



COMMISSION MEETING

SEPTEMBER 17, 2020

 *Group Insurance Commission*

 *@MassGIC*

Agenda

	Topic	Speaker	Time
I.	Approval of 06/18/2020 Minutes (VOTE)	Valerie Sullivan, Chair	8:30-8:35
II.	Director's Report (INFORM) <ul style="list-style-type: none"> • Human Resources • Calendar • COVID-19 <ul style="list-style-type: none"> • Regulations • Communications • Legislative Update 	Matthew A. Veno, Executive Director Members of the GIC Senior Team	8:35-9:00
III.	Benefit Procurement & Vendor Management (INFORM & UPDATE) <ul style="list-style-type: none"> • Overview of Health Benefits Procurement • Conjoint Survey Update • Healthcare and Prescription Drug Consultant Procurement • LIFE/Long Term Disability Vendor Procurement Update • Dental/Vison Vendor Procurement Update 	Matthew Veno, Executive Director Denise Donnelly, Director of BPVM	9:00-10:00
IV.	Contracts & Amendments (INFORM & UPDATE) <ul style="list-style-type: none"> • Data Warehouse Contracts • Data Warehouse Vendor Transition/Implementation 	Andrew Stern, General Counsel Margaret Anshutz, Manager, Healthcare Analytics	10:00-10:10
V.	CFO Update (INFORM) <ul style="list-style-type: none"> • FY20 Budget Recap • FY21 Budget Status / Federal Relief • Temporary Staff Reporting 	Jim Rust, Chief Financial Officer Vincent Kane, Senior Director, Willis Towers Watson	10:10-10:20
VI.	Other Business/Adjournment	Valerie Sullivan, Chair	10:20-10:30

I. Approval of Minutes (VOTE)

Motion:

That the Commission hereby approves the minutes of its meeting held on June 18, 2020 as presented.

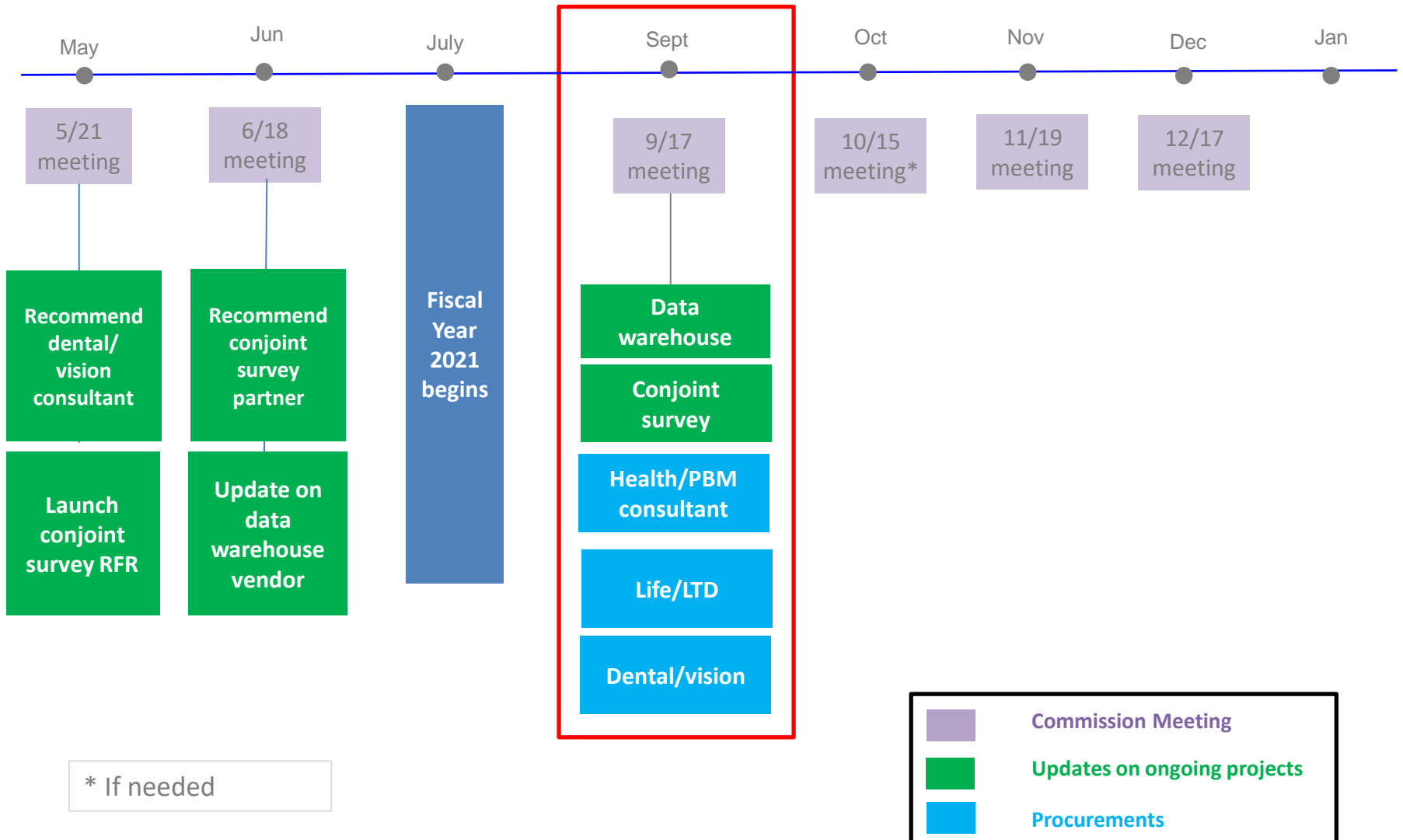
- Valerie Sullivan, Chair
- Bobbi Kaplan, Co-Chair
- Emily Jue Williams
- Rebecca Butler
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Tamara P. Davis
- Kevin Drake
- Jane Edmonds
- Joseph Gentile
- Eileen P. McAnney
- Patricia Jennings
- Melissa Murphy-Rodrigues
- Anna Sinaiko
- Timothy D. Sullivan

II. Directors' Report (INFORM)

- Human Resources
- Calendar
- COVID-19
- Regulations
- Communications
- Legislative

