Changing How We Choose and Use Health Care

The Problem

Health care costs continue to skyrocket, and the GIC’s costs are no exception. The GIC’s expenditures are getting close to the billion dollar mark when all our costs are added. As a state agency, we must do our part to help address the state’s fiscal problems, particularly where the Commonwealth has other important obligations – providing health care for the uninsured, aid to cities and towns, and education funding, to name just a few.

The Opportunity

While health care trends continue to soar, the quality of medical care and the incidence of medical errors are also a serious concern. The Institute of Medicine has issued several reports about the state of health care delivery, finding a disturbingly high rate of hospital deaths due to preventable medical errors and health care providers’ widely inconsistent treatment of patients. A RAND study published in 2003 found that fewer than 55% of patients receive care that meets the standards of quality medical care.

The GIC has been on the forefront, statewide and nationally, in efforts to improve patient safety. However, the GIC and other health care parties – purchasers, plans, and providers – cannot make progress in reducing errors and improving health care quality unless patients themselves become informed and involved. To that end, we introduced the Clinical Performance Improvement (CPI) Initiative, offering some new health plans and plan designs that encourage enrollees to select cost-effective and quality providers.

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It’s Annual Enrollment Time

Annual enrollment time is here, giving you the opportunity to review your benefit selections and make changes if you desire. Take this opportunity to think about what you and your family need in the way of health care and

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other benefits. Use this newsletter, your *GIC Benefit Decision Guide*, our website and health fairs to become informed about your options.

**Annual Enrollment is April 11 through May 13 for changes effective July 1, 2005.** During this time all enrollees may change health plans. Once you choose a health plan you cannot change plans until the next annual enrollment, unless you move out of the Plan’s service area.

In addition to changing health plans, enrollees may apply for the Buy-Out option – many enrollees are now eligible! (See your *Benefit Decision Guide for details.*) Enrollees with optional life insurance with "smoker status" who have been tobacco-free for at least twelve months may apply for reduced non-smoker rates.

**Employees may also:**
- Apply for optional life insurance or increase coverage – or anytime during the year
- Apply for Long Term Disability (LTD) – or anytime during the year
- Enroll in GIC Dental/Vision or change plans (Indemnity or PPO) if you are eligible (primarily managers, Legislators, legislative staff and certain Executive Office staff)
- Opt in or out of pre-tax premium basic life and health insurance deductions

**Retirees and Survivors may also:**
- Enroll in the GIC Retiree Dental Plan
- Active employees: return completed forms to your GIC Coordinator
- Non-Medicare retirees and survivors: return completed forms to the GIC and send the HMO or Harvard Pilgrim POS application (if selected) to the Plan
- Medicare retirees and survivors: write to the GIC and return completed Medicare HMO forms to the HMO

**FY06 Benefit Changes Effective July 1, 2005**

See your *Benefit Decision Guide* and our website for enrollment, eligibility and rate details. Contact the individual plans for network and benefit change information (see page 6).

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Plans that have implemented some aspects of our CPI Initiative by offering tiered hospital networks are designated throughout the *Benefit Decision Guide* and other annual enrollment materials with a Select & Save logo. The logo tells you that the particular plan gives you a co-pay incentive for choosing its cost-effective quality hospitals and selective networks. **Non-Medicare Select & Save plans** for FY06 include:
- Commonwealth Indemnity Community Choice Plan
- Commonwealth Indemnity Plan PLUS
- Fallon Community Health Plan Direct Care
- Health New England
- Navigator by Tufts Health Plan

**Most other Non-Medicare GIC plans will become Select & Save plans next year.**

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**GIC Coordinators Kathleen Ciavarro (left) and James Morello attended the GIC’s February 2, 2005 Public Hearing. The GIC described changes about how we choose and use health care as well as prospective benefit changes. State employees and retirees expressed their views and asked questions.**
HEALTH PLAN BENEFIT CHANGES

PLAN CHANGES FOR EMPLOYEES AND NON-MEDICARE RETIREES AND SURVIVORS

Commonwealth Indemnity Community Choice Plan
- All non-hospital lab facilities covered at 100%
- Increased coverage for physical therapy and occupational therapy - 100%, after $10 co-pay
- Community Choice hospital network increased from 41 to 47
- Bone mineral density screening for women over age 40 added (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 added (once every five years)

Commonwealth Indemnity Plan
- Bone mineral density screening for women over age 40 added (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 added (once every five years)

Commonwealth Indemnity Plan PLUS
- Two-tier hospital network established with $200 or $400 co-pay for inpatient admission
- Physician office visit co-pay increased from $10 to $15 per visit
- Increased coverage for physical therapy and occupational therapy - 100%, with $15 co-pay
- Bone mineral density screening for women over age 40 added (once every two years)
- Lipid panel cholesterol screening coverage beginning at age 19 added (once every five years)

Fallon Community Health Plan – Direct Care
- Hospital inpatient deductible reduced from $250 to $200
- Outpatient surgery deductible reduced from $75 to $50

Harvard Pilgrim Health Care POS
- The EAP program currently offered will cease operation on July 1, 2005. All GIC enrollees have access to similar services through the LifeBalance® program provided by the GIC’s life insurance carrier.

