When Does Optional Life Insurance Make Sense and When Should You Discontinue Coverage?

Commonwealth employees can purchase optional life insurance, provided by UNUM. Buying optional life insurance provides economic support for your family in the event of your death or a catastrophic event.

As a new employee, you are eligible to apply for optional life insurance. If you did not choose optional life insurance when you first became an employee, you can apply as long as a full year has passed since you were first eligible. You will, however, need to complete medical forms and possibly pass a physical exam for UNUM’s review and approval.

Your GIC optional life insurance policy is an employee pay-all policy. It is strictly term insurance, designed to provide for a benefit payable to your beneficiaries upon your death. Unlike whole life insurance, term life insurance provides neither a savings element nor cash surrender value. The cost of this insurance increases with age and with retirement. In addition, if you elect automatic increase, your life insurance premium automatically increases when your

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GIC Assuming Dependent Care Assistance Program

The Group Insurance Commission is assuming responsibility for the pre-tax employee Dependent Care Assistance Program (DCAP) as of January 1, 2002. We are currently in the process of selecting a program administrator. Employees interested in enrolling in this program for the 2002 tax year should see their GIC Coordinator in November or early December. Click on our web site for program news and updates www.state.ma.us/gic.
When Does Optional Life Insurance Make Sense and When Should You Discontinue Coverage?

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salary increases. Upon retirement, you can elect to keep the coverage but not increase it. However, you should periodically review the amount of your coverage and its cost to see if it makes economic sense to maintain it.

As with most financial products, as life circumstances change, you should review the amount of life insurance coverage, its cost, and your family needs:

• Do you still have a substantial mortgage?
• Do you have current or future college expenses?
• Do you have minor dependents?
• What will funeral expenses, probate costs and estate taxes be?
• How much will your dependents expect to receive in Social Security survivor’s benefits? How much will your dependents earn from investments and salaries?
• How will inflation erode the policy amount?

There are a number of tools available to give you a rough estimate of your life insurance needs. Helpful calculators are at www.life-line.org/life and www.calcbuilder.com/cgi-bin/calcs/INS1.cgi/Kiplinger.

A tax or financial advisor can provide an accurate assessment of your needs. Your GIC LifeBalance® web site has useful information on choosing a financial advisor: www.lifebalance.net. (Enter lifebalance as your ID and password). Many people also use their family lawyer for this kind of financial advice.

See your GIC Coordinator to add, increase, decrease, or drop optional life insurance coverage. If you are retired, please write to the GIC.

When Weighing Life Insurance Needs, Also Check Out Your Deferred Compensation Option

Do the new tax laws have you spinning? You are not alone. The good news is that the changes mean attractive enhancements as of January 1, 2002. The optional Deferred Compensation Plan, administered by the State Treasurer’s Office, will have even greater flexibility and increased benefits for state employees, employees of participating municipalities, and other government entities. You can open a Deferred Compensation payroll deduction plan, also called a 457 Plan, for as little as $5.00 per week! The Plan, insured by ING Aetna Financial Services, offers a variety of investment options to assist with employees’ retirement needs and risk tolerance. Check out enrollment information and financial calculators at www.state.ma.us/treasury/defcomp.htm. ING Aetna Financial Services offers complimentary guidance for this supplementary retirement plan at six investment centers throughout the state. Call 1-800-584-6001 for details.

Limited Time Opportunity to Change Your Optional Life Smoking Status

If you have optional life insurance, have been tobacco free for at least twelve months, and are still listed as a smoker, you can change your life insurance smoking status if you apply by November 15. (Usually smoking status changes can only be made during annual enrollment.) To change your smoking status, you must certify that you have been smoke-free for at least twelve months. The change will go into effect with your December or January payroll deduction, depending on when you apply. Be aware that false certifications may lead to discontinuation of your coverage. Smoking status changes made between October 26 and November 15 will not be reflected on your January Benefit Statement. See your GIC Coordinator to change your optional life insurance smoking status. Retirees, please write to the GIC.

Check Your Mail for Your New GIC-UNUM Life Insurance Booklet

UNUM will mail your new life insurance booklets at the end of October. These contain important information on your life insurance policy. Also included are details on benefit enhancements outlined in your Benefit Decision Guide.
Governor Appoints Theron Bradley to the Commission

The GIC gained an experienced human resource professional when Governor Jane Swift appointed Theron Bradley to the Commission in June. Mr. Bradley is Vice President of Compensation at the Lahey Clinic. He brings a unique blend of experience, working both for a provider and insurance company. Prior to working at Lahey Clinic, he was Director of Compensation and Benefits at Blue Cross Blue Shield of Massachusetts.