Matthew A. Veno, Executive Director
Members of the GIC Leadership Team

SUMMER



III. Benefit Procurement & Vendor Management: (INFORM & UPDATE)

- Overview of Health Benefits Procurement
- Conjoint Survey Update
- Healthcare and Prescription Drug Consultant Procurement
- LIFE/Long Term Disability Vendor Procurement Update
- Dental/Vision Vendor Procurement Update

Matthew Veno, Executive Director
Denise Donnelly, Director of BPVM

III. Benefit Procurement & Vendor Management: (INFORM & UPDATE)

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Matthew Veno, Executive Director

Overview of Health Benefits Procurement

- Timing / elements / sequence
- What we know today (challenges)
- What we do not know (yet)
- How do we learn what we do not know yet (engagement)
- The challenges and constraints of engagement
- What is already underway
- Proposed path ahead

Overview of Health Benefits Procurement

Timing / elements / sequence

- Year 3 of a 5-year (3-1-1) contracts with health plans and PBMs
- On 7/1/22 (FY23) new coverage will take effect
- We have less than 2 years, and a lot of work to do
- Major elements:
 - Health plans
 - PBMs
 - Behavioral health
 - Employee assistance program (EAP)
 - Health benefit consultant
 - Conjoint (Deloitte)

Overview of Health Benefits Procurement

The Path to 2023

	FY2021	FY2022	FY2023
Conduct member conjoint survey	█		
Conduct health care and Rx consultant procurement	█		
Recommend consultant to Commission		█	
Report survey findings to Commission, members		█	
Release PBM RFR		█	
Recommend PBM vendor(s) to Commission		█	
Implement PBM vendor(s)		█	
PBM programs take effect			█
Present proposed health plan procurement approach to Commission			█
Release health plan RFR			█
Recommend health plan(s) to Commission			█
Communicate health plan choices to members			█
Enroll members in health plan choices online			█
New coverage takes effect			█

Overview of Health Benefits Procurement

What we know today (challenges)

- Cost – for the Commonwealth, public partners and GIC members
- Complexity – plans are hard for members to understand/navigate
- Consumer behavior – plan design incentives have not proven effective
- Choice – members seem to value it, though differentiation is limited
- Change – concerns of those who rely on insurance
- Engagement – passive re-enrollment
- Value – delivery system not value based (brand, price variation, quality)
- Health care disparities – they persist, will likely worsen
- COVID impact – it will be substantial

Overview of Health Benefits Procurement

What we do not know (yet)

- Member preferences
- Appetite for change – many stakeholders
- Landscape changing – opportunities foreclose/revealed
- Medical cost trends, Rx innovations
- Emerging innovations/models in the market – carriers and providers
- Collaboration/partnerships

Overview of Health Benefits Procurement

How do we learn what we do not yet know (engagement)

- Commission
- Members, labor, retirees, municipalities, partner agencies
- HPC, CHIA, CCA, EOHHS etc.
- Health benefit consultants
- Vendors – health plans and PBMs
- Providers
- State Government – Executive, Legislative
- Other....

Overview of Health Benefits Procurement

The challenges of engagement

- Expectations
- Time
- Uncertainty
- Complexity
- Procurement rules

Overview of Health Benefits Procurement

What is already underway

- Conjoint member survey, labor engagement
- Health benefit consultant RFR
- Carriers and PBMs – annual meetings
- Data warehouse transition
- Salesforce implementation

Overview of Health Benefits Procurement

The path ahead

- Continue labor engagement on the member survey
- Issue health benefit consultant RFR
- Build out a comprehensive engagement plan to strengthen the health benefit procurement process (including the Commission)
- Strengthen our data analytics capability
- Continue to add functionality to MyGICLink/Salesforce

III. Benefit Procurement & Vendor Management: (INFORM & UPDATE)

- Overview of Health Benefits Procurement
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- LIFE/Long Term Disability Vendor Procurement Update
- Dental/Vision Vendor Procurement Update

Denise Donnelly, Director of BPVM

III. Benefit Procurement & Vendor Management: (INFORM & UPDATE)

DISCUSSION

IV. Contracts and Amendments (INFORM & UPDATE)

- Data Warehouse & Analytic Services Contract

Andrew Stern, General Counsel

Data Warehouse & Analytic Services Contract

Data Warehouse and Analytics:

- Optum Contract was scheduled to end June 30, 2020
- Procurement began October 23, 2019
- Recommendation of Optum as apparent successful bidder presented to Commission on February 6, 2020
- Commission informed of inability to reach a contract with Optum and approved request to move to contract with Milliman, the next highest scoring bidder, at June 18, 2020 meeting.
- Interim Contract with Optum to provide bridge services through 2020, as needed, in place for July 1, 2020.

Data Warehouse & Analytic Services Contract

Milliman Contract successfully negotiated:

- Obtained a 10% reduction on the licensing fees beyond the Best and Final Offer, saving the Commonwealth about \$80,000 a year (plus another 4% for prompt payment discount).
- 5 year contract at a fixed yearly fee ending June 30, 2025.
- Savings potentially leveraged to support an additional analytic resource in house.
- Modified SaaS licensing agreement regarding ownership of intellectual property and data to ensure GIC maintained maximum flexibility regarding its use of the Warehouse data.
- Struck limitation of liability language to bring contract within the Commonwealth's approved IT limitation of liability and added language that summarizes the pricing and services provided.
- Modified Business Associate Agreement to place burden of statutory notice of breach on Milliman and obligation for drafting and payment of costs for sending breach letters to any affected members.
- The maximum obligation for five years is \$4,820,752.

