



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*

COMMISSION MEETING

MARCH 4, 2021



Agenda

	Topic	Speaker	Time
I.	Approval of 02/11/2021 Minutes (VOTE)	Valerie Sullivan, Chair	8:30-8:35
II.	Executive Director's Report (INFORM) <ul style="list-style-type: none"> • Calendar • Communications/Legislation/Municipalities • Human Resources • COVID-19 • Annual Enrollment Plans 	Matthew Veno, Executive Director & Members of Senior Staff	8:35-8:50
III.	Benefit Procurement & Vendor Management (INFORM) <ul style="list-style-type: none"> • Dental & Vision Rates (INFORM) 	Cameron McBean, Manager Health & Ancillary Benefits	8:50-9:00
IV.	Subsidies (INFORM & VOTE)	Jim Rust, Chief Financial Officer	9:00-9:10
V.	FY22 Plan Rates (VOTE)	Vince Kane, Senior Director, Willis Towers Watson	9:10-9:20
VI.	Municipality Administration Fee (INFORM & VOTE)	Jim Rust, Chief Financial Officer	9:20-9:30
VII.	Vaccine Hesitancy Presentation (INFORM and DISCUSS)	Sree Chaguturu, MD Sr. VP & CMO, CVS Caremark	9:30-10:15
VIII.	Other Business/Adjournment	Valerie Sullivan, Chair	10:15-10:30

I. Approval of Minutes (VOTE)

Motion:

That the Commission hereby approves the minutes of its meeting held on February 11, 2021 as presented.

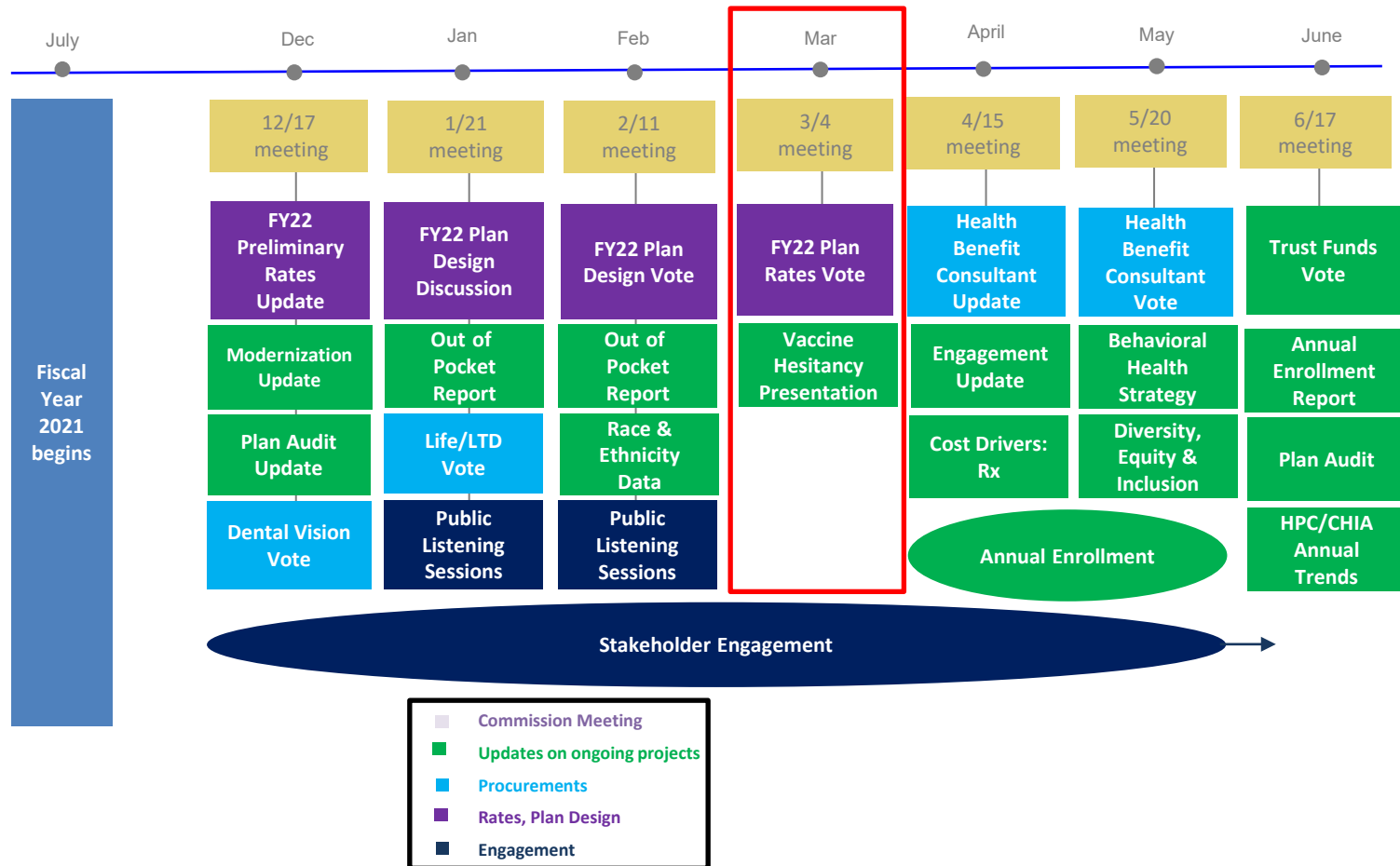
- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Cassandra Roeder
- Rebecca Butler
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
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- Tamara P. Davis
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- Anna Sinaiko
- Timothy D. Sullivan

