GIC members are familiar with the differences in Massachusetts hospitals’ quality and costs, as you’ve been hearing from us about it since 2001, and have paid different copays for different hospitals for as long as six years:

❖ In 2001, the GIC was the first Massachusetts organization to join the Leapfrog Group, a national coalition of employers and government agencies committed to improving patient safety. Employees and Retirees received a Leapfrog Group hospital report card in their FY04 GIC Benefit Decision Guide on three measures of patient safety for Massachusetts hospitals:
  ❖ Use of computerized prescription ordering systems
  ❖ Extensive experience for certain high-risk conditions and experiences
  ❖ Staffing by physicians certified in critical care

❖ In July 2004, the GIC introduced its first tiered hospital health plan, Navigator by Tufts Health Plan. You pay lower copays if you choose a high quality, lower cost hospital. Other PPO-type plans adopted tiered hospital copays in subsequent years.

❖ Two new limited network plans were introduced during annual enrollment: Harvard Pilgrim Primary Choice Plan and Tufts Health Plan Spirit. Harvard Pilgrim and Tufts Health Plan employee and Non-Medicare retiree members will save 20% on their premium effective July 1, if they enrolled in these more limited network options. However, they will not have access to every Massachusetts hospital or doctor. Limited network plans were first offered through Fallon Community Health Plan (Fallon Direct) in July 2003 and through UniCare (Community Choice) in July 2004.

As early adopters of provider tiering, the GIC and our health plans have received pushback, par-
For Your Benefit
Summer 2010

particularly from some providers. However, recent efforts to identify cost drivers of health care have corroborated the GIC’s conclusions and approach:

❖ In March, the Attorney General released her final “Health Care Cost Trends and Cost Drivers” report, which found that some Massachusetts hospitals are paid vastly more than others for providing similar services, primarily because of their market power or geographical dominance, not because of more complex cases.

❖ In March, the Governor requested that hearings be held on provider contracts and premium increases. The Division of Health Care Finance and Policy (DHCFP), in collaboration with the Attorney General’s office, found that the rise in medical spending is attributable in part to price increases demanded by powerful providers. A separate DHCFP report, which was released in May, found wide disparities in the financial reserves of hospitals across Massachusetts.

❖ In May, Senate President Therese Murray’s bill to contain health costs passed the Senate. The bill would require hospitals with sufficient profits to contribute to a fund to help small businesses pay their health insurance costs. The bill also expands regulators’ authority over insurance premiums.

for these new groups were scheduled, Saturday fairs were scheduled in locations that had been well attended in the past. Finally, fairs were scheduled across the state for the remaining days left during annual enrollment, with a focus on making sure there would be reasonable access for the majority of members. Other factors considered were the size of the facility, its parking availability, handicap access, and whether there was a charge for use of the facility. One day during each week is also reserved for staff to catch up in the office. The fair schedule is finalized by January each year.

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this spring’s annual enrollment health fairs were a huge success with over 7,500 new and current members attending. At the fairs, employees and retirees can speak to plan representatives and GIC staff in person to find out more about their options, but the plan websites and their customer service phone lines are available year round, as are the GIC Benefit Decision Guides and website.

Planning the GIC’s health fairs is a complex operational challenge. Once the GIC finds out what new groups are joining, GIC staff work with these agencies and new municipalities to schedule health fairs for those locations first, as all of their employees and retirees must sign up for a GIC health plan during open enrollment. This year, MBTA and former Turnpike Authority employees and retirees were joining, as were employees and retirees from the Town of Brookline, Wachusett Regional School District, the Town of Hopedale, and the Merrimack Valley Planning Commission. After fairs

Hospitals’ Costs and Quality Vary:
What This Means to Employees and Non-Medicare Retirees/Survivors
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So what does all this mean to you?
❖ Become an educated patient. Don’t assume bigger is better and check out your local community hospital, as well as the brand name institutions.
❖ Become familiar with your health plan’s hospital benefits before an admission:
  ❖ If you are in a GIC HMO, Medicare HMO, or the new Harvard Pilgrim Primary Choice Plan or Tufts Health Plan Spirit, find out which hospitals are in the network.
  ❖ If you are in a GIC PPO-type plan, find out which copay tier your area hospitals are in. You will save money by choosing Tier 1 hospitals.
❖ During next spring’s annual enrollment, consider enrolling in one of the GIC’s limited network plans. You will save money every month on your premiums while still having access to quality, cost-effective hospitals.

