

# Hampshire County Group Insurance Trust

88 King St, Northampton, MA 01060 | 413-584-1300

**Committee:** Executive Committee EC

**Date:** May 28, 2026 @ 9:00 am

**Meeting Format:** Virtual

**Meeting Location:** Join Zoom Meeting:  
<https://us02web.zoom.us/j/83746621733?pwd=GFZiX39LUdDtRnCiRcv3UQhUs72HRX.1>

**Meeting ID:** 837 4662 1733

**Passcode:** 475383

**OneTap Mobile** + 13052241968,,83746621733#,,,,\*475383# US

Certain meetings normally held at the Municipal Offices are being held remotely, with adequate, alternative means of public access and, where required, public participation provided, in accordance with House Bill Number 62 of the 194th General Court, which extended the Governor's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, M.G.L. c.30A § 20, until June 30, 2027.

## Executive Committee Members

**Chair:** Shelley Poreda (Frontier Regional)

**5000+ Residents:** Joanne Cleveland (Belchertown)

**-5000 Residents:** Paula Harrison (Colrain)

**School Districts:** Stacy Stewart (Gateway Regional)

**At Large:** Andrew Levine (Hatfield) Paul McLatchy III (Ashfield)

Emily Russo, Vice Chair (Easthampton) Donna Whiteley (South Hadley)

Vacant

# Agenda

- Call to Order
- Review and Approve Minutes of May 20, 2026
- Financial Statement/Warrant Approval

## Old Business (VOTES may be taken)

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- Treasurer
- Units Leaving the Trust – Process
- Open Enrollment
- Stop Loss Procurement
- FY27 Budget
- Data Request Policy Approval

## New Business (VOTES may be taken)

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- FY27 Meeting Schedule
- Medicare Eligibility & Enrollment Policy
- Newborn Enrollment Policy
- Appeals Process & Subcommittee

## Other Business (VOTES may be taken)

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- Adjournment

*Executive session pursuant to MGLc. 30A, § 21(a)(2), to conduct strategy sessions in preparation for negotiations with nonunion personnel or to conduct collective bargaining sessions or contract negotiations with nonunion personnel.*

*\* The listing of matters includes those reasonably anticipated by the Chair which may be discussed at the meeting. Not all items listed may be discussed, and other items not listed may be brought up for discussion to the extent permitted by law.*

## Meeting Schedule: May & June 2026

Meeting	Date	Time	Format
Insurance Advisory Committee	May 27, 2026	10:00 a.m.	ZOOM
<b>Executive Committee</b>	<b>May 28, 2026</b>	<b>9:00 a.m.</b>	<b>ZOOM</b>
Executive Committee	June 17, 2026	9:00 a.m.	ZOOM
Insurance Advisory Committee	June 24, 2026	10:00 a.m.	ZOOM

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Hampshire County Group Insurance Trust

**HAMPSHIRE COUNTY GROUP INSURANCE TRUST  
88 KING STREET  
NORTHAMPTON, MA 01060**

**TO:** All Trust Member Units

**RE: Minutes of May 20, 2026**  
Executive Committee Meeting  
Via Zoom Teleconference

**MEMBERS PRESENT:**

Shelley Poreda	Joanne Cleveland	Stacy Stewart
Donna Whiteley	Emily Russo	Andrew Levine
Paul McLatchy III	Paula Harrison	

**OTHERS PRESENT:**

Cynthia Graves	Karen Karowski	Michele Komosa
Danielle Chaplick	Marianna Gil	Sue Shillue

**CALL TO ORDER**

Certain meetings normally held at the Municipal Offices are being held remotely, with adequate, alternative means of public access and, where required, public participation provided, in accordance with House Bill Number 62 of the 194<sup>th</sup> General Court, which extended the Governor's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, M.G.L. c.30A s. 20, until June 30, 2027.

Chairperson Shelley Poreda called the meeting to order at 9:01 a.m. with a quorum present.

**APPROVAL OF MINUTES**

On a motion by Paul McLatchy, seconded by Joanne Cleveland, the minutes of April 29, 2026, were approved by unanimous consent.

**FINANCIAL UPDATE**

Shelley Poreda presented the financial report. Current cash value is \$6.3 million if you include the investment/funding accounts it is \$11 million. April had a net loss of \$1.7 million but actual cash is in a positive position. End of year is still projecting \$800,000 on the plus side. After 7/1/26 we will no longer have the option from BCBS to pay premiums bi-weekly. It was noted that we are currently earning about \$10,000 a month in interest on our accounts. Andrew Levine thought this may be a good point to share at the IAC. On a motion by Paul McLatchy, seconded by Donna Whiteley the April expense warrant and financials were approved by unanimous consent.

### **EXECUTIVE SESSION**

At 9:12 a.m., on a motion by Adam Levine, seconded by Paul McLatchy, it was voted to go into executive session pursuant to MGLc. 30A, sec. 21(a)(2) to conduct strategy sessions in preparation for negotiations with nonunion personnel or to conduct collective bargaining sessions or contract negotiations with nonunion personnel. Only EC members at this time, with option to invite others in during the session. Roll call – J. Cleveland, P. McLatchy, D. Whiteley, S. Stewart, A. Levine, S. Poreda, E. Russo, and P. Harrison, all unanimous. The meeting was moved to a breakout room.

At 9:26 a.m., Sue Shillue, Marianna Gil, and Danielle Chaplick from Hilb were asked to join the executive session.

