

# COMMISSION MEETING

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March 5, 2026

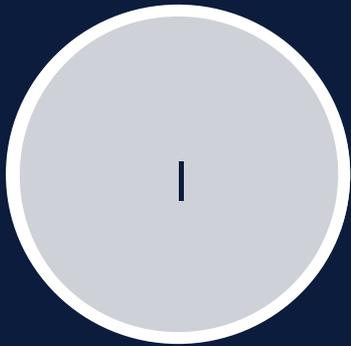
 MassGIC

 Group Insurance Commission

 MA Group Insurance Commission

# Agenda

- **I. Executive Director's Report (INFORM)** 8:30-8:45  
Matthew Veno, Executive Director  
Members of Senior Staff
- **II. FY2027 Rates Approval (VOTE)** 8:45-9:15  
Margaret Anshutz, Director of Health Policy and Analytics  
Cameron McBean, Director of Vendor Management  
Jennifer Hewitt, Chief Financial Officer
- **III. PBM Consultant Procurement Recommendation (VOTE)** 9:15 -9:45  
Cameron McBean, Director of Vendor Management
- **IV. Vida Health Update (INFORM)** 9:45-10:15  
Erika Scibelli, Deputy Executive Director
- **V. Other Business/Adjournment** 10:15-10:30  
Valerie Sullivan, Chair  
Matthew Veno, Executive Director



## Executive Director's Report

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Matthew Veno, Executive Director



## FY2027 Rates Approval (VOTE)

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Margaret Anshutz, Director of Health Policy and Analytics  
Cameron McBean, Director of Vendor Management  
Jennifer Hewitt, Chief Financial Officer

# Table of Contents

- **Executive Summary**
- **Fiscal Year 2027 Full Cost Premiums by Product**
  - Non-Medicare
  - Medicare
- **Vote to Approve Fiscal Year 2027 Rates**
  - Approve recommended Fiscal Year 2027 Non-Medicare and Medicare full cost premiums

# Purpose

## Why are we here today?

- The purpose of this discussion is to present proposed Fiscal Year 2027 (FY2027) health insurance premiums for a Commission vote
  - Premium calculations include premium reductions associated with OON reimbursement approach, Prudent Rx, and removal of GLP-1 coverage for weight loss
- Health insurance premiums are developed annually for each of the GIC's plans based on
  - Anticipated members within each plan
  - Anticipated total cost of those members' claims
- The GIC's health plans are classified as non-Medicare products for active employees and retirees not eligible for Medicare, and Medicare products for retirees
- All insurance carriers and plan offerings for Non-Medicare and Medicare plans remain the same as FY2026

# 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, such as copays and deductibles
- The premiums reflected on the following slides reflect the full cost - most members only pay a portion of the full cost premium

# Definitions

## How are the premiums shared?

- Premium sharing is specified by state law or in contract agreements (Municipalities)
- Depending upon date of hire and the member's status (active/retired), the state contribution ratios are:

Commonwealth	State Employee or Retiree	Number of Subscribers
90%	10%	14,367
85%	15%	40,993
80%	20%	61,112
75%	25%	82,095

# 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 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 reduces costs by fixing the health insurance carrier's income around administration and eliminating any premium paid to carriers to accept risk
- The insurance carrier takes the risk for retirees enrolled in Medicare Advantage which is offered 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
  - If claims are lower than collected premiums, the health insurer retains the difference
  - Medicare Advantage is regulated at the federal level

