For your

Your Benefits Connection

BENEFIT

Published by the Group Insurance Commission for active and retired employees of the Commonwealth of Massachusetts and participating communities

Charlie Baker, Governor | Katherine Baicker, Chair | Dolores L. Mitchell, Executive Director

Winter 2016

Group Insurance Commission

Providing State and Participating Community Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs

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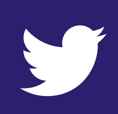

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Annual Enrollment April 6 – May 4, 2016

- Enroll in benefits
- Change your health plan
- Enroll in Retiree Dental, if eligible
- State employees – enroll in pre-tax Flexible Spending Account benefits and consider other benefit options

Long-time GIC Executive Director to Retire

A Leader in Health Care Innovation

GIC Executive Director Dolores L. Mitchell

How do you bid adieu to an Executive Director who has been synonymous with the GIC for almost half of the agency's 60 years? Not easily. Dolores L. Mitchell, GIC Executive Director since 1987, announced her retirement at the December Commission meeting. She has served under seven governors from the administration of Michael Dukakis through current Governor Charlie Baker. During that time, she has seen a lot of changes in the state; but more importantly, she has helped transform health care. "The years have flown by since I came to the GIC, and I haven't had a dull day since," Mitchell said. "There's a saying in poker that you have to know when to 'hold them' or 'fold them.' I have come to the conclusion that it's better to leave when people are either honestly or dishonestly telling you they're sorry you're going to go, than stay too long and have them say, 'It's time for her to leave already.' So I'm going to fold 'em," she told the Commission.

Passionate about the GIC's dual objective of quality benefits at reasonable costs, Mitchell has never been afraid to push for changes, even when they have been controversial. She has been a leader in calling attention to patient safety, care coordination, differences in provider cost and quality, and the need to get everyone's arms around the health care cost monster. Among her achievements have been:

- Instituting mental health parity that was used as a model for subsequent legislation;
- Being the first New England purchaser to join Leapfrog, dedicated to improving patient safety in hospitals;
- Developing the Clinical Performance Improvement Initiative for evaluating specialists on quality and cost-efficiency;
- Implementing the Centered Care Initiative fostering better integrated care for members and holding doctors, hospitals, and other providers accountable for overuse of costly resources. It also flags the disparities in the cost and quality of care they provide; and

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Long-time GIC Executive Director to Retire

A Leader in Health Care Innovation *continued from page 1*

- ❖ Executing municipal health reform, which enables municipalities and school districts to join the GIC, thereby saving them millions of dollars on their health care costs.

"Under Dolores Mitchell's leadership, the GIC has been a powerful force for innovative and sustainable coverage for its enrollees and for the health care system across Massachusetts," said Commission Chair, Katherine Baicker, Ph. D. "We all owe her an enormous debt of gratitude."

Mrs. Mitchell has been a frequent speaker on health care, and is a member of a number of professional and community organizations. She is a past chair and current board member of the National Committee for Quality Assurance (NCQA), the national accrediting organization for managed care plans, physicians, and medical homes; and the National Quality Forum (NQF) and its Measures Applications Partnership and Affordability Task Force, which advises the federal Secretary of Health and Human Services on patient safety and quality measurements. She is also one of the founding members of Catalyst for Health Payment Reform. In addition she serves on the board of the Big Sister Association of Greater Boston, as well as the governing board of the Massachusetts Health Care Connector Authority. Mitchell will stay on at the GIC until her successor is named.

All who have worked for and with her, as well as the the current and former commissioners, wish her the best in retirement. Her intellect, feistiness, and irreverent wit will be sorely missed.

New Commissioner Advocates for Prescription Drug Program Oversight and Disincentives for Out-of-Network Care to Help Control Costs

New Commissioner
Bobbi Kaplan, NAGE

As the GIC enters into its annual rate negotiation period, our new Commissioner, Bobbi Kaplan, recommends taking a hard look at the proposed pharmacy rates and use of out-of-network care. Commissioner Kaplan, the new NAGE representative, who replaces long-time Commissioner and Vice Chair, Richard Waring, recommends that the Commission evaluate differences in the health plan's prescription drug programs and consider consolidating pharmacy benefit managers. "The CVS/caremark plan for UniCare members was audited in June 2014 and had excellent adherence to our benefits package, and we will be auditing them again in 2016," said Commissioner Kaplan. "I am interested in the results of the next audit and also focusing on audits of the other plan's drug programs."