At 11:07 a.m. the committee returned to open session.

Shelley announced that due to the length of the session, the rest of the agenda would be postponed until May 28, 2026, at 9:00 a.m. Also, due to conflicts, this would replace the EC meeting originally scheduled for June 3, 2026.

### **TREASURER**

Since changing the position to an annual stipend, four applications have been received. Two members were appointed to work with Cindy to review resumes and schedule interviews for a start date of July 1, 2026. Emily Russo and Donna Whiteley volunteered with Paul McLatchy agreeing to be an alternate.

### **OTHER BUSINESS**

Danielle Chadwick spoke about an inquiry from a reporter from the Wall Street Journal who is doing an article regarding the discontinuation of GLP1s and the process used in making that decision. NPR also published an article and the local news station, Western Mass News, also did a story on this recently. It was agreed that we should respond and Danielle Chaplick had prepared a response for review. Paul McLatchy suggested that we add the cost percentage of the budget. Andrew Levine also suggested that the response should be as factual as possible. Paula Harrison suggested it should also include the percentage of subscribers affected. Danielle will add these items and send the response.

### **ADJOURNMENT**

Chairperson Shelley Poreda tabled all other items of the agenda until May 28, 2026, at 9:00 a.m. On a motion by Paul McLatchy, seconded by Paula Harrison, adjourned the meeting at 11:30 a.m.

Respectfully submitted,  
Karen Karowski

### **Meeting Schedule**

Executive Committee – May 20, 2026, 9:00 a.m., via ZOOM  
Insurance Advisory Committee – May 27, 2026, 10:00 a.m., via ZOOM  
Executive Committee – May 28, 2026, 9:00 a.m., via ZOOM  
Executive Committee – June 17, 2026, 9:00 a.m., via ZOOM



ITEM CODE	BUDGET ITEMS	FY-2026 Budgeted	FY-2026 Budget YTD															
			July	August	September	October	November	December	January	February	March	April						
6000	COMPUTER HARDWARE	2,500.00																
5420	COMPUTER SOFTWARE																	
5420	COMPUTER SUPPLIES	1,000.00																
5850	DESK TOP PCs																	
5300	MISC PROF & TECH SERV.**	80,000.00	14,846.00	1,431.00	9,464.76	7,958.20	7,719.03	7,815.00	7,840.45	5,626.27	5,617.68	5,751.68	74,070.07					
	TOTAL DATA PROCESSING	83,500.00	14,846.00	1,431.00	9,464.76	7,958.20	7,719.03	7,815.00	7,840.45	5,626.27	5,617.68	5,751.68	74,070.07					
<b>TOTALS</b>		<b>828,658.00</b>	<b>210,705.71</b>	<b>40,562.25</b>	<b>57,487.22</b>	<b>49,178.86</b>	<b>78,137.70</b>	<b>61,240.75</b>	<b>38,709.79</b>	<b>61,236.92</b>	<b>47,380.30</b>	<b>46,986.68</b>	<b>691,626.18</b>					

