

For your



Commonwealth of Massachusetts  
Group Insurance Commission  
Your Benefits Connection

# BENEFIT

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Charlie Baker, Governor

Katherine Baicker, Chair

Roberta Herman, M.D., Executive Director

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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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## Your Health Plan Coverage

### Traveling Tips for Emergencies



Whether you are planning a vacation in the U.S. or outside of the country, all GIC health plans will cover you if you have an unexpected medical emergency. Don't delay. Seek care at the nearest emergency room or urgent care center, if appropriate. Here are some important tips to keep in mind to help avoid any provider billing headaches:

#### Traveling in the United States

If you are traveling in the United States, many emergency rooms will bill your health plan directly. Employees and non-Medicare members can ask the provider to contact your health plan's toll-free number during business hours with any questions. If the provider will not bill your health plan directly, you can submit a claim for reimbursement to your health plan when you return from your vacation. Medicare members should never be asked to pay upfront except for your copay, if applicable. For Medicare supplement plans, emergency rooms and urgent care facilities coordinate billing with Medicare. For Medicare Advantage plans (Fallon Senior Plan or Tufts Medicare Preferred), providers coordinate billing with the plan.

#### Traveling Outside of the United States

If you are traveling internationally, including on a cruise, be prepared to pay upfront for any medical emergencies. Providers outside of the country do not bill U.S. health plans or Medicare. Submit a claim to your health plan for the emergency services when you return from your vacation. You may want to consider (and some countries require) the purchase of a separate travel insurance policy before you travel overseas. Only emergency and urgent care services will be reimbursed by your health plan.

#### Ambulances and Emergency Air Transportation

If you have a life threatening medical emergency while traveling, your health plan or Medicare will cover *emergency ambulance transportation* by ground or air *to the closest hospital that can treat your condition*. Coverage is 100% after your deductible. (Deductibles do not apply to the non-UniCare Medicare plans.) Medicare coverage of air transportation is limited; contact your plan for details.

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# Doesn't a Never Event Mean It Never Happens? Unfortunately, Sometimes It Does

## *Does Your Hospital Have a Never Event Policy in Place?*

**O**bjects left inside patients after surgery; deaths from medication errors; deaths or serious injuries from falls; surgeries performed on the wrong parts of patients' bodies – these horrors do occur. A total of 29 types of egregious events have been identified by the National Quality Forum. The Leapfrog Group, a national, independent not-for-profit organization of employer purchasers of health care (including the GIC), and the nation's leading experts on patient safety, began in 2007 asking hospitals to report on best practices for Never Events. Does the hospital:

**Apologize to the patient and/or family if a Never Event occurs?** Doing so improves communication and trust between the patient and hospital and reduces malpractice suits.

**Report the event to an outside agency,** such as the Joint Commission or a state reporting program within 10 days of becoming aware of the event?

**Perform a root-cause analysis?** Hospitals should formally investigate what went wrong and identify the cause of the error to prevent future occurrences.

**Waive costs related to the event?** The patient and the payer should not be billed for any costs attributable to the error.

**Make available their Never Event policy?** Patients, patients' families, and payers should all be able to obtain the policy upon request.

The good news for Massachusetts residents is that your hospital is more likely to have a Never Event management policy than elsewhere in the country. Of the hospitals *that have reported* their policy, 100% of Massachusetts hospitals meet the above standards.

Of concern, nine Massachusetts hospitals have declined to report, so it's unclear whether or not they have a policy or are doing anything to address Never Events. Always research your hospital options. Find out whether your hospital is taking action to address Never Events by searching on the Leapfrog Group's website: [www.leapfroggroup.org/HospitalSurveyReport](http://www.leapfroggroup.org/HospitalSurveyReport). ■



## Your Health Plan Coverage

### *Traveling Tips for Emergencies*    *Continued from page 1*

#### **Always Obtain**

If you are required to pay upfront for a medical emergency, be sure to get the following before you leave the emergency facility:

- **An itemized bill** – be sure it includes the services rendered and date of treatment. Have the bill translated into English if it's in another language and the amount owed exchanged into American dollars if it's in a foreign currency amount.
- **Proof of payment** – examples include a credit card statement or receipt; a statement from the provider on the provider's letterhead or receipt of the purchased service that includes the provider's name and address pre-printed on the receipt with the items listed and amount paid.

