



THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

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MAY 2022

ASSOCIATION LAUNCHES FOUNDATION FOR RETIREMENT RESEARCH & EDUCATION

First to Focus on Public Retirement Policy

Mass Retirees has created a first of its kind Massachusetts based non-profit foundation that will focus on public retirement policy research and education.

Officially known as the **Mass Retirees Foundation for Retirement Policy and Education**, the new entity is founded as a 501(c)(3) enabling it to receive tax deductible donations and gifts, as well as accept research grants. While founded by the Association, the Foundation operates as a separate legal entity – as does the Public Retirees Political Action Committee (PAC).

"We have been thinking about



this concept for years, but it really came to the forefront due to the work involved in creating a "Mass Retirees" license plate. One of the requirements for the plate is that

all proceeds go to a non-profit 501(c)(3)," explains Mass Retirees President Frank Valeri. "This resulted in us making the long-term goal of creating a research and educational foundation a reality. There are organizations that research retirement and healthcare policy, but their focus is broad and do not examine the specific nuances of public retirement. We intend to fill that void."

Two specific areas that set public retirement apart from the private sector are Defined Benefit (DB) Pension Plans and employer sponsored retiree health insurance

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GIC VOTES NO COPAY & DEDUCTIBLE INCREASES



With its March meetings, the state's Group Insurance Commission (GIC) is moving steadily ahead into FY23 and beyond. At its first March meeting, GIC Commissioners voted on the FY23 plan design structure, including copayments and deductibles, that were originally proposed at the January meeting, and then at the same meeting, on plan premium rates beginning this July 1. As we

Medicare Supplement Premiums Up 1.2%

were anticipating from the January meeting the Commissioners voted to make no changes in the plan design, meaning members will see no increases to the copays and deductibles of the plans. The GIC did recommend changes in the mental health benefit that would improve

SEE New Premiums & More:

Pgs. 10 & 11

access to services and bring parity of coverage to the fully insured plans.

After the plan design vote, the Commission then shifted its focus to the plan premium rates for FY23

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SPECIAL WEP MESSAGE FROM CEO SHAWN DUHAMEL

SEE PAGE 4



IN-PERSON MEETINGS ARE BACK!

SEE PAGE 3

Foundation

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– benefits that were widely eliminated for many private sector workers decades ago.

“Over time, growing evidence has mounted that proves the success of DB plans. We also know that there has been great success in managing health insurance benefits for public retirees, with medical inflation largely under control. However, few people know of this success. Much of the research that does take place here in Massachusetts, as well as nationally, is funded by corporations and right-leaning organizations who have a vested interest in painting a negative picture,” says *Mass Retirees* CEO Shawn Duhamel, who will serve as the Foundation’s President. “The overarching goal is to conduct factual research focused on public retirement policy, which



‘There are organizations that research retirement and healthcare policy, but their focus is broad and do not examine the specific nuances of public retirement. We intend to fill that void.’

FRANK VALERI
MASS RETIREES PRESIDENT

and the public, as well as inform policy makers.

“On the pension side, there is a great need to improve COLA benefits. But to make meaningful improvements, we need the type of fresh ideas that are born through research. With health insurance, one immediate need is to document retiree health insurance plan design and benefit levels across the state. This was last done in 1993, through a joint research project conducted by *Mass Retirees* and the Mass Teachers Association (MTA). A lot has changed in nearly 30 years.

can then be used to educate retirees

These are just a few examples of the type of work where we envision the Foundation focusing its efforts.”

At launch, the Foundation’s Board is comprised of Duhamel, Valeri, and Association Treasurer Joe Connarton – its original promoters.

“Going forward, we will fill additional spots on the Board with the goal of assembling a diverse group of people with the skills needed to assist and build the Foundation in its early stages. It is important that this new entity be built in the correct way, so that it can grow into a true asset not just for public retirees, but also as a valued and respected public policy resource,” added Duhamel.

GIC

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at its same meeting in March. The overall average premium increase for the upcoming plan year is 5.4%, which includes all non-Medicare and Medicare plans offered by the GIC. Delving further into the breakdown, the average increase of the six Medicare plans is 1.8%. The increase for the most popular Medicare plan, the UniCare OME, will be 1.2% or an increase of \$4.72 monthly from FY22. This reflects the cost of the total premium for the plan, not the portion paid by retirees.

On the non-Medicare side, the overall average increase across the plans is 6.2%. The broad network plans range from 3.8% to 7.6%. Members in the most popular plan in that category, the Tufts Navigator, will see a 6.6% for the individual plan and 6.8% for the family. UniCare, the only national plan, has an increase

of 3.0% for FY23. These plans will also have no increase in the out-of-pocket costs.

Individual rates will depend on a member’s premium split. State retirees have three premium splits, depending upon the date of retirement: 90/10, 85/15 and 80/20. Active state employees contribute at 80/20 or 75/25, depending on the date of hire.

Rates for municipal retirees and active employees are set by the cities and towns. Teachers, participating in the Retired Municipal Teacher (RMT) program contribute at a set rate of 90/10 or 85/15.

The GIC meeting was the culmination of months long discussions and listening sessions regarding the plans and costs for FY23 and the news remains positive. Members in the UniCare OME plan will see a modest increase in premium along with no changes to the out-of-pocket costs for the upcoming year and while this is welcome news, we also

recognize that any premium increase has added financial impact during this inflationary period. That’s particularly true for our members who have been retired for some time on relatively small pensions.

While the news that there will be no additional cost shifting to members for the next fiscal year is welcome, we remain concerned about the impact on those members who are not Medicare eligible and enrolled in an active plan. We continue to work with the GIC and the legislature to seek solutions for these members.

The GIC also announced the rates for the Retiree Dental plan. For FY23 there will be a slight increase. This is a result of an agreement that was part of the contract executed with MetLife. The individual rate will be \$28.79 and for the family \$69.36. Members in the dental plan pay 100% of the premium.

SEE PROCUREMENT UPDATE-PAGE 18 ►

ASSOCIATION ACTIVE AT STATE HOUSE

Focus on “Moving” Our Bills

The State House reopened to the public in February, initially under COVID mask and vaccination protocols. Since that time, these restrictions have been scaled back due to the decrease in COVID numbers. The reopening marked the first time in two years that the staff of *Mass Retirees* was allowed to see Representatives and Senators in person. However, it looks like a hybrid system, such as virtual and in person hearings, will remain in place for the time being.

The 2021-2022 legislative session continues to wind down towards the July 31st deadline, the end of formal sessions. The Joint Committee on Ways and Means continues to hold

hearings on the Governor’s FY23 Budget. Running parallel to that, the House Ways and Means Committee is prepping for the release of their version of the FY23 budget in April.

Formal debate in the House on the budget traditionally takes place the week after school vacation. We will be hosting a Tele-Town Hall on April 29th to share with members what took place during debate. Following completion of the House budget, the Senate Ways and Means Committee will release their version in May. Debate on the Senate version traditionally takes place the last week of May, prior to the Memorial Day holiday. The House and Senate will then work out the differences in

the versions and send a complete budget to the Governor. The goal is to have a budget in place for the start of the fiscal year on July 1, 2022.

In conjunction with the sponsors of the bills in our legislative package, we continue work on the legislation that was released by the Joint Committee on Public Service in February. Advocacy on these bills is occurring on two fronts. We continue to work on moving the bills to the next step in the process and to seek other relevant vehicles, such as an omnibus bill on a particular issue, to move the language.

The Association remains focused

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IN-PERSON AREA MEETINGS TO RESUME!

We’re pleased to announce that after a careful review of the current COVID status and related healthcare precautions, *Mass Retirees* is resuming our in-person area meetings this spring. We will also continue to hold virtual Tele-Town Meetings. Please look to weekly emails and messages for updates.

NORTH SHORE
Friday, May 6, 2022, 11:00 A.M.
Marriott Peabody
8A Continental Drive, Peabody

ANNUAL MEETING (Advance Notice)
Friday, September 9, 2022, 11:00 A.M.
Lombardo’s
6 Billings Street, Randolph
More Details in the July & September *VOICE*.



TELE-TOWN HALLS CONTINUING



HOW TO PARTICIPATE

AUTO-CONNECT: At the time of the event *Mass Retirees* members will receive a call from 833-491-0336. Simply answer the call and remain on the line to join the meeting.

DIALING IN: *Mass Retirees* members can also directly dial into the tele-town hall meetings, at the time of the event, by calling 833-491-0336.

