MARK YOUR CALENDARS

Annual Enrollment
APRIL 14 - MAY 16, 2008
For changes Effective
JULY 1, 2008
Benefit Decision Guides
delivered in April

The GIC is out to bid for new health plans. See your Benefit Decision Guide, mailed in April, for any important changes. Active employees will receive their guide at their agency or municipality personnel office. Retirees and survivors will receive their guide at home.

All in a Day’s Work
Town of Saugus Joins the GIC

Town of Saugus employees, retirees and their dependents, pursuant to a legislative amendment to Chapter 67, joined the GIC for health coverage effective January 1, 2008. With little lead time, GIC and town staff threw themselves into ensuring a smooth transition. New communication materials, enrollment forms, and required documentation information were developed and mailed. A nine-hour registration was held on a Saturday at a local elementary school to answer questions and enroll employees and retirees (photos from the event inside this newsletter):

- GIC health plans staffed tables to answer health plan-specific questions
- The GIC held informational sessions throughout the day to give an overview of options
- GIC and Saugus staff assisted people in line to be sure that they had all of their documents, their questions were answered, and photocopies were made before entering the enrollment area
- Saugus staff color-coded applications to quickly designate which applications were for employees, retirees or GIC Retired Teachers converting to municipal coverage.
- Six enrollment stations were staffed by GIC employees.

- Saugus staff batched and photocopied forms and documents so that enrollments could be entered into the GIC’s eligibility system and the town’s payroll and pension systems in a timely manner

“Everyone pitched in to make this a success,” said Dolores L. Mitchell, the GIC’s Executive Director. Nearly 900 Saugus enrollees joined the GIC, including over 200 GIC Retired Municipal Teachers who changed to the municipal program and are now eligible for all GIC health plans. “Getting accurate eligibility files and collecting all of the necessary documentation is particularly time-consuming and new municipalities joining July 1 will have the benefit of additional time to accomplish their transitions,” said Ms. Mitchell. “We can’t say enough about how helpful the Town of Saugus staff was to make this transition possible,” she said.
Three gynecological diseases that commonly afflict working women include:

**Endometriosis** - a disease occurring in reproductive age women in which the tissue that lines the uterus, called endometrium, implants in areas outside the uterus. These growths are highly inflamed and cause severe symptoms in some women including painful periods and intercourse, and bowel irritation. The growths can enlarge, forming large cysts that can rupture and cause disabling abdominal pain. The growths can cause infertility. Other women have no symptoms at all. The disease continues to worsen during the 30’s but usually lessens and disappears in the 40’s. It goes into temporary remission during pregnancy or when taking oral contraceptives, and goes into permanent remission after menopause or removal of one or both ovaries.

- **Tip Offs:** Women may first experience symptoms in their late teenage years or early 20’s, they experience increasingly severe menstrual cramps. Later the disease may produce constant pain that is worse during intercourse. Inability to become pregnant may follow. These symptoms should trigger a visit with a gynecologist.

- **Treatment:** First line treatment is symptom relief by suppressing the disease with oral contraceptives or, if possible, with pregnancy. Surgery to remove growths may be included. Other drugs to produce menopause can help in some cases. Removing the ovaries and even removing the uterus (hysterectomy) are options in severe cases. Menopause is the only other definitive treatment outside of surgery.

**Uterine fibroids** - common non-cancerous tumors growing in the uterine wall afflicting reproductive age women. They occur in 1 in 5 women and are the principal indication for 3 of every 10 hysterectomies in the United States. They are rarely cancerous.

- **Tip Offs:** The most common complaints are heavy regular periods, cramping pain, lower abdominal swelling, and miscarriage. Women may notice symptoms in their 20’s and early 30’s when they begin to have increasingly heavy but regular menses, often with cramps.

- **Treatment:** Heavy bleeding can be controlled with oral contraceptives. Abdominal surgery may be needed and in some cases the fibroids can be removed through a small incision. The most common treatment is hysterectomy. Fibroids can be shrunk temporarily with drugs that produce menopause, by removing the fibroids or by embolization (small particles heated under x-ray control). They stop growing and slowly shrink after menopause.

