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Commonwealth of Massachusetts
Group Insurance Commission
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BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Charlie Baker, Governor

Katherine Baicker, Chair

Roberta Herman, M.D., Executive Director

Summer 2017

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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Over 4,800 People
Attended This Year's
Health Fairs

See inside for photos.

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Chair-Elect, New Commissioners Outline Their Priorities for Health Plan Procurement

The next year will be an exciting and busy time at the GIC as we embark on a major procurement of all health plan, prescription drug, and behavioral health benefits. This project will determine benefits, carriers, and rates for the GIC's most critical benefits effective July 1, 2018.

Changes at the Commission

The Commission has undergone some changes of late. Our current Chair, Katherine Baicker, is heading to Illinois as Dean of the University of Chicago's Harris School of Public Policy. She will be turning over the reins after the June Commission meeting to Valerie Sullivan, who was unanimously voted to succeed her.

The Governor appointed three new Commissioners to replace public members Jean Yang and Ray Campbell along with the Public Safety seat held by Ed Kelly, who has been elected to the position of General Secretary Treasurer for the International Association of Firefighters. Christine Hayes Clinard, Esq. and Tamara P. Davis fill the public member seats, and Joseph Gentile is the new public safety member.

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Suffolk County District Attorney, Daniel F. Conley (left), and Senator Michael F. Rush (D-Norfolk and Suffolk) expressed their thanks to Judy for her many years of exemplary service.

Judy Settana, the GIC's Public Information Manager, retired from the GIC in January, and came back temporarily to help at this year's health fairs. Judy is the long time "voice" of the GIC when you call the agency. If you've ever needed assistance navigating your benefits, or have attended a GIC health fair, chances are good you've spoken with Judy. She is a consummate customer service professional who has earned five Pride in Performance awards during her thirty plus year tenure at the GIC. All of the GIC's vendors and consultants have recognized and relied on Judy for her in-depth understanding of benefits, eligibility and our members' needs. We wish her the best in her retirement.

Allied Health Majors: Apply for \$2,500 Tufts Health Plan Scholarship

If your student dependent is majoring in nursing, physical therapy, occupational therapy, or studying to become a physician assistant, let him or her know about the Tufts Scholarship. This summer, Tufts Health Plan will award \$2,500 scholarships to two dependents of GIC members.

In addition to pursuing a career in the allied health field, the student must be enrolled in an accredited two- or four-year college or university. Additional eligibility details:

- Must have completed at least one semester of college as of July 19, 2017.
- Minimum college GPA of 3.0.
- Student's parent or legal guardian must be enrolled in one of the GIC's health plans at the time of the award. (Being a member of Tufts Health Plan is not required.)
- Previous scholarship winners and dependents of GIC employees and members of the Commission are not eligible.

KEY DATES: Application deadline is **Wed., July 19, 2017** Winners notified by **Fri., Aug. 11, 2017**

For additional details and the application, visit the GIC's website: www.mass.gov/gic.

Chair-Elect, New Commissioners Outline Their Priorities for Health Plan Procurement

Continued from page 1

The Chair-elect and three new Commissioners shared their thoughts on how the Commission will be weighing its options. "Growth in health care costs continues to plague all citizens of the Commonwealth, and the Commission needs to balance its dedication to the Commonwealth's employees and retirees with the need to make changes that adapt to the current reality of increasing costs of health care," said Chair-elect Valerie Sullivan. The Chair, an adjunct professor at Bentley University who has worked in the pharmaceutical industry for over 25 years and has helped patients navigate their benefits and other programs to get access to expensive prescriptions, is an advocate of member engagement. "Education and empowerment of our constituents will be a focus area. We will also collaborate with the unions to weigh the tradeoffs between rising health care costs and the ability to hire new employees."



*Commissioner
Christine Hayes
Clinard, Esq.*

Commissioner Clinard, who practiced law for 20 years in Oregon in both the public and private sector, including as Associate Counsel for the Portland Trail Blazers, is an advocate for legislation to help control the GIC's costs. "Pursuing proposed legislation to institute GIC provider rates will be key in achieving the Commission's mission," she says.

"Continuing efforts to exploit the GIC's leverage in the marketplace and education of members that the most expensive health care is not necessarily synonymous with the highest quality health care are some of the other priorities," she says.