IV. Contracts and Amendments (INFORM & UPDATE)

- Data Warehouse Vendor Transition/Implementation

Margaret Anshutz, Manager, Healthcare Analytics

V. CFO Update (INFORM)

- FY20 Budget Recap
- FY21 Budget Status/ Federal Relief
- WTW COVID-19 Update
- Temporary Staff Reporting

Jim Rust, Chief Financial Officer
Vincent Kane, Sr. Director Willis
Towers Watson

V. CFO Update (INFORM)

Budget & Financial:

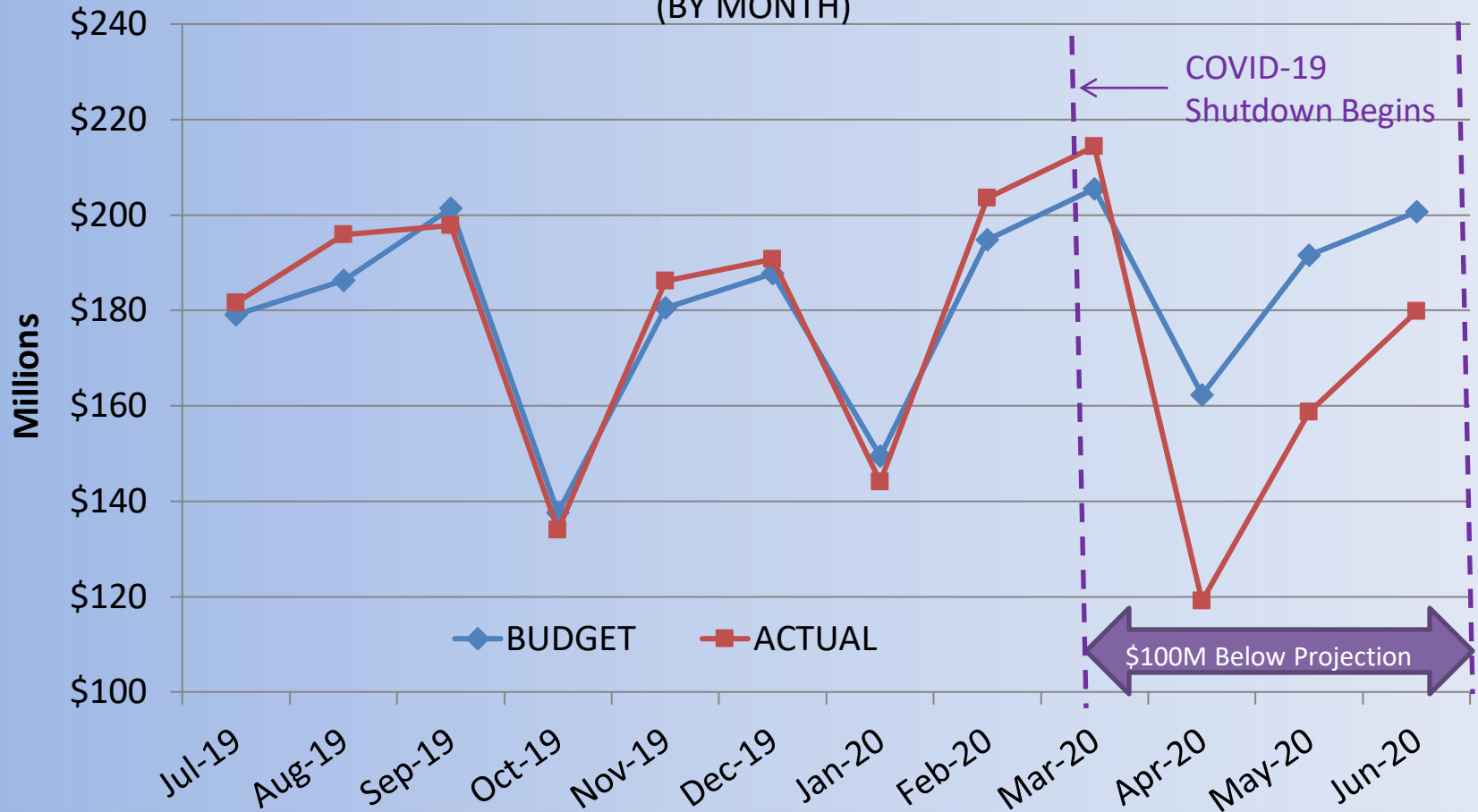
FY20 STATE SHARE EXPENSE FOR GIC ACCOUNTS													
	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	TOTAL
Allways Health Claims	\$5,528,664	\$5,654,556	\$6,937,638	\$5,943,557	\$5,116,837	\$5,025,773	\$6,028,092	\$5,335,647	\$5,633,411	\$4,034,115	\$3,513,114	\$5,181,525	\$63,932,929
Beacon Claims	\$49,574	\$84,542	\$6,433	\$15,546	\$15,104	\$14,392	\$5,459	\$2,587	\$48,054	\$11,819	\$3,061	\$2,860	\$259,432
Caremark/Express Scripts/SilverScript Claims	\$19,375,601	\$58,385,504	\$52,109,190	-\$4,279,499	39,486,857	\$43,559,176	\$10,123,594	\$62,885,998	\$49,975,776	\$11,211,394	\$54,525,738	\$52,108,510	\$449,467,838
Davis Vision Claims	\$30,959	\$46,490	\$36,364	\$36,857	30,017	\$26,490	\$36,668	\$34,704	\$33,298	\$11,058	\$10,362	\$20,377	\$353,644
Fallon Health Claims	\$5,614,161	\$3,949,581	\$5,354,186	\$4,671,654	4,674,639	\$5,353,186	\$4,057,431	\$4,790,531	\$6,169,718	\$3,873,545	\$2,858,088	\$4,390,610	\$55,757,329
Harvard Pilgrim Claims	\$34,409,156	\$23,376,918	\$22,596,876	\$28,839,814	23,907,222	\$28,058,633	\$21,031,168	\$25,137,077	\$22,958,460	\$15,831,373	\$16,645,761	\$20,116,608	\$282,909,068
Harvard Pilgrim Medicare Enhance Claims	\$2,482,203	\$1,586,501	\$1,454,809	\$1,946,173	1,620,410	\$2,260,623	\$1,351,816	\$2,592,468	\$11,785,571	\$1,394,647	\$950,779	\$1,052,074	\$30,478,075
Health New England Claims	\$7,008,415	\$5,471,252	\$7,073,287	\$5,257,294	7,956,078	\$6,596,941	\$7,976,810	\$6,105,739	\$9,055,905	\$5,059,969	\$5,336,216	\$5,586,907	\$78,484,812
Tufts Navigator & Spirit Claims	\$34,893,991	\$37,057,362	\$27,415,988	\$27,575,217	35,648,702	\$29,598,112	\$35,334,347	\$32,399,368	\$29,981,970	\$20,783,625	\$24,652,505	\$25,809,125	\$361,150,309
Tufts Medicare Complement Claims	\$965,724	\$1,242,841	\$827,642	\$1,028,559	1,162,408	\$2,569,817	\$1,186,214	\$1,456,277	\$1,048,118	\$1,087,359	\$1,177,393	\$684,966	\$14,355,320
Unicare Claims	\$61,427,928	\$49,910,835	\$64,979,212	\$55,040,217	57,235,408	\$58,582,111	\$47,788,117	\$54,996,991	\$68,304,035	\$46,767,895	\$39,552,943	\$55,685,166	\$660,270,858
Other costs	\$869,942	\$104,534	\$103,329	\$312,569	381,660	\$293,192	\$142,965	\$203,233	\$342,373	\$151,221	\$467,614	\$482,219	\$3,854,851
Claims sub-total	\$172,656,319	\$186,870,916	\$188,894,953	\$126,387,959	177,235,342	\$181,938,447	\$135,062,682	\$195,940,620	\$205,336,690	\$110,136,018	\$149,693,574	\$171,120,947	2,001,274,467
Basic Life	\$825,747	\$826,028	\$825,872	826,168	828,150	\$829,390	\$829,014	\$828,954	\$828,462	\$829,203	\$830,280	\$809,121	\$9,915,387
Optional Life	\$0	\$0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RMT Life	\$46,029	\$49,966	\$42,219	46,761	46,801	\$46,762	\$46,638	\$46,623	\$46,573	\$46,553	\$46,562	\$48,079	\$559,566
Long-Term Disability	\$0	\$0	\$0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental	\$699,962	\$701,195	\$701,488	700,310	704,374	\$708,876	\$711,325	\$712,414	\$693,865	\$695,624	\$698,962	\$603,855	\$8,332,251
Tufts Medicare Preferred	\$642,105	\$642,524	\$642,037	643,618	646,320	\$645,457	\$647,979	\$646,235	\$646,269	\$648,748	\$647,731	\$647,970	\$7,746,993
UBH Optum	\$111,384	\$111,384	\$111,384	111,384	101,837	111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$1,327,061
ASO Administrative Fee	\$6,651,088	\$6,640,088	\$6,628,328	5,220,590	6,653,342	6,391,463	\$6,663,151	\$5,279,472	\$6,652,114	\$6,653,942	\$6,661,930	\$6,460,770	\$76,556,278
Premiums sub-total	\$8,976,315	\$8,971,185	\$8,951,327	7,548,831	8,980,825	8,733,332	\$9,009,490	\$7,625,081	\$8,978,666	\$8,985,454	\$8,996,849	\$8,680,179	\$104,437,536
TOTAL	\$181,632,634	\$195,842,101	\$197,846,281	133,936,790	186,216,167	190,671,779	\$144,072,172	\$203,565,701	\$214,315,356	\$119,121,472	\$158,690,422	\$179,801,127	\$2,105,712,003

