



THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

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SOCIAL SECURITY FAIRNESS ACT IMPLEMENTATION UNDERWAY

Effected Retirees Receive Retro Payments to January 2024

Just seven weeks after the Social Security Fairness Act was signed into law by President Joe Biden, retirees receiving Social Security benefits that had been reduced by the WEP or GPO laws began to receive retroactive payments from Social Security dating to January 1, 2024.

The Fairness Act repealed both the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO) laws retroactively to January 1, 2024.

Initially, the Social Security Administration (SSA) indicated that



JOE CONNARTON
ASSOCIATION TREASURER

“In all my years working in municipal and state government, I have never witnessed a law passing that had such a positive impact on the day-to-day lives of so many people.”

it could take a year or more to fully implement the law. The age of the SSA computer systems, which date back to the Johnson Administration,

combined with the complexity of recalculating benefits for some 3 million retirees presented a logistical challenge.

“When HR82 was signed into law on January 5th, we assumed implementation would take several months to complete. SSA then cautioned that full restoration of benefits for all retirees impacted by WEP/GPO could take a year or more – a timeframe that we did not believe to be reasonable,” said Association CEO Shawn

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HEALTH INSURANCE PREMIUMS CONTINUE TO CLIMB

AFFORDABILITY CRISIS CONCERNS GROW

For the 2nd consecutive year, health insurance premiums across the country have continued to rise for both public and private sector plans, impacting retirees and employees alike. Following a near double digit increase in FY25, the state’s Group Insurance Commission (GIC) approved an overall average increase of 11.7% for FY26.

PLEASE SEE CHART OF ALL GIC RATES ON PAGES 10 & 11

After being hit by a \$10 per month increase for the 2025 Medicare Part B Premium, the GIC’s Medicare enrollees will now face an average increase of 7.3% across the three Medicare supplement and one Medicare Advantage plans offered by the GIC. Wellpoint’s highly

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PRIT ACHIEVES ANOTHER STRONG PERFORMANCE

FUND RECORDS 9.07% INVESTMENT GAIN IN 2024

Another strong year in 2024 investment returns has been reported from the PRIT (Pension Reserves Investment Trust) Fund, that contains the pension funds for both the State and Teachers’ Retirement Systems. According to the PRIM (Pension Reserves Investment Management) Board that manages PRIT, as well as all or a portion of the investment funds for 97 of the 102 local retirement boards (95% of the total). The Fund realized another very strong performance on its investments in 2024, achieving a robust return of 9.07% net of expenses. This return follows their outstanding return of 2023, which yielded a 11.2% for the fund.

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Soc. Security

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Duhamel. “Thankfully, our allies in Congress also did not believe that a timeframe of a year or more was acceptable and pushed SSA to prioritize implementation and figure out a way to streamline the process. And that is exactly what happened.”

MASS RETIREES ATTEND STAKEHOLDERS MEETING WITH SSA

In a private stakeholder meeting on February 26th, attended by *Mass Retirees* and Texas Retired Teachers Association leaders, SSA officials announced that retroactive payments to retirees would begin that week and likely be completed by the end of March. The retroactive payments represent 14-months of Social Security benefits that had been reduced by the WEP or GPO laws.

“It appears that SSA’s technology team were able to create a process within the Kobal computer system that allows for both the retroactive calculation, as well as the recalculated monthly Social Security retirement benefit to be done electronically. There are some cases that are more complicated and require manual calculation by experienced SSA staff, but the bulk of the cases should be processed by the computer system,” explains Association Federal Advisor Tom Lussier, who helped arrange the briefing with SSA. “Following the payment of most retro benefits in March, the bulk of revised monthly payments will take place in April.”

Once the retroactive benefit has been paid and the monthly check recalculated, each impacted retiree will receive a written statement from SSA explaining the new benefit. Retirees can also find their personal information online at www.SSA.gov by setting up and/or logging into your account.

“I retired from the Superior Court Probation Department in 2003,

and my wife Marilyn retired from Salem State University in 2011. We both qualified for Social Security, but it was reduced due to the WEP. Neither of us thought that we would ever see the day to witness full repeal of the WEP/GPO, so when the deposits appeared in our account, we were shocked,” recalls long-time Association member Lester

SSA may say that there is no written proof to back the claim, but we point to the fact that most of these retirees are enrolled in Medicare and have been paying the Part B premium out-of-pocket for years. Whether or not this fact is taken as proof of application remains to be seen, but it is something we are fighting for,” says *Mass Retirees* President Frank Valeri.

Social Security spousal benefits entitle a spouse a benefit equal to ½ of their living spouse’s benefit and 100% of the benefit should their spouse predecease them. Divorced spouses are entitled to the same benefit, so long they were married for not less than 10 years.



US SENATOR ED MARKEY

GUEST SPEAKER ON WEP/GPO REPEAL

TAKING MEMBER QUESTIONS DURING TELE-TOWN HALL (MARCH 7, 2025)

Friedberg. “We thank the entire *Mass Retirees* team for all your efforts over the years. I’m so proud to be a member of this Association.”

WHAT ACTION SHOULD GPO RETIREES TAKE

For retirees who had previously been denied or did not apply for a spousal/survivor’s benefit due to the GPO, SSA suggests that you contact your local field office to inquire about your status. If you never applied for Social Security benefits before, it will be treated as a new application.

For retirees with a written record of having been previously denied Social Security benefits due to the GPO, the benefit should be paid retroactively to either the date of application OR 1/1/2024, whichever may have occurred more recently. The situation for retirees who were verbally denied benefits and no written record exists is unclear. At this time, SSA is treating cases where no record of denial exists as new applications, which can only be retroactively applied six months in the past.

“We don’t believe it is fair that retirees who received a verbal denial are being treated as new applicants.

Mass Retirees remains actively engaged with Congressional and SSA officials on the implementation process. We will continue to keep members impacted by WEP/GPO well informed of all new developments as they occur.

“When the first retroactive payments began to arrive by direct deposit on February 27th, our phone and email systems simply exploded with messages from members. Retirees were both shocked and thrilled to receive thousands of dollars in money that was owed to them by Social Security. For those who had suffered under the WEP/GPO laws for many years, it was a day that they thought may never come,” said Association Treasurer Joe Connarton. “In all my years working in municipal and state government, I have never witnessed a law passing that had such a positive impact on the day-to-day lives of so many people. It is truly incredible, and I’m proud that our Association played a major role in helping to get this done for our members, as well as retirees across the country.”

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UPCOMING SPRING MEETINGS

With winter winding down (hopefully), *Mass Retirees* will be conducting a full schedule of Spring Meetings. "Please pay particular attention to our new meeting for our members in Natick and surrounding region, as well as the first-ever Annual Meeting being held in Southeastern Mass," notes Meeting Coordinator Leo Delaney. "Hope to see you there."