“The Commission has big challenges. Health care technology and drugs are getting better and better, but these advances are also more expensive,” said Commissioner Bradley. “The ability to continue to afford high quality health care will be a challenge.” Commissioner Bradley is an advocate of the Internet helping with this challenge. “The Internet offers an opportunity for greater self-service, although it can be difficult to discern accurate medical advice from misinformation,” said Commissioner Bradley. He believes that scheduling appointments and answering questions via the web will become commonplace in the not too distant future. “I look forward to contributing and being a member of the Commission which is pushing frontiers in the health care industry,” said Commissioner Bradley.

Last Year’s Flu Vaccination Won’t Help You This Year
High Risk Enrollees Plan Ahead

If you received an influenza vaccination last year, it will not protect you from getting the flu this year. The antibody created by an influenza vaccination declines over time. Influenza viruses continually change. Every year the vaccine is updated to include the most current influenza strains.

If you are a high risk enrollee, flu vaccinations are vital, not a luxury. According to the Centers for Disease Control, influenza infection can cause serious complications and even death for people in the following high risk categories:

• Aged 65 and over
• People with chronic diseases of the heart, lung (including asthma), kidneys, or cardiovascular system
• People with diabetes, immunosuppression, or severe anemia
• Residents of nursing homes
• Children and teenagers aged 6 months to 18 years who are receiving long-term aspirin therapy
• Women more than three months pregnant during the influenza season

Most people who are at risk for complications from influenza are also at risk for pneumonia, a common complication of influenza. If you are in one of the above categories and have not yet received a pneumococcal vaccine, speak with your doctor about this vaccine also.

In Massachusetts, flu season generally begins in late December and peaks in January and February. Symptoms include sudden onset of fever, muscle aches and extreme tiredness. Vaccination is the best defense against influenza. Avoidance measures include eating right, exercising, washing hands frequently, and steering clear of anyone with the flu. If you get the flu and are high risk, call your doctor. Call your doctor if you experience any of the following:

• Breathing difficulties
• Fever of greater than four days duration
• Vomiting that lasts more than one day
• Ear ache in one or both ears
• Continued duration of flu symptoms beyond 10 days

As this year’s influenza vaccine will arrive in several shipments over the course of the flu season, the Department of Public Health is requesting people younger than 65 years of age with no medical problems to wait until November to get vaccinated. If you are a high risk individual, you should contact your doctor about vaccination beginning at the end of September. Many GIC health plans will be offering flu vaccination clinics throughout the region. Check out your health plan’s web site for additional details (see page five).
Blue Days of Autumn

Beautiful red, orange, and yellow leaves are lighting up the trees. The air is crisp. The days are beginning to get shorter. With shortened periods of sunlight, many people feel sad or sluggish. However, for 10 to 25 million people, these blues become more severe. Seasonal Affective Disorder (SAD) is a mood disorder related to seasonal variations in light; symptoms subside or disappear in the spring and summer. SAD more commonly affects women and people who live in northern climates. Symptoms include depression, reduced energy, anxiety, weight gain, difficulty concentrating, less desire to socialize, irritability, and excessive sleeping.

The reasons for SAD are elusive. A hormone called melatonin, which is produced at increased levels in the dark, is a possible cause of SAD. Other researchers believe that the lack of sunlight disrupts circadian rhythms, which regulate your body's internal clock.

If you have a temporary bout of feeling down in the winter, exercising regularly, getting outdoors, and increasing the amount of sunlight in your home can help. If you have a sustained depressed mood, especially if your sleep and appetite are affected, call your doctor. SAD treatment can include antidepressant medications, counseling, light therapy, and/or lifestyle changes. Enrollees in any of the GIC Indemnity Plans or the Commonwealth PPO can call United Behavioral Health. If you are enrolled in a GIC HMO, call your health plan (see page five).

EAP Program Helps
Administrative Office of The Trial Court

“I have had the pleasure of working with Susan Cooper, EAP Coordinator. She has been a valuable asset to me in the implementation of workshops. Her expertise in communication, and stress management has been an important resource for the support staff of the Massachusetts Trial Court. She presents information in such a fashion that allows each of the attendees to see that there is a solution to their difficulties. As you can see from the evaluation summaries, Ms. Cooper has received many accolades for her work. I would like to extend mine as well.”

Sincerely,
Jennifer A. Terminesi,
Program Manager,
Administrative Office of the Trial Court

Managers and Supervisors: To access Employee Assistance Program (EAP) training and consultation services for your employees, call Susan Cooper at United Behavioral Health, 781-768-2277.

Indemnity Plan Members Have New Web Tools

If you are an enrollee or covered dependent in the GIC Indemnity Plan, PLUS Plan, or Indemnity OME plan, new tools are only a mouse click away. Now members can check their claims status, and view and print an Explanation of Benefits (EOB) - the form you receive by mail listing the dates of service, amount paid by the Plan, and any amounts you are responsible for paying.

