

## Types of Medical Plans Offered under GIC

One significant choice that member will have is the type of plan they want to enroll in. Here's a brief summary of plan types:

Plan Type	Description	Primary Care Physician	In Network	Out of Network
<b>Health Maintenance Organization (“HMO”)</b>	Member receives medical care through the <b>plan’s network</b> of doctors, hospitals and other providers.	Member has to choose a “primary care physician (PCP),” who serves as a “gatekeeper” for medical services. Any treatment(s) by specialists are only allowed upon the recommendation of the PCP	Member pays a “copayment” for services	No coverage, except emergency care
<b>Preferred Provider Organization (“PPO”)</b>	The plan offers members a <b>choice</b> of using network providers or out-of-network providers	No requirement that a PCP be chosen.	Member pays a “copayment” for services	Member pays (1) a deductible amount and (2) a coinsurance
<b>Exclusive Provider Organization (“EPO”)</b>	The plan offers members a <b>choice</b> of using network providers or out-of-network providers	No requirement that a PCP be chosen.	Member pays a “copayment” for services	No coverage, except emergency care
<b>Indemnity Plan (“IND”)</b>	The plan allows members to choose any physician, specialist, or hospital.	No requirement that a PCP be chosen.	Member pays (1) a deductible amount and (2) a coinsurance. Cost of “in network” providers is lower (to member and plan) than “out of network” providers)	Member pays (1) a deductible amount and (2) a coinsurance. Cost of “out of network” providers is higher (to member and plan) than “in network” providers)

## Specific Medical Options under GIC

The copayments and premiums shown in this table come from the information available on the Internet [www.mass.gov/gic](http://www.mass.gov/gic). This table is not as thorough as the information available on the Internet (for example, restrictions on the number of admissions for “Inpatient”; the plan’s definition of “Tier 1”, “Tier 2”, and “Tier 3”; and other copayment amounts and restrictions are detailed on the Group Insurance Commission web site).

Plan	Type	Copayment <sup>1</sup>					Monthly Premium	
		PCP per Visit	PCP per Visit (Child)	Specialist	Outpatient Mental/ Substance	Inpatient Medical per admission	Individual	Family
Fallon Community Health Plan Direct Care	HMO	\$15	\$5	\$25	\$15	\$200	\$105.43	\$250.62
Fallon Community Health Plan Select Care	HMO	\$20	\$10	\$25/ \$35/ \$45	\$20	\$250	\$126.12	\$300.29
Harvard Pilgrim Independence Plan	PPO	\$20	\$20	\$25/ \$35/ \$45	\$20	\$250/ \$500/ \$750	\$152.46	\$369.93
Harvard Pilgrim Primary Choice Plan	HMO	\$20	\$20	\$25/ \$35/ \$45	\$20	\$250/ \$500	\$121.35	\$293.95
Health New England	HMO	\$20	\$0 <sup>2</sup> / \$20	\$25/ \$35/ \$45	\$20	\$250	\$105.21	\$258.28
NHP Care - Neighborhood Health Plan	HMO	\$15/ \$25/ \$30	\$15/ \$25/ \$30	\$25/ \$35/ \$45	\$25	\$250	\$105.09	\$275.66

<sup>1</sup> Where more than one dollar amount is shown, it is for “Tier 1”, “Tier 2”, and “Tier 3” providers

