



January 11, 2010

Name  
Address 1  
Address 2  
City, State, ZIP

**Important Changes to the Group Insurance Commission Plan plan effective February 1, 2010**

Dear HNE Provider:

Effective February 1, 2010, there will be important changes to the GIC's health insurance coverage through HNE. These changes include:

- A Calendar Year deductible applied to some services.
- An out-of-pocket maximum for Copays greater than \$100.
- Copay increases for some services.

Attached is a breakdown of the changes the members will incur effective February 1, 2010.

If you have any questions about your plan, please feel free to call Provider Services at 413-233-3313 or 800-842-4464, extension 5000. Our staff is available Monday-Friday, 8 a.m.-4 p.m.

We would be happy to help you.

Sincerely,

A handwritten signature in cursive script that reads "Joanne Walton-Bicknell".

Joanne Walton-Bicknell  
Provider Relations Manager

# Important changes to the HNE GIC Healthplan: effective February 1, 2010.

## GROUP INSURANCE COMMISSION PLAN CHANGES

Effective February 1, 2010 the GIC Benefit is changing as follows:

### Deductible

For all services except those listed below, Members are responsible for meeting a Calendar Year deductible before the plan pays benefits. This deductible is: **\$250 per Member / \$750 per family**

**These services are excluded from the deductible:**

- Prescription Drugs
- PCP office visits\*
- Adult routine physical exam\*
- Pediatric preventive care visits\*
- Routine prenatal and postpartum visits\*
- Medically necessary child and adult immunizations
- Eye exams\*
- Annual gynecological exam\*
- Screening mammograms
- Specialist office visits and second opinions\*
- Individual diabetic education
- Group diabetic education
- Early Intervention services
- Physical therapy, occupational therapy and speech therapy\*
- Day Rehabilitation\*
- Cardiac rehabilitation\*
- Outpatient mental health and substance abuse services
- Scalp Hair Protheses (wigs) for hair loss due to treatment of cancer or leukemia
- Hearing aids
- Nutritional counseling
- Screening Colonoscopies

\* **Important note:** Ancillary services such as tests and procedures performed during a visit are subject to the deductible.

### Out-of-Pocket Maximum

The out-of-pocket maximum includes the deductible and all medical services with a Copay greater than \$100 (including the Copay for durable medical equipment and prosthetics). Once the member has met the out-of-pocket maximum, the member will not have to pay Copays for those services for the rest of the Calendar Year. The out-of-pocket maximum is **\$5,000 per individual / \$10,000 per family**.

## Copay Increases

Copays are increased as shown below:

Benefit	Copay before February 1, 2010	Copay effective February 1, 2010
<ul style="list-style-type: none"> <li>• PCP office visits</li> <li>• Diagnostic testing in a PCP office</li> <li>• Eye Exams</li> <li>• Hearing tests by your PCP</li> <li>• Annual gynecological exam</li> <li>• Adult routine physical exams and immunizations by your PCP</li> <li>• Individual diabetic education</li> <li>• Group diabetic education</li> <li>• Early intervention services</li> <li>• Speech, hearing and language disorders</li> <li>• Cardiac rehabilitation</li> <li>• Nutritional Counseling</li> </ul>	\$15/visit	\$20/visit
<ul style="list-style-type: none"> <li>• Specialist office visits</li> <li>• Second opinions</li> <li>• Surgical procedures in a specialist office</li> <li>• Diagnostic testing in a specialist office</li> </ul>		
Specialists in Cardiology, Orthopedics, Dermatology, Otolaryngology, Gastroenterology, Endocrinology, Rheumatology, Obstetrics/Gynecology and Pulmonology	Tier 1: \$20/visit Tier 2: \$30/visit Tier 3: \$40/visit	Tier 1: \$25/visit Tier 2: \$35/visit Tier 3: \$45/visit
Other specialists	\$30/visit	\$35/visit
<b>Emergency room</b>	\$75/visit	\$100/visit
<b>Retail clinic</b>	\$15/visit	\$20/visit
<b>Outpatient surgical services and diagnostic testing in an outpatient hospital or ambulatory surgical setting</b>	\$100/visit	\$110/visit
<b>Advanced Diagnostic Imaging</b> (CT Scans, MRIs, MRAs, PET Scans)	\$75/day	\$100/day
<b>Outpatient short-term rehabilitation services</b> (physical therapy and occupational therapy)	\$20/visit/treatment type	\$25/visit/treatment type
<b>Outpatient mental health and substance abuse visit</b>	\$15/visit	\$20/visit