

Benefits At-a-Glance

2014-2015
OPTIONS | CHOICES | ENROLLMENT

Benefits effective July 1, 2014

Great Care. Great Coverage.

Helping You Decide.

A Guide to Choosing Your Insurance Plans

At UMass Medical School we are passionate about quality health care. We believe it takes the best people to provide the best care – and that our employees deserve nothing less.

When each of us becomes healthier, we grow stronger as an institution. That means our health care benefits need to provide a balance between care when you're sick and access to resources and providers that help you stay well. We also understand that our employees have a variety of health care needs; and there's no single solution to meet the needs of all our employees.

For this reason, UMass Medical School offers its eligible employees a broad range of quality health insurance plan options that focus on wellness, prevention and access to top rated health care facilities and physicians. In addition to dental and vision plans, choosing your health insurance plan during Open Enrollment is an important decision that impacts you and your family for the whole year. Use the information in this Benefits At-a-Glance to get an overview of your insurance plan options – so you can choose what's best for you.

OPEN ENROLLMENT

April 9th through May 7th

for benefit changes effective July 1, 2014.

New Employees – Must enroll within 10 calendar days of hire. Benefits begin on the first of the month following 60 days or two full calendar months, whichever comes first.

Family Status Changes – Please contact Human Resources within 30 days of a family status change.

Choosing the Best Health Insurance Plan for You and Your Family

As you review the health insurance plan options available to you and your family, there are a number of things to consider. Follow these steps to help determine the right plan for you:

STEP 1: Your location

Where you live determines the health insurance plan options available to you. Review the map in this Benefits At-a-Glance to determine which plans are available in your service area.

STEP 2: Whether your physicians and facilities are in the network

If you have a physician or facility that you'd like to continue to use, be sure to find out if they are included in the plan network and their quality/cost tier assignment. Keep in mind that if your physician or facility leaves your health insurance plan's network during the year, you must stay in the plan for the year. You can change to another plan during the next Open Enrollment. In the meantime, the health insurance plan will help you find another provider.

STEP 3: Costs

How much are you willing to pay for health care? In addition to your payroll contributions (premium payments), you'll want to consider your other out-of-pocket costs, such as copays, coinsurance and the plan's calendar year deductible.

STEP 4: Which type of plan is best for your unique circumstances

UMass Medical School, through the GIC, offers a variety of plan options to meet a variety of needs. The best health plan for you will depend on your individual needs and preferences. So, it's important to understand how each plan works and what is most important to you.

To help narrow the search to find the health plan that is right for you, we've included a worksheet within this Benefits At-a-Glance. Follow the above steps using the worksheet to help you in the selection process.

ELIGIBILITY

Employees budgeted for 20 hours or more per week, their spouse and dependents up to age 26.

For complete plan details, view the 2014-2015 GIC Benefit Decision Guide on the UMMS Benefits website at www.umassmed.edu/hr/benefits or go to GIC's website at www.mass.gov/gic/bdgs.

This map indicates which health insurance plans are available in each area.

MAP KEY

CC UniCare State Indemnity Plan/Community Choice

FDC Fallon Health Direct Care

HNE Health New England

THPS Tufts Health Plan Spirit

NHP NHP Care (Neighborhood Health Plan)