**Polycystic Ovarian Disease (PCOD)** - the single most common cause of menstrual irregularity in young women. It is a metabolic condition characterized by elevated androgens, insulin resistance, obesity, irregular ovulation, excessive hair growth and acne. Many of these women are infertile because they do not ovulate regularly.

- **Tip Offs:** Women with PCOD may have very irregular menses during teenage years or into young adulthood. Frequently the condition is aggravated by persistent weight gain.

- **Treatment:** Treatment depends on the desires of the patient. If she wants to control facial hair, there are treatments to lessen the hormonal effects on skin and hair, usually with birth control pills. Weight loss is the most effective treatment for regular ovulation. Other drugs are available to correct the level of insulin and improve ovulation in these women.

For more information visit the following websites:

John E. Buster, M.D. is a practicing reproductive endocrinologist who sees patients at the Center for Reproduction and Infertility at Women and Infants’ Hospital of Rhode Island in Providence and at Tufts New England Medical Center in Boston. Clinical practice focuses on infertility, assisted reproductive technology, reproductive surgery and menopausal hormone replacement. Dr. Buster has special expertise and international recognition for his work in preimplantation embryology, ectopic pregnancy and female hormone replacement.
Choosing a doctor is one of the most important decisions you can make. You want to find a doctor with whom you feel comfortable, and who you think can give you the best medical care and advice. Here are some steps to take when choosing a doctor:

**Research the doctor’s background and training**

- Contact your health plan or look in your plan’s provider directory to find out whether or not your doctor has the Tier 1 designation, which designates that he or she is a high-quality, cost effective physician. Physician tiering applies to all employee and retiree non-Medicare GIC plans. You will save money with lower office visit co-pays when you see a Tier 1 physician.

- Learn as much as you can about the doctor’s background and training. A good place to go for information is the Massachusetts Board of Registration in Medicine’s website at www.massmedboard.org/consumer. Another source of information is WebMD’s physician directory at http://doctor.webmd.com, which provides hospital affiliation and lists other physicians in a particular doctor’s practice.

- Check other quality and care reports. An excellent source is the Massachusetts Health Quality Partners website at www.mhqpp.org.

**Make sure the doctor is right for you**

- Find out how long it takes to get an appointment. Make sure the doctor can see you without a long delay.

- Find out how you can reach the doctor after hours if you have an emergency. Ask if the doctor sets aside time for patients in need of urgent care—or makes arrangements with other physicians to cover his patients to make sure you are seen when needed.

- Ask who will be part of your health care team. Find out what other medical staff are available to see you (such as physician assistants or nurse practitioners), if the doctor is not available.

- Ask if the office is open in the evening or on weekends. Longer office hours may be more convenient for you.

- Find out what happens when the doctor is on vacation. Ask if there are other doctors who can see you if your doctor is away.

- Check to see if the doctor’s office is easy to get to. Find out if you can take public transportation. If you drive, ask about parking.

- Ask if you can use e-mail to contact the doctor. This can be a quick and easy way for you to ask questions or share any concerns.

Call the doctors’ offices that you think would be a good fit, and say you are interested in an initial visit. Use this appointment to ask questions and find out how well the doctor listens and whether you feel at ease with him or her. Having a doctor you respect professionally and feel comfortable with personally is good for your health. So take the time to make the right choice.

Information on “How to Choose the Right Doctor” is culled in part from information provided by the Partnership for Healthcare Excellence, a statewide initiative dedicated to helping Massachusetts consumers improve the quality of their own health care. The Group Insurance Commission is a member of the Partnership’s Leadership Council. Check out the Partnership’s website for additional helpful tools, tips and resources for patients, including how to prepare for medical appointments, take medications safely, prepare for surgery, and find resources and tools from trusted sources: www.partnershipforhealthcare.org.