4.4.25
Natick, MA
11:00 AM

4.11.25
Leominster, MA
11:00 AM

5.9.25
Peabody, MA
11:00 AM

6.4.25
Hyannis, MA
11:00 AM

NEW AREA MEETING

WHEN: FRIDAY, APRIL 4, 2025, 11:00AM
WHERE: NATICK ELKS LODGE #1425
95 SPEEN STREET, NATICK, MA 01760

WHEN: FRIDAY, APRIL 11, 2025, 11:00AM
WHERE: LEOMINSTER-FITCHBURG ELKS LODGE #1237
134 NORTH MAIN STREET, LEOMINSTER, MA 01453

WHEN: FRIDAY, MAY 9, 2025, 11:00AM
WHERE: BOSTON MARRIOTT PEABODY
8A CENTENNIAL DRIVE, PEABODY, MA 01960

WHEN: WEDNESDAY, JUNE 4, 2025, 11:00AM
WHERE: EMERALD RESORT: IRISH VILLAGE/HYPORT CONFERENCE CENTER
35 SCUDDER AVE, HYANNIS, MA 02601

**STRIVING
TO KEEP
MEMBERS
INFORMED
& ENGAGED**

**PLEASE
JOIN US!
AND BRING
A GUEST**



5.23.25
1:00 PM

TELE-TOWN HALL

FRIDAY, MAY 23, 2025, 1:00PM

AUTO-CONNECT: At the time of the event *Mass Retirees* members will receive a call from us. Simply answer the call and remain on the line to join the meeting. Members can find the toll-free number for all Town Hall Meetings on your membership card.

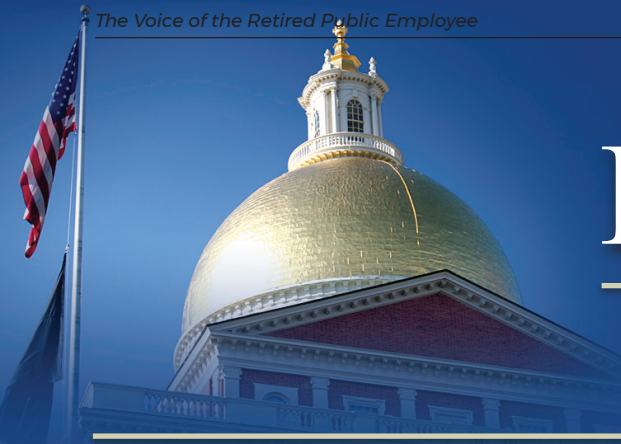
SPECIAL GUEST:
PRIM EXEC DIR & CIO
MICHAEL TROTSKY

ADVANCE NOTICE

2025 ANNUAL MEETING (NEW LOCATION)

9.12.25
Westport, MA
11:00 AM

WHEN: FRIDAY, SEPTEMBER 12, 2025, 11:00AM
WHERE: WHITE'S OF WESTPORT
66 STATE ROAD, WESTPORT, MA 02719



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LEGISLATIVE

MASS RETIREES 2025-2026 Legislative Program



The new legislative session commenced on January 1 with the swearing-in of the 194th General Court. Representative Ronald Mariano (D-Quincy) was elected Speaker, and Senator Karen Spilka (D-Ashland) was elected Senate President. Leadership teams and committee assignments were finalized in the last week of February. The Joint Committee on Public Service is particularly important to the Association, as the majority of its legislation filed will be reported to that committee for initial public hearings. The committee will be chaired by Representative Dan Ryan (D-Charlestown) and Senator Michael Brady (D-Brockton). See the complete Committee makeup on Page 5.

TOTAL OF 15 BILLS FILED

For this session, the Association has submitted a total of 15 bills, including 12 refiles and 3 new pieces of legislation. Some legislation will have both a House and Senate version.

Refiled legislation addresses areas such as COLA, pensions, insurance, veterans, survivors, and disability pensions. In addition to ongoing work with the COLA Commission that began in January, we have refiled a combined version of the state and teacher COLA base increase bill and the enhanced COLA bill for all systems. We have also refiled legislation to increase the veteran bonus, which remains a priority for this session.

Given the growing concerns regarding healthcare affordability, two notable refiles relate to insurance. The first bill would require the GIC to participate in a Medicare

FY26 BUDGET UPDATE

The Governor initiated the fiscal year 2026 budget cycle by presenting the Administration's version of the budget at the end of January. The budget includes a 3% COLA for the State and Teachers system. FY26 marks the final year of the three-year pension appropriation schedule. While the budget includes the full appropriation of \$4.933 billion, there is a deviation from the traditional funding mechanism. The budget appropriates \$4.5006 billion from the general fund, with the remaining amount appropriated through the excess capital gains line item. Historically, the direct appropriation of the full

amount from the general fund has been the standard funding mechanism.

Also included is funding for the Group Insurance Commission. It is important to note that the premium split language for state retirees and active employees was omitted from the GIC line item. The Governor's office has acknowledged that the omission of the retiree language was an oversight, and we will meet with House Ways and Means on this issue before their version of the budget is released.

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Buy-In program. It is worth noting that the GIC is actively working on this internally, and we are collaborating with them on this process. Though intensive, it is a valuable exercise that could yield cost savings for both retirees and the Commonwealth.

The second notable bill is legislation that would protect municipal retirees by ensuring any premium split increases are prospective in nature. When municipal budgets tighten, many administrations seek relief through cost-shifting measures affecting retirees and employees. Changing the premium split for retirees is often the easiest method, requiring only a vote from the city council, select board, or school board. This legislation aims to protect current retirees from significant

impacts.

This session, we have proposed three new pieces of legislation. The first would mandate a minimum contribution to the retirement system by the public employer once they become fully funded. Additionally, we are filing two new bills related to municipal health insurance, addressing the consultant/broker relationship within municipalities and the composition of the Insurance Advisory Committee.

A complete list and summaries of the legislative package for this session can be found beginning on page 6.

**SEE MORE LEGISLATIVE NEWS
ON PAGE 19.**

2026

SESSION UNDERWAY



PUBLIC SERVICE COMMITTEE

★★★ Begins Work ★★★

In late February, the House and Senate announced legislative committee assignments for the 2025-2026 legislative session. The Joint Committee on Public Service holds particular significance for the *Mass Retirees Association*, as most of the Association's legislative proposals will be assigned to this committee.

These proposals will undergo an initial public hearing before the committee members as the session progresses. This session, the

Public Service Committee will be chaired by Senator Michael Brady (D-Brockton) and Representative Dan Ryan (D-Charlestown).

The Public Service Committee is responsible for evaluating all issues related to the salaries, civil service, and retirement of public employees. To fulfill these responsibilities, the Committee reviews, analyzes, conducts public hearings, and makes recommendations on the bills assigned to it.



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(D-BROCKTON)



HOUSE CHAIR

REP. DANIEL RYAN
(D-CHARLESTOWN)

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VICE-CHAIR

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(D-NEW BEDFORD)



SEN. JAMES B. ELDRIDGE
(D-ACTON)



SEN. JOHN KEENAN
(D-QUINCY)



SEN. JACOB OLIVEIRA
(D-LUDLOW)



SEN. KELLY DOONER
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(D-LEOMINSTER)



REP. JAMES ARENA-DEROSA
(D-HOLLISTON)



REP. RODNEY ELLIOTT
(D-LOWELL)



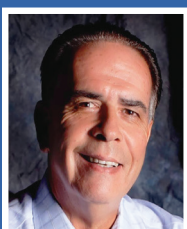
REP. COLLEEN GARRY
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(D-BOSTON)



REP. DAVID ROBERTSON
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REP. JOSHUA TARSKY
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REP. TODD SMOLA
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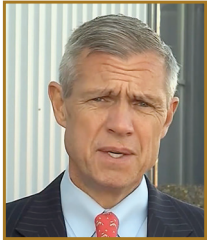


MASS RETIREES 2025-26 COMPREHENSIVE A

INSURANCE

H2907: GIC OUT-OF-POCKET MAXIMUMS

Sponsor: Rep. John Mahoney



REP. JOHN MAHONEY

Establishes a \$2000 out-of-pocket maximum on all non-Medicare prescription drug plans provided by the GIC.

