

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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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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Employment Status Change Forms (Form-1A and Form-1AMUN) and Retiree/Survivor Enrollment/Change Form (Form-RS) changing effective September 1, 2015.

See our website for new versions mass.gov/gic/forms.

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Flexible Spending Accounts (FSAs): Save \$300 for Every \$1,000 Contributed *Open Enrollment October 13 – December 4 for Half-Year Benefits*

It's Open Enrollment time for the GIC's pretax benefits. From Tuesday, October 13 through Friday, December 4, 2015, state employees have the opportunity to enroll in the GIC's pretax benefits. On average, participants save \$300 for every \$1,000 contributed. There are two options:

Health Care Spending Account (HCSA) for Out-of-Pocket Health Care Expenses

With recent increases in GIC copays and deductibles, more state employees will want to take advantage of the savings of the HCSA program. Examples of eligible expenses:

- ❖ Physician office visit and prescription drug copayments
- ❖ Medical deductibles and coinsurance
- ❖ Eyeglasses, prescription sunglasses, and contact lenses
- ❖ Orthodontia and dental care
- ❖ Hearing aids and durable medical equipment
- ❖ Smoking cessation programs and childbirth classes
- ❖ Chiropractor and acupuncture visits

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Need Help with Workplace Stress? *Take Advantage of A Free EAP Resource*

Early retirements and smaller staffing levels mean we're all doing more with less. Angry constituents and customers also take a toll on staff. Looking for help on how to handle the stress? Call on free Employee Assistance Program (EAP) benefits for your staff.

Sue Cooper, the GIC's EAP Coordinator and Licensed Independent Clinical Social Worker, has been helping the Commonwealth's employees for 22 years. Her most popular programs are the ones that help employees with stress.

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Flexible Spending Accounts (FSAs): Save \$300 for Every \$1,000 Contributed

Open Enrollment October 13 – December 4 for Half-Year Benefits continued from page 1

All active state employees who are eligible for GIC health benefits are eligible to enroll in the HCSA. Employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week to be eligible.

Dependent Care Assistance Program (DCAP)

With DCAP, employees pay pretax for qualified dependent care expenses for a child under the age of 13, a disabled child age 13 or older, and/or an adult dependent. The program addresses such expenses as day care, after-school programs, elder day care, and day camp. Active state employees, including contractors, who work at least half-time can participate.

How These Programs Work

Through payroll deduction, you will contribute to your HCSA and/or DCAP accounts. If you're a HCSA participant, you and your eligible spouse or dependent will receive two free debit cards to conveniently pay for eligible expenses as you incur them. For example, when you pick up a prescription, you can use the card to pay your prescription copay. An additional set of two cards can be ordered for \$5.00. With either HCSA or DCAP, you can pay for expenses and then submit a claim form (with receipt for HCSA or provider's signature for DCAP) to receive reimbursement by check or direct deposit, depending on which option you elect.

Each time you use your FSA debit card

Ask the provider for an itemized statement that includes:

1. Provider name and address
2. Patient name
3. Date the service/supply was provided (regardless when paid or billed)
4. Description of the service/supply
5. Dollar amount you owe

IRS regulations require you to provide an itemized statement to ASIFlex for FSA expenses upon request. Submit online, via the mobile app, by fax, or mail. Also retain a copy with your personal tax records.

Open Enrollment for Half-Year Benefits

The FSA program is transitioning from a calendar year program to a fiscal year program so that it aligns with other GIC benefits. For this fall's **October 13 – December 4, 2015** open enrollment only, enroll for half-year benefits for **January 1 – June 30, 2016**. During the GIC's spring annual enrollment, state employees will be able to enroll in full year benefits that begin July 1, 2016. Choose a half-year election:

- ❖ HCSA: **\$250 to \$1,275**
- ❖ DCAP: **Up to \$2,500**

The monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is \$2.50 on a pretax basis.

2 ½ Month Grace Period for Short Plan Year

It's important to consider your election carefully. Because of the tax benefits of FSAs, the IRS imposes a strict "use-it-or-lose-it" rule, which means money left in a pre-tax account at plan year end is forfeited. However, you're given additional time with the 2 ½ month grace period to use your benefits. For the short plan year, you have until **September 15, 2016** to incur claims and until **October 15, 2016** to submit claims.

