

THE VOICE

OF THE RETIRED PUBLIC EMPLOYEE

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FRANK VALERI

President's Message AS MEMBERS TACKLE CORONAVIRUS

As we go to press in late March, life in our country – like much of the world – has come to a standstill as the coronavirus crisis unfolds. My hope is that the worst is behind us by the time this newsletter is published in mid-April. However, I fear that may not be the case.

While our public health officials and medical experts work to slow the spread of COVID-19 and tend to the sick, it is important we remain safe. I have all the faith in the world that our medical professionals will

WE ARE HERE FOR YOU

develop treatments and a cure. Meanwhile, it is important to follow expert advice and take the steps necessary to protect ourselves.

Here at *Mass Retirees* we have done our best to protect our team, while maintaining our mission to be here to help our members. As we saw the situation deteriorate overseas, we took the needed steps in February to ensure that we could fully run our operations remotely

and began doing so on March 16th.

We are in regular, ongoing communication with federal, state and local officials to help support any aspect of their work impacting public retirees. This includes communicating to you that your Social Security and pension payments would be made on time!

In all the years since the creation of these programs, not a single payment has ever been missed. And I do not envision future payments to

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MEDICAL INFLATION DRIVES GIC PREMIUMS UP

Due to a jump in health care costs, monthly insurance premiums for those enrolled in the state's Group Insurance Commission will increase for Fiscal Year '21. The new plan rates will be effective July 1 but are paid in the June pension checks.

While members will see an increase in their monthly premiums, their copayments and deductibles will remain unchanged from FY20.

As we anticipated by us in earlier reports, the average increase across all plans, non-Medicare and

NO INCREASE IN COPAYMENTS OR DEDUCTIBLES

Medicare, is 5.1%. This increase is in-line with overall health insurance market trends between 5% and 7%. The GIC indicated that the driving factor is medical inflation, in other words, the cost of the product itself.

After nearly a decade of stability with the price of health care

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President's Message

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retirees ever being in doubt.

Our Association has also been in regular contact with officials from the state GIC, Blue Cross Blue Shield and the MIIA to guarantee that retirees' healthcare needs will continue to be met. Should any of our members come in contact with the coronavirus, all testing and medical treatments are fully covered.

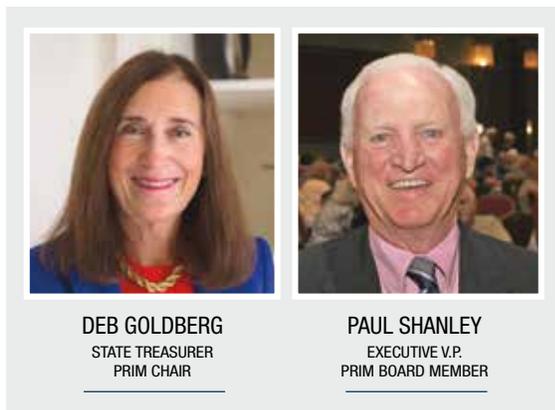
We are also making sure that we regularly communicate with our members. In lieu of our springtime area meetings, we are holding a series of telephone town halls. This allows members to engage with us, ask questions and stay informed – all from the safety of your own home.

It is times like these when we can truly appreciate how important it is to have the highest quality health insurance benefits, along with access to some of the best doctors and hospitals anywhere in the world.

I also want to take special notice of the work that has been done over the years by our public pension

professionals to safeguard our retirement funds. Following the 2008 Financial crisis, the state's Pension Reserves Investment Management (PRIM) Board, along with local retirement systems, worked hard at structuring diverse asset allocation and putting protections in place to help mitigate losses in the event of a

PRIM Board, to protect our pensions. A special thanks also needs to be extended to *Mass Retirees* Executive Vice President Paul Shanley. Since joining PRIM in 2008, as the financial markets collapsed, Paul has played a key role in ensuring that every possible step has been taken to protect our pension assets.



Because of this collective work, our public pension systems will remain strong and ready to capitalize on economic success in the future.

We are going through a very difficult time, but we will persevere and overcome these challenges. We will do so because we are strong and we were prepared.

severe financial crisis.

There is no doubt that those measures are now being tested. So far all indications are that while our 104 retirement systems have suffered significant losses, the risk mitigation steps put in place over the past 12 years have proven effective.

I want to thank State Treasurer Deb Goldberg, as well as her predecessor Steve Grossman for the work they have both done, as chairs of the

Meanwhile, please know that we are here for you. If you have questions or need help, do not hesitate to call upon us. We can be reached either at the office number or at the personal contact numbers contained on your membership card. You can also email us at info@massretirees.com.

We are all in this together.

Medical Inflation

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services, costs began to rapidly accelerate in 2019. The cost of providing services such as labs and X-rays, ER visits, prescriptions and surgical procedures have risen even though overall utilization has decreased. The impact of this is reflected in the plan rate increases presented at the GIC's February 27th meeting.

For the GIC's six Medicare supplement plans, insuring approximately 103,844 enrollees,

the average premium increase is 3.2%. Approximately 75,000 of the total number are in the most popular plan, UniCare OME with CIC, followed by Harvard Medicare Advanced (over 16,000) and Tufts Medicare Complement plan (almost 9,500). The premium increase for all three of these plans is 3.3%.

It's important to remember that the benefits across all Medicare plans remain the same as FY2020. The GIC will continue to offer the Tufts Medicare Preferred, the only Medicare Advantage option.

On the non-Medicare side, the average increase will be 5.5%, with the highest increase being 7.6%

and the lowest 3%. The higher end increases are impacting the Tufts Health and UniCare plans that offer a broader network and products.

"While we may have anticipated rate increases, we're particularly concerned by the higher increases for the non-Medicare plans and their impact on retirees who are not Medicare eligible," comments Association CEO Shawn Duhamel. "This segment of retirees are already paying more in deductibles and copayments and these increases, in terms of real dollars, will only further undermine

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WEP

REFORM UPDATE

COSPONSORS GROW IN HOUSE, AS SENATE PROPOSAL EMERGES

Support for reform of the Social Security Windfall Elimination Provision (WEP) continues to grow on Capitol Hill.

The proposal crafted by Massachusetts Congressman Richard Neal, H.R. 4540, now has 140 cosponsors in the House of Representatives. This bill has the full support of *Mass Retirees*, along with broad endorsement from a growing number of national retiree organizations and public employee unions.

Neal's Republican counterpart on the Ways and Means Committee, Texas Congressman Kevin Brady, has his own WEP reform proposal H.R. 3934. Senators Ted Cruz (R-TX) and Bill Cassidy (R-LA) have introduced legislation in the US Senate (S. 3401) that mirrors that filed in the House by Brady.

While the Democrat and

Republican proposals aim to reform the WEP for current retirees and create a new Social Security for-

spouse.

Another area of difference is how the competing proposals would impact future retirees. For anyone first eligible for Social Security on or after 1/1/22 the proposals seek to ensure that current active public employees are not unintentionally harmed by the new formula that would replace the WEP law. This unintended problem surfaced in 2016, when it was discovered that the bipartisan WEP reform bill (H.R. 711) would have slightly

reduced Social Security benefits of some future retirees with substantial credit under Social Security.

Both Neal and Brady have worked closely with stakeholder groups over the past three years to develop a new set of proposals aimed at grandfathering or holding



HOUSE WAYS AND MEANS COMMITTEE CHAIRMAN RICHIE NEAL (D-SPRINGFIELD) & RANKING MINORITY MEMBER KEVIN BRADY (R-HOUSTON)

mula for all future retirees, there are important differences.

The largest difference would apply to current retirees impacted by the WEP. Neal's proposal restores up to \$150 a month in relief payments for those first eligible for Social Security before 1/1/22. Republican proposals provide \$100 a month for the retiree and another \$50 for a

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SPRINGTIME AREA MEETINGS CANCELED



LEO DELANEY MEETING COORDINATOR

Due to the current outbreak of the coronavirus (COVID-19), we have canceled our springtime area meetings in the following locations: Somerville, Leominster, Hyannis. Peabody, Boston (Florian

Leo Delaney. "The most important thing we can do right now is keep everyone safe by following the advice of public health experts. *Mass Retirees* looks forward to seeing you at future area meetings and deeply appreciates

Hall) and West Springfield.

"Our foremost concern is the health and safety of our members," comments Association Meeting Coordinator

your continued loyalty."

In place of these area meetings, we will be holding a series of telephone town halls. Our first Tele-Town Hall with 675 members was a big success. We also will be increasing our outreach through digital media. Members should monitor our toll-free hotline (updated each Friday afternoon), as well as email for ongoing developments.

