

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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Deval Patrick, Governor

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GROUP INSURANCE COMMISSION

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

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Health Care Transparency *What This Means to Patients*

You have probably heard or read reports about the importance of health care transparency. It wasn't so long ago that when you went to see a doctor, or were admitted to the hospital, you simply assumed that you would receive high quality care. You didn't worry too much about the cost even though you might have to pay some of the bill because the charges were reasonable and you could manage it if you had a job. With studies detailing the proliferation of medical errors and the explosion of health care costs, life has changed. Patients must be engaged in their own health care to get the best results at the best costs. This is where transparency comes in – giving you the information you need to do that.

GIC members have been the beneficiaries of health care transparency for a number of years:

- ❖ In 1999, the GIC was the first state organization to join the **Leapfrog Group**, a coalition of employers committed to reducing medical mistakes. Now you can find out how particular hospitals fare on patient safety simply by going to Leapfrog's website: www.leapfroggroup.org.
- ❖ The GIC's **For Your Benefit newsletter** includes articles such as this one to help members take charge of their own health care. Among the tools provided have been information about the **Choosing Wisely®** campaign (a list of tests and procedures that doctors themselves agree are overused) and questions you should ask before deciding to have a test or procedure. *Consumer Reports* is also promoting this effort. See the **Choosing Wisely®** site for additional details: www.choosingwisely.org. Access *For Your Benefit* newsletter articles back to 1999 on our website: www.mass.gov/gic/yourhealth.
- ❖ In its eighth year, the GIC's **Clinical Performance Improvement Initiative** gives employees and non-Medicare retirees an incentive through lower copays to see specialists with higher quality and/or cost efficiency scores. Millions of physician claims are analyzed for differences in how doctors perform on nationally-recognized measures of quality and/or cost efficiency. You Select & Save, paying the lowest copay for the highest-performing physicians:
 - ★★★ Tier 1 (excellent)
 - ★★ Tier 2 (good)
 - ★ Tier 3 (standard)

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Keep in Mind...

Q) What documents must I provide to the GIC with the Medicare Plan Option form I receive from the GIC when I am retired and age 65 or over?

A) If you and/or your spouse are **on Medicare**, we will need the following documentation:

- ❖ Photocopy of your Medicare Card (include a copy of spouse's card if applicable).
- ❖ Photocopy of your latest 1099 or the Benefit Verification letter printed from Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.

If you and/or your spouse are over age 65 and **not eligible** for Medicare we will need the following documentation:

- ❖ Social Security Denial letter stating that you or your spouse is not eligible for Medicare Part A for free.

Q) I am retired. At age 65 my spouse or I was not eligible for Medicare Part A for free. My spouse or I have subsequently become eligible for Medicare Part A for free. What do we need to do?

A) You or your spouse must notify the GIC in writing when you become eligible for free Medicare Part A. The GIC then will notify you of your coverage options. Failure to do this may result in loss of GIC coverage.

Keep in mind that if your spouse is at least age 62 when you approach age 65, you may be eligible for free Part A due to your spouse's eligibility. If you are eligible for free Part A, the GIC will require you to enroll in Part B. Under Medicare's rules, failure to apply for Part B when you become eligible may mean a penalty for late enrollment. Contact Social Security three to four months before you turn age 65 to understand your options and give yourself time to gather your documents.

See the GIC's website for Answers to Other Frequently Asked Questions: www.mass.gov/gic/faq.

Get Out and Bike Ride!

Use your 20% GIC discount for the Hubway bike sharing service:
Visit www.thehubway.com and sign up using GIC member discount code: dRx2Ycxw

Medicare's Rules and Regulations

Compliments of the Social Security Administration's
Metropolitan Boston Local Affairs Specialist

You may qualify for Free Medicare Part A if you:

- ❖ Have your 40 credits for Social Security because you worked in the private sector;
- ❖ Are married to someone at least age 62 who qualifies for Social Security benefits, even if they have not yet applied for benefits;
- ❖ Were married to someone who qualified for Social Security and they died;
- ❖ You were married for at least 10 years to someone who qualifies for Social Security and you are divorced from them and have not remarried; or
- ❖ You have at least 10 years of state or municipal employment service and paid Medicare taxes throughout this time.

