

For your



Commonwealth of Massachusetts
Group Insurance Commission

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Connection

BENEFIT

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

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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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Skyrocketing Drug Costs with no Dampening Trend in Sight

How Does This Affect You?

Rising Costs

Recent news stories have highlighted the rapid price increases of existing prescription drugs. The list price for a pack of two EpiPens – an auto-injector used to reverse the effects of severe allergic reactions – increased nearly 550%, from \$94 in January 2007 to \$609 in May 2016 after Mylan acquired the drug from Merck. Two insulin medications from different manufacturers increased in lockstep over a five year period. Novo Nordisk’s Levemir and Sanofi’s Lantus list price is nearly 2½ times its price from five years ago with Lantus holding steady at \$372.37 per month since 2014 and Levemir now up to \$403.50 per month (Kaiser Family Foundation). The *Wall Street Journal* reported similar pharmaceutical pricing tactics for popular erectile-dysfunction products. Viagra (by Pfizer) and Cialis (by Lilly) each raised prices in 2013 by 9.4%. Since that time, they’ve increased prices twice yearly with the Viagra highest dose tablet now priced at \$48.28 and the Cialis version at \$51.74.

Here are some of the drugs for UniCare plan members that the GIC spends the most money on overall. Our other health plans also have these drugs in their top 25 list:

Drug Name	Dispense Type	Therapeutic Class	Class	# of prescriptions	Gross Cost per prescription for a 30-day supply
Humira Pen	Specialty	Analgesics / anti-inflammatory	Autoimmune disease	1,747	\$4,310
Harvoni	Specialty	Antivirals	Hepatitis C	172	\$33,180
Advair Diskus	Brand	Anti-asthmatic	Respiratory agent	5,238	\$330
Novolog Flexpen	Brand	Antidiabetics	Diabetes	1,691	\$495
Enbrel	Specialty	Analgesics / anti-inflammatory	Autoimmune disease	485	\$3,730
Januvia	Brand	Antidiabetics	Diabetes	1,775	\$345

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Skyrocketing Drug Costs with no Dampening Trend in Sight

How Does This Affect You?

Continued from page 1

The U.S. spent \$424 billion on prescription drugs last year alone before discounts, according to a report by IMS Institute for Healthcare Informatics, which tracks the pharmaceutical industry. More than two-thirds of the 20 largest pharmaceutical companies said price increases increased sales revenue for some or most of their biggest products in the first quarter of 2016 (*Wall Street Journal*). Major pharmaceutical firms added \$25.6 billion to their bottom lines by simply raising prices on their brand-name drugs, according to the IMS. Other countries have governing bodies that have rules or laws that restrict the price a pharmaceutical company can charge for a drug. No such central advisory committee exists in the U.S., nor is the Centers for Medicare and Medicaid allowed to negotiate prices.

Other reasons for skyrocketing drug costs:

- **High Cost Specialty Drugs:** Miracle drugs that are super expensive and typically used to treat and/or manage less common but chronic diseases, such as multiple sclerosis, rheumatoid arthritis, hemophilia, and an array of cancers are driving up costs for the entire healthcare system. Specialty drugs account for less than one percent of prescriptions in the U.S. but represent about one-third of total drug spending by consumers, employers, and the government (Congressional Research Service). This is expected to increase to 55% by 2020, according to a 2013 National Health Expenditures/Artemetrx/CVS Health Internal Analysis report. In 2015, more than half of the new drugs approved by the Food and Drug Administration (FDA) were specialty drugs and more than 900 biologic drugs are currently under development.
- **Direct to Consumer Advertising:** Drug companies may spend twice as much on marketing and promoting their products as they do on research and development, according to a March 2016 analysis published in the *Annals of Internal Medicine*. In October, AbbVie's Humira (anti-inflammatory drug) continued to dominate TV pharma advertising with monthly spending of \$39.1 million – up 85% year-over-year from last October, according to data from ad tracker iSpot.tv. Pfizer's Lyrica pain medication drug TV ad spending came in at the number two spot at \$29.6M for the month, up from \$21.4M in September. Anticoagulant, pain, erectile dysfunction, arthritis, psoriasis and diabetic treatments rounded out the top ten drug ads.
- **Patent Extensions:** Pharmaceutical companies have effectively reformulated old medications and used the Orphan Drug Act to extend their patent exclusivity, thereby delaying lower-cost generic

competition. When they change the formula of a drug, combine two older drugs to create a “new” pill, create an extended-release version, or change the delivery method (for example, injectable to inhalable), the federal government may grant the company a new patent – worth up to 20 years of protection for the drug from generic competition. *Consumer Reports* uses the diabetes drug insulin to illustrate this phenomenon. Although insulin is over 100 years old, there is still no generic version available due to formulation changes and corresponding new patents.