Health New England
- Two-tier hospital network established with $200 or $400 co-pay for inpatient admission
- Two-tier diagnostic imaging network established for MRIs, CT scans and PET scans with $0 or $100 co-pay per procedure
- Improved diabetic and weight loss benefits

Navigator by Tufts Health Plan
- Replace two-tier hospital network with three-tier hospital network, based on quality and cost effectiveness. Inpatient admission co-pays change to $150, $300 or $500.

AUDIO TAPE FOR VISUALLY IMPAIRED

If you know of an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a Benefit Decision Guide audio tape 617-727-2310 ext. 1.
The GIC has selected Express Scripts, Inc. to continue as its pharmacy benefit manager. Additionally, we are implementing co-payment changes for some medications. We know that many people who need statins to lower their cholesterol are not taking them, sometimes because of cost. Some people are also taking GI/stomach drugs, such as Nexium and prescription-strength Prilosec, when other lower cost drugs might work just as well. We are therefore introducing an exciting program which lowers co-pays for certain generic drugs effective July 1, 2005. Members prescribed these drugs will have a very affordable $2 retail and $4 mail-order co-pay for the following drugs:

- Cholesterol-lowering medications: generic version of Mevacor
- Stomach acid medications: generic versions of H-2 antagonists such as Tagamet 300, 400 and 800mg, Pepcid 40 mg, Avid 150 and 300mg or Zantac 300 mg

These drugs ordinarily have co-pays of $7 at retail and $14 at mail.

In an effort to discourage members from taking drugs whose efficacy, value and/or safety is questionable, the following medications will move to the non-preferred brand name drug tier of $40 retail and $70 mail-order effective July 1, 2005:

- All Cox-2 inhibitors: e.g., Bextra, Celebrex and Vioxx (if reintroduced to the market)
- Omeprazole (generic Prilosec)
- All Proton Pump Inhibitors (PPIs): e.g., Nexium, Prevacid, Acihep, Protonix and prescription strength Prilosec

To help offset the higher co-pay for Omeprazole (generic Prilosec), the GIC is trying something brand new. Effective July 1, 2005, the GIC will begin a pilot program to enable you to buy over-the-counter versions of Prilosec at a co-pay cost of $7 retail and $14 mail order. Over-the-counter Prilosec ordinarily can cost a member as much as $24.

Long Term Disability (LTD)

For employees actively at work on July 1, 2005 or later, the GIC will upgrade the Long Term Disability mental health benefit for claimants receiving outpatient services from a maximum of 12 months to a maximum of 24 months. Monthly premium rates will increase slightly.

Retiree Dental Plan

GIC Retiree Dental Plan rates will decrease by over 9%. Additionally, the GIC has again increased reimbursement levels for the Retiree Dental Plan effective July 1, 2005, thereby reducing enrollees’ potential out-of-pocket expenses.

Do Not Enroll In Medicare Part D

GIC Medicare enrollees will receive multiple solicitations to join the Medicare Part D prescription drug discount card program. Do not sign up for this coverage! It is a waste of your money. The Medicare Part D prescription drug program is for retirees without drug coverage. You already have prescription drug coverage through your GIC health plan. Your plan offers more comprehensive, less expensive coverage than the Medicare Part D choices that will become available through the Centers for Medicare & Medicaid Services.

Buy-Out Option

If you have not considered the buy-out option before, this year’s annual enrollment is a good time to do so. More enrollees are now eligible for this benefit, which provides monthly payments in lieu of health benefits.
Choosing a Health Plan Based on Premium Alone Doesn’t Ensure Satisfaction

What will my monthly rate be?” is one of the most frequently asked question at health fairs. Although monthly premium is an important consideration, it is only one of many factors that will help determine your satisfaction with a health plan. Be sure to investigate and weigh other plan attributes, which may or may not be important to you. Details on where to find this information is included in your Benefit Decision Guide:

✔ Are you eligible to join the plan and is it available in your area?

✔ What may your out-of-pocket costs be?

✔ Does you hospital(s) and doctor(s) participate in the Plan? Keep in mind that doctors, hospitals and other health care providers can leave a plan network, but you may not change plans until the next annual enrollment, unless you move out of the plan’s service area.