You are eligible for Medicare Part B if you are:

- ❖ A U.S. citizen or have resided in the United States for five consecutive years; and
- ❖ Retired and age 65 or over.

In order to avoid a Medicare penalty for late filing of Medicare Part B, contact Social Security (www.socialsecurity.gov) within three to four months of your 65th birthday.

Keep in mind that if you qualify for free Part A and are retired, state law requires that you enroll in Medicare Part B and enroll in a GIC Medicare supplement plan. See our website for additional details: www.mass.gov/gic/faq.

Fifth Element of Centered Care Includes Expanded Hours and Urgent Care Access: Why This Matters



The GIC's Centered Care Initiative continues to make strides in how health care is delivered. In the last couple of issues of our *For Your Benefit* newsletter we've highlighted the first four elements of Centered Care:

1. Primary Care Provider (PCP) identification
2. PCP engagement
3. Data sharing
4. Low cost providers encouraged

The fifth element, Expanded Hours and Urgent Care Access, is helping to improve access to care when patients need it. According to a recent UniCare survey, the number of Massachusetts PCP practices offering expanded hours is increasing. One quarter of practices hold evening hours and 30% offer weekend hours.

Expanded hours benefit patients and providers:

- ❖ *Improves convenience of getting care and increases patient satisfaction* (especially for working and single parents).
- ❖ *Better care coordination:* The practice has access to all of the patient's medical records instead of relying on an Emergency Room to transfer a visit report.
- ❖ *Improved quality:* With access to the patient's medical records, the practice is better able to target appropriate tests and is less likely to order unnecessary tests or overprescribe medications.

- ❖ *Lower costs for members and higher income to practices:* The average Emergency Room charge for three common reasons for an ER visit (middle ear infection, pharyngitis, and urinary tract infection) is \$570 and only \$155 at an Urgent Care facility according to a 2007 *Annals of Internal Medicine* study. Patients have lower copays when visiting their doctor or doctor's urgent care facility and the PCP practice is paid for the visit instead of a hospital.
- ❖ *Reduced wait times:* The average ER visit wait time is 56 minutes according to the Centers for Disease Control, with much greater waits during certain times and days of the week. One third to one-half of all ER visits are for non-urgent care according to the National Hospital Ambulatory Medicare Care survey. If more patients have access to extended hours and urgent care, the wait time at the ERs will go down for those who need the ER.

Practices are also taking a look at expanding their hours to help spread fixed costs, improve patient scheduling, offer alternate hours for physicians and other staff members, and improve the use of their facilities.

The bottom line: expanding hours is a win-win for everyone.



Health Care Transparency

What This Means to Patients continued from page 1

- ❖ Employees and non-Medicare retirees can save money every month on their premiums by joining one of the GIC's **Limited Network Plans**. These plans have similar benefits, but on average cost 20% less than their wider network counterparts because they have a smaller network of providers (fewer doctors and hospitals).
- ❖ The GIC and our health plans are fully engaged in Centered Care, which seeks to improve care coordination and quality while reducing costs. With this

program, Primary Care Providers (PCPs) coordinate services for their patients, and groups of providers are responsible for managing their health care spending efficiently. The health plans are reaching out to members to identify PCP information as part of this effort. Provider directories on the plan websites indicate physicians who are Centered Care providers and members of UniCare PLUS pay lower office visit copays for seeing Centered Care PCPs.

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Health Care Transparency *continued from page 3*

Check out these information sources before you make your choice.

