



COMMISSION MEETING

May 16, 2024



MassGIC



Group Insurance Commission

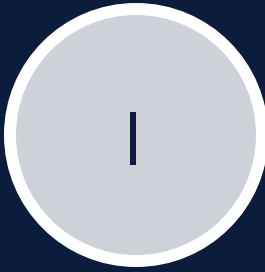


MA Group Insurance Commission

Public Notice: G.L. C-30A, Sec. 20, May 14, 2024

Agenda

- **I. Minutes, February 29, 2024 (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. Out-of-Pocket Report (INFORM)** 8:45 -9:45
Lauren Makishima, Data Analytics Manager
- **IV. New Hire Reduced Waiting Period Project (VOTE)** 9:45-10:05
Erika Scibelli, Deputy Executive Director
Andrew Stern, General Counsel
- **V. Trust Funds (VOTE)** 10:05-10:15
James Rust, Chief Financial Officer
- **VI. CFO Report (INFORM)** 10:15-10:25
James Rust, Chief Financial Officer
- **VII. Other Business/Adjournment** 10:25-10:30
Valerie Sullivan, Chair
Matthew Veno, Executive Director



APPROVAL OF MINUTES (VOTE)

Valerie Sullivan, Chair &
Andrew Stern, General Counsel

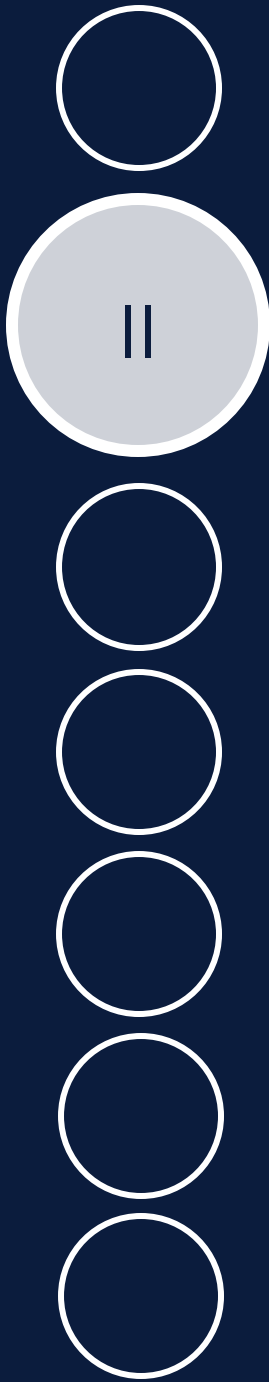


Motion

That the Commission hereby approves the minutes of its meeting held on February 29, 2024 as presented

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Edward Tobey Choate
- Tamara Davis
- Jane Edmonds

- Joseph Gentile
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnneny
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Timothy D. Sullivan



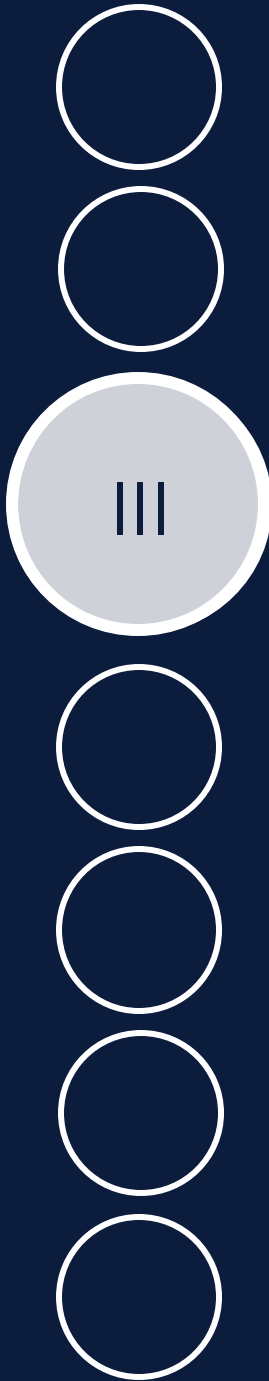
EXECUTIVE DIRECTOR'S REPORT (INFORM)

Matthew Veno, Executive Director &
Members of Senior Staff

Projected Fiscal Year 2024 Calendar

<div>Fall Health Insurance Buy-out</div> <div>Public Information Sessions</div> <div>FY2025 Annual Enrollment</div>											
Jul	Aug	Sep 21	Oct 19	Nov 16	Dec 21	Jan 18	Feb 15	Feb 29	Apr	May 16	Jun 20
No Meeting	No Meeting	Plan Audit	Canceled	Vote: Plan Audit Procurement	FY2025 Preliminary Rates	Presentation: FY2025 Plan Design	No Meeting	Vote: FY2025 Rates	No Meeting	Vote: Trust Funds	Report: Annual Enrollment
		CFO End of FY Report		HPC/CHIA presentation (tentative)	Vote: Regulations Amendments			Report: Public Info Sessions		Report: Out of Pocket	Report: CHIA Rx Report
		Municipal Memo			Muni Program Update					Report & Vote New Hire Regulations	Vote: Dental Consultant

Note: Topics and meeting dates are subject to change



OUT-OF-POCKET REPORT

Lauren Makishima, Data Analytics Manager

Objectives

1

Explore trends in GIC member OOP costs

2

Compare GIC OOP costs to industry and state benchmarks

3

Understand why some GIC members incur high OOP costs

Background Definitions

Out-of-Pocket (OOP) Costs: deductibles, copays, and coinsurance (including behavioral health and prescription drug cost-sharing) paid by the member

Out-of-Pocket (OOP) Max: after a member reaches their OOP max, the GIC covers 100% of the cost of that member's covered services

- All non-Medicare GIC plans have a **\$5,000 individual / \$10,000 family** OOP Max.
- Plans with Out-of-Network benefits have a **separate** \$5,000 individual / \$10,000 family OOP Max for Out-of-Network services.

Objectives

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Explore trends in GIC member OOP costs

2

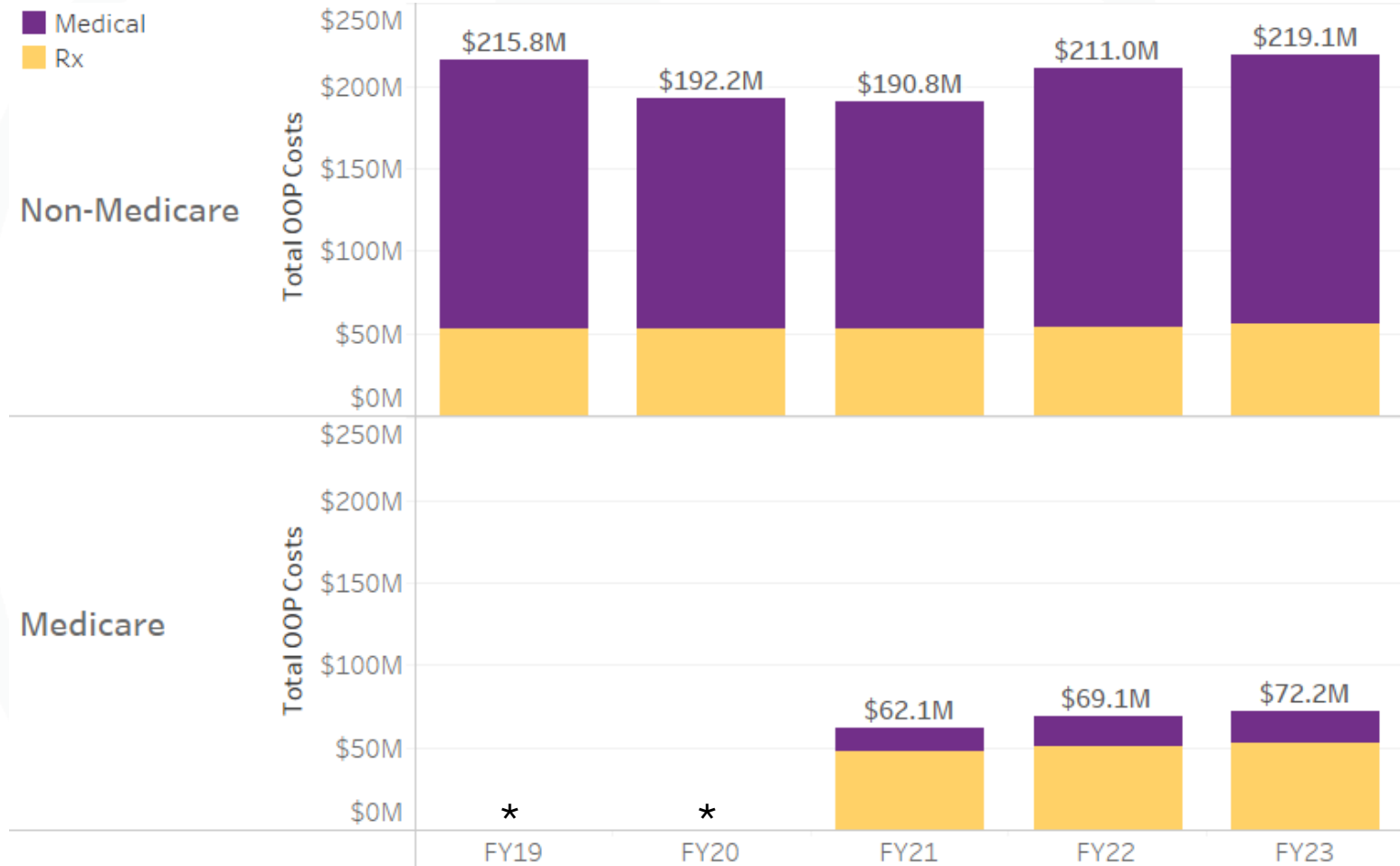
Compare GIC OOP costs to industry and state benchmarks

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Understand why some GIC members incur high OOP costs

FY23 OOP costs increased 3.9% for Non-Medicare and 4.5% for Medicare from the prior year.

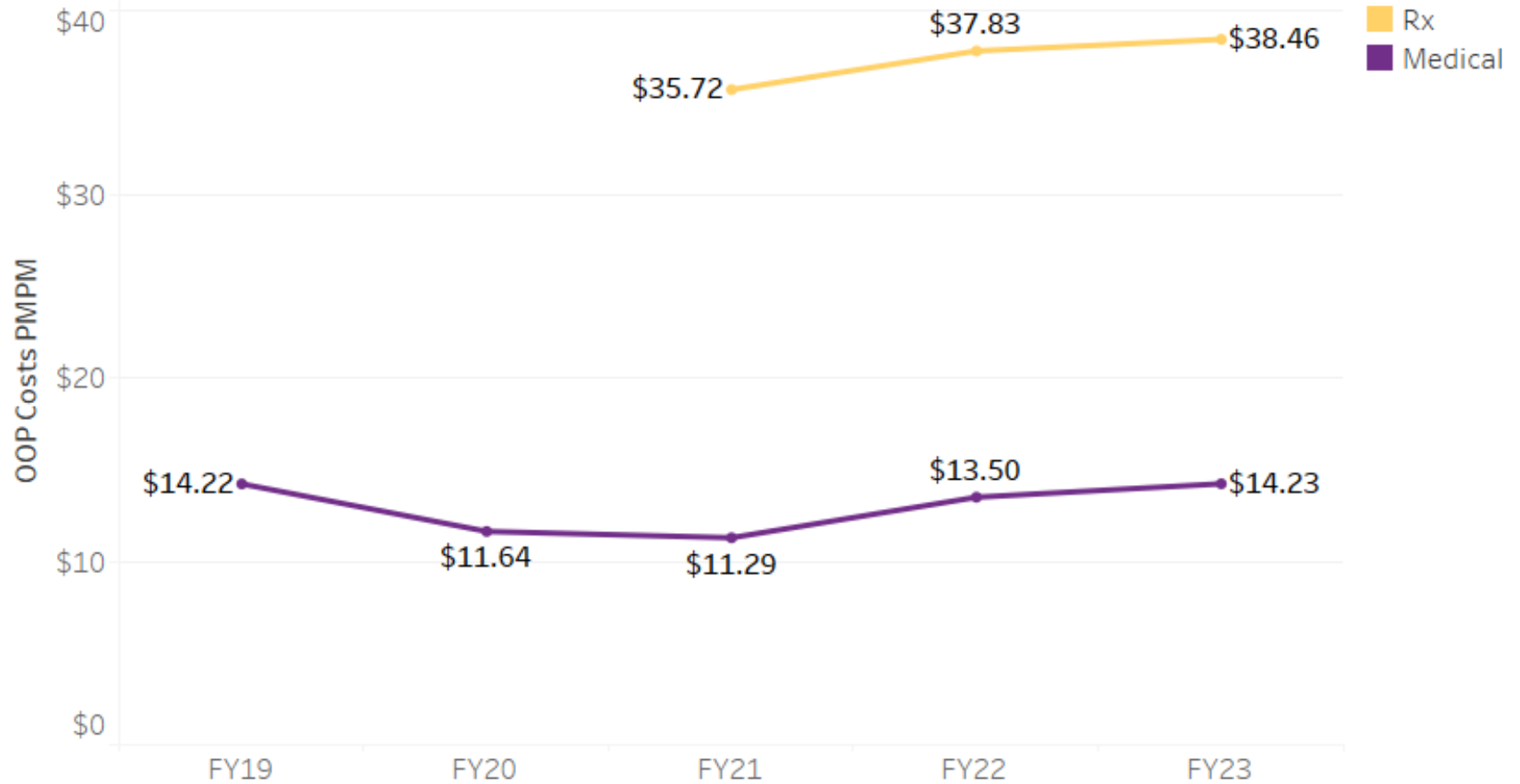
Total OOP Costs (in Millions), FY19-23



***Data note:** Improved accuracy of Medicare Rx OOP data by combining primary and secondary EGWP claims. Improved data processing could only be applied to claims paid CY2020 and later. Medicare Rx OOP data in previous reports was overstated.