At this time, our next scheduled meeting is our Annual Meeting, to be held on Friday, September 11th at The Lantana in Randolph. Please look to the July edition of *The Voice* for further news and meeting announcements.

RETIREE ELIGIBILITY FOR FEDERAL STIMULUS

In an effort to help those directly harmed by the coronavirus crisis and to help spur a quick economic recovery, the federal government has passed a \$2 trillion dollar stimulus package. Contained within are direct cash payments to Americans.

Working with our national coalition partners, *Mass Retirees* advocated for the inclusion of retirees within the stimulus. Thankfully, Congress heard these calls to action and have made all public retirees eligible for the cash payments.

This comes in the form of a one-time tax rebate check of \$1,200 per individual and \$500 per child for those with a valid SSN. There are no earned income or tax liability requirements to receive these rebate checks.

The full rebate amount is available for those with incomes at or below \$75,000 for individuals, \$112,500 for head of household, and

What You Need To Know

\$150,000 for married couples.

Eligibility for checks from the IRS will be based on 2018 and 2019 returns, and for Social Security they will use information from the Social Security Administration.

In other words, in order to receive a cash rebate retirees must meet the income guidelines AND have filed a federal income tax return for either 2018 or 2019 OR receive Social Security benefits in 2020.

If a retiree has neither filed federal taxes in either of those years nor receives Social Security, then they are not eligible for the federal stimulus rebate.

"An early version of the stimulus bill excluded most retirees. Working with our coalition partners,

particularly our friends from the Texas Retired Teachers Association, the rebate was extended to include most retirees," explains Association General Counsel Bill Rehrey.

"Unfortunately, we do have a small number of public retirees who are not eligible. These are retirees who do not qualify for Social Security and receive very small pensions that eliminate the need to file federal tax returns.

"Earlier versions of the stimulus had some retirees receiving the payment and others not. This would have been confusing and unfair. The goal is to infuse money into the economy to help drive a quick recovery."

"We also need to thank Congressman Richie Neal (D-Springfield) for helping to ensure that all public retirees are covered, regardless of whether or not they receive Social Security or file federal income tax returns."

WEP Update

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harmless future retirees from benefit reductions. The Republican proposal effectively creates a 40-year hold harmless period, that would expire for those retiring after 12/31/2059. Neal's proposal creates a permanent hold harmless provision that would continue in perpetuity.

In addition to the bills put forth that focus on WEP reform, proposals exist in the House and Senate that would fully repeal both the WEP and GPO altogether. But while the House bill, H.R. 141, now has 245 House cosponsors, Association and coalition officials caution that the

likelihood of passing full repeal legislation through the House and U.S. Senate is a longshot – at best.

"Full repeal has failed for 37 years, without a single bill ever having been reported out of a Congressional Committee. This includes periods back in the 90s, when we had over 300 House cosponsors. Despite everyone's best efforts, we do not believe this to be a viable option," explains *Mass Retirees* Chief Executive Officer Shawn Duhamel. "We have broad bipartisan consensus that the WEP is unfair and that it needs to be reformed.

"Democrat and Republican proposals are similar and there is a willingness to find a reasonable compromise to get a bill passed into law this session. Obviously, our

main focus is to get as much money in WEP relief into our members' wallets ASAP. These payments would be indexed to inflation and will grow over time. Once we get something passed, we can continue to work to improve the benefit while also finding a solution for the GPO.

"With the challenges facing our country right now, the last thing we can do is allow the perfect to be the enemy of the good. Our members need relief from the WEP and they need it now."

Nationwide, the WEP law impacts some 2 million public retirees spread across all 50 states. In Massachusetts alone, more than 73,000 residents have had their Social Security benefits reduced by the WEP law.

RETIREES ON FRONT LINES FIGHTING CORONAVIRUS

Special Legislation Waives Work Limits

While many of us are isolated at home with our families during these uncertain times, public employees are on the front lines helping to deal with the crisis and keeping us safe. Deemed "essential" our medical teams, public health workers and first responders are out in the field providing critical services and working tirelessly for incredibly long hours.

But as the demand for their services increasingly grows, they're being stretched thin and could undoubtedly use plenty of backup. That needed help can be provided by public retirees, many of whom are *Mass Retirees* members.

As the pandemic grew into a crisis in March, we heard from a number of members working part-time in various public health, medical and other important public service jobs. These members were being asked to work additional hours to help fill the void, but were concerned about being found in violation of state law.

RESTRICTIONS LIFTED FOR 2020

Upon hearing members' concerns, Association officials contacted state officials and legislative leaders. As part of the effort to address

the COVID-19 pandemic, a special waiver was announced that would exempt retirees working in the public sector here in Massachusetts from the restrictions on how much they will be able to work while the emergency order is in effect. The legislation, signed as part of a larger piece to assist municipalities in dealing with the crisis, allows retirees to work beyond the hour and earning restrictions in Section 91 of M.G.L. Chapter 32.

The exemption provided in the legislation will allow those retirees to continue in these critical positions without having to worry about going over the allotted 960 hours per year or the income restriction and the threat of a penalty. It should be noted that the exemption does not apply to those working under a disability retirement. The exemption will be monitored by the Public Employee Retirement Administration Commission (PERAC).

Currently, retirees who return to the public sector can only work a total of 960 hours in a calendar year AND earn only the difference between the current pay for their former job and their pension plus an additional \$15,000. It's important to emphasize, as we did, the conjunctive "AND" in the preceding sentence, meaning

that a retiree must comply with both the hour and earnings restrictions (not just one of them) or unfortunately find themselves in violation of the law. The restrictions do not apply to those working for the federal government or in the private sector.

Association Legislative Chairman Tom Bonarrigo had the following to say: "While we continue to work on H2213, our bill that increases the number of part-time hours from 960



TOM BONARRIGO
LEGISLATIVE CHAIRMAN

to 1200, filed by Representative Mark Cusack (D-Braintree), we are pleased that measures have been taken by Governor Baker and the legislature to address the immediate

need. Our retirees are and will be on the front lines, many at risk to their own health. The last thing they need to worry about is being penalized for providing vital services."

Mass Retirees is proud of the vital work being performed by our members. To everyone working in these roles, thank you and please STAY SAFE!

ATTENTION:
GIC ENROLLEES

Benefit Fairs Canceled & Open Enrollment Extended

As a result of the coronavirus crisis and Governor Baker's restrictions on public gatherings, the Group Insurance Commission (GIC) has canceled all nine Benefit Fairs that had been scheduled during the month of April.

Also, please note that GIC has also extended the deadline for Annual Enrollment from **Friday, May 1 to Monday, June 1, 2020.**

We know that some GIC enrollees look forward to attending these fairs. But your safety and that of others must be Priority #1!

MORE LOCAL RETIREES ENROLLING IN MEDICARE

Made Eligible With Buy-In Program

It was July 1, 2016 when the Town of Ware enrolled its retirees, who were 65 or over and non-Medicare eligible, into the federal insurance program. Ware was the first to implement what we've



METHUEN'S PEC DESIGNEE KEN DOHERTY & RETIREMENT BOARD'S MIKE HENNESSEY

called the Medicare Buy-In Program. But it certainly wasn't the last. Every July since then, more and more communities have followed Ware's lead, and this year is no different.

In addition to the municipalities that we've previously reported on (Peabody, New Bedford and Saugus), the towns of Danvers and Millbury, as well as the city of Methuen, have taken the necessary steps to enroll their 65 or over but non eligible retirees into Medicare. That brings the number of new Buy-In cities and towns to six this July 1.

"Danvers will be enrolling some 34 retirees into Medicare," according to Association member Len Marshall, who serves as our designee on the town's PEC (Public Employee Committee). "Currently I'm enrolled in Medicare and my

supplement insurance is with Blue Cross (Medex 2 with PDP).

"While I pay for the Medicare Part B premium (\$144.60 monthly), the town is picking up 70% of my Blue Cross supplement premium. These new enrollees will be paying the same as I am – nothing more and nothing less.

"I must admit that I was somewhat concerned when going from the active (non-Medicare) plans to Medicare. So I can appreciate any anxiety that they may be having. Speaking for myself, I can tell them my experience back then and now has been very good with no problems at all."

The City of Methuen will be enrolling 29 retirees who weren't otherwise eligible for Medicare. "Regardless the number, these retirees need to have a smooth transition," comments retired firefighter Ken Doherty.

Earlier this year, Doherty succeeded another *Mass Retirees* member, Mike Hennessey, on the city's PEC. Hennessey, a retired fire captain, is one of the two elected members on the Methuen Retirement Board.