HOUSE BUDGET/SOCIAL SECURITY/ LEGISLATIVE ACTIVITY

APRIL 29, 2022 | FRIDAY AT 1:00 PM

SENATE BUDGET/GIC PROCUREMENT/ LEGISLATIVE ACTIVITY

JUNE 10, 2022 | FRIDAY AT 1:00 PM



SPECIAL MESSAGE FROM CEO SHAWN DUHAMEL

WEP RELIEF *Hinges on Compromise*

If you ask a public retiree who has had their Social Security benefit unfairly reduced by the Windfall Elimination Provision (WEP) how they feel about the situation, you better be ready for an angry response. After nearly 40 years of enduring the financial harm caused by this draconian federal law, the 2 million public retirees currently impacted by the WEP have every reason to be not only angry, but, quite honestly, irate.

With more than half of our membership impacted by WEP and/or its companion law, the Government Pension Offset (GPO), not a day goes by where I do not hear from one or more members asking about the status of our efforts in Washington, D.C. Our coalition partners receive the same calls from their members, who express the same frustrations.

As a matter of fact, while writing this message, my friend Tim Lee from the Texas Retired Teachers Association called to brief me on his meeting in late March with Congressman Kevin Brady (R-TX) in regard to WEP reform.

If you received my weekly email or viewed the video report on March 18, then you know that a deal was nearly made last month that would have included WEP reform within the federal omnibus Appropriations Act of 2022, which was signed into law by President Biden in early March. Unfortunately, a compromise could not be reached, and the bill moved through the House and Senate without WEP reform attached. We are very disappointed by this missed

opportunity.

However, the fact that Congressmen Richard Neal and Brady are focused on the issue and are working on a WEP reform deal brings me hope. Had they come to agreement in March, we are confident that President Biden would have signed the measure into law and we'd now be on our way toward retirees finally receiving some much needed relief.

To be clear, any hope of bringing about relief from the WEP hinges on compromise among Democrats and Republicans. While I believe that Richie Neal can muster the votes to pass his WEP reform bill through the House, it cannot pass the US Senate with fewer than 60 votes. Under the rules of the Senate, legislation involving Social Security cannot be passed through reconciliation and is therefore subject to the filibuster.

This means that we need at least 10 Republican Senators on our side and those votes are not likely to come without Kevin Brady on board. Passing a bill in the House, only to watch it die in the Senate, does not help our members. Mr. Neal understands this important point, which is why he continues to negotiate with the GOP.

What we have come to understand is that a difference of opinion remains between Democrats and Republicans on two key factors of WEP reform: The length of the hold harmless clause that will apply to future retirees and the impact that the desire to keep the bill revenue neutral would have on the size of the

monthly rebate for current WEP'd retirees. The longer the so-called hold harmless, the more future benefits might cost.

Members will recall that Neal and Brady, while agreeing that the WEP is unfair and should be reformed, have a difference of opinion on the details of what a reform should look like. This has led to each filing their own versions of WEP reform.

For instance, the Republican proposal backed by Mr. Brady sets the monthly rebate at \$100 with a 40-year hold harmless clause for future retirees (applying to anyone retired prior to 2062).

Mr. Neal's proposal sets the rebate at \$150 a month, with the hold harmless clause set in perpetuity for all future retirees. It goes without saying that we prefer Mr. Neal's proposal, but, as I explain above, we do not have the votes to pass it through the Senate.

To help break the impasse, *Mass Retirees* has joined with our coalition partners the Texas Retired Teachers Association (TRTA) and the Association of Texas Professional Educators (ATPE) in proposing the framework of what we believe to be a reasonable compromise that will bring meaningful relief to both current and future public retirees. **SEE JOINT WEP LETTER, PAGE 5.**

Under our proposal, retirees now subject to the WEP would receive a monthly rebate of up-to \$150 (some retirees have a WEP reduction of less than \$150 and

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JOINT WINDFALL LETTER TO W&M CHAIRMAN RICHARD NEAL (D-MA) and RANKING MINORITY MEMBER KEVIN BRADY (R-TX)

Mass Retirees, along with two of our strongest WEP Reform allies, the Texas Retired Teachers Association (TRTA) and the Association of Texas Professional Educators (ATPE), are reaching out to Ways & Means Chairman Neal and Ranking Minority Member Brady with our joint proposal to break the stalemate on WEP Reform. One way has been the organizations’ March 14, 2022 letter to them that we reproduced here.



Hon. Richard Neal
 Chairman
 U.S. House Ways and Means Committee
 Washington, D.C. 20515

Hon. Kevin Brady
 Ranking Member
 U.S. House Ways and Means Committee
 Washington, D.C. 20515

RE: Proposed compromise legislation to repeal and replace the Windfall Elimination Provision (WEP)

Dear Chairman Neal and Ranking Member Brady,

The undersigned organizations represent hundreds of thousands of active and retired public educators and other public servants in your home states of Massachusetts and Texas. Our organizations have been proud to work with both you and your staff members for more than a decade on proposed legislation to repeal and replace the Windfall Elimination Provision (WEP) and to provide relief to current retirees who have had their Social Security benefits reduced by the WEP.

Unfortunately, our hope (and, most importantly, our members’ hopes) of moving forward with a bill that is both meaningful and viable has turned into disappointment and frustration. We routinely hear from members who have grown increasingly frustrated and are quickly losing faith in the ability of their elected officials to govern. From our members’ viewpoint, partisan gridlock appears to have jeopardized the chances for WEP reform legislation to pass in the 117th Congress—which we view as the last best opportunity to pass this legislation.

What was for several congressional sessions a bipartisan bill co-authored by both of you is now two separate bills with co-sponsors predominantly from your respective parties. While this is unfortunate, the fact is the two bills share the core goals mentioned above, are functionally identical in their approach, and are not substantively far apart. We have no doubt about your individual commitments to reforming the WEP and helping current retirees, and we understand the concerns each of you have raised that have led to separate bills.

HR5834, the Equal Treatment of Public Servants Act of 2021, authored by Ranking Member Brady would provide current retirees affected by the WEP an increase of \$100 in their Social Security benefits and give future retirees ages 21 and above the better of the new formula or the WEP—and would not cost the trust fund in the long run.

Chairman Neal’s bill, HR 2337, the Public Servant Protection and Fairness Act of 2021, would provide a more generous \$150 increase for affected retirees and gives all future retirees the better of the two formulas into perpetuity. This bill also

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UPDATE

MEDICARE PART B PREMIUM INCREASE

CMS Proceeding With Determination

Since last year, *Mass Retirees* has called for a reduction in Medicare's 2022 Part B premium increase, with the standard increase at \$21.60 monthly. Prompted by widespread demands for relief, U.S. Health & Human Services (HHS) Secretary Xavier Becerra asked CMS (Centers for Medicare & Medicaid Services), which is part of HHS, to reexamine

the premium.

As we reported in the March *Voice*, Secretary Becerra made his call in January – three months ago. Some are questioning: What's the delay in lowering the premium?

In addition to Secretary Becerra's call, we also reported on a significant action by CMS. While undertaking a review of the Part B premium, CMS also proposed to sharply limit

Medicare's coverage for Aduhelm, the Alzheimer's medication manufactured by Biogen. Only patients who are participating in clinical tests of the drug's effectiveness would be covered by Medicare. Remember CMS pointed to Aduhelm as a major factor for this year's huge Part B premium increase.



TOM BONARRIGO
LEGISLATIVE CHAIRMAN

'We're confident that the 2022 Part B will be reduced and for now and the near future, we'll allow the process to run its course. Please look for updates on the Association's weekly messages/videos, Hotline messages, website and other media outlets.'

This CMS proposal on coverage for Aduhelm, as well as future monoclonal antibodies that are approved by the FDA (Federal Drug Administration) to treat Alzheimer's, is known as a proposed National Coverage Determination (NCD). The announcement of the proposed NCD was followed by a 30-day public comment period.

Before finalizing its proposal, the CMS decision-making process entails much more. Federal officials have also planned to hear from Medicare enrollees, with mild cognitive impairment due to Alzheimer's disease or mild Alzheimer's disease dementia, their family members and

caregivers, as well as many other stakeholders including patient advocacy groups, medical experts, states, and industry professionals.

After completing the process outlined above, the CMS anticipated that it would make a decision on finalizing the NCD by April 11. That deadline was well after we went to press.

At this (press) time we will not speculate on the final NCD. That said, what does all this mean in reducing the 2022 Part B premium.

Without a final decision by CMS on the Medicare enrollees whose Aduhelm treatment will be paid for, then the drug's overall cost to the

program cannot be scaled back. Remember this year's current Part B premium represents 25% of the total cost that Medicare will be paying for Part B in 2022, including a much higher cost and more expansive coverage of Aduhelm as originally assumed by CMS.

As *Mass Retirees* Legislative Chairman Tom Bonarrigo sees it, "We're confident that the 2022 Part B will be reduced and for now and the near future, we'll allow the process to run its course. Please look for updates on the Association's weekly messages/videos, Hotline messages, website and other media outlets."