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For Your Benefit  
Winter 2008

The GIC Welcomes New Municipalities, Regional School Districts and Planning Councils Effective July 1, 2008

Athol-Royalston School District • Groveland • Gill-Montague Regional School District • Hawlemont Regional School District • Holbrook • Lawrence Family Development Charter School • Millis • Mohawk Trail Regional School District • Old Colony Planning Council • Southeastern Regional Planning and Economic Development District • Winthrop

Donna McNeil, Donna Gould, Jillian Smith, Lorna Cerbone and Joanne Rappa of Saugus batched and photocopied documents so that they could be quickly entered into the GIC’s eligibility system and the town’s payroll and pension systems.
Teens and Smoking
Don’t Stop Thinking About Tomorrow

Tobacco use, one of the top preventable causes of death besides obesity in the United States, primarily begins in early adolescence: one third of all smokers had their first cigarette by the age of 14 and ninety percent of all smokers begin before the age of 21 according to the National Youth Tobacco Survey. Nearly one-third of college students are smokers. The 2005 Centers for Disease Control and Prevention (CDC) survey found:

- 28 percent of high school students use some kind of tobacco
- 14% of high school boys and 2% of high school girls use some form of chew or other types of smokeless tobacco
- 54% of high school students have tried cigarette smoking

An estimated 440,000 Americans die each year from diseases caused by smoking. Each day 2,000 teens become regular, daily smokers, and the American Cancer Society estimates that one third of them will die from smoking-related diseases. Other significant health problems among young people include increased cough and phlegm production, increased number and severity of respiratory illnesses, decreased physical fitness, and potential retardation in the rate of lung growth and the level of maximum lung function. Users of spit or smokeless tobacco are prime candidates for cancers of the mouth, throat, and esophagus and receding gums, which can progress to the loss of teeth and pre-cancerous spots in the mouth.

Teen cigarette use decreased significantly from the late 1990s to 2003, which the CDC attributed largely to a 70% increase in the retail price of cigarettes between 1997 and 2001, increased school-based efforts to prevent tobacco use, and increased youth exposure to anti-tobacco state and national mass media campaigns, many of which were funded by tobacco company settlements. The American Cancer Society cites Florida’s “truth” campaign, which provided a modern twist on the wolf in sheep’s clothing parable, as well as a Nebraska high school’s media campaign which featured a teen afflicted by oral cancer, as effective campaigns that caused dramatic reductions in teenage tobacco use. Sadly, the prevalence of smoking was unchanged from 2003 to 2005 in part due to cut backs on anti-tobacco campaigns.

Parents’ involvement is a primary component of preventing tobacco use. The Harvard Medical School Family Health Guide suggests that parents:

- Talk to your child clearly and openly about smoking, ideally between the ages of 10 and 12
- Strongly discourage smoking and be a role model: don’t smoke
- Get your child involved in sports, exercise, and social activities
- Monitor your child’s whereabouts and try to arrange adult supervision for them if they will be home alone for a period of time.

If your child does smoke, help him or her quit. The Massachusetts Department of Public Health, in collaboration with health plans across the state, offers QuitWorks, a telephone counseling, information and referral service for Massachusetts residents who want to stop smoking. Call 1-800-TRY-TO-STOP (800-879-8678) or visit www.trytostop.org.

Tufts Health Plan Scholarship Applicants Get Creative with Ideas to Reduce Teen Smoking

Last summer, Tufts Health Plan’s college scholarship application for GIC dependents included an essay about the prevalence of teen smoking. Students offered some creative suggestions for reducing teen smoking including:

- Mandated school-wide tobacco prevention programs that include young people suffering from tobacco-related conditions and an emphasis on the gruesome physiological effects of smoking
- Additional after-school and summer programs that reduce free time and focus on healthy activities
- Restrictions on smoking shown in movies rated G, PG or PG-13
- Public advertisements in popular clothing stores with anti-smoking messages
- Discounts to movies and other youth activities for non-smokers
- Mandatory ID scans for purchasing tobacco products and increased punishment of youth who buy cigarettes or are caught smoking on school grounds
- Celebrities featured in anti-smoking campaigns
- Expanded “Truth.com” campaigns
- Cigarette “buy back” programs, analogous to gun programs where youth can turn in their tobacco products for healthy alternatives
Commonwealth of Massachusetts employees and retirees will be mailed a personalized annual benefit statement at the end of January. This statement gives an overview of your benefits elections and who is covered under your policies. Be sure to review the statement carefully to see if there are any errors. Forms and instructions to make changes will be enclosed with the mailing. **If everything is correct, you do not need to do anything.** File your statement with your important papers; it’s the only statement you will receive in 2008.