Commissioner Davis, who leads Davis Board Services, LLC, a governance consulting and board director recruitment company, believes change is inevitable. "Change is difficult for everyone, but it is the fabric of daily life," she says. "All stakeholders (employees, payers, providers and the Commonwealth) have to act and think differently, and in many cases compromise, in order to get the best results to address these evolutionary changes in health care. The goal of the Commission will be continuous improvement of our products and services without compromising quality."



*Commissioner
Tamara P. Davis*



*Commissioner
Joseph Gentile*

Commissioner Gentile, a City of Springfield Police Officer since 1994, President of IBPO Local 364, and Vice President of NAGE, is looking forward to the challenges ahead. "I am excited to join the Commission at a time when we are going out to bid on three core benefits," he says. "My priorities are to increase choices while simultaneously keeping costs affordable to our members."

The GIC extends its gratitude to our departing Chair and Commissioners. We appreciate your service to the Commonwealth's employees, retirees, and taxpayers. Welcome Chair-elect Sullivan and Commissioners Clinard, Davis, and Gentile!



*Chair-Elect
Valerie Sullivan*

Have a Smartphone? When You Might Want to Take Advantage of Telemedicine



If you're pressed for time, have a mobile device and a nonemergency issue, you may want to take advantage of telemedicine benefits – a virtual or video visit with a credentialed doctor specializing in internal medicine, family practice, or pediatrics, or a therapist. A virtual care visit enables you to see a provider through real-time, Skype-like technology using a smartphone, tablet, or computer. Benefits include:

- Immediate access to doctors 24 hours a day, 365 days a year
- No need to travel from work or home
- Secure and private two-way video chats with U.S. board-certified doctors and therapists
- Prescriptions sent to your drug store, if needed

Telemedicine is exploding in popularity. IHS Technology projects that 7 million patients worldwide will use telemedicine in 2018, up dramatically from 350,000 in 2013. Consider taking advantage of telemedicine benefits if you have any of the following issues or needs: allergies, upper respiratory infection, flu, earache, skin rash, urinary tract infection, conjunctivitis, sinus infection, upset stomach and behavioral health consultations. After your virtual visit, be sure to let your primary care provider know about the visit so he or she can be up to date on any follow up needs.

For a telehealth visit, you will need the following:

- Computer, smartphone, or tablet
- Microphone (if not included in the mobile device or computer)
- Webcam (if not included in the mobile device or computer)

Be sure to enroll in your plan's program before you need services to avoid delays. You can do this by phone, website, or by downloading the application (app) from the App Store or Google Play. You will be asked to enter your contact information, plan member ID, and to complete a brief medical questionnaire along with major credit card information for the office visit copay. Once you are registered, you can talk to the next available doctor or set up an appointment at a time convenient for you. Medicare does not cover virtual visits and medical telemedicine benefits are not currently offered to Tufts Health Plan members, but are expected to be available at the beginning of 2018.

Contact your plan for details about telehealth benefits:

Non-Emergency Medical Needs

Through Teladoc: teladoc.com; 1-800-835-2362

- *Fallon Health*: \$15 per visit for Direct Care; \$20 per visit for Select Care
- *Health New England*: \$20 per visit
- *Neighborhood Health Plan new benefit effective July 1, 2017*: \$20 per visit

Through Doctor on Demand: doctorondemand.com; 1-800-997-6196

- *Harvard Pilgrim Health Care*: \$10 per visit for Independence Plan; \$20 per visit for Primary Choice Plan

Through LiveHealth® Online by AmericanWell: livehealthonline.com; 1-855-603-7985

- *UniCare State Indemnity Plan/PLUS*: \$15 per visit
- *UniCare State Indemnity Plan/Basic and Community Choice new benefit effective July 1, 2017*: \$15 per visit

Behavioral Health Needs

Beacon Health Options behavioral health services for Tufts Health Plan and UniCare members include therapy coverage in all states and psychiatry coverage in 29 states. Choose from a selection of appointment dates, times and providers.

Through AmWell App: beacontelehealth.amwell.com; 1.855.750.8980 (Beacon Health Options)

- *Tufts Health Plan*: \$10 per visit Navigator Plan and \$15 per visit Spirit Plan
- *UniCare State Indemnity Plan/Basic, Community Choice and PLUS*: \$15 per visit

Turning 65? Answers to Your Most Common Questions

If you or your covered spouse is turning age 65, you probably have questions about Medicare and your GIC benefits. What to do when turning age 65 is the number one concern of members attending our health fairs. To help you with this important transition, the GIC has answers to frequently asked questions and a downloadable brochure on our website.