HPC Harvard Pilgrim Primary Choice Plan

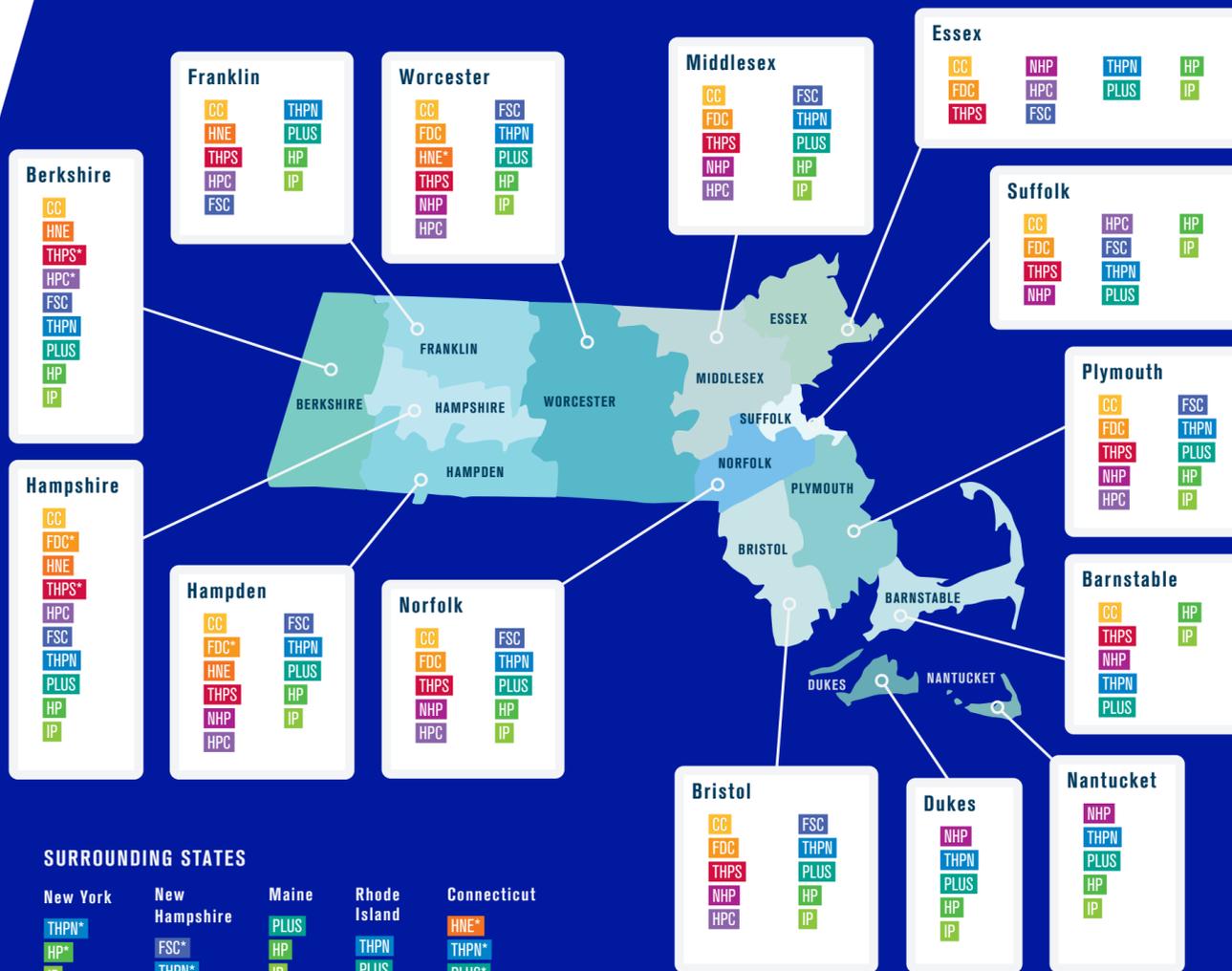
FSC Fallon Health Select Care

THPN Tufts Health Plan Navigator

PLUS UniCare State Indemnity Plan/PLUS

HP Harvard Pilgrim Independence Plan

IP UniCare State Indemnity Plan/Basic



* This health insurance plan has a narrow network in this county or state; contact the health insurance plan to find out if you live in the service area. Give the health insurance plan your zip code to verify coverage.

Dental and Vision Insurance

If elected, coverage begins on the first of the month following 60 days of employment. You must enroll within 30 days of initial eligibility.

You may enroll and make plan changes during the Open Enrollment period that occurs each April/May with coverage effective July 1. Once enrolled, you may change your election if you have a change in family status.

Dental Insurance – Cigna Dental

Good oral health is important, not only to your teeth and gums, but to your overall health. That is why it's so important to see your dentist on a regular basis. You may elect dental coverage in one of our two dental plans. UMMS pays the entire cost of the Basic Plan for Individual and Family coverage. If you enroll in the Plus Plan, both you and UMMS share in the cost.

Benefit	Basic Plan	Plus Plan
Annual Deductible*		
Individual	\$50	\$25
Family Maximum	\$150	\$75
Annual Plan Maximum**	\$750 per person	\$1,500 per person
Preventive Care Services	100%	100%
Basic Restorative Services	50%	80%
Major Restorative Services	40%	60%
Orthodontia Maximum	No coverage	\$1,500 per person, up to age 19

* Waived for Preventive Care.

** If you change plans effective 7/1/14, keep in mind that the Annual Plan Maximum is by calendar year. For example, if a covered person has reached the Annual Plan Maximum under the Plus Plan and switches to the Basic Plan, no additional reimbursement under the Basic Plan will be allowed, until the beginning of the next calendar year.

Employee Cost

Individual	No cost	\$5.32 bi-weekly
Family	No cost	\$21.28 bi-weekly

For complete plan details, view the Cigna Plan Summaries available on the UMMS Benefits website at www.umassmed.edu/hr/benefits.

Vision Insurance – Vision Service Plan (VSP)

UMMS offers an optional vision plan through VSP, providing affordable eye care for you and your family. The plan provides:

- \$10 copay for routine eye exam in-network
- \$25 copay for eye glasses in-network
- Up to \$60 copay for contact lens exam (fitting and evaluation) in-network

Employee Cost

Individual	\$3.00 bi-weekly
Family	\$8.28 bi-weekly

For complete plan details, view the VSP Plan Summary available on the UMMS Benefits website at www.umassmed.edu/hr/benefits. To check providers in the network, go to www.vsp.com.

