

COMMISSION MEETING

February 26, 2026

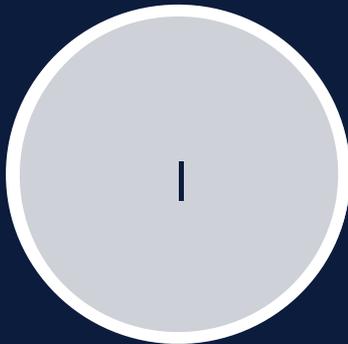
 MassGIC

 Group Insurance Commission

 MA Group Insurance Commission

Agenda

- **I. Minutes, February 12, 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. FY2027 Plan Design (VOTE)** 8:40 -9:40
Matthew Veno, Executive Director
Margaret Anshutz, Director of Health Policy and Analytics
- **IV. CFO Report (INFORM)** 9:40-10:15
Jennifer Hewitt, Chief Financial Officer
- **V. Vida Health Update (INFORM)** 10:15-10:25
Erika Scibelli, Deputy Executive Director
- **VI. Other Business/Adjournment** 10:25-10:30
Valerie Sullivan, Chair
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 February 12, 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. McAnneny
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West



Executive Director's Report

Matthew Veno, Executive Director



FY2027 Plan Design (VOTE)

Matthew Veno, Executive Director

Margaret Anshutz, Director of Health Policy and Analytics

Benefit Design Data Analysis

Agenda

1. Cost of living and health benefits
2. Benchmarking GLP-1 coverage for obesity
3. Member scenarios
4. Benefit design changes

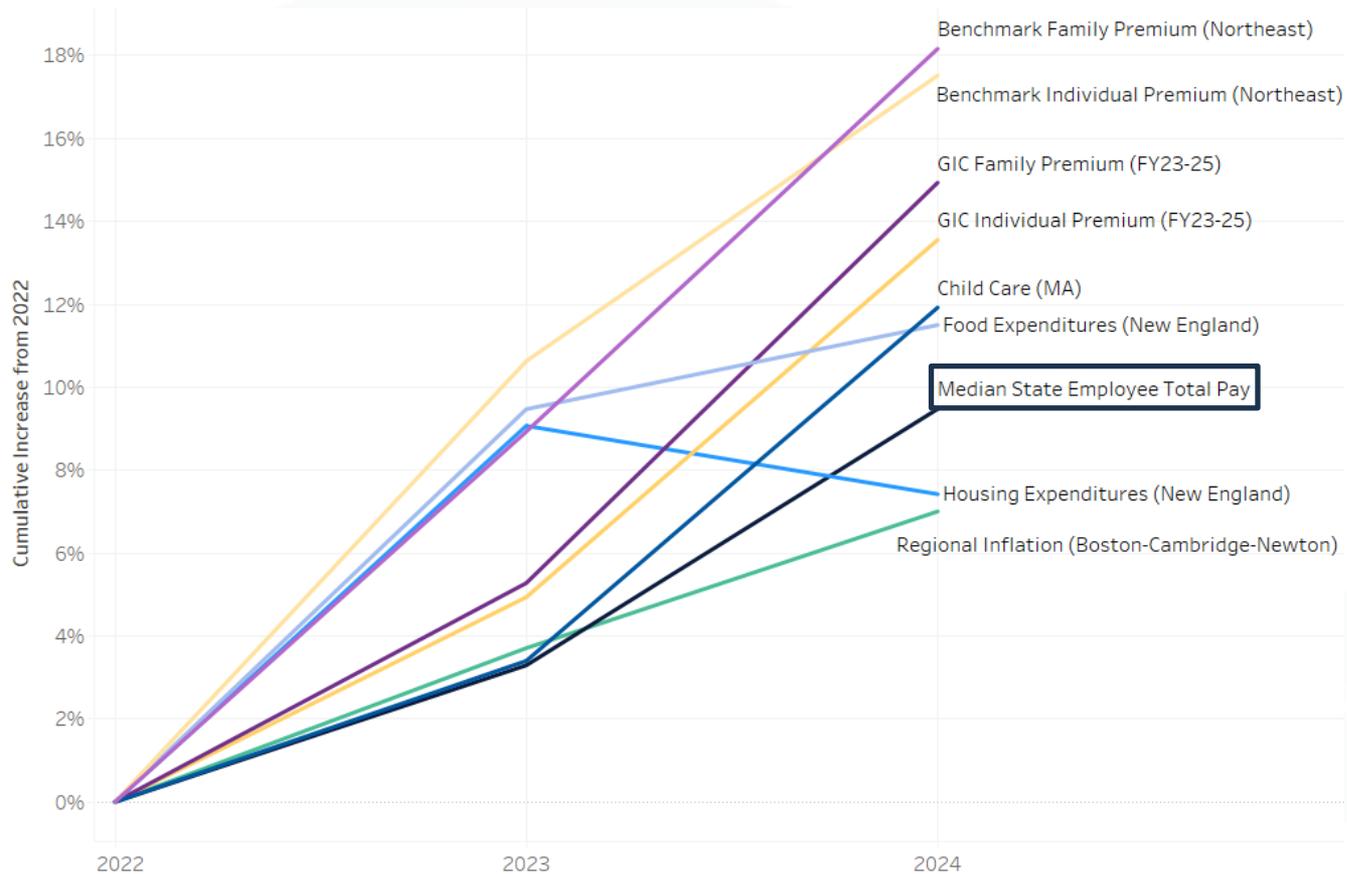


Figure 1. 2022-2024 cumulative increase in state employee total pay compared to increases in average GIC premiums (FY23-25), Northeast average employer-sponsored plan premiums, food expenditures, housing expenditures, child care prices, and inflation

Commonwealth of Massachusetts Office of the Comptroller. CTHRU Total Pay data for full-time state employees, 2022-2024, https://cthru.data.socrata.com/Government/Commonwealth-Of-Massachusetts-Payrollv3/9tk-7vz6/data_preview

Kaiser Family Foundation. 2025 Employer Health Benefits Survey, Northeast region, 2022-2024, <https://www.kff.org/health-costs/premiums-worker-contributions-among-workers-covered-by-employer-sponsored-coverage/>

U.S. Bureau of Labor Statistics. Table 1800. Region of residence: Annual expenditure means, shares, standard errors, and relative standard errors, Consumer Expenditure Surveys, 2022-2024, <https://www.bls.gov/cex/tables/calendar-year/mean-item-share-average-standard-error.htm#cu-geo>

Child Care Aware of America. Annual Price of Care: 2022-2024, Average Annual Price of Full-Time Center-Based Child Care in Massachusetts, https://info.childcareaware.org/hubfs/Affordability_Analysis_Updated_2024.pdf