#### **When to Contact Your Health Plan**

If you are admitted to a hospital in the U.S. after receiving emergency care and are not a Medicare plan member, the hospital, you, or someone acting for you, *must* contact your health plan *within 24 to 48*

*hours*. If you are in an HMO or POS plan, you or your representative may also need to contact your Primary Care Provider. See your health plan handbook for notice requirement deadlines and PCP notification requirements.

#### **Keep in Mind**

If you are an employee or non-Medicare retiree, and the provider will not bill your health plan directly, your health plan will reimburse you, less your copay and/or deductible charges, up to the reasonable allowed amount. An out-of-network provider may bill you above these amounts. Contact your health plan for additional information on provider balance bills.

#### **Additional Questions?**

See your health plan handbook and your health plan's claim form for additional details. Claim forms are on your health plan's website; handbooks are on your health plan's and the GIC's website. Or, call your health plan.

*See page 7 for contact information.* ■

# Health Plan Case Managers Improve Members' Quality of Life

## Meet Suzanne

**G**IC member Suzanne is managing a chronic condition that reduces circulation and sensation in her feet. As a result, she is wheelchair bound and gets multiple recurring foot wounds – also known as foot ulcers. Foot ulcers take a long time to heal, are easily infected and tend to open, close and then re-open. A few years ago, she was hospitalized seven times to get antibiotics and extensive wound care for her foot ulcers. That was when the very real possibility of amputation came up.



Suzanne lives alone and takes care of herself. She was determined and strongly motivated to get better and avoid amputation. She worked with her GIC health plan's nurse case manager to create a care plan that worked for her living situation. The Plan arranged for regular home visits from a visiting nurse and was able to arrange for the assistance of a homemaker through a local elder services program. They moved Suzanne's care to a wound care clinic that provided the enhanced expertise needed to manage her condition. To help prevent Suzanne's recurring hospitalizations, the nurse case manager also set up a long-term agreement

with the Visiting Nurse Association (VNA) to provide ongoing assistance with wound management.

With Suzanne's commitment, the support of her health plan case manager, and the care services they arranged, Suzanne has not been hospitalized for foot infection for more than two years. She has been able to maintain her independence in her own home.

Suzanne says, "The encouragement and follow-through I got from my case manager was as much a part of my healing process as any of the treatment I received."

Suzanne is a member of the UniCare State Indemnity Plan, but her situation is one of many handled by case managers at all of the GIC's health plans. Case managers are generally registered nurses, with expertise in helping members deal with serious, complex medical issues, like stroke, cancer, spinal cord injury, or any another condition needing multiple medical services. Getting health care can become very challenging for people in situations like Suzanne's. Case management is a resource that can have a significant impact for GIC members and their family members with continued quality of life.

Thank you, GIC health plans, for this important work! ■

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## Questions to Ask Your Dentist Before Having Wisdom Teeth Extracted

*Guest Editorial by Dr. David J Guarrera, D.D.S.,  
Vice President of MetLife Dental*



### What are "wisdom teeth"?

Wisdom teeth, also known as "third molars," typically appear in the mouth between the ages of 17 and 21. Most people have four third molars, but some people may have just one, two, three, or even none.

### What is an impacted third molar?

A third molar is considered to be impacted when it fails to erupt or only partially erupts through the gum tissue. Impacted third molars are very common and often cause no pain or problems.

### Should I have my third molars removed?

There is a growing body of clinical research that indicates it is not always necessary to remove wisdom teeth. You should discuss your options with your dentist before making any decisions regarding their removal.

### What does the American Dental Association say about the removal of third molars?

According to the American Dental Association, every patient is unique and wisdom teeth may only need to be removed when there is evidence of changes in the mouth such as:

- pain
- infection
- cysts
- tumors
- damage to adjacent teeth
- gum disease
- tooth decay (if it is not possible or desirable to restore the tooth)

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## Health Care Costs

### Editor's Experience at Urgent Care



I love summer, so it was particularly disappointing to be sick most of July. After a week of not being able to swallow, I broke down and visited my PCP who confirmed I had a virus and not a bacterial infection. I followed (most of) her instructions and slowed down a little and stopped exercising, but still dragged myself into work and kept up my usual hectic pace. A week later, I had the joy of adding pink eye to my symptoms. Not wanting to take time off from work, I decided to seek care after hours. I considered going to a retail clinic, but the closest one is a few towns over from where I live, and I was exhausted after my commute home. To save time, I decided to visit a nearby urgent care facility.