MAURA HEALEY
MASS. ATTORNEY GENERAL

SPOTLIGHT

AVOIDING FRAUD & ABUSE IN HOME-BASED CARE TIPS FROM ATTORNEY GENERAL MAURA HEALEY'S OFFICE

Over the years, we've chronicled the work by Attorney General Maura Healey's Office to protect and improve the lives of our members

and their families. Our reports included the Office's efforts to reduce prescription and specialty drug costs, prevent neglect and abuse in nursing homes and combat the opioid crisis.

These are just a few examples, and the list goes on. Another involves a healthcare issue of major importance to our members, namely home-based care. Many retirees and their caregivers are looking for ways for them to remain at home where they feel most comfortable.

Our members know that the AG's Office prides itself as the People's Law Firm, serving as an advocate and resource for them and all Mass. citizens. It accomplishes this in many ways, including protecting consumers, combating abuse, neglect, and financial exploitation, and investigating and prosecuting fraud and corruption.

For example, the AG's Medicaid Fraud Division investigates and prosecutes providers who defraud the state's Medicaid program, known as MassHealth, to which some of our members or their spouses, particularly those residing in a nursing home, may be enrolled. The Division is also responsible for reviewing complaints of abuse, neglect, mistreatment, and financial exploitation of patients in long-term care facilities and MassHealth members in health care settings.

But what if a retiree, who qualifies for MassHealth, prefers home-based services that will help them maintain independence and remain in the community? One option, the Personal Care Attendant Program, allows a retiree in MassHealth to manage their own care by providing funds to hire personal care attendants (PCAs). Others, like the Home Health Program, can provide substantial medical care, such as nursing and therapy services, to allow eligible retirees to age in place while receiving the care they need.

To varying degrees, the state and local health insurance plans for our members provide home-based

services like those provided by the MassHealth programs described above. While all these programs can be an excellent lifeline for many retirees, the AG's Office stresses that our members should also be aware of the following tips for retirees and their caregivers to avoid fraud, abuse, neglect, and financial exploitation:

- Beware of pushy and insistent marketing tactics. Always be cautious when a home health company offers you something of value as a "perk" or "bonus" for signing up with them.
- Do your research on candidates before hiring them as a PCA. Don't hire a PCA if you don't trust them or if you don't feel comfortable around them.
- Be very careful when completing or reviewing timesheets and other paperwork to ensure accuracy and prevent fraudulent claims from being made in your name or on your behalf.
- If you see something, say something. Any interaction with a provider, caregiver, service, or program that makes you uncomfortable should be reported immediately to the police, the AG's Medicaid Fraud Division, or Elder Protective Services.

Please note that the Attorney General's Office has a statewide, toll-free hotline to help retirees with a range of issues, including elder abuse and exploitation, long-term care, and health insurance. Call the Elder Hotline at **(888) AG-ELDER** or **(888) 243-5337**.

To contact the AG's Medicaid Fraud Division with concerns about abuse or neglect of MassHealth members or provider fraud, visit mass.gov/ago or call the Medicaid Fraud Tip line at **(617) 963-2360**.

Remember Attorney General Maura Healey is the Commonwealth's chief lawyer and law enforcement officer. To learn more about the Office or get in touch, go to mass.gov/ago.

RETIREMENT BOARDS

ELECTIONS & APPOINTMENTS

Dukes County – Dukes County Contributory Retirement Board has a new 5th member. The new Advisory Council member elected is **Jon Snyder**, Town of Tisbury finance manager/treasurer. He will be replacing **Melanie Becker** who has retired. The other Board members include **Ann Metcalf***, **James Hagerty**, **David Rossi** and **JoAnn Murphy**. Dukes County Retirement County Board's executive director is **Kelly McCracken**.

Fairhaven – Timothy Cox, Town of Fairhaven harbormaster/shellfish warden, was elected to the **Fairhaven Retirement Board**. He ran unopposed to fill the vacant seat of outgoing member **Joyce Shepard**. He will



TIMOTHY COX
FAIRHAVEN

join with the other Board members, **Anne Carreiro***, **Mark Rees**, retired Firefighter **Wally Therrien**, and retired Acushnet Firefighter, **Alfred Robichaud**. Fairhaven's retirement board administrator is **Mary Surgeon**.

Leominster – Firefighter Jonathan Campagna was re-elected, without opposition to his second term on the **Leominster Retirement Board**. In addition, Firefighter **Shayne Newton** was elected to replace Firefighter **John Perry** as the other elected member. Newly appointed City Comptroller **Jennifer Reddington** has become the Retirement Board's ex-officio member following the death of **John Richard**. The other two members of the **Leominster Retirement Board** are, **David Laplante***, retired city treasurer/comptroller and **Douglas Farwell**. The head clerk for the

retirement board is **Erin Kelley**.

Maynard – Christopher Connolly*, Esq has been reappointed the **Maynard Retirement Board's** fifth member. Mr. Connolly is the retired chief administrative magistrate of DALA. The other Board members making the reappointment were **Lauri Plourde**, **Kevin Petersen**, **Patrick Hakey** and **Cliff Wilson**. The Maynard Board's executive director is **Kenneth DeMars**.

North Adams – The North Adams Retirement Board has declared Firefighter **Matthew LaBonte**, as the elected first member to the Board as he was the only candidate nominated. This will be his fourth term as an elected trustee. The other Board members include, **Kathleen Wall**, **Beverly Cooper**, retired Fire Lieutenant **Lawrence O'Brien*** and **Fred Thompson, Esq**. The North Adams Retirement Board administrator is **Shawn Flynn**.

Reading – Retired Firefighter Robert Beck has won the **Reading Retirement Board** elected seat by getting 228 votes to defeat **David Pearson**, a Finance Department employee, who received 49 votes and town treasurer **Endri Kume** receiving 20 votes. Mr.



ROBERT BECK
READING

Beck will replace **Joseph Coughlin** who decided not to run for reelection. The other **Reading Retirement Board** members are **Sharon Angstrom**, **Carol Roberts**, Firefighter **David Gentile*** and **John Halsey**. The Retirement Board administrator is **Colleen Loughlin**.

Shrewsbury – Ex-officio member of the Shrewsbury Retirement Board, Mary Thompson was

appointed assistant town manager and **Amy Li** was appointed the new Town Accountant, consequently the Board's new ex-officio member. The other members include **Tom Kennedy***, retired Firefighter **David Hodgerney**, **Ralph Iaccarino** and **Alice Ferro**. **Gregory Gatsogiannis** is the executive director for the Shrewsbury Retirement System.

Watertown – Watertown Retirement Board's Ex-Officio Board Member Tom Tracy was appointed as Watertown's acting city manager. Consequently, **Sharon Gallagher** has been appointed to the position of acting city auditor and as such, she is now the Ex-Officio member of the **Watertown Retirement Board**. She will be joined with the other board members, **John Loughran**, retired Firefighter **Domenic "Duke" Arone**, retired Fire Lieutenant **Thomas Thibaut, Jr.** and **Kathleen Kiely-Becchetti**, who also serves as executive director of the **Norfolk County Retirement** system and **President of the Mass. Association of the Contributory Retirement Systems (MACRS)**. The Watertown Retirement Board's director is **Barbara Sheehan**.

West Springfield – Fire Chief, William Flaherty was re-elected without opposition to the **West Springfield Retirement Board** for his second term. Also, **Mayor William Reichelt** reappointed **Thomas Cummings** as his appointed member of the Board. Cummings serves as the CFO and Executive VP of the Sullivan Paper Co. The other board members include **Sharon Wilcox***, **Gwen Keough** and **Daniel Marini**. The Retirement director is **Jim Lovotti**.

*Denotes Chair



EXPANDS LOCALLY

MIIA PROMOTING PROGRAM

Senscio’s Ibis Program is expanding with MIIA (Massachusetts Interlocal Insurance Association), offering Ibis to more communities whose retiree health insurance is offered by MIIA.

Last year we reported that Senscio and MIIA created a pilot program with approximately 250 eligible Medicare retirees from the Triton Regional School District. It was conducted to determine whether Ibis should be offered to more MIIA participating communities, districts and authorities.

With the Triton pilot proving successful, Ibis is now being offered to

eligible Medicare retirees from the towns of Lunenburg and Amherst. There are some 750 retirees from these two communities who are eligible for Ibis.

According to the Association’s Coordinator Cheryl Stillman, “Over the past two years, we’ve been educating our members about Ibis and endorsing its use. With this, we’ll go a step further, contacting our members in these two communities who may receive an invitation to enroll in Ibis.”

“I say ‘may receive’ because MIAA and Senscio have much more detailed records to determine who

may benefit from Ibis before sending the invite only to them. *Mass Retirees* has very limited personal information on each of our members that we don’t release to any third party.