- Due to COVID-19 April and May claims volume were well below the FY20 monthly average. (Note: April claims also benefited from an expected pharmacy rebate credit). June claims rebounded somewhat, but remained below the projected level.
- Employee share paid claims (not shown) have an identical pattern

V. CFO UPDATE (INFORM)

Budget & Financial:

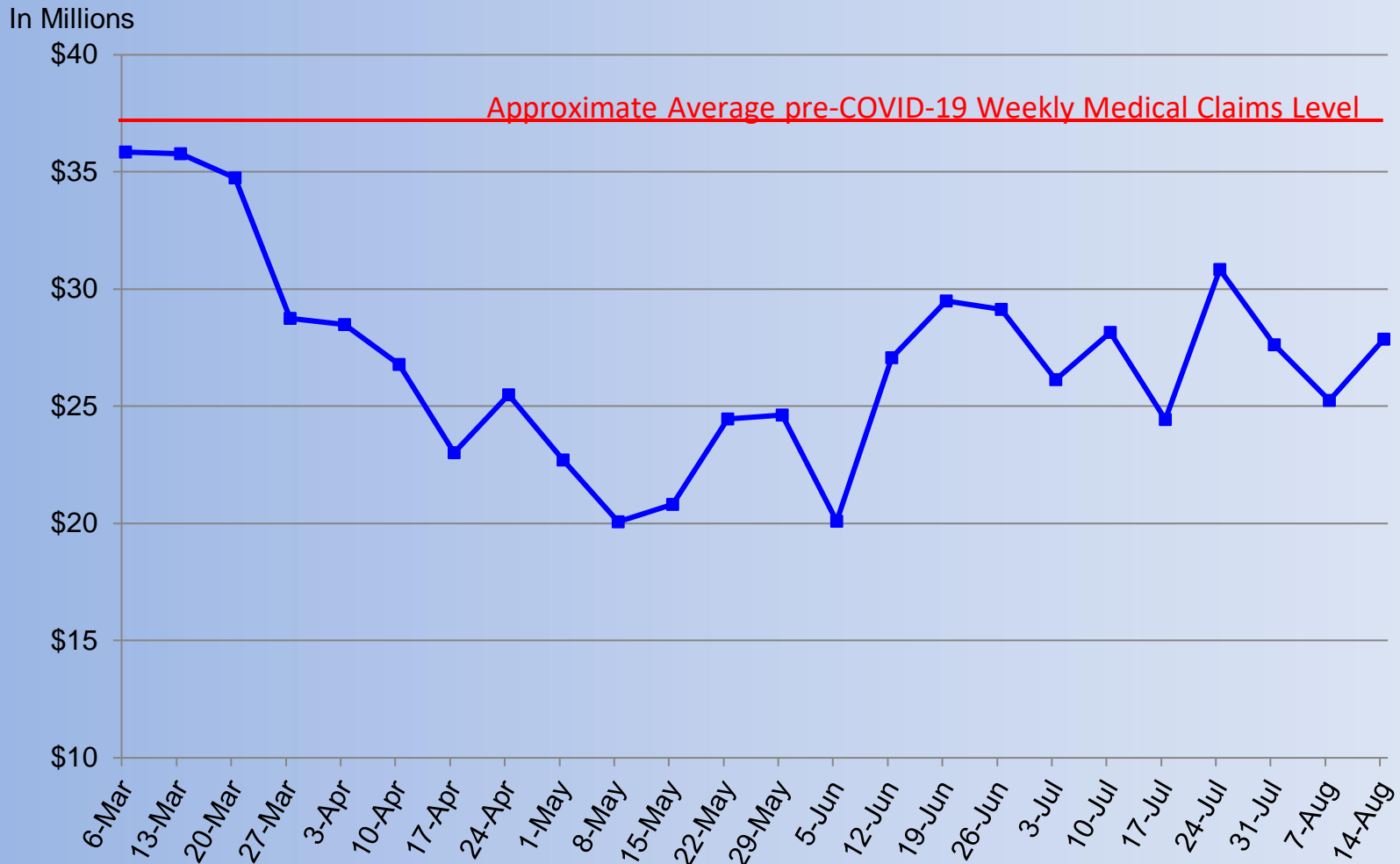
GROUP INSURANCE COMMISSION BUDGET FOR PREMIUM ACCOUNTS FY20 BUDGETED VS. ACTUAL (BY MONTH)



