

COMMISSION MEETING

September 18, 2025

 MassGIC

 Group Insurance Commission

 MA Group Insurance Commission

Public Notice: G.L. C-30A, Sec. 16, September, 2025

Agenda

- **I. Minutes, June 18, 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. CFO Report (INFORM)** 8:45 -9:00
Catherine Moore, Interim CFO
- **IV. IT Trust Fund Authorization (VOTE)** 9:00-9:10
Catherine Moore, Interim CFO
- **V. GLP-1 Update (INFORM)** 9:10-10:00
Matthew Veno, Executive Director
Margaret Anshutz, Director of Health Policy and Analytics
- **VI. Other Business/Adjournment** 10:00-10:30
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 June 18, 2025 as presented

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

Matthew Veno, Executive Director



CFO Report

Catherine Moore, Interim Chief Financial Officer

FY2025 State Share Expense for GIC Premium Accounts



	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	June 2025	TOTAL
Caremark/Express Scripts/SilverScript Claims	\$101,158,005	\$55,761,453	\$58,837,641	\$94,090,648	-\$4,217,149	\$53,871,699	\$111,781,278	\$44,619,593	\$27,929,218	\$115,307,813	\$486,372	\$91,454,887	\$751,081,459
Davis Vision Claims	\$42,062	\$47,283	\$42,543	\$42,787	\$35,678	\$35,713	\$39,875	\$34,993	\$43,383	\$37,907	\$40,973	\$39,281	\$482,477
Health New England Claims	\$10,903,323	\$8,959,624	\$9,752,773	\$7,824,988	\$9,495,867	\$8,894,244	\$8,096,786	\$9,360,818	\$11,069,109	\$9,598,770	\$7,998,383	\$8,189,173	\$110,143,859
Mass General Brigham Claims	\$11,446,094	\$9,646,021	\$8,658,337	\$11,920,741	\$9,524,359	\$10,024,848	\$10,134,836	\$11,011,643	\$10,704,565	\$10,136,812	\$14,606,961	\$7,872,593	\$125,687,812
Point32 Claims	\$86,754,873	\$58,303,875	\$61,754,060	\$87,267,726	\$71,030,399	\$83,161,848	\$63,244,377	\$71,701,674	\$73,563,704	\$90,575,284	\$76,671,219	\$61,482,820	\$885,511,858
Unicare Claims	\$86,843,669	\$91,935,965	\$69,768,872	\$87,717,257	\$70,621,558	\$71,165,213	\$82,420,326	\$86,183,462	\$78,872,250	\$81,998,779	\$85,936,565	\$72,972,679	\$966,436,594
Other costs (including Tufts run-out claims)	\$902,399	\$689,262	\$376,139	-\$142,541	\$483,550	-\$1,151,227	\$609,824	-\$295,597	\$240,187	\$838,427	\$168,043	\$1,994,445	\$4,712,911
Claims sub-total	\$298,050,426	\$225,343,483	\$209,190,365	\$288,721,607	\$156,974,261	\$226,002,337	\$276,327,302	\$222,616,587	\$202,422,416	\$308,493,792	\$185,908,516	\$244,005,877	\$2,844,056,969
Basic Life Insurance Premiums	\$821,174	\$821,643	\$824,066	\$823,914	\$825,366	\$824,927	\$823,853	\$823,985	\$823,885	\$823,178	\$822,964	\$833,445	\$9,892,400
RMT Life Insurance Premiums	\$46,021	\$45,963	\$46,546	\$46,545	\$46,532	\$46,441	\$46,372	\$46,268	\$46,194	\$46,129	\$46,069	\$44,694	\$553,773
Dental Premiums	\$942,185	\$941,605	\$946,059	\$946,294	\$950,653	\$948,355	\$946,442	\$949,110	\$946,627	\$946,723	\$949,137	\$1,072,439	\$11,485,627
Tufts Medicare Preferred	\$650,447	\$650,303	\$648,641	\$726,917	\$698,923	\$673,669	\$672,518	\$669,597	\$667,999	\$667,538	\$666,933	\$665,268	\$8,058,753
UBH Optum EAP	\$82,584	\$82,584	\$82,584	\$82,584	\$55,800	\$82,584	\$82,584	\$82,584	\$82,584	\$82,584	\$82,584	\$82,584	\$964,224
ASO Administrative Fees	\$7,362,423	\$7,356,006	\$7,360,167	\$7,357,683	\$7,379,976	\$7,373,651	\$7,360,299	\$7,361,517	\$7,355,172	\$7,347,731	\$7,340,664	\$7,540,006	\$88,495,295
Premiums sub-total	\$9,904,834	\$9,898,103	\$9,908,062	\$9,983,937	\$9,957,250	\$9,949,627	\$9,932,068	\$9,933,061	\$9,922,461	\$9,913,884	\$9,908,351	\$10,238,435	\$119,450,072
TOTAL	\$307,955,260	\$235,241,586	\$219,098,427	\$298,705,544	\$166,931,511	\$235,951,964	\$286,259,370	\$232,549,648	\$212,344,877	\$318,407,676	\$195,816,867	\$254,244,312	\$2,963,507,042