"With the Medicare Buy-In Program already underway, I literally hit the ground running," continues Doherty. "But I've been reading the Association's reports in *The Voice* and more recently been speaking with the Association staff and Blue Cross representatives to make certain that the enrollment will happen without a hitch."

"And those discussions will be ongoing particularly with the

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MASS RETIREES MEETS WITH MIIA



CEO SHAWN DUHAMEL WITH MIIA'S HEALTH TRUST PROJECT MANAGER MONICA SMIGLIANI & HEALTH BENEFITS TRUST MANAGER CHRIS BAILEY

Over the decades *Mass Retirees* has had its disputes – sometimes bitter – with the Mass. Municipal Association (MMA) over COLAs, pensions and retiree health care. But currently we have common ground with its insurance arm, MIIA (Massachusetts Interlocal Insurance Association).

We're referring to the Medicare Buy-In Program that's being reported on this very page and has been chronicled in earlier issues of *The Voice*. As we see it, this program seeks to address a major issue impacting both state (GIC) and local insurance programs – health care costs related to non-Medicare retirees.

"All interested parties have long recognized the need to address this issue," according to Association CEO Shawn Duhamel. "And the Medicare Buy-In Program is just one of the tools that's been developed to mitigate the costs associated with health care coverage for this segment of retirees.

"No question, we need to ensure

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RETIREMENT BOARDS

ELECTIONS & APPOINTMENTS

Adams – The Adams Retirement Board held an election to fill the vacant elected position for the term ending June 30, 2021. The only candidate nominated was the director of the Adams Free Library, **Holli Jayko**. The other members of the Board include **Mary Beverly***, **Patricia Wol**, **George Haddad** and **Beth Matson**, who is also the North Adams Retirement Administrator. The Board administrator is **Cheryl DeMarsico**.

Amesbury – Donna Cornoni*, city treasurer/collector, was re-elected to her fourth term on the **Amesbury Retirement Board**. Concurrently, City Clerk, **Bonnijo Kitchin**, was also elected for her second term by the members in the same election. The other three members include **Angel Wills**, **Craig Bailey**, and **David S. Van Dam**. The Board administrator is **Kevin Caira**.

Clinton – The Clinton Retirement Board declared retired Police Lieutenant **Joseph Casasanto** the winner for his third term as he was the only candidate nominated for election. The other members serving on the Board include, Firefighter **Michael Cislak**, **Paul Cherubini***, **Diane Magliozzi** and **David Baird**. The Retirement Board administrator is **Patty Hazel**.

Haverhill – The Haverhill Retirement Board declared retired City Auditor **William J. Klueber*** re-elected, as he was unopposed in the election. Bill is also the retiree appointed by the Association to serve on the city's Public Employee Committee(PEC). Also serving on the Board are **Charles Benevento**, **Richard MacDonald**, retired Deputy

Fire Chief **Lewis Poore, Jr.** and **James Cleary III, Esq.** The Board administrator is **David S. Van Dam**.

Hull – Greg Galvin was re-appointed as the fifth member to the Board by the **Hull Retirement Board** members. Board members making the reappointment include **Michael Buckley***, **Eileen White**, retired firefighter, **John King**, and **Brian Thompson**. The Hull Retirement Administrator is **Lauren Durham**.

Maynard – The Maynard Retirement Board declared **Patrick Hakey** elected as the Board's fourth member, as he was determined to be the only candidate nominated for the election. The Board members include **Michael Guzzo**, **Kevin Petersen**, **Jean Ignachuck** and retired Administrative Law Judge **Christopher Connolly***, Esq. The executive director of the Board is **Kenneth DeMars**.

Newburyport – Firefighter Jeffrey Cutter was re-elected unopposed to his third term on the

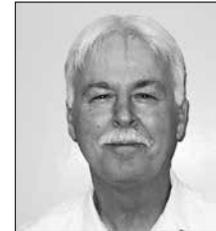


JEFFREY CUTTER
NEWBURYPORT

Newburyport Retirement Board. The other members on the Board, declaring Jeff the winner in his re-election, are retired Firefighter **Joseph Spaulding***, **Ethan Manning**, retired Town Administrator **John Moak** and **Alexander Kravchuk Fravjik**. The Board administrator is **Laurie Burton**.

Pittsfield – The Pittsfield Retirement Board declared, retired Fire Lieutenant **Timothy Hannigan** the winner in his re-election bid to

the Board. Hannigan, a long serving Board member in Pittsfield,



TIM HANNIGAN
PITTSFIELD

was recently named the **Mass Retirees Berkshire District Vice President**, when it was announced by President Valeri at the Association's Berkshire area meeting last fall. The other members on the Board include **Matthew Kerwood***, **Gerald Doyle**, retired firefighter **Timothy Bartini** and Berkshire County Retirement Board Accountant **William Flynn**. The Board executive director is **Karen Lancto**.

Reading – The Reading Retirement Board declared Firefighter **David Gentile** the winner for one of the Board's elected seats. David ran unopposed for his second term to the Board. Other members serving with him are **Sharon Angstrom**, **Carol Roberts**, **Joseph Coughlin** and **Thomas Clough***. The Board administrator is **Colleen Loughlin**.

Wakefield – In the election for a vacant seat on the Wakefield Retirement Board, the Board determined that **Dennis Fazio**, DPW supervisor of forestry and parks, was the only qualified candidate and declared him the winner. The other members making the declaration were **Kevin Gill***, **Joseph Albert, Jr.** and **Daniel Sherman**, Actuary. The Board's executive director is **Cathy Cheek**.

*Denotes Chair

Medicare

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rapidly changing developments surrounding the spread of coronavirus. I'm confident that despite potential obstacles, Blue Cross will do all they can to ensure a smooth transition for the retirees affected."

Understandably, the coronavirus has disrupted future meetings with retirees. This includes the town of Millbury and its 10-12 retirees who are being enrolled in Medicare under the Buy-In Program.

Despite the meeting being cancelled for now, work continues on finalizing enrollment. For its retiree/employee health insurance, Millbury participates in MIIA (Massachusetts Interlocal Insurance Association), which has established the necessary third party billing arrangement with Medicare.

MIIA will pay directly the affected retiree's Part A premium, any Part A surcharge and Part B penalty and then invoice Millbury for these costs. In this way, these new enrollees will be treated no differently than Millbury's current Medicare retirees, like Doherty and Hennessey, who pay their Part B and supplement plan premiums.

"As July 1 approaches, we will remain in close contact with Blue Cross and MIIA," comments CEO Shawn Duhamel. "Retirees in the six cities and towns, that are implementing the Medicare Buy-In Program this year, deserve a seamless transition.

"According to MIIA, a comparable number, to this year's six, may be implementing the program for July 2021. Seeing how it's worked successfully over the past four years, we won't be surprised if the number grows."

MATT VENO APPOINTED TO LEAD GIC

*FORMER SALEM CITY COUNCILOR
& HEALTHCARE EXEC*

At its February 27th meeting, the state's Group Insurance Commission voted to appoint Matthew Veno as the agency's new Executive Director. A former Salem City Councilor, Veno most recently served as the First Deputy Commissioner at the Massachusetts Division of Insurance.

Veno was one of two finalists for the position, both of whom were interviewed by the full 17-member commission at the February public meeting. The position became vacant in December, when former Director Roberta Herman stepped down in order to become the Chief Executive Officer of Joslin Diabetes Clinic.

Since our creation in 1968, *Mass Retirees* has held a very close relationship and open-door policy with the GIC. That relationship began with GIC's founding Director William Burke and continued through Herman, with whom the Association had formed a close working bond over the past

year.

"Nancy McGovern was at the interviews in February and reported back how impressed she was with Matt Veno. When we heard he had been selected as the new Director, I immediately emailed him to offer our congratulations. He has a good reputation from his time as an elected official in Salem, as well as from his tenure at Harvard Pilgrim and the DOI," recalls Association CEO Shawn Duhamel.

"Twenty minutes later he called to say thank you and convey his desire to work closely with our Association. Frank Valeri and I have since had several conversations with Matt. He knows how important the GIC is to our members, and we are very much looking forward to working with him.

"As healthcare costs continue to rise, the challenge for the GIC will be to maintain high quality and affordable health insurance, while not shifting new costs onto enrollees. *Mass Retirees* will continue to do our part to foster new ideas, while making sure our members have a strong voice at the table.



MATTHEW VENO
GIC EXECUTIVE DIRECTOR

HIGH DEDUCTIBLE PLANS REVISTED

Concern For Non-Medicare Retirees



SHAWN DUHAMEL
MASS RETIREES CEO

‘High deductible plans may offer premium savings to municipalities, but at what future costs to non-Medicare retirees?’