# Background

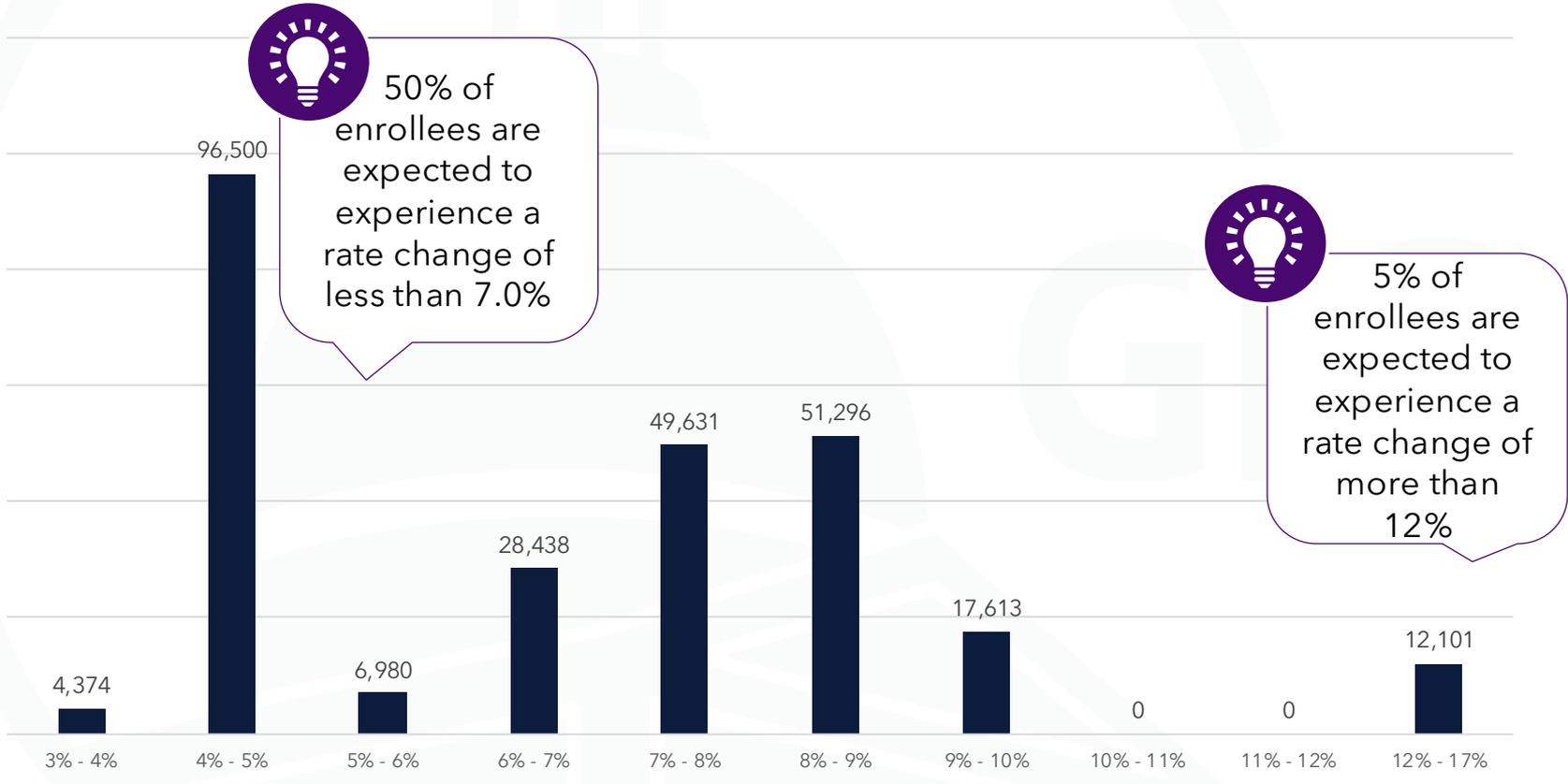
## What is driving premium increases?

- Medical and pharmacy cost inflation is the primary driver of premium increases
  - Health care inflation and provider consolidation have led to higher unit prices, representative of the contracts that health plans have in place with hospitals and care providers
  - 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 (HPC) reflect this inflation in the state's broader 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 pharmacy claims increases