# HAMPSHIRE COUNTY GROUP INSURANCE TRUST

## INCOME AND EXPENSE REPORT

ITEMS	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Starting Cash Balance	(1,211,050.10)	1,726,324.83	1,289,856.50	3,928,350.63	2,065,435.68	3,072,941.07	1,435,636.70	479,076.67	5,011,250.32	4,751,768.99	5,591,763.24	8,115,186.54
Adjustments												
Total Starting Balance	(1,211,050.10)	1,726,324.83	1,289,856.50	3,928,350.63	2,065,435.68	3,072,941.07	1,435,636.70	479,076.67	5,011,250.32	4,751,768.99	5,591,763.24	8,115,186.54
<b>MONTHLY INCOME</b>												
Total Premium Collected	8,662,499.92	4,216,395.73	11,883,562.27	8,540,065.72	8,941,123.65	9,943,338.15	8,121,068.55	11,862,397.44	9,392,264.73	10,029,689.64	9,923,117.54	9,664,552.61
Interest Income (MMDT)	5,955.54	5,133.53	4,826.21	6,403.21	7,314.26	5,578.63	5,283.97	6,773.75	10,104.11	8,980.07	10,711.29	10,731.78
CVS Rebate (Quarterly)								3,025,188.26	0.00	0.00	2,266,801.75	0.00
Other Income or Adjustments											220,818.93	112,681.27
BCBS SR Premium Collected												
<b>TOTAL MONTHLY INCOME</b>	<b>8,668,455.46</b>	<b>4,221,529.26</b>	<b>11,888,388.48</b>	<b>8,546,468.93</b>	<b>8,948,437.91</b>	<b>9,948,916.78</b>	<b>8,126,352.52</b>	<b>14,894,359.45</b>	<b>9,402,366.84</b>	<b>10,038,669.71</b>	<b>12,421,449.51</b>	<b>9,787,965.66</b>
<b>MONTHLY EXPENSES</b>												
BCBS Admin Cost (estimate)												
Claim Deposit	5,962,534.78	5,786,383.98	8,943,510.34	7,166,257.06	6,153,533.46	7,910,554.94	6,689,348.23	6,069,200.00	6,127,900.00	6,127,900.00	6,127,900.00	6,127,900.00
BCBS Settlement								890,712.03	208,600.07	(244,307.76)	555,039.42	1,862,395.56
Reinsurance (Ind.&Agg.)	28,970.51	(31,398.30)	(35,796.67)	(296,941.76)	202,462.12	200,838.53	201,549.04	200,805.13	199,134.15	197,031.11	196,752.83	195,572.69
Recon adjust w/Finance												
BCBS Sr Premium Paid												
Other Exp. & Claim Settlement	3,487,583.52	1,641,677.58	3,587,364.65	3,506,306.64	1,528,056.25	3,425,648.82	3,388,945.61					
CVS Claims								2,471,503.84	2,417,052.60	2,289,877.83	2,201,358.17	2,528,167.49
Blue Medicare RX PDP								657,904.38	659,710.82	760,169.33	760,162.13	760,447.92
CanRx									10,819.67	6,768.03	9,433.36	9,409.95
Total Plan Expenses	9,479,088.81	7,396,663.26	12,495,078.32	10,375,621.94	7,884,051.83	11,537,042.29	10,279,842.88	10,300,945.05	9,623,140.38	9,137,438.54	9,850,645.91	11,483,893.61
Total Unit Operating Expenses	51,991.72	61,334.33	210,705.71	40,562.25	57,487.22	49,178.86	78,137.70	61,240.75	38,709.79	61,236.92	47,380.30	46,986.68
<b>TOTAL MONTHLY EXPENSES</b>	<b>9,531,080.53</b>	<b>7,457,997.59</b>	<b>12,705,784.03</b>	<b>10,416,184.19</b>	<b>7,941,539.05</b>	<b>11,586,221.15</b>	<b>10,357,980.58</b>	<b>10,362,185.80</b>	<b>9,661,850.17</b>	<b>9,198,675.46</b>	<b>9,898,026.21</b>	<b>11,530,880.29</b>
<b>TOTAL NET MONTHLY INCOME</b>	<b>(862,625.07)</b>	<b>(3,236,468.33)</b>	<b>(817,395.55)</b>	<b>(1,869,715.26)</b>	<b>1,006,898.86</b>	<b>(1,637,304.37)</b>	<b>(2,231,628.06)</b>	<b>4,532,173.65</b>	<b>(259,481.33)</b>	<b>839,994.25</b>	<b>2,523,423.30</b>	<b>(1,742,914.63)</b>
<b>BALANCE</b>												
Cash Balance	(2,073,675.17)	(1,510,143.50)	472,460.95	2,058,635.37	3,072,334.54	1,435,636.70	(795,991.36)	5,011,250.32	4,751,768.99	5,591,763.24	8,115,186.54	6,372,271.91
Adjustments	3,800,000.00	2,800,000.00	3,455,889.68	6,800.31	606.53		1,275,068.03	0.00	0.00	0.00	0.00	0.00
<b>ENDING MONTHLY BALANCE</b>	<b>1,726,324.83</b>	<b>1,289,856.50</b>	<b>3,928,350.63</b>	<b>2,065,435.68</b>	<b>3,072,941.07</b>	<b>1,435,636.70</b>	<b>479,076.67</b>	<b>5,011,250.32</b>	<b>4,751,768.99</b>	<b>5,591,763.24</b>	<b>8,115,186.54</b>	<b>6,372,271.91</b>

# HAMPSHIRE COUNTY GROUP INSURANCE TRUST

## Fund And Investment Information

FUNDS	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR
Post Employee Ben. S.B.	56,871.35	56,982.59	55,923.81	53,695.01	53,806.25	52,747.47	51,688.69	49,459.89	47,511.11	47,647.38	46,144.29	44,641.20
Funding	2,340.04	1,170.02		2,340.04	1,170.02	1,170.02	0.00	1,170.02	3,278.72	1,639.36	1,639.36	1,639.36
Expenses	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	3,118.80	3,142.45	3,142.45	3,142.45	3,149.40
Total	56,982.59	55,923.81	53,695.01	53,806.25	52,747.47	51,688.69	49,459.89	47,511.11	47,647.38	46,144.29	44,641.20	43,131.16
Accrued Vac & Sick Time	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96
Income												
Expenses												
Total	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96	31,317.96
Member Deposits	4,463,551.96	4,463,551.96	4,463,551.96	4,488,051.96	4,501,551.96	4,501,551.96	4,526,051.96	4,526,051.96	4,550,551.96	4,550,551.96	4,587,301.96	4,587,301.96
Deposits			24,500.00	13,500.00	4,501,551.96	24,500.00	0.00	24,500.00	0.00	36,750.00	0.00	12,250.00
Total Member Deposits	4,463,551.96	4,463,551.96	4,488,051.96	4,501,551.96	4,501,551.96	4,526,051.96	4,526,051.96	4,550,551.96	4,550,551.96	4,587,301.96	4,587,301.96	4,599,551.96
OPEB Trust	332,408.81	333,721.52	334,897.77	336,078.17	337,186.99	338,413.84	339,606.67	340,645.65	341,721.59	342,702.80	343,608.92	344,602.92
Interest	1,312.71	1,176.25	1,180.40	1,108.82	1,226.85	1,192.83	1,038.98	1,075.94	981.21	906.12	994.00	934.57
OPEB Trust	333,721.52	334,897.77	336,078.17	337,186.99	338,413.84	339,606.67	340,645.65	341,721.59	342,702.80	343,608.92	344,602.92	345,537.49
Investments												
CD's	3,839,051.76	2,047,431.42	1,253,632.84	1,258,956.49	1,263,580.83	1,268,178.34	1,272,648.39	0.00	0.00	0.00	0.00	0.00
Deposit/Withdrawal	(1,800,000.00)	(800,000.00)					(1,275,062.97)	0.00	0.00	0.00	0.00	0.00
Interest	8,379.66	6,201.42	5,323.65	4,624.34	4,597.51	4,470.05	2,414.58	0.00	0.00	0.00	0.00	0.00
Balance	2,047,431.42	1,253,632.84	1,258,956.49	1,263,580.83	1,268,178.34	1,272,648.39	0.00	0.00	0.00	0.00	0.00	0.00
Portfolio Value	6,851,991.84	5,154,766.73	3,364,488.66	7,302.39	571.53	0.00	5.06	0.00	0.00	0.00	0.00	0.00
Deposit/Withdrawal	(2,000,000.00)	(2,000,000.00)	(3,455,889.68)	(8,050.31)	(606.53)	5.06	(5.06)	0.00	0.00	0.00	0.00	0.00
Interest	302,774.89	209,721.93	98,703.41	1,319.45	35.00							
Market Change												
Total	5,154,766.73	3,364,488.66	7,302.39	571.53	0.00	5.06	0.00	0.00	0.00	0.00	0.00	0.00
Accounts Receivable	328,596.28	4,456,131.78	862,927.27	657,555.64	1,479,153.64	1,180,816.21	2,699,778.94	655,974.66	886,444.99	642,547.84	189,153.00	119,737.84
Total With Accounts Receivable	14,142,693.29	15,249,801.28	10,966,679.88	8,911,006.84	10,744,304.28	8,837,771.64	8,126,331.07	10,638,327.60	10,610,434.08	11,242,684.21	13,312,203.58	11,511,548.32