Commissioner Kaplan also wants to give members incentives to use in-network providers, where plans negotiate contracted rates with providers. "The Commission will look at out-of-network usage by members and may want to consider widening the incentive to use in-network providers," she said. "This is a far better solution to rising costs than increasing copays."

As a 28-year employee of the Office of the Comptroller, Commissioner Kaplan helped with staff training and also served as a Systems Analyst. Since 2002, she has held the position of Executive Vice President of NAGE's local 207 and has actively been involved in negotiating and resolving labor disputes. She has served as the co-chair for the NAGE Health & Welfare Trust Fund for the last ten years. "It is my passion to advocate for our members in the workplace," she said. "I am excited to be part of the health care debate as the GIC's newest Commissioner and to bring the concerns of state employees to the Commission's deliberations." Welcome to Commissioner Kaplan and thank you to Commissioner Waring for your long-time dedicated service. We wish Commissioner Waring the best in his retirement.

Why It's Important to Review Your Annual GIC Benefit Statement

Each year the GIC sends all members a customized benefit statement listing their benefit elections and the people they cover under their benefits. This is mailed at the end of January to give members an opportunity to review this information in advance of Annual Enrollment. There are two critical pieces of information to pay attention to:

- ❖ Do you have a former spouse still listed as a spouse?
- ❖ Are all of your dependents (and your spouse) you wish to cover under your health insurance (and GIC dental/vision or Retiree Dental, if eligible) listed?

If your former spouse is listed as a spouse, notify the GIC right away by completing the Change Form that is enclosed with your benefit statement and returning it with the required documentation. Failure to report divorces and remarriages can be very costly to you as you may be responsible for additional premiums or medical claims.

If you wish to add or remove a spouse or dependent(s) to your coverage, you can only do so during Annual Enrollment or within 60 days of a qualifying status change (i.e., marriage, birth, and/or adoption). Be sure to take advantage of the Annual Enrollment opportunity to add or remove your spouse or dependent by completing the GIC Enrollment/Change Form, attaching required documentation. Give this information to your GIC Coordinator (active employees) or mail to the GIC (retirees and survivors) no later than the end of Annual Enrollment, May 4, 2016. For information on adding or removing a spouse or dependent within 60 days of a qualifying status change including required documentation, refer to the Qualifying Status Changes on our website: www.mass.gov/gic/faqs.

In addition to reviewing the information above, be sure the following are correct, as these can affect coverage eligibility and life insurance payouts:

- ❖ Correct spelling of your name and covered dependents;
- ❖ Dates of birth;
- ❖ Life insurance beneficiary (state employees and retirees only); and
- ❖ Home address

For State Employees, Retirees, and GIC Retired Municipal Teachers

The phone number and email address we have on file for you will be listed on your benefit statement. Use the change form enclosed with the statement to add or update this information.

For State Employees

State Board of Retirement beneficiary details will be listed on the back of your GIC benefit statement. Whoever the Mass State Board of Retirement (MSRB) has as your beneficiary affects who will receive certain pension benefits and payments of unused vacation or sick time owed. Your GIC beneficiary(ies) for life insurance purposes appear on the front of the statement. Be sure to return changes to the correct agency. Return the MSRB beneficiary form to the Retirement Board. For any GIC changes, use the GIC Change Form. Return envelopes, the MSRB beneficiary form, and the GIC Change Form are included in the mailing.

(Left to right) Judy Settana, GIC Manager of Public Information, Tanika Smith, Victim Witness Advocate form the Suffolk County District Attorney's Office, GIC Executive Director, Dolores L. Mitchell, and Catherine Rodriguez, Deputy Chief of Staff for the Suffolk County District Attorney's Office stand in front of this year's giving tree.