The Orphan Drug Act has also been used by some companies to get an existing drug approved to treat a rare disease. AstraZeneca recently took this approach by getting its anti-cholesterol drug Crestor approved to treat a rare disease affecting only a few hundred children that have extremely high levels of bad cholesterol.

Prescription drug costs are straining health care budgets. This fall, the Center for Health Information and Analysis (CHIA) report found that:

- 14% of Massachusetts health care costs in 2015 were for prescription drugs
- 36% of 2015 health care cost increases were for prescription drugs
- Prescription drugs costs for Mass increased by 10.2% 2014 to 2015 to reach a total of \$8.1 billion

Rising drug costs are not expected to abate anytime soon. The Centers for Medicare and Medicaid Office of Actuary projects prescription drug growth to average 6.7% per year between 2016 and 2025.

Some Relief from Rising Costs

- **Biosimilar Drugs:** Two biosimilar drugs are or will soon hit the market. Biosimilar drugs have the same strength, dosage and route of administration as a reference biologic drug that is made by harvesting living cells – at lower costs. Biosimilar drugs are expected to be 15%-30% less expensive than their biologic reference drug version, which will increase lower cost treatment options for patients. The two approved drugs are Inflectra (a biosimilar to Remicade) used to treat Crohn's disease, ulcerative colitis, rheumatoid arthritis and other auto immune diseases, and Zarxio (a biosimilar to Neupogen) used to treat a side effect of chemotherapy. The biosimilar market is expected to account for up to 10 percent of the global biologics market by 2020, depending on its availability and adoption prevalence in the U.S.

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- **Implementation of EGWP:** Last January Members of the GIC's most popular Medicare plan, UniCare State Indemnity Plan/Medicare Extension (OME) switched to an Employer Group Waiver Plan (EGWP) drug program with a wrap that closed the gap between their previous drug benefits and a standard Part D plan. Despite skyrocketing prescription drug costs, the new EGWP program is expected to save members and the Commonwealth approximately \$30 million. Lower drug costs were the largest factor leading to lower rates; the UniCare State Indemnity Plan/Medicare Extension premium went down 7.2% effective July 1, 2016. For retired teachers in the GIC RMT (non-municipal) program, the premium went down 10.3%. Unfortunately, the GIC's ability to decrease the rate was a one-time benefit, and is not expected to stop the upward pressure on future rates.

What Rising Prescription Drug Costs May Mean to You

More Drug Management Programs: If you are not already in a GIC health plan with the following programs, you may be subject to these programs effective July 1:

- **Mandatory Generics** – if there's a generic equivalent of a brand name drug, the patient is responsible for the cost difference between the brand name drug and the generic, plus the copay if they want the brand name.
- **Step Therapy** – requires patients to try effective, less costly drugs before more expensive alternatives will be covered.
- **Maintenance drug pharmacy selection** – patients who receive 30-day supplies of their maintenance medication at a pharmacy must call the prescription drug plan to indicate whether they wish to continue using their retail pharmacy for maintenance medications, instead of ordering the medications through less costly mail order or designated retail pharmacies.
- **Specialty Drug Pharmacies** – patients who are prescribed specialty drugs must use a specialized pharmacy that provides 24-hour clinical support, education and side-effect management. Medications are delivered to the patient's home or doctor's office.
- **Stricter Formulary** – under a closed formulary – the list of products covered under your prescription drug plan – certain prescription drugs are excluded from coverage. The excluded products have alternatives available that are more cost effective.