S1848/H2799: LOCAL RETIREE INSURANCE PROTECTION

Sponsor: Sen. Paul Feeney/Rep. Michael Day



SEN. PAUL FEENEY



REP. MICHAEL DAY

Requires that increases in the retiree premium percentage be applied prospectively to retirees who retire on or after the increase is implemented.

H2874: GIC MEDICARE BUY-IN PROGRAM

Sponsor: Rep. Brad Jones



REP. BRADLEY JONES

Requires the GIC to transfer its retiree enrollees who are 65 or over and not Medicare eligible, into Medicare by July 1, 2026.

H1150: LOCAL WITHDRAWAL FROM GIC

Sponsor: Rep. Rodney Elliott



REP. RODNEY ELLIOTT

Extends from December 1 to March 1 the date by which a local government must notify the GIC that it will be withdrawing from the state insurance program on the upcoming June 30.

H2888: INSURANCE ADVISORY COMMITTEE COMP.

Sponsor: Rep. Kathleen LaNatra



REP. KATHLEEN LANATRA

Updates the composition of the municipal insurance advisory committee to align with that of the public employee committee. The retiree representative would be appointed by the *Mass Retirees Association*.

H2890: TRANSPARENCY IN MUNICIPAL HEALTH INS.

Sponsor: Rep. John Lawn



REP. JOHN LAWN

Delineates the responsibilities of consultants and brokers, mandates the disclosure of fees and commissions, and bars consultants from performing brokerage services within the same municipality.

COST-OF-LIVING

S1808/H2794: STATE & TEACHERS' COLA BASE & COLA ENHANCEMENT FOR LONG-TERM "CAREER" RETIREES

Sponsors: Senator Brendan Crighton/Representative Mark Cusack



SEN. BRENDAN CRIGHTON



REP. MARK CUSACK

Increases the State/Teachers' COLA Base from \$13,000 to \$18,000 & creates an increase of \$100 or \$200 the annual COLA for retirees who satisfy certain thresholds regarding their years of retirement 15 & 20 yrs & creditable service, at least 20 yrs and pension amount below average pension.

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2026 LEGISLATIVE PROGRAM ANSWERS TO RETIREE ISSUES

PENSIONS

H2787: RELIEF FOR PRE-JULY 2004 OPT. (B) & (C) RETIREES
 Sponsor: Rep. Tackey Chan



REP. TACKEY CHAN

Recalculates, with the updated mortality table, the pensions of those who retired prior to 7/1/04, when the updated table was implemented and chose Options (b) & (c) and adjusts their pensions prospectively.

H2835: FUNDING CONTRIBUTIONS UNDER STATE/TEACHERS' AND LOCAL PENSION SYSTEMS
 Sponsor: Rep. Dennis Gallagher



REP. DENNIS GALLAGHER

Mandates a minimum appropriation for their respective pension system upon reaching full funding.

VETERANS

S1918/H2834: VETERANS' BONUS
 Sponsors: Sen. John Velis/Rep. Dennis Gallagher



SEN. JOHN VELIS

Increases the Annual Vets Bonus from \$300 to \$1,000.

S1917: EXTEND DEFINITION OF VETERAN FOR VETS BONUS
 Sponsor: Sen. John Velis

Extends the expanded definition of veteran to those, with the requisite non-wartime or National Guard duty and retired on a superannuation retirement before 8/26/04, in order to receive the veterans' bonus prospectively – Local Option.

SURVIVORS

S1867: INCREASE IN OPTION (D) MINIMUM PENSION
 Sponsor: Sen. Cindy Friedman



SEN. CINDY FRIEDMAN

Increases the Option (d) minimum from \$500 to \$750 monthly for state/teacher survivors, with an option for local systems to do the same.

H2854: EXTEND VOTE TO SURVIVORS IN BOARD ELEC.
 Sponsor: Rep. Danielle Gregoire



REP. DANIELLE GREGOIRE

Extends the right to vote in retirement board elections to surviving spouses who are receiving a pension.

H2801: SURVIVOR HEALTH INSURANCE
 Sponsor: Rep. Marjorie Decker



REP. MARJORIE DECKER

(a) Minimum Contribution by Local Coverage

Requires local governments to pay at least 50% of insurance premium.

(b) Retention of Coverage

Allows survivors to remarry and continue their coverage if certain conditions are satisfied.

DISABILITY PENSIONS

S1810: ORDINARY DISABILITY MINIMUM
 Sponsor: Sen. Brendan Crighton

Establishes a minimum amount of benefits for ordinary (non-work related) disability retirees equal to the disability benefits paid to a Massachusetts resident under the Supplemental Security Income (SSI) Program.

GIC Rates

CONTINUED FROM PAGE 1 ►

popular Medicare Extension Plan fared slightly better than the average coming in with a 7.2% increase year-over-year.

MEDICARE BUY-IN HEIGHTENED IMPORTANCE WITH INCREASING PREMIUMS

The GIC's eight non-Medicare plans carry the brunt of the premium increase, with an average of 12.7%. As the price difference between Medicare and non-Medicare plans continues to worsen, *Mass Retirees* has placed heightened importance on implementing a Medicare Buy-In program for the GIC's roughly 10,000 non-Medicare eligible retirees.

"For a variety of reasons, Medicare plans tend to be less expensive and are better suited to meet the needs of retirees than are non-Medicare plans. The success municipal governments have had in implementing Medicare Buy-In and lower insurance costs proves that the program is a win-win for retirees and the government," said Association CEO Shawn Duhamel. "The GIC knows that this program is a priority for our Association and continues to investigate implementation options. Like most things, implementing Medicare Buy-In for 10,000 retirees is easier said than done. However, with insurance costs sharply rising, a solution to move things forward is urgently needed."

Driving the premium increases are rising provider costs, coupled with higher prices for prescription drugs. For instance, the price of GLP-1 and other specialty drugs continue to sharply rise year-over-year. Efforts by insurance providers to reign in rising provider costs have led to heated contract disputes with physician groups and hospitals.

The GIC is not alone in announcing higher insurance premiums in 2025. Rates at the municipal level have witnessed a similar increase,

with some communities announcing Medicare plan increases exceeding 20%!

At the national level, increases across insurance plans for federal employees and retirees increased 11.2%. Neighboring states are also experiencing sharp average increases: ME 9%, RI 8-12%, and VT a staggering 18%!

Also taking effect on July 1, 2025, will be the new \$10,000 Basic Life Insurance benefit for State Retirees and Active Employees. Passed at the behest of *Mass Retirees* within the FY25 State Budget, the new benefit level marks the first increase since 1985. Since life insurance benefits are a local option, increasing local Basic Life coverage is an issue now before municipal governments. Our Association continues to work closely with local retirees and municipal officials to pass local benefit increases.

HARD CHOICES, WITHOUT EASY SOLUTIONS

While the Association is not happy to see insurance premiums rise – especially by double digits – we do applaud the GIC for not choosing to cost shift or degrade the quality of benefits. In fact, FY26 will mark the 8th consecutive year without any widespread changes or increases in copayments or deductibles under the GIC.