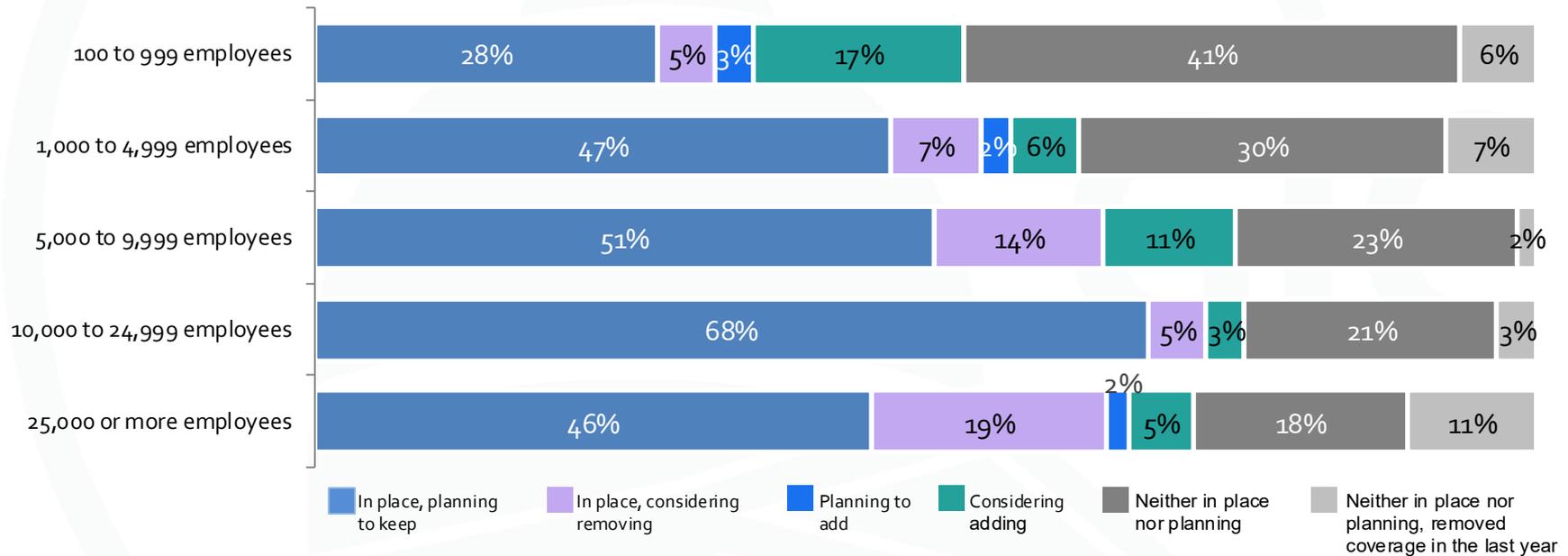
U.S. Bureau of Labor Statistics. All items in Boston-Cambridge-Newton, MA-NH, all urban consumers, not seasonally adjusted (Series Id CUURS11ASA0), Annual 2022-2024, https://data.bls.gov/timeseries/CIURS11ASA0?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true

GLP-1 coverage by employer size

Lower coverage rates for small client is heavily driven by fully-insured vendor approach. Most fully insured vendors have eliminated coverage, or offer a rider for additional coverage



Does your organization cover GLP-1 medications for obesity?



Note: Percentages may not sum up to 100% due to rounding.
Source: WTW 2025 Best Practices in Healthcare Survey

GLP-1 Coverage in the Massachusetts Market

While there is little current, publicly available data, an informal qualitative survey of the market indicates that coverage for GLP-1s to treat obesity has retreated significantly since January, 2025, when many carriers took steps to eliminate it from their standard plan offerings.

- Most major commercial insurance plans in the merged individual/small-group market, including the Health Connector do not offer coverage for GLP-1s for weight loss in their standard plan offerings.
- No major carriers in the Massachusetts large group, fully-insured and self-insured markets offer the coverage as part of their standard plan offering.
 - These groups allow clients to add it for an additional premium increment, which is reportedly above 5-8%.
 - Uptake on this buy-up is in the 5-20% range, most common in larger employer plans.
- Among employer groups that have dropped coverage, some are directing employees toward a health spending account (HSA) or health reimbursement arrangement (HRA) that the member can use to purchase the drugs outside of their insurance benefit.
- Carriers that have seen a material increase in utilization for GLP-1s to treat other conditions, such as diabetes and sleep apnea, and are taking steps to tighten utilization management criteria to ensure appropriate usage.
- The Massachusetts Interlocal Insurance Association (MIIA), a subsidiary of the Massachusetts Municipal Association that provides insurance coverage to more than 400 cities, towns and other municipal entities, eliminated coverage in their offerings for the coming plan year.
- House 2 proposes making targeted reductions to MassHealth modeled after peer programs, including removing coverage for weight-loss GLP1s. This mirrors actions taken by California, Connecticut, New Hampshire, and several other states.

Member Impact: Case Study #1

Member Profile

- 55-year-old state employee earning \$50,000 enrolled in HNE individual plan
- High health risk status and higher than average health care use
- Member diagnosed with CAD and type 2 diabetes
- Member has concerns about paying higher deductible and copays

	Illustrative Utilization	Current Copay (per service)	Potential Change (per service)
Preventive visit	1	\$0	\$0
Specialist visits (T2)	6	\$60	\$70
Emergency room visit	1	\$100	\$150
Retail generic prescriptions	24	\$10	\$10
Mail order brand prescriptions	4	\$75	\$75

Without design changes:
Member's overall annual spend is
\$4,114

- Member contributions: \$2,769
- Medical deductible: \$400
- Rx deductible: \$100
- Member copays: \$845

With design changes:
Member's overall annual spend is
\$4,290 (+\$176)

- Member contributions: \$2,665 (-\$104)
- Medical deductible: \$650 (+\$250)
- Rx deductible: \$100 (no change)
- Member copays: \$875 (+\$30)

Member Impact: Case Study #2

Member Profile

- 25-year-old state employee earning \$90,000 enrolled in Wellpoint Community Choice individual plan
- Low health risk status and lower than average health care utilizer
- Member primarily interested in keeping their premium low

	Illustrative Utilization	Current Copay (per service)	Potential Change (per service)
Preventive visit	1	\$0	\$0
Other PCP visit (T1)	1	\$20	\$30
Retail generic prescriptions	1	\$10	\$10

Without design changes:

Member's overall annual spend is **\$2,988**

- Member contributions: \$2,773
- Medical deductible: \$175
- Rx deductible: \$40
- Member copays: \$0

With design changes:

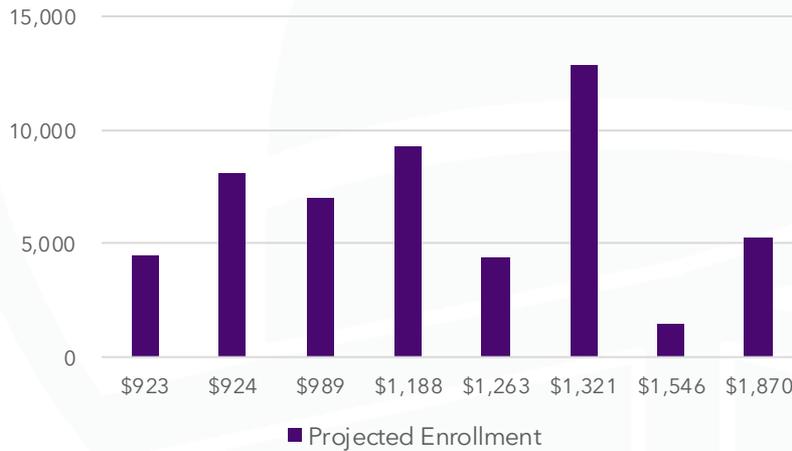
Member's overall annual spend is **\$2,884 (-\$104)**

- Member contributions: \$2,669 (-\$104)
- Medical deductible: \$175 (no change)
- Rx deductible: \$40 (no change)
- Member copays: \$0 (no change)
- No change to copays as all claims are during the deductible phase

Distribution of Premium Equivalent Rates Non-Medicare

	Individual	Family
Weighted Average	\$1,214	\$2,934
75th Percentile	\$1,321	\$3,278
25th Percentile	\$989	\$2,523

FY2027 Individual Premium Equivalent Rates

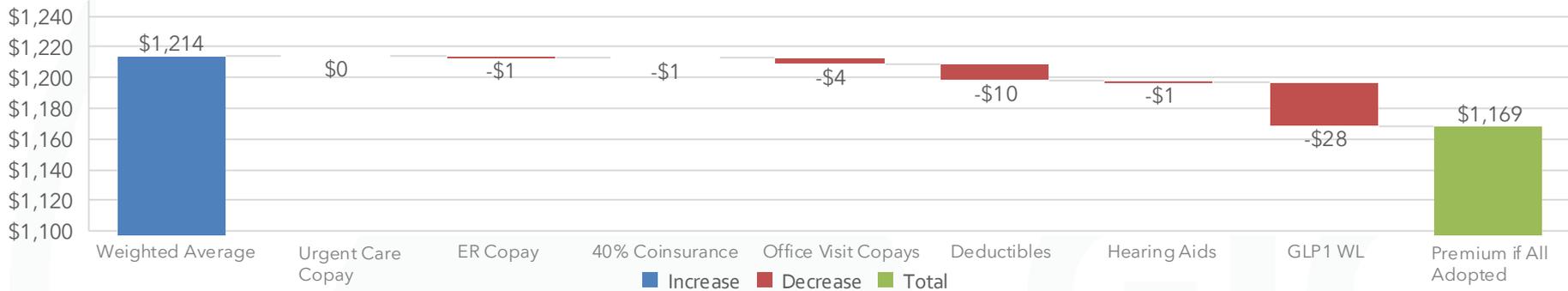


FY2027 Family Premium Equivalent Rates

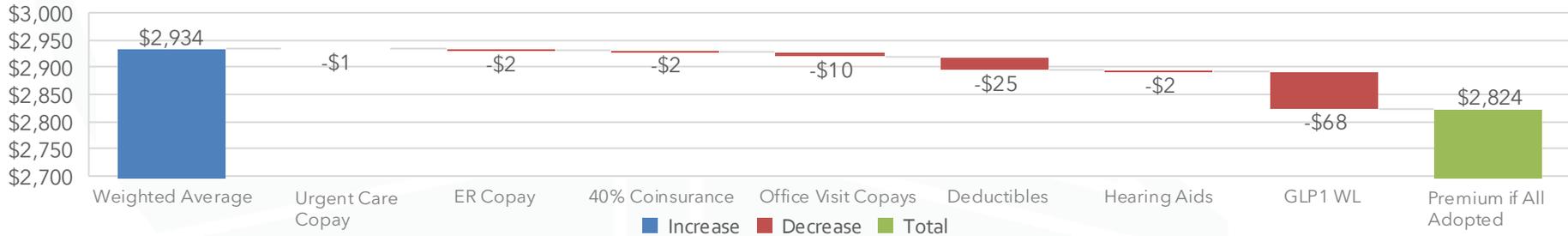


Benefit Impacts Waterfall Non-Medicare Only

FY2027 Individual Premium Equivalent Rates Benefit Changes Impacts



FY2027 Family Premium Equivalent Rates Benefit Changes Impacts



Proposed FY2027 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 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 (PCP) 165K (Specialist)	\$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%			

Proposed FY2027 Benefit Design Changes



Legend - Alignment with GIC Strategic Priorities

- Not applicable
- Strongly misaligned
- Some misalignment
- 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 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)
- Darren Ambler
- Edward Tobey Choate
- Martin Curley
- Tamara Davis
- Jane Edmonds
- Gerzino Guirand
- Eileen P. McAnneny
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West

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
- Remove GLP-1 coverage for weight management

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (DOI Designee)
- Darren Ambler
- Edward Tobey Choate
- Martin Curley
- Tamara Davis
- Jane Edmonds

- Gerzino Guirand
- Eileen P. McAnneny
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West

IV

CFO Report

Jennifer Hewitt, Chief Financial Officer

FY2026 Spending Year-to-Date - State Share Premium Accounts

(\$ millions)	July '25	August	Sept.	Oct.	Nov.	Dec.	Jan.'26	Total**
Pharmacy Claims (CVS/SilverScript)	\$144.2*	\$86.8	\$42.3	\$118.8	\$67.2	\$9.4	\$79.4	\$548.1
Health New England Claims	\$10.5	\$9.2	\$10.8	\$8.6	\$9.8	\$10.5	\$8.0	\$67.5
Mass General Brigham Claims	\$15.3	\$10.9	\$10.0	\$13.9	\$12.4	\$13.1	\$10.6	\$86.2
Point32 Claims	\$115.0*	\$67.5	\$85.1	\$71.6	\$67.6	\$74.1	\$64.0	\$545.0
Wellpoint Claims	\$122.5*	\$65.4	\$70.9	\$72.0	\$68.2	\$85.9	\$96.4	\$581.4
Claims Subtotal**	\$407.5*	\$239.9	\$219.2	\$284.9	\$225.1	\$193.1	\$258.4	\$1,828.2
Basic/RMT Life Ins. Premiums	\$1.7	\$1.7	\$1.7	\$1.7	\$1.7	\$1.7	\$1.7	\$12.0
Tufts Medicare Preferred	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$0.7	\$4.7
UBH Optum EAP	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.1	\$0.6
ASO Administrative Fees	\$10.2	\$8.8	\$8.8	\$8.7	\$8.7	\$8.9	\$8.7	\$62.6
Other Costs	\$0.2	\$1.4	\$0.3	\$0.3	\$0.4	\$0.2	\$0.2	\$3.1
Dental/Vision Expenses	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0	\$1.0	\$7.1
Other Expenses Subtotal**	\$13.9	\$13.7	\$12.6	\$12.5	\$12.5	\$12.6	\$12.3	\$90.0
Combined Total**	\$421.4*	\$253.6	\$231.7	\$297.5	\$237.7	\$205.7	\$270.7	\$1,918.2

*Restated some July 2025 values to capture corrected allocation between State and Enrollee accounts.