# Executive Summary

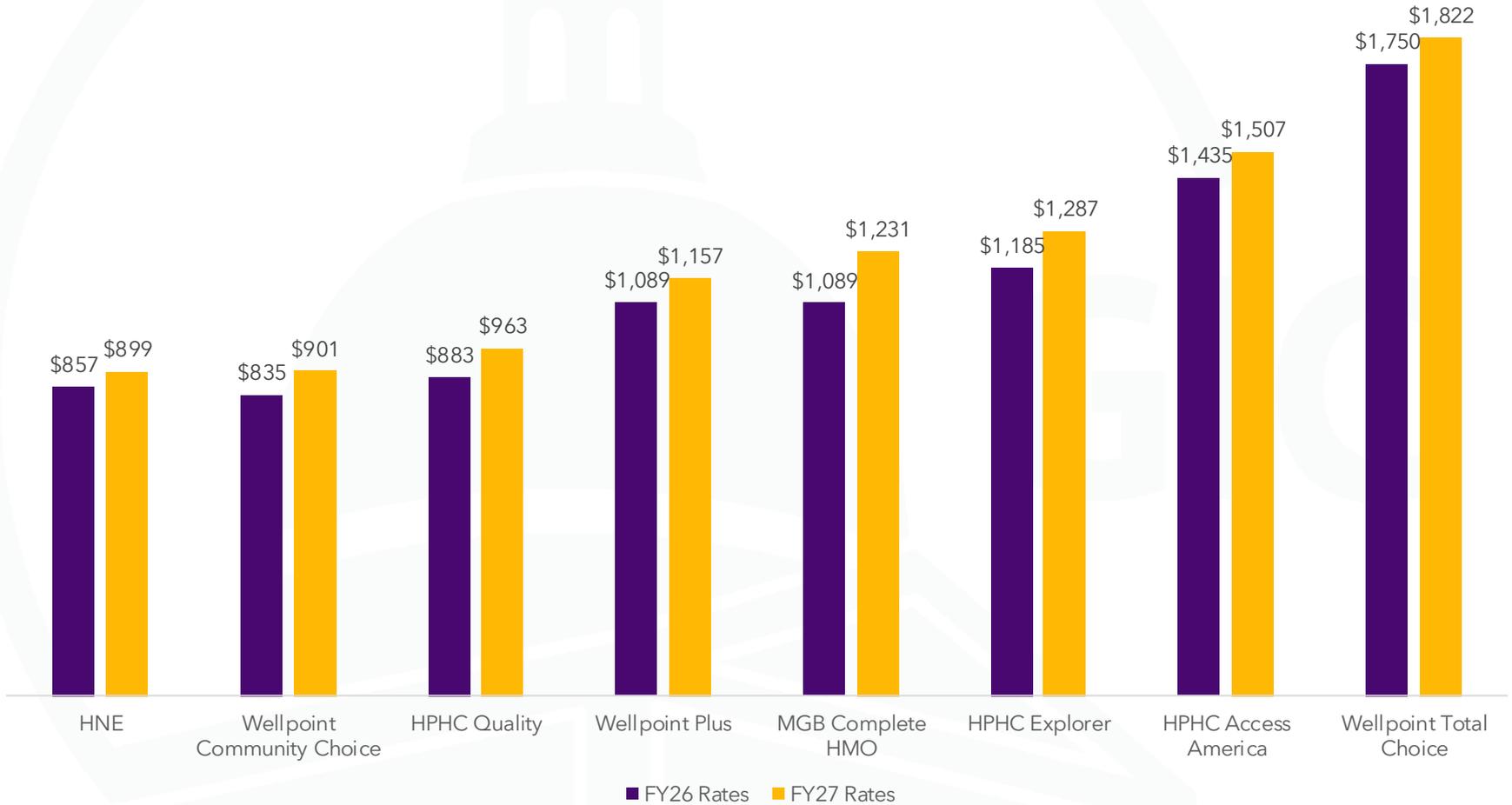


Overall average Fiscal Year (FY) 2027 premium increase of 7.5% over FY 2026  
Below the FY 2026 increase of 11.7%



Caveats:  
\* These are premium rates - not member contributions  
\* Projected enrollment does not reflect potential migration between plans

# Individual Rates by Plan (Non-Medicare)



Rates are rounded to the nearest dollar in this illustration

# Family Rates by Plan (Non-Medicare)



Rates are rounded to the nearest dollar in this illustration

# Fiscal Year 2027 full Cost Premiums: Non-Medicare



Vote



## Key Insights

Network	Plan	Tier	FY2026 Rates	Projected FY2027 Enrollment	FY2027 Rates	% Increase Over FY2026 Rates
Regional	Health New England	Individual	\$857.22	6,322	\$899.98	5.0%
		Family	\$2,056.02	6,029	\$2,164.75	5.3%
Narrow	Wellpoint Community Choice	Individual	\$835.29	11,080	\$901.47	7.9%
		Family	\$2,076.10	11,666	\$2,250.58	8.4%
	Harvard Pilgrim Quality	Individual	\$883.42	10,385	\$964.22	9.1%
		Family	\$2,246.89	7,228	\$2,459.37	9.5%
Broad	Wellpoint Plus	Individual	\$1,089.31	12,484	\$1,158.19	6.3%
		Family	\$2,599.53	15,954	\$2,771.27	6.6%
	MGB Complete HMO	Individual	\$1,088.74	6,686	\$1,231.34	13.1%
		Family	\$2,877.39	5,415	\$3,269.31	13.6%
	Harvard Pilgrim Explorer	Individual	\$1,185.01	17,861	\$1,288.02	8.7%
		Family	\$2,933.73	21,769	\$3,194.99	8.9%
	Wellpoint Total Choice	Individual	\$1,750.22	6,332	\$1,822.84	4.1%
		Family	\$3,890.10	4,188	\$4,055.77	4.3%
National	Harvard Pilgrim Access America	Individual	\$1,435.03	1,743	\$1,507.55	5.1%
		Family	\$3,200.78	952	\$3,365.26	5.1%

- Regional products are offered by provider-owned carriers; their premiums reflect their geographies and favorable contracted rates offered by their parent organizations
- Narrow 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 offer plan choice for GIC members who live outside of New England, and offer a broad national network

