

COMMISSION MEETING

February 12, 2026

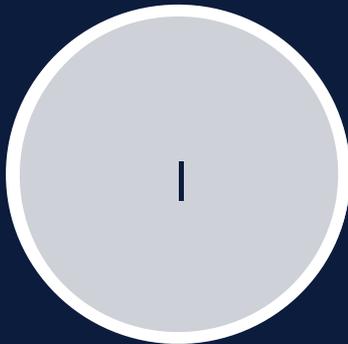
 **MassGIC**

 **Group Insurance Commission**

 **MA Group Insurance Commission**

Agenda

- **I. Minutes, January 15, 2026 (VOTE)** 8:30-8:35
Valerie Sullivan, Chair
Andrew Stern, General Counsel
- **II. Executive Director's Report (INFORM)** 8:35-8:40
Matthew Veno, Executive Director
Members of Senior Staff
- **III. Public Information Sessions Report (INFORM)** 8:40 -8:55
Erika Scibelli, Deputy Executive Director
- **IV. FY2027 Plan Design (VOTE)** 8:55-9:55
Matthew Veno, Executive Director
Margaret Anshutz, Director of Health Policy and Analytics
- **V. FSA Vendor Recommendation (VOTE)** 9:55-10:15
Cameron McBean, Director of Vendor Management
- **VI. CFO Report (INFORM)** 10:15-10:25
Jennifer Hewitt, Chief Financial Officer
- **VII. Other Business/Adjournment** 10:25-10:30
Valerie Sullivan, Chair
Matthew Veno, Executive Director



Executive Director's Report

Matthew Veno, Executive Director



Minutes (VOTE)

Valerie Sullivan, Chair

Andrew Stern, General Counsel

Motion

That the Commission hereby approves the minutes of its meeting held on January 15, 2026 as presented

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Darren Ambler
- Edward Tobey Choate
- Martin Curley
- Tamara Davis
- Jane Edmonds
- Gerzino Guirand
- Eileen P. McAnney
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West



Public Information Sessions Report

Erika Scibelli, Deputy Executive Director

2026 Public Information Sessions Report

January 27
12 PM

- 3,483 Registrants
- 1,115 Zoom Attendees
- 176 concurrent YouTube views
- 424 questions received

January 27
6 PM

- 1,855 Registrants
- 856 Zoom Attendees
- 8 concurrent YouTube views
- 400 questions received

January 29
9 AM

- 2,126 Registrants
- 1,141 Zoom Attendees
- 264 concurrent YouTube views
- 427 questions received

Totals

Registrants
7,464

Attendees
3,560

Questions
1,251

2026 Public Information Sessions Report

- Each session had real time closed captioning and ASL interpreters
- Zoom webinar sessions had capacity for 1,000 participants with any spillover directed to the livestream view on YouTube with questions accepted at gic.info@mass.gov
- Sessions were recorded and are now on the GIC's YouTube page
- Presentation slides and FAQ are available on the GIC's website, mass.gov/GIC
- FAQ page continues to be updated as we receive more questions
- E-mail with all resources was sent to members and coordinators after the sessions were completed

PIS Q&A Themes

Affordability

- Concern with cost shifting to members
- Inquiries about +1 plans
- Inquiries about long-term plans to address affordability

GLP-1s

- Vida Health—vendor selection process, privacy, projected savings
- Status of coverage of GLP-1s for the treatment of obesity
- Equity concerns around proposed elimination
- Which diagnoses are required or not required to go through Vida