II. Executive Director's Report (INFORM)

- Calendar
- Communications / Legislation / Municipalities
- Human Resources
- COVID-19
- Annual Enrollment Plans

Matthew Veno, Executive Director
&
Members of Senior Staff

II. Executive Director's Report: FY2021 Calendar



II. Executive Director's Report (INFORM)

- Communications / Legislation / Municipalities
- Human Resources
- COVID-19
- Annual Enrollment Plans



Matthew Veno, Executive Director
&
Members of Senior Staff

III. Benefit Procurement & Vendor Management (INFORM)

- Dental & Vision Rates (INFORM)

Cameron McBean, Manager
Health & Ancillary Benefits

Dental/Vision Carriers

Benefit	Vendor	Vendor contract status	Who's eligible?	Funding arrangement
Dental		Renewed Effective July 1, 2021	<p>Active: State managers, state legislators, legislative staff members, and constitutional office employees.</p> <p>Retiree: All state retirees plus certain municipal retirees</p>	<p>Active: Fully insured</p> <p>Retiree: Retiree pay all</p>
Vision		Renewed Effective July 1, 2021	<p>Active: State managers, state legislators, legislative staff members, and constitutional office employees.</p>	Self insured

- State employees covered by a collective bargaining agreement receive dental and/or vision coverage from separately administered Health and Welfare Trust Funds.
- As of July 1, 2021, MetLife will also administer the fully-insured Life and Long-Term Disability plans, resulting in premium savings for active and retired members and for the Commonwealth

FY22 Dental Plan Rates: Retiree

- The proposed Retiree Dental Plan rate is **decreasing** by **5%**
- The five most common procedures utilized by members will also have increased benefit amounts

MetLife Retiree Dental Plan	FY 21 Fully-Insured Monthly Premium Rate	FY 22 Fully-Insured Monthly Premium Rate	FY 22 Monthly Dollar Decrease	FY 22 Monthly Percent Decrease
Individual		\$28.31	(\$1.51)	
Family				

FY22 Dental Plan Rates: Active

- The fully insured dental rates also reflect a decrease relative to FY21

MetLife Active Dental Plan	FY 21 Fully-Insured Monthly Premium Rate	FY 22 Fully-Insured Monthly Premium Rate	FY 22 Monthly Dollar Decrease	FY 22 Monthly Percent Decrease
Classic Individual	\$40.20	\$38.75	(\$1.45)	- 1.2%
Classic Family	\$124.64	\$120.14	(\$4.50)	- 3.6%
Value Individual	\$29.44	\$28.19	(\$1.25)	- 4.2%
Value Family	\$91.29	\$87.39	(\$3.90)	- 4.3%

FY22 Vision Plan Rates: Active

- For FY22, Davis Vision’s fixed administration and vision commodity prices will decrease slightly from the prior contract
- These small savings will most impact members with Family coverage, due to the relative price differential

Davis Vision Plan	FY 21 Self-Insured Monthly Working Rate	FY 22 Self-Insured Monthly Working Rate
Individual	\$2.03	\$2.02
Family		

FY22 Active Dental/Vision Plan Rates

- The FY22 active dental/vision rates are calculated by adding the FY22 Davis Vision self-insured working rates to the FY22 MetLife fully-insured dental premium rates.

Dental Plan	FY22 MetLife Dental Monthly Premium	FY22 Davis Vision Monthly Working Rate	FY22 Total Monthly Dental/Vision Rate
Classic Individual	\$38.75	\$2.02	\$40.77
Classic Family	\$120.14	\$5.91	\$126.05
Value Individual	\$28.19	\$2.02	\$30.21
Value Family	\$87.39	\$5.91	\$93.30

FY22 Active Dental/Vision Plan Rates: Member Contributions FY20, FY21 and FY22

- Here’s what participants will pay for dental and vision benefits in FY 22 compared to their contributions for FY20 and FY21
- Participants pay 15% of the managerial dental/vision monthly costs

Dental Plan	Member Monthly Contribution Rates* FY20	Member Monthly Contribution Rates FY21	Proposed Member Monthly Contribution Rates FY22
Classic Individual	\$6.33	\$6.44	
Classic Family	\$19.66	\$19.97	
Value Individual	\$4.72	\$4.75	
Value Family			

IV. Subsidies (INFORM & VOTE)

Fiscal Year 2022 Rates

- Premium Reserve Allocation for Elderly Government Retirees and Survivors (EGRs)

Jim Rust,
Chief Financial Officer

Returning Premium Reserves to Elderly Governmental Retirees (EGRs)