Over the five-year period, Medicare OOP costs remained stable for medical and increased for Rx.

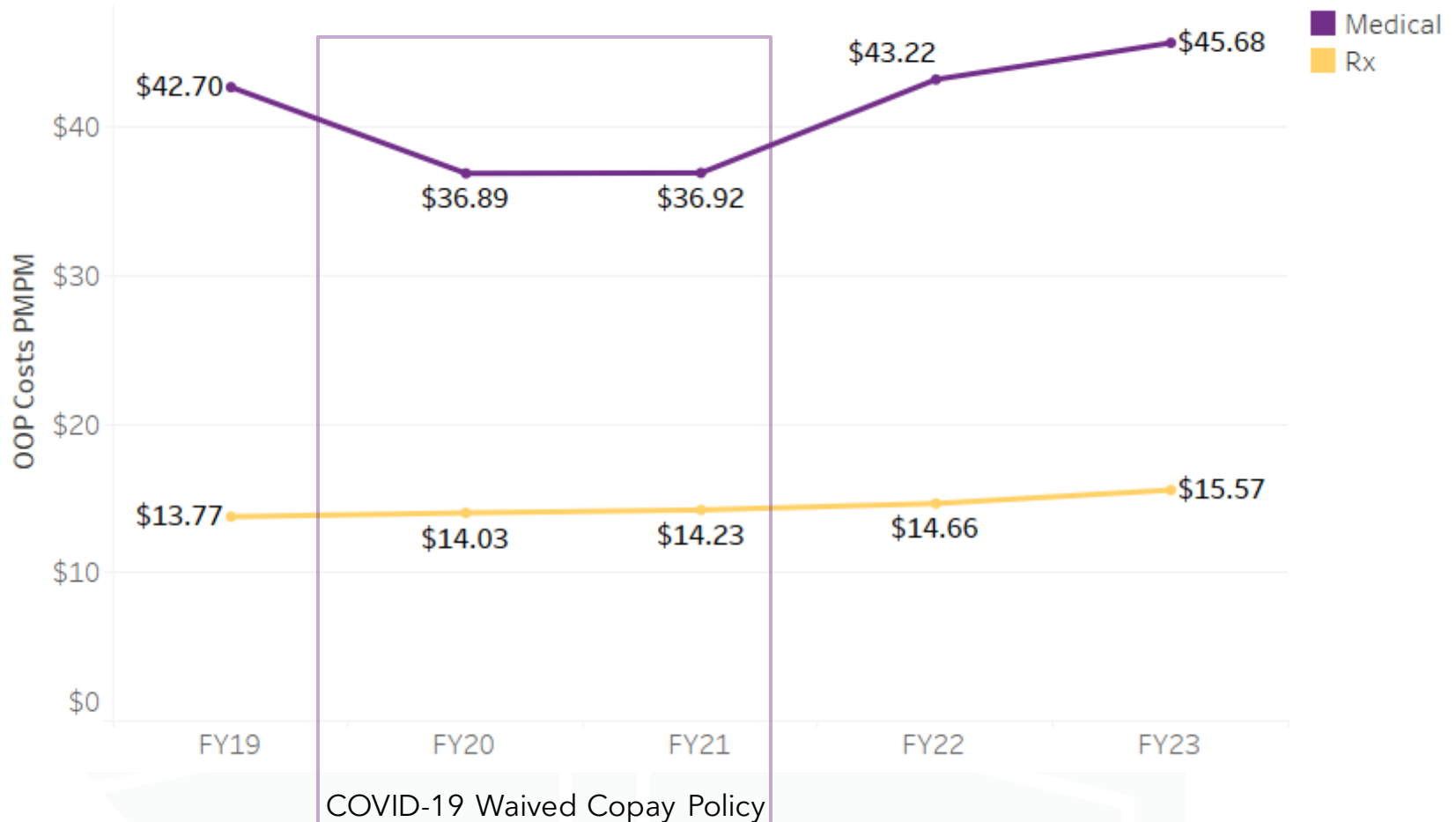
Medicare OOP PMPM Trend, FY19-23



***Data note:** Improved accuracy of Medicare Rx OOP data by combining primary and secondary EGWP claims. Improved data processing could only be applied to claims paid CY2020 and later. Medicare Rx OOP data in previous reports was overstated.

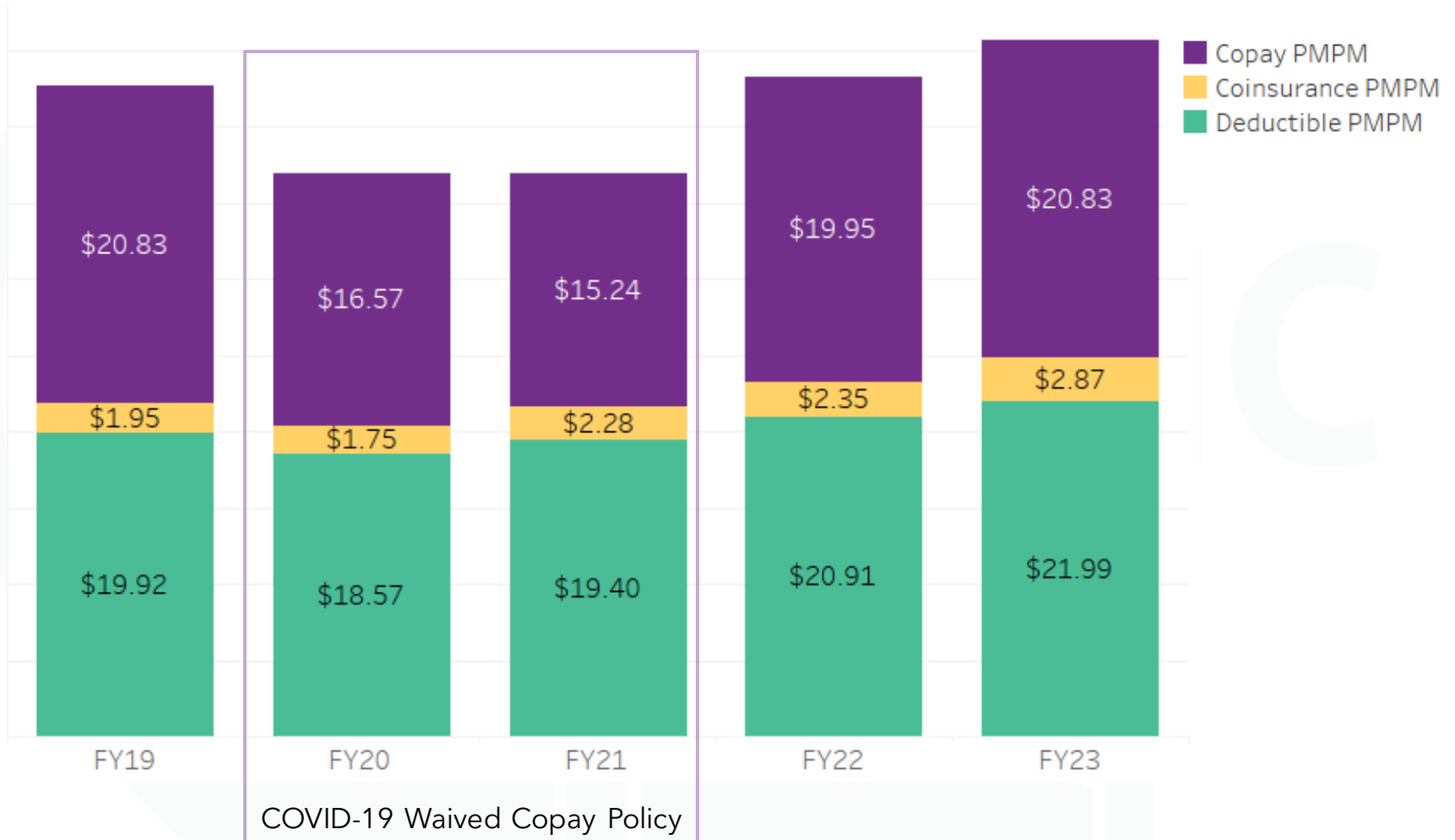
Over the five-year period, Non-Medicare OOP PMPMs increased \$2.98 for medical and \$1.80 for Rx.

Non-Medicare OOP PMPM Trend, FY19-23



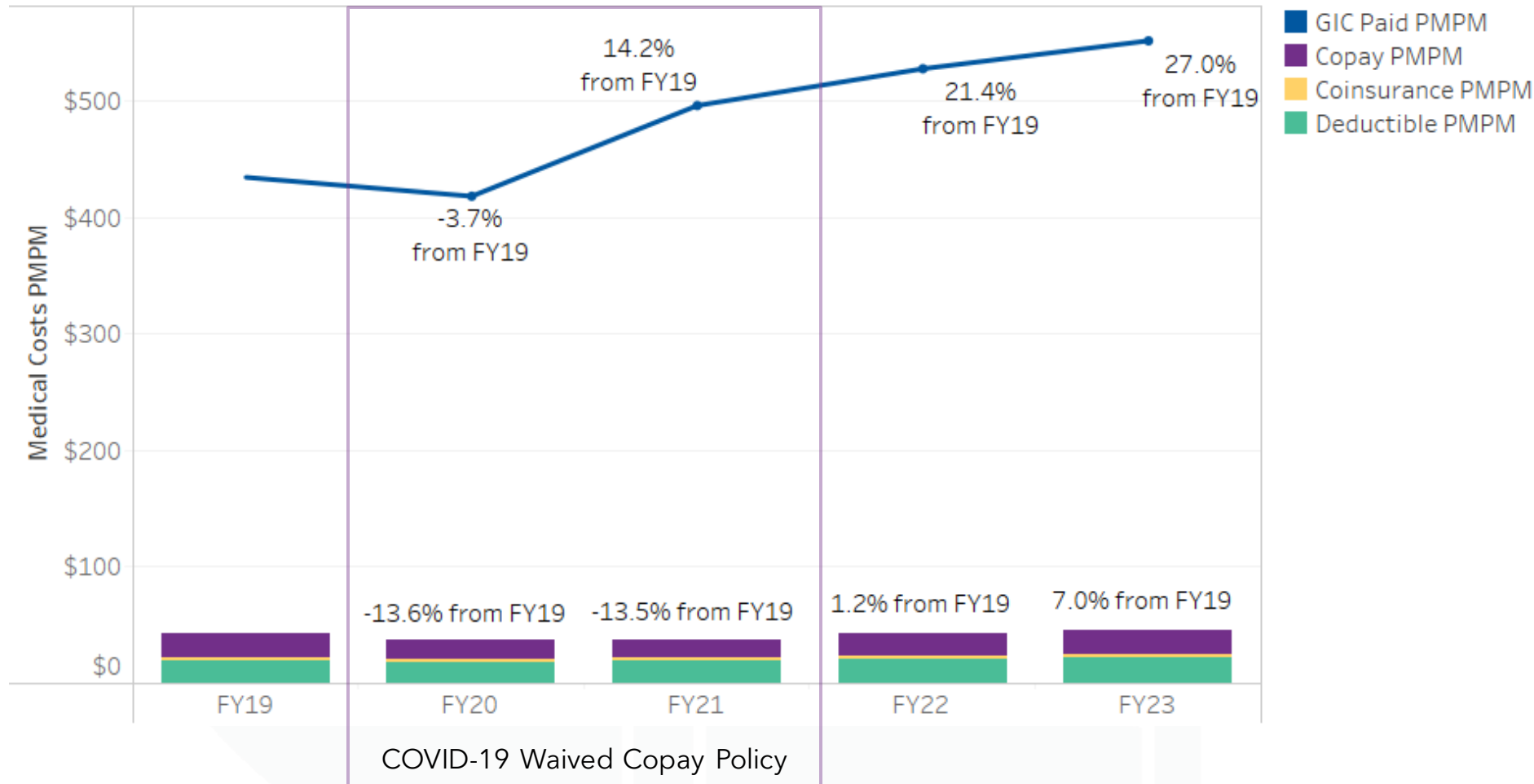
Medical copays remained at FY19 levels while coinsurance and deductible costs increased slightly.