Helpful hospital patient safety and cost information is available on the following websites:
❖ The Leapfrog Group: www.leapfroggroup.org
❖ Massachusetts Health Care Quality and Cost Council: http://hcqcc.hcf.state.ma.us
No More Imputed Income Charges For Non-IRS Dependents

A s a result of changes made by the recently enacted Affordable Care Act, health coverage provided for an employee’s children up to the age of 26 years is now generally tax-free to the employee effective March 30, 2010. This means that employees who cover a Non-IRS Dependent will no longer be subject to an imputed income tax as of April 1, 2010. Note that this change is only for Non-IRS Dependents; employees who cover a same sex spouse are still subject to an imputed income for federal tax purposes.

If you dropped your Non-IRS dependent from your health coverage and wish to add the dependent back onto your coverage, you may do so up to the remainder of the two year period after loss of IRS dependent coverage or age 26, whichever comes first. To add the dependent back onto your coverage, complete a GIC Dependent Age 19 and Over Application for Coverage, which is available on the forms section of the GIC’s website (www.mass.gov/gic) and through your GIC Benefits Coordinator, and return it to the GIC.

The national health care legislation includes other changes that become effective in 2011 and beyond. As these details and regulations are determined, we will keep you posted.

GIC Spring Health Fairs a Success

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Fourteen fairs were held this year and each fair lasted between six and ten hours, including set up and dismantling time. Between four and ten GIC staff and 36-67 vendors attended each fair. The most popular fairs this year were the two at the Transportation Building (approximately 800 and 1,000 attendees) and at Newbury College in Brookline (approximately 850 attendees). Extended hours in Brookline were a success, but attendance dropped off by 2 PM at the other locations where hours were extended.

This year’s annual enrollment is over, but as soon as the new groups for next year are known, planning for next year’s fairs will begin. Thank you to all GIC staff and vendors who helped make this year’s fairs a success!

Tufts Health Plan Offering Two $2,500 Scholarships

T ufts Health Plan is again offering two $2,500 scholarships for college dependent s of GIC members studying to become an allied health worker or pursuing another health-related career. Completed applications, including a cover letter, the required essay, copy of the student’s most recent college transcript, and a resume (optional) must be received no later than 5 PM on July 30, 2010. Scholarship recipients will be notified by August 27, 2010.

Scholarship Eligibility Criteria:

❖ Undergraduate student currently enrolled full-time in any accredited two or four-year public or private college or university, and who has completed at least one semester of college as of July 30, 2010.
❖ Minimum college Grade Point Average of 3.0.
❖ Demonstrated interest in a health care career. Preference will be given to those applicants who plan on a career in the allied health field.
❖ Scholarship recipient’s parent or legal guardian must be eligible and enrolled in health insurance through the GIC at the time of the award. Note that you may be enrolled in any of the GIC’s health plan options. Previous recipients are ineligible for the scholarship.

Download the scholarship application from the GIC’s website: www.mass.gov/gic or the Tufts Health Plan website: www.tuftshealthplan.com/gic. Or, to receive an application by mail, send a self-addressed stamped envelope to Sales – GIC, Tufts Health Plan, 705 Mount Auburn Street, Watertown, MA 02472-1508.

MBTA employees and retirees lined up to enroll in GIC benefits at the fair held at the Transportation Building.
**Q)** Why do employees need Long Term Disability (LTD)?

**A)** LTD is an income replacement program for those employees who become disabled and are unable to work. Common disability reasons include injury, recuperation from surgery, major illness, and mental health issues. LTD helps you pay your mortgage, rent, and other bills and debt obligations when you don’t have a salary coming in.

**Q)** What will I receive as a benefit if I’m an LTD member and become disabled?

**A)** You will receive 50% of your earnings up to a maximum of $10,000 per month on a tax free basis. The benefit will be offset by other income sources, such as Social Security Disability and Worker’s Compensation.

**Q)** What if my other income offsets result in a zero dollar benefit?

**A)** The minimum monthly benefit, regardless of offsets, will be $100 or 10% of your gross monthly benefit amount, whichever is greater.

**Q)** I have accumulated sick time, why would I need the Long Term Disability (LTD) program?

**A)** The LTD program’s benefits begin after a 90-day waiting period. During the 90-day period, you may wish to use your sick time. After that time, if you have been approved for the benefit and you still have sick time you can use up the remainder of your sick time and collect the minimum benefit. Or, you can elect to not use your sick time and collect the maximum benefit.

**Example:** Employee age 40 with annual earnings of $35,000
- Monthly LTD premium: $11.08
- Monthly benefit with no offsets: $1,458.33 tax free
- Monthly benefit if the employee is collecting $100 a month in sick pay: $1,458.83 – $100 = $1,358.83.
- Once the employee stops using sick time – the benefit would increase back up to $1,458.33

**Example:** Employee age 52 with annual earnings of $60,000:
- Monthly LTD premium: $38.50
- Monthly benefit with no offsets: $2,500 tax free
- Monthly benefit if the employee is collecting $500 a month in sick pay: $2,500 – $500 = $2,000.00. Once the employee stops using sick time – the benefit would increase back up to $2,500.