**Totals may not add due to rounding.

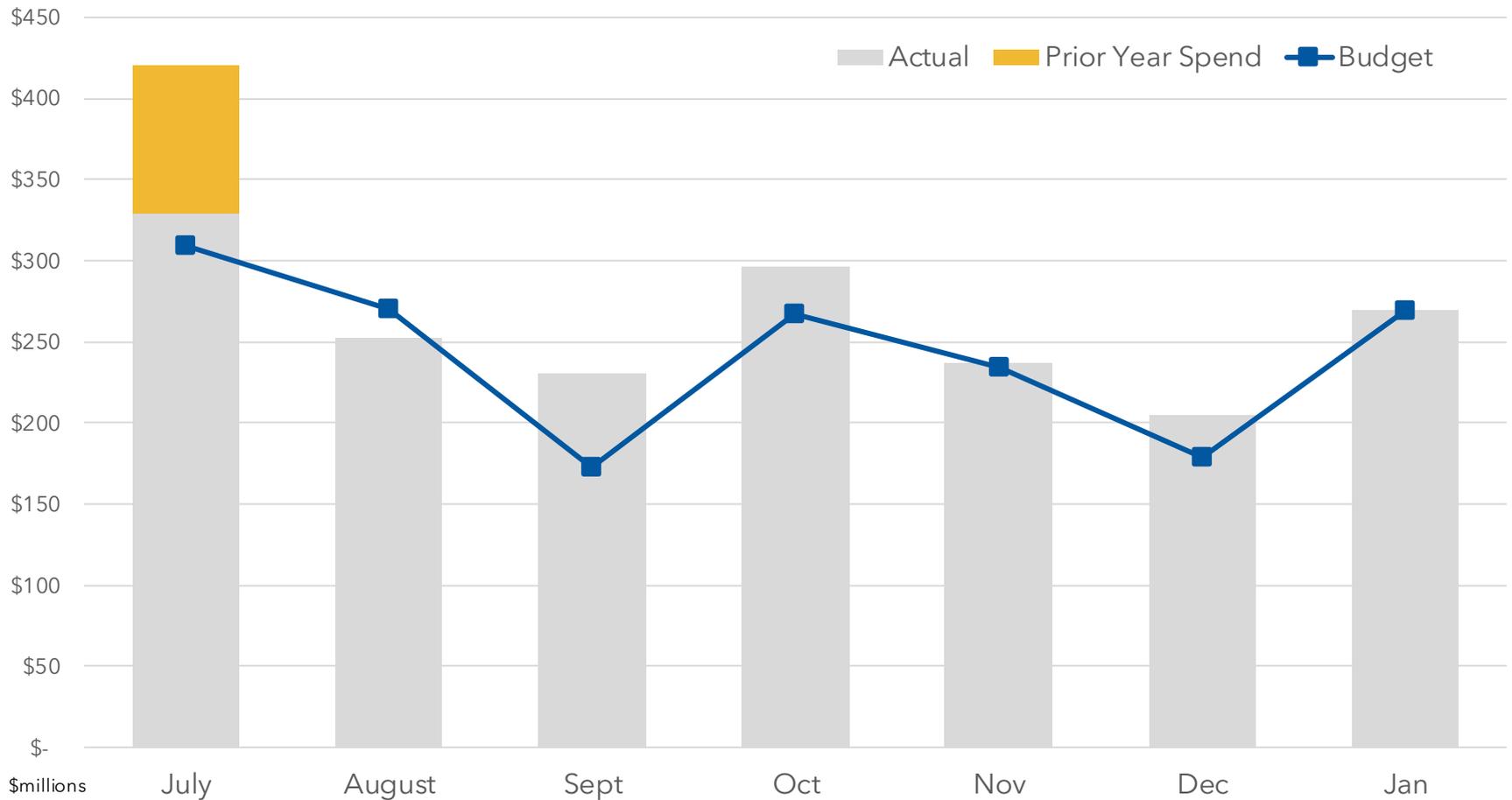
FY2026 Spending Year-to-Date - Enrollee Share Premium Accounts

(\$ millions)	July '25	August	Sept.	Oct.	Nov.	Dec.	Jan.'26	Total**
Pharmacy Claims (CVS/SilverScript)	\$11.7*	\$23.3	\$11.0	\$32.5	\$19.1	\$3.0	\$23.3	\$124.0
Health New England Claims	\$3.2	\$2.8	\$2.6	\$3.4	\$3.6	\$2.5	\$1.8	\$19.9
Mass General Brigham Claims	\$4.8	\$3.4	\$3.1	\$4.3	\$3.9	\$4.1	\$3.3	\$26.8
Point32 Claims	\$8.4*	\$19.5	\$24.7	\$20.8	\$19.6	\$21.5	\$18.6	\$133.1
Wellpoint Claims	\$8.0*	\$18.4	\$20.0	\$20.2	\$19.1	\$24.3	\$27.2	\$137.3
Claims Subtotal**	\$36.0*	\$67.5	\$61.4	\$81.1	\$65.4	\$55.4	\$74.2	\$441.1
Basic/Voluntary Life Ins. Premiums	\$5.1	\$5.1	\$5.2	\$5.2	\$5.2	\$5.2	\$5.2	\$36.3
Long-Term Disability Ins. Premiums	\$1.3	\$1.3	\$1.3	\$1.4	\$1.4	\$1.4	\$1.4	\$9.4
Tufts Medicare Preferred	\$0.2	\$0.2	\$0.2	\$0.1	\$0.2	\$0.2	\$0.2	\$1.1
UBH Optum EAP	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.2
ASO Administrative Fees	\$2.1	\$2.4	\$2.4	\$2.4	\$2.4	\$2.3	\$2.4	\$16.5
Dental/Vision Expenses	\$2.4	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$2.5	\$17.3
Other Expenses Subtotal**	\$11.2	\$11.5	\$11.6	\$11.6	\$11.7	\$11.5	\$11.7	\$80.8
Combined Total**	\$47.2*	\$79.0	\$73.1	\$92.8	\$77.0	\$66.9	\$85.9	\$521.9

