



2026 Annual Public Information Sessions

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 [MA Group Insurance Commission](https://www.youtube.com/MAGroupInsuranceCommission)

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Agenda

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II

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III

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Questions & Answers

Submitting Questions

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- Please view GIC's Frequently Asked Questions page at **bit.ly/gicfaq**

If you have specific questions related to your personal benefits and coverage, please visit **bit.ly/contactgic** or call 617-727-2310 between 8:45 am and 5 pm, Monday – Friday, and a member of our team will assist you.

I. GLC Overview

GIC Mission

GIC will provide its members with sustainable, effectively-administered high quality and affordable benefits, and use its influence to drive improved health for members and higher value health care delivery in the Commonwealth.

GIC Goals

1

Provide access to high quality, affordable benefit options for employees, retirees and dependents

2

Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates

3

Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market

4

Evolve business and operational environment of the GIC to better meet business demands and security standards

GIC Benefit Offerings*

- Health
- Dental and vision
- Life insurance
- Long-term disability
- Health care and dependent care Flexible Spending Accounts (FSAs)
- Employee Assistance Program

*Member eligibility and participation for these programs varies based on employer.

467,000 GIC Members

17 Member Commission

- 6 public members
- 5 seats for Union Representatives
- 2 ex-officio seats (A&F/DOI)
- 2 seats for Municipal Managers
- 1 seat for a Health Economist
- 1 seat for a Retiree

FY26 Total State budget:
>\$2.8B

918 Public Agencies
68 Municipal Entities

What does it mean for the Commonwealth of MA to be a “self-insured” employer?



Being self-insured means that the Commonwealth pays the employer share of our members’ medical claims, which our insurance carriers process on our behalf.

Members receive services, and health care providers send claims to insurance carriers.



Insurance carriers and Pharmacy Benefit Managers (PBMs) pay health care providers, and bill GIC weekly.



GIC pays insurance carriers for actual costs, regardless of amount budgeted by the Commonwealth.



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II. Current and FY2027 GIC Benefit Partners & Offerings

Fiscal Years 2026 and 2027 Non-Medicare Plans

Effective July 1, 2026 – June 30, 2027

Plans available based on subscriber residence

National Network (outside of New England)



Harvard Pilgrim
Health Care

Health Care Access America

Regional Network



Health New England HMO (western Mass only)

Broad Network (All of New England unless otherwise noted)



Total Choice Indemnity (also available to international residents)



PLUS



Harvard Pilgrim
Health Care

Explorer POS (requires PCP)



Mass General Brigham
Health Plan

Complete HMO (requires PCP, limited to MA residents)

Limited Network (Most of Massachusetts)



Harvard Pilgrim
Health Care

Quality HMO



Community Choice



Fiscal Years 2026 and 2027 Medicare Plans

Plans available based on subscriber residence

National Network

 **Wellpoint Medicare Extension**

 **Harvard Pilgrim Health Care Medicare Enhance**

 **Health New England Medicare Supplement**

Most of Massachusetts

 **TUFTS Health Plan Medicare Preferred**

Fiscal Years 2026 and 2027 Partners

Effective July 1, 2026 – June 30, 2027

Pharmacy Benefit Manager

- Pharmacy/Prescription Benefits for Active/non-Medicare Retirees are administered by 
- Medicare prescriptions are administered by CVS 

Dental/Vision (For active state employees only*)  | 

Flexible Spending Accounts (For active state employees only)

- Flexible Spending Accounts will have a new administrator for FY2027 to be announced after a vote on February 12, 2026

*Municipal retiree dental is available for those municipal entities that have opted in to offer it.

GLP-1s for Treatment of Obesity

- \$27.5 million was vetoed from GIC's FY26 budget and paired with a directive that the GIC eliminate coverage for GLP-1s to treat obesity mid-year (on 1/1/2026), while preserving coverage to treat other conditions (e.g., diabetes). A separate bill that would have authorized the Commission to make this change did not pass the legislature by 1/1/2026.
- As such, the GIC had to address the deficiency in another way and chose to implement Vida Health as the sole prescriber for GLP-1s to treat obesity.
- Implementing Vida Health allowed the GIC to maintain coverage of GLP-1s to treat obesity for GIC members.