\* Enrollment counts projected for FY2027 Open Enrollment

- Overall average Fiscal Year 2027 premium increase amongst Non-Medicare products is 8.0%
- The highest increase is 13.6% (MGB Complete HMO) and the lowest is 4.1% (Wellpoint Total Choice)

# Fiscal Year 2027 Member Contributions: Non-Medicare



Network	Plan	Tier	Member Contributions			
			90%/10%	85%/15%	80%/20%	75%/25%
Regional	Health New England	Individual	\$90.00	\$135.00	\$180.00	\$225.00
		Family	\$216.48	\$324.71	\$432.95	\$541.19
Narrow	Wellpoint Community Choice	Individual	\$90.15	\$135.22	\$180.29	\$225.37
		Family	\$225.06	\$337.59	\$450.12	\$562.65
	Harvard Pilgrim Quality	Individual	\$96.42	\$144.63	\$192.84	\$241.06
		Family	\$245.94	\$368.91	\$491.87	\$614.84
Broad	Wellpoint Plus	Individual	\$115.82	\$173.73	\$231.64	\$289.55
		Family	\$277.13	\$415.69	\$554.25	\$692.82
	MGB Complete HMO	Individual	\$123.13	\$184.70	\$246.27	\$307.84
		Family	\$326.93	\$490.40	\$653.86	\$817.33
	Harvard Pilgrim Explorer	Individual	\$128.80	\$193.20	\$257.60	\$322.01
		Family	\$319.50	\$479.25	\$639.00	\$798.75
	Wellpoint Total Choice	Individual	\$182.28	\$273.43	\$364.57	\$455.71
		Family	\$405.58	\$608.37	\$811.15	\$1,013.94
National	Harvard Pilgrim Access America	Individual	\$150.76	\$226.13	\$301.51	\$376.89
		Family	\$336.53	\$504.79	\$673.05	\$841.32

Note that the member contributions shown above only reflect core medical portion of member contributions and do not include other benefits contributions such as life insurance, dental and vision; additional administrative fees may also apply (i.e., municipality fees)

# Fiscal Year 2027 full Cost Premiums: Medicare



Vote



## Key Insights

Product	Plan	Tier	FY2026 Rates	Projected FY2027 Enrollment	FY2027 Rates	% Increase Over FY2026 Rates
<b>Medicare Advantage</b>	Point32 Medicare Advantage	Individual	\$390.21	4,374	\$405.80	4.0%
<b>Medicare Supplement</b>	Point32 Medicare Supplement	Individual	\$467.05	34,192	\$502.24	7.5%
	HNE Medicare Supplement Plus	Individual	\$469.54	4,358	\$504.18	7.4%
	Wellpoint Medicare Extension OME	Individual	\$475.14	77,915	\$496.47	4.5%

- All Medicare Supplement products offer similar value propositions and premiums
- The majority of GIC Medicare-eligible members are in Wellpoint Medicare Supplement plan
- Medicare Advantage plan had a limited network and is available in only some geographic areas

\*Enrollment counts projected for FY2027 Open Enrollment

- Overall average Fiscal Year 2027 premium increase amongst Medicare products is 5.4%
- Point32 Medicare Advantage is the only Medicare Advantage product offered to GIC members
- There is little premium variation across Medicare Supplement products with a maximum premium differential of less than \$8/month