Non-Medicare Medical OOP PMPM, FY19-23



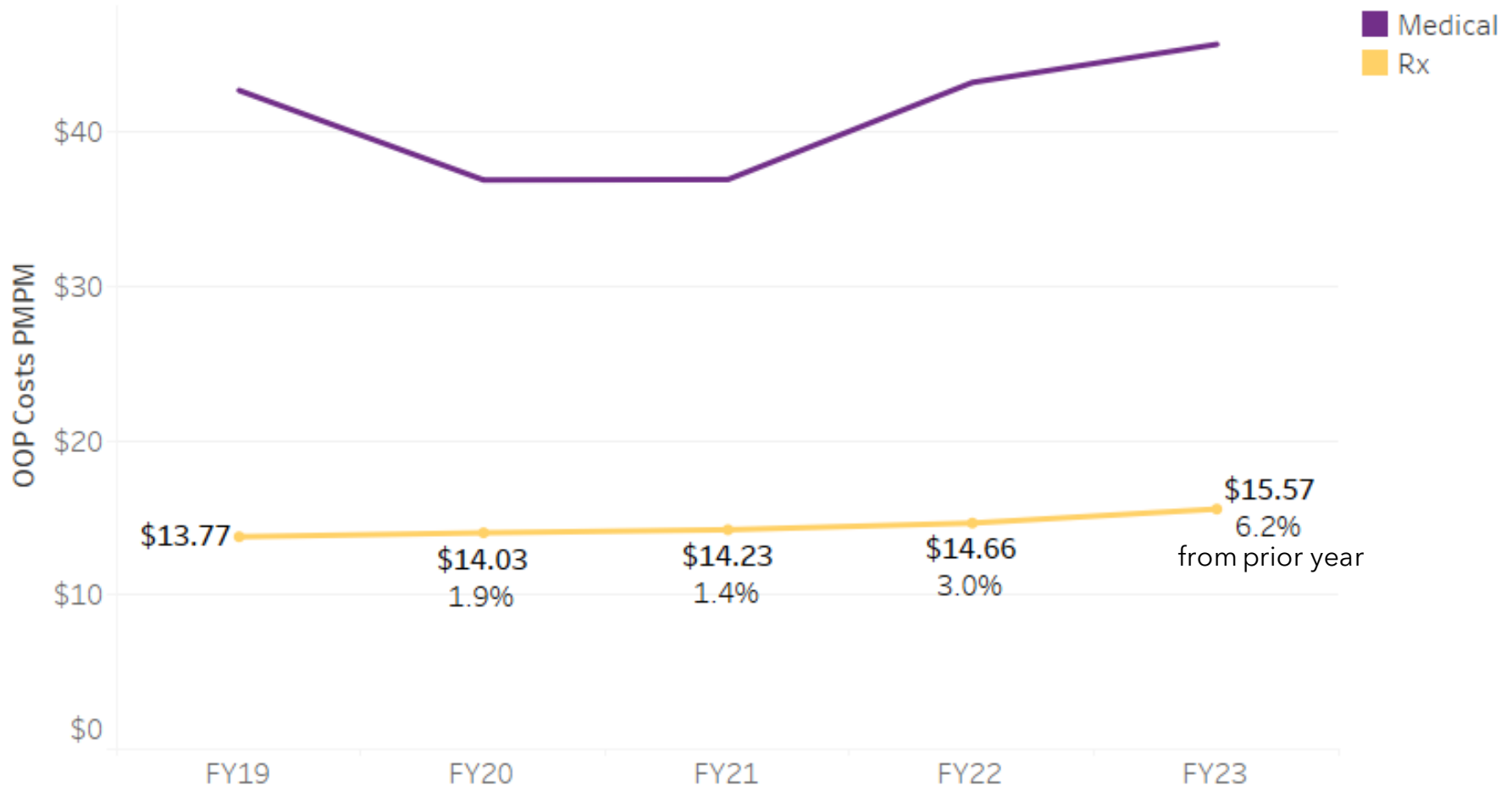
Despite rising medical costs, GIC's copay-based coverage protected members from increases in OOP costs.

Non-Medicare Medical GIC Paid vs OOP PMPM, FY19-23



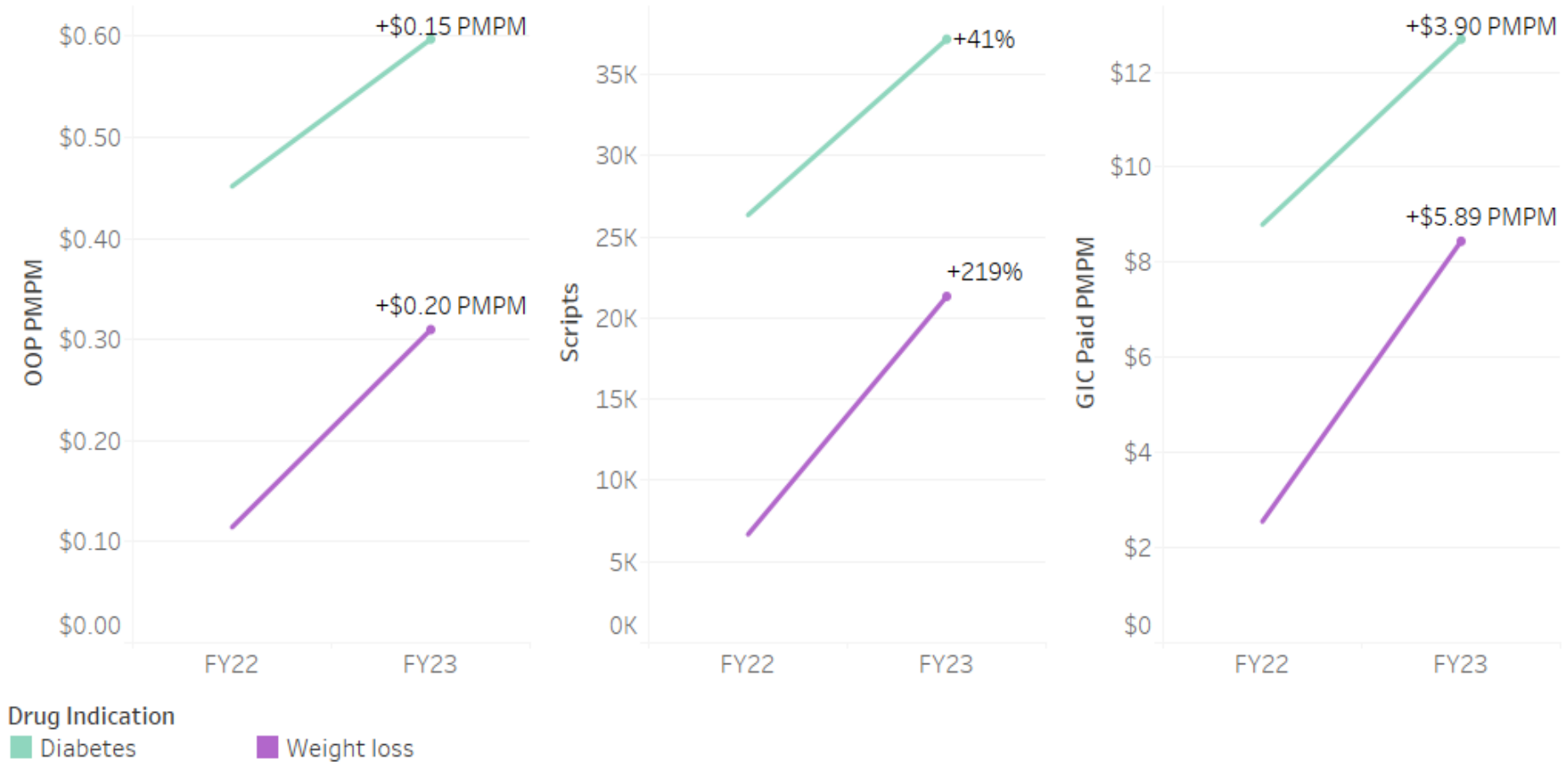
Non-Medicare Rx OOP cost growth accelerated between FY22 and FY23, increasing \$0.91 PMPM.

Non-Medicare OOP PMPM Trend, FY19-23



\$0.35 of the total \$0.91 PMPM increase was attributable to increasing utilization of GLP-1 agonist drugs.

Non-Medicare Rx OOP PMPM, Scripts, and GIC Paid PMPM, FY22-23



Data note: Prescription drug rebates are not reflected in GIC Paid PMPM amounts.

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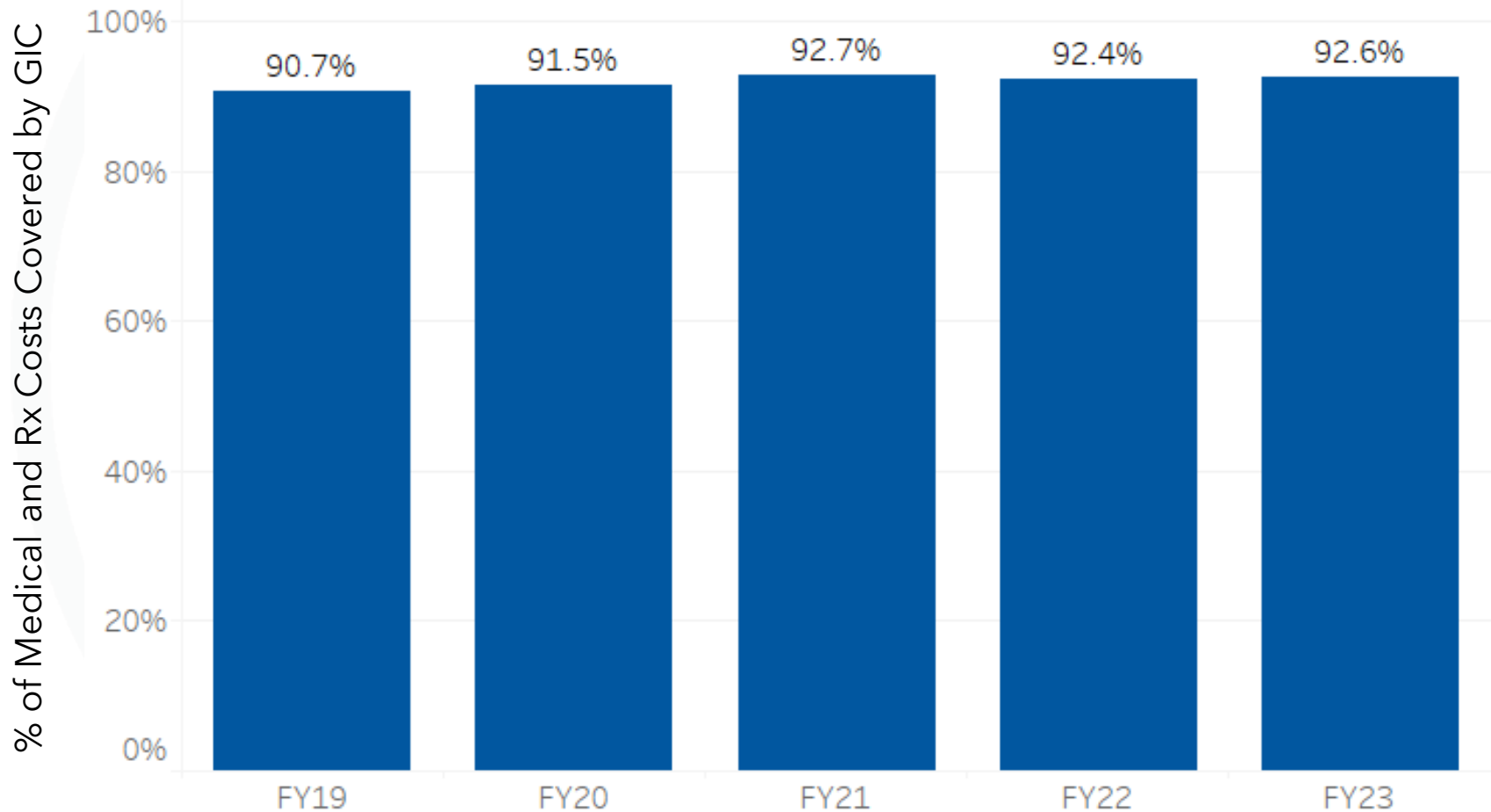
Compare GIC OOP costs to industry and state benchmarks

3

Understand why some GIC members incur high OOP costs

GIC has covered an increasing portion of costs as health care costs have risen.

