Changing How We Choose and Use Health Care

Three years ago the GIC embarked on a program called the Clinical Performance Improvement (CPI) Initiative to address the wide disparity in physician and hospital performance as well as an alarming rise in health care costs. We have gathered information about health providers to quantify differences in care. The data analysis was provided to our health plans to develop benefit plans that reward you, through modest co-pay differentials, for choosing quality, cost-effective care. The goal is to increase transparency in health care’s cost and quality so that you can become more knowledgeable when making health care decisions.

Some employers have tried to address the rising cost of health care by moving to high deductible plans, where employees must pay the first $1,000 to $2,000 of their care. Other employers have discontinued or drastically reduced coverage, particularly for retirees, and certain others are charging smokers more for their coverage. The GIC’s CPI Initiative offers an alternative to these measures that will help to preserve comprehensive benefit levels and choice, while improving health care quality and cost efficiency.

In keeping with our CPI Initiative, over the last two years, we have introduced new Non-Medicare Select & Save plans and enhanced existing plans. Many of these programs include selective networks or tiered hospital networks that highlight quality, cost-effective clinicians and facilities.

continued on page 2
Changing How We Choose and Use Health Care
continued from page 1

Select & Save Plan Changes This Year

This year, we are expanding our programs to include information about the quality and cost of physicians. The Select & Save program encourages members to seek out physicians who are mindful of treatment quality and cost. Each plan put together its own benefit design consistent with the CPI Initiative. Some plans tiered co-pays for primary care physicians, others tiered co-pays for specialists. Members retain access to all of the providers in our health plans' networks.

An overview of each Select & Save plan follows. A new Select & Save benefits-at-a-glance chart in the Benefit Decision Guide helps you compare each plan's primary care physician, specialist and hospital co-pays. For detailed information about how the plans have tiered providers, and which providers are in which tier, contact the health plans.

Non Medicare Select & Save Plan Co-Pay Tiering Changes Effective July 1, 2006

See pages 3-4 for other benefit changes.

Commonwealth Indemnity Plan Community Choice

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.
- Physician Office visit co-pay: $10 tier 1, $20 tier 2

Commonwealth Indemnity Plan PLUS

Unicare, the medical benefits administrator of this plan, will be tiering all physicians. Members will pay lower co-pays if they seek care from more efficient and higher quality providers.
- Physician Office visit co-pay: $10 tier 1, $20 tier 2

Fallon Community Health Plan Select Care

Fallon Community Health Plan is establishing a two-tier primary care physician (PCP) network for the Select Care plan. Members who seek care from preferred tier PCPs (called Value Plus) will pay a lower co-pay than members seeking care from a non-preferred tier PCP (called Value). Additionally, the tier of your PCP will affect co-payments for other services as listed in the next column.

Harvard Pilgrim Health Care

This Point of Service (POS) plan will change to a Preferred Provider (PPO) plan, which does not require selection of a primary care physician (PCP) or referrals to see a specialist. If you are a current member of Harvard Pilgrim Health Care POS, you will automatically be enrolled in this new plan unless you make a change during annual enrollment.

The new plan, called the Harvard Pilgrim Independence Plan, will institute a two-tier network for five physician specialties. These specialists will be tiered based on the cost-effectiveness of their practices. Members seeing a preferred specialist will pay a lower co-pay than for non-preferred specialists and other specialists who are not subject to tiering.
- Specialist visit co-pay (Dermatology, Orthopedics, Gastroenterology, General Surgery, and Cardiology): $15 tier 1, $25 tier 2
- Specialist visit co-pay (all other specialties): $25

Health New England

Health New England will implement a three-tier Primary Care Physician (PCP) network. Family Practice/Internal Medicine and Pediatricians will be tiered based on the cost-effectiveness of their practice.
- Primary Care Physician and Pediatric Office visit co-pay: $10 tier 1, $15 tier 2, $25 tier 3

Navigator by Tufts Health Plan

Tufts Health Plan will institute a two-tiered network for surgical specialists. Members will pay a lower co-pay for using a surgical specialist whose primary affiliation is with a tier 1 hospital. Members will pay a higher co-pay for surgical specialists whose primary affiliation is with a tier 2 or tier 3 hospital and for other specialists not subject to tiering.
- Specialist Surgeon Office Visit co-pay (General Surgeon, and, Orthopedic, Neurology, Thoracic, General Vascular, Plastic and Reconstructive, Colon and Rectal, and Urology): $15 tier 1 hospital affiliation, $25 tier 2 and tier 3
- Specialist visit co-pay (other specialists): $25

continued on page 3
Changing How We Choose and Use Health Care

continued from page 2

Neighborhood Health Plan

Neighborhood Health Plan will offer two plans, its current HMO, renamed NHP Care, and a new Select & Save Plan called NHP Community Care. This new plan has a selective network with primary care based at NHP’s 49 Community Health Centers and 14 Harvard Vanguard Medical Associates sites.

NHP Community Care (see the Benefit Decision Guide for other details).