Transition to Vida

Evaluation Goals

- Implement for 1/1/2026 to address FY26 budget deficiency
- Prioritize a solution for meaningful short-term savings
- Select vendors with simplified implementation for 1/1/2026
- Partner with a vendor with proven success with large clients, diverse populations
- Provide members with an elevated experience and enhanced support

Vetting & Evaluation

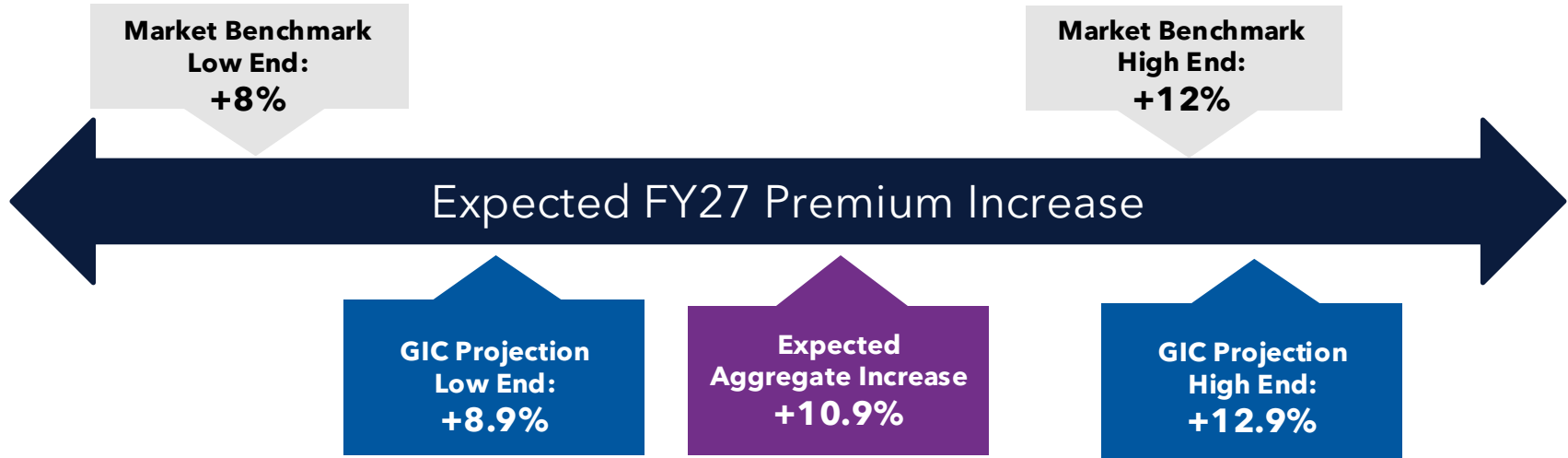
- Closely evaluated four vendors with GLP-1 experience
- Met with each vendor to review capabilities, member experience, and program outcomes
- Reviewed financial projections using standardized underlying assumptions, including administrative fees
- Criteria included:
 1. Service model & strategy
 2. Experience with similarly situated clients
 3. Financials
 4. Member impact
 5. Organizational stability

Transition to Vida, continued

Recommendation	Impact
<ul style="list-style-type: none">• The GIC determined that Vida best met the criteria to serve members• Offerings include:<ul style="list-style-type: none">• Member support for weight loss supported by clinicians• Tools and resources for members including scales, food and activity trackers, and exercise plans• Evidence-based obesity care focused on inclusivity, with culturally sensitive plans and a diverse support team	<ul style="list-style-type: none">• Vida will serve as sole prescriber for obesity GLP-1s. Members will need to engage with and have GLP-1s prescribed by a Vida medical provider to keep coverage for drugs for weight loss• Estimated GLP-1 net savings of \$30M annually• Members will maintain access to GLP-1s if clinically appropriate and engaged in the program• Access to multidisciplinary team to assist with weight loss

III. FY27 Potential Changes to Health Insurance Premiums and Plan Design

Preliminary FY27 Premium Increase



Presented to the Commission in December 2025 & January 2026

Considerations for the State Budget

- The Governor's budget office has given GIC a \$100M net budget savings target for plan design changes for FY27

Why are GIC Premiums Rising for the Coming Year?