Beginning October 1, 2014, health insurance carriers must provide same day health care cost information, including the copay and deductible you will need to pay. Be aware that the actual amount paid can change if there are unforeseen complications. Plans have been providing this information within two days since last October. Physicians and hospitals have until January 1, 2015 to provide this same service. These requirements are part of the state's 2012 Chapter 224

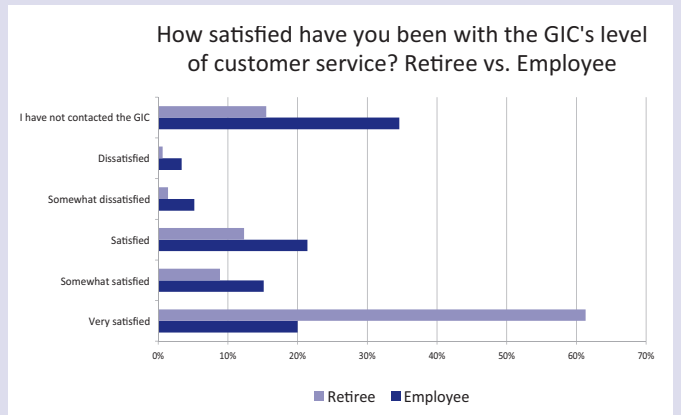
law intended to control health care costs. Most of the GIC's health plans have a website that will help you compare costs between providers on a range of services. The GIC is also working with other state agencies on a new website that will gather health care cost and quality information in a single location.

The bottom line: Be an engaged patient! Be sure to use health care information for your own health and financial wellbeing.

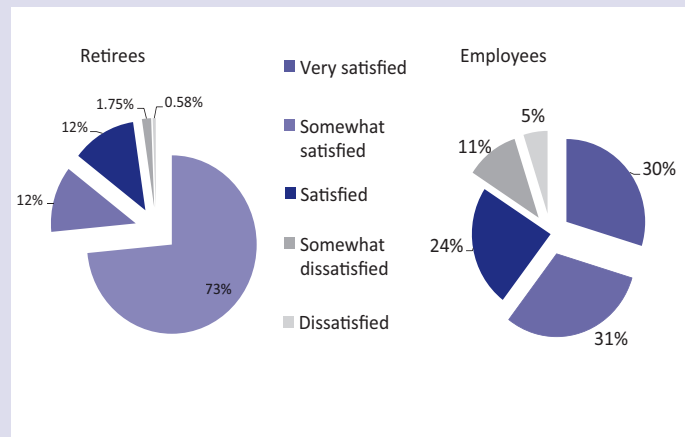
Retirees are Very Satisfied with GIC Health Benefits; Employees Satisfied

The GIC embarked on a customer service survey to elicit input from all GIC members regarding their opinions about their GIC health insurance benefits. Over 222,000 surveys were distributed at the end of March 2014 via email and mail. Almost 17,000 responses were received, and the response rate from retirees was particularly high. The overall response rate was 7.5%. State retirees' response rate was 12.39% and municipal retirees' response rate was 8.26%. State employees responded at the median rate of 7.5%; municipal employees' response rate was 1.8%.

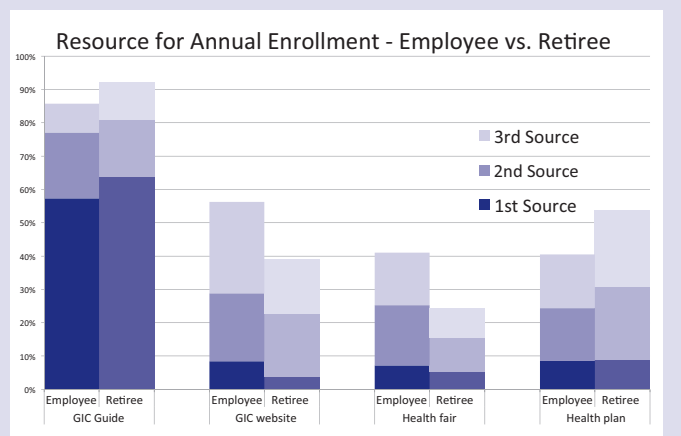
Retirees are "very satisfied" with the GIC's Customer Service Unit. Employees, who have on-site GIC Coordinators, do not contact the GIC's Customer Service Unit frequently.