- Through the end of FY2018, the EGR program, by statute, was fully-insured and the basic indemnity and Medicare indemnity plans for EGRs had insurance reserve accounts associated with them
- Over the years, these reserve accounts accumulated excess funds including excess enrollee contributions
- Historically, staff has asked the Commission to authorize the use of the funds in these reserve accounts to reduce the basic and Medicare indemnity plan premiums for the EGRs, of whom there are currently 10
- Today we again recommend that the GIC use the EGR reserves to reduce the remaining EGRs' premiums for FY2022
- We ask you to vote to approve the use of these funds so that we may apply them to the EGRs' FY2022 monthly premiums

Returning Premium Reserves to Elderly Governmental Retirees (EGRs)

- Use approximately \$5,000 of the \$60,000 projected EGR premium reserve balance to offset the insured share of the Fiscal Year 2022 individual, family, and Medicare indemnity plan premiums
- Use approximately \$2,000 of the \$60,000 projected EGR CIC premium reserve balance to offset the insured share of the Fiscal Year 2022 individual, family, and Medicare CIC premiums
- The combined effect of these subsidies is a modest decrease in premiums for the EGRs in FY2022*

Note: The FY2022 EGR premium decreases are \$0.22 for individual, \$0.18 for family, and \$0.41 for Medicare plans

FY22 Monthly EGR Contributions:

The table below displays the FY22 EGR share for UniCare basic and Medicare indemnity plans, pending approval of the EGR reserve spending and the FY22 premiums

FY22 EGR Insured Share

Carrier	Product	Tier	EGR Net Monthly Premium
UniCare	Indemnity Plan with CIC	Individual	\$10.34
		Family	\$24.22
		Medicare	\$1.25

IV. Subsidies (VOTE)

Motion:

To approve recommended spending from the Elderly Government Retirees (EGRs) premium and CIC reserves to reduce the Fiscal Year 2022 premiums, as presented.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Cassandra Roeder
- Rebecca Butler
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Tamara P. Davis
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- Melissa Murphy-Rodrigues
- Anna Sinaiko
- Timothy D. Sullivan

Group Insurance Commission

Fiscal Year 2022 Full Cost Premium Presentation and Vote

GIC Commission Meeting

March 4, 2021

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.

Vince Kane, Senior Director
Willis Towers Watson

Table of Contents

- Overview of Rate Development Process & Timeline
- Executive Summary
- Impact of Benefit Design Changes on Premiums
- Fiscal Year 2022 Full Cost Premiums by Product
 - Non-Medicare
 - Medicare
- Vote to Approve Fiscal Year 2022 Rates:
 - Approve recommended Fiscal Year 2022 Non-Medicare and Medicare full cost premiums

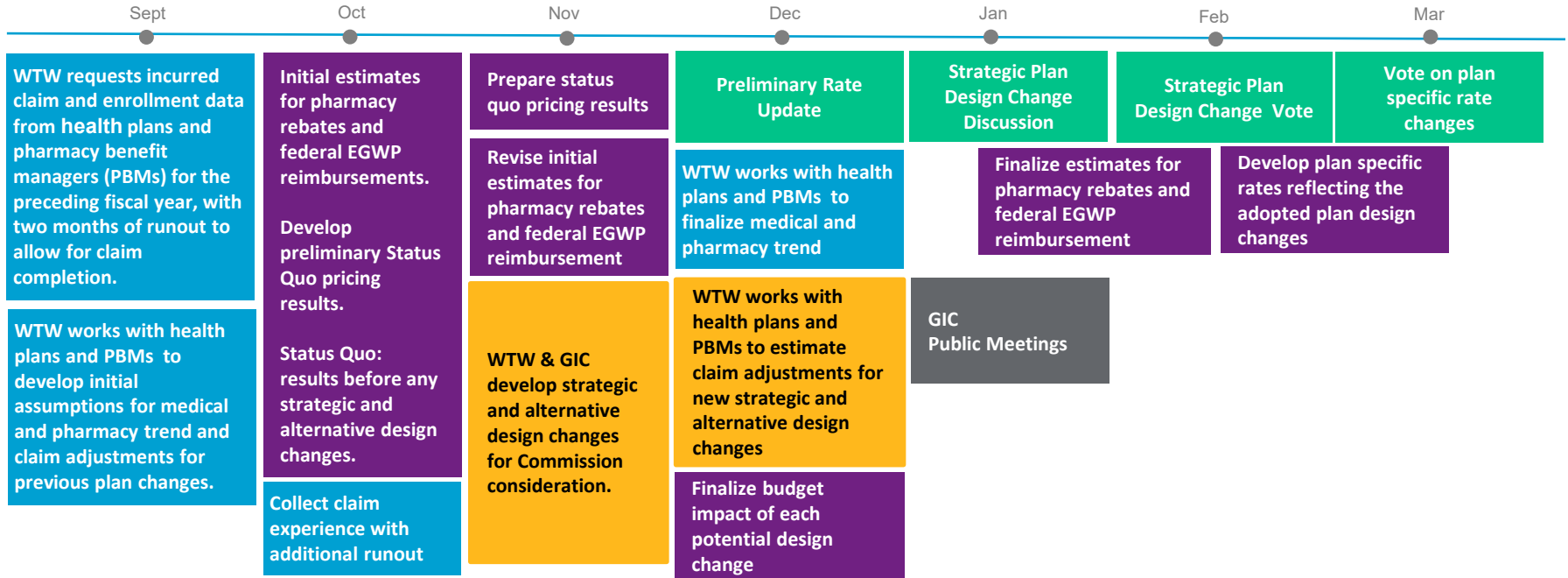
Purpose

Why are we here today?

