Lower Your Out-of-Pocket Health Care Costs
With These Steps

With new copays and deductibles going into effect for all GIC employee/non-Medicare health plans effective July 1, 2015, here are some steps you can take to reduce your out-of-pocket costs:

1) **Work with your Primary Care Provider (PCP) to navigate the health care system** and coordinate your care. Remember to obtain referrals to specialty care if you’re in a plan that requires referrals (Fallon Health Direct and Select, Harvard Pilgrim Independence and Primary Choice, Neighborhood Health Plan, and Tufts Health Plan Navigator).

2) **Seek care from Tier 1 and Tier 2 specialists.** You pay the lowest copay for the highest performing doctors. Tier 1 specialists have excellent quality and cost-efficiency scores, Tier 2 have good scores, and Tier 3 have standard scores. Contact your health plan or visit their website to find specialist tier designations.

3) **For planned hospital admissions, use Tier 1 hospitals.** Some of the GIC’s health plans tier hospitals based on quality and/or cost. If you have a planned admission, talk with your doctor about whether Tier 1 hospitals in your plan are good choices for you.

4) **Bring your plan’s prescription drug formulary with you to doctor visits** so you can discuss which tier your prescriptions fall under and see whether there are lower cost alternatives available. This recommendation applies to all members – employees and retirees. Abbreviated drug formularies that show you alternatives to Tier 3 copay drugs and drugs subject to prior authorization or step therapy are posted on the GIC section of your plan’s website. For members of the UniCare State Indemnity Plans – keep in mind that more drugs will be subject to prior authorization as of July 1, so be sure to print the new formulary and bring it to any doctor visits. CVS/caremark will also mail it to you upon request.

5) **Consider using urgent care facilities and retail clinics for urgent (non-emergency) care.** With a retail clinic - also called convenience or limited service medical clinics - you only pay the PCP office visit copay instead of the $100 emergency room copay. Depending on your plan, you’ll pay...
Newest Commissioners Committed to Increased Member Participation in Their Health Plan Choices

The GIC recently welcomed two new Commissioners: Tobey Choate, founder of CHOATE & Associates, a management and consulting firm, and Lauren Peters, Director of Health Care Policy & Legislative Affairs for the Secretary of Administration and Finance. Both are committed to engaging members in their health care choices in an effort to help rein in escalating health care costs. They fill the public member and Designee for Secretary of Administration and Finance Kristen Lepore seats, respectively, on the Commission.

“I am very concerned about the impact of the seemingly non-stop increase in health care costs on members and taxpayers,” said Commissioner Choate. “I would like to see the Commission provide members with easily accessible and understandable data to make health care decisions that save time and money.” Commissioner Peters is also a proponent of data-driven information for members. “As the state’s largest employer purchaser of health insurance, the GIC plays an important role in educating consumers and bringing transparency to the marketplace,” she says. “Greater transparency will help address the GIC’s cost challenge in two respects. Increasing access to price and quality information will enable GIC members to make smarter, cost-effective decisions about their care. Increased provider transparency will also help bend the cost curve, particularly because we live in a state with some of the nation’s highest-cost providers. Enhanced transparency will put the pressure on providers to demonstrate high quality at a low cost.”

Commissioner Choate has over thirty years of management consulting and advisory experience to service businesses. His expertise focuses on reducing costs, improving operational performance, building effective management teams, and seeking outside capital. Prior to the formation of his company, he held leadership positions at a variety of companies including Dialogos, Hill Holliday, and Arthur D. Little.

Before joining Administration and Finance, Commissioner Peters was the Coordinator of Legislative and Intergovernmental Affairs at the Health Policy Commission. Prior to that, she served for four years as the Deputy Legislative Director and Healthcare Policy Analyst for the Republican Leader’s Office at the House of Representatives.

Welcome Commissioners Choate and Peters!