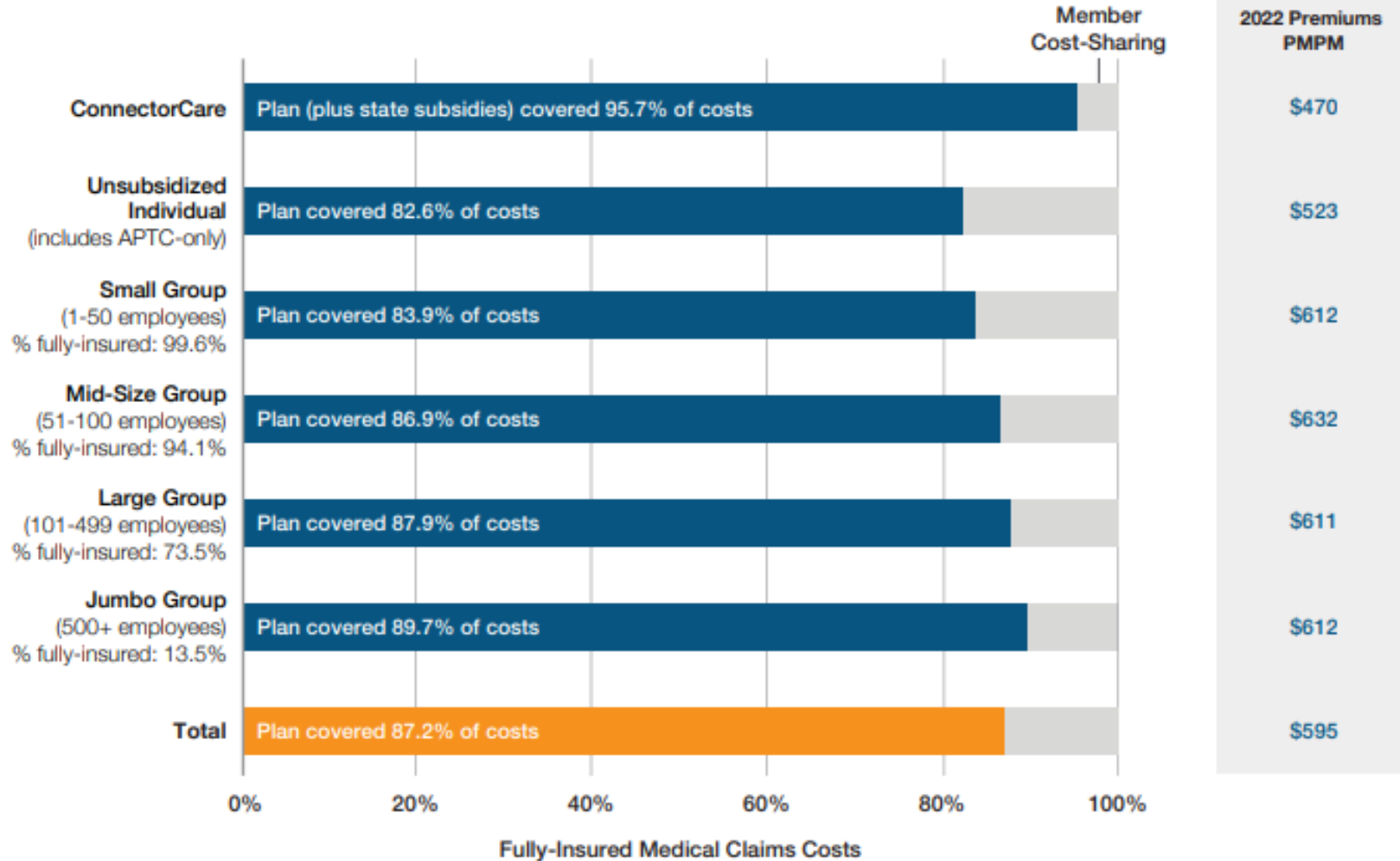
Non-Medicare Benefit Levels, FY19-23



Data note: the impact of prescription drug rebates is not reflected.

Benchmarking GIC Benefits

Fully-Insured Benefit Levels by Market Sector (2022)

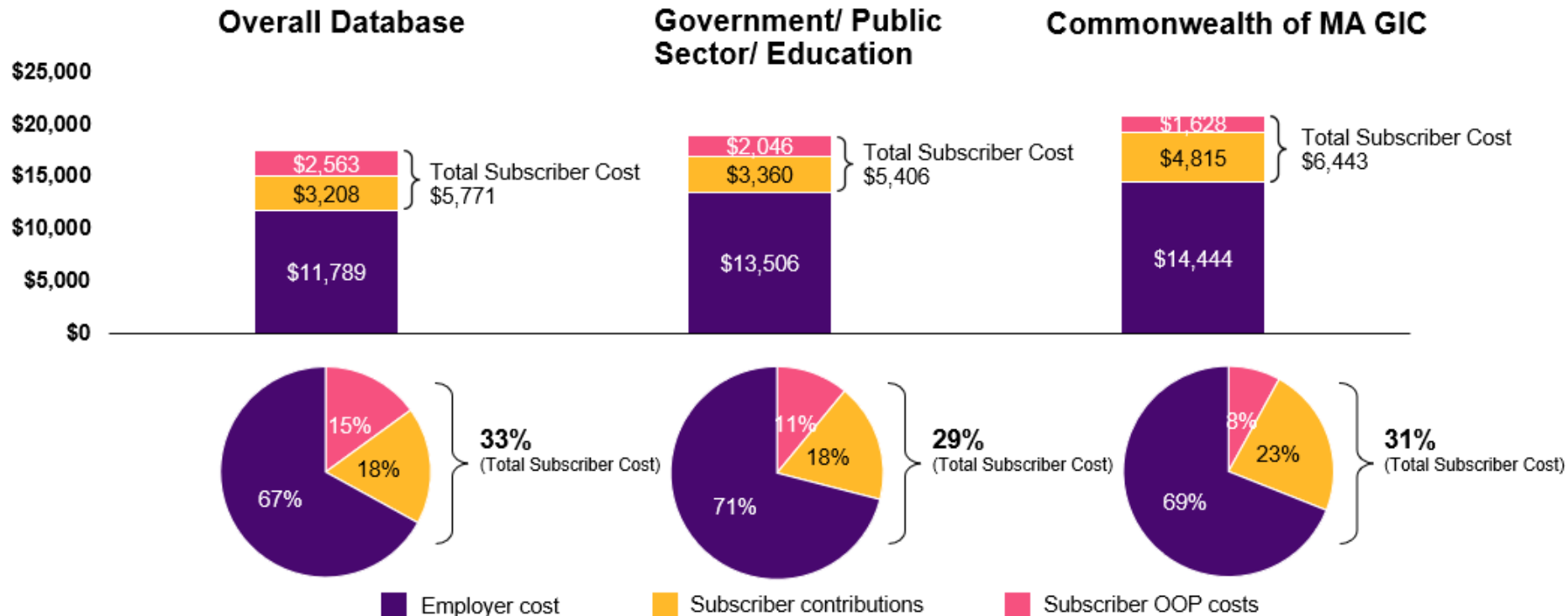


Source: Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2024. Data shown includes fully-insured Private Commercial enrollment for plans situated in MA (includes non-MA residents) on a calendar year basis.

Benchmarking GIC Benefits

Total Cost and Contributions (2023)

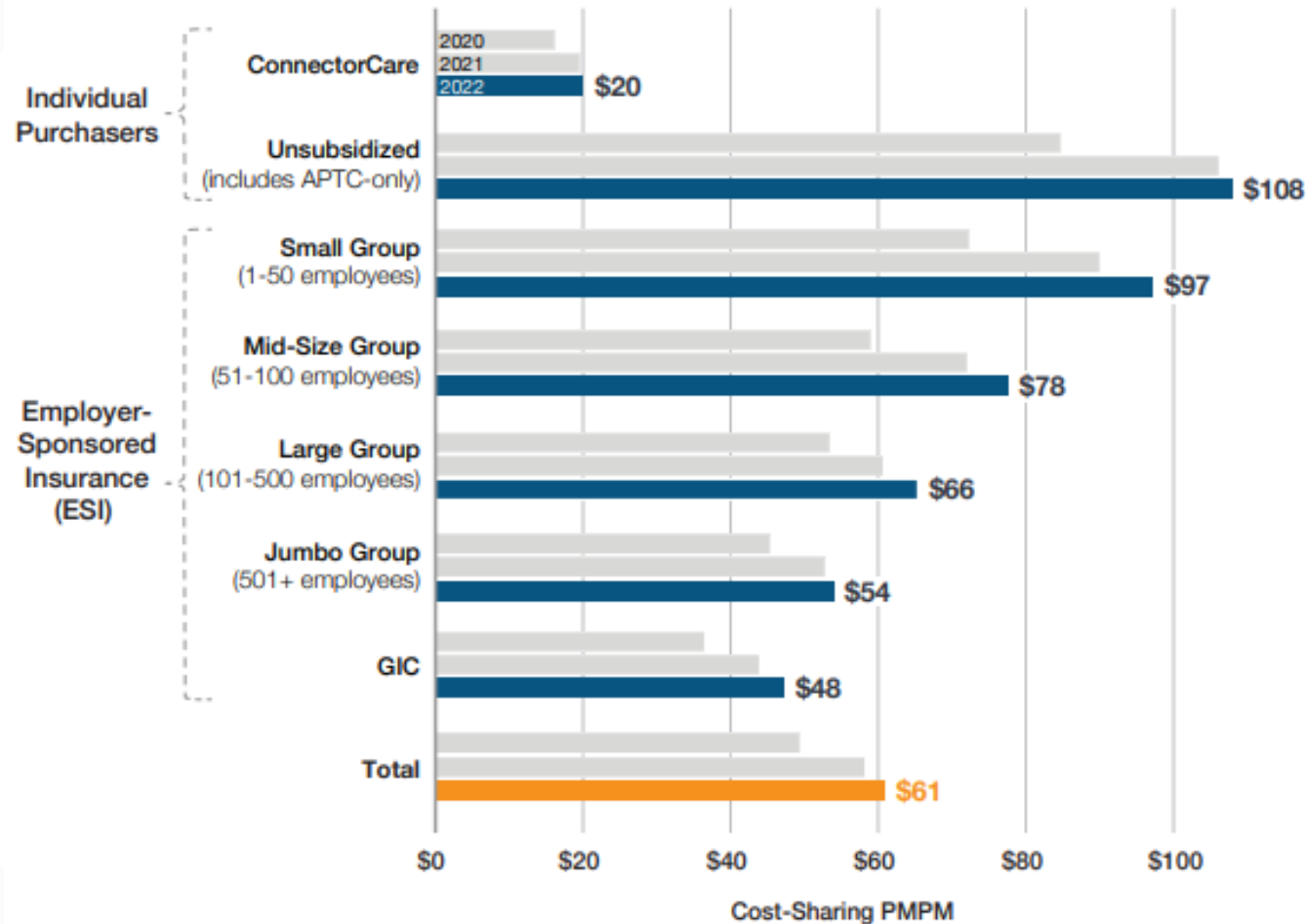
? How does your subscribers' share of total cost, including contributions and out-of-pocket expenses, compare to benchmarks?



Source: Willis Towers Watson 2023 Financial Benchmarks Survey. Benchmark values are unadjusted. GIC differs from benchmark averages in age/gender, family size, geography, and plan value.

Benchmarking GIC Benefits

Private Commercial Member Cost-Sharing by Market Sector (2020-2022)



Source: Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2024. 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.