- The purpose of this discussion is to present proposed Fiscal Year 2022 (FY22) health insurance premiums for a Commission vote
- Health insurance premiums are developed annually for each of GIC's products based on
 - Anticipated members within each plan
 - Anticipated total cost of those members' claims
- Insurance products are classified as non-Medicare products for active employees and retirees not eligible for Medicare, and Medicare products for retirees
- There were no changes to the insurance carriers offering non-Medicare and Medicare products
- Non-Medicare plan designs were enhanced to cover three behavioral telehealth visits without cost-sharing for members.

Timeline

What does the process look like?



- WTW Modeling Work
- Plan design changes
- Vendor Reporting
- Commission Meeting/Vote
- Public Meetings

Definitions

What are premiums?

- A premium is the total sum of money that is needed to pay:
 - Medical providers for all eligible claims for service and medication based on negotiated rates
 - Insurance company costs depending upon the risk model for the products
- Premiums do not include out of pocket expenses like copays and deductibles
- The premiums reflected on the following slides reflect the full cost – members only pay a portion of the full cost premium

Definitions

How are the premiums shared?

- Premium sharing is specified by law or in contract agreements
- Depending upon date of hire and employer (state/municipality), the share ratio may be:

Commonwealth or Municipality	Employee or Retiree
90%	10%
85%	15%
80%	20%
75%	25%

Definitions

Who takes on the risk?

- **The Commonwealth of Massachusetts** takes the risk **for active employees and non-Medicare retirees** by using a **self-insured model** for non-Medicare products and for retirees who purchase Medicare Supplemental plans. This means:
 - If total eligible claims exceed the premiums, the state must seek additional funds from the General Fund in a supplemental budget request
 - The health insurance carrier takes no risk in this self-insured model
 - This approach keeps premiums lower by fixing the health insurance carrier's income around administration and eliminating any premium built in to profit from risk-taking
- **The insurance carrier** takes the risk **for retirees** enrolled in Medicare Advantage in a **fully-insured model**. This means:
 - If total eligible claims exceed collected premiums, the health insurance carrier suffers a loss
 - The health insurance carrier takes a risk in the fully-insured model
 - This approach results in premiums that are higher to cover costs and claims AND ensure a profit
 - Medicare Advantage is regulated at the federal level