GIC Annual Giving Tree

For the past 26 years, the GIC has supported a number of local charitable organizations with a holiday giving tree. This year's recipient, The Victim Witness Assistance Program, serves approximately 450 victim-related cases at the West Roxbury District Court. The organization helps children who have suffered abuse, neglect, or exploitation at the hands of caregivers as well as families who have lost loved ones to homicide or who have witnessed terrible abuse. The GIC staff helped to make the holidays a little brighter for some of these children and parents by purchasing items on their wish list, including toys, games and coats.

GIC Health Plan Calendar Year Deductible Transitioning to Fiscal Year

As outlined in last year's *Benefit Decision Guide*, the GIC health plan calendar year deductible for all **Employee/ Non-Medicare** health plans is transitioning to a fiscal year deductible to make it easier to change health plan carriers at Annual Enrollment. The deductible is the fixed dollar amount you must pay each year before your health plan begins paying benefits for you or your covered dependent(s). This is a separate charge from any copays.

For January – June 2016, there will be a half-year deductible:

- **Individual:** The individual will have a $150 deductible before benefits begin.
- **Two- person family:** Each person must satisfy a $150 deductible.
- **Three- or more person family:** The maximum each person must satisfy is $150 until the family as a whole reaches the six-month $450 maximum.

Effective July 1, 2016: the deductible year will run July 1, 2016 – June 30, 2017. Additionally, for state employees, the Flexible Spending Account full-year open enrollment will take place during the regular spring Annual Enrollment for coverage effective July 1, 2016 – June 30, 2017.

Thomas H. Ebert, M.D., Chief Medical Officer, Fallon Health

How to Get the Right Treatment at the Right Time for the Best Health Care Experience and Outcome

Guest Editorial by Thomas H. Ebert, M.D., Chief Medical Officer, Fallon Health

All around us there are subliminal messages that new and more is better than old and less. That message permeates consumer directed advertisements for new cars, appliances, and, more ominously, new medications or medical procedures. Physicians regularly must modulate patient expectations and, conversely, patients must interpret physician recommendations about these new treatments.

The GIC has worked tirelessly with its health plans to institute the Centered Care Program and has developed alternative payment strategies with network providers to reward better outcomes and higher quality in a health care system that currently financially rewards performing more services. A hallmark of Centered Care is shared decision making between the provider and patient. Centered Care focuses on what you want for yourself or a family member. This philosophy of care seems simple - ask the patient - but it is hard to deliver consistently and to understand invariably a patient's wishes.

Physicians want to explain alternatives, but depending on the physician's specialty there is always a bias to treat. If one sees an orthopedic surgeon, he or she may offer conservative measures, but surgery is almost always offered as well. And we now know that certain common procedures, such as arthroscopic knee surgery for chronic knee pain, may be no better than rest and physical therapy. Many medical and surgical societies have adopted a program called "Choosing Wisely" for common medical problems associated with their respective specialties. These expert advice programs expose many medical practices that have little or no value and are sometimes harmful. Examples include over prescribing antibiotics and ordering expensive imaging for problems such as acute low back pain which are usually self- limited and respond to conservative (or no) therapy.

However, a more serious issue for patient care and shared decision making occurs when the diagnosis is not only serious but emotionally charged, such as a diagnosis of cancer or heart disease. Patients should always consider a second or third opinion before starting treatment. Rarely does a short treatment delay affect an outcome and that delay often leads to better and more coordinated team-based care.

There are several points you should remember about cancer care in particular. Certain screenings, such as the PSA for prostate cancer, commonly overestimate the patient's risk of progressive disease. Too frequent screenings for breast cancer may lead to false positive results and invasive additional painful testing. Patients with incurable metastatic cancer do better for a longer period of time when chemotherapy treatment is linked to palliative care. Cancer care is always better when it is team-based and truly patient-centered.

Please remember everything new is not always better. When your health is involved, ask yourself what you want as an acceptable outcome and experience. Advocate for yourself or have someone you trust advocate for you as your health care proxy.

Dr. Thomas Ebert has over 20 years of experience as a physician executive. Before joining Fallon Health, he served as the Chief Medical Officer at Health New England for 16 years. Dr. Ebert is board certified in Internal Medicine and Nephrology and a Fellow of the American College of Physicians. He practiced nephrology in Worcester for over 20 years.