The **Summary of Benefits** to the right gives you a snap-shot of primary features of each health insurance plan. Before making your final decision you should review the plan documents or contact the health insurance plan you are considering to learn more about:

- Information on other health insurance plan benefits that are not described in this Benefits At-a-Glance;
- Whether your physicians and facilities are in the network, if not listed here. (**Note:** Be sure to specify the health plan's full name, such as "Tufts Health Plan Spirit" or "Tufts Health Plan Navigator"); and
- Which copay tiers your physicians and facilities are in. You will pay lower copays for providers with the highest quality and/or cost-efficiency scores (based on specific criteria and national and industry standards):
 - **Tier 1** (*excellent*) → **Tier 2** (*good*) → **Tier 3** (*standard*)

Physicians for whom there is not enough data and non-tiered specialists are assigned a plan's Tier 2 level.

Keep in mind that if you change plans (i.e., change to a new plan carrier) you will incur a new deductible.

"Same Benefits for All Plans" is just that – these plan features are the same in all plans so there is no need to factor them in when determining the right plan for you.

SAME BENEFITS FOR ALL HEALTH PLANS

Calendar Year Deductible	
Individual	\$250
Two person family	\$500
Three or more person family	\$750
In-Network Out-of-Pocket Maximum ¹	\$5,000 per person \$10,000 per family
Preventive Services	Most covered at 100%; no copay
Emergency Room Care	\$100 per visit (waived if admitted)
High-Tech Imaging (e.g., MRI, CT and PET scans)	\$100 per scan (maximum one copay per day; contact plan for details)
Prescription Drug Retail: up to a 30-day supply	
Tier 1	\$10
Tier 2	\$25
Tier 3	\$50
Mail-Order Maintenance drugs: up to a 90-day supply	
Tier 1	\$20
Tier 2	\$50
Tier 3	\$110
Gym Membership Reimbursement	Benefits vary by plan. Minimum of \$100 per family.
Tobacco and Smoking Cessation Counseling	Benefit includes up to 300 minutes of counseling with no copay.

¹ See chart regarding prescription drug costs.

HEALTH INSURANCE PLANS <i>Listed from lower cost to higher cost</i>		UniCare State Indemnity Plan/Community Choice	Fallon Health Direct Care	Health New England	Tufts Health Plan Spirit	NHP Care (Neighborhood Health Plan)	Harvard Pilgrim Primary Choice Plan	Fallon Health Select Care	Tufts Health Plan Navigator	UniCare State Indemnity Plan/PLUS	Harvard Pilgrim Independence Plan	UniCare State Indemnity Plan/Basic With CIC ⁴
PLAN TYPE		PPO-TYPE	HMO	HMO	EPO (HMO-TYPE)	HMO	HMO	HMO	PPO	PPO-TYPE	PPO	INDEMNITY
UMass Memorial Hospitals/ Affiliated Facilities – In-Network	Clinton Hospital	Non-Preferred*		X		X	X	X	X	X	X	X
	Health Alliance Hospital – Fitchburg	X	X	X		X	X	X	X	X	X	X
	Health Alliance Hospital – Leominster	X	X	X		X	X	X	X	X	X	X
	Marlborough Hospital	X	X	X		X	X	X	X	X	X	X
	UMass Memorial – Memorial Campus	Non-Preferred*		X		X	X	X	X	Non-Preferred*	X	X
	UMass Memorial – University Campus	Non-Preferred*		X		X	X	X	X	Non-Preferred*	X	X
	UMass Memorial – Hahnemann Campus	Non-Preferred*		X		X	X	X	X	Non-Preferred*	X	X
	Wing Memorial Hospital	X		X		X	X	X	X	X	X	X
	Wing Memorial Medical Centers	X		X		X	X	X	X	X	X	X
	UMass Memorial Medical Group Primary Care Physicians	X	Limited Participation – Check with Plan	X		X	X	X	X	X	X	X
UMass Memorial Medical Group Specialty Care Physicians	X	Exception Basis with Prior Authorization	X		X	X	X	X	X	X	X	X

Monthly Rates	* Substantial Patient Liability												
			without CIC		with CIC								
	For Employees Hired Before July 1, 2003	Individual	\$92.23	\$97.52	\$97.25	\$100.94	\$93.97	\$110.60	\$123.85	\$124.74	\$132.12	\$137.94	\$179.31
	Family	\$219.58	\$232.28	\$239.25	\$241.50	\$246.95	\$268.06	\$295.47	\$299.59	\$313.55	\$334.77	\$416.97	\$514.95
For Employees Hired on or After July 1, 2003	Individual	\$115.30	\$121.90	\$121.57	\$126.18	\$117.47	\$138.26	\$154.82	\$155.93	\$165.15	\$172.43	\$224.15	\$266.39
	Family	\$274.49	\$290.35	\$299.07	\$301.88	\$308.69	\$335.09	\$369.34	\$374.49	\$391.94	\$418.46	\$521.22	\$619.20