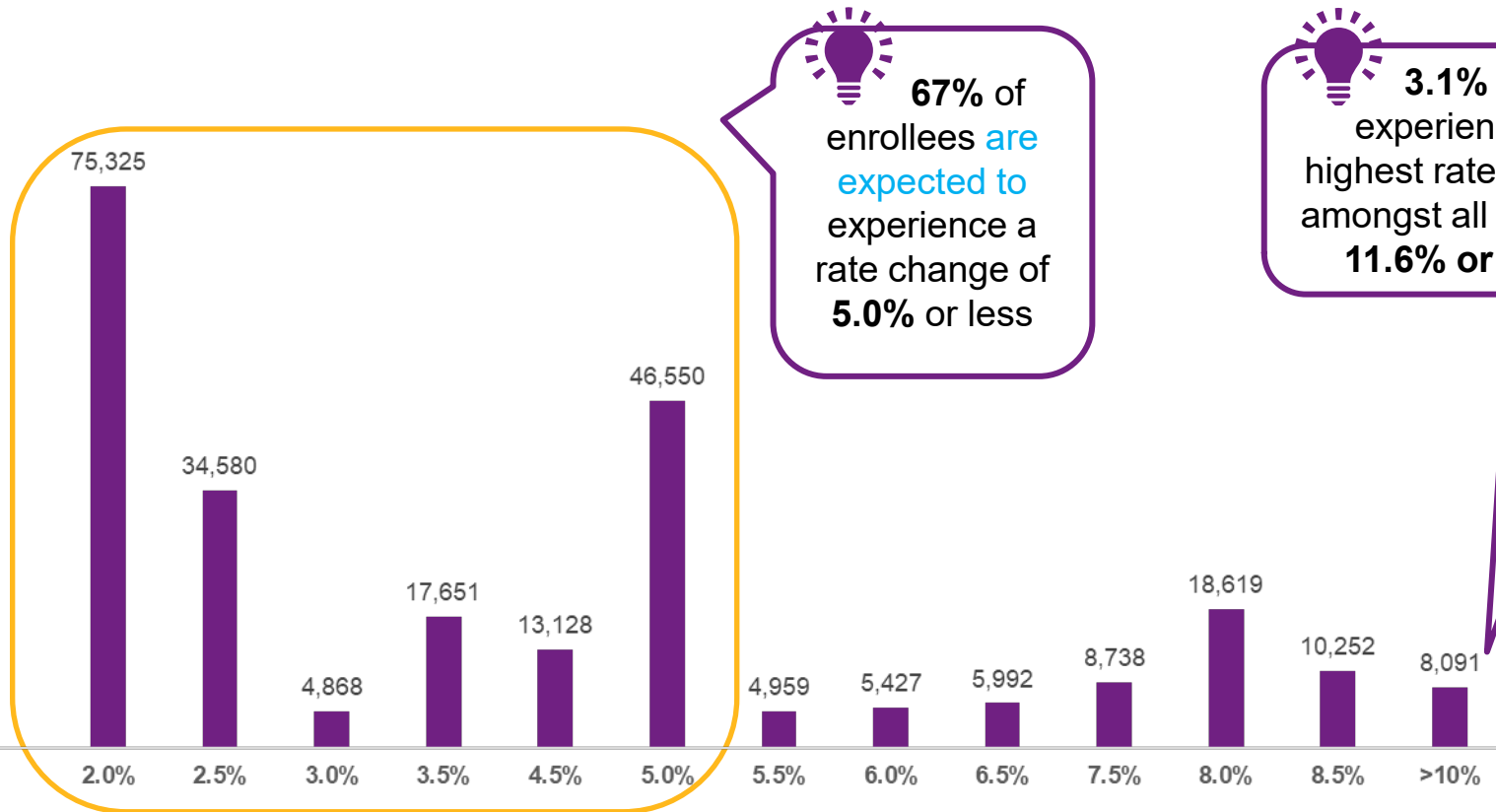
Background

What is driving premium increases?

- **Medical cost inflation** is the primary driver of premium increases
 - Health care consolidation has led to higher unit prices
 - Pharmaceutical companies have raised prices for brand name and specialty drugs
- **Massachusetts market data** collected by the Center for Health Information and Analysis (CHIA) and presented by the Health Policy Commission reflect this inflation in the state's commercial market
- **GIC** claims data reflects this in:
 - More expensive claims for the same services provided in prior years
 - Faster rate of unit cost increases in relation to utilization
 - Significant increase in high-cost claimants (>\$500K) from FY19 to FY20

Executive Summary

Overall average Fiscal Year (FY) 2022 premium increase of **5.2%** over FY 2021; this is in-line with the FY 2021 premium increase of 5.1% over FY 2020 and on the low end of the market trends of 5% - 7%.



Caveats:

*Enrollment bucketed based on nearest 0.5%; a plan with an increase of 2.1% appears as 2.0%, and a plan with an increase of 2.4% appears as 2.5%

*These are premium rates – not member contributions

*CIC is paid 100% by enrollees, so some enrollees will see larger contribution increases

*Enrollment as of August 2020 and does not reflect potential migration between plans

Impact of Benefit Design Changes on Premiums

Fiscal Year 2022 GIC Medical and Pharmacy Pricing	Total Annual Premium Expense (\$millions)	Incremental % Change	% Change from FY 2021
FY 2021 Premium Expense (Heads x Premium) ¹	\$2,841.7M		
FY 2022 Projected Premium Expense Prior to Plan Design Changes (Heads x Premium) ¹	\$2,987.1M		5.1%
Three covered-in-full, in-network behavioral telehealth visits per member per year	\$1.4M	0.05%	
FY 2022 Projected Premium Expense (Includes Plan Design Changes)	\$2,988.5M		5.2%

¹Based on enrollment as of August 2020, reflects all non-Medicare and Medicare plans

- For Non-Medicare plans, members will have access to three covered-in-full behavioral telehealth visits annually
 - The current copay varies by plan; average copay = \$15
- This change is member friendly and reduces out of pocket expense for virtual access to behavioral health providers
- This change does not have a material impact on premiums (<0.1%)