4/1/2026	ACH	4,926,345.56	BCBS	APR Monthly Claim prefunding & FEB settlement
4/1/2026	ACH	1,000.00	M&B Holdings	Rent APR
4/1/2026	ACH	195,572.69	Stealth Partner Group	Reinsurance- APR
4/1/2026	7263	292.72	ACSA/PPI	Dental/Vision Ins - APR
4/1/2026	7264	42.00	Boston Mutual	Life Ins
4/1/2026	7265	15,714.00	The HILB Group	Consultant Fee - MAR 2026
4/6/2026	ACH	580,260.39	CVS	Rx weekly
4/6/2026	7266	5,041.40	CanRx	Rx expense 3/16-3/31
4/6/2026	7267	4,000.00	Edward Haber	IT work
4/6/2026	7268	800.00	EGAN FLANAGAN & COHEN	ATTORNEY FEES
4/6/2026	7269	466.00	Merrimack Mutual Fire Ins	Policy Premium
4/7/2026	ACH	1,751.68	Netlogix	IT service
4/7/2026	ACH	288.59	Comcast	Internet
4/8/2026	ACH	8,671.56	Checkwriters	payroll 4/9
4/10/2026	ACH	(112,681.27)	ULLICO	Stop Loss Reimb
4/15/2026	ACH	3,063,950.00	BCBS	APR Monthly claim funding, second half
4/16/2026	ACH	682,032.70	CVS	Rx weekly
4/16/2026	7270	4,368.55	CanRx	Rx expense 4/1-4/15
4/16/2026	7271	101.25	CMS	Phone
4/21/2026	ACH	(137.83)	Checkwriters	Tax adj
4/22/2026	ACH	8,371.81	Checkwriters	payroll 4/23
4/22/2026	7272	316.92	FILE SHRED	File Shredding
4/23/2026	ACH	593,728.73	CVS	Rx weekly
4/23/2026	7273	6,321.00	HCGIT	Health Insurance - MAY
4/23/2026	7274	1,636.38	Hamp Retirement	APR Deductions
4/30/2026	ACH	672,145.67	CVS	Rx weekly
4/30/2026	ACH	760,447.92	Blue Medicare Rx	Medicare RX PDP - MAR
4/30/2026	7275	500.00	EGAN FLANAGAN & COHEN	ATTORNEY FEES
		<b>11,421,348.42</b>		

# MEMORANDUM

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**To:** All Member Units

**From:** HCGIT Executive Committee

**Date:** July 1, 2026

**Subject:** HCGIT: Utilization Data Request Policy

## Purpose

The purpose of this policy is to establish a standardized, equitable, and administratively sustainable framework for member entities requesting health plan utilization data from the Hampshire County Group Insurance Trust (“Trust”).

The Trust’s policy builds on that framework by:

- Ensuring consistent access across all member entities
- Protecting shared Trust resources and administrative capacity
- Preserving the integrity of the pooled risk model
- Avoiding duplicative or excessive custom reporting requests

## Policy Statement

Each participating entity within HCGIT is permitted: **One (1) utilization data request per plan year**

This limitation applies regardless of:

- Number of departments or bargaining units within the entity
- Whether requests are modified or resubmitted

## Definition of a Data Request

A “data request” is defined as any custom, non-standard reporting or analysis that requires carrier, PBM, or Trust-level resources beyond routine Trust-wide reporting.

This includes, but is not limited to:

- Claims experience reports beyond standard Trust-wide monthly/quarterly dashboards
- High-cost claimant or large loss reports beyond standard Trust-wide monthly/quarterly dashboards

## Submission Requirements

Requests must be submitted directly by the member unit; submissions from brokers, consultants, or other third parties on behalf of a unit will not be accepted.