Employer state share spending FY25

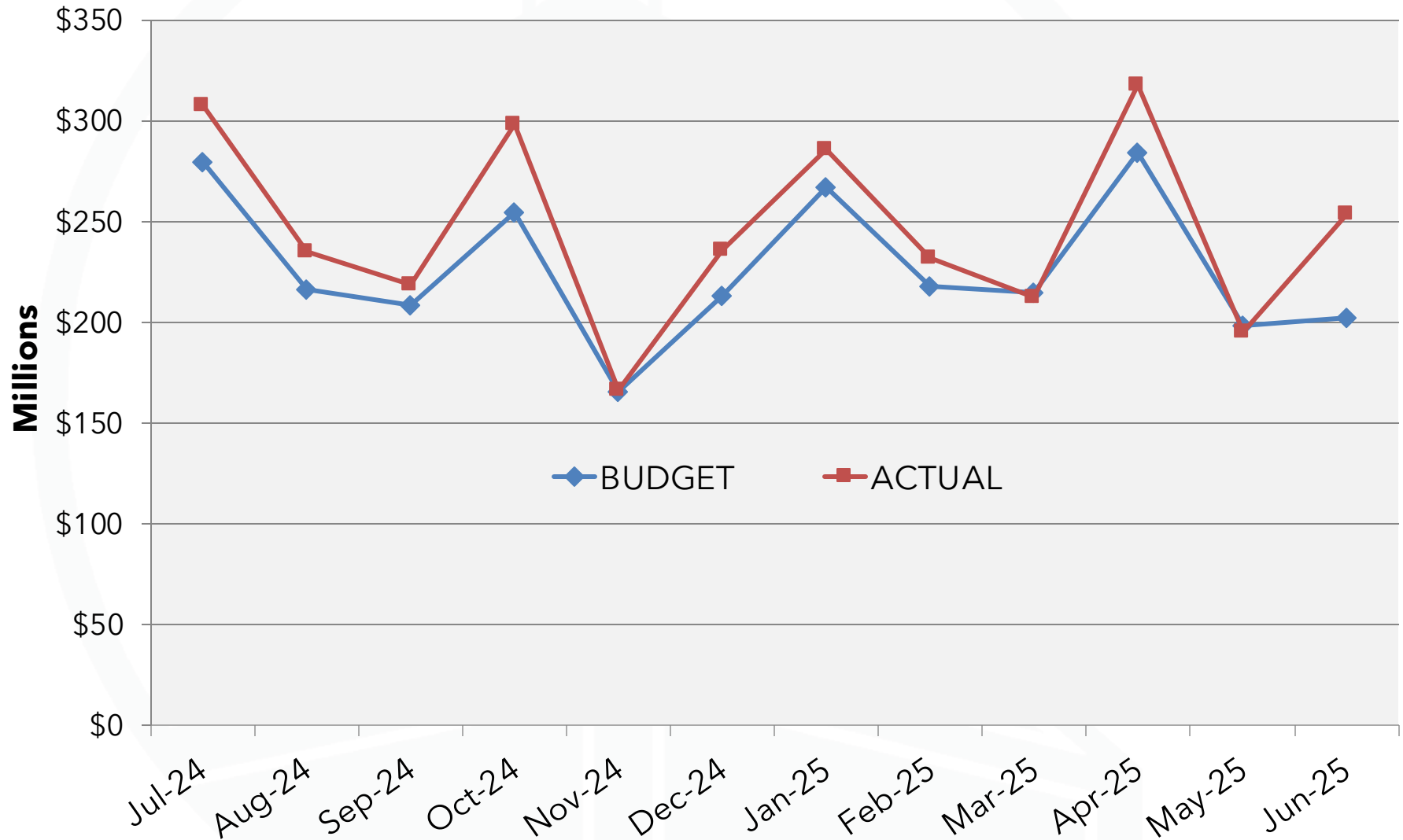
FY2025 Enrollee Share Expense for GIC Premium Accounts



