

## **GROUP INSURANCE COMMISSION MEETING**

**Thursday, February 6, 2025**

**8:30 A.M.-10:00 A.M.**

Meeting held virtually through online audio-video platform (ZOOM) and accessible on the GIC's YouTube channel.

### **MINUTES OF THE MEETING**

NUMBER: Six hundred and eighty-nine

DATE: February 6, 2025

TIME: 8:30 A.M.

PLACE: Meeting held virtually through online audio-video platform (ZOOM) and accessible on the GIC's YouTube channel

#### **Commissioners Present:**

BOBBI KAPLAN (Vice Chair, NAGE)

MATTHEW GORZKOWICZ (Secretary of Administration and Finance) Designee: Dana Sullivan

MICHAEL CALJOUW (Commissioner of Insurance) Designee: Rebecca Butler

EDWARD T. CHOATE (Public Member)

JOSEPH GENTILE (AFL-CIO, Public Safety Member)

GERZINO GUIRAND (Council 93, AFSCME, AFL-CIO)

PATRICIA JENNINGS (Public Member)'

EILEEN P. MCANNENY (Public Member)

MELISSA MURPHY-RODRIGUEZ (Massachusetts Municipal Association)

ANNA SINAJKO, Ph.D. (Health Economist)

JASON SILVA (Massachusetts Municipal Association)

TIMOTHY D. SULLIVAN (Massachusetts Teachers Association)

CATHERINE WEST (Public Member)

#### **Commissioners Not Present:**

VALERIE SULLIVAN (Chair, Public Member)

JANE EDMONDS (Retiree)

ELIZABETH CHABOT (NAGE)

TAMARA P. DAVIS (Public Member)

#### **I. Introduction and Vote of the Minutes**

At 8:30 A.M. Vice Chair Bobbi Kaplan started the meeting and announced the Commissioners in attendance. Executive Director Matthew Veno provided an overview of the coming months and the agenda for the meeting.

The Vice Chair called for a motion to approve the minutes from the prior meeting. A motion to approve the minutes was made by Designee Butler and seconded by Commissioner Gentile. The General Counsel read the motion and took a roll call vote, the vote was unanimous.

## **II. Executive Director's Report**

The Executive Director then provided his report, noting that the budget process was starting. He acknowledged the change in the federal administration, and how it is not as likely to impact the Group Insurance Commission (GIC) as other state agencies and programs. He noted that the impacts are being monitored across state government, with EOHHS leading the monitoring with regard to health care. He further reassured the Commission that the GIC's priorities remain unchanged, including our commitment to closing health disparities and diversity, equity and inclusion.

He noted that between the January meeting and today's meeting, the GIC staff attended the Massachusetts Municipal Association's Annual conference, which continues to be an excellent opportunity to engage both with municipalities looking to join the GIC, and those who have already joined.

The Vice Chair asked how many municipalities are included in the GIC's membership. Deputy Executive Director Erika Scibelli said 39 towns and cities are members and there is a total of 55 entities, when non-town and non-city municipal entities are included.

The Executive Director noted that plans offered by the Massachusetts Interlocal Insurance Association (MIIA) are experiencing even higher increases than the GIC. He stated some of their Medicare plans are seeing a 20% rate increase, while active employee plans are increasing on average by nearly 15%. The Executive Director continued, saying that after the next Commission meeting, there will be a break until likely May while staff focus on execution of annual enrollment.

## **III. 2025 Annual Public Information Sessions Report**

The Deputy Executive Director spoke about the recently held public information sessions. She noted that they were all recorded and are available for replay on the GIC's YouTube page. There were over 3,000 registrants, with a 68% attendance rate overall, which is higher than in prior years. American Sign Language interpreters were requested for the first session and closed captioning was used for all sessions. She noted that materials from the meetings, including answers to frequently asked questions, will be posted on the website soon. Common themes of questions included affordability, changes to vision and dental vendors, the buy-out program, and retirement. She stated that she is still looking into what demographic data might be available from YouTube, but that the tools provided limited opportunities to gather much of this type of data.