All data requests must be submitted in writing to the Trust Administrator and include:

- Specific data elements requested

- Time period(s) requested
- Required format and timing

The Trust reserves the right to:

- Request clarification
- Refine scope to align with available data
- Consolidate overlapping requests

## **Review and Approval**

All requests are subject to review by the Trust (in coordination with carriers/PBMs as needed) based on:

- Alignment with permitted uses
- Administrative feasibility
- Cost and resource impact
- Data privacy and compliance considerations

Approval is at the discretion of the Trust.

In limited circumstances, a member unit may submit a written request for an exception to this policy, which will be reviewed by the HCGIT Executive Committee, with decisions based on equity, resource availability, and alignment with Trust objectives.

## **Timing and Delivery**

- Standard turnaround time is 4-6 weeks, based on carrier and PBM processing timelines and the complexity of the request.
- Requests tied to renewal or statutory deadlines will be prioritized where feasible

## **Cost Allocation**

If a request results in additional vendor or administrative costs:

- The requesting entity may be responsible for those costs
- The Trust will notify the entity in advance of any charges

## **Data Privacy and Confidentiality**

All data provided will:

- Comply with applicable privacy laws (HIPAA and related standards)
- Be de-identified or aggregated where required
- Exclude personally identifiable information

Entities are responsible for ensuring appropriate internal handling and use of data.

## **Trust-Level Equity and Pool Integrity**

Given HCGIT's shared risk pool structure, this policy is intended to:

- Prevent disproportionate access to data by any single entity
- Avoid fragmentation of Trust-wide strategy
- Maintain focus on collective performance over individual entity optimization

# HCGIT MEETING SCHEDULE 2026-2027

\*\*\*ALL MEETINGS ARE SUBJECT TO CHANGE\*\*\*

All meetings are held at 10:00 am

July 2026						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## July

22 Executive Committee

August 2026						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## August

19 Executive Committee

September 2026						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
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## September

2 Executive Committee  
9 Insurance Advisory Committee  
16 Executive Committee

October 2026						
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## October

7 Executive Committee  
14 Insurance Advisory Committee  
21 Executive Committee

November 2026						
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## November

4 Executive Committee  
11 Insurance Advisory Committee  
18 Executive Committee

December 2026						
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## December

2 Executive Committee  
9 Insurance Advisory Committee  
16 Executive Committee

January 2027						
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31						

## January

6 Executive Committee  
13 Insurance Advisory Committee  
20 Executive Committee

February 2027						
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## February

3 Executive Committee  
10 Insurance Advisory Committee  
17 Executive Committee

March 2027						
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## March

3 Executive Committee  
10 Insurance Advisory Committee  
17 Executive Committee

April 2027						
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## April

7 Executive Committee  
14 Insurance Advisory Committee  
21 Executive Committee

May 2027						
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30	31					

## May

5 Executive Committee  
12 Insurance Advisory Committee  
19 Executive Committee

June 2027						
Su	M	Tu	W	Th	F	Sa
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## June

2 Executive Committee  
9 Insurance Advisory Committee  
16 Executive Committee

# MEMORANDUM

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**To:** All Member Units

**From:** HCGIT Executive Committee

**Date:** July 1, 2026

**Subject:** HCGIT: Mandatory Medicare Policy

## Purpose

This policy is intended to provide guidance regarding mandatory Medicare enrollment requirements for retirees, spouses, and dependents enrolled in health insurance coverage through the Hampshire County Group Insurance Trust (“HCGIT” or “Trust”), pursuant to Massachusetts General Laws Chapter 32B, Section 18A.

Under M.G.L. c.32B §18A, retirees, spouses, and dependents who are eligible for Medicare are required to enroll in Medicare Parts A and B as a condition of continued eligibility for HCGIT-sponsored retiree health insurance coverage. Failure to timely enroll in Medicare when eligible may result in loss of coverage, claim denials, or permanent late enrollment penalties imposed by Medicare.

This policy is intended to assist members in understanding:

- How Medicare works
- When Medicare enrollment is required
- How Medicare eligibility is determined
- Coordination between Medicare and HCGIT coverage
- Important enrollment timelines and responsibilities

## Overview of Medicare

Medicare is the federal health insurance program primarily available to individuals age 65 and older, as well as certain disabled individuals. Medicare contains several parts commonly referred to as Parts A, B, C, and D.

### Medicare Part A – Hospital Insurance

Medicare Part A helps cover:

- Inpatient hospital care
- Limited skilled nursing facility care
- Hospice care
- Certain home health services

For most individuals, Medicare Part A is premium-free if they or their spouse earned sufficient Medicare credits through employment.

### Medicare Part B – Medical Insurance

Medicare Part B helps cover:

- Physician services
- Outpatient medical services
- Preventive care
- Durable medical equipment
- Many other medical services not covered under Part A

Part B requires a monthly premium paid directly to the federal government. Premiums are generally based on modified adjusted gross income from two years prior. In 2026, Medicare utilizes 2024 taxable income for premium determinations.

The standard Medicare Part B premium for 2026 is \$202.90 per month, though higher-income individuals may pay Income-Related Monthly Adjustment Amounts (IRMAA).