There was a time when the GIC responded to rising healthcare costs by passing the costs onto retirees and employees by way of higher copayments and deductibles. The out-of-pocket (OOP) increases even happened in the middle of a plan year. This extreme act resulted in our Association and public sector unions coming together to pass legislation preventing mid-year changes in OOP costs.

Another key factor that differentiates the plans offered by the GIC from many private sector plans is the fact that the Commonwealth is self-insured for all plans, except

the Tufts Medicare Advantage plan. This means that the Commonwealth assumes the risk and acts as the financial backstop if the cost of claims exceeds expectations in any given year. In turn, the GIC contracts with insurance carriers to administer the plans for which they are paid an administrative fee (which tend to run in the single digitals here in MA).

"To be clear, we never want to see insurance costs go up. But given the limited options available to control costs, the GIC must be applauded for doing the right thing and not choosing to cost shift," explains *Mass Retirees* Legislative Liaison Nancy McGovern. "The fairest way to handle cost increases is to spread higher prices out through monthly premiums, with the Commonwealth picking up the lion's share of the new costs. Remember, the state covers between 80-90% of the cost of premiums for state retirees – depending on the date of retirement. Municipal governments cover an average of 75% of the cost, with a minimum split of 50/50."

HEALTHCARE AFFORDABILITY: A GROWING CONCERN

Last year, Blue Cross and Blue Shield of Massachusetts made headlines by conducting a survey of 1,000 Massachusetts citizens that showed that 1 in 4 respondents indicated that they had forgone medical care in the past year because they could not afford the out-of-pocket costs. This means that 25% of residents of our state cannot afford the copayment for a doctor's visit or prescription drugs – never mind the cost of an annual deductible.

While alarming at the time, concerns around affordability have grown considerably following the spike in monthly premiums in 2025. Add in the ongoing pressure of higher-than-average inflation on day-to-day staples such as groceries, and we have the making of a true crisis of affordability.

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REMEMBERING PAUL SHANLEY

Executive VP Will Be Missed

We're saddened to report that our Executive VP Paul Shanley has passed away. Paul came to the Association, retiring from an outstanding career in public service as a Deputy Treasurer for legendary State Treasurer Bob Crane and Deputy Director of Real Estate at the state PRIM (Pension Reserves Investment Management) Board.

"Having known Paul personally and professionally for decades during our careers in public service and after retiring with the Association, I'll miss him as a

friend who I could turn to for sound advice and an Association officer who would always treat those, with whom he was dealing, with dignity and respect, a real gentleman," comments President Frank Valeri.

"When I stepped down as Executive VP, there was no question who would succeed me," recalls Counsel Bill Rehrey. "It was Paul, and as I saw it, a big step up."

"And when in 2008 Association founder Ralph White stepped away as the state elected member of PRIM, Paul was the natural choice to succeed him in this very important post,"



adds CEO Shawn Duhamel. "During his many years on the Board, Paul was always committed to best representing state and all retirees.

"He will be missed by all who had the opportunity to work with him. Rest in peace Paul."

UPDATE

STATE BOARD ESTIMATED FIRST PENSION PAYMENT

EIBP "Paying Off" During Initial Operation

As one of the two elected members of the Mass State Retirement Board (MSRB), President Frank Valeri initiated the idea of an estimated first payment plan, with the support of the other elected member, Theresa McGoldrick, Esq. It soon gained the support of Treasurer Deb Goldberg and fellow Board members, Archie Gormley and Maureen Valente who voted to implement an Estimated Initial Benefit Payment (EIBP) Program.

In late 2022, the Massachusetts State Retirement Board adopted a new policy to allow for the establishment of an EIBP. Due to many years of plan changes initiated by pension

reform measures, increased number of retirees, Covid 19 pandemic and increased oversight requirements, the wait time for first payment of retirement benefits by the State Board had significantly increased over the past decade.

Under the direction of Treasurer Deb Goldberg, who serves as the Chair, and Executive Director Kathryn Kougiyas, the members of the State Retirement Board approved a new policy to essentially allow State retirees to get their first check within 60 days of their retirement date. Waiting times had developed to be up to four or five months (142 days) before the implementation of the EIBP.

SIGNIFICANT REDUCTION BY 50% IN AVERAGE WAIT TIME

After a lengthy software adjustment period and staffing enhancements, the State Retirement Board has made great strides in improving its performance after a difficult pandemic-era period. State Board staff, under the direction of Executive Director Kathryn Kougiyas and Deputy Executive Director/COO Sandor Zapolin, have guided the implementation of this new program which has significantly reduced waiting times since February, 2024.

How much of a reduction? Let's

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GROUP INSURANCE

MONTHLY GIC INSURANCE

NON-MEDICARE RETIREE PLANS

HEALTH PLAN COSTS (INCLUDING \$10,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM (WITH BASIC LIFE)		RETIRED ON OR BEFORE (90/10 COV)
		INDIVIDUAL	FAMILY	INDIVIDUAL*
Harvard Pilgrim Access America**	PPO	1,447.73	3,213.48	144.77
Harvard Pilgrim Explorer	POS	1,197.71	2,946.43	119.77
Harvard Pilgrim Quality	HMO	896.12	2,259.59	89.61
Health New England	HMO	869.92	2,068.72	86.99
Mass General Brigham HP Complete	HMO	1,101.44	2,890.09	110.14
Wellpoint Total Choice**	Indemnity	1,762.92	3,902.80	176.29
Wellpoint Community Choice	PPO-Type	847.99	2088.80	84.80
Wellpoint Plus	PPO-Type	1,102.01	2,612.23	110.20

MEDICARE PLANS FOR RETIREE & SURVIVOR

HEALTH PLAN COSTS (INCLUDING \$10,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM (WITH BASIC LIFE)
		PER PERSON
Harvard Pilgrim Medicare Enhance	Supplement	\$479.75
Health New England MedPlus	Supplement	482.24
Tufts Health Plan Medicare Preferred***	Advantage	402.91
Wellpoint Medicare Extension	Supplement	487.84

A SAMPLING OF GIC MEDICARE CO-PAYMENTS

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

HEALTHCARE SERVICES	WELLPOINT MEDICARE EXTENSION		HARVARD PILGRIM ENHANCE & TUFTS MEDICARE PREFERRED		HEALTH NEW ENGLAND MedPlus	
	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.

GIC COMMISSION

RATES EFFECTIVE JULY 1, 2025

OPEN ENROLLMENT
April 2 - May 1, 2025

RETIRED 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 + Admin. Fee)	
	FAMILY*	INDIVIDUAL*	FAMILY*	INDIVIDUAL*	FAMILY*	INDIVIDUAL
321.35	217.16	482.03	289.55	642.70	1,438.62	3,208.78
294.64	179.66	441.97	239.54	589.29	1,187.97	2,941.06
225.96	134.42	338.94	179.22	451.92	885.63	2,252.51
206.87	130.49	310.31	173.98	413.74	859.36	2,061.16
289.01	165.22	433.52	220.29	578.02	1,091.46	2,884.58
390.28	264.44	585.43	352.58	780.56	1,754.60	3,899.83
208.88	127.20	313.33	169.60	417.76	837.38	2,081.29
261.22	165.31	391.84	220.40	522.45	1,092.03	2,606.03

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
47.98	\$71.97	\$95.95	\$46.71	\$468.22
48.22	72.34	96.45	46.95	470.71
40.29	60.44	80.58	39.02	391.19
48.78	73.18	97.57	47.51	476.33

IMPORTANT REFERENCE INFORMATION

*Premiums listed include the state retiree cost for Basic Life Insurance. Based upon your retirement date, the basic life costs \$1.27 (10% of the total life premium), \$1.91 (15%) and \$2.54 (20%).

