When is the open enrollment period?
- The enrollment period to choose a GIC Health Plan is **Wednesday, April 5th to Wednesday, May 3rd**. If you want to have health insurance as of July 1st, you MUST choose a GIC health plan and enroll during this time. Enrollment forms and (if needed) all required documentation (see the Required Documents for GIC Coverage sheet) must be received by May 3rd. There will be no exceptions to this deadline. Forms received after this date will not be accepted.

If you need Information or have questions, but you not sure where to begin?
- Visit the GIC website at [mass.gov/gic](http://mass.gov/gic) - you will find the Benefit Decision Guide, Summary of Benefits and Coverage for each health plan and the rate sheet.
- Visit the City of Haverhill website at [cityofhaverhill.org > human resources > GIC](http://cityofhaverhill.org > human resources > GIC)
- Visit the Haverhill Public Schools website at [haverhill-ps.org > human resources > GIC](http://haverhill-ps.org > human resources > GIC)
- Read the **2017 – 2018 Benefit Decision Guide** it is posted online on all of these websites. In addition, a hard-copy Benefit Decision Guide, enrollment forms and rate sheets will be mailed to the homes of all retirees and hand delivered to all active City and School employees.
- Attend a City/School Information Session or a GIC Health Fair.
- Call each plan or visit their website. – **See page 32 of the guide for the Plan Contact Information.**

What do I need to enroll?
- **A completed enrollment form** – The enrollment form will be included in your Benefit Decision Guide or is on the GIC page on our websites. Please make sure you fully complete the form and sign and date.
- **If applicable the required documents** – see the Required Documents for GIC Coverage Sheet. This sheet was mailed to your home in late January, is included in the guide and is on the GIC page on our websites.

Where do I return the enrollment form and the required documentation?
- Active City Employees and all Retirees: return the enrollment form and required documentation to the City Human Resources Office – Room 306 at City Hall.
- Active School Employees: return the enrollment form and required documentation to School Benefits Office – Attn: Nina Torrisi – Room 104 at City Hall.

Which medical plan is better?
- Medical plan selection is a personal choice. One medical plan does not fit all – we all have different needs. You need to investigate the plans and ask questions such as:
  - Is my and my family members’ doctor and hospital in the plan’s network?
  - Are my medications on the health plan’s formulary (a list of medications that are covered).
  - How much is the premium per plan?
• How do I choose or compare the available plans?
  o Identify which health plans you are eligible to enroll in – where you live determines which plan(s) you may enroll in. - See page 14 of the guide for the Health Plan Locator Map.
  o Check out the Benefits At-A Glance chart on page 16 and 17 of the guide – this chart is a comparative overview of all GIC plan benefits. Visit the GIC website at mass.gov/gic for a Summary of Benefits/Coverage for each plan.
  o Contact the plans via phone or their website to check if your doctor, hospital and medication is covered and to review benefits. - See page 32 the guide for Contact Information.
  o Attend a GIC Health Fair to speak with representatives from the GIC and each health plan. The local health fair is Friday, April 14th, from 11am to 4pm at NECC.
  o Look at the rate sheet to see the premium for each plan.

• How can I find out if my doctor and hospital and/or medication is covered on the plan?
  o Call the health plan or visit the plan’s website and search for your own and your family members’ doctors, hospitals and medications. See page 32 of the guide. Be sure to specify the health plan’s full name, example: such as “Tufts Health Plan Navigator”.
  o Attend one of the GIC Health Fairs to speak with a plan representative.

• I am having a certain treatment or take a certain medication, how can I find out which plan covers this/what each plan covers?
  o Call the health plan – See page 32 of the guide.
  o Attend one of the GIC Health Fairs - The local health fair is Friday, April 14th, 11am to 4pm at NECC – see page 31 of the guide for additional GIC Health Fair Locations.

• I live in NH or ME. Which plans are available for me?
  o Three plans are available for ME residents and five plans are available for NH residents. For more information see page 14 of the guide for the Plan Locator Map.

• I have dependents who live out of state. Are they any plans I can choose?
  o The Unicare State Indemnity Plan/Basic is the ONLY health plan offered by the GIC that is available throughout the United States and outside the country. See page 9 of the guide for more information on full-time students who attend school outside your plan’s service area.