Part B premiums are typically:

- Deducted from Social Security benefits, or
- Billed directly by Medicare on a quarterly basis

### **Medicare Part C – Medicare Advantage**

Medicare Advantage plans are private individual Medicare plans that replace Original Medicare. Retirees enrolled in HCGIT-sponsored Medicare supplemental coverage should not enroll in an individual Medicare Advantage plan. Enrollment in an outside Medicare Advantage plan may result in termination of plan enrollment under the HCGIT-sponsored retiree Medicare health plan.

### **Medicare Part D – Prescription Drug Coverage**

Medicare Part D provides outpatient prescription drug coverage.

For retirees enrolled in the HCGIT-sponsored Medicare plans, prescription drug coverage is included through the Trust's Medicare prescription drug arrangement currently bundled with the BCBS Medex 2 plan through Blue MedicareRx (PDP). Members should not enroll independently in a separate Part D plan, as this may result in termination of plan enrollment under the HCGIT-sponsored retiree Medicare health plan.

## **Mandatory Medicare Enrollment Requirement**

Pursuant to M.G.L. c.32B §18A, any retiree, spouse, or dependent enrolled in HCGIT retiree health insurance who is eligible for Medicare must enroll in:

- Medicare Part A (if premium-free), and
- Medicare Part B

Medicare becomes the primary payer, and the HCGIT-sponsored Medicare supplement plan coordinates secondary coverage.

Individuals who fail to enroll in Medicare when eligible may:

- Lose eligibility for HCGIT retiree coverage
- Become responsible for claims Medicare would have paid
- Incur permanent Medicare late enrollment penalties
- Experience gaps in coverage

## How Medicare Eligibility Is Determined

Medicare eligibility can arise through:

- Your own work history
- Your current spouse's work history
- A former spouse's work history
- A deceased spouse's work history

Generally, Medicare eligibility begins at age 65.

### **Scenario 1 – Eligibility Through Your Own Work History**

The most common way to qualify for Medicare is through your own employment history.

To qualify for premium-free Medicare Part A, an individual generally must have earned at least:

- 40 quarters (10 years) of Medicare-covered employment

Many Massachusetts public employees hired on or after April 1, 1986 contributed to Medicare through payroll taxes, even if they did not participate in Social Security. As a result, many public retirees qualify for Medicare through their own public employment history. Once eligible for Medicare at age 65, retirees covered under HCGIT retiree insurance are generally required to enroll in Medicare Parts A and B.

### **Initial Enrollment Period (IEP)**

The Medicare Initial Enrollment Period includes:

- The three months before your 65<sup>th</sup> birthday month
- Your birthday month
- The three months after your birthday month

HCGIT strongly recommends beginning the enrollment process at the start of your Initial Enrollment Period, approximately three months prior to turning age 65.

### **Scenario 2 – Eligibility Through a Spouse or Former Spouse**

Individuals who do not qualify for Medicare on their own work history may still qualify through:

- A current spouse
- A former spouse
- A deceased spouse

Generally, if you were married for at least 10 years and your spouse qualifies for Medicare or Social Security benefits, you may also qualify for Medicare based upon that work history. Social Security eligibility generally begins at age 62, regardless of whether benefits are actively collected.

### **Scenario 3 – Eligibility Through a Spouse or Former Spouse Who Is More Than Three Years Younger**

In some situations, an employee/retiree or their spouse age 65 or older may not yet qualify for Medicare because their younger spouse has not yet reached Social Security eligibility age. Because spousal Medicare eligibility is tied to the spouse becoming eligible for Social Security (generally age 62), an individual may need to delay Medicare enrollment until the younger spouse reaches age 62.

Once the spouse reaches age 62 and Social Security eligibility begins, the individual generally becomes eligible for premium-free Medicare Part A and must then enroll in Medicare in accordance with HCGIT requirements.

Members in these circumstances are encouraged to contact the Trust or the Social Security Administration well in advance to avoid delays or coverage issues.

## **Medicare Enrollment Rules Based on Employment Status**

Medicare enrollment requirements depend upon whether the insured employee is actively working or retired. Coverage rules always follow the employment status of the employee or retiree, regardless of the spouse's employment status.

### **If the Employee Is Actively Working Past Age 65**

If the employee remains actively employed by the member unit and covered under active employee coverage:

- The employee and covered spouse should enroll in premium-free Medicare Part A, if eligible
- Medicare Part B enrollment should be deferred without penalty while actively employed

Members can enroll as part of their Medicare Initial Enrollment Period of three months before their 65<sup>th</sup> birthday, the birthday month, and three months after the birthday month. Members should begin the Medicare Part A enrollment process approximately three months before turning age 65 to avoid any delays or complications, as failure to enroll in the specified timeframe will result in the termination of your HCGIT plan.

Upon receiving a Medicare card, members should provide a copy of the Medicare card with their Medicare Beneficiary Identifier (MBI) and Medicare Part A effective date to their employer.

### **Retirement After Age 65**

When active employment ends after age 65:

- The retiree qualifies for a Medicare Special Enrollment Period (SEP)
  - The SEP generally lasts eight months from the end of active employment
  - Employer will complete CMS L564 to show proof of group health plan coverage with no gap in coverage, so no late enrollment penalty is assessed

At that time, the retiree must enroll in:

- Medicare Part B
- The applicable HCGIT Medicare supplement plan

to avoid penalties and loss of coverage.