Health insurance premiums are higher because the cost of health care is increasing – for everyone



Prices charged by doctors and hospitals for medical services are increasing at a faster rate



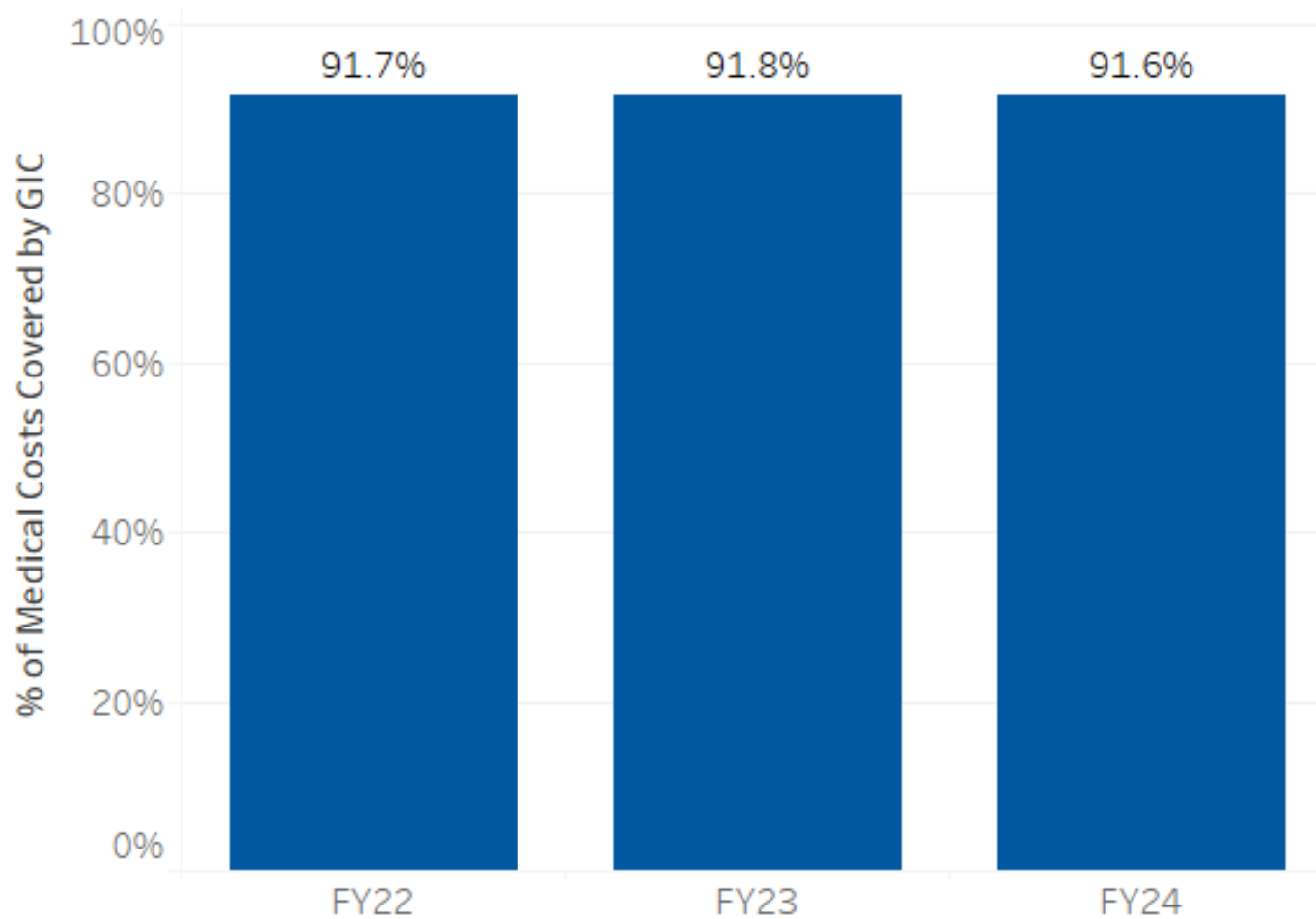
Prices charged by prescription drug manufacturers are escalating, and new drugs are being invented with big price tags.

Governor Healey recently announced a “Health Care Affordability Working Group.”