Objectives

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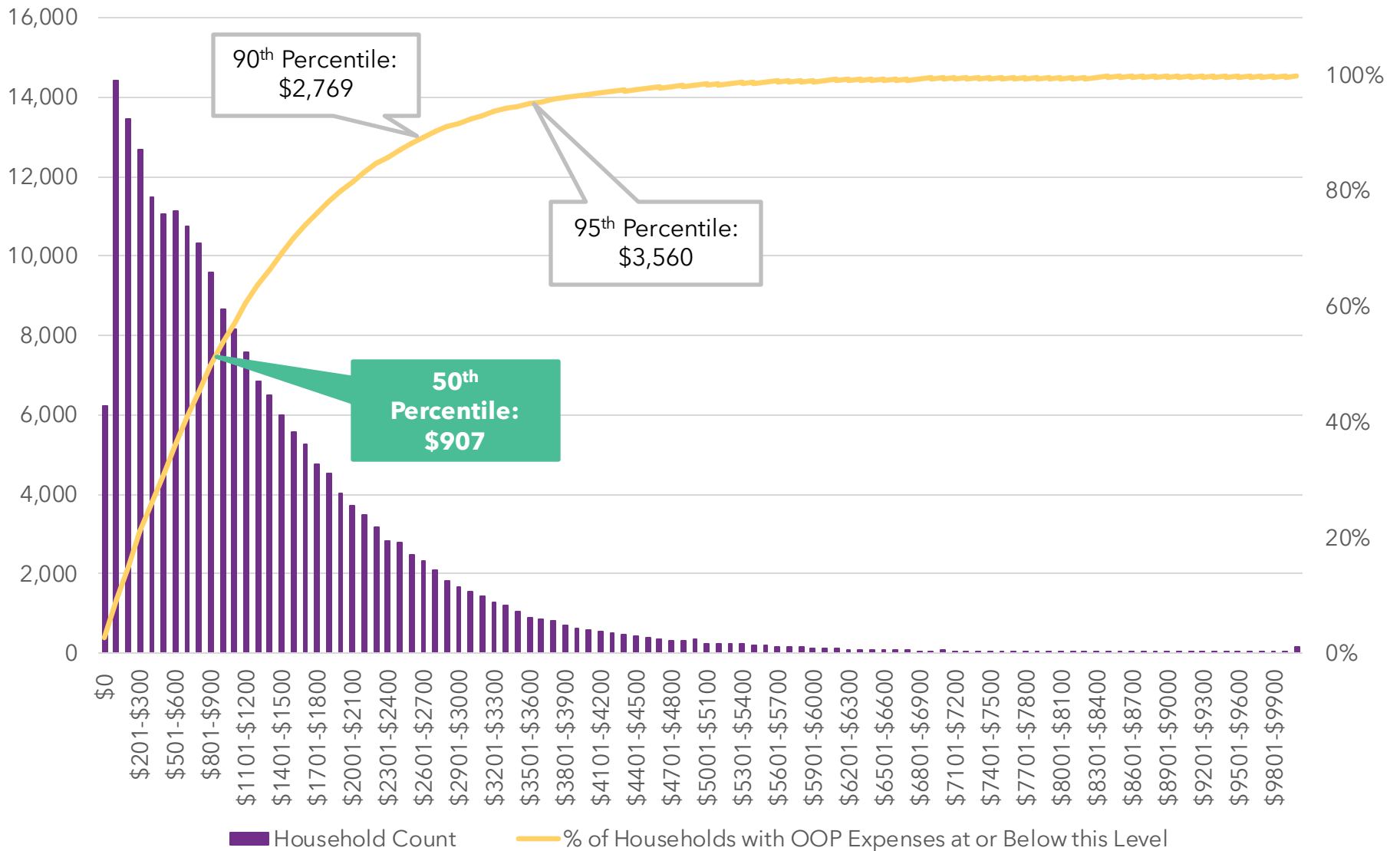
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Compare GIC OOP costs to industry and state benchmarks

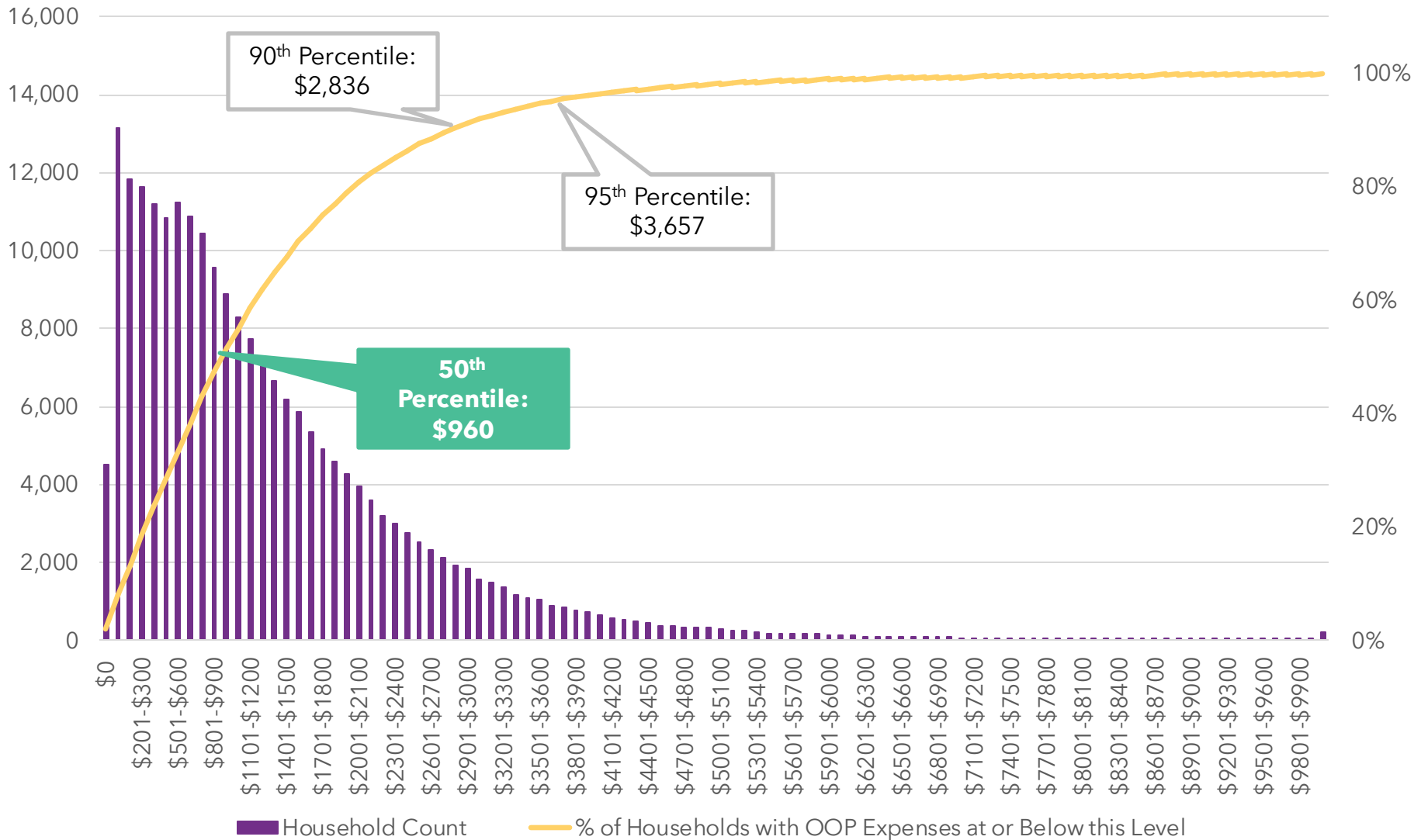
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Understand why some GIC members incur high OOP costs

OOP Cost by Household, FY22



OOP Cost by Household, FY23



Background Definitions

- All non-Medicare GIC plans have a **\$5,000 individual / \$10,000 family OOP Max**.
- Plans with Out-of-Network benefits have a **separate** \$5,000 individual / \$10,000 family OOP Max for Out-of-Network services.

How could a member's OOP costs exceed the policy's OOP max?

- **Out-of-Network provider utilization**
 - HMO plans - not covered
 - PPO/POS plans - covered, but subject to coinsurance and separate OOP max
- **Prescription drug penalties**
 - Product Selection penalties
 - Retail Refill penalties
- **Non-covered services**

Households with High OOP Costs

The number of households with \$5,000-\$9,999 in OOP costs **increased** from 3,642 households in FY22 to **4,081** households in FY23.

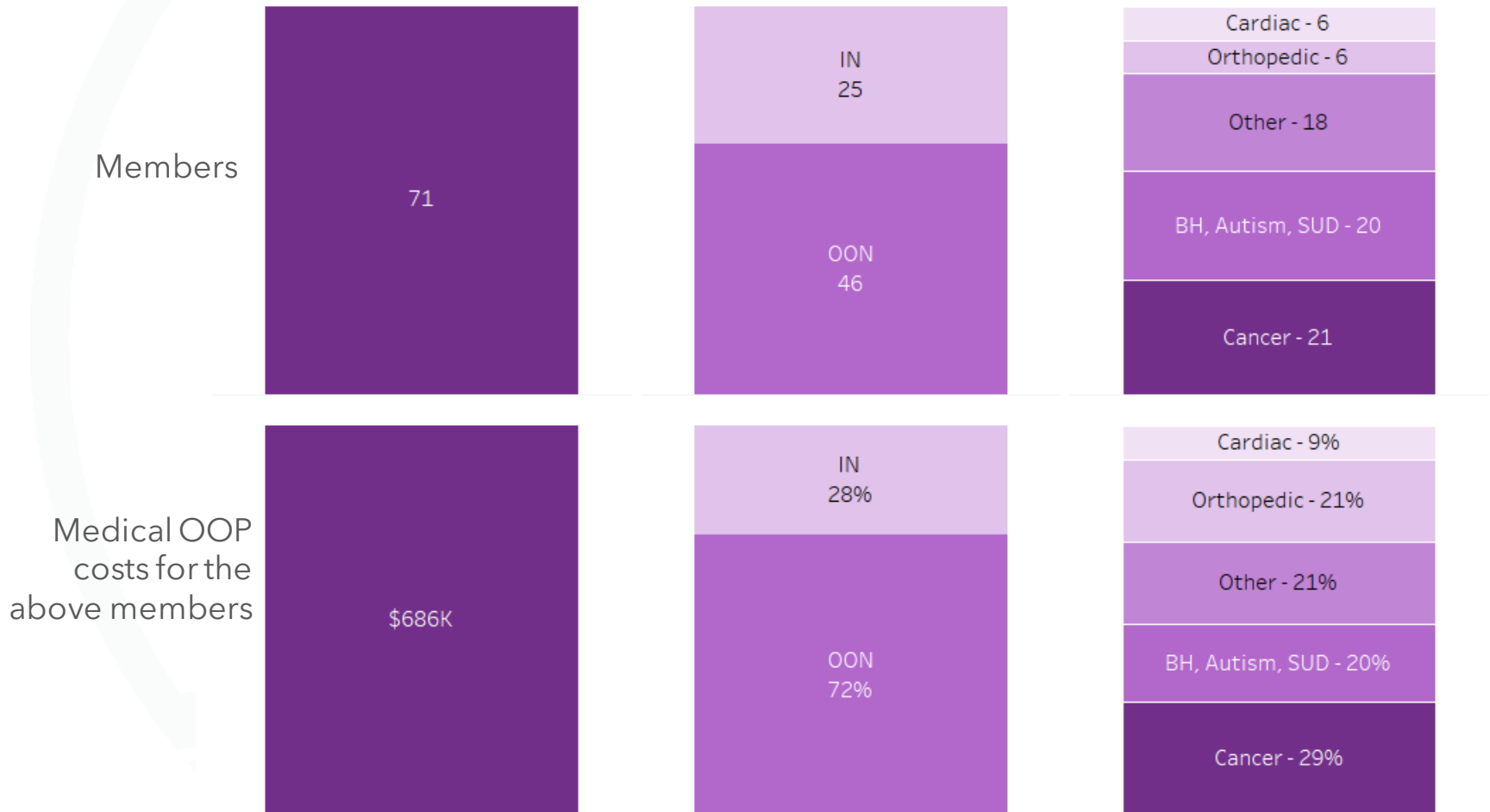
The number of households with \$10,000+ in OOP costs **increased** from 164 households in FY22 to **197** households in FY23.

On average, the GIC covers **90%** of the total medical and pharmacy costs for households with \$5,000+ in OOP costs.

Utilization outside plan parameters, including Out-of-Network utilization and pharmacy penalties, can cause members to incur high OOP costs.

Findings from Carrier Surveys on Highest OOP Members

Breakdown of members and medical OOP by cost drivers



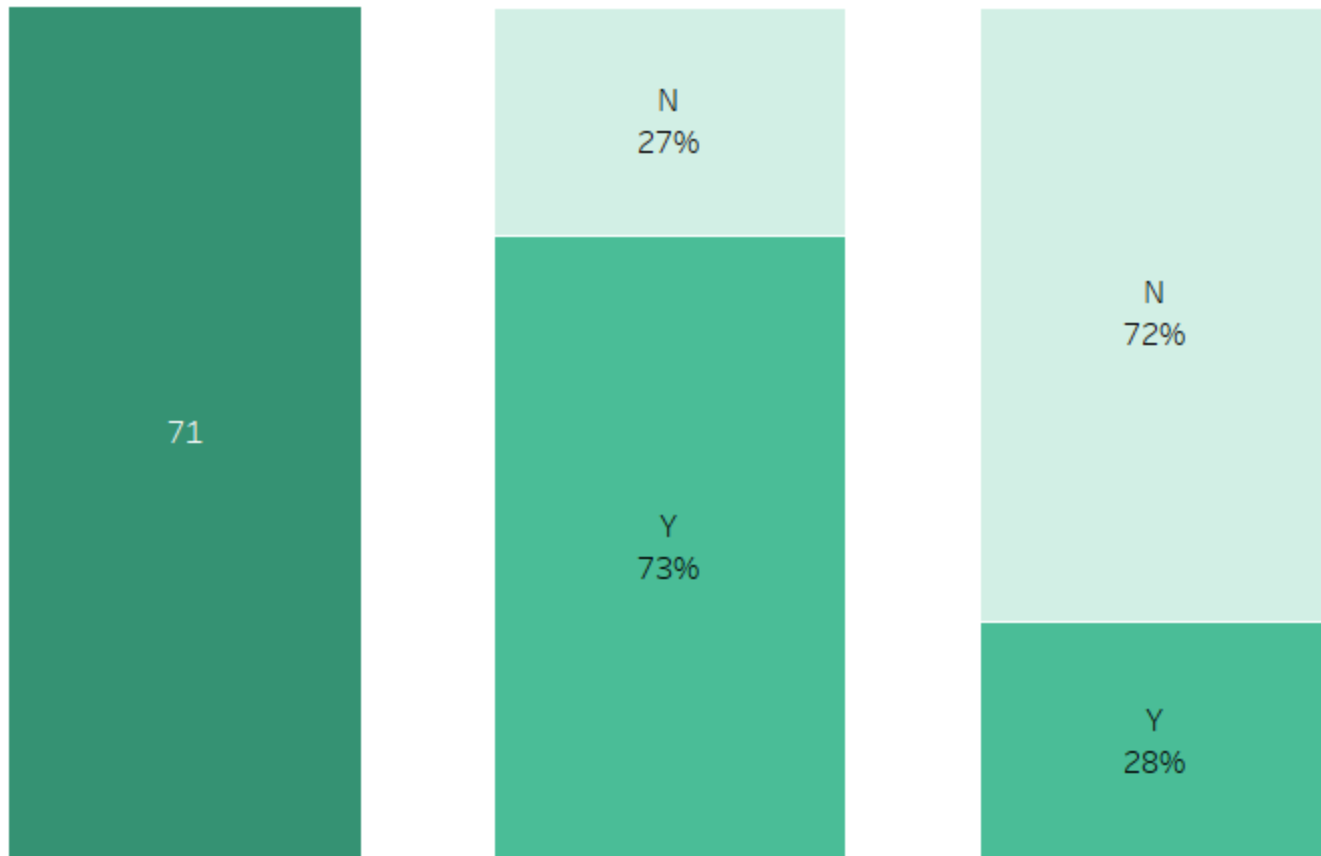
Findings from Carrier Surveys on Highest OOP Members

