

# COMMISSION MEETING

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**January 15, 2026**



MassGIC



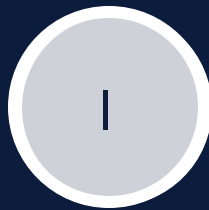
Group Insurance Commission



MA Group Insurance Commission

# Agenda

- **I. Minutes, November 20, 2025 (VOTE)** 8:30-8:35  
Valerie Sullivan, Chair  
Andrew Stern, General Counsel
- **II. Executive Director's Report (INFORM)** 8:35-8:45  
Matthew Veno, Executive Director  
Members of Senior Staff
- **III. Life and Long-Term Disability Carrier Recommendation (VOTE)** 8:45 -9:15  
Cameron McBean, Director of Vendor Management
- **IV. FY2027 Plan Design (INFORM)** 9:15-10:20  
Matthew Veno, Executive Director  
Margaret Anshutz, Director of Health Policy and Analytics
- **VI. Other Business/Adjournment** 10:20-10:30  
Valerie Sullivan, Chair  
Matthew Veno, Executive Director



## Approval of Minutes (VOTE)

Valerie Sullivan, Chair

Andrew Stern, General Counsel

# Motion

**That the Commission hereby approves the minutes of its meeting held on  
December 18, 2025 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

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Matthew Veno, Executive Director  
Members of the Senior Staff

# Projected 2026 Calendar

Public Information Sessions			FY2027 Annual Enrollment			
Jan 15	Feb 12	Feb 26	March	April 16	May 21	June 18
<b>Presentation:</b> FY2026 Plan Design	<b>Vote:</b> FY2027 Plan Design	<b>Vote:</b> FY2027 Rates	<b>No Meeting</b>	<b>TBD</b>	<b>Report:</b> Out of Pocket	<b>Report:</b> Annual Enrollment
<b>Vote:</b> Life/LTD Carrier	<b>Vote:</b> FSA Administrator	<b>Vote:</b> Pharmacy Consultant				

Note: Topics and meeting dates are subject to change

# 2026 Public Information Sessions

Register\* today at [Mass.gov/GIC](https://www.mass.gov/GIC)

**JANUARY**

**27**

**12:00 PM**

**JANUARY**

**27**

**6:00 PM**

**JANUARY**

**29**

**9:00 AM**

\*Please register for only one session. All sessions contain the same information.



## Life and LTD Carrier Recommendation (VOTE)

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Cameron McBean, Director of Vendor Management



# Current Procurements

## Vendor Management Has Three Procurements in Closing Stages

- Life & Long-Term Disability Carrier – Vote Today
- Flexible Spending Account Administrator – February 12 Vote
- Pharmacy Consultant – February 26 Vote

## Life/Long-Term Disability Overview

- The GIC was advised and assisted by The Alera Group as its Life and LTD Consultant.
- Bids were received by major carriers with direct experience working with the GIC.
- With the recent increase in the Basic Life benefit, there were no major gaps in coverage or pressing problems to address.

# Procurement Results & Recommendation

## Recommendation

The GIC procurement team recommends renewing the current contract with MetLife to provide Life/Accidental Death & Dismemberment and Long-Term Disability insurance to eligible GIC members.

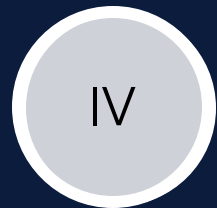
- GIC received bid submissions from the incumbent, MetLife, as well as The Hartford, Standard, Unum, and Securian, who was the only bidder to offer only one line of coverage (Life/AD&D). The scoring criteria was designed such that bidders were not penalized for only offering one product.
- The procurement team selected MetLife and The Hartford as the two finalists with the highest preliminary scores.

Bidder	Technical Scoring Result (Includes SDP)	Interview	References	BAFO Financial Result	Total	Rank
<i>Maximum Points</i>	<i>58.00</i>	<i>10.00</i>	<i>2.00</i>	<i>30.00</i>	<i>100.00</i>	
MetLife	55.96	9.40	2.00	12.20	79.56	1
Hartford	47.97	8.20	2.00	13.50	71.67	2

# Motion

**The Commission hereby authorizes the GIC to contract with MetLife as the apparent successful bidder for Life/Accidental Death and Long-Term Disability insurance coverage and services, as recommended by the procurement team.**

- 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



## FY2027 Plan Design (INFORM)

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Matthew Veno, Executive Director

Margaret Anshutz, Director of Health Policy and Analytics

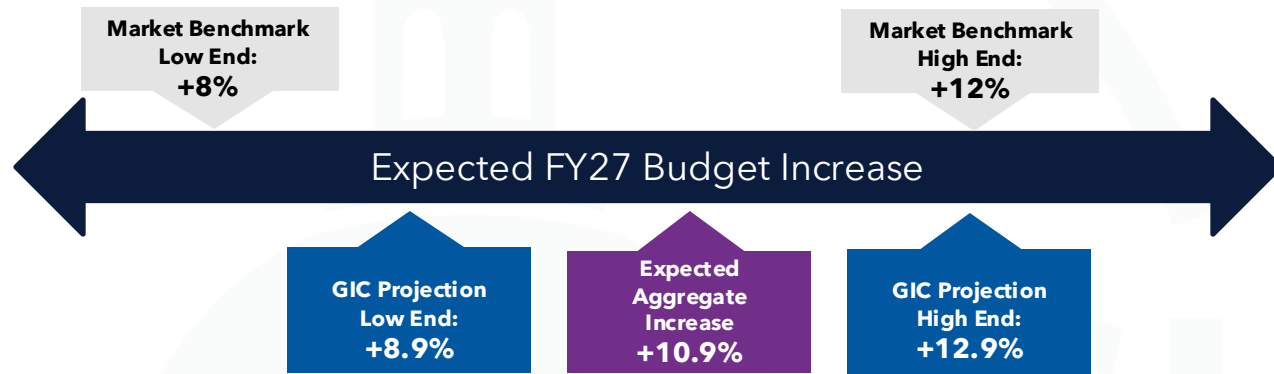
# Objectives of Today's Discussion

*Reminder - there is no vote on plan design today*

1. Present the parameters of the budget reduction exercise A&F has given to the GIC for FY27 plan year coverage
2. Provide important context as the Commission prepares to vote on plan design changes on February 12, 2026
3. Review and discuss the staff recommendations and implications on GIC's FY27 budget