❖ Physician office visit co-pay: $10
❖ Inpatient hospital care admission co-pay: $200
❖ Outpatient surgery co-pay: $75
❖ Prescription drug retail generic/brand/non-preferred brand co-pays: $7/$20/$40
❖ Prescription drug mail-order generic/brand/non-preferred brand co-pays: $14/$40/$120

GIC staff put together a comprehensive timeline of the GIC’s first 50 years, which was subsequently included in the GIC’s FY05 Annual Report. Marilyn Ellwood, a GIC Commissioner during the early 1990s, and the GIC’s first Director of Policy and Development, Alexandra Schweitzer, stand next to it.

The GIC’s Director of Operations, Nancy Bolduc, was glad to see John Mullen, a former GIC Commissioner.

Other Health Plan Benefit Changes Effective July 1, 2006

All non-Medicare Health Plans
❖ Elimination of physician office visit co-pay cap of 15 co-pays per person per calendar year

Non-Medicare Fallon Community Health Plan, Health New England and NHP Care
❖ Elimination of mental health/substance abuse office visit co-pay cap of 15 co-pays per person per calendar year

Commonwealth Indemnity Plan Basic
❖ Early intervention services improved: $5,200 per child per year up to $15,600 lifetime maximum
❖ In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
❖ Outpatient surgery co-pay: $75 per occurrence
❖ Non-Preferred Brand Name prescription drug mail-order co-pay: $90
❖ Mental health in-network outpatient care co-pay: $15 for all visits
❖ Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
❖ Mental health medication management visit co-pay: $10

Commonwealth Indemnity Plan Community Choice
❖ Early intervention services improved: $5,200 per child per year up to $15,600 lifetime maximum
❖ In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
❖ Non-Preferred Brand Name prescription drug mail-order co-pay: $90
❖ Mental health in-network outpatient care co-pay: $15 for all visits
❖ Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
❖ Mental health medication management visit co-pay: $10

Commonwealth Indemnity Plan PLUS
❖ Early intervention services improved: $5,200 per child per year up to $15,600 lifetime maximum
❖ In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
❖ Non-Preferred Brand Name prescription drug mail-order co-pay: $90
❖ Mental health in-network outpatient care co-pay: $15 for all visits

continued on page 4
For Your Benefit  

Spring 2006

Benefit Changes Effective July 1, 2006  
continued from page 3

Commonwealth Indemnity Plan PLUS (continued)
❖ Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
❖ Mental health medication management visit co-pay: $10

Fallon Community Health Plan Direct Care
❖ Outpatient surgery co-pay: $75

Harvard Pilgrim Independence Plan
❖ Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
❖ Tier 3 prescription drug mail-order co-pay: $90
❖ In-network outpatient mental health/substance abuse care visit co-pay: $15 all visits
❖ In-network mental health/substance abuse medication management visit co-pay: $10
❖ Early intervention services enhanced: $5,200 per child per year up to $15,600 lifetime maximum
❖ In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days

Health New England
❖ Inpatient hospital care co-pay: $200 per admission
❖ CT scans, MRIs, MRAs and PET scans co-pay: $50

Navigator by Tufts Health Plan
❖ Pediatric hospital inpatient admission co-pay: $200 tier 1, $400 tier 2
❖ Inpatient hospital care and outpatient surgery co-pay maximums: 4 of each per person per calendar year
❖ Tier 3 prescription drug retail/mail-order co-pays: $40/$90
❖ Early intervention services enhanced: $5,200 per child per year up to $15,600 lifetime maximum
❖ In-network skilled nursing facility services: 80% coverage up to a maximum of 45 days
❖ Mental health in-network outpatient care co-pay: $15 for all visits
❖ Employee Assistance Program: No co-pay for first three visits; thereafter, use mental health benefit
❖ Mental health medication management visit co-pay: $10

NHP Care (formerly called Neighborhood Health Plan)
❖ Physician office visit co-pay: $20
❖ Emergency room visit co-pay: $75 (waived if admitted)

Medicare Plan Changes  
Commonwealth Indemnity Plan Medicare Extension (OME)
❖ Non-Preferred Brand Name prescription drug mail-order co-pay: $90

Other Benefit Changes

Life Insurance
The GIC has selected The Hartford as its new life insurance carrier effective July 1, 2006. Life Insurance changes effective July 1, 2006:
❖ Life and Accidental Death & Dismemberment benefits will be enhanced to cover acts of war and terror.
❖ Optional life insurance rates will decrease (see your Benefit Decision Guide for details).
❖ The GIC will eliminate the one-year waiting period to increase or enroll in optional life insurance coverage: active state employees will now be able to apply for additional Optional Life and Accidental Death and Dismemberment benefits at any time with proof of good health.
❖ The UnumProvident LifeBalance® Program will be replaced by The Hartford’s Beneficiary Assist Program, which provides counseling, legal, and financial assistance via telephone and in person after the death of a family member.

