vị sẽ tự động tiếp tục.

Nếu bác sĩ hoặc bệnh viện của quý vị không còn tham gia trong chương trình mà quý vị chọn, quý vị phải giữ chương trình sức khỏe của mình cho đến lần ghi danh công khai hàng năm kế tiếp, trừ khi quý vị dọn ra khỏi khu vực phục vụ của chương trình.

Những thay đổi của quý vị sẽ có hiệu lực vào ngày 1 tháng Bảy, 2010. Nếu có bất cứ thắc mắc nào, xin gọi Group Insurance Commission tại số 617.727.2310, số chuyển tiếp 1.

APRIL 2010

13 **TUESDAY** **10-3**
State Transportation Building
10 Park Plaza, 2nd Floor
Conference Rooms 1, 2, 3
BOSTON

15 **THURSDAY** **10-5**
Newbury College
Student Center Auditorium
129 Fisher Avenue
BROOKLINE

16 **FRIDAY** **11-3**
Quinsigamond Community College
Library/Learning Center, Room 109
670 West Boylston Street
WORCESTER

17 **SATURDAY** **11-2**
Mass Maritime Academy
Bresnahan Building
Academy Drive
BUZZARDS BAY

20 **TUESDAY** **10-2**
McCormack State Office Building
One Ashburton Place, 21st Floor
BOSTON

22 **THURSDAY** **11-2**
Bristol Community College
Jackson Art Center
H Building
777 Elsbree Street
FALL RIVER

23 **FRIDAY** **11-2**
Berkshire Community College
Paterson Field House
1350 West Street
PITTSFIELD

24 **SATURDAY** **11-2**
Northern Essex Community College
The Technology Center
Rooms 103 A & B
100 Elliott Street
HAVERHILL

27 **TUESDAY** **11-3**
Hampden County Sheriff's Department
Hampden County Correctional Center
627 Randall Road
LUDLOW

28 **WEDNESDAY** **10-2**
U-Mass Amherst
Student Union Ballroom
AMHERST

29 **THURSDAY** **12-4**
Wrentham Developmental Center
Graves Auditorium
Littlefield Street
WRENTHAM

30 **FRIDAY** **11-4:30**
Wachusett Regional High School
Gymnasium
1401 Main Street
HOLDEN

MAY 2010

4 **TUESDAY** **10-3**
State Transportation Building
10 Park Plaza, 2nd Floor
Conference Rooms 1, 2, 3
BOSTON

6 **THURSDAY** **11-3**
Middlesex Community College
Cafeteria
591 Springs Road
BEDFORD

For More Information, Contact the Plans

For more information about specific plan benefits, call a plan representative.
Be sure to indicate you are a GIC insured.

HEALTH INSURANCE		
Fallon Community Health Plan Direct Care Select Care Senior Plan	1.866.344.4442	www.fchp.org
Harvard Pilgrim Health Care Independence Plan Primary Choice Plan Medicare Enhance	1.800.542.1499	www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO MedPlus	1.800.842.4464	www.hne.com
Neighborhood Health Plan NHP Care	1.800.462.5449	www.nhp.org
Tufts Health Plan Navigator Spirit ■ Mental Health/Substance Abuse and EAP *(United Behavioral Health)* Medicare Complement Medicare Preferred	1.800.870.9488 1.888.610.9039 1.888.333.0880	www.tuftshealthplan.com/gic www.liveandworkwell.com *(access code: 10910)* www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic Community Choice Medicare Extension (OME) PLUS *For all UniCare Plans* ■ Prescription Drugs *(CVS Caremark)* ■ Mental Health/Substance Abuse and EAP *(United Behavioral Health)*	1.800.442.9300 1.877.876.7214 1.888.610.9039	www.unicarestateplan.com www.caremark.com/gic www.liveandworkwell.com *(access code: 10910)*

ADDITIONAL RESOURCES		
Employee Assistance Program *for Managers and Supervisors* *(United Behavioral Health)*	1-888-610-9039	www.liveandworkwell.com *(access code: 10910)*
Internal Revenue Service (IRS)	1.800.829.1040	www.irs.gov
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA)	www.mass.gov/mtrs
Medicare	1.800.633.4227	www.medicare.gov
Social Security Administration	1.800.772.1213	www.ssa.gov

OTHER QUESTIONS?
Call the GIC: 1.617.727.2310, ext. 1, TDD/TTY: 1.617.227.8583
www.mass.gov/gic

39-Week Layoff Coverage – allows laid-off insureds to continue their group health insurance for up to 39 weeks (about 9 months) by paying the full cost of the premium.

CIC (Catastrophic Illness Coverage) – an optional part of the UniCare State Indemnity Plan/Basic and Medicare Extension (OME) plans. CIC increases the benefits for most covered services to 100%, subject to deductibles and copayments. Enrollees **without** CIC receive only 80% coverage for some services and pay higher deductibles. Over 99% of current Indemnity Plan Basic and Medicare Extension Plan members select CIC.

COBRA (Consolidated Omnibus Budget Reconciliation Act) – a federal law that allows enrollees to continue their health coverage for a limited period of time after their group coverage ends as the result of certain employment or life event changes.

CPI (Clinical Performance Improvement) Initiative – a GIC program which seeks to improve health care quality while containing costs for the Commonwealth and our members. Claims data from all six GIC health plans were aggregated to identify differences in physician quality and cost-efficiency, and this information was given back to the plans to develop benefit designs. GIC members are subsequently rewarded with modest copay incentives when they use higher-performing providers. Plans that use combined quality and efficiency information to develop tiered networks are designated as Select & Save plans.

Deductible – a set dollar amount which must be satisfied within a calendar year before the health plan begins making payments on claims.

Deferred Retirement – allows you to continue your group health insurance after you leave municipality service until you begin to collect a pension. Until you receive a retirement allowance, you will be responsible for the entire health insurance premium costs, for which you are billed directly. If you withdraw your pension money, you are not eligible for GIC coverage.

EAP (Enrollee Assistance Program) – Mental health services that include help for depression, marital issues, family problems, alcohol and drug abuse, and grief. Also includes referral services for legal, financial, family mediation, and elder care assistance.

Exclusive Provider Organization (EPO) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. EPOs do not offer out-of-network benefits, with the exception of emergency care. EPOs do not require the selection of a Primary Care Physician (PCP).

GIC (Group Insurance Commission) – a quasi-independent state agency governed by a 15-member commission appointed by the Governor. It provides and administers health insurance and other benefits for the Commonwealth's employees and retirees, and their dependents and survivors. The GIC also covers housing and redevelopment authority personnel, certain municipalities, and retired municipal teachers in certain cities and towns.

HMO (Health Maintenance Organization) – a health plan that provides coverage for treatment by a network of doctors, hospitals and other health care providers within a certain geographic area. HMOs do not offer out-of-network benefits, with the exception of emergency care. An HMO requires the selection of a Primary Care Physician (PCP).

Networks – groups of doctors, hospitals and other health care providers that contract with a benefit plan. If you are in a plan that offers network and non-network coverage, you will receive the maximum level of benefits when you are treated by network providers.

PCP (Primary Care Physician) – includes physicians with specialties in internal medicine, family practice, and pediatrics. For HMO members, you must select a PCP to coordinate your health care.

PPO (Preferred Provider Organization) – a health insurance plan that offers coverage by network doctors, hospitals, and other health care providers, but also provides a lower level of benefits for treatment by out-of-network providers. A PPO plan does not require the selection of a Primary Care Physician (PCP).

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