# Preliminary FY27 Premium Increase

*Presented to the Commission in December 2025*



## Implications for the State Budget

- In FY27, a 10.9% increase in premium produces an approximately \$170M net increase to GIC's appropriation in the state budget
- A&F has given GIC a \$120M net budget savings target for FY27

## Mass General Law, Chapter 32A

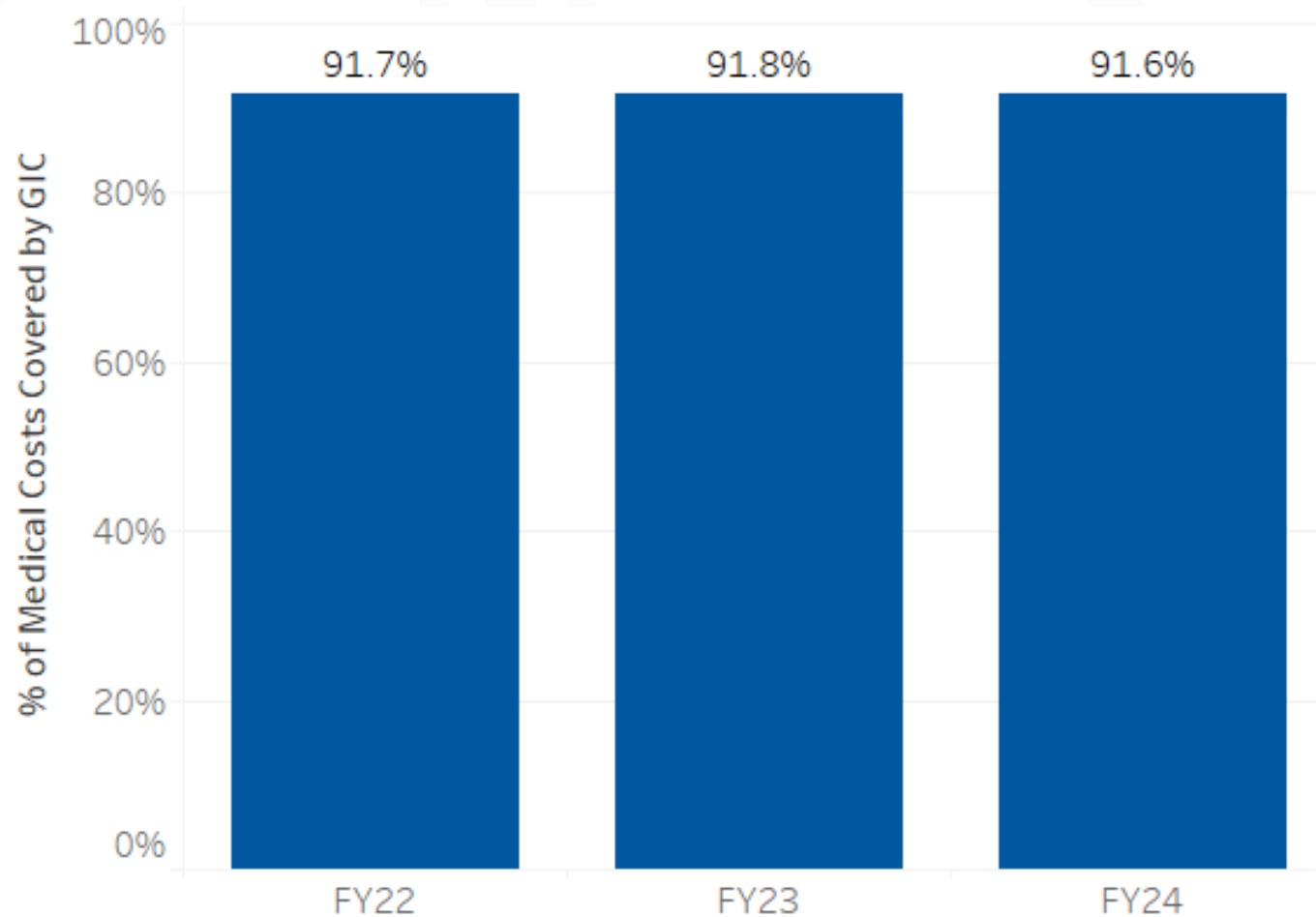
**Sec. 3:** The commission shall negotiate with and purchase, **on such terms as it deems to be in the best interest of the commonwealth and its employees**...group general or blanket insurance providing hospital, surgical, medical, dental and other health insurance benefits covering persons in the service of the commonwealth and their dependents..."

**Sec. 4A:** "The amount of the hospital, surgical, medical, dental and other health insurance benefits to be provided each employee and his dependents shall be determined by the commission..."

**Sec. 8:** Each appropriation act as may be applicable, **shall provide** the necessary sum based upon the estimated monthly cost as required by section four and shall describe the ratio of contribution to be paid by the commonwealth and by the active and retired employees insured under the aforesaid sections.