- Co-chaired by former Health and Human Services Secretary Kate Walsh and Citizens Massachusetts President Lisa Murray
- Group is charged with developing concrete proposals to reduce health system costs and ultimately make health care more affordable for patients, families, and employers.
- GIC will be a participating member of this working group


Benchmarking GIC Benefits




Non-Medicare Benefit Levels, FY22-24
(Medical costs only)



Proposed FY27 Contribution Ratio Changes

Legend - Alignment with GIC Strategic Priorities

-  Not applicable
-  Some misalignment
-  Strongly misaligned
-  Aligned

			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark (Public Sector)	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Surviving Spouse Contribution Ratio - vote by Commission							
Increase contribution rate of surviving spouses from 10% to match the decedent's contribution ratio (10%, 15%, 20% or 25%)	--	8.1K	\$3.0M	N/A			

Proposed FY27 Benefit Design Changes

Legend - Alignment with GIC Strategic Priorities

 Not applicable	 Some misalignment
 Strongly misaligned	 Aligned

<div><div></div> Strongly misaligned</div> <div><div></div> Aligned</div>			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes							
Increase urgent care copay from \$20 to \$30	\$30	60K	\$0.4M	0.0%	<div></div>	<div></div>	<div></div>
Remove three free mental health visits (telehealth)	EAP Only	39K	\$0.8M	0.0%	<div></div>	<div></div>	<div></div>
Increase ER copay from \$100 to \$150	\$150	41K	\$1.4M	-0.1%	<div></div>	<div></div>	<div></div>
Limit coverage for hearing aids to only what is mandated in MA: <div><div>▪ Reduce hearing aid coverage for those <21 from every 24 months to every 36 months</div><div>▪ Remove coverage for 22+ age group</div></div>	--	2.5K	\$1.5M	-0.1%	<div></div>	<div></div>	<div></div>




Proposed FY27 Benefit Design Changes

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-  Aligned

Cost Impact		Alignment with GIC Strategic Priorities		
Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity


Plan Design Changes

Increase out of network coinsurance to 40% for medical/surgical services (applicable to plans that cover out-of-network services only)	40%	9K	\$1.1M	-0.1%			
Increase out of network coinsurance to 40% (applicable to plans that cover out-of-network services only)	40%	13K	\$3M	-0.2%			
Implement a uniform methodology for health carrier reimbursement to out-of-network providers in Massachusetts*	--	15K claims	\$5.3M	-0.3%			

* If accompanied by member protection legislative language, an OON reimbursement cap would encourage providers to stay in-network and improve member accessibility/affordability. Without this legislative language, members may be turned away from OON providers.

Proposed FY27 Benefit Design Changes

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Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes							
Increase office visit copays: PCP: \$10/\$20/\$40 → \$15/\$30/\$60 Specialist: \$30/\$60/\$75 → \$35/\$70/\$90	PCP: \$25 Specialist: \$35	182K <i>(PCP)</i> 165K <i>(Specialist)</i>	\$6.4M	-0.3%	<div></div>	<div></div>	<div></div>
Increase Medical deductible by \$250/\$500 <i>(individual/family)</i> National/broad networks: \$500/\$1,000 → \$750/\$1,500 Limited networks: \$400/\$800 → \$650/\$1,300	\$600 / \$1,500	100K	\$16.4M	-0.9%	<div></div>	<div></div>	<div></div>
Increase Medical deductible by \$100/\$200 <i>(individual/family)</i> National/broad networks: \$500/\$1000 --> \$600/\$1200 Limited networks: \$400-->\$500	\$600 / \$1,500	100K	\$6.4M	-0.3%	<div></div>	<div></div>	<div></div>