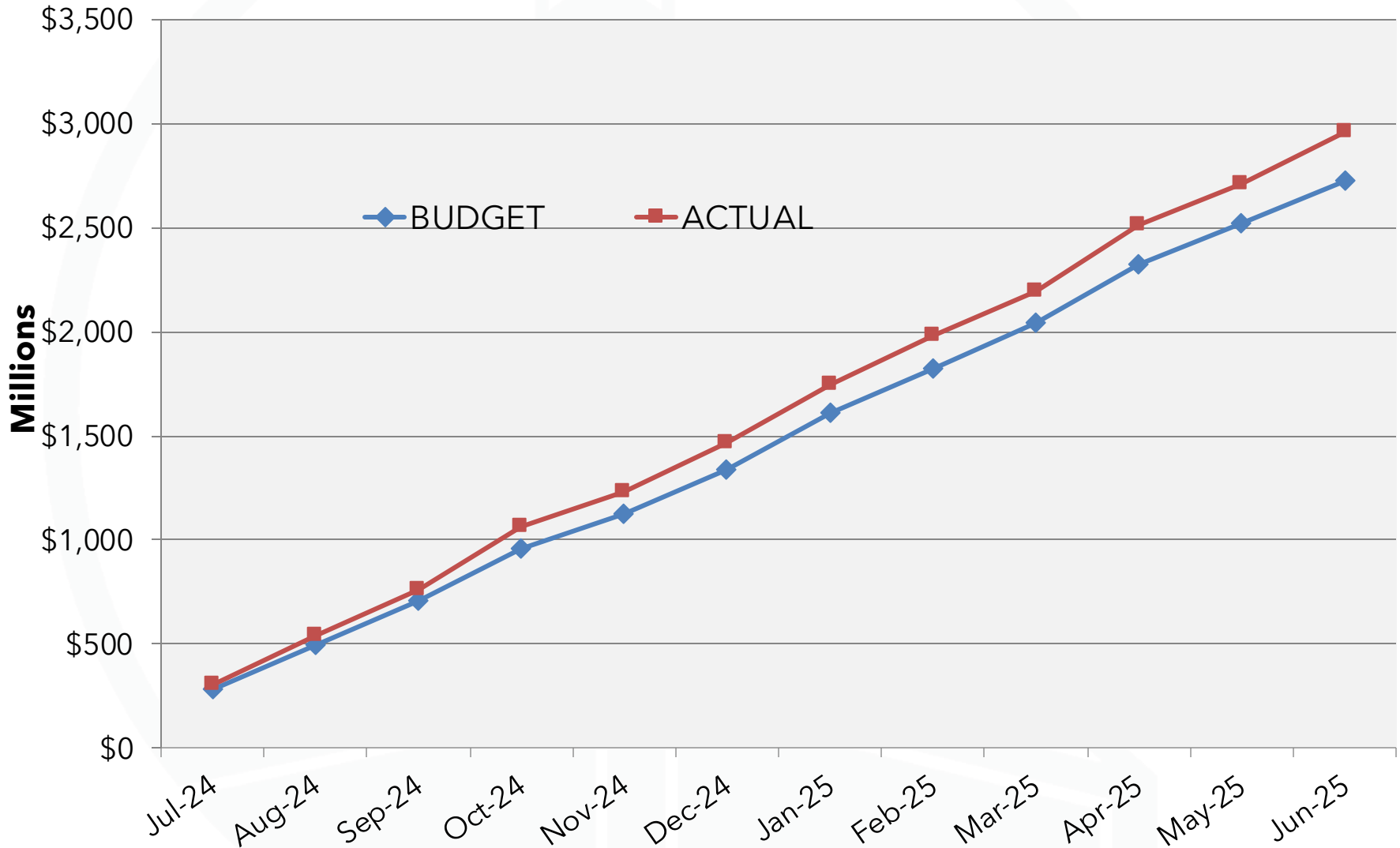
	July 2024	August 2024	September 2024	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025	May 2025	TOTAL
Caremark/Express Scripts/SilverScript Claims	\$27,048,894	\$13,022,589	\$17,252,344	\$25,467,106	-\$1,213,853	\$16,481,803	\$29,653,311	\$10,762,940	\$11,043,589	\$30,680,836	\$409,328	\$205,037,670
Davis Vision Claims	\$7,423	\$8,344	\$7,508	\$7,551	\$6,296	\$6,302	\$7,037	\$6,175	\$7,656	\$6,690	\$7,230	\$85,143
Health New England Claims	\$3,302,487	\$2,716,848	\$2,953,611	\$2,373,721	\$2,885,725	\$2,693,448	\$2,457,810	\$2,821,822	\$3,346,650	\$2,908,881	\$2,424,007	\$33,372,808
Mass General Brigham Claims	\$3,535,603	\$2,980,192	\$2,678,123	\$3,690,378	\$2,952,821	\$3,109,458	\$3,144,773	\$3,413,930	\$3,318,940	\$3,141,744	\$4,524,854	\$38,929,115
Point32 Claims	\$23,145,976	\$16,761,899	\$17,914,324	\$25,195,316	\$20,581,057	\$24,050,299	\$18,297,473	\$20,693,178	\$21,163,356	\$26,174,251	\$22,192,735	\$258,110,849
Unicare Claims	\$24,243,214	\$25,767,983	\$19,457,802	\$24,484,095	\$19,766,846	\$19,889,416	\$23,064,826	\$23,897,398	\$22,097,436	\$22,936,048	\$24,054,340	\$269,399,412
Other costs (including Tufts run-out claims)	-\$65,921	-\$30,935	\$29,014	-\$108,558	\$24,821	-\$362,518	\$76,741	-\$138,837	\$14,460	\$155,382	-\$1,655	\$7,662
Claims sub-total	\$81,217,675	\$61,226,919	\$60,292,726	\$81,109,609	\$45,003,713	\$65,868,209	\$76,701,972	\$61,456,607	\$60,992,087	\$86,003,833	\$53,610,840	\$804,942,660
Basic Life Insurance Premiums	\$227,909	\$228,184	\$229,126	\$229,157	\$229,776	\$229,643	\$229,358	\$229,575	\$229,681	\$229,575	\$229,568	\$2,756,102
Optional Life Insurance Premiums	\$4,447,026	\$4,461,418	\$4,490,614	\$4,518,407	\$4,541,124	\$4,564,930	\$4,576,542	\$4,586,595	\$4,632,718	\$4,644,524	\$4,656,967	\$54,501,829
RMT Life Insurance Premiums	\$11,251	\$11,236	\$11,378	\$11,379	\$11,376	\$11,353	\$11,337	\$11,311	\$11,293	\$11,278	\$11,263	\$135,110
Long-Term Disability Premiums	\$1,244,240	\$1,248,871	\$1,263,875	\$1,272,369	\$1,277,736	\$1,286,259	\$1,289,336	\$1,293,935	\$1,317,197	\$1,319,687	\$1,321,753	\$15,487,950
Dental Premiums	\$2,339,184	\$2,345,961	\$2,354,217	\$2,359,582	\$2,364,044	\$2,364,130	\$2,364,511	\$2,368,123	\$2,373,216	\$2,373,610	\$2,376,781	\$28,337,792
Tufts Medicare Preferred	\$150,655	\$150,799	\$150,514	\$168,619	\$162,215	\$156,355	\$156,218	\$155,643	\$155,217	\$155,126	\$154,995	\$1,870,991
UBH Optum EAP	\$23,976	\$23,976	\$23,976	\$23,976	\$16,200	\$23,976	\$23,976	\$23,976	\$23,976	\$23,976	\$23,976	\$279,936
ASO Administrative Fees	\$2,066,190	\$2,066,024	\$2,069,017	\$2,069,119	\$2,077,843	\$2,075,733	\$2,072,145	\$2,073,743	\$2,072,760	\$2,071,376	\$2,070,547	\$24,906,887
Premiums sub-total	\$10,510,430	\$10,536,469	\$10,592,718	\$10,652,607	\$10,680,314	\$10,712,379	\$10,723,422	\$10,742,901	\$10,816,057	\$10,829,151	\$10,845,849	\$128,276,597
TOTAL	\$91,728,105	\$71,763,388	\$70,885,444	\$91,762,215	\$55,684,027	\$76,580,589	\$87,425,394	\$72,199,508	\$71,808,144	\$96,832,984	\$64,456,689	\$933,219,256