# Benchmarking GIC Benefits

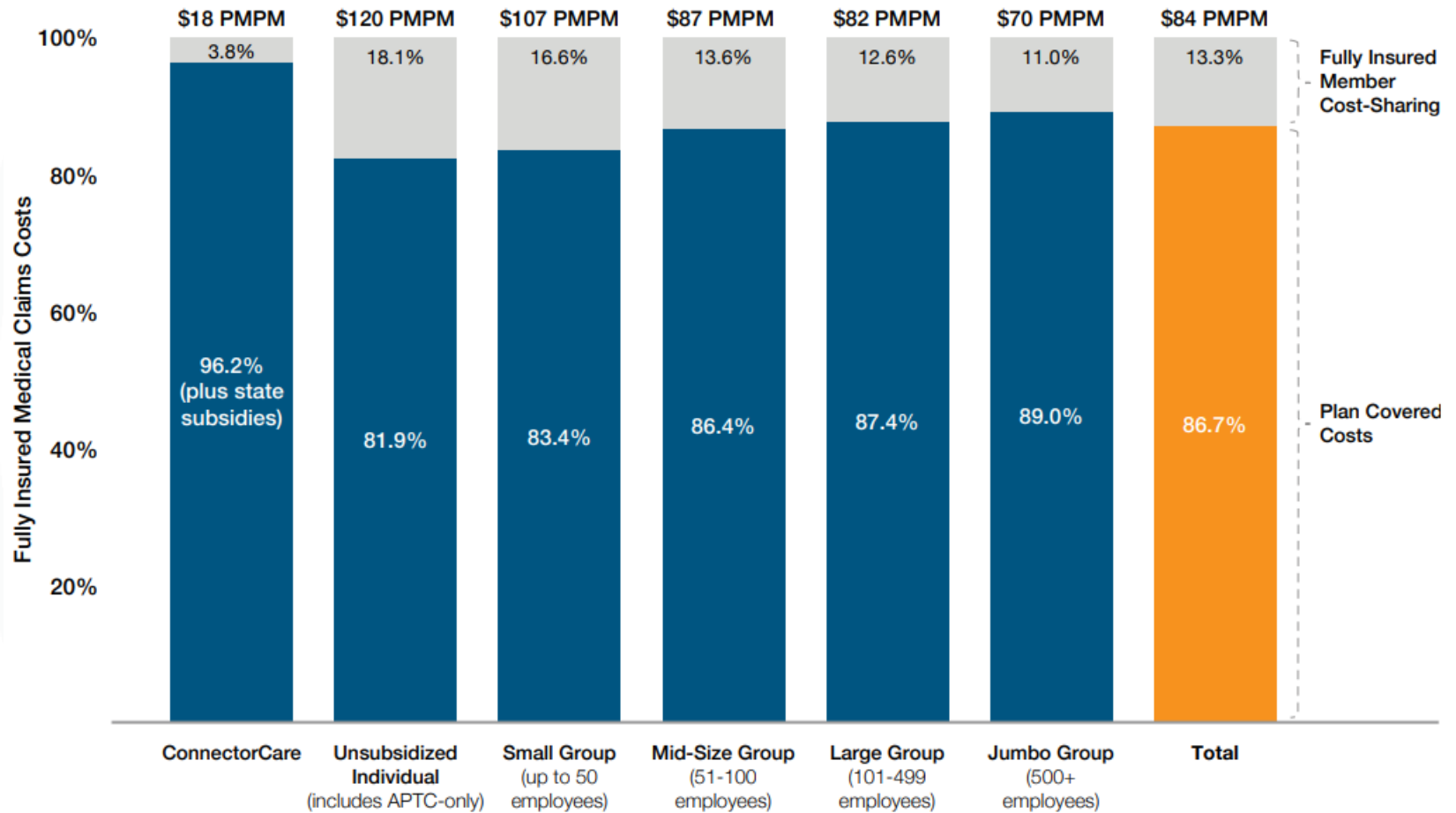
Non-Medicare Benefit Levels, FY22-24  
(Medical costs only)





# Benchmarking GIC Benefits

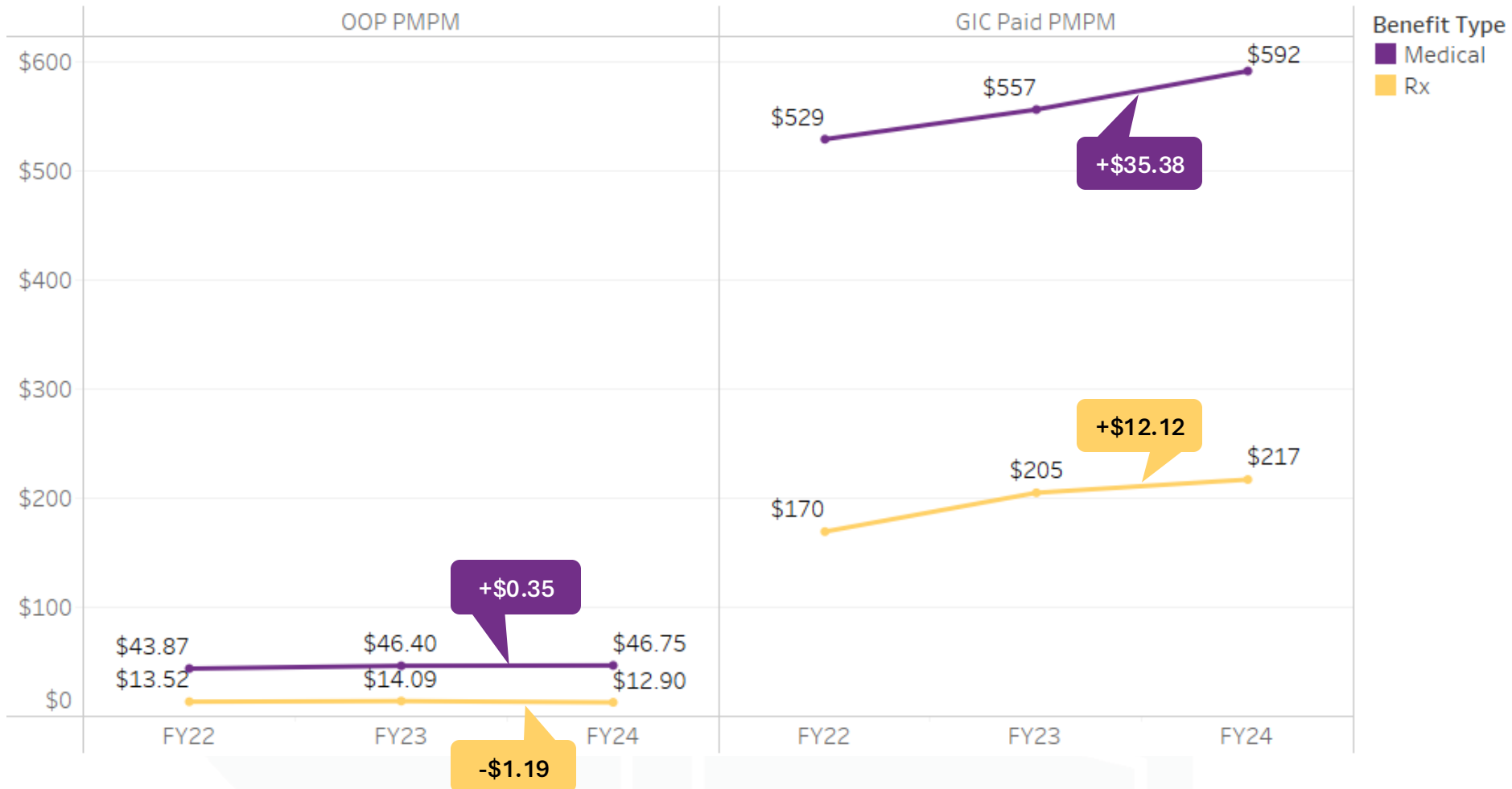
## Fully-Insured Benefit Levels by Market Sector (2023)



**Source:** Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2025. Data shown includes fully-insured Private Commercial enrollment for plans situated in MA (includes non-MA residents) on a calendar year basis.