#### Lesson #1 – Know Your Benefits

This one was easy for me. Since I write about the GIC's benefits, I know them. The urgent care facility staff insisted that my copay was \$60. I knew the copay had gone down to \$20 effective July 1. My health plan's customer service unit was closed, so I accessed the Plan's website on my phone and showed the copay change to the urgent care center manager. He relented and charged me \$20 instead of \$60.

#### Lesson #2 – A Retail Clinic Would Have Been More Than Sufficient

Two nurses were in my room. This definitely seemed like overkill for my condition. One entered

information into a computer and the other assessed my symptoms. It was a pretty easy diagnosis and my (generic!) prescription was transmitted to the pharmacy quickly. A physician stopped by to check on me and I shooed him out of the room concerned about unnecessary physician-related charges.

A few weeks later, I received my health plan Explanation of Benefits (EOB). The total billed charges were \$327 and the plan paid \$108. My \$20 copay was reflected and I was pleased to have no deductible-related charges. My son had recently visited a retail clinic for a similar non-complex condition and the total billed charges for his visit was only \$99 and the plan paid \$72 – also subject to a \$20 copay. If I had elected to drive a little farther, I would have saved the GIC \$26. If I had no health insurance, I could have been billed an additional \$228. If I had a high deductible plan, I would have paid \$26 more and it might have been worth driving two towns over.

#### Lesson #3 – Using Telecommunications Would Have Been an Even Better Option

In retrospect – besides taking better care of myself – I should have called my PCP to see if she could have helped me by phone. If that wasn't possible, I would have liked to have been able to have a telemedicine visit. Either option would be more convenient and no more costly than the route I took. ■

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## Tufts Scholarship Winners Outline Strategies to Help Control Skyrocketing Prescription Drug Costs



Amanda Roy

This year's Tufts Health Plan scholarship applicants had their work cut out for them as they researched and wrote about how to tackle skyrocketing prescription drug costs – predicted to reach \$400 billion by 2020 according to IMS Health Holdings, a health care information company. Thank you to all of the many qualified applicants who took the time and effort to submit an application. Amanda Roy and Mackenzie Stanley each won a \$2,500 scholarship for their suggested strategies that patients, providers, pharmaceutical companies, employers, and health insurance plans could pursue to help mitigate these alarming cost trends.



Mackenzie Stanley

Amanda Roy, a pharmacy student at Northeastern University, is the daughter of Debra Roy, a Library Assistant at Holyoke Community College. Mackenzie Stanley, a neuroscience major at the University of New Hampshire, is the daughter of State Police Trooper Edward Stanley. Congratulations Amanda and Mackenzie! ■

# Have Access to Your Spouse's Health Insurance?

## Buy Out Your GIC Coverage October 3-November 4, 2016 for Buy-out Effective January 1, 2017



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. If you were insured with the GIC on July 1, 2016, or before, and continue your coverage through December 31, 2016, you may buy out your health plan coverage during the October 3 – November 4 buy-out open enrollment.

Under the buy-out plan, eligible state enrollees receive 25% of the full cost monthly premium in lieu of health insurance benefits for one 12-month period. Employees in HR/CMS and UMASS Agencies will receive their remittance on a monthly basis in their paycheck with "Reimburse" listed on the pay advice. Employees of Housing and other Authorities, and retirees, will receive a check monthly. The amount of payment depends on your health plan and coverage.

For example:

### State employee with Tufts Health Plan Navigator family coverage:

Full-cost premium on July 1, 2016: \$1,668.84

Monthly 12-month benefit = 25% of this premium

Employee receives 12 payroll deposits or monthly checks of \$284.96 (after federal, Medicare, and state taxes)

Due to recent Internal Revenue Service and Treasury Department guidance, in order to take advantage of the buy-out you must provide:

- Certification that you have health insurance through another employer-sponsored plan (usually through your spouse); and
- This certification must verify that the other employer group coverage provides "minimum value." ■

To take advantage of the health insurance buy-out, send the completed buy-out form with the certification of other creditable employer-based coverage to the GIC *no later than November 4, 2016* for the January 1, 2017 buy-out. Forms received after the deadline will not be accepted. For the form and buy-out rates, visit [www.mass.gov/gic/forms](http://www.mass.gov/gic/forms). Questions? Call the GIC: 617.727.2310, ext. 1.