Telephone Number	1.800.442.9300	1.866.344.4442	1.800.842.4464	1.800.870.9488	1.866.567.9175	1.800.542.1499	1.866.344.4442	1.800.870.9488	1.800.442.9300	1.800.542.1499	1.800.442.9300	
Website	unicarestateplan.com	fchp.org/gic	hne.com/gic	tuftshealthplan.com/gic	nhp.org/gic	harvardpilgrim.org/gic	fchp.org/gic	tuftshealthplan.com/gic	unicarestateplan.com	harvardpilgrim.org/gic	unicarestateplan.com	
PCP Required?	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	
Referrals to Network Specialists Required?	No	Yes	No	No	Yes	Yes	Yes	No	No	No	No	
Prescription Drug Costs Applied to In-Network Out-of-Pocket Maximum?	No	Yes	Yes	No	Yes	No	Yes	No	No	No	No	
Out-of-Network Benefits?	Yes 80% coverage of allowed amounts ²	No except for emergency care	No except for emergency care	No except for emergency care	No except for emergency care	No except for emergency care	No except for emergency care	Yes 80% coverage of allowed amounts	Yes 80% coverage of allowed amounts	Yes 80% coverage of allowed amounts	Not applicable; the Indemnity Plan is available throughout the U.S. and outside of the country	
Primary Care Provider Office Visit	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit ³	\$20 per visit	\$20 per visit	
Specialist Physician Office Visit	<ul style="list-style-type: none"> Tier 1 (<i>excellent</i>) Tier 2 (<i>good</i>) Tier 3 (<i>standard</i>) 	\$25 per visit No tiering	\$25 per visit No tiering	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	\$20 per visit \$35 per visit \$45 per visit	\$25 per visit \$35 per visit \$45 per visit	
Retail Clinic	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
Outpatient Mental Health and Substance Abuse Care	\$20 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	
Inpatient Hospital Care – Medical	<ul style="list-style-type: none"> Tier 1 (<i>excellent</i>) Tier 2 (<i>good</i>) Tier 3 (<i>standard</i>) 	\$250 per admission No tiering	\$200 per admission No tiering	\$250 per admission No tiering	\$300 per admission \$700 per admission No Tier 3	\$250 per admission No tiering	\$250 per admission \$500 per admission No Tier 3	\$250 per admission \$500 per admission \$750 per admission	\$300 per admission \$700 per admission No Tier 3	\$250 per admission \$500 per admission \$750 per admission	\$250 per admission \$500 per admission \$750 per admission	\$200 per admission No tiering
Outpatient Surgery	\$110 per occurrence	\$110 per occurrence	\$110 per occurrence	\$150 per occurrence	\$110 per occurrence	\$150 per occurrence	\$125 per occurrence	\$150 per occurrence	Tier 1 and Tier 2: \$110 per occurrence; Tier 3: \$250 per occurrence	\$150 per occurrence	\$110 per occurrence	

² For inpatient hospital care and outpatient surgery, after you pay a copay.

³ \$15 per visit for Centered Care PCP.

⁴ Comprehensive. Without CIC, deductibles are higher and coverage is only 80% for some services. Out-of-network benefits – This plan determines allowed amounts for out-of-state providers; you may be responsible for a portion of the total charge. Use UniCare's national network of providers to avoid these charges.

WORKSHEET

This worksheet may help you determine the right health insurance plan. If the plan meets your criteria, make a checkmark in the box. Review the health insurance plan with the most checkmarks to see if this plan is right for you (and your family).

HEALTH INSURANCE PLANS

	Location/Service Area	Physicians/Facilities In-Network	Cost/Monthly Premium	Plan Options/Preferences
UniCare State Indemnity Plan/Community Choice				
Fallon Health Direct Care				
Health New England				
Tufts Health Plan Spirit				
NHP Care (Neighborhood Health Plan)				
Harvard Pilgrim Primary Choice Plan				
Fallon Health Select Care				
Tufts Health Plan Navigator				
UniCare State Indemnity Plan/PLUS				
Harvard Pilgrim Independence Plan				
UniCare State Indemnity Plan/Basic without CIC				
UniCare State Indemnity Plan/Basic with CIC				

This Benefits At-a-Glance briefly describes the benefit plans available to you as an employee of UMass Medical School and is meant to cover only the major points of each plan. It does not contain all of the details that are included in the Summary Plan Description. If there is ever a question about one of these plans, or if there is a conflict between the information in this Benefits At-a-Glance and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in this Benefits At-a-Glance may be changed at any time and do not represent a contractual obligation on the part of UMass Medical School.