# GIC paid costs increased as member OOP costs remained stable in FY24.

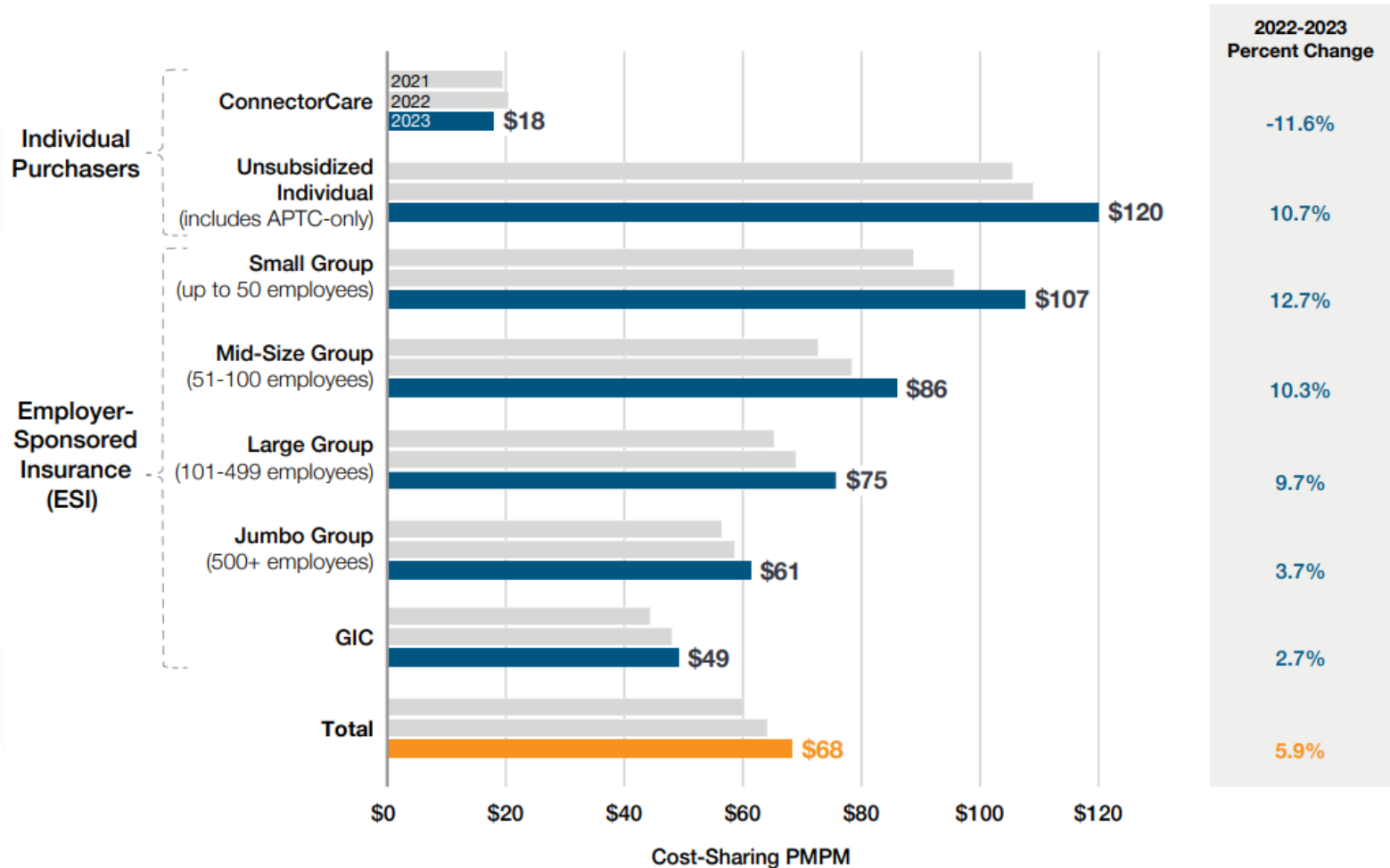
Non-Medicare OOP PMPM vs GIC Paid PMPM, FY22-24



**Data note:** Prescription drug rebates are not reflected in GIC Paid amounts for Rx.

# Benchmarking GIC Benefits

Private Commercial Member Cost-Sharing by Market Sector (2021-2023)




**Source:** Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2025. Data shown includes Private Commercial enrollment for plans situated in MA (includes non-MA residents) on a calendar year basis. Cost-sharing differs from GIC-produced metrics due to differences in data collection timing and methodology.

# Proposed FY27 Contribution Ratio Changes

*Not subject to Commission Vote – Requires Legislation*

## Legend - Alignment with GIC Strategic Priorities




-  Not applicable
-  Some misalignment
-  Strongly misaligned
-  Aligned

<div><div></div> Strongly misaligned</div> <div><div></div> Aligned</div>			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Dental Contribution Ratio							
Adjust member contribution rate from 15% to 25%, in line with the predominant contribution for medical coverage	--	13K	\$1.3M	N/A	<div></div>	<div></div>	<div></div>
Medical Contribution Ratio							
Align member contribution rate at 25%. Those hired prior to July 1, 2003 contribute 20%, and are 18% of state active enrollees.	19%	15K	\$18.7M	N/A	<div></div>	<div></div>	<div></div>

# Proposed FY27 Contribution Ratio Changes


## Legend - Alignment with GIC Strategic Priorities

-  Not applicable
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-  Aligned