Retirees are "very satisfied" with GIC health benefits and employees are "satisfied"



The GIC Benefit Decision Guide is the most frequently used resource for Annual Enrollment information.



Flexible Spending Account Open Enrollment

October 14 – December 5:



Enroll Today and Save Money in 2015

Lower HCSA Minimum, New Vendor, and Lower Fee!

Enrollment in the GIC's pre-tax program Flexible Spending Account (FSA) that saves state employees on average 25% of each dollar contributed, takes place October 14 – December 5, 2014 for 2015 calendar year benefits. There are two options:

Health Care Spending Account (HCSA): Almost all state employees should consider enrolling in this benefit. Pay for your out-of-pocket health care expenses on a pretax basis:

- ❖ Physician office and prescription drug copayments
- ❖ Medical and dental deductibles and copayments
- ❖ Eyeglasses, prescription sunglasses and contact lenses
- ❖ Orthodontia, hearing aids and durable medical equipment

All active state employees who are eligible for GIC health benefits are eligible to enroll in the HCSA program.

Want to Start Small? HCSA Minimum Now Lower

Contribute as little as \$250 to the HCSA program.

This minimum has been reduced from \$500, allowing more employees to try this money-saving program. You may elect to contribute up to \$2,500 for 2015.

Dependent Care Assistance Program (DCAP): Pay up to \$5,000 on a pre-tax basis for day care, after-school programs, elder day care and day camp expenses that enable you (and your spouse if you have one) to work. These expenses are generally for a dependent under age 13, but can also be for an older live-in adult who is incapable of self-care. Active state employees, including contractors, who work half-time or more and have DCAP-eligible employment-related expenses are eligible to enroll in the DCAP program.

New Vendor

The GIC has selected Application Software, Inc. (ASIFlex) as the new administrator of the Flexible Spending Account Program effective January 1, 2015. The company provides pretax benefits to over 400 clients including 10 states and over 60 educational institutions. Benefit Strategies will continue to administer the FSA program for current participants through the end of 2014 and also remains the Comptroller's administrator of the pre-tax transportation benefit. (See related article on page 6.)

How Does the Program Work?

Make your election for the year and it's put into your HCSA and/or DCAP account. With the HCSA program, you and your eligible dependent will receive a free debit card to conveniently pay for out-of-pocket health care expenses as you incur eligible costs. Alternately, you can pay for the expenses and then submit a claim form with receipt to receive reimbursement by check or direct deposit, depending on which option you have elected. For DCAP, obtain the dependent care provider's signature on the claim form and get reimbursed.

ASIFlex has a mobile app that makes claims submission fast and convenient. Simply take a picture of the receipt or other documentation, such as your plan's Explanation of Benefits, with your mobile device's camera, attach and send with the claim.

Reduced Administrative Fee!

The monthly administrative fee will decrease by over 30%, a \$1.10 per month reduction! The fee for HCSA only, DCAP only, or HCSA and DCAP combined will be \$2.50 on a pretax basis effective January 1, 2015.

2 ½ Month Grace Period

You have until March 15, 2016, to incur claims and until April 15, 2016, to submit claims for your 2015 election. As always, it's important to estimate your elections carefully as the Internal Revenue Service requires that unused funds be forfeited after the grace period.

Enroll No Later Than Friday, December 5

Don't miss out on this chance to save money by enrolling in one or both FSA programs. Enroll no later than Friday, December 5, for your 2015 benefits. Current participants must re-enroll each year; follow the online enrollment instructions on the forms section of our website. New participants complete and return to your Payroll Coordinator the enrollment form, also on the forms section of the GIC's website: www.mass.gov/gic/forms. For additional details, call ASIFlex at 1.800.659.3035.