Also, we’ve not asked Senscio or MIIA for their more detailed records – nor will we. Therefore, please know that our letter is going to all our Amherst and Lunenburg members, some of whom are not Ibis-eligible. Again to be eligible, you must satisfy certain preconditions listed here.

WHO IS ELIGIBLE FOR IBIS?

- Enrolled in Medicare
- Reside in MA, ME, NH, RI, VT & ID
- Being treated for a chronic condition (i.e., Hypertension, Diabetes, Heart Failure, Lung Disease or Depression)
- Admitted to Hospital within last year



ATTENTION: GIC FALLON ENROLLEES

Select New Plan By May 4

Since the announcement last spring that Fallon Health would no longer be offering health plans in the commercial market, we have been reporting that this change would impact the plans offered by the Group Insurance Commission (GIC). While the change did not immediately impact the two plans offered, the Fallon Health Direct Care and Select Care plans will no longer be offered during the upcoming open enrollment period. Members’ current coverage with Fallon will remain in place until June 30th.

Members should have received

correspondence from the GIC on how to select a new plan during the open enrollment period that begins April 6th and runs through May 4th. New plan options and monthly premiums can be found in the GIC Benefit Decision Guides that can be found on their website: mass.gov/GIC. (Monthly premiums are also published here on pages 10 and 11.)

After reviewing the plan options for the benefits that will begin on July 1, 2022, members will need to actively select a new plan. This can be done by visiting bit.ly/MyGICLinkOnlineForms and completing the GIC Retiree/Survivor

Enrollment Change (Form-RS). Members can also download the form and return it to the GIC by mail, email or fax. “As always, please contact me at (781) 963 – 9666 if you have any insurance questions,” reminds Association Insurance Coordinator Cheryl Stillman.

If a new plan is not chosen by the end of the open enrollment period, the GIC will automatically enroll the member in the UniCare PLUS health plan.



GROUP INSURANCE

MONTHLY GIC INSURANCE

NON-MEDICARE RETIREE PLANS

HEALTH PLAN COSTS (INCLUDING \$5,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM		RETIRED ON OR BEFORE (90/10 COV)
		INDIVIDUAL	FAMILY	INDIVIDUAL*
AllWays Health Partners Complete HMO	HMO	848.29	2,211.37	84.83
Harvard Pilgrim Independence Plan	POS	1,039.28	2,533.40	103.93
Harvard Pilgrim Primary Choice	HMO	750.84	1,910.22	75.09
Health New England	HMO	674.06	1,603.69	67.41
Navigator by Tufts Health Plan	POS	894.84	2,182.97	89.49
Tufts Spirit	EPO (HMO-Type)	680.06	1,636.00	68.01
UniCare State Indemnity Plan / Basic with CIC (Comprehensive)	Indemnity	1,241.73	2,750.77	177.27
UniCare State Indemnity Plan / Community Choice	PPO-type	628.31	1,555.11	62.84
UniCare State Indemnity Plan / Plus	PPO-type	815.31	1,939.30	81.54

MEDICARE PLANS FOR RETIREE & SURVIVOR

HEALTH PLAN COSTS (INCLUDING \$5,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM
		PER PERSON
Harvard Pilgrim Medicare Enhance	Medicare	\$429.05
Health New England MedPlus	Medicare	435.35
Tufts Health Plan Medicare Complement	Medicare	411.16
Tufts Health Plan Medicare Preferred**	Medicare	350.74
UniCare State Indemnity Plan / Medicare Extension (OME) with CIC (Comprehensive)	Medicare	418.48

A SAMPLING OF GIC MEDICARE CO-PAYMENTS

FOR MORE DETAILS, PLEASE REFER TO GIC'S BENEFIT DECISION GUIDE

HEALTHCARE SERVICES	UNICARE INDEMNITY PLAN OME		HARVARD PILGRIM ENHANCE		TUFTS COMPLEMENT	
	RETAIL	MAIL	RETAIL	MAIL	RETAIL	MAIL
PRESCRIPTIONS						
1st Tier	\$10	\$25	\$10	\$25	\$10	\$25
2nd Tier	\$30	\$75	\$30	\$75	\$30	\$75
3rd Tier	\$65	\$165	\$65	\$165	\$65	\$165
OFFICE VISIT*		\$10		\$15		\$15
RETAIL CLINIC		\$10		\$15		\$15
RADIOLOGY		\$0		\$0		\$0
MENTAL HEALTH*		\$10		\$15		\$15
		(First 4 visits: \$0 co-pay)				
EMERGENCY ROOM		\$50		\$50		\$50
		(waived if admitted)		(waived if admitted)		(waived if admitted)
INPATIENT		None		None		None

*Telehealth Visits: Co-pay may differ.

UNICARE COMMISSION

RATES EFFECTIVE JULY 1, 2022

OPEN ENROLLMENT
April 6 - May 4, 2022

RETIRED ON OR BEFORE JULY 1, 1994 (90/10 COVERAGE)	RETIRED AFTER JULY 1, 1994 & BEFORE FEBRUARY 1, 2010*** (85/15 COVERAGE)		RETIRED ON OR AFTER FEBRUARY 1, 2010*** (80/20 COVERAGE)		MUNICIPAL RETIREES (FULL MONTHLY COST)	
FAMILY*	INDIVIDUAL*	FAMILY*	INDIVIDUAL*	FAMILY*	INDIVIDUAL	FAMILY
221.14	127.24	331.70	169.66	442.27	844.47	2,211.64
253.35	155.89	380.01	207.86	506.68	1,036.03	2,534.63
191.03	112.62	286.53	150.17	382.04	746.72	1,909.58
160.37	101.11	240.55	134.81	320.74	669.71	1,602.13
218.30	134.22	327.44	178.97	436.59	891.16	2,183.15
163.61	102.01	245.40	136.01	327.20	675.73	1,634.54
395.96	236.40	526.78	295.54	657.60	1,239.09	2,752.65
155.52	94.24	233.26	125.66	311.02	623.83	1,553.41
193.94	122.29	290.89	163.06	387.86	811.39	1,938.75

RETIRED ON OR BEFORE JULY 1, 1994 (90 / 10 COVERAGE)*	RETIRED AFTER JULY 1, 1994 & BEFORE FEBRUARY 1, 2010*** (85 / 15 COVERAGE)*	RETIRED AFTER FEBRUARY 1, 2010*** (80 / 20 COVERAGE)*	SURVIVOR NO BASIC LIFE (90 / 10 COVERAGE)	MUNICIPAL RETIREES (FULL MONTHLY COST) PER PERSON
\$42.91	\$64.36	\$85.81	\$42.27	\$423.97
43.54	65.30	87.07	42.90	430.29
41.12	61.67	82.23	40.48	406.02
35.08	52.61	70.15	34.44	345.42
52.04	72.39	92.75	51.40	413.37

IMPORTANT REFERENCE INFORMATION

*Does include state retiree cost for Basic Life Insurance. Based upon your retirement date, the basic life costs \$0.64 (10% of the total life premium), \$0.95 (15%) and \$1.27 (20%).

**Tufts Medicare Preferred is the only Medicare Advantage Plan offered by the GIC.

***If application to retire was filed after 10/01/09, also subject to 80/20.

CIC: Catastrophic Illness Coverage (CIC) is an optional retiree-pay-all part of the UniCare State Indemnity Plan (OME and Basic). It increases coverage under the plans to 100% in most cases. Enrollees who do not opt for CIC coverage, receive only 80% coverage for some services, as well as pay higher deductibles. The Association strongly recommends that members opt for the

additional CIC coverage.

MUNICIPAL RETIREES: For municipal retirees enrolled in the GIC, the percentage of retiree premium contribution is negotiated and determined by the local PEC agreement and not set by the GIC. Amounts shown here are the total combined premium charged to the retiree and municipality, plus the administrative fee.

PREMIUM PAYMENT: Premiums are effective beginning July 1, 2022 and will be deducted from June 2022 pension checks (one month in advance).

SURVIVORS: With the overwhelming majority of surviving spouses enrolled in Medicare, we have not included survivor non-Medicare rates within these charts. State survivors contribute 10% of the total monthly premium.

KEY HEALTH INSURANCE TELEPHONE NUMBERS

GROUP INSURANCE COMMISSION

617-727-2310

UNICARE

800-442-9300

CVS CAREMARK / SILVERSCRIPT

877-876-7214

EXPRESS SCRIPTS

855-283-7679

GIC RETIREE DENTAL PLAN

866-292-9990

STATE RETIREE VISION PLAN

800-224-1157

MEDICARE

800-633-4227

COLA: LOCAL ACTIVITY

Boards Gearing Up

With PERAC's release of its annual notice on Social Security's COLA, our 102 local retirement boards are gearing up the process for adopting a new FY23 COLA that will begin this July 1. To be eligible, a retiree must have retired before July 1, 2021. Also remember the COLA payments are cumulative, meaning the benefit that you receive this year will be added to those paid previously.