**Important Reminders:**

- **You MUST** notify your GIC Coordinator (active employees) or the GIC (retirees and survivors) if you legally separate or divorce or if you or your former spouse remarries. **Failure to do so may result in financial liability to you.**
- Active state employees – be sure to turn your statement over. In cooperation with the State Board of Retirement, the GIC is again including your State Board of Retirement beneficiary information. In the event that you die while still in active state service and before your retirement, this beneficiary (as distinguished from your GIC life insurance beneficiary) receives certain pension benefits as well as payment of any unused vacation and sick time owed.
- Be sure to check the status of your 19 to 26 year old dependent, if applicable. Instructions for changing your dependent’s status will be enclosed inside the return GIC envelope.

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**Tufts Health Plan** $2,500 scholarship winner, Jessica Page of Quincy (middle), shakes hands with Tufts Health Plan’s CEO, James Roosevelt, Jr. GIC Executive Director, Dolores L. Mitchell, looks on during the celebratory occasion. Jessica is a nursing student at Regis College and is the daughter of GIC enrollee, Geralyn Page from the Department of Revenue. Congratulations also to Justin Gregoire of New Bedford, the other $2,500 scholarship winner. Justin is a pharmacy major at the University of Rhode Island and is the son of retiree Richard Gregoire.

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**All Massachusetts GIC Enrollees**

**Look for New 1099-HC for State Tax Filing**

All GIC enrollees who reside in Massachusetts will be mailed a new form for state tax purposes. The GIC’s health plans will be mailing this form, called the 1099-HC, to their members between the middle and end of January. You will need this documentation as proof of health coverage for you and, if applicable, your GIC-covered spouse and dependents, for state tax purposes.

The Health Care Reform Act requires all Massachusetts residents to have health insurance by the end of 2007. Those who do not will pay a penalty. You or your tax preparer will use the 1099-HC form to complete the new Schedule HC form with your Massachusetts residential tax form. Schedule HC is a new required tax return attachment for all Massachusetts residents. After completion of your state taxes, retain this form with your tax information in case you get audited.

**If you are a Massachusetts resident and do not receive your 1099-HC by January 31, 2008, please contact your health plan.**

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The GIC visited all of its six health plans during this fall’s annual site visits. During these visits, GIC staff and our health plans discuss ways to improve health care quality, cost effectiveness, and operational procedures. GIC staff had the opportunity to visit Fallon Community Health Plan’s Summit ElderCare facility in Leominster. The program provides frail elders with a coordinated approach to elder care and is the only program of its kind in central Massachusetts. The program of all-inclusive care for the elderly allows elders to remain living in their homes and maintain their independence while providing individualized quality support for both them and their caregivers. Karen Longo, Executive Director of Summit ElderCare (left) stands with Eric Schultz, President and Chief Executive Officer of Fallon Community Health Plan and GIC Executive Director, Dolores L. Mitchell in the physical and occupational therapy area of the facility.
The GIC’s newest Commissioner, Anne M. Paulsen, recently made the transition from the state legislature to retirement, and her benefit transition experience was a good one. “GIC staff helped making the transition seamless,” she said. “The staff at the GIC was extremely helpful.”

Commissioner Paulsen served seven terms as the State Representative for the 24th Middlesex District, which encompasses parts of Belmont, Arlington, and Cambridge. Some of her committee work included Transportation, Children and Families, and Tourism, Arts, and Cultural Development. A strong supporter of bicyclist and pedestrian rights, she was a lead sponsor of the 1996 Bicycle and Pedestrian Access Law. She also worked to provide better education, training and comprehensive supports for women on welfare to help them move out of poverty. Prior to her legislative tenure, she served on the Belmont Board of Selectman, the Belmont School Committee, and the Massachusetts Water Resources Advisory Board. Commissioner Paulsen also taught in the Newton and Cambridge public schools.