Proposed FY27 Benefit Design Changes

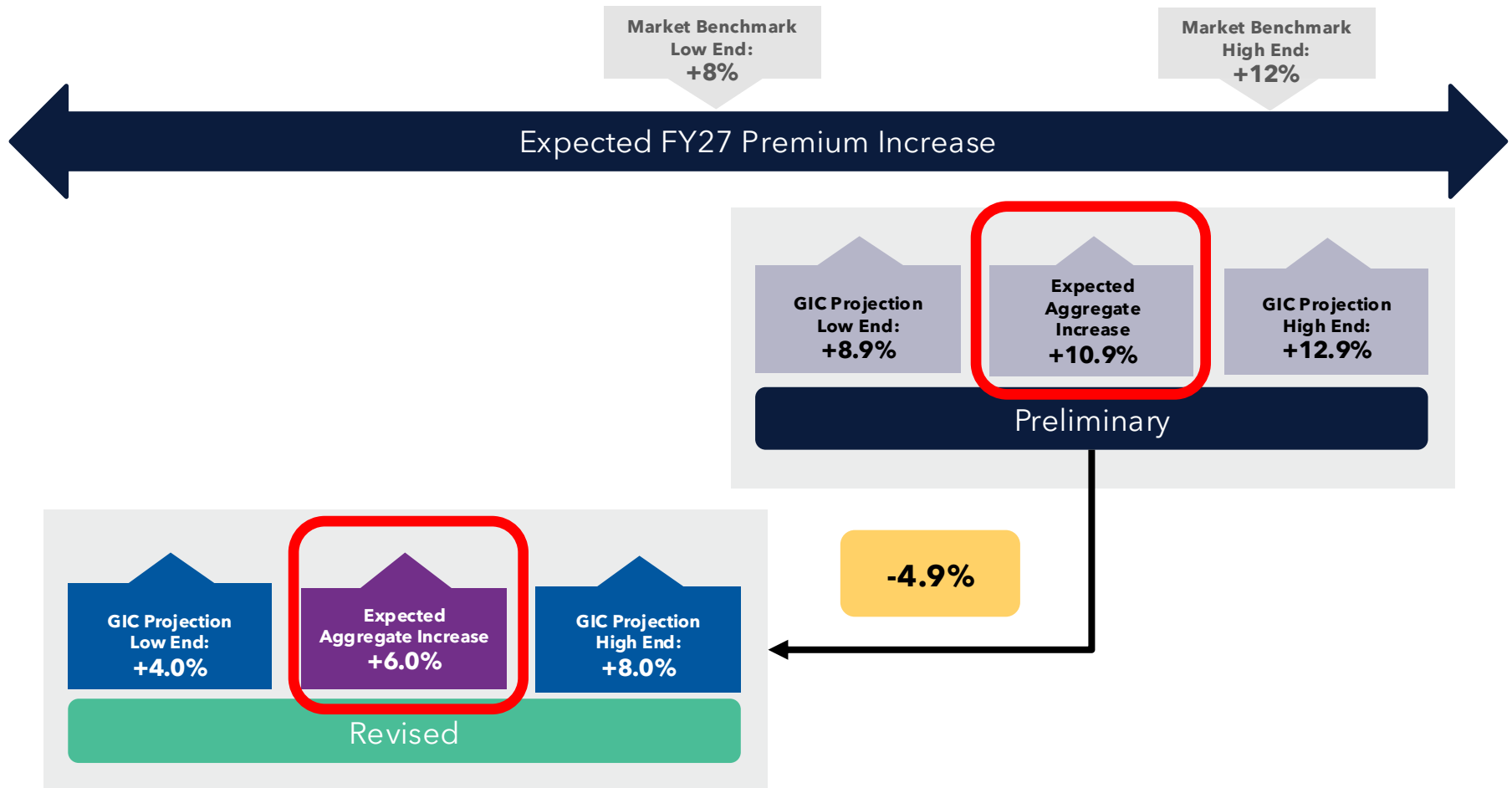
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Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Pharmacy							
Copay assistance card program (Prudent Rx)*	7 of 14 states with CVS have implemented	<i>Minimal negative disruption</i>	\$13.9M	-0.7%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Obesity Management: Remove GLP-1 coverage	33 of 50 states do not cover GLP-1s for Obesity Management	22K	\$46.3M	-2.4%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

*Impact on member affordability will depend on member participation. Members who enroll in the Prudent Rx solution have lower OOP costs, but members pay higher coinsurance if they do not participate. Robust communications and outreach are key to program engagement.

Projected Impact if all benefit cuts are adopted



Summary of Plan Design Proposals

- Reasonable increases to member cost-sharing for the first time in 8 years that will still leave GIC plans more generous than most of the Massachusetts market
- Needed reform to how contracted health plans pay for OON services, producing savings and encouraging providers to come in network
- Implementation of a pharmacy program that provides real savings with little expected member disruption
- Aligning the premium contribution percentage of a surviving spouse to that which applied for the decedent
- GLP-1s used to treat obesity require some additional consideration (see next slide)

Plan Design Considerations for GLP-1 Drugs

- Given the significant projected FY27 costs of GLP-1s to treat obesity, eliminating coverage is necessary to reach the budget target provided to GIC by A&F
- However, these drugs are highly effective in treating a condition with high prevalence among our population and will produce significant downstream health benefits and reduced spending on other services
- There remain many unknowns about how market forces and new developments, including the recent launch of Vida, will impact how we can manage cost and access
- Commissioners will be voting on coverage for GLP-1s, and all other proposals, at the February 12th meeting of the GIC

