FY05 Annual Enrollment Is a Success

We made it through one of the busiest annual enrollments ever. Over 50,000 enrollees changed plans by May 14, 2004 as a result of our new health plan offerings. Additionally, some 12,000 employees took advantage of the special open enrollment for optional life insurance.

Over 20,000 enrollees attended one of our 15 health fairs held throughout the state. Take a look at some of the scenes in photos throughout this newsletter. Thank you to everyone who made this enrollment such a success, particularly the over 500 GIC Coordinators located at agencies across the state who attended our training sessions at the beginning of April, helped their employees choose a new health plan, and then processed the changes. Thank you also to the hard work of the GIC's staff. With fewer than 45 employees, GIC staff implemented the new plans, communicated the changes, helped enrollees at the fairs (with people five to six deep most of the time), assisted enrollees and Coordinators by phone, walk-in and email, and processed over 62,000 forms.

Last, but not least, thank you, GIC enrollees, for weighing your options and taking charge of your health!

Avoid Being Double-Billed for Co-Pays!

Some hospital and physician group practices are billing GIC members for office visit copays that the member already paid at the provider’s office. The GIC has become aware of these occurrences through members, staff experience, and confirmation from our plans. Here is what you can do to protect yourself:

- If you pay at the office, always get a receipt.
- Always watch your medical bills. Keep your health plan EOBs (Explanations of Benefits) and copay receipts in one place, and use this information to cross-check bills you receive from providers.
- If you are treated at a hospital-based physician office, consider waiting until you receive the bill to pay for the office copay. Although many doctors offices...
Transitioning Mail Order Prescription Drugs and Mental Health Benefits to Your New Plan

If you changed health plans during annual enrollment, your pharmacy benefit manager and mental health/substance abuse provider may have changed. See the chart below for details:

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Prescription Drug Benefits through June 30, 2004</th>
<th>Prescription Drug Benefits effective July 1, 2004</th>
<th>Mental Health/Substance Abuse Benefits through June 30, 2004</th>
<th>Mental Health/Substance Abuse Benefits effective July 1, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indemnity Plans (including new Community Choice Plan)</td>
<td>Express Scripts, Inc.</td>
<td>Express Scripts, Inc.</td>
<td>United Behavioral Health (UBH)</td>
<td>United Behavioral Health (UBH)</td>
</tr>
<tr>
<td>Navigator by Tufts Health Plan</td>
<td>N/A</td>
<td>Tufts Health Plan’s pharmacy benefit manager (Advanced PCS 1-866-281-0629)</td>
<td>N/A</td>
<td>UBH</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care POS</td>
<td>N/A</td>
<td>HPHC’s pharmacy benefit manager</td>
<td>N/A</td>
<td>HPHC’s mental health carrier</td>
</tr>
<tr>
<td>HMOs</td>
<td>The plan’s pharmacy benefit manager</td>
<td>The plan’s pharmacy benefit manager</td>
<td>The plan’s mental health carrier or the plan itself</td>
<td>The plan’s mental health carrier or the plan itself</td>
</tr>
</tbody>
</table>

If your pharmacy benefit manager (PBM) and/or mental health/substance abuse provider has changed, and you or your family members use mail order for maintenance drugs or see a mental health provider, plan ahead to ensure uninterrupted coverage. To transfer mail order drug prescriptions, you have two options:

1) Contact the new pharmacy benefit manager with the following information, so that the pharmacy benefit manager will contact the physician(s) on your behalf for new prescriptions:
   a. Your plan ID card number
   b. Medication name
   c. Any prescription drug allergies
   d. Physician name(s) and phone number(s)
   e. Your address
   f. Credit card information and expiration date

2) Contact your doctor(s) and ask for new prescriptions. Send in the prescriptions in the mail order envelope you receive from your new pharmacy plan.

If you are new to Harvard Pilgrim Health Care or a one of the HMOs the GIC offers, contact your plan to find out how to transition to the Plan’s mental health and substance abuse benefits.

If you are new to United Behavioral Health, and are currently in treatment with a mental health provider, here are the transition guidelines:

If you or a covered dependent are already in outpatient care, contact UBH by phone during the month of July to find out if your provider is in the network. Let a non-participating provider know that it is easy to join the UBH network online (www.ubhonline.com). If your provider is not in the network, ask UBH for a transition benefit. After approval, your transition benefit will provide for in-network level benefits for up to three months (through September 30, 2004). After that time, you may continue with the same provider at an out-of-network benefit level or select a new provider with UBH’s assistance.