If you are interested in learning more about a health condition, or if you need surgery, the new Making Healthy Decisions section provides valuable assistance. This interactive section helps you to select a hospital. Enter your criteria and the site will identify hospitals that meet your needs and preferences. You will also find out how many of the selected procedures the hospitals have performed, and each hospital’s complication rate for that procedure.

Take advantage of the claims status tools and research assistance by logging onto www.plusaccess.com. UniCare are mailed a blue “Plusaccess.com” brochure to all enrollees, which included the code for accessing secured site areas. If you do not have this flier, and are an Indemnity Plan member, call UniCare for the code: 1-800-442-9300.
The Maine State Employee Health Commission and the Massachusetts Department of Medical Assistance have taken up the torch to improve patient safety. They joined The Leapfrog Group, a coalition of health care purchasers devoted to improving patient safety. The GIC already joined the Leapfrog Group last October. Leapfrog is a group of employers who offer generous benefits to their employees and share a common interest in improving health care quality.

The group coalesced in an effort to do something about the startling 1999 Institute of Medicine report which estimated that medical errors kill more Americans than motor vehicle accidents, breast cancer, or AIDS. In response, the Leapfrog Group developed measurable standards to improve hospital safety. Members of Leapfrog pledge to educate enrollees about patient safety and recognize hospitals that meet the standards.

The GIC was the first Massachusetts organization to join Leapfrog. We incorporated the Leapfrog standards into our new health plan contracts. Beginning July 1, all GIC health plans began to gather hospital data on these standards. Once the GIC has received and reviewed these data, we will share them with enrollees to assist you with your hospital care decision making. In the meantime, talk with your doctor about hospital patient safety.

The following Leapfrog standards reduce hospital errors and improve patient safety:

- Inpatient computerized physician order entry of prescriptions
- Intensive care unit (ICU) staffing by physicians certified in critical care
- Hospital volume for five high-risk procedures and two high-risk deliveries

To find out more about how these standards improve patient safety, or for information about the Leapfrog Group, log onto the Leapfrog Group website at www.leapfroggroup.org.
Letters to the Editor

“I am writing regarding the location of the health fairs. I truly wish you would return to the Fernald School in Waltham or some other location more convenient than the present ones. I notice that there are several fairs located in the central and northern suburbs. Why not metro west? Please bring back a health fair in this area.” Thank you,

H. Vogel, Waltham, MA

Editor’s note: The GIC selects health fair locations based on where enrollees work and reside, state facility size, parking, handicap accessibility, public transportation access if possible, and turnout from previous years. Unfortunately, the Fernald School’s schedule and the GIC’s did not coincide this year, but may next year.

“As suggested on the first page of the summer issue of FYB, I logged onto your website. I could not read the pages. The light blue on dark blue background, for me a young 69, was unreadable. I suggest you have a less flashy but more readable color scheme.”

D. Waud, Shrewsbury, MA

Editor’s note: Thank you for the good suggestion. We agree with you and have launched a new comprehensive site this month. We believe it was worth the wait. Check out the new site at www.state.ma.us/gic - it’s the place for GIC benefit news, information for taking charge of your health, benefit questions and answers, and useful links.

“THe Kings would like to express our appreciation to all at UniCare. For the courteous and friendly people who helped the both of us when we were in the hospital. Also a special thanks to case worker Sally Rider. It’s a great health insurance company and good people are on the other end of the phone when we call.”

M. King, Fall River, MA

“I would like to applaud you for the summer FYB article “Just the Facts on Buckling Up.” Public Safety is and must always be a concern for us all. Seat belts do save lives and reduce serious crippling injuries… Sadly, Massachusetts has one of the lowest usage rates nationwide and articles like yours in the Group Insurance Commission newsletter hopefully will remind everyone young and old of the importance of wearing a seat belt. A well informed public can be a cooperative one. Continued success for those you represent.”

George Luciano, Regional Administrator, National Highway Traffic Safety Administration

Katelyn McNeil and Jia Honna Jung Awarded $2500 Scholarships for 2002 School Year

Tufts Health Plan, the administrator of the Commonwealth PPO, awarded two $2500 Scholarships to a child and a survivor of Massachusetts state employees. The winners are covered under a GIC health plan, have a minimum GPA of 3.0, and a demonstrated interest in a career in public service or health care.

Katelyn McNeil, student at Trinity College, daughter of Deborah McNeil who works at the Massachusetts Hospital School in Canton.

Jia Honna Jung, student at University of California Berkeley, daughter of Yoang Hoon Jung who worked at the Department of Revenue for 23 years.