Beacon Health Strategies Merges with Value Options
Out-of-State Network Expands for UniCare Members

Beacon Health Strategies, the mental health and substance abuse manager for the UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit plans, and most of the GIC’s HMO plans, recently merged with Value Options, another leader in the managed behavioral health field. The new company, called Beacon Health Options, serves 45 million people across the United States as well as the United Kingdom. As the result of this merger, Beacon is in the process of increasing the number of participating providers where many UniCare State Indemnity Plan/Basic and UniCare State Indemnity Plan/Medicare Extension members live: Arizona, California, Connecticut, Georgia, North Carolina, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia and Vermont. Members of UniCare/PLUS and Tufts Health Plan Navigator that live in the New England states where the network is expanding will also have more in-network options. For additional information, contact Beacon: www.beaconhealthoptions.com/gic; 1.855.750.8980.
Student Dependents Pursuing Nursing, Physician Assistant, Health Science, or Allied Health Degree: 
Apply for $2,500 Scholarship

GIC members who have a student dependent pursuing a degree in the nursing, physician assistant, occupational therapy, other allied health field, or a clinical management track in health sciences, be sure to let your dependent know about the Tufts Health Plan $2,500 scholarship. In addition to demonstrating an interest in the allied health field, the dependent must:

❖ Be currently enrolled in an accredited two-or four-year college or university;

❖ Have completed a minimum of one semester with a GPA of 3.0 or above;

❖ Be a dependent of a GIC insured enrolled in any of the GIC’s health plans (the student him/herself does not need to be enrolled in GIC health coverage).

The application deadline is Wednesday, July 22, 2015. Winners will be notified no later than Friday, August 14, 2015. For additional details and the application, visit the GIC’s website: www.mass.gov/gic.

Lower Your Out-of-Pocket Health Care Costs
With These Steps continued from page 1

as little as the PCP office visit copay up to the specialist copay for most urgent care facility visits. (Some hospital-owned urgent care facilities have higher copays.) Search for urgent care and retail clinics on your plan’s website so you know where they are when you need them. Urgent care copays are in your plan handbook.

6) Use your health plan’s cost comparison tool to shop for health care services in advance. Plan websites let you search by area and service and lower cost options are highlighted. Fallon Health even sends members a check if you use their website and visit a cost-effective facility or provider. See Fallon’s website for additional details.

7) Enroll in a Flexible Spending Account (FSA). On average, employees save $300 in state and federal taxes for every $1,000 contributed to a FSA. An open enrollment for state employees will take place October 13 – December 4, 2015 for half-year 2016 benefits. Most municipalities also offer FSA benefits. (Retirees are not eligible for FSA benefits.)

8) Adopt healthy lifestyle habits. The best way to reduce your health care costs is to take care of yourself. Eat healthy, exercise regularly, quit smoking, and find better ways to manage stress. For more tips on managing your health, visit www.mass.gov/gic/yourhealth where you can read articles and find links to additional resources.
Harvard Independence and Tufts Health Navigator
Become POS Plans July 1, 2015: What Does This Mean?

At its February meeting, the GIC Commissioners voted to convert Harvard Pilgrim Independence Plan and Tufts Health Plan Navigator from Preferred Provider Organizations (PPOs) to Point of Service (POS) plans effective July 1, 2015. Both Harvard and Tufts have suggested that changing to a POS plan would improve their ability to coordinate care and manage services. What does this mean for members?

The plans will continue to have:
❖ The same wide network of doctors, hospitals and other providers; and
❖ Out-of-network benefits.

What’s changing?
❖ Members must designate a Primary Care Provider (PCP) with the health plan; and
❖ Must get referrals from the PCP for specialty care.

If a member doesn’t select a PCP or get a referral to a network specialist, he or she will still be covered but will pay higher out-of-pocket costs. In other words, the member will pay as if he or she were going out-of-network, which means paying the out-of-network deductible of up to $400 per member and 20% coinsurance on the visit.

Who is a PCP?
A PCP can be a doctor, nurse practitioner, or physician’s assistant. The PCP you choose must be in the health plan’s network.