Rising Drug Costs Putting Tremendous Pressure on Health Care Costs

What Is and Isn't In Patients' Control

Last winter, we provided an overview of why prescription drug costs were skyrocketing: increase in expensive specialty drugs to treat and/or manage chronic diseases, such as multiple sclerosis, rheumatoid arthritis, hemophilia, and an array of cancers; pharmaceutical industry consolidation that drives up costs for generics and brand name drugs, and increased utilization. According to the state's Health Policy Commission, Massachusetts prescription drug expenses increased 13% per capita in 2014 and accounted for one-third of the 4.8% increase in total health care cost increases. The ability to tackle rising drug costs continues to be bleak:

- Introduction of new specialty drugs that have a wide audience of potential users: additional expensive Hepatitis C drugs, cholesterol reducing drugs that cost over $14,000 per prescription, and more oncology drugs.
- Outrageous increases in existing drug prices. Example: Turing Pharmaceuticals raised the price of a treatment for a parasitic infection from $13.50 to $700 per pill.
- Tax inversions where a U.S. pharmaceutical company purchases a non-U.S. firm to avoid paying U.S. taxes; Example: Pfizer's pursuit of merging with Allergan, an Ireland-based pharmaceutical company is expected to meet financial goals in part by raising prices, according to a November 23 *Boston Globe Stat News* article.
- Median board of director salaries (average of five hours work per week) have increased to $258,000, according to a December 2, 2015 *Boston Globe* article.

The pharmaceutical companies claim that high costs are needed to cover research and development. However,

- Most transformative drugs derive from publicly-funded research in academic medical centers (Kesselheim & Avorn, *Health Affairs* 2015).
- Large pharma companies spend less than 20% of revenues on R&D …and only 5-10% on truly innovative discoveries (Avorn NEJM 2015). Marketing costs are much higher than research costs.

Most of us won't be able to tackle the root causes of rising drug costs. However, others may begin evaluating options as drug costs sap needed funds for education, public safety, public health, local aid, transportation, and more. Some of these high-charged issues include whether or not Medicare should be allowed to negotiate drug prices and patent law reform.

Here are steps you can take to lower your own prescription drug out-of-pocket costs:

- **Bring your plan's prescription drug formulary with you to doctor visits** so you can discuss which tier your prescriptions fall under to see whether there are lower cost alternatives available. Abbreviated drug formularies that show you alternatives to Tier 3 copay drugs and drugs subject to prior authorization or step therapy are posted on the GIC section of your plan's website (Abbreviated formularies are not available for many GIC Medicare plans.) For members of the employee/ Non-Medicare UniCare State Indemnity Plans – keep in mind that some drugs are subject to prior authorization, so be sure to print the new January 2016 formulary and bring it to any doctor visits. CVS/caremark mailed these out mid-December.
- **Do not ask for a certain prescription drug just because it looked appealing in an advertisement.**
- **Use Mail Order:** If you are taking prescription drugs for a long-term condition, such as asthma, high blood pressure, allergies, or high cholesterol, switch your prescription from a retail pharmacy to mail order. It can save you money: $5-$30 for three months of medication, depending on the tier. Once you begin mail order, you can conveniently order refills by phone or online. Some plans, including the CVS/caremark and SilverScript plans for UniCare State Indemnity Plan members offer mail order copays for maintenance medications at certain retail pharmacies. Contact your plan for details.
- **Use Specialty Drug Pharmacies Required by your Plan:** If you are prescribed injected or infused specialty drugs, you may be required to use a specialty pharmacy that can provide you with 24-hour clinical support, education and side effect management. Medications are delivered to your home or to your doctor's office.

Know Your Options for Addiction Treatment:

Consider Community Services and Medication-Assisted Treatment

Associate Chief Medical Officer for Beacon Health Options
Guest Editorial by Emma Stanton, M.D.,

Emma Stanton, M.D., Associate Chief Medical Officer, Beacon Health Options

Many people are familiar with the problem of addiction, but most people are not fully aware of their treatment options. With more than 1,200 reported deaths in Massachusetts in 2014 from opioid overdoses, it is imperative that we learn what makes recovery more successful.