V. CFO UPDATE (INFORM)

Budget & Financial:

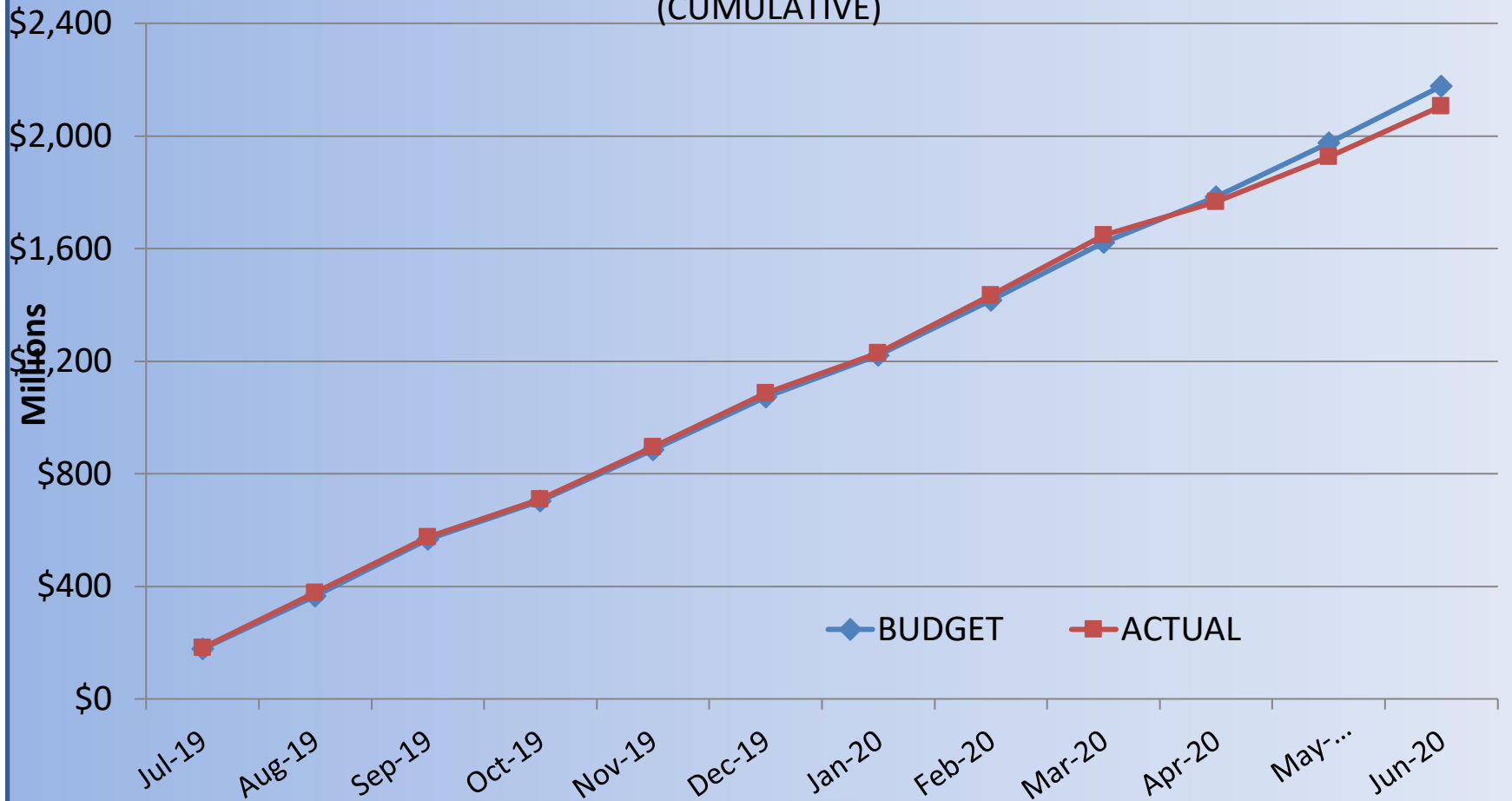
Weekly GIC Medical Claims Since COVID-19



V. CFO UPDATE (INFORM)

Budget & Financial:

**GROUP INSURANCE COMMISSION
BUDGET FOR PREMIUM ACCOUNTS
FY20 BUDGETED VS. ACTUAL
(CUMULATIVE)**



V. CFO UPDATE (INFORM)

Budget & Financial:

FY20 STATE SHARE PREMIUM BUDGET FOR GIC PREMIUM ACCOUNTS AS OF JUNE 30, 2020

	BUDGET	EXPENSES	Under budget/ (Over budget)	% VAR
Basic Life & Health Account #1108-5200 & #1599-6152	\$2,168,290,037	\$2,097,026,108	\$71,263,929	3.3%
Active Dental & Vision Benefits * Account #1108-5500	\$8,515,911	\$8,685,895	(\$169,984)	-2.0%
Total State Share YTD	\$2,176,805,948	\$2,105,712,003	\$71,093,945	3.3%

* This account has received \$450,000 supplemental funding for FY2020. The deficit shown above reflects only the GAA.