If you or a covered dependent are hospitalized or in recovery in intermediate care services prior to July 1, 2004, and are still in treatment, UBH will take over responsibility for the care on July 1, 2004. UBH is working with Tufts and HPHC to ensure a smooth transition of care; affected hospitalized members do not have to do anything. If you have additional questions, contact UBH: 1-888-610-9039.
The supermarket aisle is packed with appealing titles – low fat, reduced calorie, ‘low carb’ – but how do you choose the healthiest option? Your best bet is to turn the package over and look at the nutrition fact panel, which the Food and Drug Administration requires on almost all food items, except for meats. Compare different brands’ nutrition information to find out which brand offers the healthiest choice:

1) **Serving Size:** Start here to be sure you’re comparing the same serving sizes between competing brands, and to know how many serving sizes are in the package. Serving units usually appear as the number of pieces or cups, followed by the metric equivalent, such as grams. Compare the serving size against how much you usually eat. If the label counts one slice of bread as a serving size, but you use two pieces of bread for a sandwich, double the label information if you are tracking your daily nutrients.

2) **Calories and Calories from Fat:** calories measure how much energy you get from a serving of this food. Eating too many calories per day will result in weight gain. To maintain a healthy weight, the American Heart Association recommends that you choose foods that have 30% fat calories or less for one serving.

3) **Nutrients to Limit:** Eating too much fat, saturated fat, trans fat, cholesterol, and sodium increases your risk for heart disease, some cancers and high blood pressure. These nutrients are listed towards the top of the label; most Americans eat adequate amounts or too much of these. To help maintain a healthy weight, limit these nutrients. High sodium intake can affect blood pressure and limiting sodium intake to 2,000 milligrams per day is a healthy choice.

4) **Nutrients to Increase:** Nutrients listed on the lower portion of the nutrition label help improve health and reduce the risk of some diseases and conditions. Be sure to increase the quantity of these nutrients in your diet: dietary fiber, vitamin A, vitamin C, calcium, and iron. High fiber content fills you up, reducing your desire to snack.

5) **Percent Daily Value (%DV):** This section is a Based on a 2000-calorie diet, and provides a helpful point of reference. An individual’s daily values may be higher or lower, depending on calorie needs. For healthy eating, limit total daily intake of fat, saturated fat, sodium and cholesterol to less than 100% DV. Conversely, average 100% or more DV for calcium, iron, vitamins A and C and dietary fiber. No daily reference percentage is included on labels for trans fat, sugars and protein. For these nutrients, choose the brand with the lowest unit amount.

Reading nutrition labels can be time consuming. However, once you compare brands and select the most nutritious option, you will know which choice is the most nutritious, making future shopping trips a breeze AND improving your eating habits.

See the U.S. Food and Drug Administration’s website for additional information on nutrition labels: www.fda.gov.

For additional shopping tips, any GIC member may check out Health New England’s website: www.healthnewengland.com. There you will find a virtual grocery store tour on reading labels, choosing better fats, shopping for cereal, bread, margarine/butter and meats. Members of Health New England can order a comprehensive shopping tour video or CD-Rom free of charge.

HNE’s registered dietician guides members through each aisle in the grocery store and gives suggestions on how to make the best food choices for overall health and well being. Tips on healthy and tasty food preparation are also included. Health New England also offers live, interactive grocery store tours to its members. HNE members interested in additional grocery store tour, VHS tape or CD-ROM details may call 1-800-842-4464, extension 3031.
It is easy to take your eyesight for granted -- until something goes wrong. Most people are very visually oriented, and sight is the sense they rely on most. Think of how much you would miss out on without your sight -- seeing your children and grandchildren, reading a book, watching a movie, doing your job, playing a sport, driving -- losing your eyesight would be devastating. Yet, are you up to date on your eye exams? Eye exams are an important part of health maintenance for everyone.

Regular eye exams are one of the best ways to protect your vision, even if you do not wear eyeglasses or contact lenses. For adults, having eye exams helps detect early signs of eye diseases. Several eye diseases can cause permanent damage before symptoms appear. For people who have prescription eyewear, exams are critical for ensuring that their prescription is up-to-date and the strength is adjusted as needed. Regular eye exams are an important part of children's development. Sometimes children who are not performing well in school have an underlying vision problem. Children do not usually complain about poor vision, as they are not aware of what "normal" sight is.