Other ideas to consider:

- **Specialty drug vendor:** A different pharmacy benefit manager would be used for some or all of

the GIC's health plans for specialty drug dispensing and management. Thirty-eight percent of large employers have adopted this approach according to the Kaiser Family Foundation (KFF).

- **Adding a fourth copay tier:** Patients have a separate copay tier for specialty drugs. Thirty-two percent of employers nationally have adopted this option (KFF).
- **Adding co-insurance:** Patients pay a portion of a drug's cost up to a maximum amount.
- **Switching more Medicare members to an Employer Group Waiver Plan prescription drug program.**

Steps You Can Take to Minimize Your Out-of-Pocket Prescription Drug Costs

- **Research your options during Annual Enrollment:** During this spring's Annual Enrollment period, compare the prescription drug programs and formularies of your health plan options. Check the formulary for the drugs you and your covered spouse and dependents take most often to find out whether they are on the plan's formulary, which copay tier they are under, and which drug management programs they are subject to. Consider changing your health plan for July 1 if another plan's drug program works better for you and your family.
- **Bring your plan's prescription drug formulary with you to doctor visits** so you can discuss which tier your prescriptions fall under and see whether there are lower cost alternatives available. Abbreviated drug formularies that show you alternatives to Tier 3 copay drugs and drugs subject to prior authorization or step therapy are posted on the GIC section of your plan's website.
- **Do not ask for a certain prescription drug just because you liked an advertisement.**
- **Use Mail Order:** If you are taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol, switch your prescription from a retail pharmacy to mail order. It can save you money: \$5-\$30 for three months of medication, depending on the tier. Once you begin mail order, you can conveniently order refills by phone or online. Some plans, including the CVS Caremark and SilverScript plans for UniCare State Indemnity Plan members offer mail order copays for maintenance medications at certain retail pharmacies. Contact your plan for details.
- **Use Specialty Drug Pharmacies Required by your Plan:** If you are prescribed injected or infused specialty drugs, you may be required to use a specialty pharmacy that can provide you with 24-hour clinical support, education, and side effect management. Medications are delivered to your home or to your doctor's office. ■

The Heroin Epidemic: How to Access Help

Guest Editorial by Paul Mendis, M.D., Neighborhood Health Plan Chief Medical Officer



Paul Mendis, M.D.
Neighborhood
Health Plan
Chief Medical Officer

The heroin and opioid epidemic has touched every community in the Commonwealth and transcended boundaries of income, education, age, and racial/ethnic identities. While once labelled with the stigma of a crime, the medical community—and now the Commonwealth of Massachusetts – has come to understand that opioid addiction is more properly labeled a chronic disease. Understanding its origins and treating it like a chronic disease (similar to asthma or diabetes) is critical to better outcomes for individuals, families, and communities.

Research by the National Institute of Drug Abuse notes that 80% of those addicted to heroin began by using prescription opiates – those prescribed to themselves, family members, or friends. Often, this addiction begins with those who look to intensify their experience by taking prescription drugs in ways, quantities, and frequencies other than prescribed.

Recent national data shows that those who misuse opioids may be more likely to use heroin. Heroin is easily available, cheap on the street, and can have drastic immediate and long-term harmful effects on the brain and body, including serious medical complications, addiction, brain damage, overdose, and death. Once addicted, many people experience permanent brain changes, which makes opioid addiction a relapsing and unremitting, chronic illness.

Medication Assisted Treatment (MAT) is an evidence-based practice that involves the use of medications along with counseling and recovery support services to treat opioid dependence. Methadone, buprenorphine, and naltrexone are medications currently approved by the FDA for treatment of opioid dependence. Methadone is dispensed only at specially licensed treatment centers. Buprenorphine and naltrexone are dispensed at treatment centers or prescribed by doctors.

Studies have shown that the mortality rate for those receiving MAT is similar to that of the general population, while the mortality rate of untreated individuals using heroin was more than 15 times higher. MAT has been shown to stabilize physical cravings, improve retention in treatment, as well as control behaviors that may lead to relapse. Those who are admitted to treatment facilities with abstinence-only policies face 40%

higher risk of relapse and overdose when discharged to the community than those connected to and receiving long term MAT. It is important to remember that medications should not be used as a stand-alone treatment choice. A combination of therapy, recovery supports, and medication provide the best chance for long term recovery.