			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark (Public Sector)	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
<b>Surviving Spouse Contribution Ratio</b> - vote by Commission							
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			

# Proposed FY27 Benefit Design Changes

## Legend - Alignment with GIC Strategic Priorities

 Not applicable	 Some misalignment
 Strongly misaligned	 Aligned

<div><div></div> Strongly misaligned</div> <div><div></div> Aligned</div>			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes							
Increase urgent care copay from \$20 to \$30	\$30	60K	\$0.4M	0.0%	<div></div>	<div></div>	<div></div>
Remove three free mental health visits (telehealth)	EAP Only	39K	\$0.8M	0.0%	<div></div>	<div></div>	<div></div>
Increase ER copay from \$100 to \$150	\$150	41K	\$1.4M	-0.1%	<div></div>	<div></div>	<div></div>
Limit coverage for hearing aids to only what is mandated in MA: <div><div>▪ Reduce hearing aid coverage for those &lt;21 from every 24 months to every 36 months</div><div>▪ Remove coverage for 22+ age group</div></div>	--	2.5K	\$1.5M	-0.1%	<div></div>	<div></div>	<div></div>

# Proposed FY27 Benefit Design Changes

## Legend - Alignment with GIC Strategic Priorities

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Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Plan Design Changes							
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%	<div></div>	<div></div>	<div></div>
Increase out of network coinsurance to 40% (applicable to plans that cover out-of-network services only)	40%	13K	\$3M	-0.2%	<div></div>	<div></div>	<div></div>
Implement a uniform methodology for health carrier reimbursement to out-of-network providers in Massachusetts*	--	15K <i>claims</i>	\$5.3M	-0.3%	<div></div>	<div></div>	<div></div>

\* If accompanied by member protection legislative language, an OON reimbursement cap would encourage providers to stay in-network and improve member accessibility/affordability. Without this legislative language, members may be turned away from OON providers.

# Proposed FY27 Benefit Design Changes

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-  Aligned

			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark (Public Sector)	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
<b>Plan Design Changes</b>							
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%			
Increase Medical deductible by \$100/\$200 (individual/family) National/broad networks: \$500/\$1,000 → \$600/\$1,200 Limited networks: \$400 → \$500	\$600 / \$1,500	100K	\$6.4M	-0.3%			