Visit the *Frequently Asked Questions* section of our website and get your questions answered: www.mass.gov/gic/faq.

Bundled Payments: How These Positively Affect Patients and Bring Down Costs

Guest Editorial by Robert Sorrenti, M.D., UniCare State Indemnity Plan



Robert W. Sorrenti,
MD, MHA,
UniCare's Regional
Vice President

“Three courses for one fixed price.”

You may have seen this on a restaurant menu. If you decide you want all three courses, you start adding things up to find out if it will cost you more to get what you want separately or whether you should take this deal. Usually, the deal offers better value.

Health care costs have generally worked like an “a la carte”

restaurant menu. Each service and provider is paid separately under a system called fee-for-service. A doctor performs a service – a test, for example, or a colonoscopy – and gets paid for that service. The more services the doctor does, the more he or she gets paid. Fee-for-service focuses on, and rewards, quantity rather than quality, and it’s one of the main reasons health care costs keep rising.

Like the restaurant industry, the health care industry is looking at ways to bundle services – and payment for those services – into packages that deliver quality and value. The federal agency responsible for Medicare (CMS) has introduced bundled payment methods for the management of common chronic conditions and for a number of common surgeries. Under the surgery arrangements, providers are expected to maintain high quality standards, while receiving fixed payment amounts to cover the surgery and all the services and charges that go with it.

Bundled Payments for Hip and Knee Replacements

Following the CMS initiative, the UniCare State Indemnity Plan worked with New England Baptist Hospital (NEBH) to establish a bundled payment arrangement for UniCare members needing total hip or total knee replacements. UniCare Basic, Community Choice and PLUS members who have one of these inpatient surgeries at New England Baptist Hospital have *no inpatient hospital copay*. In addition, patients participating in the program have no out-of-pocket costs for physical therapy or home health care needed as a result of the surgery. Members also benefit from using a hospital that is ranked number one in specialty and received the highest performing status for hip and knee replacements in the latest *U.S. News Hospital Report*.

Pay PCPs Monthly Amount for Care

Another bundling approach is to **pay a primary** care provider, like an internist, a monthly amount instead of paying for each time the patient visits. This monthly amount is intended to support and encourage management of telephone calls from patients, use of other medical staff like health educators and coaches, coordination with specialists and other providers, and other means of improving the members’ care.

UniCare is using this approach with Iora Health Care at its practices in Medford and Hyde Park. Iora provides easy access to appointments, educational and exercise classes, and health coaches in a team-based environment. UniCare Basic, Community Choice and PLUS members who see Iora primary care doctors get this enhanced level of care, have no office visit copays, and have reduced copays for commonly prescribed drugs. In other words, members share in the value of the bundled payment approach.

Reference-based Pricing

An alternative payment approach is called reference-based pricing. CalPERS, the California Public Retirement System, implemented reference-based pricing for hip and knee replacements in 2011. In this arrangement, a specified amount is paid as the maximum, or cap, for a particular service. Members have no out-of-pocket expenses if they go to providers whose total costs are under the cap. Members are free to go to more expensive providers, but they will then owe the difference between the designated cap and the providers’ actual charges.

All of these bundled arrangements focus on sharing value with members and curtailing interventions that don’t benefit patients. Importantly, they also keep overall costs under control which leads to keeping premium increases in check for both members and the employers, like the GIC. As health plans move away from fee-for-service, other opportunities to take advantage of reduced member costs will certainly arise. When you see one of these opportunities, just remember that restaurant menu – and add things up to determine what delivers value for you.

Robert W. Sorrenti, MD, MHA, is the Regional Vice President for UniCare, a subsidiary of WellPoint, Inc., one of the largest health benefits companies in the U.S. His responsibilities include oversight for UniCare’s medical management program and its various components. Dr. Sorrenti has an MD from Harvard Medical School and an MHA from Clark University.