Enrollee share paid claims FY25

GIC Appropriation for Premium Accounts FY25 Budgeted vs. Actual as of June 30, 2025



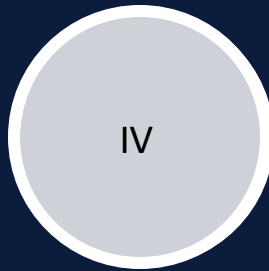
GIC Appropriation for Premium Accounts FY25 Budgeted vs. Actual to Date Cumulative



FY2025 State Share Premium Budget for GIC Premium Accounts as of June 30, 2025



	APPROPRIATION	EXPENSES	Surplus / Deficit**	% VAR
Basic Life & Health* Account #1108-5200 & #1599-6152	\$2,713,893,912	2,951,538,938	(\$237,645,026)	-8.8%
Active Dental & Vision Benefits Account #1108-5500	\$12,028,142	11,968,104	\$60,038	0.5%
State Share YTD	\$2,725,922,054	2,963,507,042	(\$237,584,988)	-8.7%



V. FY26 Trust Funds Request (INFORM & VOTE)

Catherine Moore,
Budget Director



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

- The Commission has historically supported these requests
- The funds, if spent, are used for projects that are reviewed by senior staff and approved by the Executive Director
- These projects must benefit enrollees, whose premium contributions provided the initial balance for the fund
- Funds are only used when the agency's needs exceed the applicable budget appropriation. In recent years, the existing GIC administration budget has been sufficient to cover the agency's administrative expenses and the GIC did not spend any funds from the Employee Trust Fund
- Most of the FY26 Trust Fund authorization requests were approved by the Commission at the June Commission meeting
- The outstanding request is for FY26 information technology projects, and is described in the following slide; recent IT modernization projects may increase operating costs

Information Technology Request	FY2025	FY2026
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
COMMUNICATIONS 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
BENEFITS PORTAL Enhancements and support	n/a	\$100,000
ACCESSIBILITY Remediation, testing, and implementation to adhere with the Web Content Accessibility Guidelines 2.1 A&AA for state provided digital content and technology.	n/a	\$100,000
TOTAL	\$408,000	\$608,000

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)
- Edward Tobey Choate
- Martin Curley
- Tamara Davis
- Jane Edmonds
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GIC Coverage for GLP-1 Drugs for Weight Loss

Matthew Veno, Executive Director

Margaret Anshutz, Director of Health Policy and Analytics

GLP-1s Drugs to Treat Obesity

A Case Study in Health Care Affordability Tradeoffs

- The current prices of GLP-1 drugs, and the enormous number of people who qualify for them today, represent a profound budget challenge for the Commonwealth and our members. This challenge is compounded by other financial pressures descending upon the state.
- These drugs represent a major breakthrough in treatment of obesity, a chronic condition that at least 1/3 of GIC members struggle to manage. They offer the hope for lifechanging weight loss and improved health for members, and reduced disease prevalence and spending for the GIC.
- GIC is evaluating the implications of eliminating coverage for GLP-1s, as well as potential strategies to maintain coverage while also mitigating associated costs. The current PBM contract limits our flexibility but there are still a few viable solutions for this fiscal year.