Almost 2 ½ years ago (November 2017) we took an in-depth look at a different type of health insurance plan being offered locally - High Deductible Health Plans or HDHPs. We raised concerns then for our non-Medicare retirees and we still have them today.

Back then we reported on HDHPs that were being offered by the Cape Cod Municipal Health Group. Having been started in 1987, the Cape Cod Group lays claim as the oldest municipal joint group purchase group in Massachusetts.

We commonly refer to these joint purchase groups, which are authorized under the municipal group insurance law or Chapter 32B,

as municipal insurance pools. With over fifty participating communities or governmental units, the Cape Cod Group also claims to be one of the largest pools, and one of the participants is the town of Dennis.

Association member Bob Rolanti has been serving as the retiree designee on the Dennis PEC (Public Employee Committee). He is also one of the two elected members on the Barnstable County Retirement Board.

“Bob had reached out to us in 2017 when Cape Cod began to offer what they called High Deductible Health Savings Account (HDHSA) plans from Blue Cross and Harvard

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SPEAKING BEFORE OTHER GROUPS

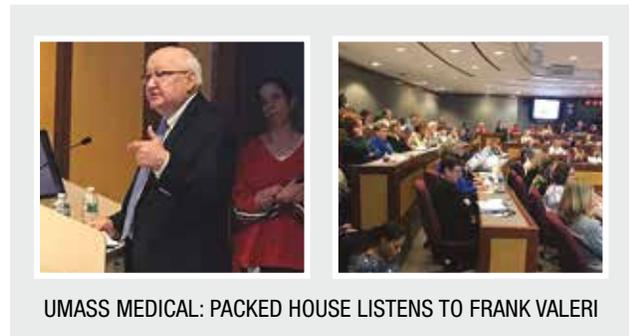
Mass Retirees Fulfilling Its Vital Educational Role

Among its principal functions, *Mass Retirees* serves as an educational organization. In fulfilling that vital role, Association officials make themselves available to speak before other retiree organizations and employee groups on issues of public retirement.

Recently, Association President Frank Valeri was the guest speaker at an event sponsored by the UMass Medical Center’s Mature Workforce Sub-Committee. As background, the Sub-Committee is part of the Center’s Committee on Equal Opportunity and Diversity that has as one of its major functions enabling UMass Medical employees to better understand their retirement opportunities. It so happens that Association member Josh Singer, a retired UMass Medical professor, remains active with the Sub-Committee.

After a previous presentation

before the group by Association CEO Shawn Duhamel, *Mass Retirees* was invited back. President Frank Valeri,



UMASS MEDICAL: PACKED HOUSE LISTENS TO FRANK VALERI

with Meeting Coordinator Leo Delaney, attended this year’s event.

Well over 120 employees packed the lecture hall to hear from Valeri on a wide range of retirement issues. His presentation was also transmitted by video to other employees at UMass Medical.

Valeri described the Association’s extensive work in serving its 53,000 members, including legislative

advocacy, educational/informational activities and member services. He also explained the new **Subscriber Membership Program** for employees who are retirement eligible.

As their elected member on the State Retirement Board, Valeri made them aware of important issues at retirement. And finally Valeri outlined the Association’s

efforts to reform the current unfair WEP law, which became the pre-dominate issue during the Q&A session.

According to Valeri, “I appreciated very much the invitation and more importantly the opportunity to interact with those in attendance who were very interested in learning more about their retirement.”

FOR TEXT, SEE PAGES 1, 2 & 18

GROUP INSURANCE

MONTHLY GIC INSURANCE

NON-MEDICARE RETIREE PLANS

HEALTH PLAN PREMIUMS (DOES NOT INCLUDE \$5,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM		RETIRED ON OR BEFORE (90/10 COV)
		INDIVIDUAL	FAMILY	INDIVIDUAL*
Fallon Community Health Plan - Direct Care	HMO	\$616.43	\$1,556.03	\$61.64
Fallon Community Health Plan - Select Care	HMO	833.27	2,025.95	83.33
Harvard Pilgrim Independence Plan	POS	913.98	2,231.38	91.40
Harvard Pilgrim Primary Choice	HMO	663.11	1,691.10	66.31
Health New England	HMO	592.22	1,409.87	59.22
AllWays Health Partners Complete HMO	HMO	685.47	1,783.21	68.55
Navigator by Tufts Health Plan	POS	796.25	1,944.65	79.63
Tufts Spirit	HMO	604.56	1,456.45	60.46
UniCare State Indemnity Plan / Basic with CIC (Comprehensive)	Indemnity	1,103.56	2,445.85	110.36
	Indemnity	1,159.70	2,573.70	166.50
UniCare State Indemnity Plan / Community Choice	PPO-type	550.64	1,363.28	55.06
UniCare State Indemnity Plan / Plus	PPO-type	721.22	1,716.49	72.12

MEDICARE PLANS FOR RETIREE & SURVIVOR

HEALTH PLAN PREMIUMS (DOES NOT INCLUDE \$5,000 BASIC LIFE)	PLAN TYPE	TOTAL MONTHLY PREMIUM
		PER PERSON
Harvard Pilgrim Medicare Enhance	Medicare	\$402.63
Health New England MedPlus	Medicare	403.39
Tufts Health Plan Medicare Complement	Medicare	382.54
Tufts Health Plan Medicare Preferred**	Medicare	324.00
UniCare State Indemnity Plan / Medicare Extension (OME) with CIC (Comprehensive)	Medicare	387.44
		398.47

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		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
NETWORK		\$10		\$15		\$15
MENTAL HEALTH	(after first 4 visits of \$0 co-pay)					
EMERGENCY ROOM		\$50		\$50		\$50
	(waived if admitted)			(waived if admitted)		(waived if admitted)
INPATIENT		None		None		None

UNICARE COMMISSION

RATES EFFECTIVE JULY 1, 2020

RETIRED ON OR BEFORE JULY 1, 1994 (85/15 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
\$155.60	\$92.46	\$233.40	\$123.29	\$311.21	\$618.59	\$1,561.48
202.60	124.99	303.89	166.65	405.19	836.19	2,033.04
223.14	137.10	334.71	182.80	446.28	917.18	2,239.19
169.11	99.47	253.67	132.62	338.22	665.43	1,697.02
140.99	88.83	211.48	118.44	281.97	594.29	1,414.80
178.32	102.82	267.48	137.09	356.64	687.87	1,789.45
194.47	119.44	291.70	159.25	388.93	799.04	1,951.46
145.65	90.68	218.47	120.91	291.29	606.68	1,461.55
244.59	165.53	366.88	220.71	489.17	1,107.42	2,454.41
372.43	221.68	494.73	276.86	617.02	1,163.76	2,582.71
136.33	82.60	204.49	110.13	272.66	552.57	1,368.05
171.65	108.18	257.47	144.24	343.30	723.74	1,722.50

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
\$40.26	\$60.39	\$80.53	\$40.26	\$404.04
40.34	60.51	80.68	40.34	404.80
38.25	57.38	76.51	38.25	383.88
32.40	48.60	64.80	32.40	325.13
38.74	58.12	77.49	38.74	388.80
49.77	69.14	88.52	49.77	399.86

IMPORTANT REFERENCE INFORMATION

***Does not include retiree cost for Basic Life Insurance. Based upon your retirement date, add the basic life cost (10%: \$0.65; 15%: \$0.98; 20%: \$1.30) to your health insurance premium shown above.**

****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, 2020 and will be deducted from June 2020 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

High Deductible

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Pilgrim” according to Association CEO Shawn Duhamel, “He was very concerned about these changes in the insurance program.

“And we shared his concerns, particularly the long term impact of these plans on non-Medicare retirees. Here’s why.”

If more and more employees, who are younger and healthier, leave the traditional (typically lower deductible and higher premium) plans for those with a high deductible but lower premium, then the unintended consequences of this migration would be greater and greater increases in the premiums being paid by our non-Medicare members in the traditional plans. Worse yet, they could see their benefits gradually being eroded.”

WHAT’S HAPPENING NOW?

That’s then. So what’s happening now? As it turns out, more communities are looking at HDHPs as part of their health insurance program.

As for the Cape Cod Group, Bob Rolanti reports that the HDHPs are still being offered and will be again this July. Even though they haven’t drawn substantial enrollment over the past 3 years, as premiums continue to rise, that could change. So the jury remains out, at least for now.