Traditionally we see COLA activity intensify in late spring and early summer. So a slow start is expected

at this time. If past experience is a good barometer, we will find later this summer that all retirement systems are paying a FY23 COLA. And with the systems' excellent investment returns, as reported in earlier issues of *The Voice*, we anticipate that several boards will raise their COLA Base (maximum amount of pension on which the COLA % is applied).

As we go to press, the following Boards have voted for a new FY23 COLA: Belmont, Blue Hills Regional, Chelsea, Falmouth,

Newton, Northampton, Pittsfield, Revere, Saugus and Springfield. Just as important, the following systems and their respective legislative bodies, have approved an increase in the COLA Base that takes effect this July: Beverly from \$12k to \$13k, Minuteman RSD from \$13k to \$14k, and Woburn from \$14k to \$15k.

Annually we publish a complete COLA report in our September *Voice*. In the meantime, please look to the Association's other media outlets for updates.

WEP Relief

CONTINUED FROM PAGE 4 ►

would not receive a rebate beyond the WEP'd amount). We have also proposed that future retirees, age 16 or older at the time of the bill's passage, be held harmless from any potential benefit reductions. This means that the hold harmless clause would remain in effect until 2072.

To put that in perspective – I will turn 102 in 2072, if I am so lucky to still be alive! A fifty-year hold harmless is both fair and reasonable.

The 2 million public retirees now impacted by the WEP cannot afford anymore missed opportunities. This is especially true at a time when inflation continues to rise. We are now at a 40-year high, the worst in two generations. Reasonable people should be able to come together and compromise. Otherwise, retirees will continue to suffer needlessly.

While we continue to do all we can to bring the members of Congress together, I feel compelled

to address those among us who continue to insist on an all or nothing approach when it comes to WEP and its related issue the GPO.

Mass Retirees supports and has worked hard to achieve full repeal of WEP and GPO since the laws were created in 1983. However, the goal of full repeal does not have the national support, nor the votes required in the US Senate to pass. This is a fact.

The same applies to our countless attempts to include GPO reform within a WEP reform bill. Some members of Congress who support WEP reform, oppose reform of the GPO. Since the GPO applies to spousal benefits and not an individual's own Social Security benefit, it is viewed differently ideologically – particularly by Republicans.

We do not have the support to pass such a proposal into law. I believe that this is why Mr. Neal did not include the GPO in H.R. 2337 – we do not have the votes required to be successful.

We have thousands of members who are now harmed by the GPO and the lack of action on the issue

is a huge disappointment to those affected. However, we must face the political reality that now exists. It is why our Association, like our coalition partners, have focused our efforts on engineering a WEP reform compromise. This is our best hope of bringing needed relief to our members anytime in the foreseeable future.

All of us here at *Mass Retirees*, as well as our national partners, know how important these issues are to the thousands of retirees who are impacted. I believe that Mr. Neal and Mr. Brady understand this as well.

We will continue to do all we can do to help make a deal in 2022. In the meantime, the least I can do is provide our members with an honest report on where we are at.

In the coming weeks we will suggest specific steps our members can take to help support a reasonable WEP reform compromise. We view this as the first step in the larger fight to fully repeal both WEP and GPO.

GROWING INTEREST IN MEDICARE ADVANTAGE

Several times a year we are bombarded with television, digital ads and mailers, usually done by celebrities, touting Medicare Advantage plans. These plans have become increasingly part of the healthcare landscape and the number of carriers offering plans has been steadily rising. Companies such as Blue Cross and Blue Shield, Tufts, Aetna and Humana offer a variety of plans that have low or no premiums, additional benefits such as dental or vision and low or no copays on doctor visits. However, these plans are traditionally very limited networks and have drug formularies that could potentially erase the other savings that an enrollee may have anticipated.

As these plans have taken a prominent role in the commercial market there had been little movement in the public sector. The Group Insurance Commission (GIC) currently offers one plan by Tufts that lives on an HMO platform and there were no offerings in the municipal market. This changed last fall when the Association was alerted by our PEC designee, Bob Camara, that Fall River was transferring the Medicare retirees to a Medicare Advantage plan offered by Aetna. The plan went into effect January 1, 2022.

In addition to this plan being offered by Aetna, Blue Cross and Blue Shield joined the ranks, offering a Medicare Advantage plan in

Important Distinctions With Group Plans

the municipal market directly to their municipalities, as well as through purchasing groups such as MIIA.

The development of these plans and introduction into the public sector/municipal market indicates that not only are these plans here to stay, but they are also growing in popularity. While we have always advocated a buyer beware approach to the plans advertised on television, the plans being offered to public sector retirees differ in significant ways.

These plans are employer sponsored group plans and, unlike the individual plans offered on television, they have a national passive PPO network. This means members in-network benefits are paid at the same percentage as out of network benefits. This allows members' access to nationwide Medicare providers. These plans offer additional benefits such as dental and hearing and vision, and they are truly customizable by the employer.

Like the individual plans, the group plans tend to have a low premium and are rated on the Star rating system. Under that system, Medicare uses information from member satisfaction surveys, plans,

and healthcare providers to give overall performance star ratings to plans. A plan can get a rating between 1 and 5 stars. A 5-star rating is considered excellent. These ratings help you compare plans based on quality and performance. Medicare updates these ratings each fall for the following year. So it's possible these ratings can change each year.

Members who join a Medicare Advantage plan will also no longer have to deal with multiple plan cards or explanation of benefits. With traditional Medicare members will have a card for their Part A

and Part B, a Medicare supplement card and most likely a Medicare Part D prescription drug card. With a Medicare Advantage plan one card covers all of these benefits, including a prescription drug plan.

Association's GIC point person Nancy McGovern offers these closing observations. "The Association has always advocated for members to have access to multiple plan offerings. The introduction of the group Medicare Advantage plans are just one more option for members. As always, we stress that members do their research when choosing a plan and contact us if they should have any questions."



NANCY MCGOVERN
LEGISLATIVE LIAISON

Leg. Update

CONTINUED FROM PAGE 3 ►

on efforts to secure passage of the legislation that would improve COLA benefits for members. This legislation includes increasing the State and Teacher base, securing passage

of the Enhanced COLA, which would provide an additional benefit for long term retirees who were career employees and language that would allow local retirement systems to provide a COLA up to 5.9% for FY23 as well as budget language for the State and Teacher system. Over the past several issues of *The Voice* we

have laid out the argument for sharing the unprecedented investment returns with members of the system.

The next several months will be a flurry of activity, as is usual at the end of the biennial session. Members should continue to look to the multiple communications from the Association for updates.

UPDATE: LOCAL INSURANCE New Agreements

As Fiscal Year 2023 draws closer, decisions are being made locally on the health insurance plans that will be offered to retirees, survivors and employees beginning this July. A major intelligence source for us on local insurance developments is the network of our members who are volunteering to serve as the sole retiree designee on local PECs (Public Employee Committees) that are negotiating health insurance in communities across the state.

"I've been hearing from our PEC designees on what's happening in their communities," reports Association's PEC Coordinator Nancy McGovern. "Of particular interest

are those involving new insurance agreements being reached by PECs with their local officials.

"These PEC agreements are executed under the Coalition Bargaining law (Section 19) or the 2011 Chapter 69 – Municipal Health Insurance Reform law (Sections 21-23). By way of a refresher, an explanation of both these laws is included below. Here's a sampling of what I've received from the towns of Reading and Tewksbury."

"For over fourteen years, my town has been providing health insurance under Coalition Bargaining to its retirees and their families," according to Reading retiree Arthur Vars. A longstanding Association



ARTHUR VARS
READING PEC

member, Vars not only serves on the town's PEC but also is the committee's chairman.

"With the committee's vote of approval, I signed off on a

new 3-year insurance agreement with the town earlier this year. The agreement, that begins this July 1 and will end June 30, 2025, has a number of important features that are briefly highlighted below." See Box.

Like Reading, the Town of Tewksbury adopted the Coalition Bargaining law some time ago. In fact, it did so in May 2005 – 17 years ago!

"Over those years, we've been able to provide health insurance to Tewksbury retirees and their families by way of agreements executed under Coalition Bargaining," comments Phil Zerofski who is the retiree

designee on the town's PEC. "We are signing off on a new 3-year agreement that will take us from this July to June 30, 2025."



PHIL ZEROFSKI
TEWKSBURY PEC

A key ingredient in the new

agreement is that it locks in the premium contributions for retirees and survivors at the same percentage that they are currently paying – 25%. Also, all retirees, enrolled in the active (non-Medicare) and Medex plans will receive the equivalent of a one-month premium holiday.