Transition Information for Current Flexible Spending Account Participants

If you are a current Flexible Spending Account (FSA) Program participant -- enrolled in the Health Care Spending Account and/or Dependent Care Assistance Program -- here's important information for you to know this fall:

- ❖ 2014 FSA benefits will continue to be administered by Benefit Strategies through Monday, December 22, 2014. Contact Benefit Strategies through December 22 at 1.877.353.9442 if you have questions about 2014 claims.
- ❖ Your Benefit Strategies debit card can be used for any eligible HCSA expenses through Monday, December 22, 2014, if you have a sufficient balance to cover the expense.
- ❖ The deadline for 2014 paper claims through Benefit Strategies is Friday, December 19, 2014.
- ❖ No 2014 claims will be processed through the end of the year after these two cutoff dates (December 22 for the debit card and December 19 for paper claims).

- ❖ Beginning January 1, 2015, if you have a remaining balance in your 2014 FSA account, submit claims to ASIFlex using the ASIFlex claim form that's on our website: www.mass.gov/gic/forms. You can use your new ASIFlex debit card for eligible HCSA expenses beginning January 1, 2015, and any 2014 balances remaining will be used first before your 2015 election balance.
- ❖ If you participate in the Comptroller's pretax transportation program, continue to use Benefit Strategies' Visa debit card ("Benefits Card" and the Benefit Strategies logo are on the card).

For additional information and assistance, contact ASIFlex at 1.800.659.3035 or visit the GIC's website www.mass.gov/gic/fsa.



Access to Non-GIC Health Insurance? You May Save with Buy-out Option: Open Enrollment October 6 – November 7

If your spouse's employer has a fall health insurance open enrollment period, be sure to compare that coverage with your GIC health plan. It may make sense to enroll in that coverage and buy out your GIC health insurance. From October 6 through November 7, eligible state employees and retirees may apply for the buyout effective January 1, 2015. With the buyout, you receive 25% of the full-cost monthly premium in lieu of your GIC health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan and coverage.

For example, a state employee with Tufts Health Plan Navigator family coverage:

Full-cost premium for this plan:	\$1,491.63
Monthly 12-month benefit =	25% of this premium

After federal, Medicare, and state tax deductions, employee receives 12 payroll deposits or monthly checks of **\$254.69 per month**.

Visit the GIC's website for details on eligibility, disbursement and the buyout application: www.mass.gov/gic/forms. For additional details, call the GIC at 617.727.2310 ext. 1.

Tufts Scholarship Winners Address Effects of Affordable Care Act on Employer-Based Plans

Congratulations to this year's two Tufts Scholarship winners, Meghan Sullivan and Marissa Ho. Their winning submissions on the effects of federal health care reform on employer-based health plans earned them each \$2,500 towards their undergraduate degrees. Meghan, a nursing student at Elms College School of Nursing in Chicopee, is the daughter of Patrick J. Sullivan, Director of Parks, Buildings and Recreation Management for the City of Springfield. Marissa, a dual health studies and physical therapy major at Boston University, is the daughter of Carlton L. Ho, an Associate Professor in the Civil and Environmental Engineering Department at UMass Amherst. Their well-researched winning applications demonstrated their interest in the allied health field and addressed how federal health care reform will change employer health plan offerings in the future.



Meaghan Sullivan



Marissa Ho

MyGIC Self Service Center Website Rolling Out to Retirees

myGICBenefits
Self Service Center

Over the next several months, the GIC is mailing to all state and municipal retirees instructions and a PIN number to register for online access to view and print your GIC benefit statement any-time you choose. Employees received these mailings over this past winter. MyGIC gives you access to your annual benefit statement, including life insurance beneficiaries (for state retirees) on an up-to-date basis. This is Phase One of the GIC's program to expand online services to our members.

Be sure to take advantage of the great features of this new online site and save your MyGIC PIN mailing with your important papers for future MyGIC site visits.