While Rolanti will keep us updated on the Cape situation, other PEC designees have reached out to us about HDHPs. One example is our Reading PEC designee, Arthur Vars.

“Members may recall from the March *Voice* that Art was heavily involved when Reading decided to implement the Medicare “Buy-In” Program for its non-eligible retirees,”

continues Duhamel. “Now he has a new issue facing him – HDHPs.”

“We were supposed to start negotiations after Labor Day but that didn’t happen,” according to Vars. “Around Christmas, I emailed the town manager on commencing the negotiation process, because I didn’t want us to be under any time constraints.

“At our first meeting on this in early February, MIIA was suggesting that we go forward with HDHP this year. I believed strongly that this was moving way too fast.

“I called for postponing negotiations until this coming September and contacted the Association for assistance. We needed time to allow the PEC, with the town, to fully explore this issue.

“More importantly, we had to ensure that our non-Medicare retirees would not be seriously impacted by offering high deductible plans. I’m certainly pleased that our non-eligible Medicare retirees will not be impacted since we implemented the Buy-In Program for them. That said, there still are non-Medicare retirees, not age 65, who must be protected.”

Reading officials agreed to hold off but just for now. So we expect to be hearing from Vars and learning what Reading plans to do. And we’ll be there to help if he needs it.

Duhamel offers the following, “We’ll continue to closely monitor this situation with Art, as we’ll do with our other PEC designees facing the same. High deductible plans may offer premium savings to municipalities, but at what costs to non-Medicare retirees?”

GIC: NOT IN THE OFFERING YET

Currently the GIC (Group Insurance Commission) is not offering HDHPs to state and local retirees, as well as employees, who are enrolled in their active plans. But July 2021 could be a different story.

Back in 2017 we reported that the GIC commissioners were

discussing HDHPs. It was referred to as “consumer driven” plans, which sounded a bit more positive in tone. Regardless the terminology, it had the same result as we saw it, namely reducing premium costs overall by potentially increasing out-of-pocket costs for retirees.

Then in 2018 when the GIC commissioners voted for the insurance plans to be offered for the next three fiscal years, they did not include a HDHP. During this year’s enrollment, GIC enrollees will not see a HDHP option among the active choices.

But this fall, the GIC will begin the process of determining what insurance plans will be offered in 2021. That opens up the possibility of a HDHP.

“At its February 27th meeting, the GIC again discussed HDHPs,” according to Association Legislative Liaison Nancy McGovern, who was in attendance.

‘It’s noteworthy that the overall discussion at the GIC was not favorable to these plans.’

NANCY MCGOVERN
LEGISLATIVE LIAISON

“In fact, it reflected many of the same concerns that we have. More pointedly, there was recognition that migration by younger, healthier enrollees to HDHPs could produce greater costs for the traditional non-Medicare plans, resulting in higher and higher premiums for non-Medicare retirees in these plans.”

“We appreciate that the GIC recognizes this potential problem for thousands of retirees,” adds Duhamel. “Any adoption of HDHPs calls for a very deliberate review of its impact on non-Medicare retirees. As always, we’re available to assist in that process.”

WHAT IS MEDICARE ADVANTAGE

Is It Right For You?

With open enrollment underway, members may be examining their options to see if they're getting the best deal possible. "For Medicare retirees it comes down to two basic options when choosing coverage, namely what is known as Original Medicare (Part A and Part B) and Medicare Advantage

(Part C)," according to Insurance Coordinator Cheryl Stillman. "You may be asking yourself, which option is best for me?"

To help our members answer that question, we offer the following primer that outlines the differences between these two options, explains the key features of a Medicare Advantage plan

and finally suggests some fundamental questions to ask when deciding.

First, what are the major differences between Original Medicare and Medicare Advantage? Here's a side-by-side comparison of the two options.

ORIGINAL MEDICARE	MEDICARE ADVANTAGE
Part A which is commonly known as hospital coverage Part B which is commonly known as medical coverage	Part C which combines both Medicare Parts A and B
Part D drug coverage is a separate plan	Part D is included as part of most plans
Original Medicare will have out-of-pocket costs such as 20% co-insurance Participants can purchase a supplemental plan to cover those costs, which is done by most, if not all, public retirees	Because this is an all-in-one plan most plans have lower out-of-pocket costs
Participants have access to any doctor and hospital that takes Medicare in the U.S. ("freedom of choice")	Most plans have a network of doctors and hospitals the participant will have to use Most plans may include additional benefits such as vision, hearing or dental

Medicare Advantage plans are plans that are offered by private companies that are approved by Medicare and have yearly contracts with Medicare. They must follow all of the rules set by Medicare and they must notify you of any changes in the plan before the start of the next open enrollment. Participants will have all of the same rights as participants in Original Medicare.

Participants will be covered for all of the Part A and Part B services that are covered by Original

Medicare as well as emergency and urgent care. Most plans also include prescription drug coverage; however, it should be noted that not all types of Medicare Advantage plans include this coverage, so you would need to purchase additional coverage. In addition, most of these plan options have additional benefits such as covering vision and hearing services, dental services and some health and wellness programs. Also worth noting, plans may have a yearly limit on

your out-of-pocket costs for covered services.

Note:
Participants in Medicare Advantage plans are still required to pay the Part B premium.

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Update

LOCAL HEALTH REIMBURSEMENT ACCOUNTS

As part of our work involving local health insurance, *Mass Retirees* appoints the retiree designee on over 180 PECs (Public Employees Committees) across the state. Briefly, PECs are created when a city, town or other government entity adopts certain local option provisions in the Municipal Insurance Law (Chapter 32B).

We're referring to two laws: the 1993 Coalition Bargaining Law (Section 19) and the 2011 Municipal Insurance Reform Law (Sections 21 – 23). Regardless which law is adopted, one retiree designee, appointed by the Association, and representatives from each of the local unions serve on a PEC that negotiates and enters into insurance agreements with officials.

“Members on PECs are volunteering their services and for that they deserve our thanks. We also assist them when called upon.”



TRICIA IGO
PEC COORDINATOR

“And at times, we reach out to them to gather information on what is happening locally,” says Igo. “Recently we surveyed our

Range of Activity Varies Widely

PEC designees on the issue of Health Reimbursement Accounts (Arrangements) or HRAs.”

HRAs can generally be described as a plan that is funded solely by a retiree’s former employer (city, town, school district or local government entity) and reimburses them for qualified medical expenses. According to Igo, “We saw HRAs being established by some communities with their adoption of the Coalition Bargaining and Municipal Insurance Reform Laws.

“As a result of these laws, premium savings were realized by communities. Officials agreed with the PEC to dedicate a portion of those savings to fund the HRA.

“As I stated earlier, some but not all communities set up an HRA. It’s important to emphasize that in other cases, the PEC and local officials agreed to apply the savings for an ‘Insurance Premium Holiday’ or similar health care purpose.”

SURVEY RESPONSES

Igo continues, “With that, let’s see where we’re at with HRAs. Here’s a sampling of what we found out in our survey, namely that the range of activity varies widely across the state.

“But before we begin, we’d like to thank those who responded to our survey. We can’t have a good handle on local developments without your

input.”

According to Ken Hughes, our Arlington designee, “Here the town established an HRA program for retirees and employees in the active plans when we went into the GIC.



KEN HUGHES
ARLINGTON PEC

“When we first set it up, the program was under-utilized, but then labor

and the town began an aggressive informational campaign, and as result, utilization rose quickly.

“As the PEC retiree designee, I highly encourage retirees, as well as employees, in the active (non-Medicare) plans to take a look at this great program and avail themselves of its benefits. If you can, visit the town’s website that includes an informational page and excellent instructional video about the program. Here’s the web address: www.arlington.gov/departments/human-resources/for-employees.”

Before moving on, it must be acknowledged that Arlington is committed to funding the HRA and maintaining it at \$200,000. And they’re not the only ones.

“I think that as far as Billerica is concerned, we have an excellent plan,” says Association member Ralph McKenna who is the town’s PEC retiree designee. “We used the mitigation funds to reimburse 75% of prescription drugs in excess of

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UPDATE: MASS RETIREES LICENSE PLATE

NON-PROFIT EDUCATIONAL FOUNDATION BEING CREATED

As we go to print, we have a few hundred members that have indicated interest in the *Mass Retirees* License plate. As you know, we need to have at minimum 750 members pre-order the plates before the Registry of Motor Vehicles will issue it. In addition, the state requires that over a 5-year period we have 3,000 people sign up. The license plate is not only an opportunity to show pride in the organization, but a way for our members to show pride in the years of public service they provided.