**Wellpoint Total Choice is offered only to retirees/survivors who are not enrolled in Medicare and reside either in New England (MA, CT, RI, NH, ME, & VT) or internationally. Harvard Pilgrim Access America is offered to retirees/survivors who are not enrolled in Medicare and reside outside New England (MA, CT, RI, NH, ME, & VT) and not residing internationally.

***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.

PREMIUM PAYMENT: Premiums are effective beginning July 1, 2025 and will be deducted from June 2025 pension checks (one month in advance).

MUNICIPAL RETIREES: For municipal retirees enrolled in the GIC, the percentage of retiree premium contribution is determined locally. Amounts shown here are the total premium charged to the retiree and municipality, plus the administrative fee of 0.25%.

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 (without Basic Life).

RETIREE DENTAL PLAN: For FY26 the Retiree Dental Plan rates are: \$29.66 for an individual and \$71.48 for a family. State retirees and survivors in the Plan pay 100% of the monthly premium. Municipal rates are \$29.73 for an individual and \$71.66 for a family.

KEY HEALTH INSURANCE TELEPHONE NUMBERS

GROUP INSURANCE COMMISSION
617-727-2310

WELLPOINT
800-442-9300 (NON-MEDICARE)
833-633-4176 (MEDICARE)

CVS CAREMARK / SILVERSCRIPT
877-876-7214

GIC RETIREE DENTAL PLAN
833-442-0411

MEDICARE
800-633-4227

SOCIAL SECURITY
800-772-1213

STATE RETIREE VISION PLAN
833-442-0411

Soc. Security

CONTINUED FROM PAGE 2 ►



(MARCH 2010)

SEN. JOHN KERRY WITH ASSOCIATION
CEO SHAWN DUHAMEL

In addition to the heartfelt outreach from members, Association leaders have also been contacted by former federal elected officials and Congressional staff whom we have worked with over the years as we advocated to end WEP/GPO.

A particularly touching statement came from former Massachusetts US Senator John Kerry, who had played a central role in working to advance WEP/GPO repeal legislation in the early 2000s.

“This victory for retirees in Massachusetts and across the country is a long time in coming, and it wouldn’t have ever had a chance without the patience and persistence of Mass Retirees which never gave up and never gave in, and has helped do something for working people that finally achieves fairness and justice for people who worked a lifetime and were effectively being punished for choosing careers in public service as teachers or firefighters or postal workers. The most important result of this legislation passing is fundamental fairness. It rights a wrong. But the other lesson is, it ought to inspire everybody to believe that you never give up working towards things that are worth fighting for, because you can win, and we did succeed in overcoming 41 years of gridlock. When I chaired that hearing in 2011 on this bill, we knew we probably couldn’t pass it that year, but we knew it was right to keep the pressure on, and that’s what Shawn Duhamel and Mass Retirees did year in and year out to get this bill to President Biden’s desk.”

- John Kerry

ARE MY RETROACTIVE BENEFITS TAXABLE?

Understandably, as more and more members are receiving retroactive payments from SSA, they

have raised with us concerns on whether they will owe taxes on this money. While Massachusetts does not tax Social Security including the retroactive payments, these payments, as well as your new increased

monthly payments, may be subject to federal income taxes when you prepare your 2025 (not 2024) federal tax return next year (2026).

We say “may” because our

CONTINUED ON PAGE 19 ►

PRIT

CONTINUED FROM PAGE 1 ►

Association President Frank Valeri responded to the news as follows. “This is a very welcome string of positive returns, which has exceeded our actuarial expectation four out of the last five years! As we entered 2024, there appeared to be some favorable signs, but with the focus on a potential recession, no one predicted the strong performance that we experienced throughout the year. Our Association applauds the PRIM Board, chaired by State Treasurer Deb Goldberg,

its Executive Director/CIO Michael Trotsky, and staff for all their hard work in achieving this result.”

Also, it’s significant that with last year’s net asset gain of \$9.24 billion and the prior 2023 gains of \$ 8.9 billion, PRIT has reached a total of \$110 billion plus in total assets. “PRIT’s value has grown significantly over the past ten years – basically from \$60 billion to \$110 billion,” continues Valeri; “Just over the past two years, the \$18.1 billion asset gain represents excess earnings of more than \$4.69 billion OVER the assumed 7% rate of investment return.”

Valeri concludes, “When it comes to improving the Cost-of-Living

Adjustment (COLA), *Mass Retirees* has always believed that the investment success of a retirement system should be shared with its retirees and survivors with better COLAs. Since July 2022, our core belief has been adopted by all 102 local retirement systems improving their COLA with two exceptions, Amesbury and Fall River. Thank you and we’ll be there with you to do even more.

“PRIT’s success also will be of tremendous help in *Mass Retirees’* ongoing campaign to improve the State & Teacher COLA. Our work on this is unwavering, and we remain confident, will produce positive results.”

GIC'S NEW DENTAL/VISION PLAN ADMINISTRATORS



Altus Dental & VSP Commence July 1

As of July 1, Altus Dental, based in Providence, RI, will replace MetLife as the administrator of the GIC Retiree Dental Plan. Briefly, this Plan is offered to state retirees and survivors, as well as local retirees whose former public employer (city, town, etc) participates in the GIC including the dental plan.

IMPORTANT: Current enrollees do not have to re-enroll during Open Enrollment. If you want to continue your dental coverage, you don't have to do anything. But remember if you are a new enrollee, you must enroll for at least 12 months and if you drop GIC Retiree Dental coverage, you may never re-enroll.

Key features with Altus include:

- Higher annual maximum benefit of \$1,500 that will be reimbursed on a fiscal year (July-June) basis and no longer on a calendar year basis.
- Enrollees can visit one of the more than 400,000 participating locations in the Altus Dental network, and you'll enjoy lower out-of-pocket costs. You may pay more for an out-of-network dentist.
- With Altus Preventive Rewards, most of an enrollee's preventive and diagnostic dental services don't count toward your annual maximum.
- Enrollment: You may join during Annual Enrollment, or within 60 days of a "qualifying" event. (i.e. retirement, COBRA ends).

Also effective July 1, DavisVision will be replaced by VSP that has partnered with Altus. **Since there is no enrollment or monthly premium with this plan, nothing needs to be done during open enrollment.** We

expect to have more details on the VSP Plan in the next (July) *Voice*. **Ed Note:** As part of *Mass Retirees Advantages* (discount program), VSP offers insurance-type vision plans that have a monthly premium.

COLA COMMISSION

BEGINS DISCUSSIONS ON STATE AND TEACHER BENEFITS

The Special Commission on State and Teacher COLA improvements recently held its second meeting on March 10th. During this meeting, in-depth exhibits were presented by State Actuary John Boorack to the Commission members, identifying various levels of improvements, costs and possible methods of financing those improvements to the State and Teacher COLA benefits.

The Commission consists of nine members who are very knowledgeable, experienced in benefit levels, finances and funding of the

Commonwealth's pension systems. The two systems are the largest in the state and represent over 140,000 public retirees, approximately 60% of all public retirees from Massachusetts.