## Employees and Non-Medicare Retirees in UniCare and Fallon Health Can Earn Cash When They Shop for Care

You may be aware that providers often charge very different prices for the exact same test or procedure. If you're an employee/non-Medicare member of UniCare or Fallon Health, and are considering one of the following services, shop for the service with SmartShopper by phone or website.

**vitals**smartshopper™

For additional covered services and other details, see your health plan's website (see page 7) or call 1-800-824-9127 (UniCare members) or 1-866-228-1525 (Fallon Health members). ■

If you go to a less expensive provider, you will receive a check for \$25–\$500, depending on the service:

- Colonoscopy
- CT scan
- Hip replacement
- Knee replacement
- Arthroscopic knee surgery
- Mammogram
- Shoulder surgery
- Upper GIC endoscopy
- And more...

# Life Insurance Updates



The GIC recently mailed state employees, state retirees, and GIC Retired Municipal Teachers (RMTs) their new life insurance booklet and certificate. The booklet provides an overview of Basic Life, Optional Life and Accidental Death and Dismemberment Insurance benefits and eligibility. It also includes the Accelerated Death benefit enhancement to 80% and new rates (reduced or the same, depending on age) that went into effect July 1.

The information on the certificate is based on the GIC's records as of the date indicated. Each January, we mail to you a benefit statement that includes beneficiary details and reflects any updates to your coverage. Be sure to file your life insurance certificate and benefit statement with your important papers.

## All members with GIC life insurance benefits also have access to:

**Funeral Planning Services:** This online and telephonic program will help you to compare funeral-related costs of providers in your area. Cost negotiation services are also included, which can result in significant savings.

**Beneficiary Assist Counseling Services:** This service will help you or your named beneficiaries cope with the emotional, financial and legal issues that can arise after a loss. It includes unlimited telephonic counseling services for up to a year, and five face-to-face sessions.

**Will Preparation Services:** This online resource will help you create a customized and legally binding will. The service is supported by licensed attorneys.

## Active state employees with life insurance also have (retirees and RMTs are not eligible):

**Travel Assistance:** Before your trip, access advice such as whether a visa or passport is required, immunization or inoculation requirements, foreign exchange rates, and embassy information. If you are traveling at least 100 miles from home and for fewer than 90 days, Travel Assistance services include emergency medical assistance, evacuation and repatriation of the insured's remains, emergency travel arrangements, legal and bail assistance.

**ID Theft Protection Services:** If you or an immediate family member is the victim of identity theft, this service includes detection services, fraud alerts to the three credit bureaus, and resolution assistance and guidance. The service is available whether you are traveling or at home. ■

*Refer to your life insurance booklet and the GIC's website ([www.mass.gov/gic/lifeinsurance](http://www.mass.gov/gic/lifeinsurance)) for phone numbers, website codes, and additional details on life insurance and ancillary benefits.*



## Questions to Ask Your Dentist before Having Wisdom Teeth Extracted *Continued from page 3*

### Is anesthesia necessary when third molars are removed?

Often when multiple third molars are removed, the dentist or oral surgeon may use general anesthesia or IV sedation in conjunction with the removal of the teeth because of the extent of the surgery. When one third molar is removed, or if the extractions are not complex, a local anesthetic may suffice to control pain.

### Questions to ask your dentist about the removal of third molars:

- Do I have third molars, and if so, how many?
- Why should I or shouldn't I have my third molar(s) removed?
- What are the possible side effects and risks of having my third molar(s) removed?
- What are the risks if I choose to keep my third molar(s)?

*Dr. David Guarrera, D.D.S., is the National Clinical Director and Vice President for MetLife's Dental and Vision Product unit. In this role, Dr. Guarrera is responsible for clinical policy and market positioning strategy. He is also responsible for MetLife's dental provider networks and the MetLife Quality Initiatives Program that includes patient education and wellness.*



## Keep in Mind...

**Q) I am retired. I was a public employee for my entire career and have never contributed to Social Security. Why do I need to know about Medicare?**

A) You may still be eligible for Medicare benefits. For example, if you are married, you may be eligible for Medicare through your spouse. Up to three months before you turn age 65, visit Social Security's website or call Social Security to apply. If you are not eligible for Medicare Part A for free, the GIC will require a copy of your Denial Letter from the Social Security Administration indicating that you are not eligible, and you will remain in a GIC non-Medicare health plan.