# Proposed FY27 Benefit Design Changes

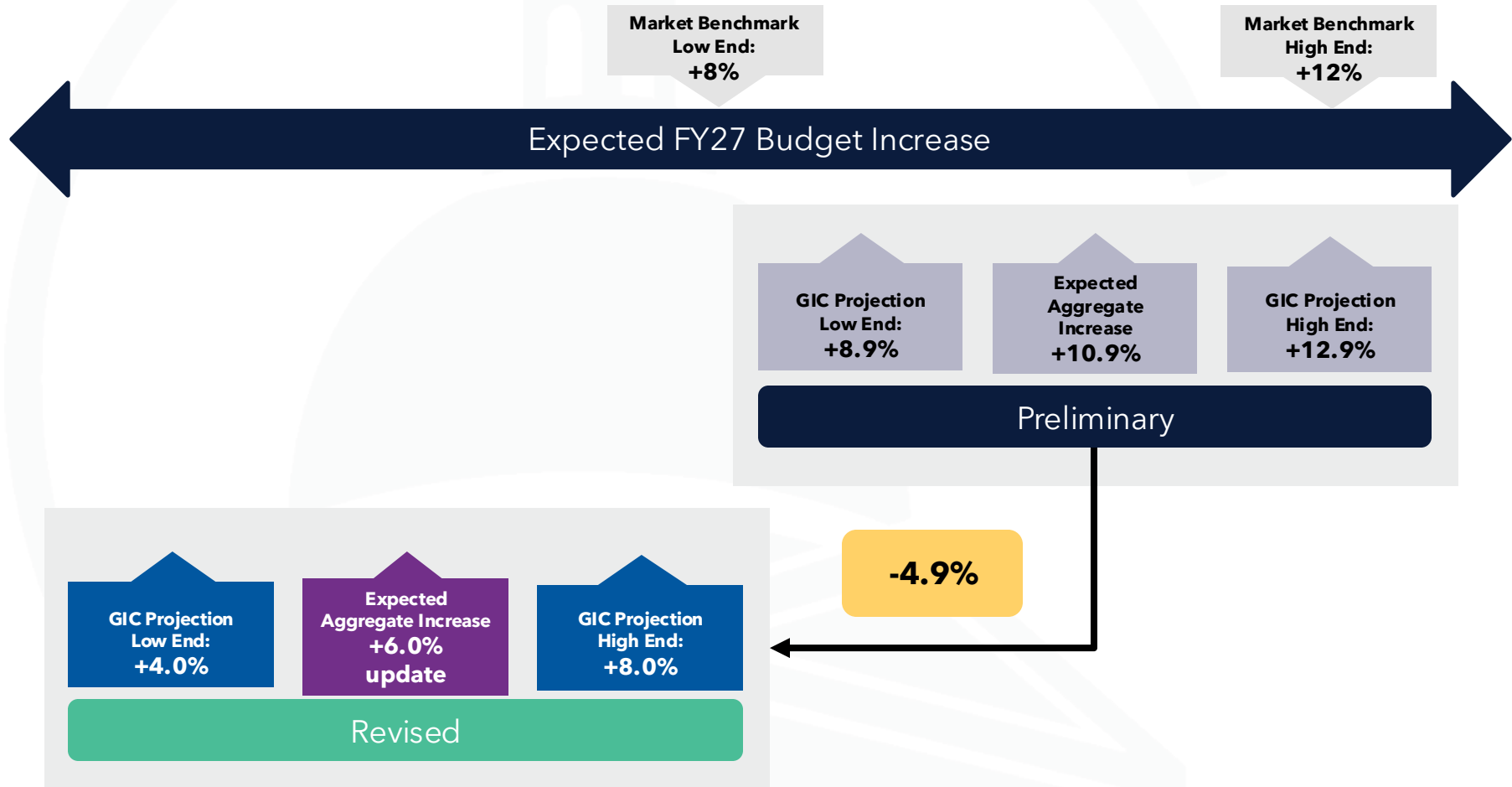
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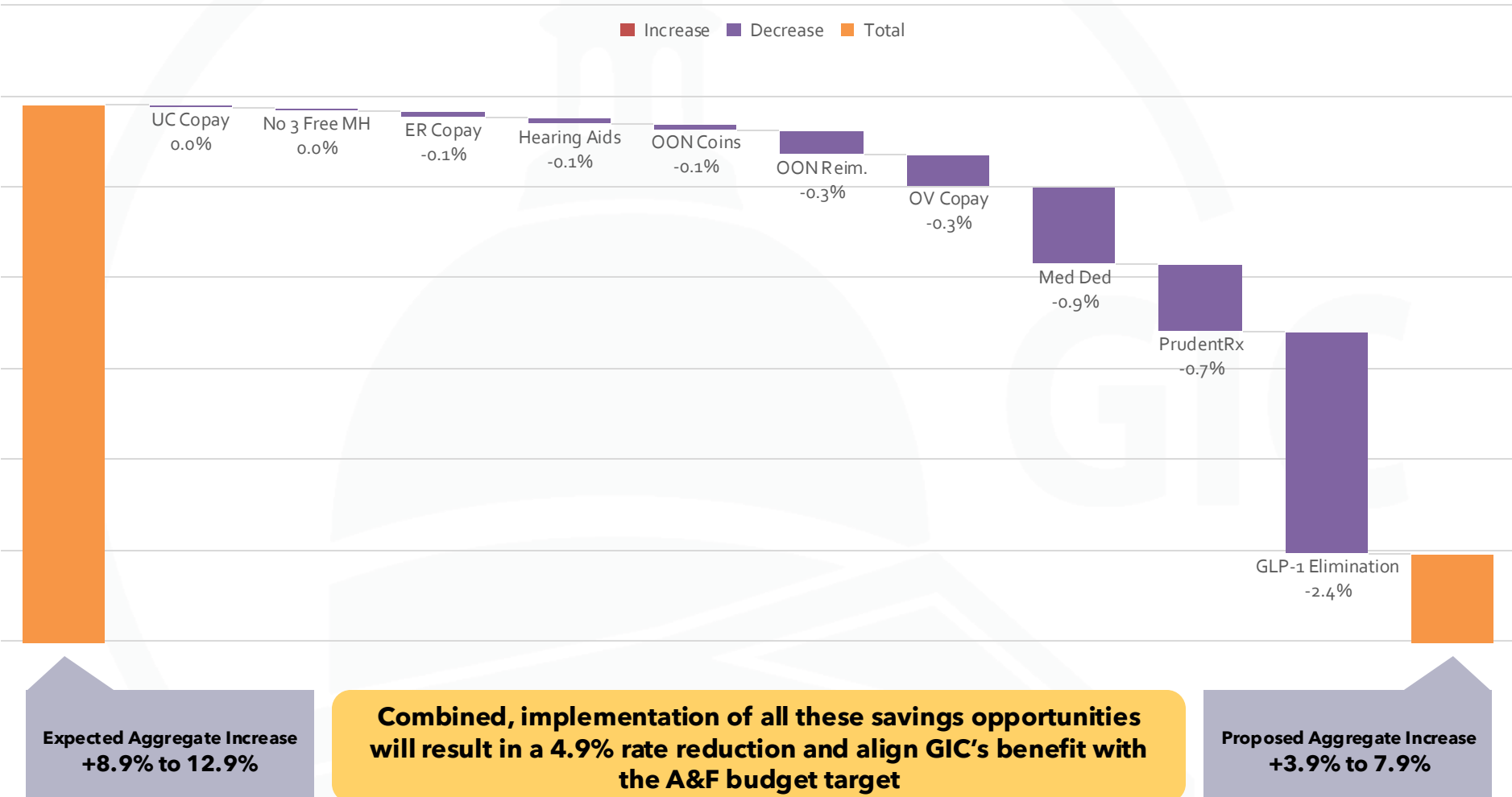
<div><div></div> Strongly misaligned</div> <div><div></div> Aligned</div>			Cost Impact		Alignment with GIC Strategic Priorities		
Initiative	Benchmark <i>(Public Sector)</i>	Members Impacted	Net Budget Savings	Rate Reduction %	Member Affordability	Behavioral Health	Health Equity
Pharmacy							
Copay assistance card program (Prudent Rx)*	7 of 14 states with CVS have implemented	Minimal negative disruption	\$13.9M	-0.7%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>
Obesity Management: Remove GLP-1 coverage	33 of 50 states do not cover GLP-1s for Obesity Management	22K	\$46.3M	-2.4%	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>

\*Impact on member affordability will depend on member participation. Members who enroll in the Prudent Rx solution have lower OOP costs, but members pay higher coinsurance if they do not participate. Robust communications and outreach are key to program engagement.

# Projected Impact on FY27 Budget Increase if all benefit cuts are adopted



# Projected Impact on FY27 Budget Increase



\* Preliminary estimates; final rating results subject to approved benefit design changes and refined analysis.

# Summary of Plan Design Proposals

- Reasonable increases to member cost-sharing for the first time in 8 years that will still leave GIC plans more generous than most of the Massachusetts market.
- Needed reform to how contracted health plans pay for OON services, producing savings and encouraging providers to come in network
- Implementation of a pharmacy program that provides real savings with little expected member disruption
- Aligning the premium contribution percentage of a surviving spouse to that which applied for the decedent
- GLP-1s for obesity require some additional consideration (see next slide)

# GLP-1 Plan Design Considerations

*For Commissioner Information and Discussion*

- Given the significant projected FY27 costs of GLP-1s to treat obesity, eliminating coverage is necessary to reach the budget target provided to GIC by A&F
- However, these drugs are highly effective in treating a condition with high prevalence among our population and will produce significant downstream health benefits and reduced spending on other services
- There remain many unknowns about how market forces and new developments, including the recent launch of Vida, will impact how we can manage cost and access
- Staff are seeking feedback from Commissioners on whether elimination of GLP-1s is something you would like to see brought forward for discussion and a vote at the February 12th Commission meeting.