**Q)** How do I file a LTD claim?

**A)** We encourage you to notify Unum, the LTD carrier, of your claim when you have been out of work for 45 days. Call Unum at 1-877-226-8620 to initiate your claim. The claim form Unum will send you includes sections that you, your physician and agency’s GIC Coordinator must complete before mailing or faxing it back to Unum.

**Q)** I am a current LTD member, but have a pre-existing condition. Can I file a LTD claim?

**A)** If you have not been enrolled in the GIC’s LTD program for more than 24 consecutive months, a pre-existing limitation applies. You have a pre-existing condition if you received medical treatment or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage, and the disability for that same condition begins in the first 24 months after your effective date of coverage.

**Q)** Do I need to apply for LTD during the GIC’s annual enrollment period?

**A)** All eligible state employees may apply for LTD at any time during the year. See your GIC Coordinator or the GIC’s website for the GIC’s Insurance Enrollment and Change Form (Form-1) to apply. You must provide evidence of good health. The GIC will notify Unum of your application and Unum will send you a medical form to complete and return. If approved by Unum, the GIC will notify you of your effective date.

For additional information about the LTD Program, call Unum: 1-877-226-8620 or visit the GIC’s website: www.mass.gov/gic.
Letters to the Editor

“I am APPALLED at your decisions in mid-course to create deductibles to our insurance costs, especially given the really difficult economic hardships that many insureds are facing. Health insurance is not something we can do without. I make informed decisions regarding my health needs, including medications. You have raised my costs by $500.00 just through the deductible alone. Also, many of your insureds have to have certain scans that you have raised copays on. So not only do people carry the emotional and mental burdens due to higher genetic risks for certain potential terminal diseases, they have to decide whether they can afford these medically necessary preventative scans. Without early detection, this will result in huge medical costs. I look forward to voting every single one of the GIC commissioners out of their positions, or do I also have no meaningful choice here as well? You have deceived and lost the trust of your insureds by the huge increases in our out-of-pocket costs and due to the mid-course bomb you have dropped on us.”

J. Marland, Shutesbury, MA

“The catastrophic nature of (my son’s) illness, we were assigned Judy Winship as a (UniCare) case manager to work with us during this most difficult time. Words cannot express how incredibly important her role was for me and the rest of my family. Not only did she guide us through the often complicated paperwork of insurance, she was there as an emotional support, helping us cope with everything.

There are those that go above and beyond (at their jobs) and Judy is one of the gifted. Her professionalism and knowledge of what needed to be done was excellent. She often helped me with what questions I should be asking, or encouraged me to speak up or contact a certain doctor. However, her ability to comfort, listen and support us were a God send. She listened to our fears around (our son’s) rehabilitation, how far rehab would take him and whether he would walk again. Judy was there supporting us through the treatment process and the many side effects and unknowns that accompany that. There is no doubt that Judy played an incredible role in how our family got through this crisis and continues to cope with it today. We were very fortunate to have Judy in our life during this most difficult time and you are very fortunate to have such a wonderful person working for you.”

M. Pelton, Quincy, MA

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: Cynthia McGrath, Editor, For Your Benefit, GIC, P.O. Box 8747, Boston, MA 02114-8747.
When Does A Slice Of Pizza Equal Two Dollar Bills?
By Elizabeth C. Malko, M.D., Fallon Community Health Plan

Summer is here and many of us have resolved to lose a few pounds—again. This time we’d like our weight loss to have staying power. Is it possible to reach and keep our ideal body weight while still eating a variety of foods—and even indulging in the occasional treat?

Absolutely! The key is not only knowing what to eat, but how much to eat—and that means watching your portions. Eat or drink at least 500 fewer calories a day and you’ll lose about a pound a week.

First, we have to relearn true portion sizes. A study by the Journal of the American Dietetic Association determined that, over the past 20 years, portion sizes of many popular restaurants and prepackaged foods have increased by as much as eight times! No wonder our waistlines are expanding.

For example, today a bagel is about 4 ounces and as big as a compact disc. However, the suggested serving is 1 ounce—the size of a hockey puck. If you have the typical bagel, you’ll eat not one, but four servings (and some 350 calories)!