All Employee/non-Medicare Plans Offer Online Health Assessments

Effective July 1, 2017, all GIC employee/non-Medicare health plans will offer free online health risk assessments. These online programs take approximately 20 minutes to complete. You will be asked information about your health including smoking, exercise, and alcohol habits. This will generate a personalized guide for achieving better health. Here is an overview of the programs available to health plan members (most offered to Medicare members too) to help you eat healthy, exercise, and quit smoking. Contact your health plan for additional details. As outlined in the *Benefit Decision Guide*, all plans offer gym membership reimbursements. Contact your plan or see your plan handbook for the reimbursement form (see page 7).

	Nutrition	Weight Management	Smoking Cessation
Fallon Health	<ul style="list-style-type: none"> Group Lunch 'N Learns on nutrition topics offered to agencies and participating municipalities 50 Days to Fabulous – a seven week healthy lifestyle behavior program 	<ul style="list-style-type: none"> Discounted gym memberships, fitness classes, town and school sports programs Weight Watchers® reimbursement 	<ul style="list-style-type: none"> Quit to Win telephone counseling and text message support Face-to-face individual or group counseling Telephonic education and assessment Prescription and OTC smoking cessation agents covered in full
Harvard Pilgrim Health Care	<ul style="list-style-type: none"> 50% discount on Dash for Health online program 15% discount on iDiet program Free three-month trial membership or 50% off eligible Jenny Craig premium programs \$15/week off Savor Health meals or menu plans for members with cancer and their caregivers 	<ul style="list-style-type: none"> 20% discount on Appalachian Mountain Club memberships 23% discount on Boston Ski & Sports Club membership 15% discount on athletic footwear at Marathon Sports and Northampton Running Company 	<ul style="list-style-type: none"> Face-to-face counseling 25% discount on Craving to Quit smartphone-based program 18% discount on QuitSmart smoking cessation program Prescription and OTC smoking cessation agents covered in full
Health New England	<ul style="list-style-type: none"> Nutritional webinars and 21 day healthy eating challenge Nutritional counseling sessions Web-based healthy eating tool 	<ul style="list-style-type: none"> Individual and team-based physical activity challenges \$100 Weight Watchers® reimbursement Web-based weight management tool 	<ul style="list-style-type: none"> Face-to-face, telephonic, and group counseling \$50 reimbursement for smoking cessation or hypnosis session CVS Minute Clinic smoking cessation programs Prescription and OTC smoking cessation agents covered in full
Neighborhood Health Plan	<ul style="list-style-type: none"> Multi-week healthy eating program Telephonic coaching Wellness newsletter with recipes 	<ul style="list-style-type: none"> Multi-week physical activity and healthy eating programs with streaming videos Telephonic coaching 	<ul style="list-style-type: none"> Quit for Life telephonic counseling and education program Face-to-face individual and group counseling Telephonic education and assessment Prescription and OTC smoking cessation agents covered in full
Tufts Health Plan	<ul style="list-style-type: none"> 25% discount on network dietician and nutritionist programs 40% discount on certain supplements, vitamins, and energy bars Nutritional counseling for certain medical conditions 	<ul style="list-style-type: none"> Discounts on DASH for health, Jenny Craig, and certain gyms 	<ul style="list-style-type: none"> QuitWorks telephonic counseling Individual, group, and telephonic counseling from certain providers covered in full Prescription and OTC smoking cessation agents covered in full
UniCare State Indemnity Plan	<ul style="list-style-type: none"> Nutritional counseling for certain medical conditions 	<ul style="list-style-type: none"> Discounts on GlobalFit™ network gym memberships Discounts on Jenny Craig® and LivingLean® weight loss programs Discounts on Garmin activity trackers 	<ul style="list-style-type: none"> Telephonic smoking cessation counseling Discounts on LivingFree® online classes Prescription and OTC smoking cessation agents covered in full

Inflamed Gums? Blood When Brushing or Flossing? See Your Dentist

If you notice that your gums are inflamed or you bleed when brushing or flossing, call your dentist for an appointment. These symptoms may indicate periodontal (gum) disease. If left untreated at the early stage, called gingivitis, the disease may progress to periodontitis — plaque and tartar build up below the gum line. As this worsens, the space between your teeth and gums will get deeper, leading to loss of bone support for your teeth, and ultimately tooth loss.