Don't Miss Out On Saving Money: Enroll No Later Than Friday, December 4

Enroll no later than December 4 to save on federal and state taxes in the first half of 2016. **Participants must re-enroll each open enrollment period** by re-enrolling online and giving the enrollment confirmation page to your payroll coordinator. New participants complete and return the FSA Enrollment form to your payroll coordinator.

Online re-enrollment instructions and the new enrollment form are on our website: www.mass.gov/gic/forms. For additional assistance, contact ASIFlex, the plan administrator: 1.800.659.3035.

Want to Get the Most Out of Your Annual Exam? Just Ask.

Take Charge of Your Health by Asking Questions

Guest Editorial by Michael Sherman, M.D., Senior Vice President, Chief Medical Officer, Harvard Pilgrim Health Care



Michael Sherman, M.D.

One of the best ways to be as healthy as you can be is to take advantage of your preventive care benefits, including an annual check-up. For starters, it's a free visit. Under federal health care reform, preventive care is provided at no out-of-pocket expense to you. This includes many of the standard screenings that your doctor may order, such as a cholesterol panel, mammography,

etc. In addition to a check of your vital signs, the annual exam is a great opportunity to engage in a genuine dialogue with your doctor.

This dialogue not only helps you take charge of your health care. It also helps to paint a picture of your overall physical and emotional well-being. And if additional care is needed, it arms your doctor with valuable information to help provide better-coordinated care, as exemplified by the GIC's Centered Care approach. That in turn supports a better health outcome, as well as more cost-efficient care, which benefits everyone.

With that in mind, here are some things you can do in preparation for your visit and questions you may wish to ask your doctor.

Write it down

Prepare for your visit by writing down your questions in advance. After all, it can be easy to forget them in the midst of an exam. It's also a good idea to record the information and recommendations your doctor provides.

Ask away

Along with your prepared questions, new ones will likely arise as you engage with your doctor. Here are 10 questions to consider asking; of course, there are many more:

1. How does my overall health compare to last year's check-up?
2. Is my lifestyle creating any risks?
3. Should I make changes to my diet?
4. Which health screenings would you recommend?
5. What risks do I have for heart disease, cancer or other chronic conditions, where I might make lifestyle changes?
6. Is there anything about my family medical history I should be concerned about?
7. What can I do to reduce stress?
8. Should I get a flu shot? Pneumonia vaccine? Shingles vaccine?
9. Is there a generic equivalent to any of my prescriptions?
10. What can I do to improve my health?

If you think of your annual exam as an opportunity, you'll be more likely to get greater value out of it. Take a few minutes to prepare a list of questions addressing your concerns or issues. Then take charge of your health by asking questions that will help you get the best possible care and improve your well-being.

Dr. Michael Sherman serves as chief medical officer and senior vice president for Harvard Pilgrim Health Care. He also serves as chair of the Board of Managers of the Harvard Pilgrim Health Care Institute, which encompasses the Department of Population Medicine at Harvard Medical School and is the only appointing medical school department in the US based in a health plan. Dr. Sherman holds a B.A. in Anthropology and Natural Sciences and an M.S. in Biomedical Anthropology from the University of Pennsylvania and received his M.D. from Yale and M.B.A. from the Harvard Business School.

Tufts Scholarship Winners Outline Importance of PCPs



Meghan Durgin



Tiffany Wong

With this year's record number of applicants for the Tufts Health Plan scholarships, standing out from the crowd was a big achievement. Meghan Durgin and Tiffany Wong each won a \$2,500 scholarship from Tufts Health Plan for their winning submissions on the role and importance of Primary Care Providers to patients, other providers, insurers, employers and the health care system. Meghan, a nursing student at Simmons College, is the daughter of Robert Durgin, an employee with the Norfolk County Sheriff Department. Tiffany, a pharmacy major at the Mass College of Pharmacy and Health Sciences, is the daughter of Buu Tran, a retired teacher from the City of Lowell. Congratulations Meghan and Tiffany!



Have Access to Your Spouse's Health Insurance?