The U.S. Department of Agriculture has set standards for healthy serving sizes. Try visualizing a serving by comparing the food to a familiar object. For instance:

Elizabeth Malko, M.D. continued on page 7

Bring Back Civility

There have been distressing reports of people calling GIC staff and vendors and using abusive language. This is not acceptable and we will not accept this behavior. We understand that times are stressful and the rules and regulations of health and other benefits are often complicated -- even more so today. GIC employees are dealing with the same kinds of stress as you are with furloughs, increased workload and reduced staff, and benefit cuts. We can understand why members may be angry, but if you use abusive language with the GIC or our vendors, we will require that all of your communication be done by mail. Please think before you vent!

Keep In Mind

Coverage termination date when leaving state and municipal employment: GIC coverage terminates at the end of the month following the month you end state or municipal service, provided that your premium for that month is paid.

Living in a health plan’s service area: You and your covered dependents MUST live in a health plan’s service area at least nine months per year. Only full-time college students may live out of the service area. Most GIC health plans require that college students receive their routine health care services within the health plan’s service area. Contact your health plan for details.

If you are covering a former spouse and/or children outside of a plan’s service area, you must enroll in the UniCare State Indemnity Plan Basic (employees and Non-Medicare retirees) or Harvard Pilgrim Medicare Enhance/UniCare State Indemnity OME (Medicare retirees). To change health plans because you and/or your dependents move out of the service area:

❖ Active employees - see your GIC Benefits Coordinator
❖ Retirees and survivors write to the GIC.

Town of Brookline police officer, Steve Weinstein, discusses the UniCare health plan options with Elaine Sanford, UniCare Manager of Customer Service, at the Newbury College fair.
When Does A Slice Of Pizza Equal Two Dollar Bills?

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One USDA-suggested serving of … looks like …
½ cup pasta or cooked rice A tennis ball
3 ounces lean meat, poultry, fish A deck of playing cards
1½ ounces cheddar cheese Your thumb
1 slice of pizza 2 dollar bills at angles to each other
One medium-sized potato A computer mouse

A great resource is the WebMD Portion Size Plate, available at www.webmd.com/diet/healthtool-portion-size-plate, where you can even download wallet- and fridge-sized portion guides.

So, this summer, instead of super-sizing your meal or polishing off that mega-muffin, do a reality check. Practice your new portion control lifestyle—and reach your healthy weight-loss goal for life.

Elizabeth C. Malko, M.D., M. Eng., F.A.A.F.P., is Senior Vice President and Chief Medical Officer at Fallon Community Health Plan. She is dedicated to enhancing care services and other initiatives that help individuals to attain quality, affordable care. She is a member of the American Academy of Physician Executives and the American Academy of Family Physicians.

Secretary of Administration and Finance, Jay Gonzalez, commended GIC staff, Department of Transportation staff and GIC vendors on their work to make the health fair held for MBTA and former Turnpike Authority employees and retirees a success. Dolores L. Mitchell, GIC Executive Director, stands with the Secretary.
The following are answers to questions about the transition from Express Scripts to CVS Caremark effective July 1, 2010. This change affects all members of the UniCare State Indemnity Plans – Basic, Community Choice, Medicare Extension (OME), and PLUS.

Q) When will I receive an ID card?
A) You should receive a new CVS Caremark Prescription ID card during the third week of June. The ID card will be attached to a CVS Caremark ID card booklet. ID cards for your dependents will be sent in separate mailings. Be sure to present your CVS Caremark Prescription ID card to your retail pharmacy beginning July 1, 2010.

Q) I had prescriptions with the Express Scripts mail order pharmacy. What do I have to do to transfer them to CVS Caremark’s mail order pharmacy?
A) If you were covered by UniCare prior to July 1, 2010, and had remaining refills with Express Scripts, they will be transferred to CVS Caremark. You may request refills by calling CVS Caremark at 1-877-876-7214 or online at www.caremark.com. The first time you use the CVS Caremark website, you will need to establish a user ID and password.

Q) How do I find out what my copay is for my prescription drug?
A) Prior to July 1, 2010, go to www.caremark.com/gic and enter the prescription name in the “check drug cost” button under plan information. A list of preferred drugs – those with Tier 1 and Tier 2 copays - can be downloaded under the “Know your prescriptions” tab. After July 1, 2010, go to www.caremark.com and log on with a user ID and password to obtain this information. You may also call CVS Caremark to find out the copay for a particular drug: 1-877-876-7214.

Q) Do I need to use a CVS pharmacy to get my prescription drug?
A) No, the CVS Caremark network includes over 64,000 retail pharmacies, including Walgreens, Rite Aid, Wal-Mart pharmacy, Stop & Shop pharmacy, and CVS pharmacy. You may get up to a 30-day supply of a prescription drug at any participating retail pharmacy.