# Budget Implications of Choices

*For Commissioner Information and Discussion*

(\$ millions)	Net Budget Savings	Net Budget Increase	Budget Target Gap	Premium Increase
Status Quo	\$ -	\$170.0	\$120.0	10.9%
All Options Adopted	\$116.6	\$53.4	\$3.4	6.0%
All Options Adopted but GLP-1 Elimination	\$70.2	\$99.8	\$49.8	8.4%



## Other Business/Adjournment

Valerie Sullivan, Chair

Matthew Veno, Executive Director

# 2026 Public Information Sessions

Register\* today at [Mass.gov/GIC](https://www.mass.gov/GIC)

**JANUARY**

**27**

**12:00 PM**

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**9:00 AM**

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# 2026 Group Insurance Commission Meetings & Schedule

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

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

## Please note:

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

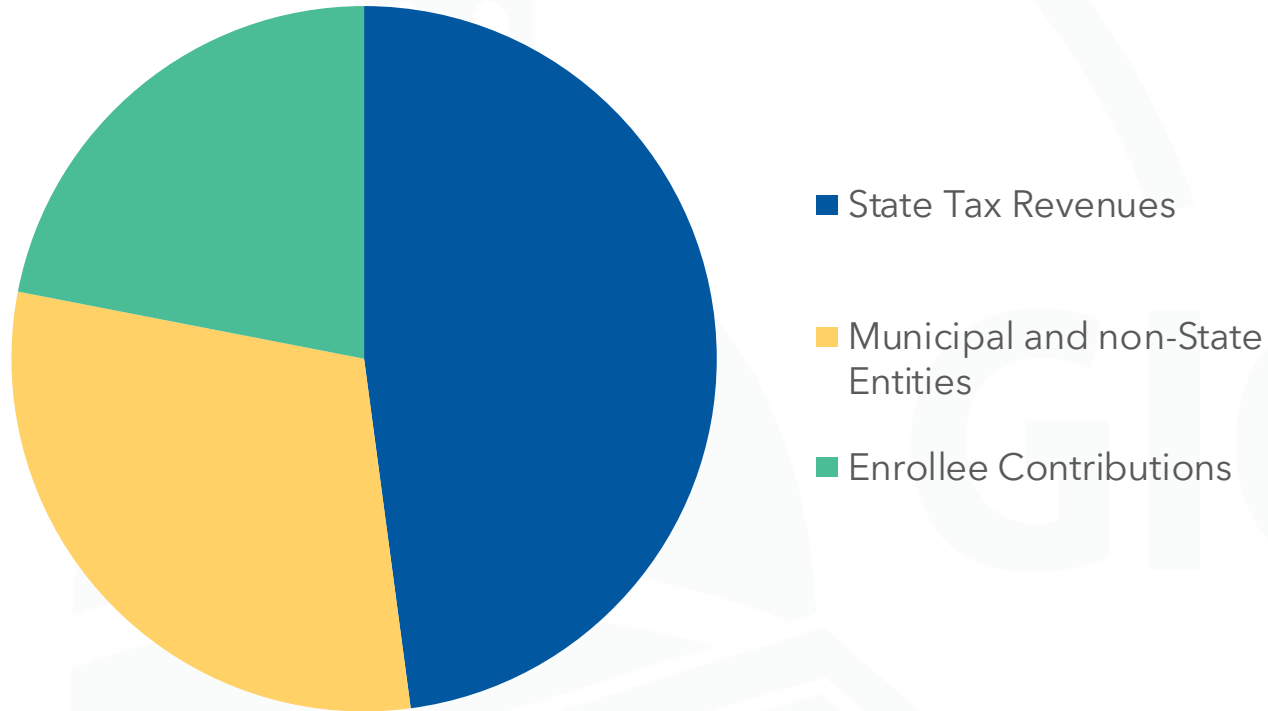
Note: Topics and meeting dates are subject to change