GIC BENEFIT ACCESS Health Insurance

Fallon Health Direct Care, Select Care, Senior Plan	1.866.344.4442 www.fchp.org/gic
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1.800.333.4742 www.harvardpilgrim.org/gic
Health New England HMO, MedPlus	1.800.310.2835 www.hne.com/gic
NHP Care (<i>Neighborhood Health Plan</i>)	1.866.567.9175 www.nhp.org/gic
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>Beacon</i>) Medicare Complement, Medicare Preferred	1.800.870.9488 www.tuftshhealthplan.com/gic 1.855.750.8980 www.beaconhs.com/gic (code: GIC) 1.888.333.0880 www.tuftshhealthplan.com/gic
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (<i>CVS Caremark</i>) Mental Health/Substance Abuse and EAP (<i>Beacon</i>)	1.800.442.9300 www.unicarestatplan.com 1.877.876.7214 www.caremark.com 1.855.750.8980 www.beaconhs.com/gic (code: GIC)



Other Benefits for State Enrollees

Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1.617.727.2310, ext. 1 www.mass.gov/gic/life
Long Term Disability (LTD) (<i>Unum</i>)	1.877.226.8620 www.mass.gov/gic/ltd
Flexible Spending Account (FSA) Program Current Participants (<i>Benefit Strategies</i>) 2015 Participants and Open Enrollment (<i>ASIFlex</i>)	1.877.353.9442 1.800.659.3035 www.mass.gov/gic/fsa
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1.800.783.3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1.866.292.9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1.866.292.9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1.800.650.2466 www.davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (<i>Beacon Health Strategies</i>)	1.781.994.7424 www.beaconhs.com/gic (code: GIC)
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA) www.mass.gov/mtrs
Medicare (<i>Federal Program</i>)	1.800.633.4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1.800.772.1213 www.socialsecurity.gov
State Board of Retirement	1.617.367-7770 www.mass.gov/retirement

Questions

Group Insurance Commission TDD/TTY Access	1.617.727.2310 1.617.227.8583 www.mass.gov/gic
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GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cindy McGrath, Editor

Flu Vaccine Most Important Step in Preventing Serious Influenza Disease

Getting an annual flu vaccine is the most important step you can take in preventing influenza, a contagious respiratory illness. The flu can cause mild to severe illness, with complications that can include hospitalization and even death. Even if you are not likely to become dangerously ill with the flu, by getting vaccinated, you can protect your family and friends from catching the flu from you. The Centers for Disease Control and Prevention (CDC) recommends that all people age six months or older get vaccinated annually.

The flu season usually peaks in January and February, but can begin as early as October and end as late as May. The CDC recommends vaccination by October to get the maximum benefit. Shipments of the 2014-2015 vaccine are in process now, so it's not too early to schedule your vaccination. When you receive your flu shot at your Primary Care Provider's office, you can do so without any copay. These same benefits are available if you receive a vaccine at a retail clinic, such as CVS Minute Clinic, and through the Department of Public Health at town and school-based clinics.

Many pharmacies now offer flu vaccines to patients age 19 or over. Although all GIC health plans cover flu vaccines, some plans do not have direct billing arrangements with retail pharmacies. If this is the case, you will need to pay for the ser-

vice and then submit a claim form with the receipt to get reimbursed. Claim forms are available on all health plan websites.

The following plans offer direct billing between the indicated pharmacies and the health plan; you will not need to pay out of pocket and then submit the claim for reimbursement:

- ❖ Harvard Pilgrim Health Care and Neighborhood Health Plan (contact NHP for additional pharmacy options): CVS, Walgreens, and Rite Aid
- ❖ Tufts Health Plan: CVS

If you are a GIC Medicare member, some pharmacies will direct bill Medicare Part B (not your health plan); ask the pharmacy for details. Pharmacies do not direct bill Medicare Advantage Plans (Fallon Senior Plan and Tufts Medicare Preferred).

If you get a flu vaccine at a location other than your PCP's office, be sure to send a copy of your receipt to your PCP so he or she knows that you have been vaccinated. In addition to getting your flu vaccine, take preventive steps to avoid the flu, such as staying away from sick people and washing your hands to stop the spread of germs. For additional information, visit the CDC's website: www.cdc.gov/flu.

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

COMMONWEALTH OF MASSACHUSETTS
GROUP INSURANCE COMMISSION
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