Tips for Parents from Governor Charlie Baker's Opioid Addiction Working Group

If you are a parent, start when your child is young to help prevent opioid misuse.

- Talk with your teen about the potential dangers of taking medications that are not prescribed for them.
- Be clear about your expectations. Support healthy decision making.
- Keep prescriptions in a secure location.
- Dispose of unused prescription drugs. To find a secure medication dropbox in your area, visit mass.gov/drugdropbox.

For additional information, visit mass.gov/stopaddiction

For Help: If a loved one does have an opioid addiction . . .

- If you or someone you know is affected by opioid addiction, visit <http://www.mass.gov/stopaddiction> to access information and resources.
- Refer to your health plan's behavioral health benefits to understand your coverage and options. To find out if a service is covered, and for additional benefit details, contact your plan (see page 7).

Dr. Paul Mendis is Chief Medical Officer at Neighborhood Health plan and has practiced primary care for more than 20 years in urban health center environments as well as serving in health care leadership roles. He was appointed by Governor Charlie Baker to the Special Commission to Examine the Feasibility of Establishing a Pain Management Access Program and to Governor Baker's Prevention and Wellness Trust Fund Advisory Board. ■

Review Your Benefit Statement and Make Changes if Needed

Each year at the end of January the GIC sends all members a customized benefit statement listing their benefit elections and the people they cover under their benefits. Be sure to review your benefit statement and make corrections if needed. Pay careful attention to marital status and dates of birth as these determine benefit eligibility.

Divorce and Remarriage

Failure to report divorces and remarriages can be extremely costly to you as you may be responsible for additional premiums or medical claims. Do you have a former spouse still listed as a spouse? If your former spouse is listed as a spouse, notify the GIC right away by completing the Change Form that is enclosed with your benefit statement and returning it with the required documentation.

Adding and Dropping Spouse and Dependents

If you want to add or remove a spouse or dependent, you can only do so during Annual Enrollment or within 60 days of a qualifying status change (i.e., marriage, birth, and/or adoption). Take advantage of the upcoming Annual Enrollment to add or drop your spouse and/or dependents for July 1. See our website for details on doing this with a qualifying status change: www.mass.gov/gic/faqs.

Also Verify

Be sure the following is also correct, as these can affect coverage eligibility, life insurance payouts, and the ability of the GIC to contact you if needed:

- Correct spelling of your name and covered dependents;
- Dates of birth;
- Life insurance beneficiary (state employees and retirees only);
- Home address; and
- Telephone and email address.

For State Employees

Due to the January 2017 implementation of the State Board of Retirement's (SRB's) new computer operating system, MARIS, the SRB's beneficiary information will not appear on the back of the active state employee benefit statements. The SRB will communicate beneficiary information to active members of their system later in the year. For more information about MARIS, visit mass.gov/treasury/MARIS. ■

Newest Commissioner Committed to Financial Viability and Affordability

New Commissioner, Gary D. Anderson, is the GIC's Division of Insurance designee. In this role, he has the dual objectives of ensuring health plans are financially viable and also affordable. Slightly over 20 percent of the GIC's insureds are in insured health plans under the DOI's purview. "It is the role of the Division to ensure there are products in the market that are accessible and affordable, and we strive to monitor the market to make sure it is healthy and competitive and that the carriers fulfill the promises they make to their insureds," says Commissioner Anderson.

Commissioner Anderson joined the DOI in 2014 as its first Deputy Commissioner. In this role, he oversees the Division's daily operations. Prior to joining the Division, he was the Policy Advisor and Senior Counsel for the Massachusetts State Senate President's office. He also worked as the General Counsel in the Office of Senator Anthony Petrucci, and was a broker/agent in the private sector. "I recognize the affordability challenges faced in the market, and look forward to working with the other commissioners to help tackle these issues," he says. Welcome Commissioner Anderson!