"I believe the makeup of the Commission consists of very capable individuals who understand the systems' plan benefit and recognize the need to improve cost of living benefits that have been fixed at a flat rate of \$390 since 2012 for members of these systems," according to *Mass Retirees* President Frank Valeri, who is the Association's representative

on the Commission.

After the Commission's organizational meeting earlier this year, the last two meetings included cost analysis of raising the current COLA base of \$13,000 that essentially has capped annual benefit increases to a \$390 maximum since 2012 for State and Teacher retirees, as well as the costs involved with providing enhanced benefits for long term retirees. Presentations by Actuary John Boorack detailed the liabilities involved with raising the COLA base at different levels up to \$18,000 and

CONTINUED ON PAGE 16 ►



MEDICARE PROGRAM CONTINUES PUSH

CMS Begins 2nd Cycle of Negotiations

Since its creation by IRA, the federal Inflation Reduction Act of 2022 (P.L. 117-169), we've been reporting on the Medicare Drug Price Negotiation Program being administered by CMS (Centers for Medicare & Medicaid Services). In a nutshell, this Program empowers CMS to negotiate with pharmaceutical companies over the maximum fair price (MFP) for selected drugs.

CMS will be conducting four cycles of negotiations, with the 1st cycle having been completed last year. In the October 2024 *Voice*, we reported on the MFP for the ten drugs that were negotiated in the 1st cycle and will take effect on January 1, 2026.

Ed Note: Just recently CMS

published its explanation for the MFP for each of the ten drugs. It's expected that savings from the new MFPs for those drugs will generate about \$6 billion for taxpayers and \$1.5 billion for Medicare enrollees.

Earlier this year, CMS issued the next list of 15 prescription drugs whose MFPs will be negotiated during the 2nd cycle – see table below – and take effect January 1, 2027.

It's noteworthy that this includes Wegovy and Ozempic, the widely advertised and not surprisingly popular (just turn on your TV) weight loss and diabetes drugs, that have come under scrutiny for their high out-of-pocket (OOP) costs.

At press time, Medicare enrollees still won't be able to access these

drugs for obesity under a federal law that prohibits the program from paying for weight loss treatments. Right now, Medicare will only cover Ozempic and Wegovy when used to treat diabetes or lower blood sugar. Whether a proposal from the Biden Administration, extending their coverage for weight loss, will be implemented, is currently pending before the Trump Administration.

Besides Wegovy and Ozempic, some of the other medications in the 2nd cycle include Trelegy Ellipta, which treats asthma; Otezla, a psoriatic arthritis drug; and several that treat different forms of cancer. It's been reported that the 25 drugs in both the 1st and 2nd cycles account for a whopping one-third of

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Drug Name	COMMONLY TREATED CONDITIONS	Drug Name	COMMONLY TREATED CONDITIONS
Ozempic; Rybelsus	Type 2 diabetes; Type 2 diabetes cardiovascular disease	Linzess	Chronic idiopathic constipation; Irritable bowel syndrome w/constipation
Wegovy	Obesity/overweight and cardiovascular disease	Calquence	Chronic lymphocytic leukemia; Small lymphocytic/mantle cell lymphoma
Trelegy Ellipta	Asthma; Chronic obstructive pulmonary disease	Austedo; Austedo XR	Huntington's disease Chorea; Tardive dyskinesia
Xtandi	Prostate cancer	Breo Ellipta	Asthma; Chronic obstructive pulmonary disease
Pomalyst	Kaposi sarcoma; Multiple myeloma	Tradjenta	Type 2 diabetes
Ibrance	Breast cancer	Xifaxan	Hepatic encephalopathy; Irritable bowel syndrome with diarrhea
Ofev	Idiopathic pulmonary fibrosis	Vraylar	Bipolar I disorder; Major depressive disorder; Schizophrenia
Janumet; Janumet XR	Type 2 diabetes	Otezla	Oral ulcers in Behçet's Disease; Plaque psoriasis; Psoriatic arthritis

Note: * The commonly treated conditions are limited to conditions for which prescription drug coverage is currently available under the Medicare Part D program.



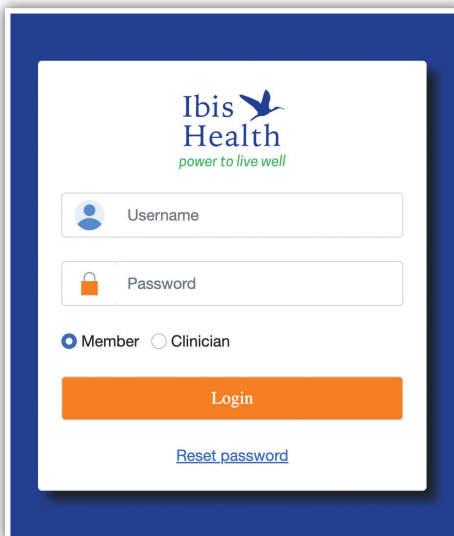
IBIS HEALTH LAUNCHES NEW WEB PORTAL

Program Goes Wherever You Go

For members, it's that time of year when they're looking forward to the end of winter and planning vacations with their family - picking destinations, scheduling dates. But, what about Ibis Health? No need to worry. Now you can take that with you too.

With the recent launch of Ibis Health's newest innovation, the web-based **Ibis Health Member Portal**, you don't have to put a pause on feeling your best. You can continue to stay on top of your health no matter where you are — whether that's relaxing on the beach or visiting your grandchildren out of state.

Accessible from any web browser, the mobile-friendly portal makes it easy for members to track



their vitals, medications and more even when they are on the go. With just a few clicks, members can view their daily care plan, see upcoming

appointments, complete tasks and reminders and participate in a virtual meeting with a member of their Ibis Health care team.

"Carting around a tablet can be troublesome," said Senscio Systems software engineer Will Shepherd, who has spearheaded creation of the portal. "We really want to be able to provide that tablet experience anywhere you go, to make sure that, regardless of where you are, you can always have access to your information. ... And the great thing about it, is it gives your care team data and insight into just how your vitals are trending or things you are doing on your vacation that can help guide you in better understanding your health."

Members Positive Experiences

Rick Morrison is just one of the more than 125 Ibis Health members who are already taking advantage of the member portal. An engineer by training, Morrison has always been interested in recording data and analyzing trends, and his own health was no exception. Before joining Ibis Health two years ago, the 68-year-old from Taunton, used to track his weight and blood sugars in an Excel spreadsheet, though that could be cumbersome. With Ibis Health, Morrison, who is insured by MIIA (Massachusetts Interlocal Insurance Association) enjoys having access to all of his health information, including his vitals, medications and upcoming appointments, in one convenient place at no cost.

That information is even

easier to access with the Ibis Health Member Portal, and when Morrison goes on vacation, he can continue to participate in the program without interruption. One of the most valuable features of the portal, Morrison said, is the ability to see up-to-the-minute changes in his weight, blood pressure and other vitals over time. "Now I can just pop on the portal and look at my trends for the last 30 days, 60 days, 90 days," Morrison said. "I don't have to make the graphs myself, somebody else does that. All I have to do is look at it, so it's very, very nice."

Being able to see that data has helped Morrison to make positive changes for the better. "One of the things I've been focused on is getting

ATTENTION:
FLORIDA MEMBERS

IBIS NOW AVAILABLE TO YOU !