Hearing Aids

- Deep concerns about potential change

Retirement

- Turning 65
- How plan design proposals impact retirees

Dental & Vision

- Confusion from union members as to who provides these benefits for them

Plan availability

- Geographic availability
- Dependents

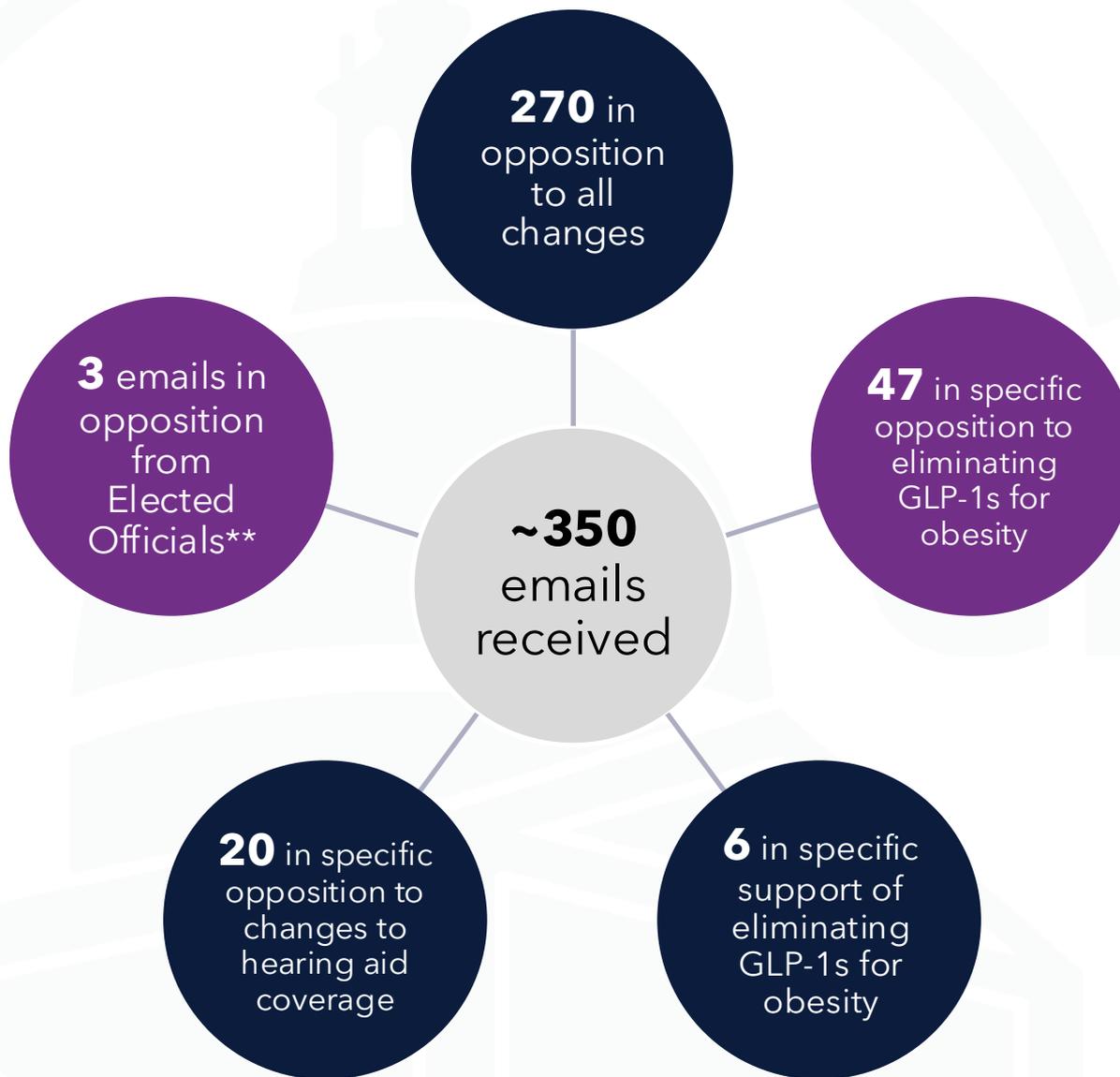
Individual

- Referred to direct GIC contact method

Post-PIS Member Feedback to GIC.info@mass.gov*



*As of 12am on February 11, 2026



**Includes a letter from all 12 members of Springfield City Council

Post-PIS Member Feedback Themes

Affordability

- Health care is consuming a larger portion of members' paychecks
- Crowding out of other essential needs (e.g., food)
- Addressing affordability and cost drivers for the long term instead of cost-shifting
- Requests for Individual +1 plan
- Interest in high-deductible health plans

Fairness & Equity

- Lower salaried members and the sickest of the GIC population impacted more by potential changes

GLP-1s

- Strong support to maintain coverage for the treatment of obesity
- Concerns with Vida Health (e.g., privacy, patient/doctor relationship)
- Deep equity concerns around elimination of GLP's for the treatment of obesity

Hearing Aids & Surviving Spouses

- Disproportionate impact for these members
- Strong opposition

IV

FY2027 Plan Design (VOTE)

Matthew Veno, Executive Director

Margaret Anshutz, Director of Health Policy and Analytics

Plan Design Changes

Summary of FY2027 Governor's Budget

The Governor's budget (H.2) was filed on January 28, 2026.

- Assumes net savings of \$100.5M for the GIC.
- Does not include two potential changes to GIC contribution ratios that were outside of the GIC's jurisdiction and would achieve an additional \$20M in budget savings:
 - ∅ Does not standardize premium contribution ratios for all state employee subscribers at 75/25
 - ∅ Does not align dental premium contribution ratios with those of the members' health plan
- Does not include the proposed language that would prevent Massachusetts providers from turning away GIC members.