The Vice Chair said she attended the first session and complimented those who presented and fielded questions from members.

## **IV. FY2026 Plan Design Vote**

Cameron McBean, Director of Vendor Management presented the proposed Fiscal Year 26 (FY26) plan design changes. He noted that most changes will not have a significant financial impact on the plans and that all of these were presented at the last meeting. These included:

- Making Hinge Health available to all members through the CVS/Caremark contract
- Harmonizing and enhancing fertility benefits across all plans
- Removing Nutritional Counseling limits where they exist for Mental Health Parity compliance
- Eliminating generic copays and capping brand copays at \$25 for certain chronic conditions (PACT act mandate)
- Increase basic life to \$10,000 for all active and retired employees (mandate)
- Provide enhanced breast cancer screening through MRI and 3D mammography (mandate)
- Provide coverage for human donor milk, postpartum depression screenings and home visiting services (mandate)
- Changes to pain management coverage, including removing utilization controls like step therapy for non-opioid pain medications, coverage for opioid agonists without cost share, and coverage for licensed recovery coaches (mandate)
- Coverage for ABA, speech, and occupational/physical therapies for those with Down Syndrome (mandate)

Commissioner McAnneny asked how much the new mandates will cost. Mr. McBean said that many have already been included in the plan rates this year. He stated that the remainder of the mandates should be minimal. The highest expected impact as result of the mandates will result in a 2.5% increase for certain carriers. Commissioner McAnneny noted the expectation of the GIC to keep costs down and the insistence of the Legislature to pass coverage mandates seem inconsistent expectations.

The Vice Chair noted that there was a new non-addictive pain medicine approved by the FDA and she asked if it will be covered. She also asked whether the heart condition medications required to be covered by the newly enacted law will be identified prior to open enrollment.

Mr. McBean stated that GIC, together with its healthcare consultant, is working on identifying the medications. He stated that the medications need to be identified soon so that the costs can be included in order to determine final rates.

The Vice Chair also asked about Hinge Health and whether information will be included in the Benefit Guides. Mr. McBean affirmed that information will be included in the Benefit Guides

Mr. McBean then presented the proposed dental and vision plan changes. Both active and retiree annual maximums will be increased, he said. The plans will be moving to the GIC's fiscal year from the current calendar year. There will still be a small reduction in premiums for active employees. There will be a small increase in premiums for retirees.

Commissioner McAnneny asked about the different trends being seen in the dental and vision plans, increased benefits with decreased premiums, versus the medical plans. Mr. McBean stated that this is a resulting benefit of being able to reprocure the dental and vision plans. James Rust, the Chief Financial Officer, noted that the dental procurements have historically been very competitive and businesses desire to obtain the GIC's business leading to submission of favorable bid terms.

The Executive Director noted that there is a substantial difference with trends in each area because on the health side there are a smaller number of highly consolidated providers, whereas the dental providers are not as concentrated in the same manner. The healthcare provider market is not functioning as a market ought to, whereas the dental provider market is much more competitive and

that leads to more stable growth in costs and spending. Also, he continued, dental and vision plans are structured much differently than health plans. Dental and vision plans are capped benefits meaning that there is only a certain amount of liability that these insurers take on in a year, whereas the health care benefits do not have caps in the same way.

Acknowledging that dental and vision are both capped benefits, Commissioner McAnneny suggested that there may be other lessons to be learned and applied to the health benefits. Vice Chair Kaplan asked clarifying questions about the annual maximum total and to confirm that the dental coverage out of network reimbursements would be the same process. Mr. McBean confirmed both.

The Vice Chair then called for a motion to vote on approving the plan changes. Commissioner Choate moved to approve the plan design recommendations as presented and Commissioner McAnneny seconded the motion. The General Counsel conducted a roll call vote. The vote passed unanimously.

#### **V. Other Business and Adjournment**

The Vice Chair called for any additional business. There being none, she called for a motion to adjourn the meeting. Commissioner McAnneny motioned to adjourn and Designee Butler seconded the motion. The vote to adjourn was unanimous. The meeting ended early at 9:20am.