How Do I Let the Plan Know Who My PCP is?
❖ Call the member service department (1-888-333-4742 for Harvard; 1-800-870-9488 for Tufts); or
❖ Log into the member portal and designate your PCP online (www.harvardpilgrim.org/gic; www.tuftshealthplan.com/gic).

How Do I Get a Referral to a Specialist?
When you visit your PCP, he or she will arrange for a referral to a specialist if you need additional or specialized care. Alternatively, you can call your PCP’s office and let them know you need a referral to a specialist. The office will arrange for the referral, usually electronically, and there’s no paperwork you need to complete or carry with you to the specialist office visit. Your PCP may want to see you first to make sure that you are seeking the right kind of care or to suggest alternatives, but most of the time that is not necessary.

To Whom Will My PCP Refer Me for Specialty Care?
PCPs typically develop strong working relationships with particular specialists who are affiliated with their practice. This helps them collaborate more effectively on patients’ care and helps ensure two-way communication, appropriate treatment and higher quality care.

I Already Have an in-Network Specialist. Can I Continue To See That Specialist?
Let your PCP know about this relationship. Chances are good that you can continue to see that specialist. Be sure to get a referral to the specialist for any visits on or after July 1.

Will All Specialist Visits Need A Referral?
Although most specialist visits need a referral, a referral is not required for:
❖ Most OB/GYN visits
❖ Routine eye exams
❖ Chiropractic care
❖ Behavioral health services
❖ Emergency and urgent care, including retail clinics

I cover a Full-Time Student Outside of the Plan’s Service Area. How Does My Full-time Student Get Maximum Coverage with the POS plans?
Full-time students are encouraged to get routine care and scheduled procedures and surgeries when home on break. If a student has surgery that requires after care, such as physical therapy, the student’s PCP can arrange for that care near the student’s college.

GIC Executive Director, Dolores L. Mitchell, stands with Kelly Pleasant, from UMass Amherst’s Benefits Department, at the GIC health fair held at the UMass Amherst Student Union Ballroom.
As announced in the 2015-2016 GIC Benefit Decision Guide, the prescription drug plan for members who are enrolled in the UniCare State Indemnity Plan/Medicare Extension (OME) will change on January 1, 2016.

The new prescription drug plan, called **SilverScript Employer Prescription Drug Plan (PDP) sponsored by the GIC**, is an Employer Group Waiver Plan (EGWP) which combines the benefits of an employer-provided Medicare Part D plan with additional coverage provided by the GIC (often called a “wrap”). This additional coverage from the GIC means that you will have more drug coverage than a standard Medicare Part D plan.

**Why is the Prescription Drug Program Changing for UniCare OME Members?**

By moving to the EGWP plan, the GIC will save money on prescription drug costs and provide low-income retirees with access to subsidies not available through the current prescription drug plan.

**New SilverScript Plan Affiliated with CVS/caremark**

SilverScript is affiliated with CVS/caremark, the GIC’s pharmacy benefit manager for UniCare State Indemnity Plan members. OME members will automatically be enrolled in the plan, with benefits similar to the current OME plan and the same prescription drug copayments that are effective July 1, 2015. Under the new EGWP drug program:

- The pharmacy network will include additional options;
- You can continue to get up to a 90-day supply of your medication at a CVS/pharmacy at the mail-order copayment; and
- At many retail pharmacies (including Walgreen’s, Rite Aid and Walmart) you can get a 90-day supply of your medication at three times the retail copayment.

**What Do I Need to Do?**

Be sure to:

- Open and read information you will receive from the GIC and SilverScript this fall; and
- DO NOT ENROLL in a NON-GIC MEDICARE PART D PLAN, such as a plan offered through AARP or advertised on TV. UniCare State Indemnity/Medicare Extension (OME) members will automatically be enrolled in the new GIC group program. If you enroll in a non-GIC Medicare Part D Plan, you will lose your medical and prescription drug benefits through the GIC.