Along with offering this specialty plate, *Mass Retirees* will be creating an

educational research foundation. This foundation will be a dedicated, non-profit entity that will support educational initiatives and research projects on issues that impact public retirees.

The establishment of the license plate and the foundation go hand-in-hand. A portion of the initial \$40 fee for the plate will go to fund the foundation and provide the organization with the resources to fund innovative projects. The foundation will allow us to take our advocacy for public retirees to another level to reach a larger audience and collaborate with our partners across the country.

For those of you who have expressed interest in purchasing the license plate, we will be reaching out to confirm your interest and complete a pre-order process once we have obtained the initial threshold. If you would like additional information or would like to pre-order, please contact us.

Under our current circumstances, we prefer that you email us at information@massretirees.com or otherwise call at (617) 723-7283 and if need be, leave us a message.



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\$300 for the fiscal year.

"I believe that the original funds have been depleted but thanks, in good measure, to the town manager and board of selectmen this benefit still exists. It's been running so well that for the past few years it hasn't been an issue for the PEC to address."

It's important to note that state law requires a community to fund the HRA from premium savings realized from the first year only. While some, like Arlington and Billerica, have provided additional funding, others have not despite the best efforts by our designees and their PEC.

"When we originally set up an HRA in Middleboro, there were funds to reimburse the Medicare retirees as well as non-Medicare retirees and employees in the active plans," reports PEC designee Gene Turney. "As of now, there is no money for Medicare retirees and approximately \$310,000 for the non-Medicare retirees and employees in the active plans. **Ed Note:** Funds for the two groups are based upon the premium savings realized from each.

"There are some 100 non-Medicare retirees, with about 50 applying for reimbursement each year. Approximately \$10,000 was paid out last year."

While Middleboro is considering

the future use of the funds, the town of Ashland did it. Our designee Robert Hebden reported to us the following: "While we had a sizable fund, it was under utilized. After several PEC meetings, we voted unanimously to distribute the funds evenly among the retirees and employees.

"It averaged out to about \$700 for each retiree and employee who was on the plan for at least 3 years. Town employees were given a one-time payment in their pay checks, but to avoid complications, retirees were given a Blue Health Benefit card.

Like Middleboro and Ashland, Lynnfield finds itself in a somewhat similar situation. Our PEC designee Judy Angelini has reported to us that there is very little money left in Lynnfield's fund and only a few retirees have taken advantage.

And finally there are those with no HRA. According to Pittsfield officials, while no HRA exists, there are health savings accounts (HSAs) for non-Medicare retirees and employees in the High Deductible Plan (HDHP).

"As you can see from this sampling, there is a wide range of activity when it comes to HRAs or Mitigation Funds," concludes Igo. "As always, our members can let us know about their experience in their community."



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that these retirees, like any retiree, have affordable and high quality health insurance. But if we fail to develop measures, like Medicare Buy-In, to address the core problem of increasing costs, we face the prospect of an ongoing struggle between retirees and their former employers over who's going to pay."

At the local level, our initial involvement with Medicare Buy-In was with Blue Cross, the state's largest municipal insurer. Blue Cross provides the health insurance plans that MIIA offers to its participating communities, districts and other local entities which could number as many as 140 by this July 1. And it was Blue Cross that got us in touch with MIIA.

"I can report that the meeting with MIIA proved to be very productive," continues Duhamel. "Not only did we discuss with Chris (Bailey) and Monica (Smigliani) the Medicare Buy-In Program but also a wide range of health care issues.

"We also know that there are at least six communities that are exploring the feasibility of implementing Medicare Buy-In. So we expect that we'll be talking with Chris and Monica over the ensuing months."

Medicare

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DIFFERENT TYPES OF ADVANTAGE PLANS

There are various types of Medicare Advantage plans and depending on what your former public employer provides, you may or may not have access to each type of plan.

Advantage Plans Include:

Health Maintenance Organization plans (HMO) - Usually provides coverage from doctors and hospitals in the plan's network and most require you to get a referral from your primary care doctor.

Preferred Provider Organization plans (PPO) - Usually provides coverage from doctors and hospitals in the network. You can access those outside the network but it will most likely cost you more. In addition, these plans don't usually require a referral to see a specialist.

Private Fee for Service plans (PFFS) - You can go to any Medicare-approved provider but that provider must have agreed to the plan's payment terms for services provided.

Special Needs Plans (SNP) - These plans provide benefits for specific diseases, certain health care needs or limited incomes.

Medical Savings Account Plans (MSA) - These are plans that combine a high-deductible plan with a medical savings account that can be used to pay for costs. A Medical Savings Account is a special type of savings account that can be used to pay for medical costs.

You can join, switch or drop a Medicare Advantage plan during 3 enrollment periods. Your initial enrollment period (when you first become eligible for Medicare), general enrollment (January 1-March 31st each year) and open enrollment (October 15th-December 7th).

Remember you must check with the Medicare Advantage carrier for any requirements and potential restrictions for each of these enrollment periods.

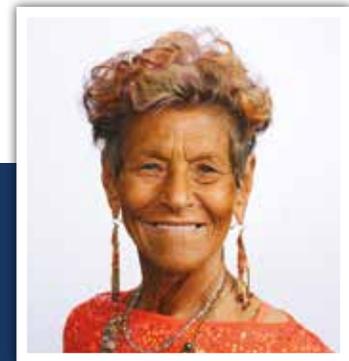
IMPORTANT QUESTIONS

So you think you may want to join a Medicare Advantage plan?

Here are some questions to ask as you compare plans:

- **What are my costs? In addition to your premium, deductible, copayments or coinsurance what else are you responsible for?**
- **What type of services do you need and how often do use them?**
- **Are your doctors in the networks?**
- **Do they have extra benefits but at an extra premium cost?**

"The vast majority of our members, including myself, are enrolled in the Original Medicare with a supplement plan" reports Stillman. "And by most indications, they're well satisfied with their coverage."



CHERYL STILLMAN
INSURANCE COORDINATOR

'You may want to take the opportunity to examine your options. If I can help, please give me a call. As always, that's what I'm here for.'

Profile:

KEVIN BLANCHETTE

Career Spans Decades Advocating for Public Retirees

At age 65, Worcester County Regional Retirement System's Board Chairman **Kevin Blanchette** had indicated he planned to retire as CEO of the Central Mass. 50-town Retirement Board.



KEVIN BLANCHETTE

However, members of the Board, while proceeding to accept Kevin's retirement, evoked our Association's much earlier successful law allowing retirees to hold office after retiring.

Recognizing Kevin's lifetime experience and valued knowledge, the four remaining Board members; **Joanne Savignac**, Charlton town treasurer; **Pauline Lajoie**, the Board's retired executive assistant; **Gene Durgin**, a former president of the Mass. Public Pension Forum; and **Michael Donoghue**, a retired county treasurer, convinced Kevin to stay on as chairman.

"By reducing Kevin's overall daily schedule, our Board's members were able to keep him on," said Gene Durgin. "He remains a key connection to the Legislature on all the areas of public retirement including regional and county retirement systems."

Blanchette, earlier a State Representative from Lawrence, caught the attention of our Association when in 1985 new **House Speaker George Keverian** made changes in the House leadership. Fortunately the name of Kevin Blanchette, who was elected to the House in 1981, was elevated to the office of **Chairman of the Public Service Committee**.

Kevin replaced popular



NICK BUGLIONE

Representative Nick Buglione of neighboring Methuen who was elected to the House in 1969 and was named Public Service Chairman. Nick will always be well-remembered in the annals of our Association. He remained a member of the House until 1995 when he became a member of the **Mass Commission of the Blind**.

Earlier, Representative Buglione and Committee **Senate Chair Sam Rotondi** of Winchester had the misfortune to chair the Public Service Committee when **Proposition 2 ½** was a ballot vote in November, 1980. This historic vote temporarily killed our mandatory COLA law, taking years to fully recover.

At his first hearing as Chairman, Blanchette made it clear that public pensions in Massachusetts were his top priority. Having been in the limelight for several years, our state's then 103 retirement boards had received negative publicity by the media and welcomed Kevin's platform on their behalf.

Using his office as a launching pad, Kevin not only fought for solvency within our retirement systems, but also successfully championed improvements in our pension cost-of-living law.

Raising the COLA base and the increase in the survivor's allowance were among the success stories of Kevin's years as House Chairman.

Blanchette, along with Senator **Jack Brennan**, were the leaders in the enactment of Chapter 697 which authorized local retirement boards to adopt a funding schedule, with aid from the state, in order to address

the unfunded liabilities which were inhibiting future COLA benefits.