New Commissioner
Gary D. Anderson

Hospice: Comprehensive Services Are Not Just for Cancer Patients

When you think of hospice – a suite of relief services provided at the end of life – you may conflate it with palliative care, the easing of symptoms for a terminally ill patient. Palliative care is just one component of hospice care; hospice helps patients and their families. Terminally ill cancer patients benefit from hospice as do patients with cardiovascular, end stage renal, and chronic lung diseases as well as dementia. If you or a loved one is terminally ill, you benefit from lining up hospice early so you can take advantage of the myriad of resources and services included:

Dying where you want to die: Too many patients and their families are afraid to contact hospice when they have months to live. As a result, many die in the hospital where they don't want to be. In Massachusetts, one fourth of terminally ill patients die in the hospital, one of the highest rates in the nation. The state's Health Policy Commission found that one quarter of patients enrolled in hospice had received the service for less than a week before dying. When enrolled in hospice, you can elect to receive services at home, a stand-alone hospice facility, a nursing home or assisted living facility, or in dedicated beds within a traditional hospital setting.

Remaining comfortable: Hospice helps people who are terminally ill live comfortably. Patients receive pain medications only if needed to feel comfortable and pain free. Patients are kept as alert as possible so they can enjoy time with their loved ones.

Lower bills: Once enrolled in hospice, medical and social services, nursing aides, homemaker services, counseling, medications for pain and managing the disease, medical supplies, and durable equipment related to the hospice

diagnosis are covered by Medicare or your GIC health plan (after your fiscal year deductible is met), if not on Medicare.

Help for you and your family: Hospice addresses the emotional, social and spiritual needs of the entire family. Family members and caregivers are assisted during the illness, and bereavement support is provided following the death. Services include:

- Medical services from physicians, nurses, nurse practitioners and other specialists
- Therapists to improve function with speech, eating, mobility, and other daily tasks
- Home care assistance from home health aides as well as respite for caregivers
- Help fulfilling wishes, such as attendance at a special event
- Assistance with the myriad paperwork and documentation required at the end of life, and identification of financial assistance resources, if needed.
- Social services, from licensed social workers, bereavement specialists, and child life specialists
- Friendly visits from volunteers who will talk with the patient, read, or just be present for a short while
- Spiritual care from clergy and lay ministers, from your faith community or from nondenominational providers

For additional information about hospice and palliative care, visit www.nhpco.org, the National Hospice and Palliative Care Organization; www.hospicefed.org, the Hospice & Palliative Care Federation of Massachusetts; and www.hospicefed.org, the National Directory of Hospices.

Beacon Health Options Network Expansion Continues

Beacon Health Options (Beacon), the mental health and substance use disorder provider for the UniCare State Indemnity plans, Tufts Health Plan Navigator and Spirit continues to expand its provider network. Beacon's network expansion targets states with a large GIC membership, including California, Connecticut, Florida, New York, New Hampshire, Maine, and Rhode

Island. The vast majority of GIC members now have access to a comprehensive network of in-network behavioral health providers in their area. To locate in-network providers near you, or for other information about your behavioral health benefits, contact Beacon Health Options: 855.750.8980; beaconhealthoptions.com/gic.

Tax Form 1095-B Mailing

The GIC will again send members Form 1095-B, an IRS document that shows you had health insurance coverage considered Minimum Essential Coverage during the 2016 tax year. As part of the Affordable Care Act, the IRS requires most people to obtain health coverage that meets this requirement for the given tax year. This is called the "individual mandate." People who do not have health coverage that meets the requirement may have to pay a federal tax penalty for being "uninsured." If you had health insurance coverage through the GIC for all or part of the year, you will receive this form by the end of February. The

IRS states that taxpayers do not need to wait to receive this form to file their return. The GIC sends the form to members covered under Harvard Pilgrim Health Care, Tufts Health Plan, and the UniCare State Indemnity Plan. The state reports the months of coverage under these plans to the IRS. If you were a member of the GIC's Fallon Health, Health New England or Neighborhood Health Plans for all or part of the year, you will receive a 1095-B form from your health plan for those months of coverage. For additional information on Form-1095-B, see the IRS website: www.irs.gov/aca. ■

The GIC's Annual Public Hearing

Wednesday, February 1, 2017
12:30 p.m.– 2:30 p.m.