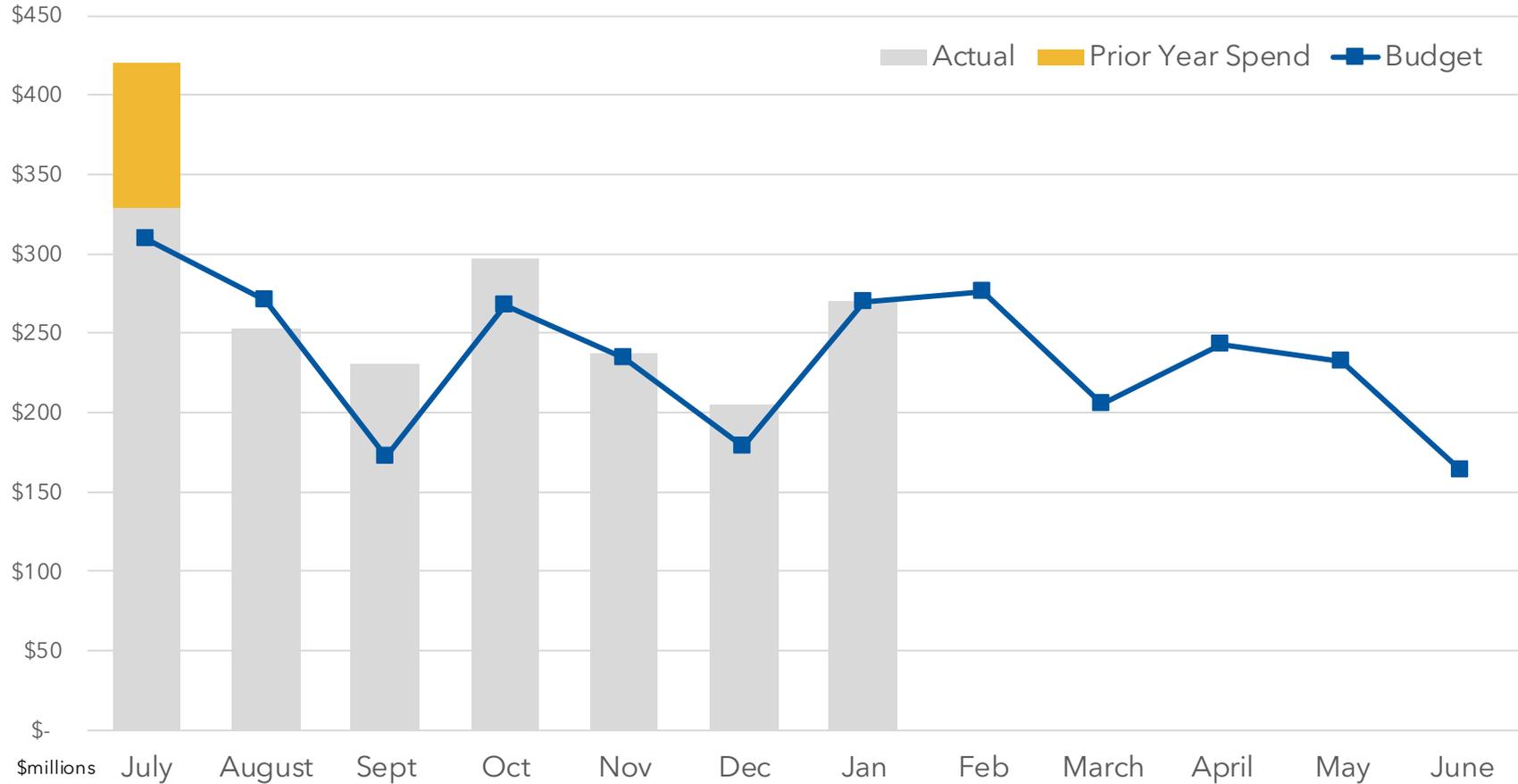
*Restated some July 2025 values to capture corrected allocation between State and Enrollee accounts.

**Totals may not add due to rounding.

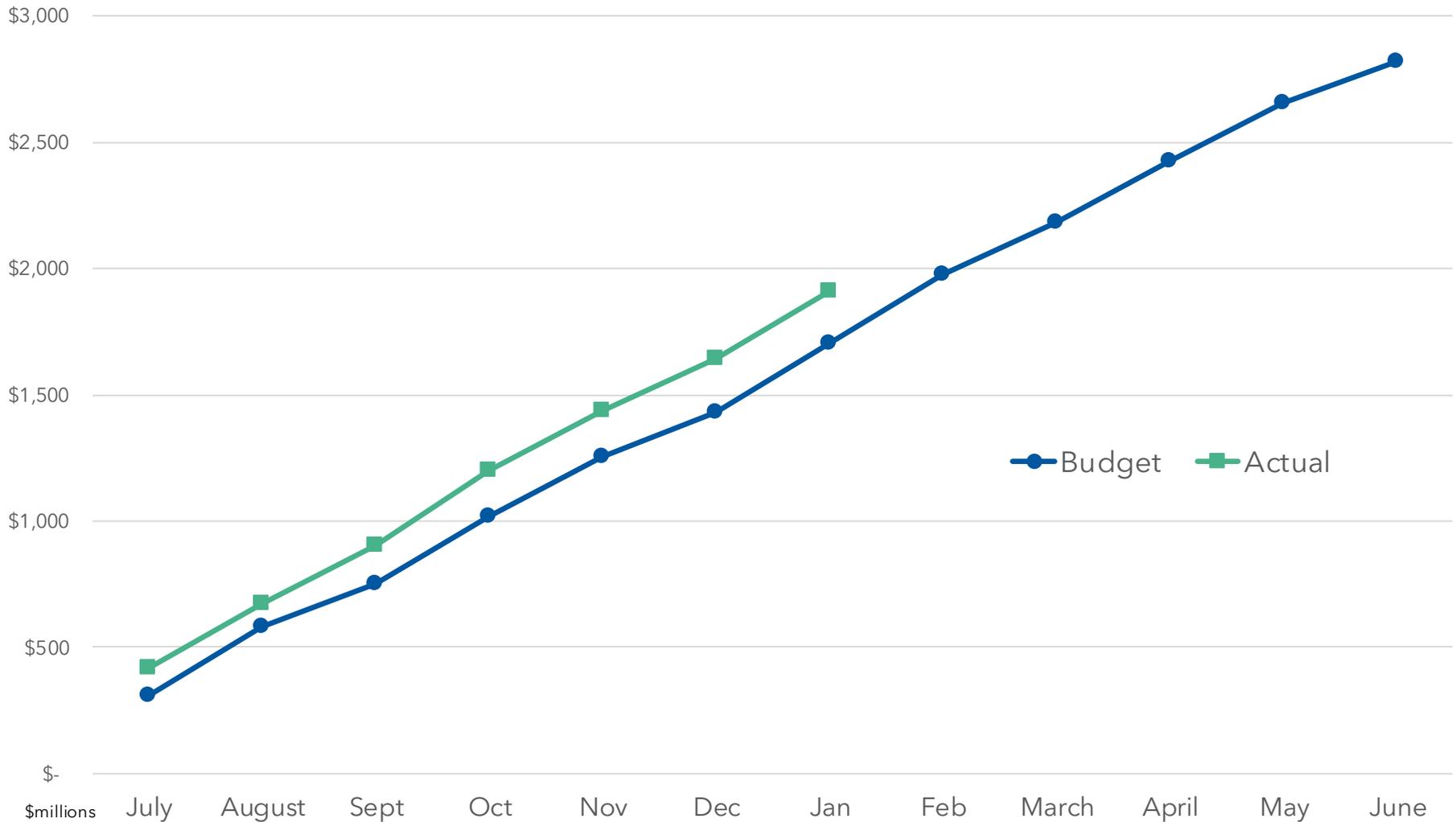
GIC State Appropriation for Health Premium Account FY2026 Projections vs. Actual as of January 31, 2026