- The majority of GIC spending is in the accounts that provide health insurance and basic life for state and municipal enrollees
- The impact of COVID-19 on the claims budget was approximately \$100M.
- The GIC would likely have experienced a \$30M shortfall without the deferral of care caused by COVID-19
- Dental variance is attributable to higher enrollment

Group Insurance Commission

COVID-19 Impact on FY21 Budget

September 17, 2020

Vincent Kane, Senior Director

Willis Towers Watson has developed this report for the GIC under the terms of Willis Towers Watson's engagement with the GIC. The report was prepared for the GIC's sole and exclusive use and on the basis agreed with the GIC. It was not prepared for use by any other party and may not address their needs, concerns or objectives. The report should not be disclosed or distributed to any third party unless agreed to by Willis Towers Watson in writing. Willis Towers Watson assumes no responsibility, or accepts any duty of care or liability to any third party who may obtain a copy of this report and any reliance placed by such party on it is entirely at their own risk.

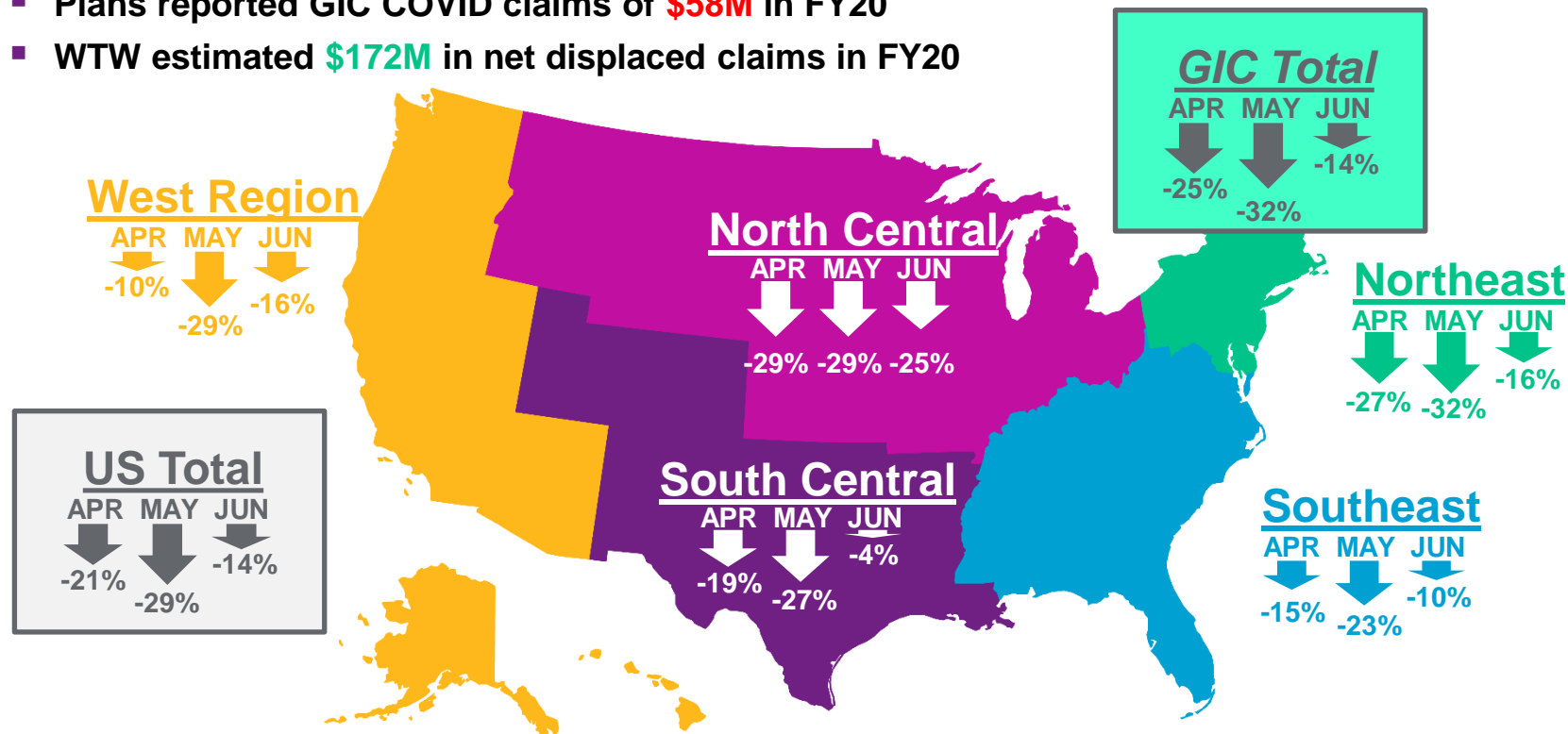
Executive Summary

- COVID-19 has had a profound impact on the GIC's health care spend, as well as the broader market as a whole
- WTW measured actual COVID-related claims costs for the GIC membership, as well as cost avoidance for displaced and deferred care during the end of FY2020
- WTW has developed and modeled a number of scenarios for FY2021 that represent a combination of different variables. While these do not represent all the possible scenarios, they are intended to show the range of possible outcomes:
 - Scenario 1 – Single wave, with a steady stream of new daily infections
 - Scenario 2 – Secondary wave of similar magnitude, and overall lower claim suppression
 - Scenario 3 - Secondary wave at 2x magnitude and similar claim suppression as in FY20
- FY2020 costs finished the year at a suppressed level compared to pre-pandemic projections, driving favorable budget variance for the GIC
- FY2021 costs are expected to be slightly higher than pre-pandemic projections as deferred care returns to the system under the back-drop of new infections
- For the majority of scenarios, the net cumulative impact for FY2020 and FY2021 is a decrease in claims costs relative to expected non-COVID levels
- There is significant uncertainty around subsequent surges of infection, the capacity of the health care delivery system to service pent-up demand, as well as the cost and availability of effective vaccines and treatments