Members are strongly encouraged to begin this process as soon as their retirement date is known, as failure to enroll within the timeframe will result in the termination of your HCGIT plan.

### **If Retired When Turning Age 65**

If already retired when either the retiree or covered spouse turns age 65:

- The Medicare-eligible individual must enroll in:
  - Medicare Part A (if premium-free)
  - Medicare Part B

Members can enroll as part of their Medicare Initial Enrollment Period of three months before their 65<sup>th</sup> birthday, the birthday month, and three months after the birthday month. Members should begin the Medicare Parts A and B enrollment process approximately three months before turning age 65 to avoid any delays or complications, as failure to enroll in the specified timeframe will result in the termination of your HCGIT plan.

Members must:

- Notify their former employer
- Complete any required Medicare enrollment documentation
- Provide a copy of their Medicare card showing effective dates
- Complete enrollment form for applicable HCGIT Medicare supplement plan

## **Coordination of Medicare and Family Coverage**

Since Medicare eligibility may occur at different times for employees/retirees, spouses, and dependents, HCGIT coordinates coverage based on both:

- Medicare eligibility status, and
- Whether the employee is actively working or retired

Coverage rules always follow the employment status of the employee/retiree, regardless of the spouse's employment status.

### **If the Employee Is Actively Working**

If the employee remains actively employed by the member unit when either the employee or covered spouse turns age 65:

- The individual age 65 or older must enroll in premium-free Medicare Part A, if eligible
- Medicare Part B will be deferred without penalty while the employee remains actively working and covered under active employee health insurance
- The family will remain enrolled in the active non-Medicare family health plan regardless of the number of covered dependents

Under this scenario:

- Medicare Part A coordinates secondary to the active employee group health plan
- The active employee health plan remains primary coverage
- No transition to an HCGIT Medicare supplement plan occurs until retirement or other loss of active employee coverage

Once the employee retires, the Medicare-eligible individual must enroll in Medicare Part B and transition to the applicable HCGIT Medicare supplement plan during the applicable Special Enrollment Period (SEP).

### **If Retired and Covering Only One Non-Medicare Eligible Dependent**

If retired and covering only one dependent, such as:

- A spouse, or
- A child dependent

then the Medicare-eligible individual must enroll in:

- Medicare Part A (if premium-free)
- Medicare Part B
- The applicable HCGIT Medicare supplement plan

The non-Medicare eligible dependent will remain enrolled in an individual non-Medicare health plan until:

- They themselves become Medicare eligible, or
- The child dependent otherwise loses eligibility under the plan

Under this scenario:

- One individual will be enrolled in the HCGIT Medicare supplement plan, and
- The other spouse or child dependent will remain enrolled in an individual non-Medicare plan

### **If Retired and Covering Two or More Non-Medicare Eligible Dependents**

If retired and covering two or more dependents who are not Medicare eligible:

- The Medicare-eligible individual must enroll in Medicare Parts A and B once eligible
- However, because there are still two or more non-Medicare eligible dependents enrolled, the family will remain enrolled in the non-Medicare family plan

Under this arrangement:

- The Medicare-eligible individual remains enrolled in the non-Medicare family plan until family composition changes
- Once the retiree is only covering one non-Medicare eligible dependent, the Medicare-eligible individual must transition to the applicable HCGIT Medicare supplement plan
- The remaining non-Medicare eligible dependent will then transition to an individual non-Medicare plan until they themselves become Medicare eligible or otherwise lose eligibility

## **Medicare Late Enrollment Penalties**

Failure to timely enroll in Medicare Part B when required may result in permanent late enrollment penalties imposed by the federal government.

These penalties are generally:

- Lifetime penalties
- Added to monthly Medicare premiums
- Based upon the length of delayed enrollment

HCGIT is not responsible for reimbursing or waiving Medicare late enrollment penalties resulting from delayed enrollment.

## **Important Member Responsibilities**

Members are responsible for:

- Understanding their Medicare eligibility status
- Timely enrolling in Medicare when eligible
- Providing Medicare information and documentation to their employer
- Responding promptly to requests for information
- Maintaining continuous Medicare enrollment once required

Failure to comply with Medicare enrollment requirements may affect eligibility for HCGIT-sponsored retiree coverage.

## **Disclaimer**

This document is intended as general educational guidance regarding Medicare coordination requirements under Massachusetts General Laws Chapter 32B, Section 18A. Medicare rules and federal requirements may change periodically.

The Trust reserves the right to interpret and administer eligibility and enrollment requirements consistent with applicable law, carrier requirements, and plan documents. In the event of any conflict between this document and governing law or plan documents, the governing law and official plan documents shall control.

DRAFT

# MEMORANDUM

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**To:** All Member Units

**From:** HCGIT Executive Committee

**Date:** July 1, 2026

**Subject:** HCGIT: Dependent Required Documentation Policy

## Purpose

The Hampshire County Group Insurance Trust provides dependent health coverage in accordance with applicable federal law, including the Affordable Care Act (ACA) and Massachusetts General Laws Chapter 32B.

Eligible employees/retirees enrolled in Trust-sponsored health coverage may enroll eligible dependents, provided all required documentation is submitted within applicable enrollment deadlines.