GIC State Appropriation for Health Premium Account FY2026 Available Funds vs. Actual Spending as of January 31, 2026



GIC State Appropriation for Health Premium Account FY2026 Available Funds vs. Actual Spending - Cumulative



FY2026 Supplemental Budget Build-up

Carryforward Expenses from FY2025

	(\$ millions)
FY2025 Enrollee Account Deficit	\$ 54.0
FY2025 Calendar - 53 weeks	\$ 37.0
Total FY2025 Carryforward Items	\$ 91.0

Funding Challenges

Initial Exposures Contribution Ratio, GLP-1 veto, expected claims experience	\$ 77.0
Mid-year Administrative Changes	\$ (20.0)
State Retiree Benefit Trust Fund (SRBTF)*	\$ 75-100.0
Total Funding Challenges	\$ 132-157.0

FY2026 Claims Experience

Updated FY2026 Forecast*	\$ 77-102.0
January Supplemental Filed by Governor	\$ 300.0

* The GIC continues to work with Administration & Finance to clarify and confirm \$25M in SRBTF funding. In addition, health care trend is volatile now, especially pharmacy spending. Forecast will likely need to be updated before year end based on actual experience.



Vida Health Update

Erika Scibelli, Deputy Executive Director

Agenda

1. Executive Summary
2. Implementation Learnings & Opportunities
3. Post Go-live Performance
 - a. Enrollment and Utilization
 - b. Member Experience/Satisfaction
4. Customer Support and Escalations
5. Appendix

Executive Summary

- **On-time 1/1/26 launch; all deliverables executed on time in partnership with GIC and CVS. To-date, 9,923 have enrolled w/ Vida**
- **Push to initiate transition of members currently on an obesity GLP-1 has been a success - best performance relative to Vida book of business**
 - Already 32% of members on a GLP-1 prior have enrolled. Vida communications in Feb and March focus on transition members to avoid potential escalations when the grace period ends 3/31/26
 - Engagement in Vida is better than Vida book-of-business
- **Vida prescribing protocols are working as expected**
 - Members are required to submit labs, medical records prior to Vida NP/physician visit
 - Clinical & engagement criteria must be met before Vida writes a script for an anti-obesity medication
 - Members are required to participate in behavior change to optimize the effectiveness of weight loss program (w/ or w/out meds): weight check-ins, complete content/lessons, check-ins w/ Dietitians, Coaches; side effect forms & synch/asynchronous visit w/ visit NP/physician if on a medication
- **While there has been expected member disruption:**
 - NPS is 18 (N= 936) (scale -100 to +100); exceeds Vida expectations & industry prescribing/utilization review programs. NPS is expected to trend upward as members get more acquainted with the Vida provider and app
 - Total of 1,909 customer service calls; all customer service metrics are better compared to Vida targets
 - Theme of member escalations: going through hoops, not getting the GLP-1 as expected, labs

GIC-Vida Launch : Learnings and Opportunities

Successfully launched on-time 1/1/26 with GIC members having access to the Vida Medical Weight Loss program

What went well

- Coordination w/ GIC, GIC coordinators and health plans to execute the pre- and post-launch marketing plan to help set member experience expectations
 - Comprehensive FAQs
 - Pre-launch outreach to set expectations
- GIC's ability to push internal resources and CVS to provide contact information
 - Contact info from CVS portal/mail order
 - Supplemental contact information

Opportunities

- Optimize outreach plan to further get ahead of member questions and escalations, especially in advance of the grace period end date (3/31/26)
 - Additional contact info for those with BMI \geq 30 or diagnosis code for obesity
 - Outreach to those who may be on obesity GLP-1 off-label for diabetes
- 2/6/26 - Completed enhancements to address key member disruption point:
 - LabCorp/lab processing confusion
 - GIC microsite privacy section

BMI = Body Mass Index



Enrollment In Vida To-date

9,923 have enrolled to-date; ~73% were on a GLP-1 prior. Those on a GLP-1 prior are required to provide documentation and engage to validate the appropriateness of their prior GLP-1 script

	Total Eligible Population	GLP-1 Transition Population On GLP-1 last 12 months
Total - Vida Eligible	252,729	23,040
Registered	11,257	7,531
Enrolled	9,923	7,284
NP/Physician Visit		
Submitted Req'd Docs	3,149	2,544
Scheduled	2,496	1,998
Completed	2,080	1,669
Vida Prescribed		
Behavior change only	1,042	782
Non-GLP AOM	155	37
Vida Prescribed GLP-1	893	856

Enrollment, engagement and operational metrics are at or better than expectations:

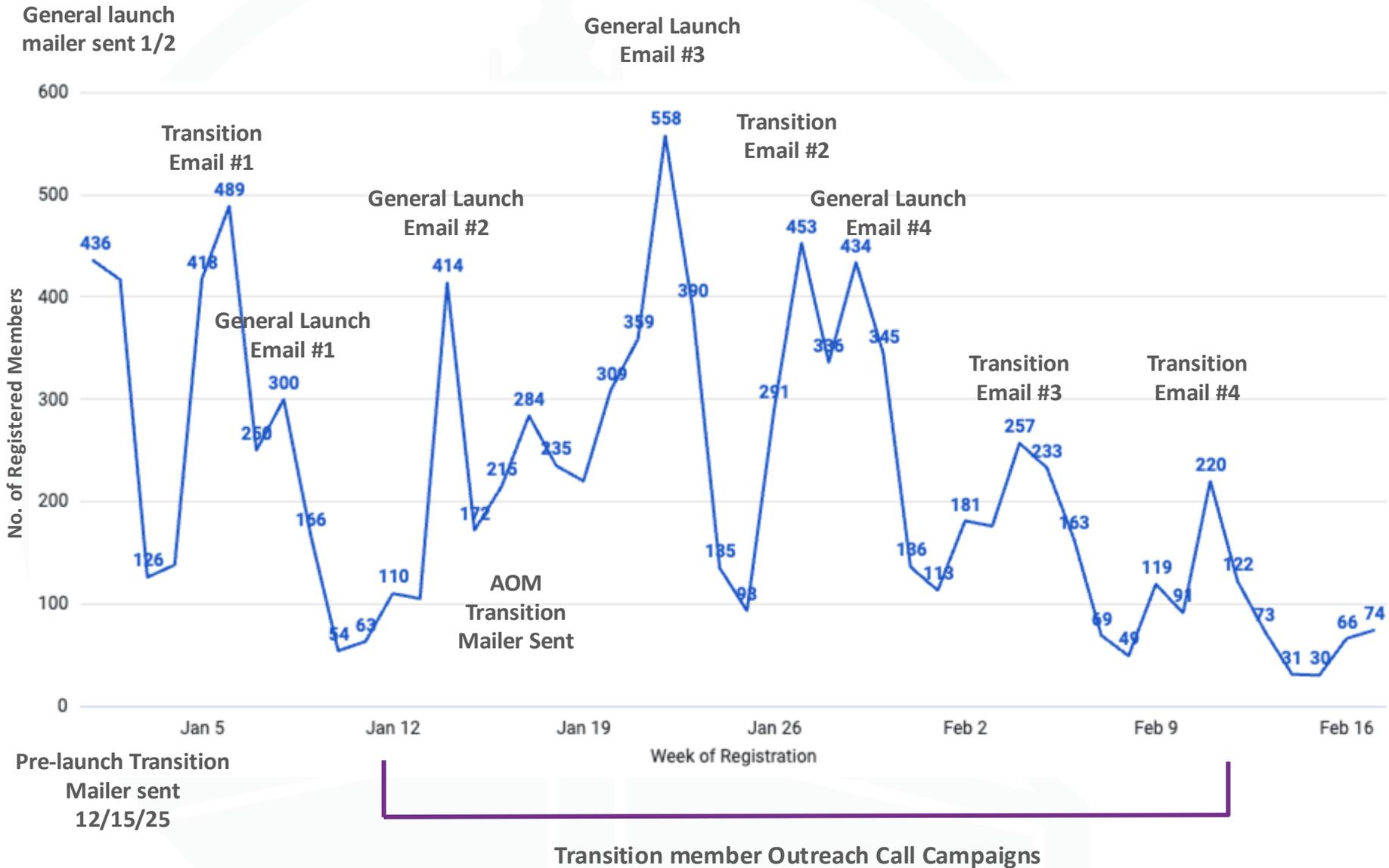
- 85% enrolled employees; 15% spouse/dependents
- 7 days to complete req'd labs and medical records | Vida BoB: 8-10 days
- When required, members complete RD visits w/in 5 days | Vida BoB: 7-10 days
- 77% who complete preparatory documents are seeing a first available appointment to see a Vida NP/prescriber within 15-20 days; Vida target: 75%

Vida prescribing policy requires that members enroll for access of weight loss management program; clinical and engagement criteria are required for Vida initial and refill scripts

Registered: Users who have created an account with Vida. Enrolled Users have started the Medical Weight Loss program

GLP-1 Transition Population: In last 12 months, member has a claims history of, or has self-reported, GLP-1 prescribing and is identified as a transition member

Vida Outreach Success in Action



Vida Enrollment Marketing: Outbound Calls, Email & Mail



Performance exceeds our book of business and among the best we've seen across clients - open/click rates and connect/conversion rates are at or above Vida book of business. Unsubscribe rate is low 1-2% across comms.

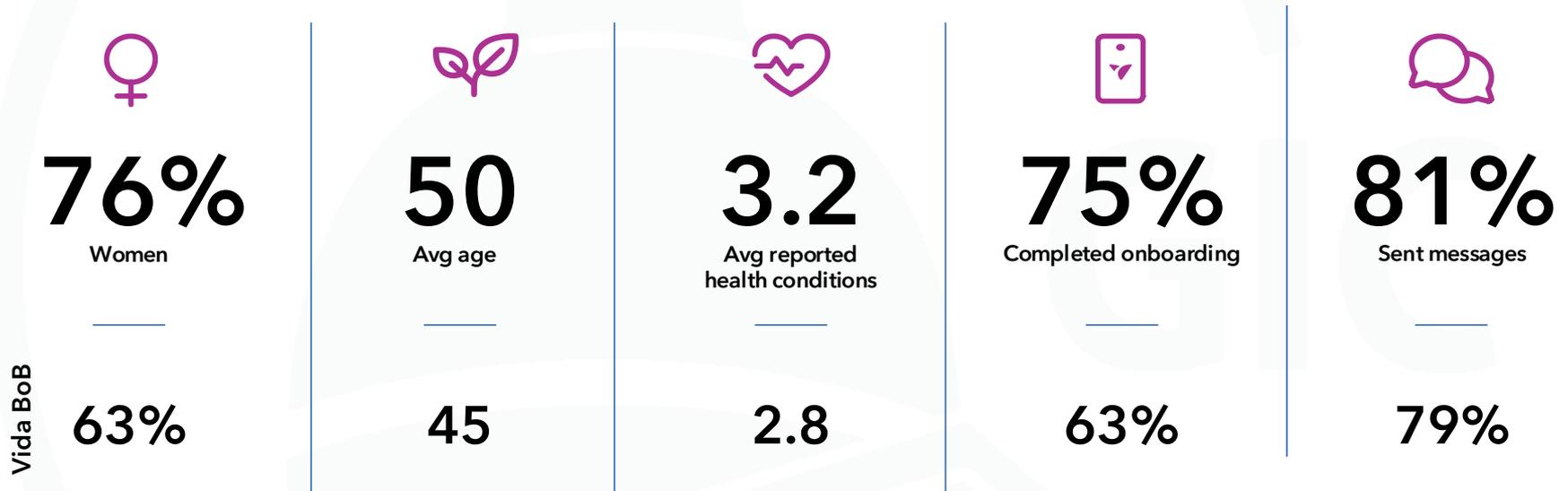
Emails	Send Date	# Sends	Unique Open Rate	Unique Click Rate
Launch Transition #1	Jan 6	10,442	56.8%	6.3%
Launch Transition #2	Jan 27	10,913	47.2%	5.6%
Launch Transition #3	Feb 5	8,945	46.4%	3.2%
Launch Transition #4	Feb 11	8,501	44.1%	2.8%
General Population #1	Jan 8	81,213	47.8%	4.3%
General Population #2	Jan 14	79,988	49.9%	2.1%
General Population #3	Jan 22	75,889	45.7%	1.2%
General Population #4	Jan 29	75,491	45.6%	1.3%
Mail	Send Date	# Sends	QR Code Scans	
Pre-Launch Transition Mailer	Dec 15	13,660	4,772 (2.9%)	
General Population Mailer	Jan 2	141,360		
Transition Mailer	Jan 13	10,616		