Legislative Actions Have Created a Deficiency in the GIC's FY26 Budget

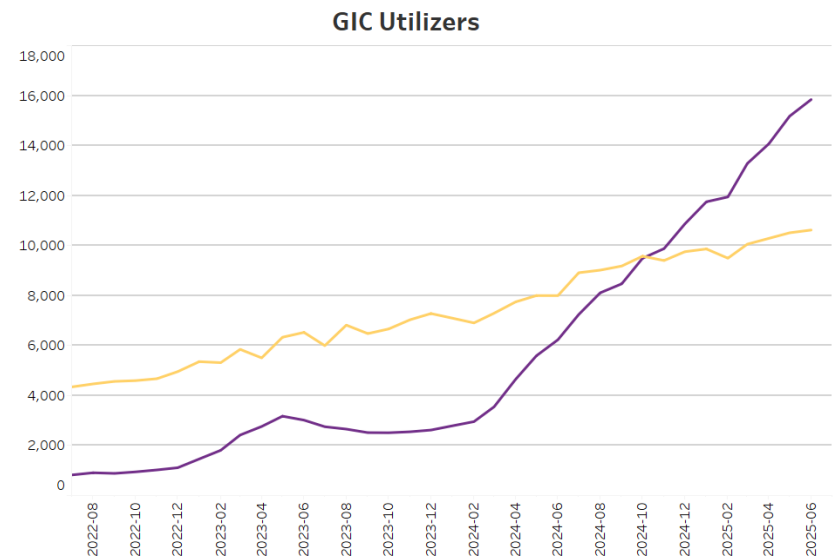
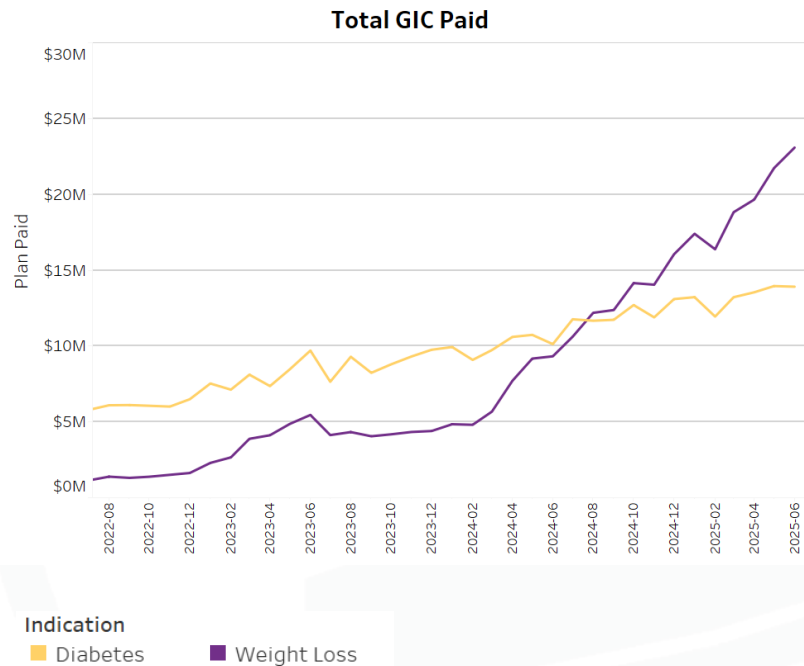
- The Governor's budget proposed line-item language to increase premium contributions for certain groups of state employees. That proposed language was not adopted, but the GIC's budget was not adjusted to reflect the rejection of the change.
- Governor Healey vetoed \$27.5 million from GIC's FY26 budget and requested the GIC eliminate coverage for GLP-1s to treat obesity mid-year (on 1/1/2026), while preserving coverage to treat other conditions (i.e. diabetes). A separate bill that would authorize the Commission to make this change is pending in the Legislature.
- In total, due to these legislative actions, the GIC's FY26 budget is now deficient by approximately **\$77M**.

The goal of today's meeting is to review the GLP-1 landscape and provide an overview of near-term and long-term solutions available to the GIC to manage GLP-1 spend.

At our October 16th meeting, staff will present options for the Commission's consideration to address the GIC's budget deficiency, including but not limited to GLP-1 coverage.

GIC GLP-1 Weight Loss Spend and Utilization

Spend and Utilization continue to trend up month over month



Includes Non-Medicare and Medicare

Data on GIC GLP-1 spending through June 2025 and does not account for rebates.

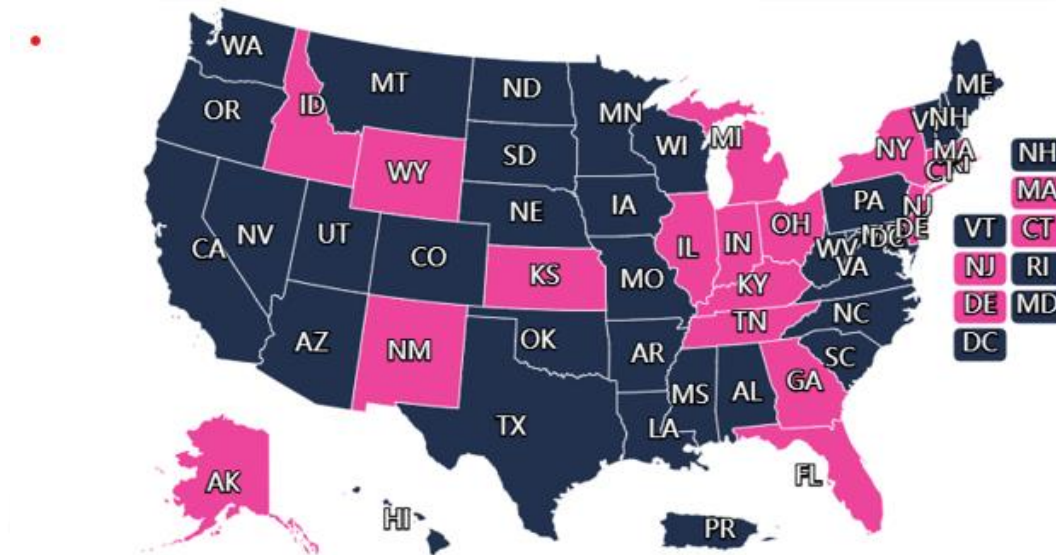
High Prices and Rising Utilization of GLP-1s for Obesity