An estimated 80% of American adults currently have some form of gum disease, which can lead to blood infections that cause heart disease. Risk factors for periodontal disease include smoking, less than optimal dental hygiene, hormonal changes in girls/women, diabetes, stress, certain medications, certain illnesses and their treatments, and genetic susceptibility. By

quitting smoking, you can improve your outcome. Thorough daily brushing and flossing is also critical.

Although brushing and flossing will help get rid of plaque, only a professional cleaning can remove tartar. If your condition has escalated to periodontitis, your dentist will perform a deep cleaning, called Scaling and Root Planing, to remove plaque, tartar, and bacteria and smooth rough spots on the roots. After this is performed, your dentist or periodontist will prescribe ongoing treatment (maintenance therapy) to help prevent periodontal disease from recurring. If you are a member of the GIC Retiree Dental Plan, the schedule of benefits for periodontal treatment has increased by 7-10%, depending on service, effective July 1, 2017. Contact MetLife or see the plan handbook on MetLife's and the GIC's website for details (see page 7).

Drug Coupons: Effective, But Costly Marketing Tool

With prescription drug copays increasing in recent years, you may be tempted to take advantage of a pharmaceutical manufacturer coupon. Beware that drug coupons can adversely affect you financially! The pharmaceutical industry has effectively used drug coupons to increase uptake and loyalty to their drugs. The *New England Journal of Medicine (NEJM)*'s 2013 study of drug coupons found that 62% of coupons were for brand-name medications for which lower-cost therapeutic alternatives were available. The study found that spending on 23 sample drugs with coupons was \$700 million to \$2.7 billion higher over three years than it would have been without the coupons. The *NEJM* estimates that coupons increase the percentage of prescription filled with brand-name drugs by more than 60%.

Patients and employer or government purchasers ultimately bear the cost of the drug coupons:

- By purchasing a higher-priced drug, the GIC is paying more in drug costs. This higher cost will ultimately be passed along to you with a higher premium.
- Once taking the drug, it is unlikely that you will change your prescription when the coupon period expires. Patients develop loyalty to a particular brand, become skeptical about switching away for a medication that's working, or may not be aware of alternative therapies. Physicians are also slow to switch patients from brand name medications to lower cost alternatives according to the *NEJM*. If you stay with the same medication, you will usually pay higher copays when the coupon expires.
- The cost of less expensive alternative drugs also increase. One way we keep drug costs in check is to negotiate prices as part of the formulary (list of covered drugs). By steering members to particular drugs through the formulary, the lower-cost manufacturer gets more volume and offers bigger discounts. When volume goes down, the manufacturer will increase its price.
- You forfeit some privacy with a drug coupon. Most coupons require "eligibility" criteria to access the coupon including state of residence and insurance coverage. More than 40% of coupons require additional information, such as contact details, socio-demographic characteristics, or clinical information.

The federal government bans the use of coupons when buying drugs through Medicare so Medicare members can't use coupons. Massachusetts used to bar drug coupons, but relaxed the law in July of 2012. Now residents can redeem coupons for a brand-name pharmaceutical drug as long as there is no generic alternative. *Keep in mind: Be sure to carefully weigh whether a drug coupon will really save you money.*

Symptoms of Sleep Apnea and Treatment Options

Do you wake up exhausted after a full night's sleep? Do you wake up with a dry mouth, sore throat, or headache? Do you frequently have difficulty concentrating and show signs of irritability during the day? Does your partner tell you that you snore loudly and stop breathing during the night? If the answer is "yes" to many of these symptoms, you might have sleep apnea, a potentially deadly condition in which the airway briefly become blocked during sleep, causing you to temporarily stop breathing.

Sleep apnea affects an estimated 25 million people in the U.S., and is often ignored or undiagnosed. This condition puts you at risk for diabetes, high blood pressure, stroke and a heart attack. If you have symptoms, talk with your doctor about whether a sleep study makes sense. Sleep studies may be performed at a hospital, a freestanding sleep center, or at home.

Weight loss and quitting smoking are potential solutions to sleep apnea. According to the Mayo Clinic, obese people have four times the risk of sleep apnea as those who are normal weight as fat deposits around the upper airway may obstruct breathing. Dr. Stuart Quan, professor of sleep medicine at Harvard Medical School, suggests using a wedge pillow or wearing a stuffed fanny pack to keep you from sleeping on your back. He estimates that 25% of people with sleep apnea have positional sleep apnea and sleeping on your side or stomach will reduce the severity of episodes.

