

# Benefits-at-a-Glance (Non-Medicare)



## HEALTH INSURANCE PLANS

	NATIONAL NETWORK	BROAD NETWORK		
	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	HARVARD PILGRIM INDEPENDENCE PLAN
PLAN TYPE	INDEMNITY	PPO-TYPE	POS	POS
PCP Designation Required?	No	No	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes
<b>Out-of-pocket Maximum</b> Individual / Family coverage	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>Fiscal Year Deductible</b> Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
<b>Primary Care Provider Office Visit</b>	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
<b>Preventive Services</b>	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
<b>Specialist Physician Office Visit</b> Tier 1 / Tier 2 / Tier 3	\$30 / \$60 / \$60 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
<b>Retail Clinic and Urgent Care Center</b>	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
<b>Outpatient Behavioral Health/ Substance Use Disorder Care</b>	\$15 or \$20 / visit	\$15 / visit	\$10 / visit	\$10 / visit
<b>Emergency Room Care</b>	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
<b>Inpatient Hospital Care - Medical</b>	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.			
Tier 1 / Tier 2 / Tier 3	\$275 / admission no tiering	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission	\$275 / \$500 / \$1,500 / admission
<b>Outpatient Surgery</b>				
<b>Eye &amp; GI procedures at freestanding facilities in Massachusetts</b>	\$0	\$0	\$150	\$150
<b>All other in Massachusetts</b>	\$250	\$110 / \$110 / \$250	\$250	\$250
<b>High-Tech Imaging</b> (e.g., MRI, CT & PET scans)	Maximum one copay per day. Contact the carrier for details.			
	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
<b>Prescription Drugs</b>	Prescription Drug Deductible: \$100 Individual / \$200 Family			
<b>Retail (up to a 30-day supply)</b> Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
<b>Mail Order Maintenance Drugs (up to a 90-day supply)</b> Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

**If you participate in a non-Medicare plan, GIC protects you from balance billing under Massachusetts General Law Chapter 32A, §20.**

If you receive covered, medically necessary medical care *in Massachusetts*, doctors, hospitals, and other medical providers may only collect the amount covered by your GIC plan. You are still responsible for your share of the plan's copays, deductibles, and any other eligible medical out-of-pocket costs, but *not* any excess.

Always compare bills to the Explanation of Benefits (EOB) statement provided by your GIC health carrier. If you are not sure your invoice is a balance bill, call your health carrier. If it is a balance bill, advise your provider that as a GIC member, you are not liable for their excess compensation. If your provider persists in efforts to collect, contact the Group Insurance Commission.

# Benefits-at-a-Glance (Non-Medicare)



REGIONAL NETWORK		LIMITED NETWORK		
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO
Yes	Yes	No	No	Yes
No	Yes	No	No	Yes
\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$20 / visit
Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
\$275 / admission no tiering	\$275 / admission no tiering	\$275 / admission no tiering	\$275 / \$500 / admission No Tier 3	\$275 / \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150
\$250	\$250	\$110	\$250	\$250
Maximum one copay per day. Contact the carrier for details.				
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family				
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

You pay both a copay and a deductible for some services.  
For details, see your plan's schedule of benefits at [mass.gov/GIC](https://www.mass.gov/GIC).

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

# Benefits-at-a-Glance (Medicare)



HEALTH INSURANCE PLANS	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT				
	TUFTS HEALTH PLAN MEDICARE PREFERRED	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) WITH CIC* (Comprehensive)	HARVARD PILGRIM MEDICARE ENHANCE	HEALTH NEW ENGLAND MEDICARE SUPPLEMENT PLUS	
	PLAN TYPE	HMO	INDEMNITY	INDEMNITY	INDEMNITY	INDEMNITY
	PCP Designation Required?	Yes	No	No	No	No
	PCP Referral to Specialist Required?	Yes	No	No	No	No
	Calendar Year Deductible	None	None	None	None	None
	Preventive Care Office visits according to health plan’s schedule	No Copay	No Copay	No Copay	No Copay	No Copay
	Physician’s Office Visit (except behavioral health)	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
	Retail Clinic	\$15 per visit	\$15 per visit	\$10 per visit	\$15 per visit	\$15 per visit
	Outpatient Behavioral Health / Substance Abuse Disorder Care	\$15 per visit	\$15 per visit	First 4 visits: no copay; visits 5 and over: \$10 / visit	\$15 per visit	\$15 per visit
Inpatient Hospital Care	No Copay	No Copay	No Copay	No Copay	No Copay	
Hospice Care	No Copay	No Copay	No Copay	No Copay	No Copay	
Diagnostic Laboratory Tests and X-Rays	No Copay	No Copay	No Copay	No Copay	No Copay	
Surgery Inpatient and Outpatient	No Copay	No Copay	No copay in MA and for out-of-state providers that accept Medicare; call the plan for details if using out-of-state providers that do not accept Medicare	No Copay	No Copay	
Emergency Room Care (includes out-of-area)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,200 per person, per two-year period					
PRESCRIPTION DRUGS						
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	

Here is an overview of health insurance benefits offered through each of the GIC's Medicare plans. Benefits are subject to definitions, conditions, limitations and exclusions as spelled out in the respective health insurance plans' documents. With the exception of emergency care, out-of-network benefits are not covered through the Tufts Medicare Advantage Plan.

\* Without CIC, deductibles are higher and coverage is only 80% for some services. Contact UniCare for details.