There are three kinds of eye specialists:

1. Ophthalmologists have a medical degree (M.D.) and many provide comprehensive eye care services including complete eye exams, diagnosis and treatment of complex eye diseases, prescribing corrective lenses, and performing eye surgery.
2. Optometrists have a doctor of optometry (O.D.) degree.
3. Opticians fit and sell eyeglasses and some fit and sell contact lenses.

When you visit an ophthalmologist or optometrist for an eye exam, he or she will perform a series of tests to check for refractive error, which can be corrected with eyeglasses, contact lenses or refractive surgery. The provider will also look at the outside and inside of your eye with special equipment to see whether you have signs of eye or other diseases, such as cataracts, macular degeneration, corneal ulcers, diabetes and hypertension. He or she will also perform a glaucoma test. Glaucoma is a progressive disease that can cause permanent blindness; early detection and treatment are critical for preserving your eyesight. Because glaucoma is usually asymptomatic in its early stages, this is a critical test.

If you wear glasses or contact lenses, you should have your eyes checked every year. If you do not wear glasses or contacts, and have no symptoms of eye trouble, check with your vision and health plan to find out the scheduled frequency of coverage and how to locate a network provider. (Many union employees have vision benefits through their union. Managers with the GIC Dental/Vision plan have eye exam benefits through Davis Vision. Some health plans have limited vision benefits—see page 7 for contact information.)
Depression is not an adults-only disease; it affects children as well. At any given point in time, five percent of children and adolescents suffer from depression, according to the American Academy of Child and Adolescent Psychiatry. Fifteen percent of children in the United States experience depression before they reach adulthood.

Although genetics may play a role in depression, other factors frequently trigger depression, such as unhealthy family dynamics, stress, divorce, or the death of a close friend or family member. For children and adolescents, hormonal changes and substance abuse may affect a child’s mood, leading to depression. Undiagnosed learning disabilities, which can affect success and confidence in school, can also lead to depression.

Parents should alert to any of the following indicators of depression:
- Lack of interest in social activities, including social isolation
- Frequent sadness, tearfulness, and crying
- Marked changes in eating and/or sleeping patterns
- Major drop in school and/or athletic performance
- Persistent boredom, fatigue or lack of energy
- Poor concentration and loss of self-esteem
- Frequent complaints of physical illnesses such as headaches, muscle pains, and stomach-aches
- Expressions of suicide or worthlessness
- Drug and/or alcohol abuse

If one or more of these symptoms persist in your child, seek help immediately. Early diagnosis and treatment are essential. Children who exhibit symptoms of depression should be referred to a child and adolescent mental health clinician (psychologist or psychiatrist) for evaluation. The clinician will develop a comprehensive treatment plan for your child that may include psychotherapy, ongoing evaluations, and possibly psychiatric medication. Ideally, the psychologist will develop this plan jointly with you and your child.

Antidepressant medication can be effective in conjunction with psychotherapy, by stabilizing the balance of chemicals (neurotransmitters) that help brain cells communicate with other cells. However, be aware that the Food and Drug Administration (FDA) has ordered some of these drug manufacturers to include warnings of a risk of dangerous side effects. Never give a child an adult medication without advice from your child’s physician. If your child shows increased anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity or suicidal impulses while taking these medications, contact your child’s physician immediately. Never discontinue medication without first consulting with your child’s physician. For more information on the FDA advisory, see www.fda.gov/cder/drug/antidepressants.

United Behavioral Health offers numerous articles on their website to help children and parents become better informed about childhood depression symptoms and treatment. All GIC enrollees have access to this resource www.liveandworkwell.com (access code: 10910). Additional information is available through the GIC’s telephonic and web-based LifeBalance® resource. To seek help for your child, contact United Behavioral Health (Indemnity Plans and Navigator by Tufts Health Plan members) or your Plan (Harvard Pilgrim Health Plan enrollees).
Letters to the Editor

"Several years ago I retired and have kept my GIC insurance. I really don't know what I would do without it. Thanks to (my) health plan, my husband and I have all the care we need when we need it. We really appreciate your efforts to give us a plan we can afford...so far. Thank you so much."

R. Servais, Lowell, MA

"You are fantastically in love with acronyms. Think you might be able to spare two inches in your next issue in which you disentangle for me (and I imagine others) these mysteries?"

A. Page, Amherst, MA

Editor's note: We realize that the GIC has many acronyms and we will strive to make our communications easy to understand. Please see our Benefit Decision Guide and our website, which include a glossary of terms for easy reference.

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments 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.