Fiscal Year 2021 Full Cost Premiums

Non-Medicare

Vote



Key Insights

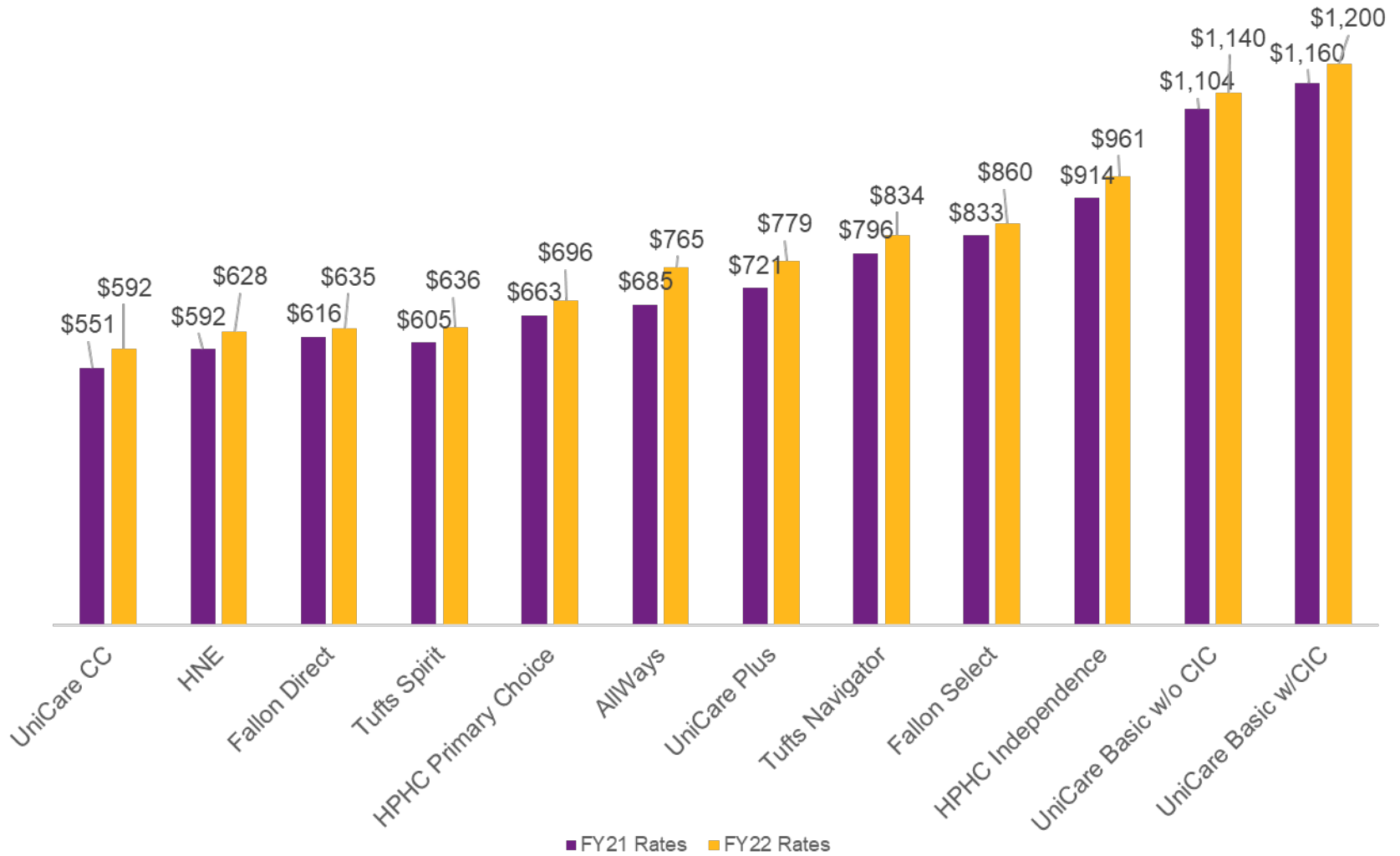
- Overall product portfolio seeing a range of premium changes over FY21
 - **Regional products** are offered by provider-owned carriers; their premiums reflect their geographies and favorable contracted rates offered by their parent organizations
 - **Limited network products** offer lower rates due to more efficient providers, and generally attract lower risk members
 - **Broad network products** offer a range of premiums; premiums higher than limited products as network is more robust
 - **National products** remain the most expensive; they offer the most generous benefits and maximum choice
- Carrier-specific insights:**
- AllWays' premium increase reflects increasing unit costs as its provider contracts transition from Medicaid to Commercial rates
 - UniCare Plus and Community Choice increases reflect unfavorable emerging claims experience used in pricing

Network	Plan	Tier	Projected Enrollment*	FY21 Rates	FY22 Rates	% Increase Over FY21 Rates
Regional	HNE	Individual	5,427	\$592.22	\$628.13	6.1%
		Family	5,992	\$1,409.87	\$1,499.20	6.3%
	AllWays Health Partners Complete HMO	Individual	4,154	\$685.47	\$765.28	11.6%
		Family	3,937	\$1,783.21	\$1,998.69	12.1%
Narrow	UniCare Community Choice	Individual	8,738	\$550.64	\$591.76	7.5%
		Family	11,290	\$1,363.28	\$1,470.69	7.9%
	Tufts Spirit	Individual	3,152	\$604.56	\$636.49	5.3%
		Family	1,807	\$1,456.45	\$1,536.53	5.5%
	Fallon Direct	Individual	1,940	\$616.43	\$635.30	3.1%
		Family	1,637	\$1,556.03	\$1,606.09	3.2%
	HPHC Primary Choice	Individual	4,943	\$663.11	\$695.52	4.9%
		Family	5,521	\$1,691.10	\$1,775.74	5.0%
Broad	UniCare Plus	Individual	7,329	\$721.22	\$779.26	8.0%
		Family	10,252	\$1,716.49	\$1,860.21	8.4%
	Tufts Navigator	Individual	13,128	\$796.25	\$833.73	4.7%
		Family	19,269	\$1,944.65	\$2,038.79	4.8%
	Fallon Select	Individual	1,291	\$833.27	\$859.98	3.2%
		Family	2,131	\$2,025.95	\$2,093.25	3.3%
HPHC Independence	Individual	7,079	\$913.98	\$960.90	5.1%	
	Family	9,738	\$2,231.38	\$2,347.91	5.2%	
National	UniCare Basic w/o CIC	Individual	239	\$1,103.56	\$1,139.58	3.3%
		Family	201	\$2,445.85	\$2,527.29	3.3%
	UniCare Basic w/CIC	Individual	9,303	\$1,159.70	\$1,199.97	3.5%
		Family	5,777	\$2,573.70	\$2,664.78	3.5%

