Benefits-at-a-Glance

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
Out-of-pocket Maximum Individual coverage Family coverage	 $5,000 $10,000	 $5,000 $10,000	 $5,000 $10,000	 $5,000 $10,000
Fiscal Year Deductible Individual / Family	$500 / $1,000	$500 / $1,000	$500 / $1,000	$500 / $1,000
Primary Care Provider Office Visit	$20 / visit	$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
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3	$30 / $60 / $60 / visit	$30 / $60 / $75 / visit	$30 / $60 / $75 / visit	$30 / $60 / $75 / visit
Retail Clinic and Urgent Care Center	$20 / visit	$20 / visit	$20 / visit	$10 retail clinic / $20 urgent care
Outpatient Behavioral Health/ Substance Use Disorder Care	$15 or $20 / visit	$15 / visit	$10 / visit	$10 / visit
Emergency Room Care	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.			
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
Outpatient Surgery				
Eye & GI procedures at freestanding facilities in Massachusetts	$0	$0	$150	$150
All other in Massachusetts	$250	$110 / $110 / $250	$250	$250
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.			
(e.g., MRI, CT & PET scans)	$100 / scan	$100 / scan	$100 / scan	$100 / scan
Prescription Drugs	Prescription Drug Deductible: $100 Individual / $200 Family			
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

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

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.

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.