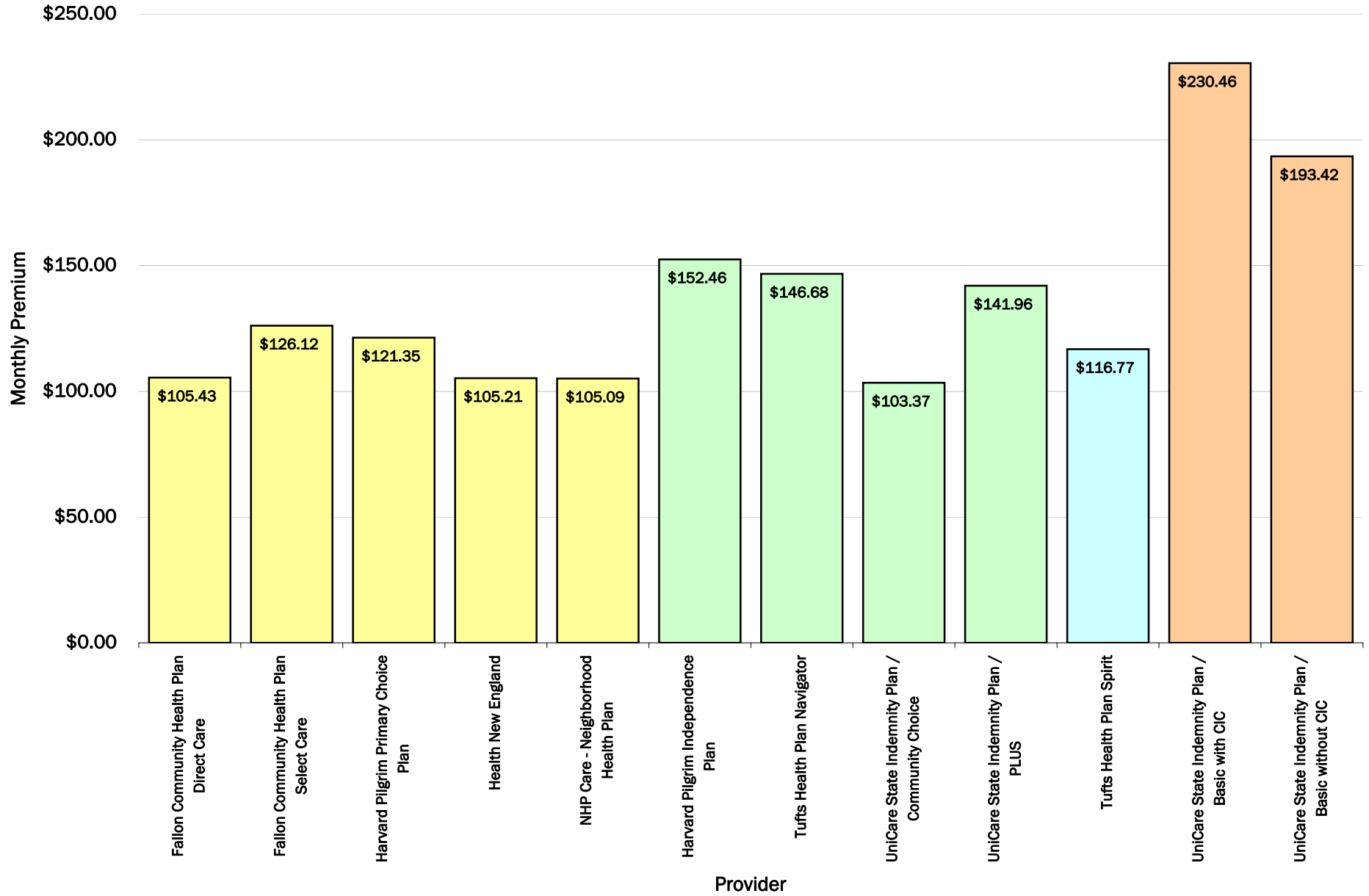
<sup>2</sup> Wellness

Plan	Type	Copayment <sup>1</sup>					Monthly Premium	
		PCP per Visit	PCP per Visit (Child)	Specialist	Outpatient Mental/ Substance	Inpatient Medical per admission	Individual	Family
Tufts Health Plan Navigator	PPO	\$20	\$20	\$25/ \$35/ \$45	\$20	\$300/ \$700	\$146.68	\$353.71
Tufts Health Plan Spirit	EPO	\$20	\$20	\$25/ \$35/ \$45	\$20	\$300/ \$700	\$116.77	\$281.08
UniCare State Indemnity Plan / Basic with CIC	IND	\$15/ \$30/ \$35	\$15/ \$30/ \$35	\$20/ \$30/ \$40	\$20	\$200	\$230.46	\$525.35
UniCare State Indemnity Plan / Basic without CIC <sup>3</sup>	IND	\$15/ \$30/ \$35	\$15/ \$30/ \$35	\$20/ \$30/ \$40	\$20	\$200	\$193.42	\$449.42
UniCare State Indemnity Plan / Community Choice	PPO	\$15/ \$30/ \$35	\$15/ \$30/ \$35	\$25/ \$30/ \$45	\$20	\$250	\$103.37	\$245.68
UniCare State Indemnity Plan / PLUS	PPO	\$15/ \$30/ \$35	\$15/ \$30/ \$35	\$25/ \$30/ \$45	\$20	\$250/ \$500/ \$750	\$141.96	\$336.41

<sup>3</sup> Without CIC, deductibles are higher and coverage is only 80% for some services. Contact the plan for details.

# Mass State Group Insurance Option

Premium for "Single"



# Mass State Group Insurance Option

## Premium for "Family"