- Estimated annual price per member, net of rebates (not GIC alone): \$7,401 – \$9,191 (ICER)
- Research suggests GLP-1 prices would need to be reduced by 31-82% to yield lifetime savings greater than the cost (JAMA)
- GIC's net spend in FY25 exceeded \$120M
- 3.5% of GIC membership currently receives coverage, while 27% in MA have obesity
- Projected increase in GLP-1 spending accounts for approximately 1/3 of GIC's 11.7% premium increase in FY26
- Payors and health benefit sponsors – in Massachusetts and across the country – are struggling with how to reconcile the potential opportunity these drugs present with the enormous cost burden they create.

Maintaining broad access to GLP-1s for weight loss aligned with clinical guidelines and the FDA label without intervention is unsustainable.

Coverage Landscape for GLP-1s is Rapidly Changing

State Employee Health Plan Coverage



Three states have removed coverage for weight loss since 2024: North Carolina, West Virginia, and Colorado

Ohio and Idaho are in the process of removing coverage

Source, [Obesity Coverage Nexus](#), RWJ downloaded September 2025 Pink=covered

GLP-1 medications are effective for diabetes and weight loss

Glucagon-like peptides (GLP-1) medications slow food down in the stomach and decrease food craving in the brain

Current approved GLP-1s for weight loss	Diabetes version	Manufacturer	Approx. weight loss	Considerations
Saxenda (liraglutide) Daily injection	Victoza	Novo Nordisk	5%	<ul style="list-style-type: none"> GLP-1s have been used to treat diabetes for over 20 years Generally safe and well-tolerated (gastrointestinal side effects are common, but typically diminish over time) Diabetes versions of obesity drugs are equally effective and have lower prices GLP-1 drug supply issues have been resolved
Wegovy (semaglutide) Weekly injection	Ozempic	Novo Nordisk	15%	
Zepbound (tirzepatide) Weekly injection	Mounjaro	Eli Lilly	21%	

Recent FDA Approvals

- Wegovy: risk reduction of major cardiovascular events in obese patients with a history of such events
 - CMS now allows GLP-1 coverage for this new indication for Medicare Part D and Advantage Plans
- Wegovy: approval for adults with non-cirrhotic MASH and moderate to advanced liver fibrosis
- Zepbound: obstructive sleep apnea (OSA)

Clinical Benefits of GLP-1s

Weight Loss

- GLP-1s are highly effective at helping patients achieve a medically desirable weight
 - Semaglutide generally leads to 10-15% weight loss
 - Tirzepatide generally leads to 15-21% weight loss
- Weight reduction has been associated with improvements in physical and mental health as well as improved productivity

Extensive Benefits for Comorbid Conditions

- Extensive research published in academic journals such as the New England Journal of Medicine and JAMA show that GLP-1s produce substantial benefits when used to treat other conditions including:
 - Heart Disease
 - Obesity related cancers
 - Kidney disease
 - Musculoskeletal disease
 - Sleep apnea

Diabetes Management

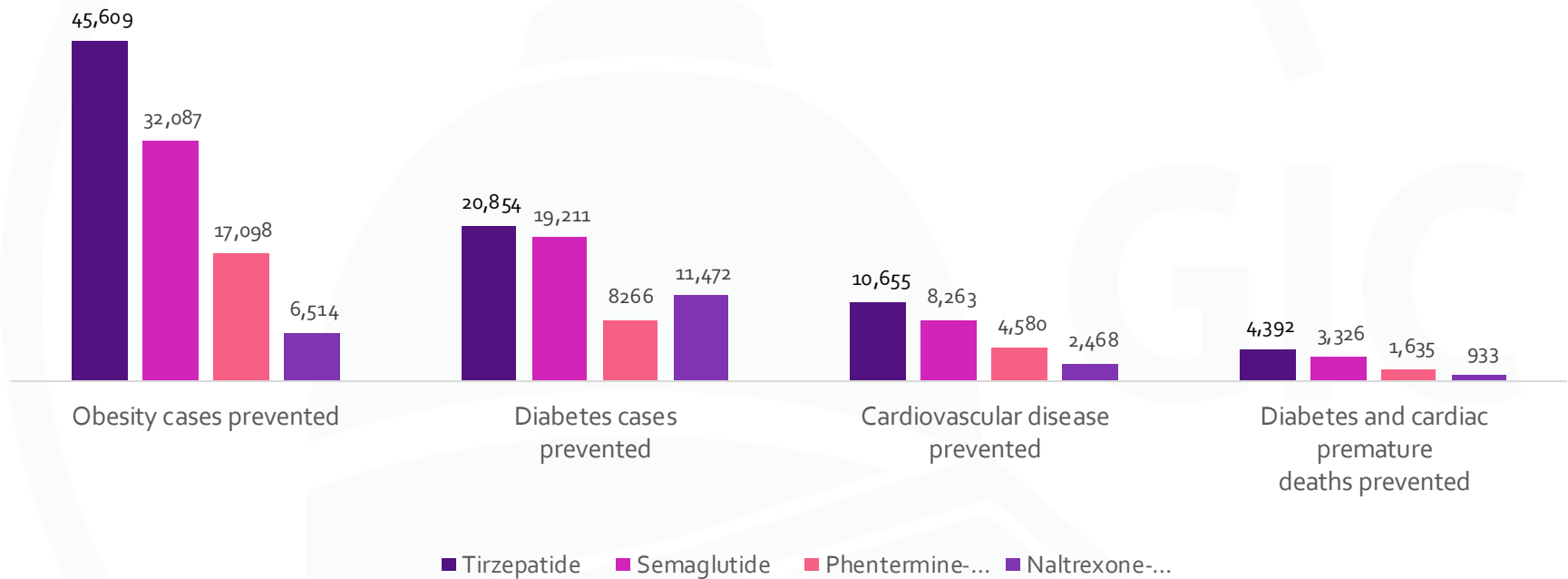
- Zepbound (tirzepatide) was associated with a 93% relative risk reduction in onset of diabetes over a 4-year study period in those with “prediabetes” in a randomized trial published in the [New England Journal of Medicine](#) in late 2024.
- An [earlier trial](#) showed a 73% decrease in progression to diabetes in those treated with semaglutide for obesity.