Next Steps: Timeline to Finalize FY27 Plans and Rates

Dec '25

Preliminary pricing change presented

Jan '26

- Proposed plan design changes with aggregate financial impact presented
- Annual Public Information Sessions

Feb '26

- February 12th: Commission votes on plan design changes and new FSA vendor
- February 26th: Commission votes on product-specific premiums

Apr '26

Annual Enrollment begins (April 1, 2026)

May '26

Annual Enrollment ends (May 1, 2026)

Jul '26

FY27 coverage takes effect (July 1, 2026)

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VI. Enrolling in / Updating GLC Benefits

WHEN TO ENROLL IN GIC BENEFITS

2026 Annual Enrollment Period



FY27 Benefit Guides will be available online immediately prior to the start of Annual Enrollment on both the GIC website and the MyGICLink member benefits portal.



MyGICLink Allows GIC Members To:

- View your benefits 24/7 throughout the year
- Securely update your personal information
- Update your benefits during GIC's Annual Enrollment period or when you have a qualifying event
- Update your dependent(s), if applicable
- Chat with us, and much more!

Register on mass.gov/gic

HOW TO ENROLL IN GIC BENEFITS

Register for MyGICLink GIC's Member Benefits Portal

- All state and municipal active employees and retirees with a valid email address on GIC records and covered by GIC Benefits have access to the new Member Benefits Portal to view and make changes to their GIC coverage online.
- By utilizing this Member Benefits Portal, members also ensure their preferred email address will be added to our database so they will receive all future important electronic communications from the GIC.
- GIC encourages employees to give us their preferred email address to receive communications and have access the new Member Benefits Portal.



Contact Your Health Carrier for Product and Coverage Questions

- Finding a Provider
- Accessing tiered doctor and hospital lists
- Determining which programs are available, like telehealth or fitness
- Understanding coverage

Health Insurance Carrier	Telephone	Website
Harvard Pilgrim Health Care	(844) 442-7324	harvardpilgrim.org/gic
Health New England	(800) 842-4464	healthnewengland.org/gic
THP Medicare Plan	(855) 852-1016	tuftshealthplan.com/gic
WellPoint Plans Medicare Plan	(833) 663-4176 (800) 442-9300	wellpoint.com/mass
Mass General Brigham Health Plan	(866) 567-9175	massgeneralbrighamhealthplan.org/gic-members

V. Q&A

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Thank You



Mass.gov/GIC



@MassGIC



MA Group Insurance Commission



Group Insurance Commission

Appendix

GIC Contact Channels

Commission Members

GIC Leadership Team

Contact GIC for Enrollment and Eligibility

- Enrollment
- Retirement
- Premium Payments
- Qualifying Events
- Life Insurance
- Long-Term Disability
- Information Changes
- Marriage Status Changes
- Other Questions

Online Contact	bit.ly/contactgic	Any time. Specify your preferred method of response from GIC (email, phone, mail)
Telephone	(617) 727-2310, M-F from 8:45 AM to 5:00 PM	
Office location	1 Ashburton Place, Suite 1413, Boston, MA, Not open for walk-in service	
Correspondence & Paper Forms	P.O. Box 556 Randolph, MA 02368	Allow for processing time.

Commission Members



Valerie Sullivan, Public Member, Chair



Michael Caljouw, Commissioner of Insurance



Darren Ambler, Public Member



Edward Tobey Choate, Public Member



Martin Curley, Public Member



Tamara P. Davis, Public Member



Jane Edmonds, Retiree Member



Gerzino Guirand, Council 93, AFSCME, AFL-CIO



Eileen P. McAnneny, Public Member



Bobbi Kaplan, NAGE, Vice-Chair



Matthew Gorzkowicz, Secretary of Administration & Finance



Kristin Pepin, NAGE



Dean Robinson, Massachusetts Teachers Association



Melissa Murphy-Rodrigues, Mass Municipal Association



Jason Silva, Mass Municipal Association



Anna Sinaiko, Health Economist



Catherine West, Public Member

GIC Leadership Team

Matthew A. Veno, Executive Director

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

Jennifer Hewitt, Chief Fiscal Officer

Paul Murphy, Director of Operations

Andrew Stern, General Counsel

Stephanie Sutliff, Chief Information Officer