READING PEC AGREEMENT: HIGHLIGHTS

*** PREMIUM SPLITS MAINTAINED:** The current premium contribution splits will remain in effect, meaning that retirees will pay 29% of the premium and the town 71% during the Agreement's 3-year term

*** HEALTH PLANS MAINTAINED:** The Blue Cross insurance plans, through MIIA (Massachusetts Interlocal Insurance Association), will remain unchanged under the new agreement's term. *Ed Note:* Reading participates in MIIA that offers a range of Blue Cross plans from which its participants can select. That means: Non-Medicare retirees can choose either a Blue Cross PPO or HMO plan, and Medicare retirees will be insured by Medex 2 with PDP (Prescription Drug Plan).

*** TWO PREMIUM HOLIDAYS:** Two premium holidays will be provided to eligible retirees and employees who are enrolled in one of the Blue Cross plans. The first will be a 100% holiday for this coming December and the second being a 50% premium holiday for December 2023.

*** PEC MAINTAINED:** The PEC will continue to meet periodically and monitor claims and data provided by Blue Cross with a focus on current health care and premium trends.

*** OPT-OUT INCREASED:** The Opt-Out Program (See July 2020 *Voice*) for family coverage has been increased from \$4,500 to \$5,000.

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NCE DEVELOPMENTS

Being Reached

Depending upon the balance in Tewksbury’s Health Insurance Trust Fund and the insurance program’s claims experience, a premium holiday for retirees may be granted in

the agreement’s second and third years.

“During these uncertain financial times, it makes perfect sense to lock in premium contribution splits

if it’s possible in an insurance agreement,” comments McGovern. “This provides a level of protection against an unexpected huge increase in premium costs for retirees.”

REFRESHER ON COALITION BARGAINING (SECTION 19) & 2011 CHAPTER 69 (SECTIONS 21-23)

Under the state’s Municipal Insurance Law (Chapter 32B) health insurance agreements are executed pursuant to either Section 19, known as Coalition Bargaining, or

Sections 21-23, known as Chapter 69 (2011 Municipal Health Insurance Reform). Both are local option laws that communities or other governmental units can adopt, as they did

in Reading and Tewksbury.

To better understand these laws, we provide this refresher on their key features. As shown here, there are major differences.

COALITION BARGAINING (SECTION 19):

- Establishes a Public Employee Committee (PEC), the healthcare bargaining committee comprised of a retiree designee appointed by *Mass Retirees* and a representative from each collective bargaining unit.
- Requires that health insurance plans offered by local officials must be approved by a 70% vote of the PEC, with each union representative having a vote equal to the insured membership of the work force and the retiree representative’s vote set at 10% in each community.
- Provides that retirees, survivors and employees all pay the same premium percent contribution toward their health insurance plan.
- Eliminates the requirement that a community offer an indemnity plan, but if coverage is provided through HMOs or PPOs, out-of-area retirees must receive the same benefits as in-area retirees.

2011 CHAPTER 69 (SECTIONS 21-23):

- Establishes a Public Employee Committee (PEC), the healthcare bargaining committee comprised of a retiree designee appointed by *Mass Retirees* and a representative from each collective bargaining unit.
- Authorizes local officials to unilaterally adopt (without the PEC’s approval) one of 2 options:
Option #1: Increase copays, deductibles and tiered network copays to the amounts in the state GIC’s largest enrolled non-Medicare (Tufts Navigator) and Medicare (OME) plans; or
Option #2: Join state GIC (if savings at least 5% greater than Option #1)
- Requires that after adoption local officials discuss the proposed change and savings with their IAC (Insurance Advisory Committee) and then negotiate with the PEC over projected savings for 30 days.
- Creates an expedited dispute resolution process if the PEC and local officials cannot agree on the projected savings.

GLOSSARY

Healthcare Terminology

APPROVED OR ALLOWED AMOUNT: The amount that a health plan has determined to be a fair price for a given medical treatment, which is generally less than the amount charged by a provider. For example, while a provider charges \$150, Medicare may approve \$100 for the service.

BALANCE BILLING: When a provider bills you for the difference between their charge and the allowed amount. Mass. laws ban balance billing. Referring to the example above, the provider cannot balance bill you for the remaining \$50.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS): This federal agency administers Medicare, as well as Medicaid and Children's Health Insurance Programs (CHIP).

COINSURANCE: The percentage of costs of a covered health care service that an enrollee must pay (20%, for example) after paying their deductible.

COST SHARING: The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

DEDUCTIBLE: The amount you pay for covered health care services before your insurance plan starts to pay. For example, a state retiree, enrolled in one of the GIC's non-Medicare (active) plans, must pay the first \$400 or \$500 of covered services.

DRUG FORMULARY: A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

EXPLANATION OF BENEFITS (EOB): A statement sent by CMS (see above) or an insurance carrier to an

enrollee, detailing medical treatments and services that have been claimed by providers, indicating whether those claims have been approved and the amount paid or to be paid.

GENERIC DRUGS: A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

GROUP INSURANCE COMMISSION (GIC): This state agency administers the health, life and dental plans that are provided to state retirees and survivors, as well as local retirees and survivors who are enrolled in the state health insurance plans.

HEALTH REIMBURSEMENT ARRANGEMENT OR ACCOUNT (HRA): A mitigation fund that reimburses a retiree for specific medical or drug expenses under stated conditions (i.e., exceed a specified threshold, up to a maximum dollar amount). In many cases here locally, HRAs that cover retirees, are typically created in an Insurance Agreement between the PEC and a community. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): A plan with a higher deductible (i.e., than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before your insurance company starts to pay. For 2022, the IRS defines a high deductible health plan as any plan with a deductible of at least \$1,400 for an individual or \$2,800 for a family, but the deductible could be higher. According to the IRS, an HDHP's total yearly out-of-pocket expenses (including deductibles copayments, and coinsurance) can't be more than \$7,050 for an individual or \$14,100 for a family. (These limits don't apply to out-of-network services.)

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In many of our healthcare articles and messages, we may use terminology that has a technical, less common, meaning. At times members have contacted us, asking for an explanation. With that in mind, we have prepared

this glossary of the healthcare terms used frequently by us, in alphabetical order. (In a future issue, we will include a glossary of pension-related terms.)

HEALTH MAINTENANCE ORGANIZATION (HMO): A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. Both the state and most local governments provide HMO coverage.

MEDICARE ADVANTAGE (MEDICARE PART C): A type of Medicare health plan that contracts with Medicare to provide you with all your Part A and Part B benefits. For more details Medicare Advantage (MA) Plans, see article on page 13.

OPEN ENROLLMENT PERIOD: The yearly period when people can enroll in a health insurance plan for the next fiscal year. Typically, the state and local governments conduct open enrollment here in the spring. You may be able to enroll outside the open enrollment if you have certain life events, like getting married, having a baby, or losing other health coverage.

ORIGINAL MEDICARE: Distinguishable from Medicare Advantage (see above), original Medicare is the traditional fee-for-service health plan that the federal government (see CMS above) provides to retirees in two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). In addition to Medicare, additional coverage is provided by a supplement insurance plan that the state and local governments offer.

OUT-OF-POCKET (OOP) COSTS: Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

OUT-OF-POCKET (OOP) MAXIMUM/LIMIT: The most you have to pay for covered services in a plan year. For example, the GIC has a \$5,000/\$10,000 maximum OOP for non-medicare retirees & families. After you spend this amount for in-network services, your health plan pays the total approved costs of covered benefits.

POINT OF SERVICE (POS) PLANS: A type of plan in which you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. POS plans also require you to get a referral from your primary care doctor in order to see a specialist.

PREAUTHORIZATION OR/PRIOR AUTHORIZATION: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It may be known by other names including prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

PREFERRED PROVIDER ORGANIZATION (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost but not the total cost.

PUBLIC EMPLOYEE COMMITTEE (PEC): When created in a community, district or authority under the state's Municipal Insurance Law (Chapter 32B), this committee becomes the negotiating body on health insurance for their retirees, survivors and employees. It consists of representatives from each of the local unions as well as a retiree representative appointed by *Mass Retirees*.

SELF-INSURED PLAN: Type of plan where the state or local government, through a third party administrator (usually an insurance carrier) collects premiums from enrollees and then takes on the total responsibility to pay all of their medical claims. This type of plan is distinguishable from a Fully-Insured Plan in which the total premium cost (both the government's share and that of its enrollees) is paid to the health insurance carrier who then assumes full responsibility to pay all of the medical claims.