Health Equity

- GLP-1s have proven to be especially valuable for BIPOC and low-income communities who have disproportionately high rates of chronic disease
- These members would see a meaningful reduction in health status and quality of life if GLP-1s were no longer covered for the weight loss indication
- Low-income members could be disproportionately impacted, as the retail price of \$499 is likely cost prohibitive

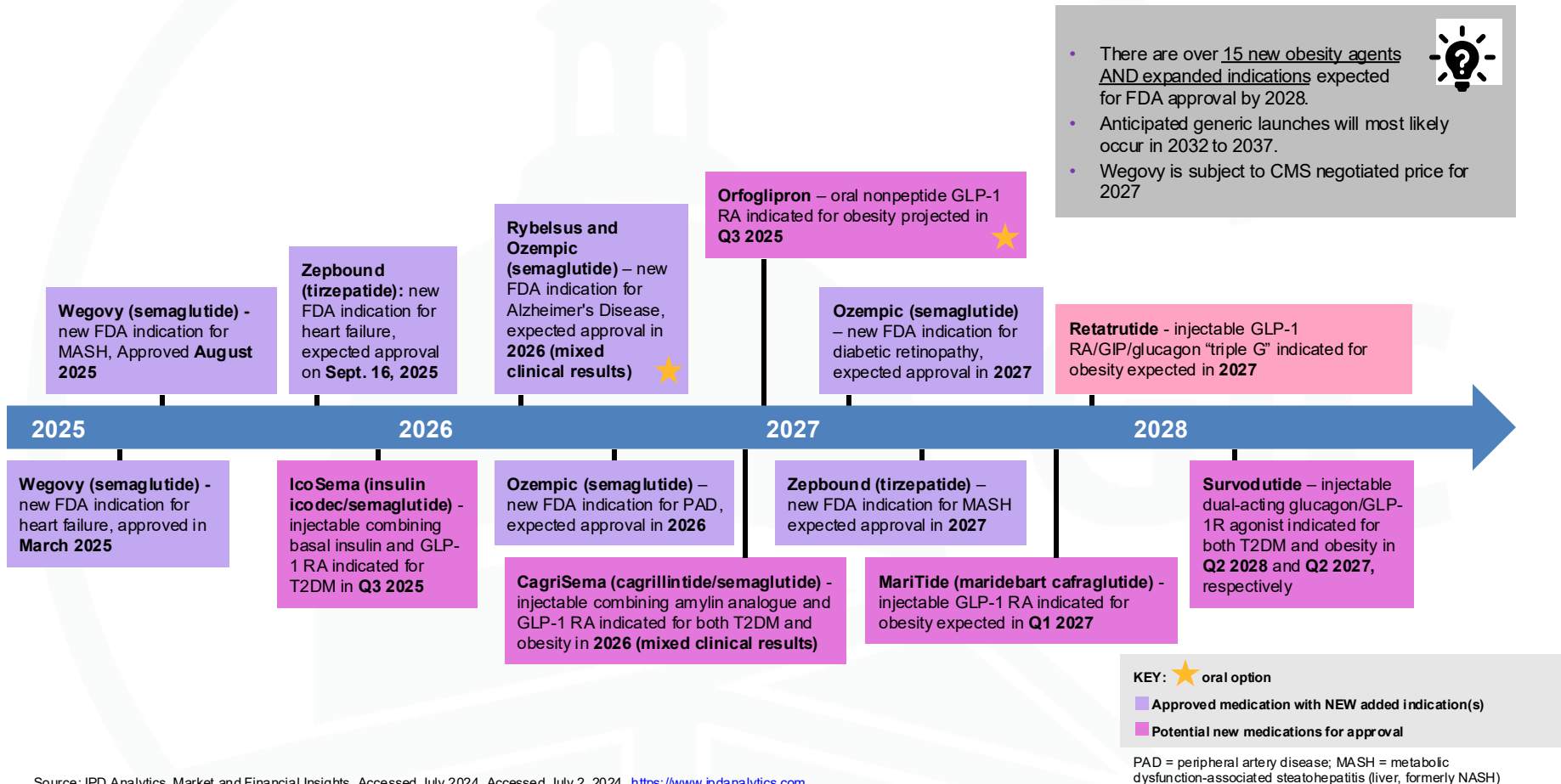
Substantial clinical benefits of GLP-1s

Adverse outcomes prevented by anti-obesity medicines among 100,000 adults



Source: Hwang, et al [JAMA Health Forum](#) March 14, 2025

Weight Loss Pipeline



- There are over 15 new obesity agents AND expanded indications expected for FDA approval by 2028.
- Anticipated generic launches will most likely occur in 2032 to 2037.
- Wegovy is subject to CMS negotiated price for 2027