**Q) How do I find out about gym membership discounts, acupuncture, chiropractor, or other health insurance benefits?**

A) Contact your health plan or review your health plan handbook for these details.

**Q) I am a state employee. Do I need to apply for Long Term Disability or Optional Life Insurance during the GIC's spring annual enrollment period?**

A) All eligible state employees may apply for Long Term Disability or Optional Life Insurance at any time during the year. You must provide proof of good health to join either plan. Complete and return to your GIC Coordinator an Enrollment/Change form (available at [www.mass.gov/gic/forms](http://www.mass.gov/gic/forms)). The GIC will notify the carrier of your application and the carrier will send you a medical form to complete and return or will send online form instructions. If approved by the carrier, the GIC will notify you of your effective date.

See the GIC's website for answers to other frequently asked questions, including what to do when you turn age 65:  
[mass.gov/gic/faq](http://mass.gov/gic/faq).

### GIC BENEFIT ACCESS Health Insurance

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



### Other Benefits for State Enrollees

Life Insurance and AD&D (The Hartford)	Call the GIC 1.617.727.2310, ext. 1 <a href="http://mass.gov/gic/life">mass.gov/gic/life</a>
Long Term Disability (LTD) (Unum)	1.877.226.8620 <a href="http://mass.gov/gic/ltd">mass.gov/gic/ltd</a>
Flexible Spending Account (FSA) Program (ASIFlex)	1.800.659.3035 <a href="http://mass.gov/gic/fsa">mass.gov/gic/fsa</a>
GIC Retiree Vision Discount Plan (Davis Vision)	1.800.783.3594 <a href="http://davisvision.com">davisvision.com</a>
GIC Retiree Dental Plan (MetLife)	1.866.292.9990 <a href="http://metlife.com/gic">metlife.com/gic</a>
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (MetLife)	1.866.292.9990 <a href="http://metlife.com/gic">metlife.com/gic</a>
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (Davis Vision)	1.800.650.2466 <a href="http://davisvision.com">davisvision.com</a>

### Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (Beacon Health Options)	1.781.994.7424 <a href="http://beaconhealthoptions.com/gic">beaconhealthoptions.com/gic</a> (code: GIC)
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA) <a href="http://mass.gov/rmtrs">mass.gov/rmtrs</a>
Medicare (Federal Program)	1.800.633.4227 <a href="http://medicare.gov">medicare.gov</a>
Social Security Administration (Federal Program)	1.800.772.1213 <a href="http://socialsecurity.gov">socialsecurity.gov</a>
State Board of Retirement	1.617.367-7770 <a href="http://mass.gov/retirement">mass.gov/retirement</a>

### Questions

Group Insurance Commission TDD/TTY Access	1.617.727.2310 1.617.227.8583 <a href="http://mass.gov/gic">mass.gov/gic</a>
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Roberta Herman, M.D., Executive Director  
Cindy McGrath, Editor

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## **I**nside...

- Hospital Never Event Policies
- Health Care Costs: Editor's Experience at Urgent Care
- Health Plan Case Managers Improve Members' Quality of Life

## Claims Deadline Is Soon for Half-Year Flexible Spending Account Participants



If you are a state employee who participated in the pre-tax Flexible Spending Account (FSA) during the first half of 2016 (January 1–June 30, 2016), don't miss the chance to spend down any remaining balance and submit your claims. If you have money left in your Health Care Spending Account or Dependent Care Assistance Program, you have 2½ months after June 30 to spend down your balance. The Health Care Spending Account is for out-of-pocket medical expenses, such as copayments, deductibles, eyeglasses and orthodontia. The Dependent Care Assistance Program is for qualified dependent care expenses.

The Internal Revenue Service has a strict "use-it-or-lose-it" policy for pre-tax benefits, so don't forfeit any remaining balances. Here are the key deadlines for January 1, 2016–June 30, 2016 FSA participants:

**September 15** – incur claims for related expenses.

**October 15** – submit claims with required documentation via mobile app, fax, online or by mail (must be postmarked by this date) to ASIFlex, the claims administrator, for reimbursement.

*See our website for a list of eligible expenses, required documentation, and the claim form:*

*[www.mass.gov/gic/fsa](http://www.mass.gov/gic/fsa).*