Breakdown of members by care management outreach and engagement

outreach

engaged

Members



71

N
27%

Y
73%

N
72%

Y
28%

Findings from Carrier Surveys on Highest OOP Members

Breakdown of members and Rx OOP by cost drivers

Members

32

VA - 1

RRA - 18

PS - 13

VA - 1

Diabetes - 9

Seizure - 10

Other - 12

Rx OOP costs
for the above
members

\$811K

VA - 13%

RRA - 31%

PS - 56%

VA - 13%

Diabetes - 15%

Seizure - 51%

Other - 22%

Key Takeaways

1

Explore trends in GIC member OOP costs

- The total five-year increase in medical OOP costs between FY19 and FY23 was held below \$3 PMPM.
- Growth in Rx OOP costs accelerated between FY22 and FY23, in part due to increasing uptake of GLP-1 agonist drugs.

2

Compare GIC OOP costs to industry and state benchmarks

- Compared to the rest of the market, GIC members were relatively insulated from rising medical costs between FY19 and FY23, due to GIC plans' copay-based benefit design.

3

Understand why some GIC members incur high OOP costs

- Despite GIC members' relatively low average OOP costs compared to the market, a small number of members still face high OOP costs largely due to utilization outside of plan parameters.

Key Takeaways

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Appendix: Data Specifications

- Data is sourced from the GIC's Milliman MedInsight data warehouse.
- Claims incurred Fiscal Year 2019 through Fiscal Year 2023 (July 1, 2018 - June 30, 2023) and paid through February 2024.
- Medicare Rx OOP data prior to FY21 is not shown. Accuracy of Medicare Rx OOP data was improved by combining primary and secondary EGWP claims. Improved data processing could not be applied to claims paid before CY2020. Medicare Rx OOP figures were overstated in previous reports.
- Rx paid amounts do not reflect the impact of prescription drug rebates.



REDUCED WAITING PERIOD (RWP) PROJECT UPDATE & 805 CMR 9 PROPOSED AMENDMENTS

Erika Scibelli, Deputy Executive Director &
Andrew Stern, General Counsel

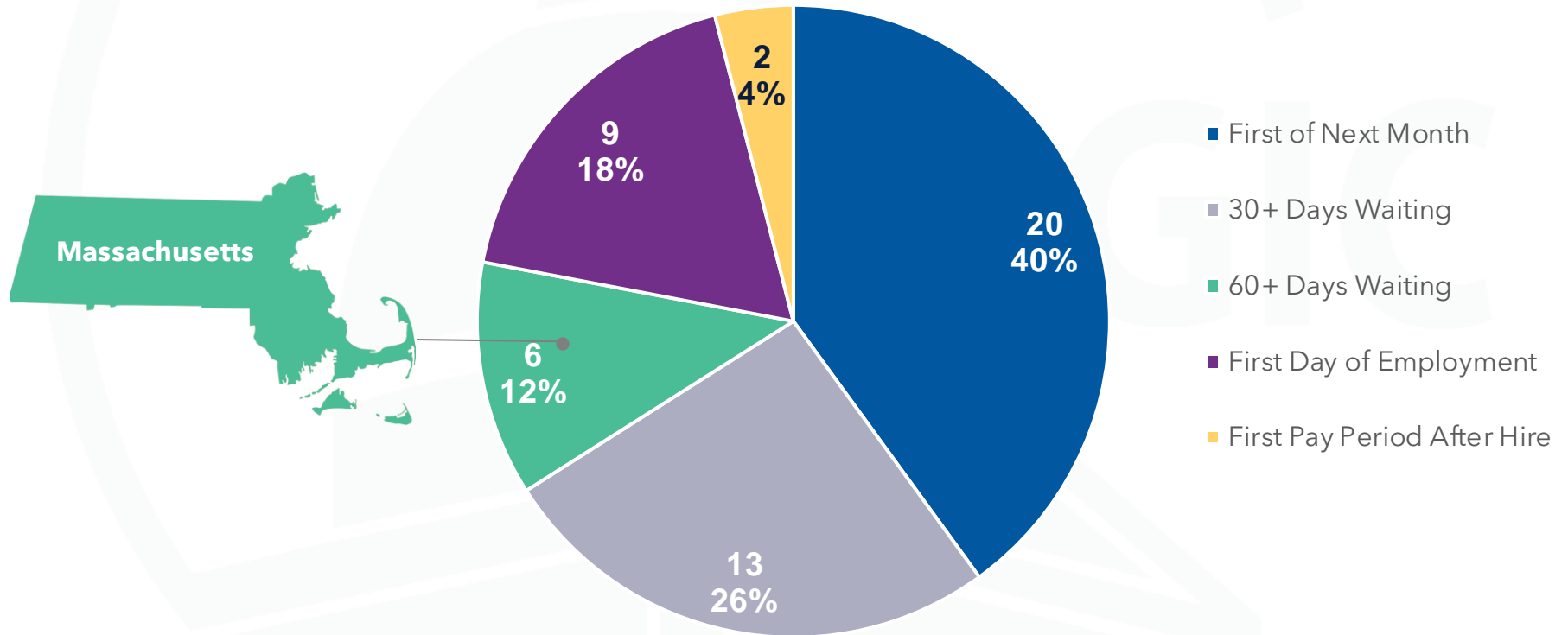
RWP Overview

- The FY2024 budget mandated the reduction of the waiting period for GIC benefits for all eligible new hires.
 - "... such health insurance coverage shall be effective as of the employee's start date if the employment start date falls on the first day of the month or as of the first day of the month following the employee's start date if the employment start date falls on any day other than the first day of the month."
- The provision is effective on July 1, 2024.
- GIC, in partnership with A&F and A&F-IT, conducted a thorough and intensive assessment at the outset of this project.
- From this assessment, it was apparent that leveraging existing systems and processes to reduce the waiting period was the best path forward.
- This reduction will accomplish the goal of eliminating gaps in coverage for many new hires.

RWP Overview

Reducing the waiting period will position Massachusetts in line with majority of state employee plan offerings across the country.

Current Implementation by State



RWP Overview

Reducing the waiting period will bring the average waiting period from 73 days to 15 days, a reduction of nearly 80%, which will eliminate potential gaps in coverage for many new employees.

Waiting Period	Year	Waiting Days								
		0-9	10-20	20-31	32-39	40-49	50-59	60-69	70-79	80-89
Current	2023						2%	41%	22%	35%
	2022						1%	37%	28%	34%
	2021						1%	40%	28%	31%
	2020						1%	38%	28%	33%
RWP	2023	29%	26%	45%						
	2022	32%	29%	39%						
	2021	33%	26%	41%						
	2020	27%	28%	45%						

RWP Update: Key Items

1. Anyone hired before July 1st, 2024 will be subject to the 60-day minimum waiting period, without exception.
2. New hires at online agencies will receive a bill from the GIC for the first month's premium.
 - a. As is the case today, members will have 60 days to pay their bill and will receive two invoices.
 - b. In addition to the standard invoices, the GIC added an email reminder to assist members in avoiding termination for non-payment of premium.
 - c. GIC has also redesigned invoices with new language highlighting the importance of paying in a timely fashion.
3. Carriers will receive new member information from the GIC with increased frequency to allow for timely enrollment and will send new members a welcome email upon enrollment.
4. GIC is in the process of updating regulations and will issue an administrative bulletin with further guidance regarding the regulatory update.

RWP Update: Change Enablement/Communications

Previous

- Presentations across GIC agencies
- Email communications
- RWP primer in annual enrollment training deck

Current

- RWP training for HR personnel and GIC Coordinators
- Focus on updated best hiring practices
- GIC web page resources
- GIC staff training

Upcoming/ Ongoing

- FAQ Development
- Partnered communications with HRD, CTR, others
- Email campaign with reminders, recordings, and other resources

Amended Regulations

805 CMR 9.00: Eligibility and Participation

9.01(1) and (2). New Employees

9.01(3) Effective Date of Insurance Coverage

9.01(4)(c) Retroactive Health Insurance Effective Date

9.01(5) Employer Notification to New Employee

9.01(6) New Employees' Duty to Notify Employer

9.01(7) Payment

9.19 Reemployed Persons

9.22. Dental and Vision Benefits

9.23(2) Dependent Care Assistance Program

9.25 Appeals

9.26 Health Insurance Buy-out Option

9.27 Long-term Disability Insurance

Motion

That the Commission approves the draft regulatory amendments and instructs the General Counsel to move forward with the regulatory amendment process.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Edward Tobey Choate
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FY25 TRUST FUNDS REQUEST (INFORM & VOTE)

James Rust, Chief Financial Officer

GIC staff annually requests authorization to use funds from the Commission's Employee Trust Fund to potentially supplement the information technology, administrative services and communications budgets, if needed.

- The funds, if spent, are used for projects that are reviewed by senior staff and approved by the Executive Director
- These projects must benefit employees, who are the contributors to the fund
- Funds are only used when the agency's needs exceed the applicable budget appropriation
- The Commission has historically supported these requests
- In FY24 and FY23, the existing budget were sufficient (to date) to cover all expenses and the GIC has not spent any funds from the Employee Trust Fund
- The following slides detail the Trust Fund authorization requests for FY25, which are similar in amounts to prior year requests.

Information Technology Request	FY2024	FY2025
Infrastructure Support Support For Mission Critical Equipment: Rapid response support for servers, switches, power backups and printers	\$8,000	\$8,000
Software/Hardware/Supplies <ul style="list-style-type: none"> <u>Hardware</u>: leased desktop computers, leased laptop computers, printers, cables, keyboards etc. <u>Software</u>: Microsoft and other software licensing for all GIC users <u>Supplies</u>: printer toner and cartridges, scanner cleaning kits, barcode supplies 	\$100,000	\$100,000
Business Continuity Hardware, software, IT equipment needed for business continuity due to disaster, new EOTSS / Administration/ Legislative mandates or other unforeseen circumstances	\$100,000	\$100,000
Communication Services Virtual Private Network Services (VPN) and wireless data contracts and email distribution	\$80,000	\$80,000
MAGIC SYSTEM SUPPORT Additional support for the MAGIC eligibility system and peripheral systems if needed	\$120,000	\$120,000
Total	\$408,000	\$408,000

Administrative Services Request	FY24	FY25
Staff Training and Conferences	\$20,000	\$20,000
Publications, Memberships, Subscriptions	\$40,000	\$40,000
Total	\$60,000	\$60,000

Member Engagement Request	FY24	FY25
Video Production	\$25,000	\$25,000
Website Form Development (ADA Compliance)	\$700	\$700
GIC Transparency - Annual Report	\$7,500	\$7,500
Benefits Administration (ADA Compliance, digital)	\$7,300	\$7,300
Central Reprographics (Coordinator Training Sessions)	\$3,775	\$3,775
Total	\$44,275	\$44,275

FY2025 Temporary Help Authorization Request

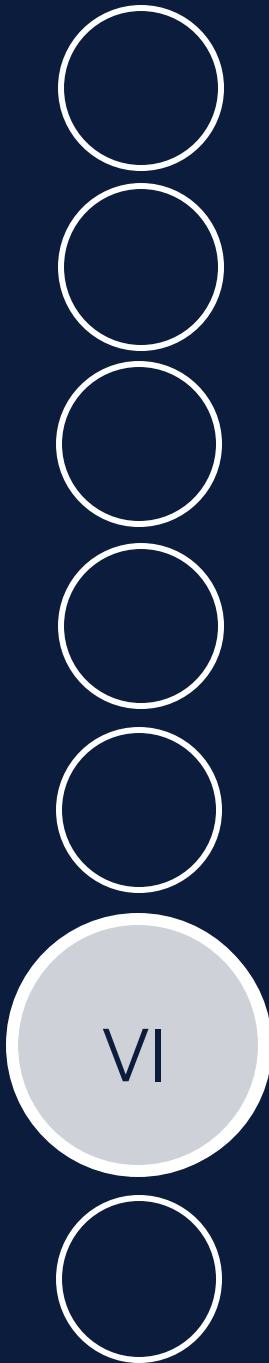
The GIC requests the continued authorization for the use of up to 10 temporary employees in FY2025. We currently employ no temporary staff and do not currently plan to hire any.