# Fiscal Year 2027 Member Contributions: Medicare



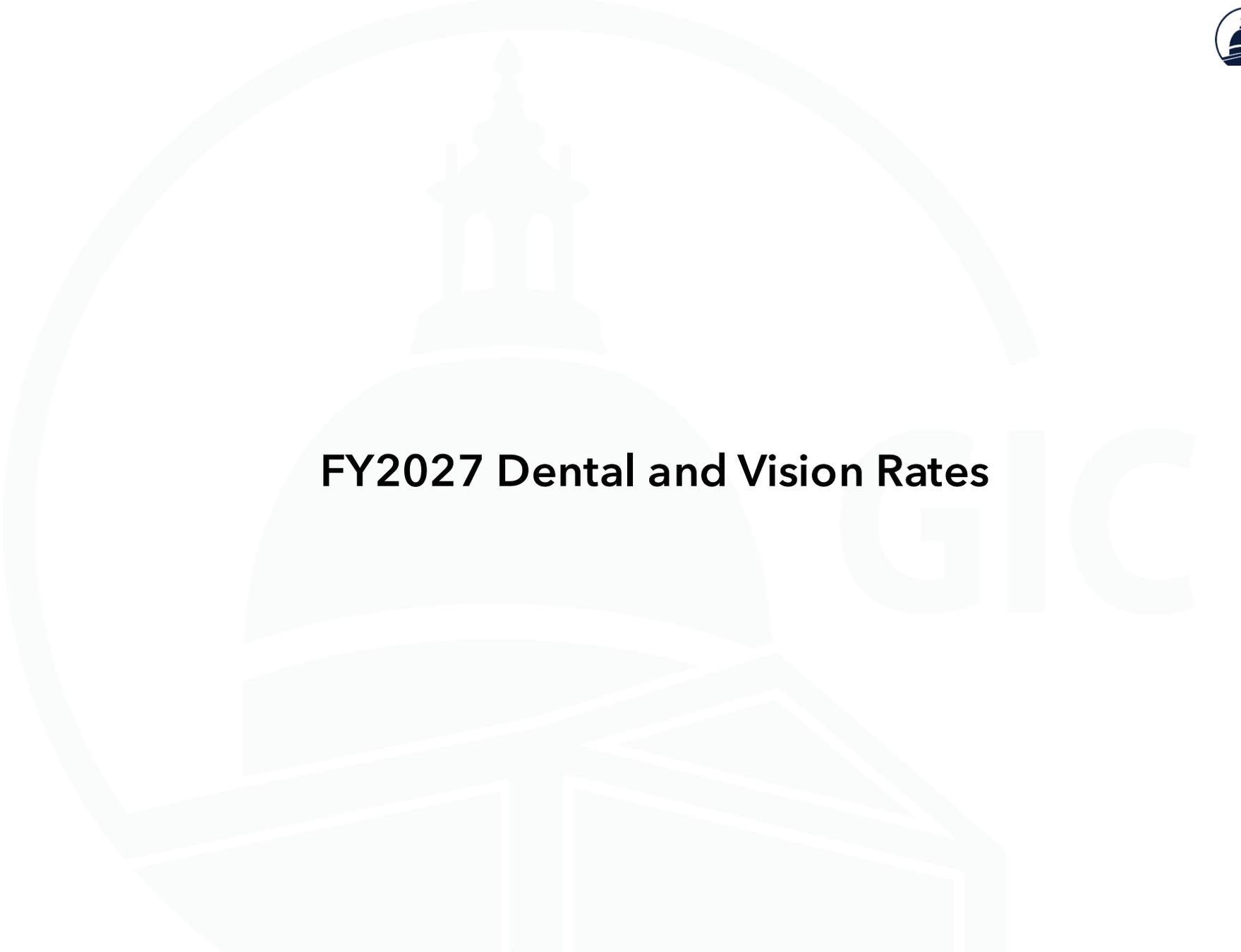
Product	Plan	Tier	Member Contributions			
			90%/10%	85%/15%	80%/20%	75%/25%
<b>Medicare Advantage</b>	THP Medicare Preferred	Individual	\$40.58	\$60.87	\$81.16	\$101.45
<b>Medicare Supplement</b>	Harvard Pilgrim Medicare Enhance	Individual	\$50.22	\$75.34	\$100.45	\$125.56
	HNE Medicare Supplement Plus	Individual	\$50.42	\$75.63	\$100.84	\$126.05
	Wellpoint Medicare Extension OME	Individual	\$49.65	\$74.47	\$99.29	\$124.12

Note that the member contributions shown above only reflect core medical portion of individual member contributions and do not include other benefits contributions such as life insurance, dental and vision; additional administrative fees may also apply (i.e., municipality fees)

## Motion

**The commission hereby approves the recommended Fiscal Year 2027 non-Medicare and Medicare full cost premiums as shown on slides 14 and 16**

- 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

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# **FY2027 Dental and Vision Rates**

## FY2027 Dental Plan Rates: Retirees

- The FY2027 fully-insured dental rates reflect a small increase (1.5%).
- This is the 2<sup>nd</sup> year of a 3-year contract, with options to extend for an additional 2 years.
- Members in the Retiree Dental plan pay 100% of premiums.

<b>Altus Retiree Dental Plan</b>	<b>FY2026 Fully-Insured Monthly Premium Rate</b>	<b>FY2027 Fully-Insured Monthly Premium Rate</b>
<b>Individual</b>	\$29.66	\$30.10
<b>Family</b>	\$71.48	\$72.55

## FY2027 Dental Plan Rates: Active

- The FY2027 fully-insured dental rates for second year with Altus.
- Increases of up to 2.0%, as anticipated in the contract, for both plans.