✔ How does the Plan rate in quality and member satisfaction?

✔ Does the Plan offer discounts, such as for gym memberships and eyewear?

✔ Is there out-of-network coverage?

$2,500 Scholarships Available

Tufts Health Plan, the administrator of the Navigator Plan, is sponsoring two $2,500 scholarships for dependents of Commonwealth of Massachusetts employees and retirees. Parents and guardians of undergraduate students should encourage their children to apply. Completed applications, including the required essay, a letter of recommendation, and copy of the student’s most recent college transcript, MUST be received by the GIC no later than 5 p.m. on June 15, 2005. Scholarship recipients will be notified by July 15, 2005.

Scholarship Eligibility Criteria:

✔ Undergraduate students currently enrolled full-time in any two or four-year public or private college or university, and who have completed at least one semester of college as of June 15, 2005. Minimum college Grade Point Average of 3.0.

✔ Demonstrated interest in a career in public service or the health care field.

✔ Students must be a child or dependent of current active or retired Massachusetts state employee.

✔ Scholarship recipient’s parent or legal guardian must still be a Massachusetts State employee or retiree at the time of the award.

Scholarship applications are available on our website: www.mass.gov/gic. Or, to receive an application by mail, send a self-addressed stamped envelope to the Scholarship Committee, GIC, PO Box 8747, Boston, MA 02114-8747.

Benefit Decision Guide is Easier to Use

When you open up this year’s Benefit Decision Guide, you’ll find some helpful changes. Now the information all enrollees need to know, such as benefit and rate changes effective July 1, 2005, is grouped at the front. This section is followed by annual enrollment details, health plan benefit options, and other benefit options. Finally, the back of the guide is devoted to resources to help you find additional information.

A new county diagram helps you easily find which health plans are available in your area. Information you need to pay special attention to is marked with an exclamation point -- ! And, Select & Save plans are designated with the Select & Save logo.
Q) I’m turning age 65, what do I need to do about Medicare and my insurance?

A) If you are age 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. You and your spouse should NOT enroll in Medicare Part B until you (the insured) retire. When you retire, refer to the GIC’s Retiree/Survivor Benefit Decision Guide for Medicare rules and plan options.

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 enroll in Part B when the insured retires.

Q) My child is turning 19. How can he/she continue health insurance coverage?

A) Coverage for an unmarried dependent ends at the end of the month in which the dependent turns 19. If the dependent is a full-time student, the GIC insured must apply for dependent student coverage and, if approved, must re-certify student status twice a year. To apply for student coverage, complete your health plan’s Statement of Verification For Student Coverage form. If your child is not a full-time student, he/she may continue GIC coverage for up to 36 months under GIC COBRA coverage, paying 102% of the full cost premium or can elect Non-Group conversion coverage. To apply for Dependent COBRA coverage, complete and return the GIC’s COBRA application. The COBRA application must be submitted within 60 days of the coverage end date. To apply for Non-Group conversion, contact your health plan.

Q) Is my student-dependent (age 19 or over) covered during the summer months?

A) Your student-dependent is covered during the summer only if he/she was enrolled as a full-time student for the entire spring semester and is enrolled as a full-time student for the fall semester.

Q) My student-dependent (age 19 or over) is graduating. When does health coverage end?

A) His/her coverage ends at the end of the month in which he/she ceases to be a full-time student. At that point your child is eligible for GIC COBRA health coverage or for non-group conversion coverage.

Forms are available on the GIC’s website and through your GIC Coordinator. See the GIC’s website for other common GIC questions and answers: www.mass.gov/gic
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<td>Quinsigamond Community College</td>
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<td>Mass Maritime Academy</td>
<td>Baystate Conference Center-Cafeteria</td>
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<td>10:00-3:00</td>
<td>U-Mass Amherst</td>
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For More Information, Attend A GIC Health Fair
Website Provides Annual Enrollment Resources

www.mass.gov/gic

See our website for:

- The latest annual enrollment news
- Forms to expedite your annual enrollment decisions
- Directions to and the schedule of the GIC health fairs
- GIC Publications - including our For Your Benefit newsletter, Health Plan & Hospital Report Card and the Benefit Decision Guides
- Information about and links to all GIC plans
- Answers to common GIC questions
- Health articles and links to help you take charge of your health, including a hospital research tool (password: quality)

The GIC welcomes your feedback. Were this year’s Benefit Decision Guides helpful? How were the GIC health fairs? What other information would you like to see on our website? Did you use the Health Plan and Hospital Report Card? We will include selected letters in our next newsletter. The GIC reserves the right to edit your letters for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to Cynthia McGrath, Editor, For Your Benefit, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.