COVID-19 Regional Impact on Healthcare Spend

Benchmarks: *Monthly average of change in paid claims amount*

- In most regions, the cost of COVID treatment and testing is far outweighed by reduced medical utilization (closure of hospitals, fear of seeking service, movement to lower cost telehealth services)
- Plans reported GIC COVID claims of **\$58M** in FY20
- WTW estimated **\$172M** in net displaced claims in FY20



- It's likely that a portion of services deferred will return in late 2020 or 2021, but continued COVID flare-ups could keep utilization suppressed in some areas

Source: Willis Towers Watson 2020 Health Care Financial Benchmarks Survey (N = 208, 1.2M EEs, \$1.1B monthly claims)

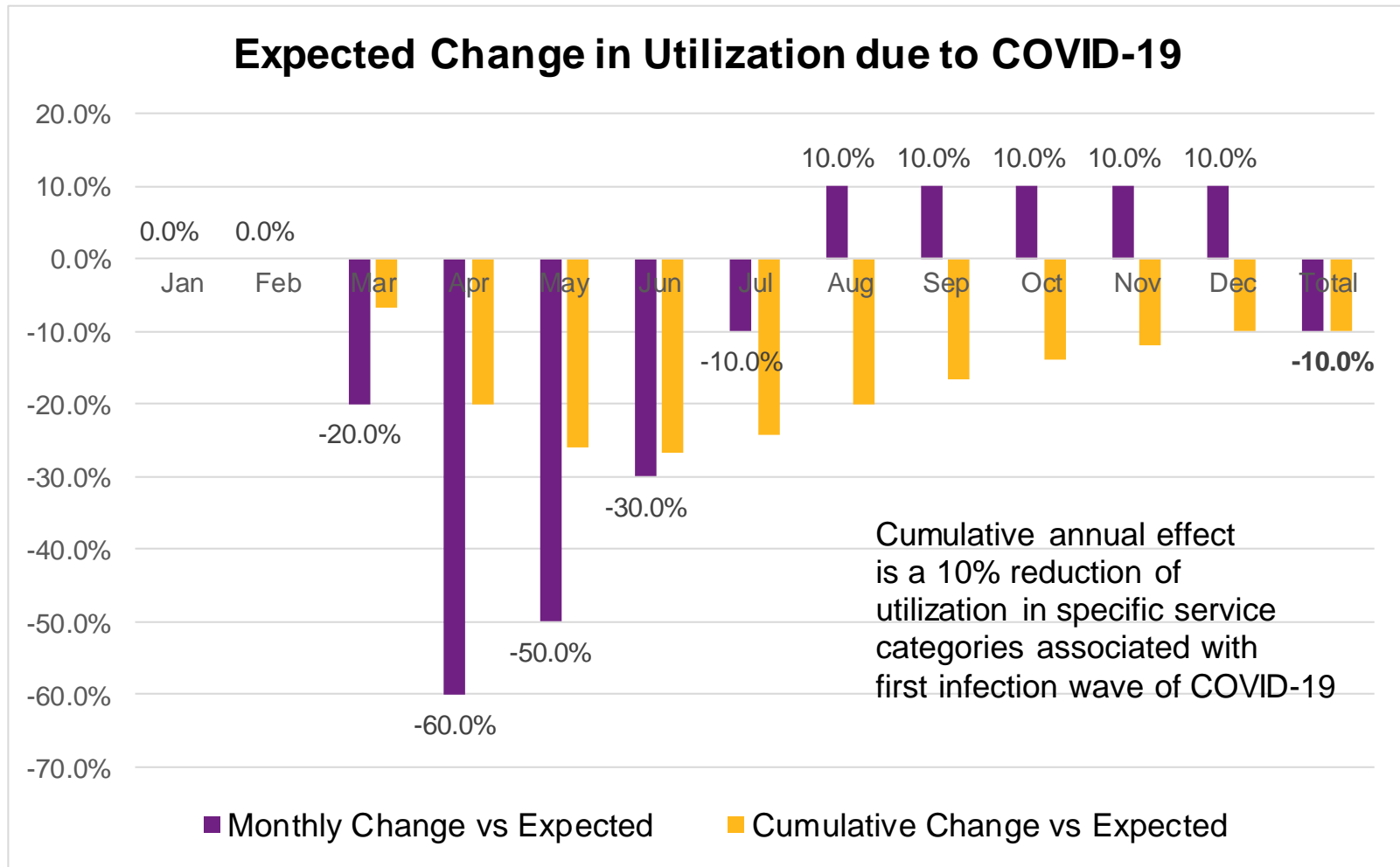
Impact of COVID-19

Unknown variables and risks impacting future healthcare delivery and costs

Unknown Variables and Key Risks	Impact on Future Healthcare Delivery and Costs
Prolonged Wave 1 of pandemic defers recovery until late 2020	<ul style="list-style-type: none"> Higher than expected medical costs due to additional pent-up demand for medical services released in 2021
Impact of pandemic and shelter-in-place orders on clinical conditions: mental health diagnoses and chronic health conditions	<ul style="list-style-type: none"> Increase in behavioral health claims and increase in out-of-network utilization due to in-network capacity issues Increase in chronic condition costs due to deferred services and poor treatment compliance
Missed preventive and general screenings	<ul style="list-style-type: none"> Increase in preventive care costs and potential for higher medical costs resulting for delayed diagnoses and treatment (e.g., colon cancer)
Capacity of current health system to handle pent-up demand	<ul style="list-style-type: none"> Increase in telehealth claims and services
Ability of health systems to recoup 2020 lost revenue	<ul style="list-style-type: none"> Increase in unit costs for selected medical services Potential for additional provider consolidation
Availability and regulation of COVID-19 testing and vaccinations	<ul style="list-style-type: none"> Increase in medical costs
Spousal enrollment due to layoff or job loss	<ul style="list-style-type: none"> Increased enrollment in medical plans
Wave 2 of pandemic in 2020 or 2021	<ul style="list-style-type: none"> Additional costs for COVID-19 testing and treatment Could be offset by deferred care, but will create another wave of pent-up demand in mid-late 2021