Look for information from the GIC and SilverScript this fall and check the GIC’s website for updates. In the meantime, if you have any questions, call CVS/caremark: 1.877.876.7214.
Summer is a popular time to plan relaxing vacations and long weekend getaways. Having an inconsistent schedule can take a toll on your exercise routine, which may impact your physical health. However, you can still squeeze a great workout into your day with resistance bands, an inexpensive ($5-10 at most sporting goods or department stores), easily portable, and highly effective strength training tool that can be packed in your bag for exercising on-the-go. Here are some simple, effective resistance band exercises to try while you’re on vacation, relaxing at home, or in your office.

Remember, before starting any new exercise routine, be sure to talk with your doctor if you have any concerns or chronic conditions. And, if the band or tube has nicks or small tears, throw it out and get a new one.

**Tube Walk:** Stand in the middle of the band with feet shoulder-width apart, holding one end of the band in each hand. Cross the band in front of your body (making an X) with your right hand by your right hip and left hand by your left hip. Keeping your back tall, feet parallel, and knees straight, take a small step to the right with your right foot. Step your left foot to the right, bringing feet back to shoulder-width distance. Step to the right 10 times then switch to the left.

**Lateral Pull-Down:** Stand with feet slightly more than shoulder-width apart, holding one end of the band in each hand, arms by your sides. Lift your arms overhead, pulling the band tight, and point your right toes out to the side. Keeping your left arm still, engage your side abdominal (oblique) muscles, pull your right elbow down to your side, and lift the right knee to meet it. Extend your right arm and leg without touching your toes to the floor. Do 10 reps, switch sides, and repeat.

**Shoulder Raise:** Seated on a chair, place the resistance band under your bottom or under your feet and grasp each handle. Sit tall with your abs engaged and arms slightly bent at the elbows. Lift arms up to shoulder level and slowly release back down to the start position. Do 10 reps.

**Rotating Lunge with Bicep Curl:** Stand in a split stance with your right leg forward and left heel lifted. Place the band under your right foot and grasp each handle. Bend your legs so that your right knee forms a 90 degree angle (making sure your right knee is in line with your right ankle, not your toes), and your left knee is about an inch off the ground. Keep your elbows in line with your body and curl the band up toward your shoulders. Return to the starting position. Do 10 reps on each side.

**Resisted Pushup:** Grab one end of the resistance band in each hand and stretch it across your upper back/shoulders (the band should be under your armpits). Get into pushup position with your feet together, holding the ends of the band in place with your hands. Lower your body to perform a full pushup. Aim to work up to 15 reps.

**Lateral Row:** Seated on a chair, place the resistance band under your feet and grasp each handle. Engage your abdominal (stomach) muscles and bend forward from the waist until your back is parallel to the floor, releasing your arms down toward the ground. Pull the handles upward, drawing your shoulder blades together and your elbows toward the ceiling. Slowly release back down to the start position. Keep your abs engaged to protect your lower back. Do 10 reps.

For Your Benefit Summer 2015

Keep in Mind….

Q) My spouse was terminated from employment and we lost his/her health insurance coverage. Can we enroll in GIC health insurance benefits?

A) You can enroll within 60 days of the involuntary loss of health insurance coverage. The supporting documentation must specify that the loss of health coverage was involuntary, the termination date, and be on the employer’s or health plan’s letterhead. The Enrollment/Change form and documentation must be received at the GIC within 60 days of the qualifying event. Otherwise, you must wait until Annual Enrollment to enroll.

Q) I am getting married; how do I add my new spouse to my GIC health insurance coverage?

A) Complete the Enrollment/Change form and include a copy of your marriage certificate. Active employees return these forms to their GIC Coordinator; retirees return them continued on page 7

Pack a Resistance Band for Your Vacation and Work Out Any Time, Anywhere

Guest Editorial by Kayla Mantegazza, WellMASS Program Coordinator www.mass.gov/gic/wellmass

www.mass.gov/gic/wellmass
Keep in Mind….

continued from page 6

to the GIC. Forms and documentation must be received at the GIC within 60 days of the marriage. Otherwise, you must wait until Annual Enrollment to add your spouse.