Without any plan design changes, premiums are projected to grow, on average, by 8.9-12.9% in FY2027 (midpoint of 10.9%), which translates into a \$170M net increase in the GIC's appropriation in the state budget.

Budget Implications of Choices

For Commissioner Information and Discussion

(\$ millions)	Net Budget Savings	Net Budget Increase*	Budget Target Gap	Premium Increase**
Status Quo	\$ -	\$170.0	\$100.6	10.9%
All Options Adopted, Aligned with H.2	\$100.6	\$69.4	\$ -	6.0%
All Options Adopted but GLP-1 Elimination	\$52.7	\$117.3	\$47.9	8.4%

*Reflects A&F Budget exercise, not final H.2 values

**Projected aggregate increase, subject to change

Proposed FY27 Benefit Design Changes

Legend - Alignment with GIC Strategic Priorities			
	Not applicable		Some misalignment
	Strongly misaligned		Aligned

Initiative	Benchmark (Public Sector)	Members Impacted	Cost Impact		Alignment with GIC Strategic Priorities		
			Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes with Low Member Disruption							
Implement a uniform methodology for health carrier reimbursement to out-of-network providers in Massachusetts*	--	15K <i>claims</i>	\$5.3M	-0.3%			
Copay assistance card program (Prudent Rx)*	7 of 14 states with CVS have implemented	<i>Minimal negative disruption</i>	\$13.9M	-0.7%			

* 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.

Motion



The Commission approves the following plan design changes, beginning in FY2027:

- Implement a uniform methodology for health carrier reimbursement to out-of-network providers in Massachusetts
- Implement a copay assistance card program (Prudent Rx)

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
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- Gerzino Guirand
- Eileen P. McAnneny
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West

Proposed FY27 Benefit Design Changes



Legend - Alignment with GIC Strategic Priorities

-  Not applicable
-  Some misalignment
-  Strongly misaligned
-  Aligned

Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Cost Impact		Alignment with GIC Strategic Priorities		
			Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes to Member Cost-sharing							
Increase urgent care copay from \$20 to \$30	\$30	60K	\$0.4M	0.0%			
Increase ER copay from \$100 to \$150	\$150	41K	\$1.4M	-0.1%			
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 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%			
Increase Medical deductible by \$250/\$500 (individual/family) National/broad networks: \$500/\$1,000 → \$750/\$1,500 Limited networks: \$400/\$800 → \$650/\$1,300	\$600 / \$1,500	100K	\$16.4M	-0.9%			

Motion

The Commission approves the following plan design changes, beginning in FY2027:

- Increase urgent care copay from \$20 to \$30
- Increase ER copay from \$100 to \$150
- Increase out of network coinsurance to 40% for medical/surgical services (applicable to plans that cover out-of-network services only)
- Increase office visit copays:
 - PCP: \$10/\$20/\$40 → \$15/\$30/\$60
 - Specialist: \$30/\$60/\$75 → \$35/\$70/\$90
- Increase Medical deductible by \$250/\$500 (individual/family)
 - National/broad networks: \$500/\$1,000 → \$750/\$1,500
 - Limited networks: \$400/\$800 → \$650/\$1,300

➤ Valerie Sullivan, Chair

➤ Bobbi Kaplan, Vice-Chair

➤ Dana Sullivan (A&F Designee)

➤ Rebecca Butler (DOI Designee)

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➤ Melissa Murphy-Rodrigues

➤ Jason Silva

➤ Anna Sinaiko

➤ Catherine West

Proposed FY27 Benefit Design Changes



Legend - Alignment with GIC Strategic Priorities

- Not applicable
- Some misalignment
- Strongly misaligned
- Aligned

Initiative	Benchmark (Public Sector)	Members Impacted	Cost Impact		Alignment with GIC Strategic Priorities		
			Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes Impacting both Medicare and Active Members							
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	●	●	●
Limit coverage for hearing aids to only what is mandated in MA: <ul style="list-style-type: none"> ▪ Reduce hearing aid coverage for those <21 from every 24 months to every 36 months ▪ Remove coverage for 22+ age group 	--	2.5K	\$1.5M	-0.1%	●	●	●
Obesity Management: Remove GLP-1 coverage	33 of 50 states do not cover GLP-1s for Obesity Management	22K	\$46.3M	-2.4%	●	●	●

Motion

The Commission approves the following plan design changes, beginning in FY2027:

- Increase contribution rate of surviving spouses from 10% to match the decedent's contribution ratio (10%, 15%, 20% or 25%)
- Limit coverage for hearing aids to only what is mandated in MA:
 - Reduce hearing aid coverage for those <21 from every 24 months to every 36 months
 - Remove coverage for 22+ age group
- Removing GLP-1 coverage for weight management

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
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FSA Vendor Recommendation (VOTE)

Cameron McBean, Director of Vendor Management

FSA Procurement



Dissatisfaction with Current Vendor (TASC)

- Member complaints regarding documentation/customer service
- Lack of flexibility with member communications
- Rather than exercise 4th year option, GIC conducted a procurement

GIC Represents Challenges as a Plan Sponsor

- Most Third Party Administrators (TPAs) assume that plan sponsor can provide an eligibility file
 - Offline agencies and eligibility rules make this impractical or impossible
- Most plan sponsors are also employers and use payroll tax savings to incentivize participation by covering monthly administrative fee

Procurement Results & Recommendation

Recommendation

The GIC procurement team recommends selecting Ameriflex as the Apparent Successful Bidder.

- GIC received bid submissions from the incumbent (TASC), Voya (who purchased the previous TPA during that contract period), and Ameriflex.
- The procurement team selected Voya and Ameriflex as the two finalists with the highest preliminary scores.
- During Voya's finalist interview, it became clear that their ability to implement on time depended on receiving full eligibility information, which the GIC cannot provide. Subsequently, Voya withdrew its bid.

Scoring Category	Max Pt Value	Ameriflex	TASC	Voya
Supplier Diversity	25	10	0	10
Technical Proposal	35	23	23	25
Cost Proposal	20	20	18	10
Interview	15	12	0	0
References	5	4	0	0
Total	100	69	41	45

Motion

The Commission hereby authorizes the GIC to contract with Ameriflex as the apparent successful bidder for administration of Flexible Spending Account benefits and services, as recommended by the procurement team.

- Valerie Sullivan, Chair
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VI

CFO Report

Jennifer Hewitt, Chief Financial Officer

FY2026 Supplemental Budget Request: Known Fiscal Challenges

Items Discussed in December 2025

(\$ millions)

Initial Exposures Contribution Ratio, GLP-1 veto, expected claims experience	\$ 77.0
Mid-year Administrative Changes	\$ (20.0)
State Retiree Benefit Trust Fund (SRBTF)	\$ 42.0
FY2025 Enrollee Account Deficit	\$ 54.0
Total Funding Shortfall Reviewed 12/20	\$ 153.0

Additional Items -

FY2025 Calendar - 53 weeks	\$ 37.0
Updated FY2026 Forecast and potential additional shortfall in SRBTF*	\$ 110.0
Total Newly Recognized Items	\$ 147.0

January Supplemental Filed by Governor	\$ 300.0
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**Health care trend is volatile now, especially pharmacy spending. Forecast will likely need to be updated before year end based on actual experience.*



VII

Other Business and Adjournment

Valerie Sullivan, Chair

Matthew Veno, Executive Director



2026 Group Insurance Commission Meetings & Schedule

January 15	February 12	February 26	April 16	May 21
June 18	September 17	October 15	November 19	December 17

Unless otherwise announced in the public notice, all meetings take place from 8:30 am - 10:30 am on the 3rd Thursday of the month. Meeting notices and materials including the agenda and presentation are available at mass.gov/gic under Upcoming Events prior to the meeting and under Recent Events after the meeting.

Please note:

- Until further notice, Commissioners will attend meetings remotely via a video-conferencing platform provided by GIC.
- Anyone with Internet access can view the livestream via the MA Group Insurance Commission channel on YouTube. The meeting is recorded, so it can be replayed at any time.

Note: Topics and meeting dates are subject to change

Appendix

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

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

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



Contact GIC for Enrollment and Eligibility

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

Online Contact	mass.gov/forms/contact-the-gic	Any time. Specify your preferred method of response from GIC (email, phone, mail)
Email	gicpublicinfo@mass.gov	
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. Priority given to requests to retain or access benefits

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
Mass General Brigham Health Plan	(866) 567-9175	massgeneralbrighamhealthplan.com/gic-members
Harvard Pilgrim Health Care	(844) 442-7324	point32health.org/gic
Health New England	(800) 842-4464	hne.com/gic
Tufts Health Plan (Medicare Only)	(855) 852-1016	Tuftshealthplan.com/gic
Wellpoint		
Non-Medicare Plans	(833) 663-4176	wellpoint.com/mass
Medicare Plans	(800) 442-9300	