We're pleased to announce that Ibis is now available to our members living in the Sunshine State. "Our Florida members have been reading about Ibis and contacting us on if and when they might be able to enroll in the program in their new home state," reports our Insurance Coordinator Cheryl Stillman, who has been participating in Ibis since the Association partnered with Senscio.

"And now your wait is over. Florida members with Medicare Part B can now enroll in Ibis and enjoy the benefits as I have." You can learn even more about Ibis by visiting its website at www.ibis-health.org/voice.

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GIC Rates

CONTINUED FROM PAGE 8 ►

Recent meetings of both the GIC and the state's Health Policy Commission (HPC) have focused on this point. In addition to BCBS, insurance providers such as Wellpoint and Point32 have also shared their concerns that something must be done to slow the growth of healthcare costs.

"Costs are going to go up, but double digit or even high single digit increases are not sustainable.

Retirees and employees cannot afford to pay these costs and there is a limit to just how much the government can absorb. When a growing number of people are choosing not to seek needed medical care because they cannot afford the cost, there is obviously a crisis," comments Duhamel. "Mass Retirees has always prioritized the need to maintain high-quality and affordable healthcare for retirees and employees. But it does no good to have access to high-quality healthcare if you cannot afford to pay the bill. At the same time, these benefits

are too important to have the quality diminish.

"This is the challenge that, so far, no one has been able to figure out. We're now at the point where we need to come together and find solutions. While our Association does not have the answers, we vow to work together to help find a solution for our members."

The GIC's open enrollment period runs from April 2, 2025, through May 1, 2025. It is the annual opportunity to change insurance plans or enroll in the GIC's retiree-pay-all dental plan.

COLA

CONTINUED FROM PAGE 13 ►

costs attributable to an enhanced COLA for long term retirees. While the increased costs involved raising the base was by each \$1,000 intervals were significant, Boorack provided a method of offsetting costs triggered by a lump sum payment with excess

investment earnings realized over two- and three-year periods. The enhanced COLA benefit, at varying eligibility levels, were significantly less than base increases and could be also considered paid by such excess investment gains.

According to President Valeri, "The discussions have been very positive, with members making suggestions on how to effectuate

and trigger, utilizing such investment gains to pay for these benefit enhancements. Our position has always been that such gains should be shared in this way by retirees and beneficiaries and not be entirely rolled into the funding process of the Commonwealth's pension liabilities."

The Commission's next meeting is scheduled for Monday, April 7th.

Medicare

CONTINUED FROM PAGE 14 ►

Medicare spending on prescription drugs.

Not surprisingly, pharmaceutical manufacturers and their trade associations are continuing their challenges against the Program in the courts.

But, so far they have not been successful and therefore, will open a second line of attack with the Trump administration and Congress. If and when the need arises, we will support AARP and other Program advocates in fighting against the industry's attempts to kill or otherwise undermine the Program.

In the meantime, CMS is proceeding forward with the 2nd cycle of negotiations that will conclude with the new MFPs for the 15 drugs becoming effective on January 1, 2027.

Ibis

CONTINUED FROM PAGE 15 ►

my sugar down. I probably enter that in 3-5 times a day," he said. "Getting to see the trend is very, very useful. I can see 'Oh last night I had this, and this morning the number was that, let's not do that again.'"

Association CEO Shawn Duhamel sums it up this way. "The Member Portal is the latest example why *Mass Retirees* has been promoting Ibis for some 6 years. Sencio is always developing new innovations to help members better manage their own care not only at home but in this case, away.

"One of the Portal's major selling points is its availability to any Ibis Health member, whether they are new to the program or have been participating for years. "We encourage new members to ask their (Ibis) advocates about signing up for it. It's just the easiest way for members

to immediately have access to their own data right now."

Ed Note: Since 2019 *Mass Retirees* has been partnering with *Sencio Systems* to offer the *Ibis Health* program to members. *Designed to empower retirees with two or more chronic conditions to take control of their well-being in between doctor visits, Ibis Health utilizes a remote care team and the patented AI-powered IbisHub platform that connects members to clinical specialists in real time. Self-reported data create insights for timely intervention and early detection, and advocates work one-on-one to provide coaching and support, allowing many Ibis members to improve their health and achieve their goals in ways that work for them. Ibis Health is available to all Massachusetts retirees with Medicare Part B coverage who qualify. To learn more about the program, log onto www.ibishealth.org/voice.*

RELIEF FROM CHRONIC PAIN

Medical Cannabis Among the Options

Many untold thousands of *Mass Retirees* members are among the 40% of older adults who suffer with chronic or recurring pain. For relief there are treatment options including traditional pain medications (OTC or prescription) or medical cannabis. With the help of our colleagues at Boston-based EO, the Association is providing members with factual information on these options needed to be well-informed and make the right decision.

Pain can of course have many causes – injury, repetitive strain, illness or a chronic condition like arthritis or fibromyalgia. All can significantly compromise quality of life. To manage pain, people often turn to over-the-counter (OTC) medication options and prescription medications. New pain treatments like medical cannabis are also gaining increased attention.

Each option has benefits and risks. And before using any new pain medication, you should always consult with your doctor.

OVER-THE-COUNTER (OTC) PAIN TREATMENTS

Over-The-Counter (OTC) treatments are readily available, typically low in cost and generally effective for mild pain. However, just because they are available without a prescription does not mean they are without risk.

NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), like aspirin, ibuprofen (Advil) and naproxen (Aleve), can help with inflammatory conditions like arthritis. The most common side effects range from indigestion and stomach ache to more serious problems like gastritis, ulcers and gastrointestinal bleeding. NSAIDs may have increased risks for older adults, including



cardiovascular side effects.

Acetaminophen (Tylenol) is another popular OTC that can be effective for relieving mild pain. Side effects can include nausea and dizziness (which can increase the risk of falling), and extended use can damage the liver, which is a particular concern for those who may have pre-existing liver conditions.

PRESCRIPTION PAIN MEDICATIONS

People living with severe pain often turn to prescription medications. While these treatments can offer more effective relief, they have greater potential risks.

Some of the most commonly prescribed pain medications include corticosteroids (like Prednisone) for those dealing with arthritis and inflammation, and antiepileptic medications (like Gabapentin and Pregabalin) for those suffering from nerve, back or neck pain. These medications can have side effects that range from dizziness and mood swings to high blood pressure.

In extreme cases of pain, opioids (like OxyContin and Percocet) may be prescribed. Common side effects include nausea, vomiting, constipation, dizziness and sedation. Opioids also have high potential for dependence or addiction. What's more, older adults may be more likely to develop an opioid use disorder.

MEDICAL CANNABIS AS AN ALTERNATIVE FOR PAIN MANAGEMENT

Recently, people have been turning to medical cannabis to help

manage pain. According to multiple studies, there's growing evidence that medical cannabis can help with pain management, especially for chronic pain associated with rheumatoid arthritis, neuropathy, musculoskeletal conditions, cancer and fibromyalgia. This is thanks to the analgesic and anti-inflammatory compounds in cannabis.

THC and CBD are the compounds most associated with pain management in cannabis. Higher THC concentrations may offer greater relief; however, THC can increase the likelihood of intoxicating side effects. Whereas, CBD-dominant products are preferred for managing symptoms and promoting relaxation without intoxication. Some studies have indicated that a 1:1 THC to CBD ratio is most effective for pain management and as a sleep aid, while limiting intoxicating effects.