Q) How can I add a newborn to my GIC coverage?
A) Complete the Enrollment/Change form and attach a copy of your dependent’s birth certificate. You may submit an announcement letter from the hospital. The birth certificate or hospital notice must link the dependent to the insured or spouse. The GIC must receive the form and documentation within 60 days of the birth. Otherwise, you must wait until the next Annual Enrollment to add the dependent.

Q) I am retired and am not eligible for Medicare Part A for free, but am eligible for Medicare Part B. Should I purchase Medicare Part B?
A) The GIC does not require you to enroll in Medicare Part B if you are not eligible for Medicare Part A for free. However, if you may be eligible for free Medicare Part A in the future (for example, you have a younger spouse) you may want to enroll in Part B to avoid a Medicare penalty later on. Contact Social Security for further information.

Q) As a divorced employee/retiree who is remarrying, what do I need to do?
A) You must notify the GIC in writing that you have remarried, even if you do not wish to add your spouse to your GIC health insurance coverage. Once you remarry, your former spouse may only be covered at 100% of the premium. Send a copy of your new marriage certificate, GIC ID number (usually it is your Social Security Number), and your former spouse’s last known home address. If you have not already done so, please include the following sections of your divorce agreement: page with the ‘divorce absolute’ date (the date divorce became final), health insurance provisions, and signature pages. Also provide your new spouse’s name, date of birth, and Social Security Number.

If you fail to report a legal separation, divorce or remarriage, your health plan and the GIC have the right to seek recovery of health claims paid or premiums owed for your former spouse.

See the GIC’s website for answers to other Frequently Asked Questions: www.mass.gov/gic/faq.
If you have low back pain, you’re not alone. It’s one of the most common reasons people visit the doctor, and the pain can be excruciating. Patients often beg their doctor for a CT or MRI scan, and sometimes doctors rush to perform them. However, immediately undergoing an image scan is usually not helpful and can be harmful. CT scans and other forms of imaging that rely on radiation are believed to be increasing cancer rates (The New Yorker, May 11, 2015; Atul Gawande, M.D.) Alternately, patients and doctors may advocate for bed rest, which can exacerbate the issue, particularly if continued for more than two days. Most back pain subsides after a week or so and lifestyle modifications, such as walking, water aerobics, physical therapy, and losing weight are usually the best course of treatment. However, if your back pain is also causing tingling or loss of sensation, quick intervention is usually needed.

Atrius Health, an alliance of medical groups that includes VNA Care Network, Granite Medical Group, Harvard Vanguard and Dedham Medical, recently embarked on an education campaign about proper care for low back pain. Using Choosing Wisely® materials, Atrius’s approach helped guide patient-doctor conversations about low back pain treatment. Choosing Wisely® was established by the American Board of Internal Medicine Foundation to promote conversations between clinicians and patients about necessary, evidence-based care.

Some of the other new Choosing Wisely® resources include information about:

- Colonoscopies
- Preventing Seizures after an Ischemic stroke (caused by an obstruction within a blood vessel supplying blood to the brain and the most frequent kind of stroke)
- Blood tests for miscarriage risk
- Mammograms before elective breast surgery
- Brain scans for a head injury
- Medications for chronic pain

*Consumer Reports*, a key partner in the Choosing Wisely® campaign, suggests that patients ask their doctor the following before undergoing a test or procedure:

- Do I really need this test or procedure?
- What are the risks?
- Are there simple safer options?
- What happens if I don’t do anything? Will my condition get worse or better if I wait?
- How much does it cost? Are there less expensive, equally effective ways to treat this problem?

Visit www.choosingwisely.org for helpful patient lists and videos created by national medical specialty societies to help patients take charge of their own health.