Current prior authorization criteria and FDA guidelines



Anti-Obesity PA

- The requested drug will be used with a reduced calorie diet and increased physical activity for chronic weight management AND
- The patient has participated in a comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity with continuing follow-up for at least 6 months prior to using drug therapy [physician attestation needed] AND
- The patient has a body mass index (BMI) greater than or equal to 30 kg/m². Documentation is required for approval OR
- The patient has a body mass index (BMI) greater than or equal to 27 kg/m². [Documentation is required for approval] AND
- The patient has at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia). [Documentation is required for approval]

FDA Labeling

- The Food and Drug Administration initially approved these medications, Wegovy (semaglutide) and Zepbound (tirzepatide) to treat those with BMI > 30 or BMI > 27 with metabolic complications (such as heart disease, hypertension or hypercholesterolemia)
- Rebates and pricing guaranteed are tied to FDA guidelines in our contract with CVS.

GLP-1s Savings Interventions



	Strategies	Cost/Trend	Considerations
Less access	Do not cover GLP-1 for obesity <ul style="list-style-type: none"> Remove coverage of GLP-1s for the weight loss indication 	<ul style="list-style-type: none"> Substantial reduction in utilization and cost Some members will access GLP-1s for other indications such as diabetes Rebates and rebate guarantee will be impacted 	<ul style="list-style-type: none"> More restrictive than FDA guidelines Member abrasion and pushback Clinical benefits are lost
	Weight Management program <ul style="list-style-type: none"> Implement program to assist members with weight management and require participation in program in order to gain access to GLP-1 Contract with a vendor currently integrated with CVS to implement expeditiously - possibly on a pilot basis 	<ul style="list-style-type: none"> Programs can have high fees May lead to increased cost if members remain on the drug or do not change behavior Rebates and rebate guarantee may be impacted which would lead to lower savings 	<ul style="list-style-type: none"> These programs might eliminate coverage for some users May be composed of elements that have not led to sustainable weight loss in the past. Procurement would be required for non-CVS integrated vendor
	BMI Increase for coverage eligibility <ul style="list-style-type: none"> Limit coverage of GLP-1s for weight loss to those with a higher BMI Consistent with value-based design 	<ul style="list-style-type: none"> Savings dependent on selected BMI threshold 	<ul style="list-style-type: none"> More restrictive than FDA guidelines Rebate loss is higher than savings, making this option non-viable Adds member abrasion
	Utilization Freeze <ul style="list-style-type: none"> Freeze access to GLP-1 for obesity to only those members who have filled the drug prior to 1/1/26 	<ul style="list-style-type: none"> Freezes cost at 2025 levels Would expect an increase in utilizers prior to freeze start date 	<ul style="list-style-type: none"> Rebate loss is higher than savings, making this option non-viable Current utilizers maintain coverage Adds member abrasion for potential future utilizers
More access	Cover with PBM criteria <ul style="list-style-type: none"> Coverage of GLP-1s for weight loss with prior authorization (PA) GIC has implemented strongest available CVS PA criteria 	<ul style="list-style-type: none"> Costs will continue to rise with supply and demand 	<ul style="list-style-type: none"> Broadest member access, least abrasive Health benefits may lead to some cost reduction
	GIC's current approach		

GIC Pharmacy Landscape

- The GIC is in the third year of a PBM contract with CVS Caremark
- This contract has continued to provide the GIC with a market leading deal, but like all contracts, comes with some constraints
- It is critical to fully vet and understand potential impacts to the contract terms prior to making a pharmacy benefit change, as implementing a solution intending to achieve savings could have an adverse impact on the GIC's broader pharmacy contract
- Examples of potential barriers to implementation and/or adverse impacts include:
 - Potential rebate reduction
 - Potential for CVS to re-negotiate pricing terms

The GIC can and will use its next pharmacy procurement to align its contract to any new strategic goals

Next Steps

- **Feedback/questions** from the Commission
- **Monitor activity** in the Legislature on the Governor's proposal to authorize the Commission to consider a mid-year plan change
- **Continue evaluation** of 4 weight management program vendors currently integrated with CVS
- **Complete the inventory** of other potential actions to manage the FY26 budget deficiency
- **Present options** to the Commission for approval at the October Commission meeting



Other Business/Adjournment

Valerie Sullivan, Chair

Matthew Veno, Executive Director

2025 Group Insurance Commission Meetings & Schedule

January 16	February 6	February 27	April 17	May 15
June 18	September 18	October 16	November 20	December 18

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



Michael Caljouw, Commissioner of Insurance



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

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	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
Wellpoint		
Non-Medicare Plans	(833) 663-4176	wellpoint.com/mass
Medicare Plans	(800) 442-9300	