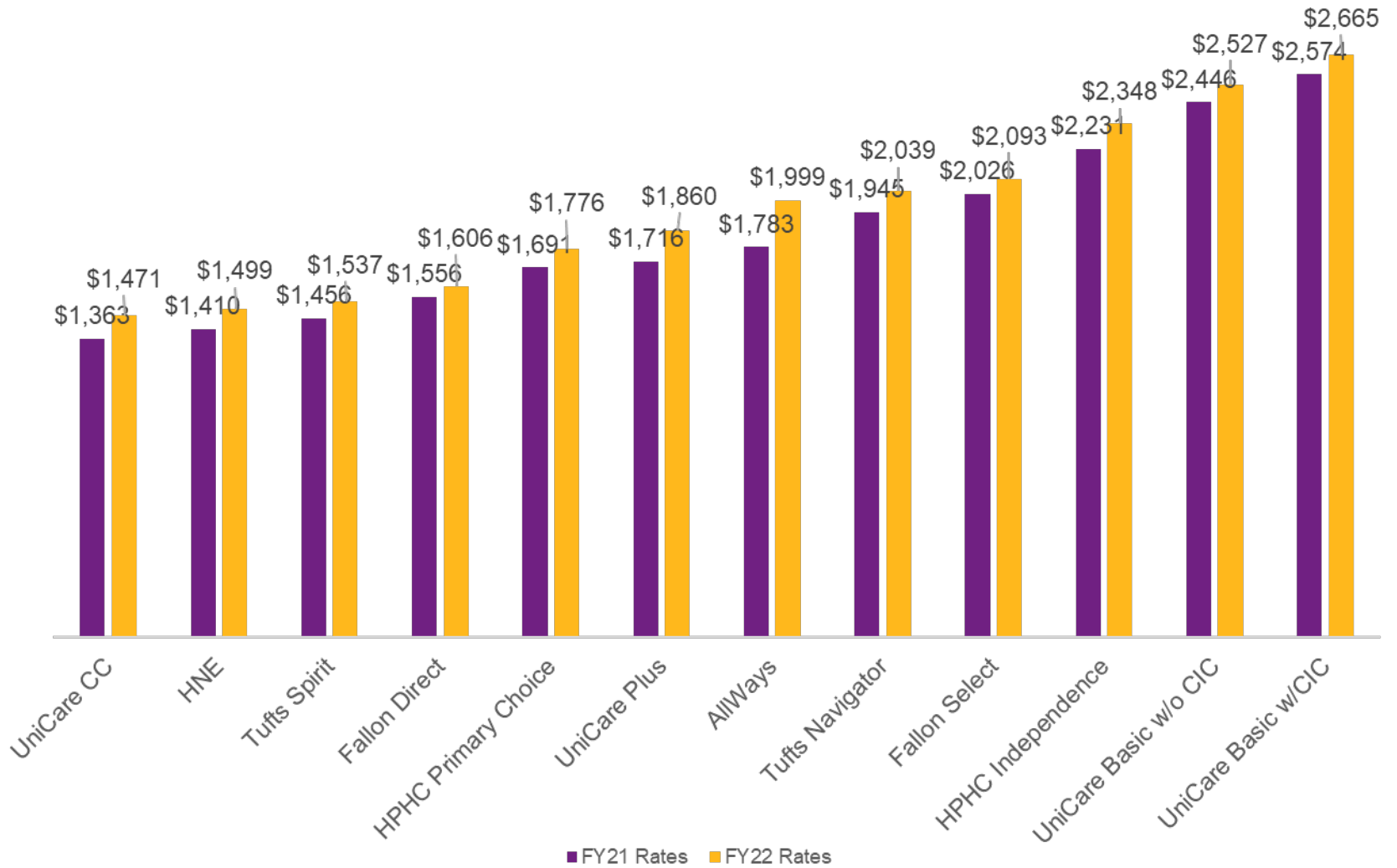
*Enrollment counts as of August 2020

- Overall average Fiscal Year 2022 premium increase amongst Non-Medicare products is 5.8%
- The highest increase is 12.1% and the lowest is 3.1%
- UniCare Community Choice remains the lowest cost product followed by Health New England