Two areas are particularly important: community care and medication-assisted treatment.

Recovery happens in the community

What may seem like the preferred route isn't necessarily so. While inpatient detoxification is sometimes necessary, research has shown that treatment is more successful when delivered in the community. People recover better from a chronic disease like addiction when they access local services and live in their own homes. The evidence is clear about what works: the 2007 National Institute for Clinical Excellence Guidelines recommend that "staff should routinely offer a community-based program to all service users considering opioid detoxification," with just a few exceptions.

This research bears out internationally as well. In England many outcomes, such as whether people completed treatment, are routinely tracked in a national database, and the evidence shows that community care is more effective than inpatient treatment. Indeed, Australia's 2014 National Drug Strategy mirrors the UK's community-based model for detoxification.

If you or a loved one is struggling with an addiction, make sure you know all of your options. Ask your doctor about community-based treatment. Do not assume that inpatient treatment is your only alternative. In fact, the opposite is true – particularly when you engage in medication-assisted treatment, which has been shown to significantly reduce the risk of relapse.

What is medication-assisted treatment?

Medication-assisted treatment combines the use of behavioral therapy with medications such as methadone and buprenorphine to treat opioid addiction. Burprenorphine (Suboxone, Buprenex, or Subutex), which helps to ease withdrawal symptoms and cravings, can be given in a physician's office, unlike methadone treatment, which must be done in structured settings such as clinics. Burprenorphine and methadone are highly effective when part of a treatment plan that also includes behavioral therapy. In fact, therapy with either medication reduces the risk of relapse by approximately 50 percent. One study of MassHealth members found that roughly five percent of people taking buprenorphine or methadone for opioid addiction relapsed at 12 and 24 months of treatment, as compared to approximately 20 percent of persons not taking either medication.

An advantage of both medications is that individuals can stay at home, in their communities, when taking these medications. Not only can they stay in their communities, but it is preferable for them to do so. With home-based treatment, individuals can learn to use their community- and family-based support systems to cope with the daily temptations of drugs and maintain a healthy lifestyle.

Dr. Stanton is Associate Chief Medical Officer for Beacon Health Options. Originally from London, England, she was nominated as one of Health Service Journal's most inspirational women in health and also one of their Top Innovators in England's National Health Service. She is a senior associate at the Institute for Strategy and Competitiveness, Harvard Business School, where she researches the value-based approach to health care delivery.

☞ Keep in Mind….

Q) I have GIC health insurance coverage. When must I enroll in Medicare Part A and Part B?

The answer depends on your employment status with the Commonwealth or participating GIC municipality:

- If retired: When you or your covered spouse turn age 65, apply for Medicare Part A and Part B up to three months before your 65th birthday. You or your spouse turning age 65 will receive a Medicare enrollment package from the GIC approximately three months before your 65th birthday to make your Medicare health plan selection. Be sure to respond to the GIC by the due date noted in the package.
- If retiring, and you or your covered spouse is age 65 or over, the family member(s) age 65 or over should apply for Medicare Part A and Part B up to a month before your retirement. You and/or your spouse age 65 or over will receive a Medicare enrollment package from the GIC approximately four to six weeks after the GIC is notified by your GIC Coordinator of your retirement. Be sure to respond to the GIC by the due date noted in the package.
- If you, the insured, continue working for the state or a participating GIC municipality at age 65 or over, you and your covered spouse should only enroll in free Medicare Part A if eligible. Defer Part B until you, the insured, retire. Refer to the above bullet for additional details.

Q) Where do I find out which doctors and hospitals are in a GIC health plan?

A) Search for doctors and hospitals included in each GIC health plan's network on each GIC health plan's website, or by calling the health plan's customer service units (see next column for contact information).

See the GIC's website for answers to other Frequently Asked Questions: www.mass.gov/gic/faq.

