

State Insurance: Group Insurance Commission (GIC)

Below are some basic facts about GIC coverage. Beneficiaries should be referred to their GIC plan or the main GIC telephone number for additional information or coverage questions.

GIC Telephone Number: 617-727-2310 **GIC Website:** www.mass.gov/gic

Eligibility

- GIC offers Medicare supplements to retired State employees and their spouses who are eligible for premium-free Medicare Part A.
 - If eligible for premium-free Part A, retirees/spouses are required to have Medicare Parts A AND B in order to have a GIC Medicare Supplement.
- Retired State employees NOT eligible for Medicare (those under age 65 OR those of any age with an insufficient work history):
 - If a retiree (or the retiree's 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 they become eligible for Medicare.

Prescription Coverage

- For most GIC Medicare enrollees, the drug coverage through their GIC plan is a better value than the Medicare drug plans being offered. MEMBERS SHOULD NOT ENROLL IN THEIR OWN PART D PLAN OR THEY WILL LOSE THEIR MEDICAL AND PRESCRIPTION BENEFITS THROUGH GIC.
 - If members are enrolled in the UniCare State Indemnity Plan/Medicare Extension (OME), they will be automatically enrolled in a prescription drug plan called SilverScript Employer Prescription Drug Plan (PDP) sponsored by the GIC. This is an Employer Group Waiver Plan (EGWP) which combines the benefits of an employer-provided Medicare Part D plan with additional coverage provided by GIC (often called a "wrap"). This additional coverage from the GIC provides more drug coverage than a standard Medicare Part D plan (This would include coverage during the coverage gap).
 - Members of GIC HMO's or PPO's like Medicare HMO's or PPO's are not eligible to switch to Part D Plans and will lose their GIC Coverage if they join one.
 - Prescription Advantage may also be able to provide assistance with some coverage.
- A PA SEP SHOULD NOT BE USED FOR A GROUP PLAN AS IT WILL JEOPARDIZE GROUP COVERAGE.

Federal Retiree Insurance: Federal Employee Health Benefits (FEHB) Plan

FEHB Website: www.opm.gov/insure/health/medicare/index.asp

Eligibility

- Federal retirees are NOT required to enroll in Medicare in order to be covered by a Federal Employee Health Benefits (FEHB) plan.
- Some FEHB plans may provide coverage for certain items that Medicare doesn't cover, and Medicare may cover some services and supplies that some FEHB plans may not cover.

FEHB and Medicare

- Part A
 - If entitled to premium-free Part A, the beneficiary should take it.
 - This may help cover some of the hospital related costs that the FEHB plan may not cover, such as deductibles, coinsurance, and charges that exceed the plan's allowable charges.
- Part B
 - Late enrollment penalty applies
 - Enrollment in an FEHB plan does NOT protect a beneficiary from the late enrollment penalty.
 - Part B may cover some services and supplies that some FEHB plans may not cover.
 - With FEHB fee-for-service plan and Medicare Parts A & B, a beneficiary will have very comprehensive coverage with little or no out-of-pocket expenses.
- Part D
 - All FEHB plans offer comprehensive ("creditable") drug coverage so a beneficiary does NOT need to enroll in a Part D plan.
 - If they have limited income and resources they may benefit from enrolling in Part D if they qualify for **the federal "extra help" program that helps cover prescription drug costs**. Enrolling in a Part D plan will not disenroll them from the FEHB plan.
 - Prescription Advantage may also be able to provide assistance with some coverage.
 - **A PA SEP SHOULD NOT BE USED FOR A GROUP PLAN AS IT WILL JEOPARDIZE GROUP COVERAGE.**