# Appendix A: FY2027 Plan Design

# Projected Impact on FY27 Budget Increase

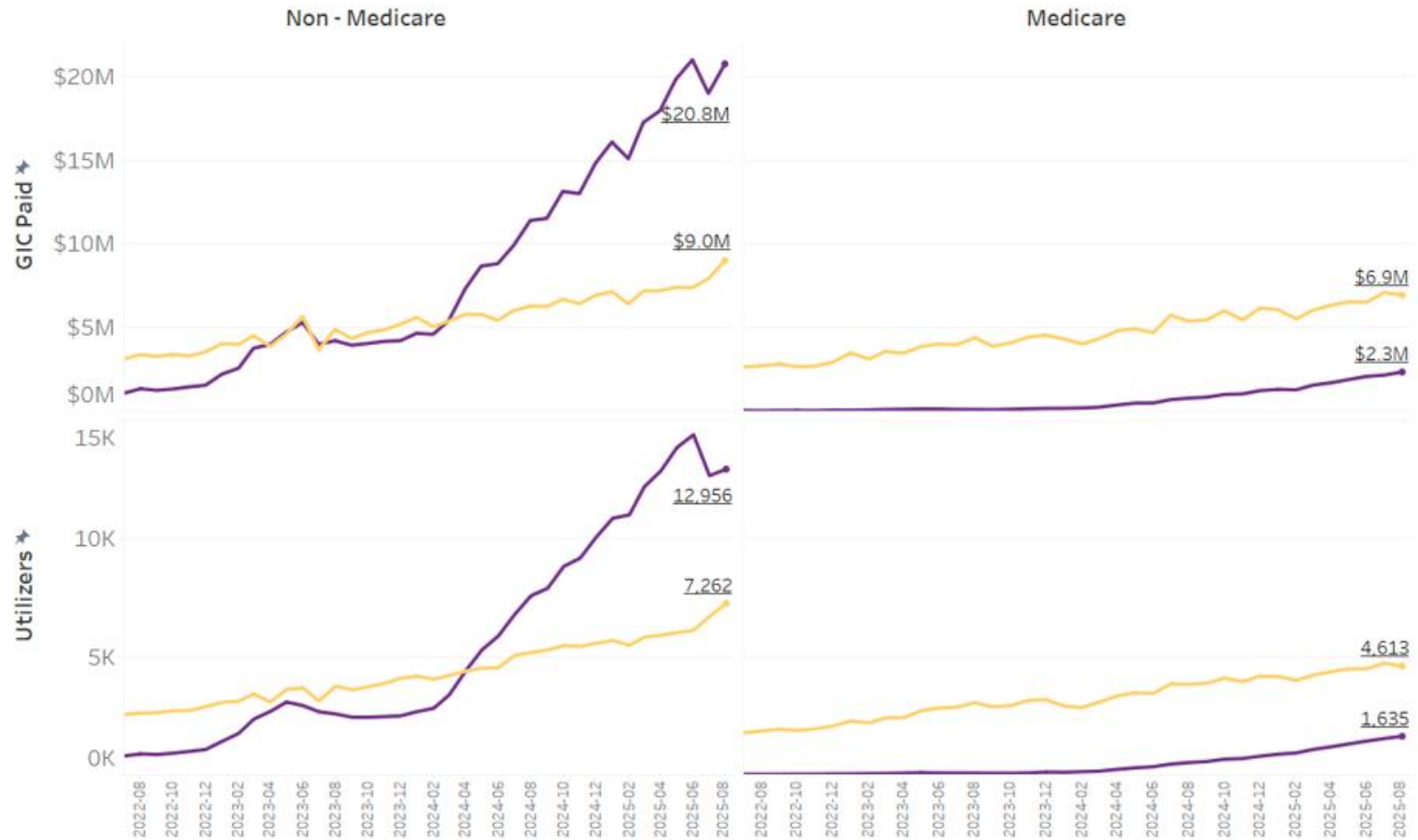
Benefit Design Change	Est. Annual Savings	Net State Budget Savings	Rate Reduction %
Increase urgent care copay from \$20 to \$30	\$920K	\$442K	0.0%
Remove three free mental health visits (telehealth)	\$1.6M	\$768K	0.0%
Increase ER copay from \$100 to \$150	\$2.9M	\$1.4M	-0.1%
Limit coverage for hearing aids to only what is mandated in MA: <ul style="list-style-type: none"> <li>Reduce hearing aid coverage for those &lt;21 from every 24 months to every 36 months</li> <li>Remove coverage for 22+ age group</li> </ul>	\$3.1M	\$1.5M	-0.1%
Increase out of network coinsurance to 40% for medical/surgical services (applicable to plans that cover out-of-network services only)	\$2.3M	\$1.1M	-0.1%
Implement a uniform methodology for health carrier reimbursement to out-of-network providers in Massachusetts*	\$11.0M	\$5.3M	-0.3%
Increase office visit copays: <ul style="list-style-type: none"> <li>PCP: \$10/\$20/\$40 → \$15/\$30/\$60</li> <li>Specialist: \$30/\$60/\$75 → \$35/\$70/\$90</li> </ul>	\$13.4M	\$6.4M	-0.3%
Increase Medical deductible by \$250/\$500 (individual/family) <ul style="list-style-type: none"> <li>National/broad networks: \$500/\$1,000 → \$750/\$1,500</li> <li>Limited networks: \$400 → \$650</li> </ul>	\$34.2M	\$16.4M	-0.9%
Copay assistance card program (Prudent Rx)	\$29M	\$13.9M	-0.7%
Obesity Management: Eliminate GLP-1 coverage	\$96.5M	\$46.3M	-2.4%
<b>TOTAL</b>	<b>\$194,920,000</b>	<b>\$93.5M</b>	<b>-4.9%</b>
<b>Proposed Premium Contribution Changes</b>	<b>\$26,648,000</b>	<b>\$23.0M</b>	<b>N/A</b>

# Funding Sources for GIC Health Budget



While the overall GIC Health budget for FY2027 will exceed \$4 billion, state tax revenues make up less than 50% of that total, with the rest contributed by Municipalities, non-State participating entities, and Enrollees. Any updates to overall spending impacts all 3 sources. The plan design change savings is focused on State Tax Revenues only.

# GLP-1 spending and utilization



GIC data through August 2025

Indication

■ Diabetes

■ Weight Loss

# Appendix

**Commission Members**

**GIC Leadership Team**

**GIC Goals**

**GIC Contact Channels**

# Commission Members



**Valerie Sullivan**, Public Member, Chair



**Michael Caljouw**, Commissioner of Insurance



**Darren Ambler**, Public Member



**Edward Tobey Choate**, Public Member



**Martin Curley**, Public Member



**Tamara P. Davis**, Public Member



**Jane Edmonds**, Retiree Member



**Gerzino Guirand**, Council 93, AFSCME, AFL-CIO



**Eileen P. McAnneny**, Public Member



**Bobbi Kaplan**, NAGE, Vice-Chair



**Matthew Gorzkowicz**, Secretary of Administration & Finance



**Kristin Pepin**, NAGE



**Dean Robinson**, Massachusetts Teachers Association



**Melissa Murphy-Rodrigues**, Mass Municipal Association



**Jason Silva**, Mass Municipal Association



**Anna Sinaiko**, Health Economist



**Catherine West**, Public Member

## GIC Leadership Team

**Matthew A. Veno**, Executive Director

**Erika Scibelli**, Deputy Executive Director

**Emily Williams**, Chief of Staff

**Jennifer Hewitt**, Chief Fiscal Officer

**Paul Murphy**, Director of Operations

**Andrew Stern**, General Counsel

**Stephanie Sutliff**, Chief Information Officer



## GIC Goals

1

Provide access to high quality, affordable benefit options for employees, retirees and dependents

2

Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates

3

Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market

4

Evolve business and operational environment of the GIC to better meet business demands and security standards

# Contact GIC for Enrollment and Eligibility

- Enrollment
- 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	<a href="https://massgeneralbrighamhealthplan.com/gic-members">massgeneralbrighamhealthplan.com/gic-members</a>
Harvard Pilgrim Health Care	(844) 442-7324	<a href="https://point32health.org/gic">point32health.org/gic</a>
Health New England	(800) 842-4464	<a href="https://hne.com/gic">hne.com/gic</a>
Tufts Health Plan (Medicare Only)	(855) 852-1016	<a href="https://Tuftshealthplan.com/gic">Tuftshealthplan.com/gic</a>
Wellpoint		
Non-Medicare Plans	(833) 663-4176	<a href="https://wellpoint.com/mass">wellpoint.com/mass</a>
Medicare Plans	(800) 442-9300	