What's more, medical cannabis has been shown to effectively temper and even replace many prescription pain medications, such as opioids and sedatives. In fact, a growing number of studies report that cannabis has a better side effect profile compared to narcotics and a lower risk of addiction.

However, medical cannabis use is not without risk. It can cause side effects like fatigue, diarrhea, changes in appetite, changes in weight, dizziness and confusion, which can affect motor coordination and increase the risk of falls. Cannabis can also interact with blood thinners and may not be appropriate for those with some cardiac conditions. Potential medication interactions are just one compelling reason that medical cannabis care should always be provided by an expert cannabis clinician.

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RETIREMENT BOARDS

ELECTIONS & APPOINTMENTS

Brockton – The Brockton Retirement Board reappointed retired Plymouth Retirement Board Executive Director **Bill Farmer*** as their 5th member. **Bill** was the only candidate making application for the position, and began his twelfth term on the Board. In addition, retired Fire Lieutenant **Archie Gormley**



ARCHIE GORMLEY
BROCKTON

was unopposed in his reelection for his third term. The other members on the Board include, Deputy Fire Chief **Scott Albanese**, **Irene Giannopoulos**, and retired Brockton

CFO **John Condon**. The Board's executive director is **Jeanne Martineau**.

Easthampton – Mayor Nicole LaChapelle replaced **Jessica Hebert** with **Emily Russo** to be her appointment on the **Easthampton Retirement Board**. The other members of Board include, retired Fire Chief, **David Mottor**, **Hetal Patel**, retired Police Captain **Donald Emerson*** and retired Springfield

Fire Lieutenant **Connie Sullivan**. The Easthampton Retirement Board administrator is **Kymme Wood**.

Franklin County – In a Special Election held to replace retired Deerfield Treasurer/Collector/Town Clerk **Mary Stokarski**, **Paula Light** received 231 votes and was elected to fill the remainder of her term. **Paula** defeated **Diana Parsons** who received 173 votes and **Carolyn Manley** who received 132 votes. Board members certifying the vote were **Sandra Hanks***, **Angelina Bragdon**, **Gabrielle Voelker** and **Paul Mokrzecki**. The Board's executive director is **Kristine Mathis**.

Middlesex County Retirement Board – Burlington Housing Authority Treasurer **Brian Curtin**, was reelected by the Advisory Council's as the elected representative to the **Middlesex County Retirement Board**.



BRIAN CURTIN
MIDDLESEX COUNTY

Brian has served as the Advisory Council's representative

for the past 43 years. The others serving on the Board include retired Wilmington Fire Lieutenant **John Brown**, who also serves as Vice President and Executive Board member of the **Mass Association of Contributory Retirement Systems**, **Thomas Gibson, Esq***, Tewksbury Fire Chief, **Joseph Kerns** and **Robert Healy**. The chief administrative officer for Middlesex is **Lisa Maloney, Esq.**

Somerville – Retired Deputy Fire Chief **John Memory** received 473 votes to defeat Emergency 911 Operator **John Hickey** with 134 votes and was reelected to the **Somerville Retirement Board**. This will be **John's** eleventh term as one of the elected members of the Board. The Board members certifying the votes were, **Edward Bean***, **Michael Mastrobuoni**, Firefighter **Thomas Ross** and **David Castellarin**. The Board's executive director is **Michael Pasquariello, CPA**.

*denotes chair

EO

CONTINUED FROM PAGE 17 ►

ACTIONS TO CONSIDER

First and foremost, we strongly advise our members to always consult with your doctor to better understand the causes of pain you're experiencing and to discuss which pain-management treatments might be most right for you.

Should medical cannabis be an option, we recommend you get to know EO, a provider of affordable,

federally legal medical and wellness cannabis products for pain, stress, sleep and appetite. All their products come in healthy forms (no smoking or vaping), include clear instructions and can be shipped right to your door. Most importantly, every EO product comes with free clinician-led guidance via phone or email. Whenever you have questions about how you can put medical cannabis to work most safely and effectively, the EO team will be there to guide you.

Visit <https://shop.eo.care> and use code **RETIREE** to get **20% off your purchase**.

Finally, we'd invite members to join the **Mass Retirees EO Advisory Panel**. This group meets once every three months for 30-60 minutes to discuss how medical cannabis care and medical/wellness products can be best provided to retirees. Participation in the panel is by phone or video conference. For each session, you'll be compensated with a \$50 Dunkin' Donuts or Amazon gift card.

If interested, just call the Association office at (617) 723-7283 or email us at info@massretirees.com

Legislative News

CONTINUED FROM PAGE 4 ►

UPDATE:

TASK FORCE ON POST-RETIREMENT PUBLIC SECTOR WORK

In addition to the Special COLA Commission, our Association also holds a seat on the Task Force charged with examining post-retirement public sector work. As you may know, public retirees are allowed to return to public sector employment here in Massachusetts but are restricted in the hours they can work and earnings in a calendar year.

Like the COLA Commission, the Task Force will review the

current law and system to make recommendations on potential changes. Given the fact that many Association members are currently working in a post-retirement public sector job, we are particularly interested in improving the system to make the rules less confusing and convoluted. *Mass Retirees* has nominated Association Treasurer Joe Connarton to serve as our designee on the Task Force.

Budget

CONTINUED FROM PAGE 4 ►

We are confident that this omission will be corrected and have included the traditional GIC premium splits that will be in effect for FY26 on pages 10 and 11.

However, the omission of language concerning active employees appears to be a separate issue, and we have formally opposed the proposed increase from an 80/20 to a 75/25 split, which would affect approximately 17,000 active members.

The budget process will continue with the House releasing its version in April, followed by the Senate in May. The new fiscal year begins on July 1, 2025.

Soc. Security

CONTINUED FROM PAGE 12 ►

members have already read on page 15 of the Special Edition of *The Voice* that the federal tax law on this issue can become somewhat complicated. And again, we strongly suggest that you retain a tax professional to best

determine how you should proceed for 2025 and future years, especially since it appears that many members have received significant retroactive payments and will experience a substantial boost in their monthly payments.

While we again must make it very clear that the Association does not provide tax counseling nor

prepare returns, we are attempting to provide what we believe useful basic information on this important subject. To that end, we suggest that members take a look at page 32 of the IRS Tax Year 2024 (2025 not yet available) Instructions for 1040 and 1040-SR, as well as IRS Publication #915 for a better appreciation as to how the law works on this issue.

State Board

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look at the numbers.

The wait time for new retirees to receive their first retirement allowance payment has decreased from an average of 142 days in fiscal year 2022 to 71 days in fiscal year 2025. That translates into a 50% reduction

in wait time!

The EIBP Program began processing only a limited number of applicants beginning in early February, 2024 but by the end of January, 2025 it was reported to Board members at its recent February meeting that close to 60% of new retirees were receiving pension payments within sixty days of retirement dates. The total applicants approved for first payment

this fiscal year under the new EIBP were 654 of the total 1,157 first pays by the State Board.

Valeri offered the following observation. "No question the EIBP Program is paying off during its initial operation as we see with the positive results so far. I want to thank the Board staff for all their work in making this program a success from its outset."



RETIRED STATE COUNTY AND MUNICIPAL EMPLOYEES
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THE VOICE

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