Congratulations UNICARE on First Place Awards

UNICARE, the administrator for the Commonwealth Indemnity Plans, recently was bestowed with two first place awards! UNICARE won "Best Health Plan Initiative for Consumer Directed Health Care" and "Best in Show" at the Consumer Directed Health Care Conference held in March for its Direct-to-Member Communication Program.

Many GIC members in the Indemnity Plans have benefitted by this innovative program. With the Direct-to-Member Program, members with chronic health conditions receive periodic personalized health care statements. The statements provide personalized guidance on how the member can improve his/her own health and health care and how to reduce his/her out-of-pocket expenditures. The package also includes a companion report for the member’s physician, which helps the physician provide high quality, cost-conscious care, as well as information critical for coordinating care with other physicians who may be treating the patient.

Congratulations UNICARE for being recognized for innovation in quality care!

Medicare Drug Discount Card Not For Most GIC Members

You may have heard about the new Medicare Drug Discount cards. These cards are intended for Medicare beneficiaries with no or limited prescription drug coverage. The good news is that GIC retirees with Medicare already enjoy more comprehensive prescription drug coverage than they would receive through this program. If you are a low-income member of a Fallon, Tufts or Harvard Medicare HMO, check with Medicare (1-800-633-4227, www.medicare.gov) to see if there is any possible benefit to you in seeking a card and whether or not you would be eligible for one.

Avoid Being Double-Billed for Co-Pays!

require copay payment when services are rendered, usually hospital-based physician offices do not make this a requirement. (Copays for surgery and inpatient hospital stays are generally not required on the date of service, eliminating double billing issues.)

Find out the most effective way to resolve these discrepancies (e.g. sending proof of payment by fax instead of mail) by calling the phone number on the bill.
College Student Dependents – Apply for a $2,500 Scholarship

Tufts Health Plan, the administrator of the new 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 Friday, July 30, 2004. Scholarship recipients will be notified by August 20, 2004.

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 July 30, 2004. 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 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.

Elaine Wilson (left), of Harvard Pilgrim Health Care’s POS, answers questions for a prospective enrollee. Karen Walsh, of HPHC, is pictured in the background.

Elaine Wilson (left), of Harvard Pilgrim Health Care’s POS, answers questions for a prospective enrollee. Karen Walsh, of HPHC, is pictured in the background.
GIC Benefit News and Reminders

Long Term Disability Carrier Purchased by The Hartford

The GIC’s Long Term Disability carrier, CNA Group Benefits, was recently purchased by Hartford Financial Services Group. There are no changes to employees’ Long Term Disability benefits, rates or enrollment procedures. Premium rates are guaranteed through June 30, 2005.

COBRA Processing Changes

New federal HIPAA regulations affecting GIC COBRA enrollees become effective July 1, 2004. As a result, the GIC’s COBRA notice and application have changed. Employees leaving state service will receive a COBRA notice with an application at their homes. They are also available on our website. For additional information, including when COBRA is and is not your best option for continuing health coverage, see the “Your GIC Records” section of our website: www.mass.gov/gic.

State Employees Age 65 and Over

If you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare (if you have it) is secondary. When visiting a hospital or doctor, present your GIC health plan card to ensure that your GIC plan is charged for the visit. Remember, if you continue working when you turn age 65, you should enroll in Medicare Part A if you are eligible. Do not enroll in Medicare Part B until you retire from state service.

Retirees with Medicare

If you pay Medicare Part B directly to Social Security (it is not deducted from your Social Security check) and fail to pay the premium, the Centers for Medicare & Medicaid Services (CMS) requires back payment of premium owed before they will reinstate coverage.

COBRA Processing Changes

New federal HIPAA regulations affecting GIC COBRA enrollees become effective July 1, 2004. As a result, the GIC’s COBRA notice and application have changed. Employees leaving state service will receive a COBRA notice with an application at their homes. They are also available on our website. For additional information, including when COBRA is and is not your best option for continuing health coverage, see the “Your GIC Records” section of our website: www.mass.gov/gic.

State Employees Age 65 and Over

If you are still working and are age 65 or over, your GIC health plan is your primary health insurance provider; Medicare (if you have it) is secondary. When visiting a hospital or doctor, present your GIC health plan card to ensure that your GIC plan is charged for the visit. Remember, if you continue working when you turn age 65, you should enroll in Medicare Part A if you are eligible. Do not enroll in Medicare Part B until you retire from state service.

Retirees with Medicare

If you pay Medicare Part B directly to Social Security (it is not deducted from your Social Security check) and fail to pay the premium, the Centers for Medicare & Medicaid Services (CMS) requires back payment of premium owed before they will reinstate coverage.