GIC BENEFIT ACCESS
Health Insurance

Fallon Health Direct Care, Select Care, Senior Plan	1.866.344.4442 fallonhealth.org/gic
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1.800.333.4742 harvardpilgrim.org/gic
Health New England HMO, MedPlus	1.800.310.2835 hne.com/gic
NHP Prime (*Neighborhood Health Plan)*	1.866.567.9175 nhp.org/gic
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP *(Beacon)* Medicare Complement, Medicare Preferred	1.800.870.9488 tuftshealthplan.com/gic 1.855.750.8980 beaconhealthoptions.com/gic *(code: GIC)* 1.888.333.0880 tuftshealthplan.com/gic
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME) & PLUS Mental Health/Substance Abuse and EAP *(Beacon)* Prescription Drugs Basic, Community Choice & PLUS *(CVS/caremark)* Prescription Drugs OME *(SilverScript)* Website	1.800.442.9300 unicarestateplan.com 1.855.750.8980 beaconhealthoptions.com/gic *(code: GIC)* 1.877.876.7214 caremark.com 1.877.876.7214 gic.silverscript.com

N/A MUNICIPALITY Other Benefits for State Enrollees

Life Insurance and AD&D *(The Hartford)*	Call the GIC 1.617.727.2310, ext. 1 mass.gov/gic/life
Long Term Disability (LTD) *(Unum)*	1.877.226.8620 mass.gov/gic/ltd
Flexible Spending Account (FSA) Program *(ASIFlex)*	1.800.659.3035 mass.gov/gic/fsa
GIC Retiree Vision Discount Plan *(Davis Vision)*	1.800.783.3594 davisvision.com
GIC Retiree Dental Plan *(MetLife)*	1.866.292.9990 metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff *(MetLife)*	1.866.292.9990 metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff *(Davis Vision)*	1.800.650.2466 davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors *(Beacon Health Options)*	1.781.994.7424 beaconhealthoptions.com/gic *(code: GIC)*
Massachusetts Teachers' Retirement System	1.617.679.6877 (Eastern MA) 1.413.784.1711 (Western MA) mass.gov/mtrs
Medicare *(Federal Program)*	1.800.633.4227 medicare.gov
Social Security Administration *(Federal Program)*	1.800.772.1213 socialsecurity.gov
State Board of Retirement	1.617.367-7770 mass.gov/retirement

Questions

Group Insurance Commission TDD/TTY Access	1.617.727.2310 1.617.227.8583 mass.gov/gic

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Dolores L. Mitchell, Executive Director
Cindy McGrath, Editor

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P.O. BOX 8747 • BOSTON MA 02114

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New Tax Forms Mailed to GIC Members This Month

All employees and non-Medicare retirees and survivors who have GIC health insurance coverage will receive a new form called the 1095-B form this winter. This form is an Internal Revenue Service (IRS) document that shows you had health insurance coverage considered Minimum Essential Coverage during the last tax year. As part of the Affordable Care Act, the IRS requires most people to obtain health coverage that meets this requirement for the given tax year. This is called the “individual mandate.” People who do not have health coverage that meets the requirement may have to pay a federal tax penalty for being “uninsured.” If you are required to file taxes, you or your tax preparer will use the information on the form as proof of health coverage for the 2015 tax year.

If you were enrolled for part or all of the year in Harvard Pilgrim Health Care, Tufts Health Plan, or UniCare State Indemnity Plans, the GIC will mail you this form showing the months you were enrolled in one of these plans. If you were enrolled in Fallon Health, Health New England or Neighborhood Health Plans for all or part of the year, you will receive a 1095-B form from your health plan for those months of coverage. If you are enrolled in Medicare, you will receive a 1095-B from Medicare. Be sure to save all 1095-B forms with your important tax documents as you will need these for completing your 2015 federal taxes. For additional information on these and related health insurance forms, see the frequently asked questions section of the GIC’s website: www.mass.gov/gic/faq.

The GIC’s Annual Public Hearing

Wednesday, February 3, 2016
12:30 p.m. – 2:30 p.m.

Minihan Hall, 6th Floor
Charles F. Hurley Building
19 Staniford Street, Boston MA 02114

GIC-eligible employees, retirees, and the public are invited to attend the annual public hearing. The GIC will describe benefit and premium prospects for FY17, and attendees are invited to provide feedback.