Transition Members w/ Phone #'s	Called - <i>Removed those already enrolled</i>	Connect Rate	Conversion Rate	Indicated Do Not Call
8,400	7,759	33.1%	31.7%	2.1%

GIC working on add'l phone #'s: BMI ≥ 30 or obesity diagnosis code. Planned Vida comms in Feb & March focus on transition members to avoid potential escalations after the 3/31/26 grace period

Vida Utilization: Member Demographics, Engagement

GIC enrolled members skew older and w/ more reported health conditions versus Vida book-of-business. GIC members are already more engaged compared to other Vida clients.



Completed onboarding: Member who has registered and completed the onboarding steps including health profile, choosing a program, and choosing a coach

Sent messages: Members who have sent a message to a coach within the Vida app

Customer Support Inquiries

Even with influx of GLP-1 transition members, total call support volume is aligned with Vida expectations. All Vida customer service metrics exceed targets

	January	Feb	Vida Target
Total Calls	1,909	761	
ASA (Seconds)	67	48	75
Abandonment Rate	3.7%	3.15%	<5%
Email Response Time (Days)	0.6	.5	1
Email: Initial Resolution Time (Days)	1.1	1	<5
Call - Time to First Resolution (Mins)	22	20	25
Percent of calls where issue was addressed on first call	89%	87%	>85%
GIC Open Support Tickets	88	79	

VI

Other Business and Adjournment

Valerie Sullivan, Chair

Matthew Veno, Executive Director

Motion

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

Removing GLP-1 coverage for weight management

- 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. McAnneny
- Kristin Pepin
- Dean Robinson
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Catherine West

Appendix

GIC

Member Satisfaction: NPS is 18 (N = 936)

NPS exceeds Vida expectations and industry prescribing/utilization review programs. NPS is expected to trend upward as members get more acquainted with the Vida provider and app. Unsurprisingly, those with negative comments are unhappy about required engagement with Vida to get GLP-1 script

Promoters	Detractors
<p>This process has helped me to take my health and fitness goals more seriously. My dietician holds me accountable and provides me with great suggestions to stay on track. My medical provider is friendly and easy to talk to. It's been a pleasant experience so far. I'm also down a little more than 5lbs in 4 weeks! I haven't seen the scale budge in the past year or so. I'm very happy with my progress.</p>	<p>Not a very good experience so far. I was very happy and successful with my current physician I am closely working with for the last year. I am being forced into this program with people who have never met me making decisions based off a 30 minute conversation for my future... This is meant to save GIC money but what it's really doing is forcing people to leave programs based not off science but off saving money.</p>
<p>The process has been pretty seamless with clear expectations and communication</p>	<p>I don't believe in putting artificial intelligence or arbitrary barriers between patients and their primary care physicians.</p>
<p>Helpful to have regular check ins, app is user friendly</p>	<p>Maybe for people that don't have a good primary care doctor but other than adding additional stress this hasn't been helpful.</p>
<p>For me it's necessary to continue on weight loss meds. Vida has been easy to work with, compassionate, & wanting to help.</p>	<p>Expecting so much to be done Needing all my records and expecting me to do all work.</p>
<p>I feel that my dietician and nurse practitioner are extremely thorough and genuinely care about helping me to achieve my goals.</p>	<p>I find that logging food is difficult. Although you can take a picture of the dish, it doesn't allow for all the ingredients. I wish there was a recipe option where you can enter all your ingredients for a recipe and it would calculate it based on the serving size entered.</p>

Member Escalations and Mitigation Tracker

As expected, there is a volume of escalations where members are unhappy about the benefit change and having to go through Vida for a weight loss program and potential access to anti-obesity medications

Date	Escalation / Action Item	Target Date & RAG Status <small>GREEN: On track; no risks AMBER: At risk w/ action plan RED: At risk; delayed BLUE: Complete</small>	Update / Next Steps
Ongoing	GIC Member escalations - total escalations/status	Ongoing	Open: 13 Resolved: 17 In process: 13
Ongoing	Exceptions submitted to CVS PSM for Vida denial message override	Ongoing	To-date: 2 member exceptions submitted for non-Vida prescribing
1/28/26	Revise FAQs to address GLP-1 prescribed for non-weight-loss indications (diabetes)	2/27	Enhance GiC FAQ's with additional language
1/22/26	Privacy and HIPAA statements updated and featured more prominently on Vida GIC microsite	2/6/26	Updated Privacy language for member visibility
1/28/26	Labs processing	2/13	Vida revised lab ordering flow to mitigate member confusion re: LabCorp - Proactive member messaging pending GIC approval

Appendix

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

2026 Group Insurance Commission Meetings & Schedule

January 15	February 12	February 26	March 5	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](https://www.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

Commission Members



Valerie Sullivan, Public Member, Chair



Bobbi Kaplan, NAGE, Vice-Chair



Michael Caljouw, Commissioner of Insurance



Matthew Gorzkowicz, Secretary of Administration & Finance



Darren Ambler, Public Member



Kristin Pepin, NAGE



Edward Tobey Choate, Public Member



Dean Robinson, Massachusetts Teachers Association



Martin Curley, Public Member



Melissa Murphy-Rodrigues, Mass Municipal Association



Tamara P. Davis, Public Member



Jason Silva, Mass Municipal Association



Jane Edmonds, Retiree Member



Anna Sinaiko, Health Economist



Gerzino Guirand, Council 93, AFSCME, AFL-CIO



Catherine West, Public Member



Eileen P. McAnneny, 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
- Retirement
- Premium Payments
- Qualifying Events
- Life Insurance
- Long-Term Disability
- Information Changes
- Marriage Status Changes
- 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 Medicare Plans	(833) 663-4176 (800) 442-9300	wellpoint.com/mass