Minihan Hall, 6th Floor
Charles F. Hurley Bulding
19 Staniford Street, Boston MA 02114

GIC-eligible employees, retirees, and the public are invited to attend the annual public hearing. The GIC will describe benefit and premium prospects for FY18, and attendees are invited to provide feedback. ■

Reduce Stress with Meditation

Guest Editorial by Susan Cooper,
L.I.C.S.W., GIC EAP Response Specialist

Many agencies and municipalities report that their employees experience stress in the workplace. One of my recommendations for dealing with stress is meditation, the practice of resting the mind and trying to detach from your stressors. The goals of meditation are to slow the cycle of repetitive thoughts and regain a sense of control, enabling you to feel more resilient in tough situations.

To practice meditation, follow the steps below. You can also download guided meditations, including Calm, Headspace, and Omvana, on your mobile phone.

- Make yourself comfortable.
- Focus on a positive thought/image (such as picturing yourself in your favorite place), or on your breath.
- If you notice that you are distracted, bring yourself back to your positive thought/image or breath.

If you feel better, you're doing something right! Chances are you've slowed your heart rate, breathing rate, maximized your energy level and decreased fatigue.

I recommend practicing meditation three times per day, for two minutes each. Meditation takes time to learn, so be patient! The goal is not to be a perfect meditator but rather to become a more a relaxed, effective person. There's no time like the present to start feeling better! ■

Susan Cooper, L.I.C.S.W., is the GIC's EAP Response Specialist. Contact her if you would like a Meditation or Stress Management workshop at your office: Sue.Cooper@Beaconhealthoptions.com; 781.994.7424

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 (Beacon)	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 (Beacon)	1.800.442.9300 unicarestateplan.com 1.855.750.8980 beaconhealthoptions.com/gic (code: GIC)
Prescription Drugs Basic, Community Choice & PLUS (CVS Caremark)	1.877.876.7214 caremark.com
Prescription Drugs OME (SilverScript)	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 (<i>Davis Vision</i>)	1.800.783.3594 davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1.866.292.9990 metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1.866.292.9990 metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	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/rmts
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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Cindy McGrath, Editor

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

Inside...

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Welcome New Municipalities Effective July 1, 2017!

City of Haverhill
Town of Hingham

GIC1700601-175.4M.30

 Printed on recycled paper

Be Sure to Take Action During Annual Enrollment!

Too often, during Annual Enrollment members do not realize that there are benefit and premium changes. They don't make time to review their options and make changes. Most years, fewer than three percent of members change their health plan. This can be detrimental to your self-interest. According to a study last year by the national Bureau of Economic Research, 63 percent of the 50,000 employees at a Fortune 100 company selected a health plan that was not the most cost-effective option.

The GIC provides a wealth of resources to help you make the right choice for you and your family. Be sure to take advantage of them:

- Watch the **Annual Enrollment video** to find out the steps you should take during Annual Enrollment and how you might lower your out-of-pocket costs. The video's website address will be included in the home mailing you receive at the end of March.
- Read your **Benefit Decision Guide** to find out important benefit and rate changes effective July 1, 2017. Employees receive the Guide at their work site; retirees receive the Guide at home.
- **Take advantage of other resources:** Visit plan websites or call them for provider and other benefit details. The GIC's website includes an overview of benefits, answers frequently asked questions, and provides helpful information to help you take charge of your health. The GIC also holds health fairs across the state where you can meet with GIC staff and the vendors to have questions answered.
- **Consider premiums and provider networks.** In general, you will pay less every month in premium for a limited network plan. These plans cost you less because fewer doctors and hospitals are included. Research which providers participate in each plan you are considering and don't rule out changing providers if you want to pay less in monthly premiums.
- **Don't forget about other coverage changes or benefit options.** If you want to add or drop your spouse or dependents from your coverage, Annual Enrollment gives you the opportunity to do so. If you are eligible for other benefits, including pre-tax Flexible Spending Accounts, evaluate those options and enroll if desired.
- **Don't miss the deadline:** Any and all Annual Enrollment changes must be made no later than Wednesday, May 3.

Keep in Mind: Once you choose a health plan, you cannot change plans until the next annual enrollment, even if your doctor or hospital leaves the health plan, unless you have a qualifying status change, such as moving out of the plan's service area, or retiring and becoming Medicare eligible (in which case, you must enroll in a Medicare plan). ■