Commissioner Paulsen is the retiree designee to the Commission, replacing long-time member Alfred A. Fondacaro, Jr. Although she was appreciative of her GIC benefits as a state employee, she’s more cognizant of their importance now. “I have many friends looking toward retirement who are concerned because they won’t have health insurance, especially if they’re not eligible for Medicare,” said Commissioner Paulsen. “Those who work for the state are very fortunate to have these retiree benefits and I look forward to representing retirees on the Commission,” she said.

The GIC extends a warm welcome to Commissioner Paulsen and also expresses its appreciation to Commissioner Fondacaro for his many years of dedicated service.

Four of the GIC’s health plans earned top rankings in the annual National Committee for Quality Assurance “America’s Best Health Plans” review, which was published in the November 5 issue of U.S. News & World Report magazine. NCQA, the non-profit organization that measures and reports on various aspects of performance and is the major accrediting and standards-setting body for managed care, produces this report annually. The rankings compare health plans across the nation based on clinical performance and customer satisfaction. Congratulations to the following GIC plans!

Best Commercial Plans in America
#1 Harvard Pilgrim Health Care HMO/POS
#2 Tufts Associated Health Maintenance Organization HMO/POS
#9 Health New England HMO/POS

Best Medicare Plans in America
#1 Fallon Community Health Plan HMO
#3 Tufts Associated Health Maintenance Organization HMO
“This letter is simply a congratulations on something in which, in my opinion, was history-making. In the (summer) newsletter you published a complaint from K. Kelly of Milton. I thought the letter was very realistic from the writer’s point of view. This was the first time, in my experience that I have ever seen a newsletter from any entity ever allow the fact that they might be wrong (even though you did sidestep it a bit) and were not always doing everything solely for the benefit of the consumer.”

B. Welch, Bedford, MA

“I wanted to let you know that we looked up our membership in southern California, in those areas affected by the fires, and the case managers called them to offer support and to “touch base”. We connected with 12 members: 10 of them were not affected by the fires, but they appreciated the telephone calls. One elderly member was evacuated from his home for a day. His home was not damaged. He was very impressed that we called to check on him. Another member was also evacuated and luckily his home was fine.”

Jean Piercy, RN BSN, UniCare

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.

Reminder for Active Employees Age 65 and Over

ACTIVE EMPLOYEES and their spouse/dependents age 65 and older should not use their Medicare cards when they go for any kind of medical care. Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Tufts Health Plan and UniCare remain the carriers responsible for medical service payments while you are still working. For further information please call (617)727-2310, Ext. 1.
Tips for Saving Money on Prescription Drugs

Photocopy your drug formulary and give it to each of your doctors: Your formulary lists the drugs that are available at lower co-payments. Give a copy of the formulary to each doctor you see. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

Some GIC plans continuously update their formulary, while others update throughout the year and then produce a new formulary in January. Express Scripts, the pharmacy benefit manager for Commonwealth Indemnity Plan members, mails its new formulary to members at the beginning of December; it’s also available on their website. Other GIC health plans post the formularies on their websites, or members can call and have a formulary mailed to them.

Mail-Order: If you are taking prescription drugs for a long-term condition such as asthma, high blood pressure, allergies, or high cholesterol, switching your prescription from a retail pharmacy to mail-order will save you money – up to one co-pay every three months. For example, if you are in Navigator by Tufts Health Plan, you would pay $20 each month for a tier 2 drug from a local pharmacy, but only pay $40 every three months if you use mail-order. By using mail order, you would save $80 per year per tier 2 drug. Plus, you’ll have the convenience of home delivery.

It’s easy to get started on mail-order. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail order form, available from your prescription drug plan, and send it with your prescription and co-pay to the address listed.

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