<b>Altus Active Dental Plan</b>	<b>FY2026 Fully-Insured Monthly Premium Rate</b>	<b>FY2027 Fully-Insured Monthly Premium Rate</b>
<b>Classic Individual</b>	\$41.58	\$42.41
<b>Classic Family</b>	\$128.94	\$131.52
<b>Value Individual</b>	\$29.66	\$30.12
<b>Value Family</b>	\$91.55	\$93.38

## FY2027 Vision Plan Rates: Active

- FY2027 is the second year of the contract with Altus Vision.
- Expenses have been higher than anticipated, so rates increasing 33%.

Altus Vision Plan	FY2026 Self-Insured Monthly Working Rate	FY2027 Self-Insured Monthly Working Rate
Individual	\$2.34	\$3.12
Family	\$6.84	\$9.11

# FY2027 Active Dental/Vision Plan Rates

- The FY2027 active dental/vision rates are calculated by adding the FY2027 Altus Vision self-insured working rates to the FY2027 Altus fully-insured dental premium rates.
- The combined increase is **3.5%** to **4.3%**.

Combined Dental/Vision Plan	FY2027 Dental Monthly Premium	FY2027 Vision Monthly Working Rate	FY2026 Total Monthly Dental/Vision Rate
<b>Classic Individual</b>	\$42.41	\$3.12	\$45.53
<b>Classic Family</b>	\$131.52	\$9.11	\$140.63
<b>Value Individual</b>	\$30.12	\$3.12	\$33.24
<b>Value Family</b>	\$93.38	\$9.11	\$102.49

# FY2027 Active Dental/Vision Plan Rates: Member Contributions

- Below are the rates participants will pay for dental and vision benefits in FY2027.
- Participants pay 15% of the managerial dental/vision monthly costs.

Dental Plan	Proposed Monthly Member Contribution Rates FY2027
Classic Individual	\$6.83
Classic Family	\$21.09
Value Individual	\$4.99
Value Family	\$15.37

## Motion

**Approve the fiscal year 2027 dental and vision rates as they appear on slides 20 and 23**

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Darren Ambler
- Edward Tobey Choate
- Martin Curley
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- Catherine West



**Fiscal Year 2027 Rates:  
Establishing the  
Municipal Administrative Fee**

# Municipal Administration Fee

The GIC staff recommends setting the FY2027 Municipal Administrative fee to 0.25% of the full cost premiums.

- This represents no change to the municipal administrative fee from the FY2026 level (0.25%)
- All participating municipalities pay a fee to the GIC for administrating the municipal program
- The GIC is authorized by statute to charge up to 1.0 % of premium

## Motion

**Authorize the GIC to set the Fiscal Year 2027 Municipal Administrative fee at 0.25% of the full cost premiums**

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Darren Ambler
- Edward Tobey Choate
- Martin Curley
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- Catherine West



## PBM Consultant Procurement Recommendation (VOTE)

Cameron McBean, Director of Vendor Management

# Pharmacy Benefit Consultant Procurement

## PBM Procurement Scheduled for FY2027 Plan Year

- Procurement offers the best opportunity to address prescription costs
- Need to work with Medical Consultant to set rates
- The GIC may want to explore “non-traditional” pharmacy benefits outside of Express Scripts, CVS, or Optum

## Responding Bidders

- Willis Towers Watson (Incumbent)
- Lockton
- Mercer
- Milliman
- The Segal Group

# Procurement Focus/Objectives



## Key Objectives of Consultant Procurement

- Select a consultant with expertise assisting large public sector clients in a rapidly evolving marketplace
- Finding a partner capable of designing a procurement that can evaluate traditional and new/non-traditional vendors simultaneously
- Select a consultant with the size, depth, and breadth of expertise to advise the GIC and manage long-term costs

## Finalists

- Willis Towers Watson (Incumbent)
- Mercer
- The Segal Group

# Procurement Results & Recommendation



## Recommendation

The GIC procurement team recommends selecting Mercer as the Apparent Successful Bidder.

Scoring Category	Max Pts	Lockton	Milliman	Mercer	Segal	WTW
Supplier Diversity	25	10	12	25	20	25
Technical Proposal	37	21.2	26.2	26.4	26.1	24.3
Cost Proposal	20	20	15	12	17	20
Pre-Interview Total	82	51.2	53.2	63.4	63.1	69.3
References	3			3	3	3
Interview	15			12.6	11.6	10
Best Value	5			5		
<b>TOTAL</b>	<b>105</b>			<b>84</b>	<b>77.7</b>	<b>82.3</b>

## Motion

**The Commission hereby authorizes the GIC to contract with Mercer as the apparent successful bidder for consultation services for the GIC's pharmacy benefit plans, 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

IV

## Vida Health Update (INFORM)

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Erika Scibelli, Deputy Executive Director

# Executive Summary



- **On-time 1/1/26 launch; all deliverables executed on time in partnership with GIC and CVS. To-date, 11,049 have enrolled with 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 22 (N= 1,514) (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