Katelyn is pursuing a Bachelor of Science in Women’s Health, a major she created. Jia is majoring in integrative biology and comparative literature and plans to go to medical school after graduation. Congratulations to Katelyn and Jia!
Pressing Your Doctor for Antibiotics Not Worth the Risk

Cold and flu season will soon be here. And with it, the desire to have the corresponding misery eliminated. If your doctor says that you, or your child, do not need an antibiotic, don’t press him or her for one. Although it is discouraging to leave a doctor’s office without “a cure-all”, know that your doctor is doing you a favor by not prescribing an antibiotic. In fact, prescribing an antibiotic for a virus can put you at risk for illnesses from bacteria that have become resistant to antibiotics because of overuse.

The Centers for Disease Control estimates that one-third of outpatient antibiotic prescriptions are unnecessary. Overexposure to antibiotics kills benign bacteria, creating more opportunity for resistant bacteria to grow. As a result, diseases that once were easily curable are now difficult to treat or can even be fatal.

Some examples: In the 1980s only 5% of streptococcus pneumoniae (which causes cystitis, bronchitis, and ear infections) was resistant to penicillin. Now 25% to 30% of these infections are resistant to antibiotics. Antibiotic-resistant Staphylococcus aureus (Staph infection) is now common in American hospitals. The United States, Canada, and Europe have had outbreaks of drug-resistant salmonella food poisoning.

Lower your risk for antibiotic resistance:
- Don’t press your doctor for antibiotics to treat viral infections; get rest, fluids, and over-the-counter painkillers recommended by your doctor
- When prescribed an antibiotic, take all of the medication – don’t quit when you start feeling better
- Wash your hands with soap and water after using the bathroom, before and after preparing foods, and before eating – and get your kids to do the same thing
- Don’t reuse an unwashed raw meat plate; avoid undercooked meat
- Wash raw fruits and vegetables

For additional information on antibiotic resistance, see corresponding press releases on Aetna U.S. Healthcare’s site, www.aetnaushc.com, or go to the Centers for Disease Control’s site at www.cdc.gov.

Enrollees Age 50 and Over at Greatest Risk For Shingles

Every year 600,000 to one million Americans are diagnosed with shingles, also known as herpes zoster. If you had chicken pox as a child, you are at risk of developing shingles later in life. After chicken pox runs its course, the varicella-zoster virus remains dormant. As you grow older, or if you have lymphoma or AIDS, the virus can become reactivated and shingles results. Approximately one in five adults experiences shingles, usually after age fifty.

The first sign of shingles is usually a tingling feeling, itchiness, or stabbing pain on the skin. A few days later a rash appears on the trunk or face. The rash develops into fluid-filled blisters, which dry out and crust over within several days. Symptoms can range from mild itching to extreme and intense pain. Some seniors also get flu-like symptoms.

Although shingles usually heals entirely within a month, complications can occur. One potential complication is an infection of your cornea, which can cause temporary or permanent blindness. If a rash develops anywhere near your eye, see a doctor immediately. Postherpetic neuralgia, skin sensitive to the slightest touch after blisters have cleared, is a common complication affecting half of older people.

If you feel symptoms of shingles, such as skin pain, burning, tingling or itching in a localized area, contact your doctor immediately. Prompt treatment can shorten your infection and decrease your chances of complications. Antiviral drugs are widely used for to treat herpes zoster. Your doctor may also recommend cool wet compresses and over-the-counter pain relievers.
GIC Reminders

- Before you retire, call or visit the State Retirement Board (617-367-7770) or your local retirement board for retirement counseling.

- Before you retire, evaluate your health and optional life insurance options. See your GIC Coordinator for GIC forms and return completed forms to your GIC Coordinator.

- If you are 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility: www.ssa.gov. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. If eligible and if you are retired, you must enroll in Medicare Parts A and B.

- The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65 and must sign up for Medicare Parts A and B when the employee retires.

- When calling the GIC’s senior or public information units, have your GIC ID Number (usually your Social Security Number), paper and pen or pencil handy.

Calling All Artists

Are you or your covered dependents artistic? Would you like your art to be seen by over 250,000 people? If so, we're interested in your work. Our upcoming annual Benefit Decision Guides will include enrollee artwork. Send a picture that is health care or state government related, or of a personal experience for you and your family. Be creative!

The medium can be charcoal, photograph, markers, crayons, watercolors, or paint with a size no greater than 8 by 11 inches. Be aware that for size and reproduction clarity considerations, your artwork needs to lend itself to a final size of 3 by 3 inches.

Please send your artwork unfolded, name of artist, address, age (if child), and a one to two sentence description of the art's concept by October 31, 2001 to: Cynthia McGrath, Editor, Benefit Decision Guides, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747. The GIC will select and notify winners in November. Once your artwork is submitted and accepted, the GIC owns the artwork and will send you a corresponding notification. Artwork not selected will be returned.