Individual Rates by Carrier



Family Rates by Carrier



Fiscal Year 2022 Member Contributions

Non-Medicare

Network	Plan	Tier	Member Contributions			
			90%/10%	85%/15%	80%/20%	75%/25%
Regional	HNE	Individual	\$62.81	\$94.22	\$125.63	\$157.03
		Family	\$149.92	\$224.88	\$299.84	\$374.80
	AllWays Health Partners Complete HMO	Individual	\$76.53	\$114.79	\$153.06	\$191.32
		Family	\$199.87	\$299.80	\$399.74	\$499.67
Narrow	UniCare Community Choice	Individual	\$59.18	\$88.76	\$118.35	\$147.94
		Family	\$147.07	\$220.60	\$294.14	\$367.67
	Tufts Spirit	Individual	\$63.65	\$95.47	\$127.30	\$159.12
		Family	\$153.65	\$230.48	\$307.31	\$384.13
	Fallon Direct	Individual	\$63.53	\$95.30	\$127.06	\$158.83
		Family	\$160.61	\$240.91	\$321.22	\$401.52
	HPHC Primary Choice	Individual	\$69.55	\$104.33	\$139.10	\$173.88
		Family	\$177.57	\$266.36	\$355.15	\$443.94
Broad	UniCare Plus	Individual	\$77.93	\$116.89	\$155.85	\$194.82
		Family	\$186.02	\$279.03	\$372.04	\$465.05
	Tufts Navigator	Individual	\$83.37	\$125.06	\$166.75	\$208.43
		Family	\$203.88	\$305.82	\$407.76	\$509.70
	Fallon Select	Individual	\$86.00	\$129.00	\$172.00	\$215.00
		Family	\$209.33	\$313.99	\$418.65	\$523.31
	HPHC Independence	Individual	\$96.09	\$144.14	\$192.18	\$240.23
		Family	\$234.79	\$352.19	\$469.58	\$586.98
National	UniCare Basic w/o CIC	Individual	\$113.96	\$170.94	\$227.92	\$284.90
		Family	\$252.73	\$379.09	\$505.46	\$631.82
	UniCare Basic w/CIC*	Individual	\$174.34	\$231.32	\$288.30	\$345.28
		Family	\$390.22	\$516.58	\$642.95	\$769.31

*CIC portion of UniCare Basic rate is 100% paid by member

Note that the member contributions shown above only reflect the health (medical & pharmacy) portion of member contributions and do not include basic life insurance or additional administrative fees where applicable.

Fiscal Year 2021 Full Cost Premiums

Medicare

Vote

Product	Plan	Tier	Projected Enrollment*	FY21 Rates	FY22 Rates	% Increase Over FY21 Rates
Medicare Advantage	Tufts Medicare Preferred	Individual	4,576	\$324.00	\$331.54	2.3%
Medicare Supplement	Tufts Medicare Complement	Individual	10,251	\$382.54	\$391.22	2.3%
	UniCare OME w/o CIC	Individual	285	\$387.44	\$395.73	2.1%
	UniCare OME w/CIC	Individual	75,040	\$398.47	\$407.41	2.2%
	HPHC Medicare Enhanced	Individual	16,522	\$402.63	\$411.98	2.3%
	HNE Medicare Supplement	Individual	3,231	\$403.39	\$412.74	2.3%



Key Insights

- Benefits remain the same as Fiscal Year 21
- Premium increases across all plans are very comparable
- All Medicare Supplement products offer similar value propositions and premiums
- The majority of GIC Medicare-eligible members are in UniCare OME

*Enrollment counts as of August 2020

- Overall average Fiscal Year 2022 premium increase amongst Medicare products is 2.3%
- Tufts Medicare Preferred is the only Medicare Advantage product offered to GIC members
- Among Medicare Supplement products, Tufts Medicare Complement remains the lowest cost product followed by UniCare OME
- There is little premium variation across Medicare Supplement products with a maximum premium differential of \$21/month

Fiscal Year 2022 Member Contributions

Medicare

Product	Plan	Tier	Member Contributions			
			90%/10%	85%/15%	80%/20%	75%/25%
Medicare Advantage	Tufts Medicare Preferred	Individual	\$33.15	\$49.73	\$66.31	\$82.88
Medicare Supplement	Tufts Medicare Complement	Individual	\$39.12	\$58.68	\$78.24	\$97.81
	UniCare OME w/o CIC	Individual	\$39.57	\$59.36	\$79.15	\$98.93
	UniCare OME w/CIC*	Individual	\$51.25	\$71.04	\$90.82	\$110.61
	HPHC Medicare Enhanced	Individual	\$41.20	\$61.80	\$82.40	\$103.00
	HNE Medicare Supplement	Individual	\$41.27	\$61.91	\$82.55	\$103.19

*CIC portion of UniCare OME rate is 100% paid by member

Note that the member contributions shown above only reflect the health (medical & pharmacy) portion of member contributions and do not include basic life insurance or additional administrative fees where applicable.

V. FY22 Plan Rates (VOTE)

Motion:

Approve recommended Fiscal Year 2022 full cost premiums, as presented.

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

VI. Municipal Administration Fee (INFORM and VOTE)

Fiscal Year 2022 Rates

- Establishing the Municipal Administration Fee

Jim Rust,
Chief Financial Officer

FY 2022 Municipal Administration Fee

- All participating municipalities pay a fee to the GIC a fee for administering the municipal program.
- The GIC is authorized by statute to charge up to 1.0 % of premium.
- Recommend maintaining the FY 2022 Municipal Administrative fee at 0.35% of the full cost premiums.

Note: The 0.35% administrative fee is estimated to yield approximately \$2,800,000 in FY2022

VI. Municipal Administration Fee (INFORM and VOTE)

Motion:

Authorize the GIC to maintain the Fiscal Year 2022 Municipal Administrative fee at 0.35% of the full cost premiums.

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

VII. Vaccine hesitancy presentation (INFORM and DISCUSS)

- Vaccine hesitancy presentation

Sree Chaguturu, MD
Senior Vice President &
Chief Medical Officer
CVS Caremark

VIII. 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:

- 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:

- 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), Vice-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) **Gerzino Guirand (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

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

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	unicarestatelineplan.com