Motion

The Commission hereby authorizes the Chief Financial Officer to pay certain GIC expenses from the applicable Trust Funds, as recommended and requested.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
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CFO REPORT

James Rust, Chief Financial Officer

FY2024 State Share Expense for GIC Premium Accounts



	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	TOTAL
Allways Health Claims	\$7,941,302	\$7,075,611	\$6,394,346	\$7,350,156	\$9,374,482	\$7,336,217	\$9,413,467	\$7,902,016	\$7,701,750	\$9,142,801	\$79,632,147
Caremark/Express Scripts/SilverScript Claims	\$90,707,800	\$51,523,663	\$83,689,653	\$79,254,037	-\$23,555,180	\$72,057,401	\$77,148,204	-\$8,921,257	\$68,844,890	\$95,943,963	\$586,693,174
Davis Vision Claims	\$35,528	\$38,889	\$36,053	\$37,020	\$34,370	\$34,111	\$36,902	\$41,307	\$38,921	\$39,958	\$373,057
Fallon Health Claims	\$18,123	-\$71,235	\$15,818	\$5,069	-\$16,189	\$24,100	\$66,652	-\$3,335	-\$1,835	-\$15,601	\$21,566
Harvard Pilgrim Claims	\$68,691,802	\$69,025,364	\$56,744,370	\$72,683,934	\$61,043,938	\$60,822,601	\$72,193,286	\$64,356,217	\$74,117,774	\$89,330,393	\$689,009,679
Health New England Claims	\$8,491,758	\$7,654,895	\$6,987,360	\$9,227,780	\$6,847,473	\$8,138,395	\$8,211,890	\$8,752,560	\$7,137,139	\$10,153,362	\$81,602,612
Tufts Navigator Claims	\$23,364,960	\$10,158,994	\$2,919,241	\$2,405,218	\$240,001	-\$1,438,409	\$651,865	\$774,754	\$44,455	\$5,451,960	\$44,573,038
Tufts Spirit and Medicare Complement Claims	\$3,149,263	\$2,064,784	\$1,008,432	\$538,279	\$110,300	\$34,190	\$23,301	\$97,044	-\$48,088	\$7,804	\$6,985,309
Unicare Claims	\$92,560,274	\$68,076,273	\$58,372,473	\$57,450,752	\$84,475,087	\$56,873,530	\$53,066,474	\$97,309,430	\$90,539,862	\$87,396,375	\$746,120,529
Other costs	\$1,622,208	\$122,615	\$246,423	\$189,455	\$292,288	\$135,562	\$174,155	\$187,930	\$263,678	\$295,484	\$3,529,798
Claims sub-total	\$296,583,017	\$215,669,852	\$216,414,170	\$229,141,699	\$138,846,569	\$204,017,699	\$220,986,195	\$170,496,665	\$248,638,547	\$297,746,497	\$2,238,540,911
Basic Life	\$805,334	\$804,970	\$805,835	\$805,892	\$807,377	\$809,162	\$809,995	\$810,834	\$809,672	\$811,419	\$8,080,490
Optional Life	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RMT Life	\$46,011	\$45,954	\$46,156	\$46,281	\$46,375	\$46,361	\$46,263	\$46,308	\$46,244	\$46,238	\$462,192
Long-Term Disability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental	\$871,144	\$869,754	\$872,032	\$868,204	\$872,185	\$878,215	\$881,537	\$886,639	\$915,063	\$888,871	\$8,803,643
Tufts Medicare Preferred	\$657,460	\$662,688	\$663,279	\$670,139	\$669,949	\$671,000	\$669,353	\$665,869	\$682,595	\$661,604	\$6,673,936
UBH Optum	\$77,760	\$77,760	\$77,760	\$77,760	\$77,760	\$77,760	\$77,760	\$90,729	\$80,352	\$80,352	\$795,753
ASO Administrative Fee	\$7,157,064	\$7,149,356	\$7,137,355	\$7,333,907	\$7,241,756	\$7,253,295	\$7,254,379	\$7,255,444	\$7,241,826	\$7,252,711	\$72,277,095
Premiums sub-total	\$9,614,773	\$9,610,482	\$9,602,417	\$9,802,182	\$9,715,402	\$9,735,793	\$9,739,288	\$9,755,823	\$9,775,753	\$9,741,195	\$97,093,109
TOTAL	\$306,197,790	\$225,280,334	\$226,016,587	\$238,943,882	\$148,561,972	\$213,753,492	\$230,725,483	\$180,252,488	\$258,414,300	\$307,487,692	\$2,335,634,019

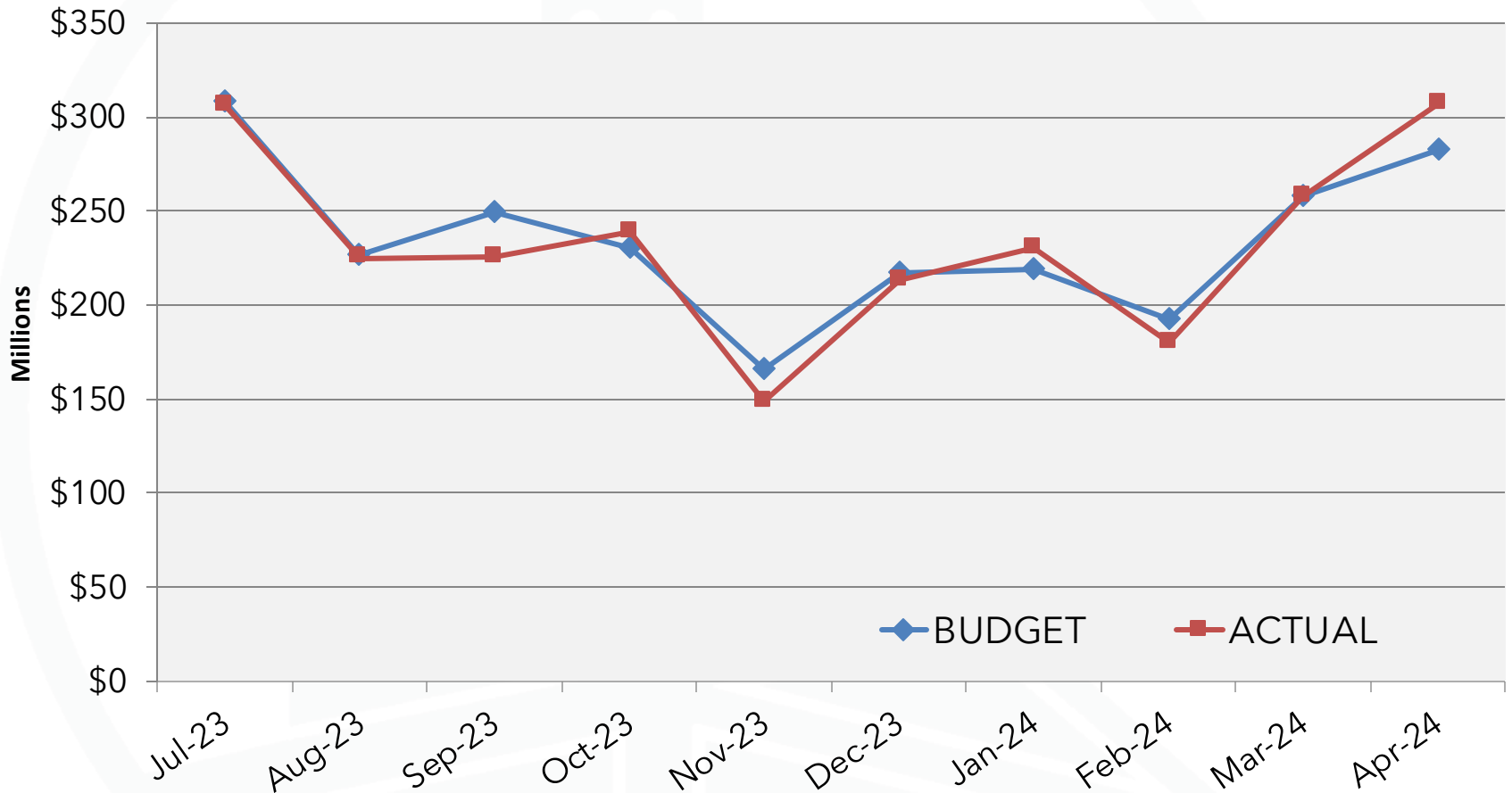
Employer state share spending through April 2024