Expected Timing for Utilization Changes over CY 2020

Illustrative: Applies to PCP, SCP, ER, Urgent Care, OP Surgery



GIC Cost Impact Modeling

Baseline Scenario Assumptions and High Level Results

	Scenario 1	Scenario 2	Scenario 3
Description	<ul style="list-style-type: none"> No additional waves of COVID-19 outbreak, but continuing daily infections at current levels 	<ul style="list-style-type: none"> There is a second outbreak of COVID-19, similar in magnitude as the first outbreak, but with half the level of displaced care as in Wave 1 	<ul style="list-style-type: none"> There is a second outbreak of COVID-19, at 2x the magnitude of the first outbreak, with the same level of displaced care as in Wave 1
Impact of FY20 Deferred/Returning Care in FY21	<ul style="list-style-type: none"> Highly variable with increase in costs expected for FY21 1% additional trend suppression 	<ul style="list-style-type: none"> Could be increased or decreased costs, depending on level of recoupment of displaced services 1% additional trend suppression 	<ul style="list-style-type: none"> Highly variable with decrease in costs expected for FY21 1% additional trend suppression
Overall Cost Severity in FY21	<ul style="list-style-type: none"> High, but lowest of all modeled scenarios 	<ul style="list-style-type: none"> Higher due to additional COVID claims with costs not completely offset by displaced care 	<ul style="list-style-type: none"> Highest due to significant additional COVID claims with costs not completely offset by displaced care
Total FY21 Budget Impact (State and Employee Share)	\$62M - \$131M 2.2% - 4.6%	\$72M - \$158M 2.5% - 5.6%	\$87M - \$190M 3.1% - 6.7%
Two Year Budget Impact FY20 & FY 21 (State and Employee Share)	(\$51M) - \$17M (0.9%) - 0.3%	(\$42M) - \$44M (0.8%) - 0.8%	(\$27M) - \$76M (0.5%) - 1.4%

Disclaimer

- It is evident that the COVID-19 pandemic will have an impact on health care costs. We have used available information and reasonable estimation techniques to develop health care cost estimates for the Group Insurance Commission (GIC) that reflect the impact of COVID-19. However due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.
- In preparing the results presented in this report, we have relied upon information from external sources and publications. We have reviewed this information for overall reasonableness and consistency, but have neither audited nor independently verified this information. The accuracy of the results presented in this report is dependent upon the accuracy and completeness of the underlying information.
- While we consider the results shown in this report to be reasonable financial results, a different set of results could also be considered reasonable based on a range of reasonable assumptions for each measurement. It is quite possible that the actual financial impact may ultimately be lower or higher than the results shown.

VI. Other Business/Adjournment

FY21 GIC Commission Meeting Schedule

- 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 www.mass.gov/gic under Upcoming Events prior to the meeting and under Recent Events after the meeting.

Please note these exceptions:

- July and August do not have Commission Meetings, as usual.
- October does not have a Commission Meeting to allow GIC to dedicate time to Stewardship meeting, but the time and date are held in the event matters arise that must come before the Commission.
- February's meeting is scheduled on the 2nd Thursday and March's meeting is scheduled on the 1st Thursday to make decisions regarding the next Benefit Year in a timely manner prior to Annual Enrollment in May.

Please note these changes:

- April will have a meeting this year due to efficiencies gained through elimination and reduction of printed materials.
- Until the ban on public gatherings is lifted, 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.

FY2021 Group Insurance Commission Meetings

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

April						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

February						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

May						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24/31	25	26	27	28	29

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

March						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

APPENDIX

- Commission Members
- GIC Leadership Team
- GIC Goals
- GIC Contact Channels

Commission Members

Valerie Sullivan (Public Member), Chair

Bobbi Kaplan (NAGE), Co-Chair

**Michael Heffernan,
Secretary of Administration & Finance**

**Gary Anderson,
Commissioner of Insurance**

Elizabeth Chabot (NAGE)

Adam Chapdelaine (Mass Municipal Association)

Edward Tobey Choate (Public Member)

Christine Clinard (Public Member)

Tamara P. Davis (Public Member)

Kevin Drake (Council 93, AFSCME, AFL-CIO)

Jane Edmonds (Retiree Member)

Joseph Gentile (Public Safety Member)

Eileen P. McAnney (Public Member)

Patricia Jennings (Public Member)

**Melissa Murphy-Rodrigues
(Mass Municipal Association)**

Anna Sinaiko (Health Economist)

**Timothy D. Sullivan
(Massachusetts Teachers Association)**

GIC Leadership Team

Matthew A. Veno, Executive Director

Denise Donnelly, Director Benefit Procurement & Vendor Management

John Harney, Chief Information Officer

Paul Murphy, Director of Operations

James Rust, Chief Fiscal Officer

Andrew Stern, General Counsel

Brock Veidenheimer, Director of Human Resources

Mike Berry, Director of Legislative Affairs

Linnea Walsh, Director of Marketing and Communications

GIC Goals

- Provide access to high quality, affordable benefit options for employees, retirees and dependents
- Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates
- Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market
- 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 (phone, email, mail) from GIC
Email	gicpublicinfo@mass.gov	
Telephone	(617) 727-2310	M-F from 8:45 AM to 5:00 PM
Office location	19 Staniford Street Boston, MA 02114	Not open for walk-in service during COVID-19
Correspondence	P.O. Box 8747 Boston 02114	Allow for processing time. Priority given to requests to retain or access benefits, and to reduce optional coverage during COVID-19.
Paper Forms	P.O. Box 556 Randolph, MA 02368	

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
AllWays Health Partners	(866)-567-9175	allwayshealthpartners.org/gic-members
Fallon Health	(866) 344-4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	(800) 542-1499	harvardpilgrim.org/gic
Health New England	(800) 842-4464	hne.com/gic
Tufts Health Plan (THP)	(800) 870-9488	tuftshealthplan.com/gic
THP Medicare Products	(888) 333-0880	
UniCare State Indemnity Plans	(800) 442-9300	unicarestatementplan.com