• Can I change my plan?
  o No, once you choose a health plan, you cannot change plans until the next annual open enrollment, unless you move out of your plan’s service area, you retire or are retired and become Medicare eligible (in this case, you must change plans).
• What are the Limited Network Plans?
  o The Limited Network Plans offer an affordable option as they offer the same benefits, but save you money as they have a smaller network of providers.
  o See page 2, 22 and 23 of the guide for more information on the five GIC Limited Network Plans.
  o Visit the GIC website at mass.gov/gic/lessexpensive for a side-by-side comparison of the five limited network plans. The five limited network plan are Fallon Health Direct Care, Harvard Pilgrim Primary Choice Plan, Health New England, Tufts Health Plan Spirit, Unicare State Indemnity Plan/Community Choice.

• What is an Indemnity plan? (Unicare)
  o No referrals needed.
  o An indemnity plan is a health plan that lets you use any medical provider (such as a doctor or hospital) without referrals for office visits to specialists, no matter where you get the services. We offer two indemnity plan options: Basic and for retirees, the Medicare Extension (OME). Under these plans, most services are paid at 100% of the allowed amount after any copay and deductible that may apply.

• What is a PPO-type plan? (Unicare)
  o No referrals needed.
  o Preferred Provider Organizations (PPOs) are plans that have a network of doctors and hospitals that are “preferred” by the health plan. When you see a preferred provider, UniCare pays 100% of the allowed amount (after copay and deductible, if any). When you see a non-preferred provider, UniCare pays 80% of the allowed amount (after copay and deductible, if any), and you are responsible for the other 20%. Outside Massachusetts, non-preferred providers may bill you for charges over what UniCare pays.

• What is a POS (Point of Service) plan?
  o POS plans combine elements of both HMO and PPO plans. Like an HMO plan, you are required to designate a primary care provider (PCP) and receive referrals to specialists. Like a PPO plan, you may receive care from out-of-network providers, but with higher out-of-pocket costs.
  o The Harvard Pilgrim Independence Plan and the Tufts Health Plan Navigator are POS plans.

• What is a HMO-type plan? (Tufts Spirit)
  o No out-of-network benefits – you MUST select participating providers from the Tufts Health Plan Spirit network to receive covered health care services.
  o Not required, but encouraged to designate a primary care provider (PCP) and referrals are not needed, but again coverage is limited to the Tufts Health Plan Spirit only.

See page 33 of the guide for a Glossary of additional terms!
• I have questions on prescription drug benefits – such as is medication covered, which co-pay tier, 90 day supply?
  o Contact the plans you are considering to find out if your medication is covered and which tier the prescription drug you and your family use most often are in. Also, contact the plan on how to enroll in mail order up to a 90-day supply information. Some plans offer this benefit at certain retail pharmacies. See page 12 – 13 of the guide for more information.

• What do the Tier Co-Payments for Specialist, Hospitals and Prescription Drug mean?
  o Co-Payments for Specialists are based on which Tier provider they are. You can check the Tier of your provider on each plan’s website. Some plans also have Tiered Hospital Admission co-payments. – See page 5, 24 and 25 of the guide for more information.
  o Co-Payments for Prescription Drugs are based on which Tier the medication is on. See page 12 of the guide for more information and visit each plan’s website to find which Tier your medication is on.

• What is the prescription drug deductible?
  o There will be a new separate drug deductible of $100 individual/$200 family for all employee/non-Medicare health plans except Fallon Health Direct and Select. If the cost of a drug is less than $100, you will pay the cost of the drug, which will go towards satisfying your deductible, copays apply. When the family deductible is reached, copay benefits apply to all family members, even those who have not met their individual deductible. – For more information see page 11 of the guide.

• What if I am Medicare eligible and my spouse is not? – FOR RETIREES ONLY
  o You must choose the same health plan name (ie: Fallon Health Select and Fallon Senior). – For more information see page 20 of the guide.

• What if I am divorced?
  o If the divorce is prior to 1985, they are NOT eligible for coverage through the GIC. Otherwise, provide copy of divorce decree with dates and signature page.

• Will I receive a new ID card?
  o Yes, you will receive new ID cards prior to July 1st. Please be on the lookout for the new cards and make sure you update your insurance information with your doctor and pharmacy

Find More Information at:

mass.gov/gic

cityofhaverhill.org > human resources > GIC - City of Haverhill website
haverhill-ps.org > human resources > GIC - Haverhill Public Schools website