FY2024 Enrollee Share Expense for GIC Premium Accounts

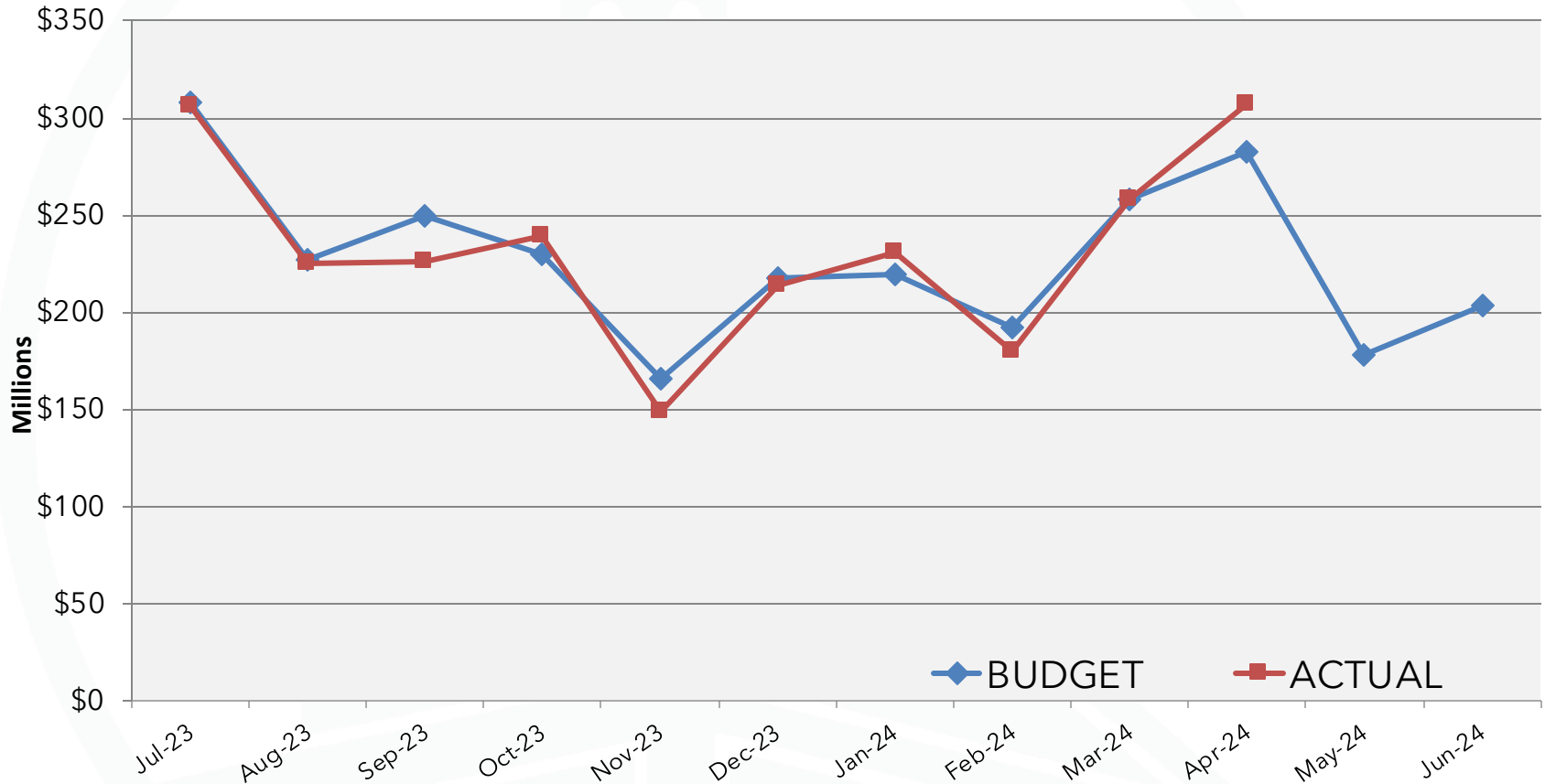
	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	TOTAL
Allways Health Claims	\$2,523,446	\$2,295,267	\$2,074,999	\$2,267,886	\$2,893,094	\$2,264,399	\$2,903,576	\$2,109,719	\$2,374,896	\$2,820,245	\$24,527,528
Caremark/Express Scripts/SilverScript Claims	\$24,540,134	\$15,354,378	\$22,579,563	\$21,307,646	-\$5,508,257	\$19,385,399	\$20,930,872	-\$4,839,624	\$19,035,226	\$25,133,736	\$157,919,072
Davis Vision Claims	\$6,270	\$6,863	\$6,362	\$6,533	\$6,065	\$6,020	\$6,512	\$7,289	\$6,868	\$7,051	\$65,834
Fallon Health Claims	\$5,072	-\$20,419	\$4,678	\$1,505	-\$4,747	\$7,225	\$18,876	-\$945	-\$491	-\$4,422	\$6,331
Harvard Pilgrim Claims	\$20,861,852	\$20,676,060	\$17,034,106	\$20,985,691	\$17,518,355	\$17,452,070	\$20,698,066	\$15,953,449	\$21,343,585	\$25,703,507	\$198,226,741
Health New England Claims	\$2,663,488	\$2,400,717	\$2,191,414	\$2,783,739	\$2,060,080	\$2,462,322	\$2,469,856	\$2,348,675	\$2,141,190	\$3,057,957	\$24,579,438
Tufts Navigator Claims	\$6,546,068	\$2,846,205	\$817,872	\$673,860	\$67,240	-\$402,993	\$182,630	\$217,060	\$12,455	\$1,527,454	\$12,487,850
Tufts Spirit and Medicare Complement Claims	\$853,297	\$523,089	\$241,810	\$134,374	\$32,653	\$8,881	\$8,085	\$26,710	-\$11,473	\$1,717	\$1,819,143
Unicare Claims	\$26,217,216	\$19,319,930	\$16,679,144	\$15,717,448	\$23,410,611	\$15,664,365	\$14,470,971	\$24,667,958	\$25,200,305	\$24,450,396	\$205,798,344
Other costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Claims sub-total	\$84,216,843	\$63,402,090	\$61,629,947	\$63,878,681	\$40,475,093	\$56,847,688	\$61,689,445	\$40,490,292	\$70,102,562	\$82,697,641	\$625,430,281
Basic Life	\$221,289	\$221,317	\$221,799	\$221,862	\$222,523	\$223,158	\$223,493	\$223,937	\$223,701	\$224,444	\$2,227,522
Optional Life	\$4,176,550	\$4,184,305	\$4,204,423	\$4,211,220	\$4,224,446	\$4,241,269	\$4,254,994	\$4,351,762	\$4,411,895	\$4,431,615	\$42,692,480
RMT Life	\$11,249	\$11,235	\$11,284	\$11,316	\$11,339	\$11,335	\$11,312	\$11,324	\$11,307	\$11,305	\$113,006
Long-Term Disability	\$1,128,494	\$1,129,796	\$1,180,176	\$1,140,568	\$1,147,795	\$1,154,286	\$1,160,614	\$1,199,993	\$1,236,839	\$1,234,786	\$11,713,347
Dental	\$2,254,771	\$2,259,002	\$2,269,348	\$2,275,976	\$2,284,301	\$2,288,917	\$2,291,688	\$2,294,748	\$2,298,791	\$2,301,002	\$22,818,543
Tufts Medicare Preferred	\$159,572	\$161,247	\$161,541	\$154,681	\$154,871	\$155,236	\$154,759	\$153,995	\$132,313	\$153,127	\$1,541,342
UBH Optum	\$25,920	\$25,920	\$25,920	\$25,920	\$25,920	\$25,920	\$25,920	\$2,929	\$23,328	\$23,328	\$231,025
ASO Administrative Fee	\$2,098,465	\$2,097,845	\$2,096,095	\$1,868,525	\$2,018,599	\$2,024,933	\$2,026,304	\$2,027,580	\$2,023,598	\$2,028,355	\$20,310,297
Premiums sub-total	\$10,076,310	\$10,090,667	\$10,170,586	\$9,910,067	\$10,089,795	\$10,125,054	\$10,149,082	\$10,266,267	\$10,361,773	\$10,407,962	\$101,647,562
TOTAL	\$94,293,152	\$73,492,756	\$71,800,533	\$73,788,747	\$50,564,888	\$66,972,741	\$71,838,527	\$50,756,559	\$80,464,334	\$93,105,603	\$727,077,842

Enrollee share paid claims have an identical pattern through April 2024.

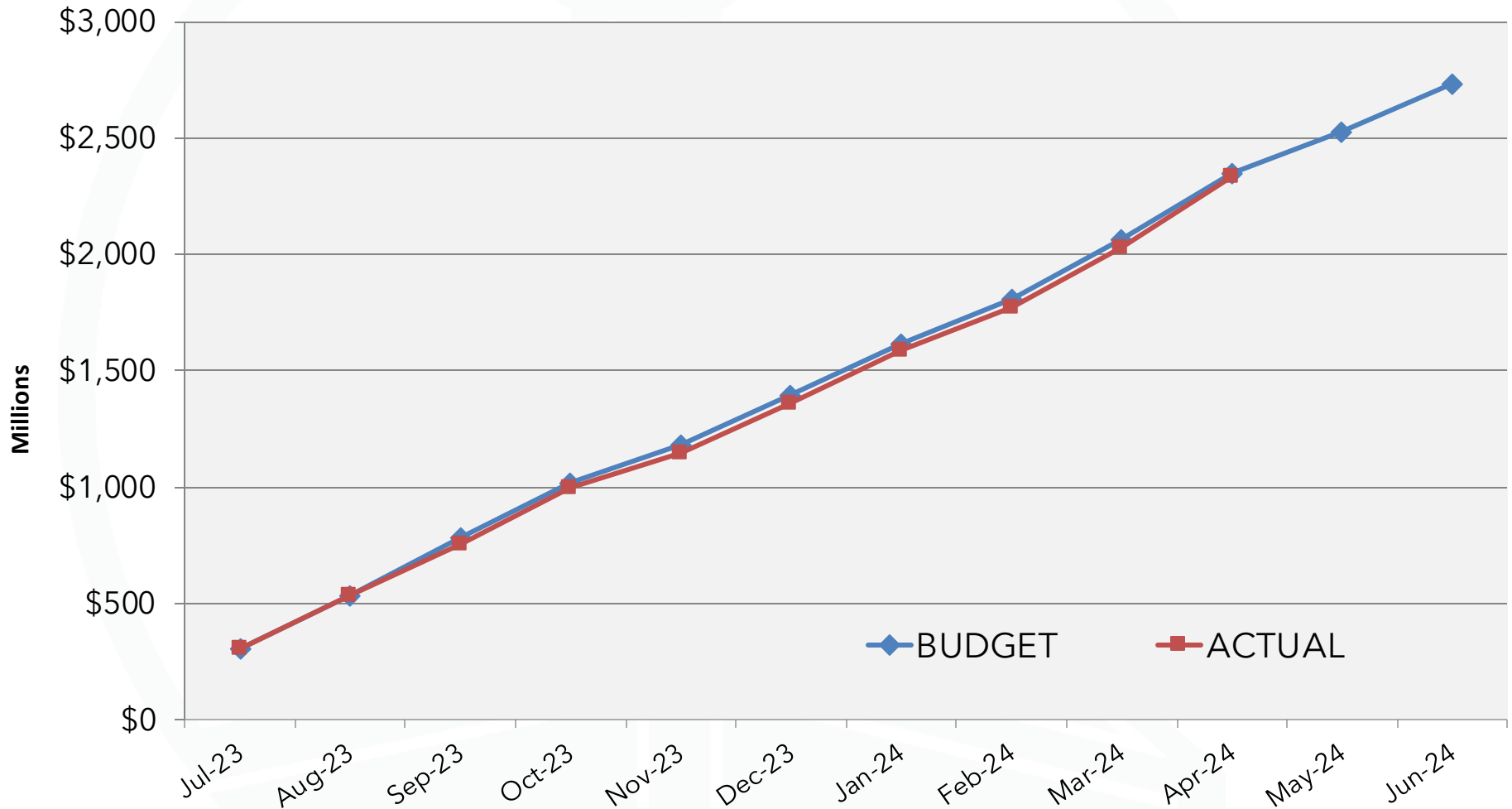
GIC Appropriation for Premium Accounts FY24 Budgeted vs. Actual



GIC Appropriation for Premium Accounts FY2024 Budgeted vs. Actual

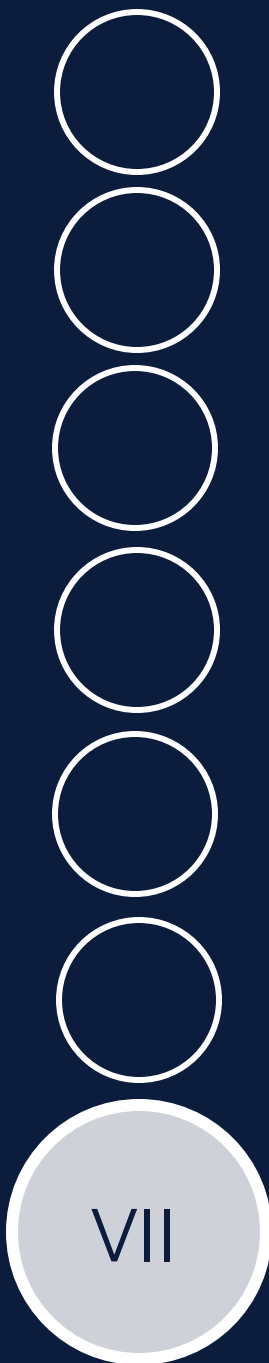


GIC Appropriation for Premium Accounts FY24 Budgeted vs. Actual to Date Cumulative



FY2024 State Share Premium Budget for GIC Premium Accounts as of December 31, 2023

	BUDGET	EXPENSES	Under Budget/ (Over Budget)	% VAR
Basic Life & Health				
Account # 1108-5200 & 1599-6152	\$2,340,718,476	\$2,326,457,319	\$14,261,157	0.6%
Active Dental & Vision Benefits				
Account # 1108-5500	\$8,993,980	\$9,176,700	(\$182,720)	-2.0%
Total State Share YTD	\$2,349,712,456	\$2,335,634,019	\$14,078,437	0.6%



OTHER BUSINESS / ADJOURNMENT

Valerie Sullivan, Chair
& Matthew Veno, Executive Director

2024 Group Insurance Commission Meetings & Schedule

January 18	February NO MEETING	February 29	April NO MEETING	May 16
June 20	September 19	October TBD	November 21	December 19

Unless otherwise announced in the public notice, all meetings take place from 8:30 am - 10:30 am on the 3rd Thursday of the month. Meeting notices and materials including the agenda and presentation are available at mass.gov/gic 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

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

Commission Members



Valerie Sullivan, Public Member, Chair



Bobbi Kaplan, NAGE, Vice-Chair



Gary Anderson, Commissioner of Insurance



Matthew Gorzkowicz, Secretary of Administration & Finance



Elizabeth Chabot, NAGE



Patricia Jennings, Public Member



Edward Tobey Choate, Public Member



Eileen P. McAnnery, Public Member



Tamara P. Davis, Public Member



Melissa Murphy-Rodrigues, Mass Municipal Association



Jane Edmonds, Retiree Member



Jason Silva, Mass Municipal Association



Joseph Gentile, Public Safety Member



Anna Sinaiko, Health Economist



Gerzino Guirand, Council 93, AFSCME, AFL-CIO



Timothy D. Sullivan, Massachusetts Teachers Association

GIC Leadership Team

Matthew A. Veno, Executive Director

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

James Rust, Chief Financial Officer

Paul Murphy, Director of Operations

Andrew Stern, General Counsel

Stephanie Sutliff, Chief Information Officer

Brock Veidenheimer, Director of Human Resources

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 1619, Boston, MA, Not open for walk-in service	
Correspondence & Paper Forms	P.O. Box 556 Randolph, MA 02368	Allow for processing time. Priority given to requests to retain or access benefits

Contact Your Health Carrier for Product and Coverage Questions

- Finding a Provider
- Accessing tiered doctor and hospital lists
- Determining which programs are available, like telehealth or fitness
- Understanding coverage

Health Insurance Carrier	Telephone	Website
Mass General Brigham Health Plan	(866) 567-9175	massgeneralbrighamhealthplan.com/gic-members
Harvard Pilgrim Health Care	(844) 442-7324	point32health.org/gic
Health New England	(800) 842-4464	hne.com/gic
Tufts Health Plan (Medicare Only)	(855) 852-1016	Tuftshealthplan.com/gic
UniCare State Indemnity		
Non-Medicare Plans	(833) 663-4176	unicaremass.com
Medicare Plans	(800) 442-9300	