## Eligible Dependents

Eligible dependents may include, but are not limited to:

- Your legally married spouse
- Your biological child up to age 26
- Your legally adopted child up to age 26
- A child placed with you for adoption up to age 26
- Your stepchild up to age 26, if legally married to the child's parent
- Your disabled dependent child age 26 or older who meets carrier eligibility requirements and is approved by the health plan
- A dependent child covered pursuant to a court order, judgment, decree, Qualified Medical Child Support Order (QMCSO), or Department of Revenue (DOR) notice
- A former spouse, if eligible pursuant to Massachusetts General Laws Chapter 32B and applicable court documentation

Coverage eligibility is subject to verification requirements.

## Social Security Number Requirement

Except for newborn children within the first 30 days after birth (see Newborn Enrollment Requirements section for more information), employees/retirees must provide each dependent's Social Security Number to enroll the dependent in health coverage, unless the otherwise eligible dependent has not yet been assigned an SSN due to citizenship, residency, immigration, adoption, or other legally recognized status or administrative circumstance.

In circumstances where an eligible dependent has not yet been assigned an SSN, the employee must provide documentation reasonably acceptable to the Trust demonstrating that the SSN has not yet been issued, is pending issuance, or is otherwise unavailable. Such documentation may include, but is not limited to, immigration records, adoption or placement documentation, or evidence of application for an SSN, where applicable. The required SSN must be submitted promptly upon issuance or availability.

## **Required Documentation**

To enroll a dependent, subscribers must submit a completed enrollment application along with documentation verifying dependent eligibility. The Trust reserves the right to request additional documentation if necessary to verify eligibility. Employees/retirees are responsible for promptly notifying their employer of any change affecting dependent eligibility.

### **Spouse**

To enroll a spouse, submit:

- Copy of marriage certificate that includes names of both parties, date of marriage, and official seal, certification, or other indicia of governmental issuance

A marriage license or application to marry is not sufficient proof of eligibility.

### **Biological Child**

To enroll a biological child, submit:

- Copy of birth certificate showing parent-child relationship

### **Adopted Child or Child Placed for Adoption**

To enroll an adopted child or child placed for adoption, submit:

- Adoption decree, placement documentation, or court documentation establishing legal placement/adoption

### **Stepchild**

To enroll a stepchild, submit:

- Marriage certificate
- Child's birth certificate

### **Disabled Child Over Age 26**

Coverage for a disabled child over age 26 is subject to health plan review and approval.

Employees/retirees should contact the applicable health plan directly regarding:

- Required medical certification
- Disability verification forms
- Submission deadlines
- Ongoing recertification requirements

Continuation of coverage is contingent upon carrier approval and continued eligibility.

### **Court-Ordered Coverage / Guardianship / QMCSO**

To enroll a dependent child pursuant to a court order or guardianship arrangement, submit applicable documentation, including:

- Court-appointed guardianship documents
- Judgment, decree, or court order
- Qualified Medical Child Support Order (QMCSO)
- Department of Revenue (DOR) notice, if applicable

Documentation must clearly establish the employee's obligation or authority to provide coverage.

### **Former Spouse Coverage**

Pursuant to M.G.L. c. 32B, §9H, a former spouse may continue to participate in a municipal health insurance plan following divorce, provided all statutory requirements are satisfied. If employees/retirees seeking to continue or enroll coverage for a former spouse must provide:

- Divorce decree or separation agreement
- Page reflecting the judgment absolute date
- Section addressing health insurance obligations
- Signature page

Eligibility for former spouse coverage terminates upon the remarriage of either the employee/retiree or the former spouse, unless otherwise specifically provided for in the divorce judgment or separation agreement.

Additionally, under M.G.L. c. 32B, §9B, all former spouse coverage terminates upon the death of the employee/retiree, effective as of the date of death, as only the spouse who is legally married at the time of the employee/retiree's passing is eligible for health insurance continuation.

Former spouses who lose eligibility due to remarriage or death of the employee/retiree will be offered COBRA.

### **Newborn Enrollment Requirements**

Newborn children must be enrolled within 30 days of birth consistent with qualifying life event requirements. The Trust recognizes that official documentation for newborns is often delayed.

Accordingly:

- If a birth certificate is not yet available, the employee may temporarily submit:
  - Hospital-issued birth record/certificate (sometimes referred to as a Mother's Letter)
- If the newborn's Social Security Number has not yet been issued, enrollment may proceed temporarily without the SSN.

A copy of the newborn's birth certificate and social security number must be submitted within 90 days of the child's date of birth. Failure to provide required final documentation within the applicable timeframe may result in retroactive termination of coverage.

### **Ongoing Eligibility Verification**

The Trust reserves the right to conduct periodic dependent eligibility audits or request additional documentation at any time to verify continued eligibility for coverage.

Employees/retirees are responsible for notifying their employer within 30 days of any event affecting dependent eligibility, including but not limited to:

- Divorce or legal separation
- Remarriage of either party if covering a former spouse
- Loss of guardianship
- Death of a dependent
- A dependent no longer meeting eligibility requirements

Failure to timely report ineligible dependents or failure to provide requested documentation may result in:

- Retroactive termination of coverage

- Recovery of claims and premium costs
- Potential tax implications

### **Reservation of Rights**

The Hampshire County Group Insurance Trust reserves the right to:

- Interpret and administer eligibility requirements
- Request additional supporting documentation
- Deny or terminate coverage for failure to satisfy eligibility requirements
- Amend this policy as necessary to comply with applicable laws, regulations, carrier requirements, or Trust policies

This policy is intended as administrative guidance and does not supersede any governing laws.

DRAFT