GLP-1s for obesity = Saxenda and Wegovy

NPS = Net Promoter Score - industry indicator of member satisfaction;  $(\% \text{ of Promoters (9-10)} - \% \text{ of Detractors (0-6)}) / \text{Total Number of Scores} \times 100$ ; scale = negative 100 to positive 100

# 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

11,049 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	252,970	23,217
Registered	12,580	8,376
Enrolled	11,049	8,049
NP/Physician Visit		
Submitted Req'd Docs	3,987	3,202
Scheduled	3,240	2,579
Completed	2,817	2,234
Vida Prescribed		
Behavior change only	1,231	882
Non-GLP AOM	231	57
Vida Prescribed GLP-1	1,355	1,295

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

- 83% 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%

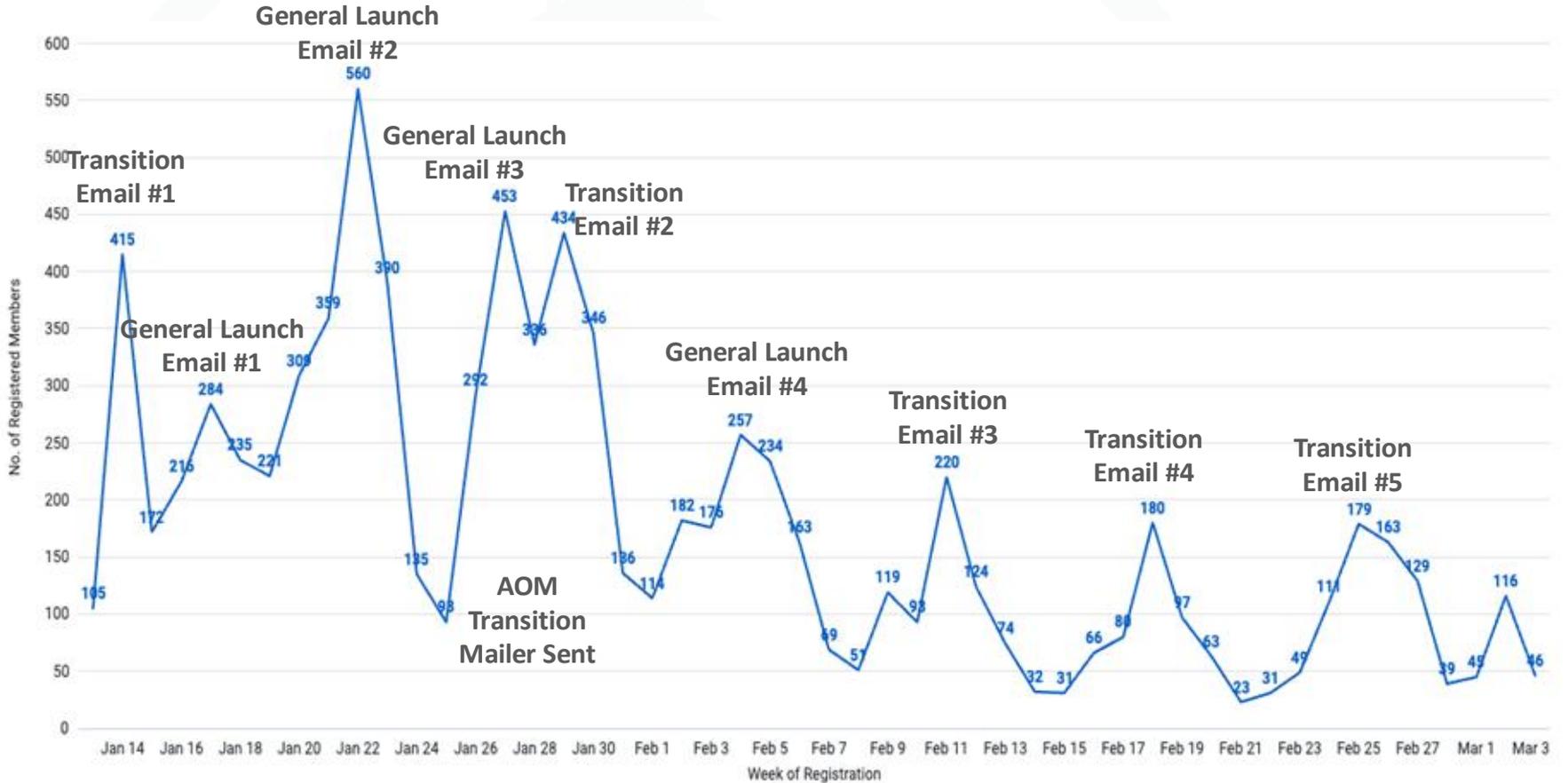
**Vida prescribing policy requires that members enroll for access of weight loss management program; clinical and engagement criteria are required for Vida initial and refill scripts**