WEP Letter

CONTINUED FROM PAGE 5 ►

provides for a transfer from general revenue to cover the cost to the Social Security trust fund, which already is in jeopardy. This cost to the trust fund has prevented the Chairman’s bill from gaining bipartisan co-sponsorship and likely is fatal to its chances in the Senate.

We strongly believe that a compromise between the two bills is the only way we will see WEP reform legislation make it to the President’s desk this year. In that interest, our organizations propose the following framework for a compromise bill that we will endorse, we believe will garner strong bipartisan support in both chambers, and will have the best possibility of becoming law:

- Extend the hold harmless provision in the bill to all persons aged 16 and above at the time of passage. Those persons not yet age 16 at the time of passage are subject to the new proportional formula.
- A \$150 per month Social Security benefit increase for all current retirees affected by the WEP.

We believe this framework provides the best path forward for WEP reform to pass this year, and it is a framework our organizations pledge to endorse and support if put forward in a bipartisan fashion by the two of you as Chairman and Ranking Member of the Ways and Means Committee.

On behalf of the hundreds of thousands of retired public servants we collectively represent, we respectfully request that you put partisan differences aside and compromise in good faith to reach a deal quickly on WEP reform before time runs out for the 117th Congress. We stand ready to assist in any way helpful to that endeavor.

Respectfully,



GIC

CONTINUED FROM PAGE 2 ►

PROCUREMENT UPDATE

A second meeting was held at the end of March to provide the Commission and public with an update on the medical and pharmacy procurement. As we have been reporting, the GIC will go out to bid this spring for the medical and pharmacy vendors for a new 5 year contract to provide benefits to members.

The GIC remains on track to release the medical RFR (Request

for Response) in April and the Pharmacy RFR in early June. The GIC will then spend the summer reviewing the bids and then in the fall make the recommendations to

the Commission for a vote. The new medical and pharmacy benefits will become effective July 1, 2023 (Fiscal Year 2024).

The Commission also made two significant decisions that will impact enrollees and the plans to be offered to them beginning FY24.

First, the GIC will *not* be pursuing Vendor Consolidation as a strategic objective. This harkens back to 2018. That’s when the GIC proposed plan consolidation, resulting in a widespread backlash that forced the agency to retract its proposal.

Second, GIC evaluated alternative plans such as High Deductible Plans and decided *not* to pursue options. Members recall that we’ve reported on these plans, specifically as part of some local insurance programs.

*The following members of our Association have recently passed away.
We extend our deepest sympathy to their families.*

ALBANO, EMILY G. – West Roxbury, MA (Newton School Department)	DARSIGNY, LEO P. – East Longmeadow, MA (Springfield Teacher)	HANDEL, ELINOR A. – Waltham, MA (Bedford Teacher)
ALLAIRE, DONALD P. – Hopkinton, MA (State, Division of Forests & Parks)	DAUWER, LEO P. – Needham, MA (Plymouth School Department)	HARVEY, MARJORIE M. – Cotuit, MA (State, Probate Court)
AMIDON, CHARLES D. – Bedford, MA (State, Department of Mental Health)	DAVEY, GEORGE E. – Holbrook, MA (Town of Holbrook)	HAVELES, ALICE H. – Jamaica Plain, MA (Arlington Teacher)
ANDREA, CYNTHIA A. – Holbrook, MA (Norfolk County Selectman's Office)	DAVIDSON, ROBERT W. – Scituate, MA (State, MWRA)	HEDIN, ERIC R. – W. Wareham, MA (State D.E.M.)
ANNESE, WILLIAM – Webster, MA (State, Environmental Management)	DAWSON, PAUL F. – Buzzards Bay, MA (Cambridge Teacher)	HEALEY, ROBERT F. JR. – Palm Coast, FL (Burlington Police Department)
ARNDT, JANET S. – Windham, NH (Georgetown Teacher)	DEGRASSE, GEORGE L. – Carver, MA (Hingham Teacher)	HERLIHY, WILLIAM J. – Pickerington, OH (Salem Police Department)
BANKS, MARIE – Chapel Hill, NC (Quincy Teacher)	DEPESA, MARY M. – Hanover, MA (Survivor, Boston Firefighter)	HOFFMAN, SANDRA B. – Norton, MA (Sharon Teacher)
BASTIEN, HELEN – Lowell, MA (Survivor, Tewksbury State Hospital)	DEPTULA, NORMAN J. – Webster, MA (Webster Teacher)	HOLLOWAY, RICHARD E. – Westfield, MA (State Police)
BEAULIEU, DORIS – Franklin, MA (Survivor, New Bedford Fire Department)	DEVINE, EDWARD J. – Sarasota, FL (Tewksbury Teacher)	HUNT, WILLIAM E. – Watertown, MA (Massport)
BENNOTTI, BEVERLY J. – Norfolk, MA (Norfolk County, School Department)	DIDONATO, MICHAEL – The Villages, FL (Winthrop Teacher)	HURLEY, MARGARET H. – Hobe Sound, FL (State, M.D.C.)
BERNARD, ALISON – Chelmsford, MA (Lowell Teacher)	DIGNAM, JOSEPH E. JR. – Lunenburg, MA (Fitchburg Teacher)	HUTCHINSON, VIRGINIA M. – Arlington, MA (Woburn Teacher)
BINKEWICZ, MICHAEL J. – E. Weymouth, MA (Sharon D.P.W.)	DOHERTY, HUGH M. – N. Quincy, MA (State, D.E.T.)	JENSEN, RITA – Lawrence, MA (Dracut Teacher)
BLACK, JAMES A. – Methuen, MA (Essex Agricultural School)	DOYLE, E. AUBREY – Hopkinton, MA (Hopkinton School Department)	KELLY, CLAIRE A. – Punta Gorda, FL (State, Public Health)
BLACK, WAYNE M. – Plymouth, MA (Plymouth Sewer Department)	DUMONT, RAY JR. – Bridgewater, MA (UMass Dartmouth)	KENNEALLY, ELAINE M. – Stoughton, MA (Norfolk Superior Court)
BLAKE, ALICE M. – Turners Falls, MA (Survivor, State Division of Fish & Wildlife)	ELMONT, EMMA L. – Norwood, MA (State, D.M.R.)	KESSINGER, JOHN R. – Halifax, MA (Scituate Teacher)
BOLDUC, RALPH K. – Worcester, MA (Gardner Teacher)	ESPOSITO, CATHERINE – Truth or Consequences, NM (Survivor, Boston School Department)	KIRKPATRICK, BARBARA A. – W. Yarmouth, MA (State)
BONAH, R. BRENT – Revere, MA (Bunker Hill Community College)	EVANS, ELIZABETH A. – South Yarmouth, MA (Easton Teacher)	KOVALSKI, JANE A. – Easthampton, MA (State, D.E.T.)
BOURRET, ELAINE C. – Ft. Myers, FL (UMass Lowell)	FABOS, JULIUS G. – Amherst, MA (State)	LACOMBE, RICHARD – Taunton, MA (State, Department of Mental Health)
BRASIL, MARCIA A. – Pelham, NH (Dracut Teacher)	FAIRWEATHER, BERNICE V. – Marion, MA (Town of Wareham)	LAMOTTE, ARTHUR D. – Ocala, FL (State)
BRENNAN, JOHN J. – Norwood, MA (Norwood Teacher)	FEDORCHUK, JUDITH – Salisbury, MA (State, Welfare Department)	LEATHER, HARRY K. – Charlestown, MA (State, Racing Commission)
BROWN, PHILIP – Lakewood Ranch, FL (Department of Correction)	FITZGERALD, JOHN J. – Longmeadow, MA (Longmeadow Teacher)	LOPES, MARK E. – Taunton, MA (State, Department of Correction)
BUCKLEY, MICHAEL G. – North Attleboro, MA (Dedham Police Department)	FITZGIBBONS, ROBERT E. – Bridgewater, MA (Bridgewater State University)	LOPES, ROBERT J. – New Bedford, MA (New Bedford Fire Department)
BURNS, WILLIAM F. – Methuen, MA (Middlesex Sheriff's Office)	FLATLEY, DOROTHY A. – West Roxbury, MA (Boston School Department)	LOSCOCO, RITA M. – Chatham, NH (Framingham Teacher)
BUSSELL, GOERGE A. – Las Vegas, NV (City of Brockton)	FLEMING, LOUISE M. – Westfield, MA (W. Springfield Teacher)	LYNCH, MARILYN R. – Chestnut Hill, MA (Mass. Rate Setting Commission)
BYRON, JAMES T. – Lawrence, MA (Lawrence D.P.W.)	FLYNN, STEPHEN F. – Hull, MA (State, Department of Correction)	LYNCH, SHERMAN J. – St. Augustine, FL (Wrentham State School)
CALLAGHAN, WILLIAM J. – West Roxbury, MA (State, Div. of Healthcare Finance & Policy)	GASS, EDWARD R. – South Windsor, CT (Billerica Police Department)	LYONS, ANNE L. – Dedham, MA (Brockton Teacher)
CANNON, JAMES M. – Holyoke, MA (Holyoke Teacher)	GATCHELL, JAMES D. – Blackstone, MA (Holliston Water Department)	LYTHGOE, DENNIS L. – Salt Lake City, UT (State College System)
CASPER, MARGARET P. – Attleboro MA (King Philip Reg. Teacher)	GAUDET, LINDA – South Dartmouth, MA (Lexington Conservation Department)	MCCANN, PAUL L. – Hull, MA (Boston Redevelopment)
CATINELLA, MARIO – Dorchester, MA (Scituate Teacher)	GLADU, SADIE – Lakeville, MA (Survivor, Dept. of Corrections)	MCCLURE, CHARLOTTE M. – Gloucester, MA (M.H.F.A.)
CAULFIELD, JOHN H. – Hingham, MA (State, I.T.D.)	GLASHEEN, BARBARA M. – Salem, NH (Lowell Teacher)	MCDADE, DENNIS E. – Watertown, MA (State, D.E.T.)
CHAPMAN, STEWART J. – Seekonk, MA (Bristol County)	GLASZCZ, JOANNE K. – Ayer, MA (Survivor, UMass)	MCKAY, THERESA – Milford, NH (Teacher, N. Middlesex Regional)
CIRELLI, JOHN P. – Barre, MA (Teacher, Quabbin Reg Sch Dist.)	GOLDEN, DONALD C. – Squantum, MA (Boston Police Department)	MACEWEN, ROBERT A. – Needham, MA (Town of Needham)
COLE, FREDERICK M. – Lynn, MA (Lynn Teacher)	GOODRICH, DOUGLAS C. – Millbury, MA (Worcester Water Department)	MACHIETTO, OSCAR P. – Westfield, MA (State, Human Services)
COMINS, GARY M. – Methuen, MA (D.E.T. Lawrence)	GORMAN, RODERICK J. – Newburyport, MA (Amesbury Teacher)	MACIVER, KENNETH A. – Marblehead, MA (Salem State University)
CONWAY, CAROL E. – Hopkinton, MA (State, Cushing Hospital)	GRAVES, FRANK W. – Norwood, MA (State, Department of Correction)	MALAGRIFA, ALBERT G. – Lynn, MA (Lynn Teacher)
COUGHLIN, SUZANNE W. – Lady Lake, FL (State, Department of Revenue)	GRAY, HUBERT B. – Braintree, MA (State, Division of Professional Licensure)	MANDELL, STUART L. – Haverhill, MA (UMass Lowell)
CROCCO, LAURA B. – Falmouth, MA (Falmouth Teacher)	GRIGGS, THOMAS I. JR. – Lincoln, MA (City of Waltham)	MANN, BERNARD V. – Greenfield, MA (Greenfield Fire Department)
CROSSEN, PATRICK J. – Weymouth, MA (Boston Police Department)	GULLOTTI, FRANK – Cumberland, RI (Watertown)	MANNION, JOHN M. – Arlington, MA (State, M.D.C.)
CURRAN, ROBERT J. – Woburn, MA (Middlesex County Court Officer)	HAGGERTY, JAMES A. – Pittsfield, MA (Pittsfield Fire Department)	MANNKE, ELEANOR F. – Arlington, MA (Survivor, State Police)
DAILEY, JAMES F. – Plymouth, MA (Weymouth D.P.W.)	HALLIN, CAROLYN C. – Worcester, MA (City of Worcester)	MARINI, FRANCIS L. – Halifax, MA (State, Trial Court)
DAILEY, PAUL J. – Melrose, MA (State, Department of Education)	HAMILTON, GERALD F. – E. Weymouth, MA (Weymouth School Department)	MARNEY, CATHERINE H. – Osterville, MA (Sandwich Teacher)