Buy Out Your GIC Health Insurance Coverage October 5-November 6, 2015 to Receive a One-Year Payment Incentive

If you are a state employee or retiree and your spouse's health insurance open enrollment is this fall, you may want to consider enrolling in your spouse's health insurance coverage and buying out your GIC coverage. 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. From October 5 through November 6, 2015, eligible state employees and retirees may apply for the buyout effective January 1, 2016. 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:	\$1,603.19
Monthly 12-month benefit =	25% of this premium
After federal, Medicare, and state tax deductions, employee receives 12 payroll deposits or monthly checks of \$273.75 per month	

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

Strengthen Your Core to Help Prevent Falls

Strong core muscles – the ones in your abdomen, back and hips – improve posture and balance. This will help you avoid falls. One-third of U.S. residents ages 65 and over fall each year according to the National Institute of Health and are the number one cause of fractures, hospital admissions for trauma, loss of independence and injury deaths. Taking care of environmental hazards, such as clutter and slippery floors is critical. Improving balance and strength by strengthening your core muscles is also important for preventing falls.

“Core strength is intimately related to balance, because you need good stability at your core to have safe and effective movement at the hip, knee, and ankle,” says Kailin Collins, physical therapist, in the February 2014 issue of *Harvard Health*. Core muscles supply stability to your trunk; having a weak core undermines everyday life motions: walking, bending, turning, bathing, and dressing. Strengthening your core will also help improve posture, reduce pain in the lower back, and improve athletic performance.

A note of caution: If you are feeling unstable, be sure you've ruled out with your doctor health-related problems before you start working on your core. Sometimes instability is caused by inner ear, vision, muscle or joint issues, and it's important to rule these out first. If your doctor has ruled out medical reasons for instability, he or she may refer you to a physical therapist to develop a core strengthening program to help you with your stability.

It's never too late to start strengthening your core muscles. Work with a certified personal trainer to develop a core

training program that is customized for you. Consider enrolling in core strengthening classes such as Pilates.

Here is an exercise you can do at home. It's called a plank, or front hold. There are numerous ways to perform a plank: against a table, on your forearms, on a stability ball, on your side. Here's the proper form for a basic high plank. Begin by holding this position for ten seconds and gradually build up to 60 seconds.



Swimming, Tai Chi, Barre, and Yoga can also help strengthen core muscles. Choose the exercise option that's best suited to your personal health and interest. Bottom line – don't wait for balance and back pain issues to arise before you start working on your core muscle strength. By strengthening your core, you can help prevent falls and back pain. *See the Harvard Special Health Report Core Exercises for additional information: www.health.harvard.edu/core.*

Low Back Pain?

Don't and Do – Five Tips Each

Despite staying active and developing strong core muscles (see page 4), many of us will be affected by back pain. A lot of patients are understandably anxious to have something done quickly to stop the excruciating pain. But rushing to do something can actually be harmful according to the American Academy of Family Physicians and *Choosing Wisely*[®] campaign. Up to 90 percent of people who see a doctor in the first three days of a back attack get better within two weeks, regardless of the treatment.

Don't

- 1) **Rush to have an X-ray, CT scan or MRI:** These tests can reveal small abnormalities that aren't the cause of pain, but can cause you and your doctor to pursue aggressive and unnecessary care. Radiation has risks and it's important to avoid harmful radiation when possible. A recent study estimates that the 2.2 million CT back scans done in 2007 will lead to 1,200 future cancers. Imaging tests are also expensive and are subject to employee health plan copays and deductibles. Total costs range from \$200-\$290 for an X-ray and \$1,080-\$1,520 for a CT scan according to Healthcarebluebook.com. See the list section of the *Choosing Wisely*[®] website for more information on when you need or don't need imaging tests for lower back pain: www.choosingwisely.org.
- 2) **Stay in bed for an extended time:** Bed rest was the standard of care for back-pain sufferers until a 2010 review reported that staying active helped speed recovery. Research shows that bed rest of longer than two days does not help and can even be harmful at four days or more, according to *Choosing Wisely*[®].
- 3) **Take narcotic drugs unnecessarily:** People who take narcotic pain drugs such as oxycodone (OxyContin and Percocet) and hydrocodone (Lortab and Vicodin) report more disability after six months compared to those who don't. The longer you use an opioid, the higher the dose you will need – increasing the risk of addiction and side effects. Almost one third of back pain patients' doctors prescribe these potentially addictive drugs according to *Consumer Reports*.
- 4) **Request a steroid injection:** Although steroid injections are often prescribed to patients who suffer from back pain related to osteoarthritis, there's no evidence that injections help these patients. Steroid injections can help those who have back pain with sciatica (leg pain from a pinched nerve), but the effects wear off by three months.
- 5) **Have needless surgery:** Back pain usually is the result of arthritis, poor posture, and weak muscles. Surgery should be considered however, if there are severe back and leg symptoms lasting three months or so that are indisputably linked to a herniated disk or spinal stenosis (according to the *September 2014 Consumer Reports on Health*).