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

General launch  
mailer sent 1/2



Pre-launch Transition  
Mailer sent  
12/15/25

Transition member Outreach Call Campaigns



# 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.

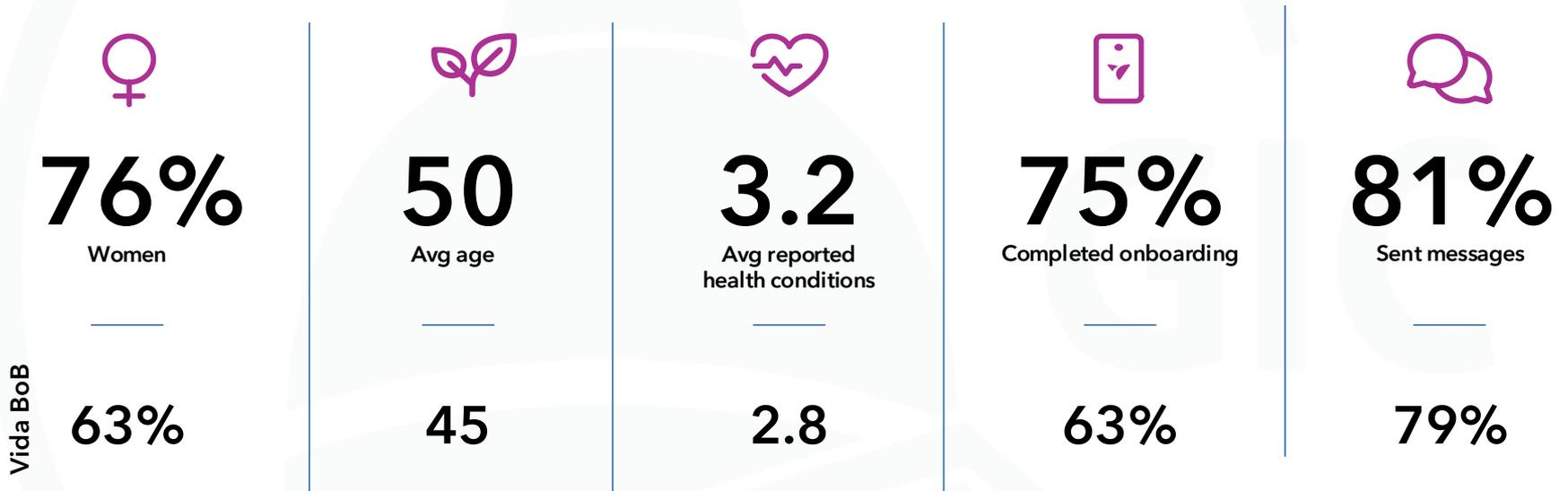
Emails	Send Date	# Sends	Unique Open Rate	Unique Click Rate
Launch Transition #1	Jan 6	10,442	56.8%	6.3%
Launch Transition #2	Jan 27	10,913	47.2%	5.6%
Launch Transition #3	Feb 5	8,945	46.4%	3.2%
Launch Transition #4	Feb 11	8,501	44.1%	2.8%
General Population #1	Jan 8	81,213	47.8%	4.3%
General Population #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%

**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	0.5	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	

# Transition Planning following GLP-1 Elimination\*

## Considerations for Transition

- Support for members through transition
- Member disruption and confusion
- Cost

## Vida Health

- Vida will provide support for member communications
- **Options available for July 1:**
  1. Wind down contract with Vida for July 1, 2026
  2. Maintain contract with Vida to continue prescribing GLP-1s through direct pay/other channels
  3. Maintain shorter-term contract with Vida for behavior change/dietary support only as off-ramp for members

## CVS

### Options available:

1. RxSavings Plus
2. GoodRX coupons

## Next Steps

- Continue weekly meetings with Vida & CVS Health to determine appropriate path forward and scope of communications
- Inform Commissioners of transition plan
- Execute on and communicate transition plan to GIC members as early as possible (before 3/31)

VI

## Other Business and Adjournment

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Valerie Sullivan, Chair

Matthew Veno, Executive Director



# 2026 Group Insurance Commission Meetings & Schedule

January <b>15</b>	February <b>12</b>	February <b>26</b>	March <b>5</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

## Vida Presentation Appendix

## 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, &amp; 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**

# 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. McAnney**, 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 Medicare Plans	(833) 663-4176 (800) 442-9300	<a href="https://wellpoint.com/mass">wellpoint.com/mass</a>