The GIC’s Executive Director, Dolores L. Mitchell, catches up with Commissioner Alfred Fondacaro and former Secretary of Administration & Finance and GIC Commissioner, Frederick A. Laskey.
### APRIL 2006

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<td>One Ferncroft Road DANVERS</td>
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<td>MONDAY</td>
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<td>Berkshire Community College</td>
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<td>Mass Maritime Academy</td>
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<td>Academy Drive BUZZARDS BAY</td>
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### MAY 2006

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<td>777 Elsbree Street FALL RIVER</td>
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<td>Conference Rooms 1, 2 &amp; 3</td>
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<td>10 Park Plaza BOSTON</td>
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<td>Quinsigamond Community College</td>
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<td>Library / Learning Center - Room 109</td>
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<td>670 West Boylston St. WORCESTER</td>
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<td>FRIDAY</td>
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<td>Fernald State School</td>
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<td>200 Trapelo Road WALTHAM</td>
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<td>1st Floor Conference Room</td>
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<td>60 Columbian Street BRAINTREE</td>
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<td>MONDAY</td>
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<td>Tewksbury State Hospital</td>
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<td>Hampden County Sheriff's Department</td>
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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 current undergraduate students should encourage their children to apply. Completed applications, including a cover letter, 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 30, 2006. Scholarship recipients will be notified by July 31, 2006.

Scholarship Eligibility Criteria:
❖ Undergraduate student currently enrolled full-time in any two or four-year public or private college or university, and who has completed at least one semester of college as of June 30, 2006. Minimum college Grade Point Average of 3.0.
❖ Demonstrated interest in a career in public service or the health care field.
❖ Student must be the 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 the GIC’s 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.

GIC Chair, Robert Hungate, read citations from the Governor, the State Senate and House of Representatives at the GIC’s 50th Anniversary Open House. Governor Mitt Romney sent his congratulations to the GIC. The State Senate sent a citation, offered by Senator Marian Walsh and signed by President of the Senate, Robert E. Travaglini that recognized the GIC for “consistently innovative delivery of health, life and other benefits to employees and retirees of the state at the most reasonable cost possible.” State Representative Michael F. Rush, (D-West Roxbury) offered a citation signed by the Speaker of the House, Salvatore F. DiMasi, that recognized the GIC for “50 years of dedicated service to the employees and retirees of the Commonwealth of Massachusetts.”

One of the GIC’s first employees, Irene Dufour, has fond memories of her years with the GIC. She is pictured with the GIC’s Deputy Director, Bob Johnson.

Eric Schultz, President and CEO of Fallon Community Health Plan, presented a commemorative watercolor painting to Dolores Mitchell at the GIC’s 50th anniversary celebration.

Current and former Commissioners and GIC staff shared their thoughts about their experience with the GIC. Their photos and comments were included on a display table at the GIC’s open house.
What Changes Can You Make During Annual Enrollment?

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

Annual Enrollment is Wednesday, April 19 through Wednesday, May 17 for changes effective July 1, 2006. 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. 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 at anytime during the year
❖ Apply for Long Term Disability (LTD) - or at anytime during the year
❖ Enroll in GIC Dental/Vision or change your dental plan selection (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

Enrollment forms are due no later than Wednesday, May 17, 2006:
❖ Active employees: return completed forms to your GIC Coordinator
❖ Non-Medicare retirees and survivors: return completed forms to the GIC and send the HMO application (if selected) to the Plan
❖ Medicare retirees and survivors: write to the GIC and return completed Medicare HMO forms to the HMO (if selected)
Annual Enrollment Resources

**GIC Benefit Decision Guides** - The Benefit Decision Guide is the primary source for all annual enrollment information. It includes an overview of all GIC health plan benefits, as well as other benefit options. The Benefit Decision Guide includes information that all enrollees need to know, including benefit and rate changes effective July 1, 2006, a county diagram to help you find which health plans are available in your area, a new Select & Save benefits-at-a-glance chart, which helps you compare co-pay tiers by plan, and points to consider when choosing a health plan. Active employees receive the guide at their agency and retirees and survivors receive the guide at their primary residence. The Active and Retiree/Survivor guides are also available on our website.

**GIC Health Fairs** - Attend one of the GIC health fairs to:
- Speak with health and other benefit plan representatives
- Pick up detailed materials and provider directories
- Ask GIC staff about your benefit options
- Take advantage of complimentary health screenings

See page 5 for the health fair schedule.

**Audiotape for Visually Impaired and TDD/TTY Access** - If you know an individual who is visually impaired, please recommend that he or she call the Group Insurance Commission for a Benefit Decision Guide audiotape: 617.727.2310 ext. 1. To contact the GIC by TDD/TTY, call 1.617.227.8583.

**GIC Website** - See www.mass.gov/gic for:
- GIC publications
- The latest annual enrollment news
- Directions to the GIC health fairs
- Forms to expedite your annual enrollment decisions
- Answers to frequently asked questions
- Health articles and links to help you take charge of your health, including a hospital research tool (password: quality)

**Student Dependents - Apply for Scholarship**

When Changes Can You Make During Annual Enrollment

Health Fair Schedule

Changing How You Choose and Use Health Care

Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

GROUP INSURANCE COMMISSION
COMMONWEALTH OF MASSACHUSETTS
PO. BOX 8747 • BOSTON MA 02114-8747

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