Do

- 1) **Stay physically active:** “Try to maintain everyday activities and stay physically active while avoiding activities and postures that make it worse, such as lifting and twisting,” says Dr. Jeffrey Katz, a Harvard Medical School professor and editor of the *Harvard Special Health Report: Low Back Pain: Healing and Your Aching Back*. Stretching and walking are helpful for expediting recovery. When you are ready, move on to exercises that strengthen your abdomen, back and legs. Sometimes your doctor will refer you to a physical therapist to learn the proper form for these exercises.
- 2) **Take over-the-counter painkillers such as acetaminophen (Tylenol) and nonsteroidal anti-inflammatory ibuprofen drugs (Advil and Motrin) for short term relief:** These drugs can be effective in alleviating pain and reducing swelling on a short-term basis. Be aware that long-term use of ibuprofen can cause stomach ulcers and other complications, so be sure to follow the directions and limit long term use. Your doctor may also prescribe a muscle relaxant.
- 3) **Use Ice and Heat:** For the first three days, apply ice to your back. Thereafter, apply heat: a heating pad, electric blanket, warm bath or shower.
- 4) **Consider alternative treatments and find out if your plan offers discounts:** some of the GIC's health plans offer discounts on massage therapy, cognitive-behavioral therapy, yoga, progressive muscle relaxation or other treatments. Your doctor may also prescribe physical therapy.
- 5) **Surgery and imaging tests may be necessary:** See your doctor as soon as possible if you experience leg weakness, pain radiating from the buttock to a leg, have an accident or fall, or fever over 102°F, experience loss of control of your bowel or bladder, problems with your reflexes, have a history of cancer, or unexplained weight loss. You might have a condition requiring active medical intervention.

Need Help with Workplace Stress? *Take Advantage of A Free EAP Resource* continued from page 1

Any state agency, authority, and GIC municipality can schedule her to come to your workplace free of charge. Some of her recent seminars include:

- ❖ Feeding the body and mind
- ❖ How to take care of yourself in times of stress
- ❖ How do we do more with less?
- ❖ Relaxation and meditation tips
- ❖ Dealing with challenging customers
- ❖ Best strategies for tough situations

In addition to group seminars, Sue helps managers and supervisors with one-on-one counseling on how to handle workplace concerns: low morale, personality conflicts, and personal issues that affect work performance. She also provides grief support and debriefings after distressing critical incidents.

To schedule a seminar for your workplace, access supervisory assistance, or if your workplace experiences a critical incident, contact Sue Cooper: sue.cooper@beaconhs.com; 781.994.7424.



Long Term Disability Claims Filing Deadline Strictly Enforced Effective October 1, 2015



If you are a Long Term Disability participant and become unable to work due to an illness or injury, **do not wait to file your claim**. As soon as you stop working and anticipate that your absence will last at least 90 days (the elimination period), file your claim. Effective October 1, 2015, Unum, the Long Term Disability carrier, must enforce **the filing deadline of 90 days after the elimination period** (usually 180 days after work stoppage). If you do not file before this deadline, you may not be eligible to receive benefits.

Many employees mistakenly believe that they need to wait until the 90 day elimination period has elapsed to file a claim. In fact, you will have a delay in your benefits if you wait this long to file. Keep in mind that after the 90-day elimination period, you may be eligible for the minimum benefit of \$100 or 10% of your gross monthly benefit, whichever is greater, **even if you are still using vacation, sick time, or workers' compensation benefits**. Your benefit may increase once your vacation, sick time, and workers' compensation benefits are exhausted.

Examples of some covered disabling conditions include:

- ❖ Mental/Psychiatric Disorders
- ❖ Substance abuse
- ❖ Chronic fatigue
- ❖ Disabling back pain
- ❖ Cardiovascular Conditions
- ❖ Repetitive Motion Injuries (e.g. Carpal Tunnel Syndrome)
- ❖ Injuries (work or non-work related)
- ❖ Multiple Sclerosis
- ❖ Amyotrophic Lateral Sclerosis (ALS)
- ❖ Cancer
- ❖ Respiratory issues

To find out if your condition is covered and to start your claim, call 1.877.226.8620 ext. 1 and request a claim submission packet. Be sure to complete the paperwork completely and accurately so that your claim can be expedited.