Kevin, the feisty chairman, once boldly interrupted a monthly meeting of the **Commonwealth's Group Insurance Commission**. He challenged an increase in the retirees' health insurance rates. The Commission later adjusted the rates to be more accessible to our members.

Although Kevin's name was in the limelight in the ensuing years, his skirmishes with public officials, including the governor, were no secret. This was the price he paid on behalf of our Association's agenda during his 10 years as chairman. "He stuck to his guns" is an old saying that was attributed to Kevin on our behalf.

On the Senate side of his tenure Kevin included Senators **Bill Keating, Arthur Lewis, Michael Morrissey** and **Tom Norton** as strong supporters of his pension agenda even though he clashed with Senate President William Bulger at times. Keating is now a Ninth District Congressman and Morrissey, the Norfolk County District Attorney.

Rep. Kevin Blanchette resigned from the House of Representatives on October 1, 1993. Effective with his resignation was the end of a 10-year relationship with our Association that brought major gains to retired public employees of the Commonwealth. Blanchette resigned to take a high-ranking state position as the head of the **Legislative Service Bureau**.

In January 2001 Kevin continued to serve in the public service hierarchy when he was named Deputy Director of the **Public Employee Retirement Administration Commission (PERAC)**, prior to the opportunity open at the Worcester Regional Retirement System.

GIC OPEN ENROLLMENT UNDERWAY

Consider Joining The State Retiree Dental Plan

While open enrollment is underway, state and local retirees, insured by the Group Insurance Commission, may want to consider enrolling in the State Retiree Dental Plan. There's still time to do so. (Please note that GIC local retirees can enroll only if their city, town or district allows them.)

Since its inception in 2002, the State Retiree Dental Plan – the product of a joint effort by *Mass*

Retirees and the Group Insurance Commission, the number of subscribers has risen year after year. Amazingly, there are over 39,000 state and local enrollees participating in the plan and this number continues to grow. This is a true testament to the value of the plan as it is strictly voluntary participation and retiree-pay-all.

“Not only have we've seen steady growth in retiree participation, we have good news for

FY 2021,” reports Association Legislative Liaison Nancy McGovern who attended the GIC's February 27 meeting. “During that meeting, the GIC approved premium rates for the FY 21 dental plans. The Commissioners announced that the plan premiums, which are administered by MetLife, will decrease by 1.3% for FY21.

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Medical Inflation

CONTINUED FROM PAGE 2 ►

their fragile financial situation.

“No question, rising health care costs are unsustainable. That's why we'll continue to work with the GIC, insurers, providers and other interested parties, on addressing this core issue and hopefully providing needed relief to all retirees and their families.”

AFFORDABILITY IS GROWING CONCERN

As mentioned above, ensuring that health insurance benefits remain affordable is a major concern of *Mass Retirees* officials. While monthly premiums remain relatively modest, enrollees witnessed a steady rise in out-of-pocket costs over the past decade. This is particularly true for non-Medicare plans.

A large number of GIC enrollees – as many as 10,000 retirees over the age of 65 – are not eligible for Medicare. These retirees do

not qualify for Medicare because they did not earn the minimum 40 quarters under the federal system. In Massachusetts, public workers hired prior to April 1, 1986 did not pay into Medicare (those hired on or after 4/1/86 do pay into Medicare). And no public employees anywhere in MA have ever paid into Social Security.

Non-Medicare retirees are enrolled within the same health insurance plans as are active employees and pay the same out-of-pocket costs associated with those insurance plans. While prescription drug copayments are standardized across all GIC plans, the copayments for doctor visits, tests and other medical care are higher under the non-Medicare plans. Non-Medicare retirees also face a \$500 annual deductible.

At the local level a growing number of municipalities have addressed this disparity in cost by implementing a Medicare “Buy-In” program, whereby cities and towns purchase Medicare on behalf of local retirees. (see related article p. 4) Under this program the municipality must cover the cost of any penalties and addition fees on behalf of the retiree. However,

in most cases retirees do pay their own Medicare Part B premium.

“Blue Cross/Blue Shield launched this program more than two years ago. So far, it has been a great success for both retirees and municipal governments alike. This is due to the fact that under Medicare, the federal government covers a large portion of a retiree's health care costs. And under Medicare, out-of-pocket costs tend to be a lot less than under non-Medicare plans,” says Association General Counsel Bill Rehrey. “At our request, the GIC is now looking at adopting this same policy at the state level. A lot of details need to be ironed out and transitioning 10,000 retirees into Medicare is not something that can or should be done overnight. But our hope is that a change can be in place for FY22, which begins on July 1, 2021.

“The goal is to significantly reduce costs for retirees, while maintaining high quality benefits. We'll know more as the GIC's work continues and will report back to members in future editions of *The Voice*.”

FY2021 STATE RETIREE DENTAL PLAN RATES

MetLife Retiree Dental Plan	FY 2020 Rate	FY 2021 Rate	FY 2021 Dollar Decrease	% Difference
Individual	\$30.21	\$29.82	(\$0.39)	-1.3%
Family	\$72.77	\$71.82	(\$0.95)	-1.3%

McGovern continues, "In a year where we're seeing most health insurance premiums increase, we're pleased to report a reduction, albeit small, for a plan that provides critical coverage for important health services. That's particularly so for a plan in which *Mass Retirees* has played such a pivotal role in its creation and

development."

Studies have shown that oral health, including regular dental visits, has an impact on our overall health. Having access to an affordable dental plan such as the one offered by the GIC provides another layer of health coverage for retirees.

The rates listed above will take effect on July 1, 2020. Eligible

retirees can enroll in the plan during open enrollment, which began April 6, 2020, and runs through June 1, 2020.

To make a decision, we understand that you will need more information about the plan's coverage and benefits. For more details, call 866-292-9990 or visit www.metlife.com/gic.