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THE VOICE

May 2022

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DECEASED MEMBERS (continued)

MERRILL, STEVEN – Brevard, NC
(State Police)

MICHALCZYK, ROBERT – Townsend, MA
(Department of Correction)

MILCH, MYLES F. – Randolph, MA
(Boston Fire Department)

MONIZE, PAULINE E. – Largo, FL
(State, Public Health)

MORIN, SUZANNE T. – North Oxford, MA
(Oxford Teacher)

MUCCI, MICHAEL C. – Winthrop, MA
(State Police)

MULLEN, DONALD M. – Springfield, MA
(State)

MURRAY, GERARD – Dedham, MA
(Boston)

O'CONNELL, MARGARET I. – Worcester, MA
(Worcester Fire Department)

O'KEEFE, RAYMOND K. – Roslindale, MA
(Boston Police Department)

PACHECO, DENNIS L. – Rehoboth, MA
(Fall River Police Department)

PARSONS, TREVOR – Needham, MA
(State)

PECK, EDWARD C. – West Springfield, MA
(State, Trial Court)

PEREIRA, TEODORA M. – Somerset, MA
(Fall River Teacher)

PERRY, ROBERT J. – Attleboro, MA
(King Philip Regional School District Teacher)

PETERS, JAMES A. – Middleboro, MA
(Randolph Fire Department)

PETERSON, BRUCE J. – W. Dennis, MA
(State, D.P.W.)

PIETILA, MARY P. – Fitchburg, MA
(Fitchburg School Department)

PREVITE, HENRY R. – Quincy, MA
(Boston Police)

QUIRK, DOROTHY A. – Needham, MA
(Glover Hospital)

RAMOS, KAREN – Mattapoisett, MA
(Plymouth County Sheriff's Dept.)

RAND, DORIS A. – Quincy, MA
(State, Survivor)

RANESE, PETER J. SR. – Revere, MA
(Boston D.P.W.)

RECORD, NORMAN E. – Middleboro, MA
(Plymouth County)

REPOFF, JOSEPH E. – South Weymouth, MA
(Plymouth County)

RICE, ANN M. – Marblehead, MA
(Salem Teacher)

RICE, KENDALL D. – Springfield, MA
(Templeton Teacher)

RILEY, MARY E. – Hanover, MA
(Braintree Teacher)

RIOUX, ROBERT C. – Cumberland, RI
(Greater Fall River Voc. School District Teacher)

ROGERS, FRANCIS M. – Weymouth, MA
(Weymouth Fire Department)

SACCO, ROSARIO A. – Waltham, MA
(Belmont Fire Department)

SARGENT, KENNETH S. – Halifax, MA
(Cohasset D.P.W.)

SCHARFMAN, ESTHER T. – Lexington, MA
(Brookline School System)

SCHULTZ, CHARLES S. – Norwell, MA
(Silver Lake Regional School District Teacher)

SCOTT, CLARA M. – Dorchester, MA
(Cambridge Police Department)

SILVA, ELIZABETH A. – Ft. Lauderdale, FL
(State, House of Representatives)

SKOWERA, BETTY J. – Enfield, CT
(State, Department of Transitional Assistance)

SLOWE, THOMAS W. – Rockledge, FL
(Swansea Teacher)

SMITH, RAYMOND R. – Leominster, MA
(Fitchburg Teacher)

SOUZA, ARTHUR J. – McDermott, NV
(Teacher, Nantucket, Athol, Fall River)

SOWA, EDWIN M. – Chicopee, MA
(Chicopee Veterans' Services)

STEINBERG, JOSEPH Z. – Roslindale, MA
(State, Rate Setting Commission)

STETSON, JAMES W. – Orleans, MA
(State, Attorney General's Office)

SWEENEY, WILLIAM F. – Hingham, MA
(Boston Police Department)

TALBOT, LOUISE K. – Dedham, MA
(State, Survivor)

TAYLOR, JOANNE M. – Dighton, MA
(Walpole Housing Authority)

THOMAS, HARRY G. – Lynn, MA
(Essex County Sheriff's Department)

TIRABASSI, PATRICIA A. – Birmingham, AL
(Essex County Juvenile Court)

TODD, ANNA F. – Rowley, MA
(Triton Regional School District Teacher)

TOEPFER, DEAN T. – Columbia, CT
(Foxboro Teacher)

TOOMEY, JOHN J. – W. Yarmouth, MA
(Arlington)

TRAGANOS, GEORGE A. – Arlington, MA
(Cambridge Teacher)

TREMBLETT, ROSE A. – Dorchester, MA
(Boston)

WHITE, SALLY L. – Arlington, MA
(Winchester Teacher)

WHITTAKER, STEPHEN J. – Brockton, MA
(Brockton Teacher)

WOOD, JAMES W. – Sebastian, FL
(Boston)

WOODSIDE, WILLIAM F. – Seekonk, MA
(Bristol County)