If lifestyle changes are not effective, the standard of treatment is a continuous positive airway pressure (CPAP) device that pushes forced air through a tube connected to a face mask to keep your airway unblocked. Unfortunately, many people find these machines uncomfortable and bulky and so they stop using them even though they're effective. Other options include small single use devices that fit over each nostril (Expiratory positive airway pressure device) and an oral appliance that helps keep your throat open. If all other treatments fail, surgery is sometimes recommended.

If your doctor recommends a sleep study, or if after you have a sleep study, a sleep device or surgery is recommended, be sure to contact your health plan for a prior authorization. Most GIC health plans use preferred providers for sleep studies and durable medical equipment and notification requirements apply. If you are in an HMO, you must have your sleep study performed at the plan's preferred provider, and you must use the plan's Durable Medical Equipment provider. Members of the GIC POS plans

Continued on next page

Continued from previous page

(Harvard Independence and Tufts Navigator) and the employee/non-Medicare UniCare State Indemnity Plans (Basic, Community Choice and PLUS) can use a non-preferred provider, but will have higher out-of-pocket costs if they do so. Medicare members should contact their health plan for information about purchasing or renting sleep devices.

See your health plan handbook or contact your plan for details. See next column for contact information.

Welcome to Over 3,200 Employees and Retirees from the City of Haverhill and Town of Hingham!



GIC Executive Director Roberta Herman M.D. welcomes City of Haverhill Mayor, James J. Fiorentini, at the GIC health fair held at Northern Essex Community College for City of Haverhill enrollees.



Sue Nickerson, Town Accountant for Hingham, enrolls a member in GIC health insurance coverage at the GIC health fair held at the Hingham Middle School.



Bill Kelly of MetLife describes benefits of the popular GIC Retiree Dental Plan at the health fair held in Haverhill.



GIC Director of Operations, Paul Murphy (left), and Hampden County Sheriff Nicholas (Nick) Cocchi helped ensure another successful health fair at the Hampden County House of Corrections.

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 (Neighborhood Health Plan)	1.866.567.9175 nhp.org/gic
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (Beacon) Medicare Complement, Medicare Preferred	1.800.870.9488 tuftshealthplan.com/gic 1.855.750.8980 beaconhealthoptions.com/gic (code: GIC) 1.888.333.0880 tuftshealthplan.com/gic
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 Harvard Pilgrim Medicare Enhance, Tufts Medicare Complement, Health New England MedPlus and UniCare Medicare Extension (OME) (SilverScript)	1.800.442.9300 unicarestatplan.com 1.855.750.8980 beaconhealthoptions.com/gic (code: GIC) 1.877.876.7214 caremark.com 1.877.876.7214 gic.silverscript.com



Other Benefits for State Enrollees

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

Other Resources

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

Questions

Group Insurance Commission TDD/TTY Access	1.617.727.2310 1.617.227.8583 mass.gov/gic
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For Your Benefit is published by the Massachusetts
GROUP INSURANCE COMMISSION
Roberta Herman, M.D., Executive Director
Cindy McGrath, Editor

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

Inside...

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- Take Advantage of Telemedicine
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- Sleep Apnea

! *Employees and Non-Medicare Retirees: Check Your Physician's Tier Before Going to Your Doctor Visits*

Before you visit the doctor, be sure to check the tier of the provider. This determines your copay costs. Then advise the office staff of the correct copay so you won't need to be billed or credited later. If it turns out the physician is Tier 3 (highest copay), you may want to consider changing providers.

As outlined in the *Benefit Decision Guide*, all GIC employee/non-Medicare plans will continue to tier specialists based on quality and cost efficiency. Harvard Pilgrim and Tufts Health Plan are implementing Primary Care Provider (PCP) tiering and changing their tiering methodology based on provider group value instead of individual performance effective July 1, 2017. *This change may affect your copays.*

Finding Your Physician's Tier

To find out your physician's tier, contact your health plan by visiting their website or calling their customer service department. Provider tiering **does not apply to GIC Medicare plans**. Don't forget to also view on your phone or download and print the abbreviated prescription drug formulary. This will help you discuss whether medications are covered, which tier they're in, and to find out if there are lower cost alternatives.

See page 7 for plan contact information.