DECEASED MEMBERS

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

ADAMS, HELEN C. – Peabody, MA (Survivor, Lexington Teacher)	CHASE, DORIS M. – Longmeadow, MA (East Longmeadow Teacher)	GARRY, BERNICE A. – Auburn, MA (State)
AHO, HAZEL M. – Salem, MA (Haverhill Teacher)	CHIASSON, JOHN M. – Waltham, MA (Waltham D.P.W.)	GENES, ANDREW N. – Hull, MA (UMass Boston)
ALLISON, GEORGE W. – Haverhill, MA (Haverhill School Department)	COFFEY, JOHN P. – Ipswich, MA (Metropolitan District Commission)	GOMES, CLARA M. – Dalton, MA (Pittsfield School Department)
ALVES, DAN J. – Wareham, MA (Department of Corrections)	COMEAU, BELLA T. – Acushnet, MA (Southeastern Mass. University)	GONSALVES, RONALD – New Bedford, MA (Department of Corrections)
AVILA, JEAN M. – Onset, MA (State Department of Mental Health)	CORKERY, JAMES J. – Everett, MA (Everett Housing Authority)	GORDON, NANCY K. – Asheville, NC (Duxbury Teacher)
AZNAVOORIAN, CHARLES D. – Medford, MA (State Highway Safety Department)	COZZA, JOSEPH A. – Mashpee, MA (Cambridge Police Department)	GRANGER, ANNE M. – Medford, MA (State Department of Employment & Training)
BADDOUR, SHAE A. – Seabrook, NH (Methuen Police Department)	CRIBBEN, RITA M. – Brockton, MA (Brockton School Department)	GURRY, JOANNE M. – Arlington, MA (Arlington School Department)
BALDAIA, MARY JANE – Fall River, MA (Fall River Public Library)	CURADOSSI, ANALDO N. – Norwell, MA (Boston Police Department)	HASKINS, JOHN – Dorchester, MA (Boston Transportation Department)
BARRY, JOHN L. – Brockton, MA (State Police)	CURRY, JUDY P. – Salem, MA (State Department of Mental Health)	HASTINGS, PARKER W. – North Yarmouth, ME (State Department of Employment & Training)
BARTHOLOMEW, DOROTHY B. – Stuart, FL (Leominster Teacher)	D'AURIA, ROBERT A. – Mashpee, MA (Bedford Police Department)	HULL, RICHARD E. – Port Charlotte, FL (Braintree Firefighter)
BASHAW, NORMAN E. – Clinton, MA (State Div of Capital Planning & Management)	DELLAPENNA, ROBERT J. – Pembroke Pines, FL (Mass. Air National Guard)	JASAK, EDWARD J. – Thorndike, MA (Palmer Police Department)
BELCULFINE, JOSEPH J. – Shrewsbury, MA (Worcester D.P.W.)	DePROFIO, ALONZO W. – Westboro, MA (Medford School Department)	JOHNSON, LORAIN F. – Auburn, MA (Survivor, Auburn Police Department)
BENNETT, VELMA – Dorchester, MA (Boston Teacher)	DiFAZIO, PATRICIA L. – Essex, MA (Danvers State Hospital)	JONES, CLARENCE J. – Roxbury, MA (Boston Redevelopment Authority)
BLACKMAN, RICHARD – Hudson, MA (Hudson Light & Power)	DIMIMO, VIRGINIA R. – Epsom, NH (Survivor, City of Boston)	JONES, EMILY M. – Warwick, MA (Baldwin/Templeton Teacher)
BRODERICK, SANDRA J. – Turners Falls, MA (Montague School Department)	DODGE, HARRY W. JR. – North Conway, NH (State Quartermaster)	KEEFE, JUNE L. – Lowell, MA (UMass Lowell)
BROOKS, MARIE A. – Alexandria, VA (Lawrence Teacher)	DORDONI, JOHN F. – Pisgah Forest, NC (State, Department of Public Works)	KILEY, JOSEPH T. – Leesburg, FL (Waltham Teacher)
BROWN, STEPHEN D. – Worcester, MA (Worcester State Hospital)	ELDER, JOANN M. – Bedford, MA (Bedford Teacher)	KILGALLEN, WALTER J. – Pine Knoll Shores, NC (Boston Housing Authority)
BRUTNELL, ROSEMARIE C. – West Dennis, MA (Mass. Commission of Rehabilitation)	FAHERTY, ROSALIE A. – Woburn, MA (Woburn School Department)	KILLIAN, WAYNE L. – Groveland, MA (Mascomet Regional District Teacher)
BULLAN, JANINA C. – Holden, MA (Belchertown State School)	FALLON, JAMES D. – Billerica, MA (Middlesex County Sheriff's Department)	KNIGHTLY, CARL W. – Bangor, ME (Lawrence Teacher)
BULLOCK, EDWARD K. – Ponte Vedra Beach, FL (Survivor, Beverly Teacher)	FENG, YEN-TSAI – Lexington, MA (Boston Public Library)	KORTE, ROBERT E. – West Stockbridge, MA (State D.P.W.)
BUTLER, EDITH – Foxborough, MA (Department of Corrections)	FLAMMIA, ANTHONY J. – Chester, NH (Everett Police Department)	KOVE, ROBERT T. – Sandy Spring, MD (North Adams Teacher)
CAMARA, ANTHONY – Taunton, MA (Paul A. Dever State School)	FLIPPIN, RICHARD J. – Norton, MA (Boston Veteran's Services)	KOWAL, JANE – Pawtucket, RI (Northampton State Hospital)
CARNEY, ROBERT F. – Hanson, MA (Boston Police Department)	FLOYD, ANN M. – Worcester, MA (Chelsea Teacher)	LaFORCE, WARREN H. – Winchendon, MA (Winchendon School Department)
CARTER, ROBERT W. – Georgetown, MA (Mass Highway Department)	FLYNN, LAWRENCE J. – Wilmington, MA (Medford Teacher)	LAMOUREAUX, GARY – Pittsfield, MA (Berkshire Community College)
CATTERALL, JOHN – West Palm Beach, FL (Greater New Bedford Reg Voc Tech Teacher)	FORBES, HELEN M. – South Easton, MA (M.D.C.)	LANDRY, JOANNE M. – Hingham, MA (Massasoit Community College)
CHARTOR, JANE A. – Malden, MA (State Department of Revenue)	FULLER, ANNE T. – Woburn, MA (Survivor, Lexington Teacher)	LEO, JOHN – Everett, MA (Everett Recreation Department)

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NANCY McGOVERN, *Legislative Liaison*

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www.massretirees.com

THE VOICE

MAY 2020

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God Bless America.

DECEASED MEMBERS (continued)

LUCEY, PATRICIA – Orange, CT (Survivor, Brockton Mayor)	MOREHEAD, ETHEL H. – High Point, NC (Monson State School)	ROSSI, E. EDWARD – Melrose, MA (State Board of Regents)
LYNG, PAUINE GORMAN – Wellesley, MA (Norwood School Department)	MUIR, RONALD – Saugus, MA (Saugus School Department)	RULE, BARBARA W. – Hudson, MA (Department of Mental Health)
McCARTHY, LOIS A. – Andover, MA (Melrose Teacher)	NOONAN, LAWRENCE B. – West Bridgewater, MA (Brockton Firefighter)	ST. PIERRE, LEODORE E. – Berkley, MA (Swansea Police Department)
McCOY, ETHEL M. – Groton, MA (Mass Hospital School)	O'CONNOR, MARY T. – Shrewsbury, MA (UMass Medical Center)	SCHUBACH, KATHRYN E. – Springfield, MA (State Department of Transitional Assistance)
McFADDEN, MICHAEL – Lowell, MA (State Department of Public Health)	OLIVETO, JOSEPH J. – Harwich, MA (Newton Firefighter)	SEEKAMP, JOHN C. – Marlboro, MA (Mass. Bay Community College)
McLEAN, MARILYN T. – Jamaica Plain, MA (Boston Public Library)	O'NEIL, PHILIP J. – North Quincy, MA (Hanover Teacher)	SHEEHAN, PAULA K. – Hudson, MA (Framingham Transportation Department)
McLOUGHLIN, DOROTHY F. – Holden, MA (Worcester Teacher)	ORCUTT, JOHN – Port Charlotte, FL (Hingham Police Department)	SILVA, JOSEPH P. – New Bedford, MA (New Bedford Firefighter)
McMORROW, ELIZABETH F. – Methuen, MA (Lawrence Teacher)	OSBORNE, WESLEY H. JR. – Norwell, MA (Town of Norwell)	SMITH, BERNARD A. – Salem, NH (Stoneham Teacher)
MACDONALD, BARBARA – Nazareth, KY (Boston School Department)	PALLADINO, FRANCIS L. – Marshfield, MA (State Department of Revenue)	SMITH, LORRAINE L. – Concord, MA (State, Mass. Rehab Commission)
MACGREGOR, MALCOLM S – Acton, MA (Acton Firefighter)	PELLISSIER, JOSEPH E. – Ware, MA (State Police)	SPINNEY, THELMA C. – Port St. Lucie, FL (State Department of Mental Health)
MANNING, FRANCIS J. – North Easton, MA (Boston School Department)	PERAMBA, EDWARD J. – Greenfield, MA (Greenfield Police Department)	STOCKTON, BARBARA V. – Swansea, MA (Mass. Commission for the Blind)
MARCHAND, ROSALIND A. – Leland, NC (State, Committee for Public Counsel Services)	PETRIGNO, FREDERICK R. – Boston, MA (State House Court Officer)	TAREILA, GERALD E. – Tewksbury, MA (Tewksbury Hospital)
MARGESON, JOANNE R. – Georgetown, MA (Georgetown School Department)	PITTA, ROBERT – New Bedford, MA (New Bedford Firefighter)	TIERNEY, JAMES F. – Plymouth, MA (State Department of Youth Services)
MATERAZZO, THOMAS B. – West Roxbury, MA (Boston Veterans Services)	POPE, BRADFORD E. – Hull, MA (Hull Firefighter)	TIERNEY, ROSEMARY S. – Mattapoisett, MA (New Bedford Mayor)
MEDEIROS, JOSEPH – Fall River, MA (Fall River Firefighter)	RIMKUS, VICTOR M. – Hudson, MA (Hudson Teacher)	TRAINOR, JOHN J. – Roslindale, MA (Boston Firefighter)
MESSIER, JACQUELINE M. – Wheelwright, MA (Ware Teacher)	ROBINSON, ARTHUR E. – Hudson, NH (State Police)	TREMBLAY, LEO E. – West Roxbury, MA (Boston Police Department)
METTERVILLE, MAUREEN A. – Jefferson, MA (Worcester Probate & Family Court)	RODRIGUES, JOAQUIM – New Bedford, MA (New Bedford Firefighter)	VALOIS, LILLIAN – Westfield, MA (Department of Mental Health)
MONGEAU, RICHARD R. – East Falmouth, MA (Mass. Army National Guard)	ROONEY, JUNE E. – Foxboro, MA (Wellesley Fire Department)	WHITE, RUTH M. – Walpole, MA (Walpole Teacher)
MORAN, DAVID W. – Naples, FL (State Police)	ROSS, VIRGINIA M. – Marshfield, MA (Marshfield Teacher)	WILMARTH, GRETCHEN – Salem, NH (Georgetown Police Department)