Keep in Mind....

Q) When can I cancel my GIC coverage?

A) During the year, you can cancel GIC benefits within 60 days of a qualifying event. Qualifying events include:

- Marriage
- Birth
- Adoption
- Divorce or Legal Separation
- Spouse's Gain of Employment
- Spouse's Annual Enrollment

Forms and documentation must be received at the GIC within 60 days of the qualifying event. Otherwise, you must wait until Annual Enrollment to cancel coverage.

Q) How do I drop a spouse or dependent from my GIC health and/or Dental/Vision or Retiree Dental coverage?

A) Complete an Enrollment/Change form and attach proof of the qualifying event (e.g. enrollment in other health coverage or spouse's/dependent's open enrollment). The GIC must receive this form and documentation within 60 days of the qualifying event. Otherwise, you must wait until the next Annual Enrollment to drop the spouse/dependent from your coverage. For a death of a spouse or dependent only, if documentation is received after 60 days, the GIC will determine the effective date of cancellation and you will not need to wait for the next Annual Enrollment.

Q) How do I pay the premiums for my health and/or life insurance (state retirees only) coverage after I retire? (Municipal Retirees - Contact your benefits office for details.)

A) Premiums will be deducted from your monthly pension. As it frequently takes several months to receive your first pension check, the GIC will bill you directly for the retiree share of premium (20%) until your GIC deductions begin. It's important to pay this monthly bill by the due date to avoid termination of coverage.

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

GIC BENEFIT ACCESS Health Insurance

Fallon Health Direct Care, Select Care, Senior Plan	1.866.344.4442 fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1.800.333.4742 harvardpilgrim.org/gic
Health New England HMO, MedPlus	1.800.310.2835 hne.com/gic
NHP Prime (<i>Neighborhood Health Plan</i>)	1.866.567.9175 nhp.org/gic
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>Beacon</i>)	1.800.870.9488 tuftshealthplan.com/gic 1.855.750.8980 beaconhealthoptions.com/gic (code: GIC)
Medicare Complement, Medicare Preferred	1.888.333.0880 tuftshealthplan.com/gic
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME) & PLUS Mental Health/Substance Abuse and EAP (<i>Beacon</i>)	1.800.442.9300 unicarestatemanagement.com 1.855.750.8980 beaconhealthoptions.com/gic (code: GIC)
Prescription Drugs Basic, Community Choice & PLUS (<i>CVS/caremark</i>)	1.877.876.7214 caremark.com
Prescription Drugs OME (<i>SilverScript</i> effective 1/1/16) Website effective 10/1/15	1.877.876.7214 gic.silverscript.com



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 (<i>ASIFlex</i>)	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 Options</i>)	1.781.994.7424 www.beaconhealthoptions.com/gic (code: GIC)
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA) www.mass.gov/rmtfs
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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Cindy McGrath, Editor

*Providing Massachusetts State and Participating Community Employees,
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New Procedure for Medicare-Eligible Employees (and Their Spouses) Who Retire September 1, 2015 or Later

Starting September 1, the GIC will be sending a packet of material outlining GIC Medicare options to employees who retire and are age 65 or over and/or whose covered spouse is age 65 or over. When you retire and if you and/or your covered spouse is age 65 or over, visit Social Security's website or your local Social Security office to find out about Medicare eligibility. The GIC mailing will include instructions on what you need to do to enroll in Medicare Part A and Part B if you are eligible for Part A for free, an At-a-Glance chart of the GIC Medicare plan options, a rate sheet, a Medicare Plan enrollment form (must be completed and returned to the GIC by the due date), and a summary of benefits for the prescription drug portion of the OME plan. It will be mailed within 60 days after your retirement. Be sure to read through the materials and take action before the due date.

This mailing is going out because the prescription drug portion of the UniCare State Indemnity Plan/ Medicare Extension (OME) – the GIC's most popular retiree Medicare plan – is becoming what is called a group Medicare Part D plan along with additional coverage from the GIC. Because the plan is subject to federal government rules and regulations, retirees and survivors who wish to enroll in the plan are required by federal rules to receive these materials in advance of their plan selection.