

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Executive Committee Meeting Notice and Agenda June 26, 2025 9:00 A.M. **ZOOM Meeting**

Call to Order	RC
Stop Loss FY 26 (vote)	JS
Other Last Minute Items	JS
Adjournment	RC

Meeting Schedule

Insurance Advisory Committee – July 16, 2025, 10:00 a.m. ZOOM
Executive Committee – August 27, 2025, 9:00 a.m. ZOOM
Executive Committee – September 24, 2025, 9:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.

Topic: Executive Committee - Stop Loss

Time: Jun 26, 2025 09:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

[https://us02web.zoom.us/j/81097096241?pwd=X1PD68EnQbBaIY1SILhGQweczpWfrr.](https://us02web.zoom.us/j/81097096241?pwd=X1PD68EnQbBaIY1SILhGQweczpWfrr.1)

1

Meeting ID: 810 9709 6241

Passcode: 799376

One tap mobile

+13052241968,,81097096241#,,, *799376# US

+13092053325,,81097096241#,,, *799376# US

Dial by your location

- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 646 931 3860 US
- +1 301 715 8592 US (Washington DC)
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US

Meeting ID: 810 9709 6241

Passcode: 799376

Find your local number: <https://us02web.zoom.us/j/kf3lamMI2>

Current Plan Year			
Effective Date	7/1/2024		
Deductible	\$ 400,000.00	Agg Spec?	\$ -
Carrier	Unum		
Below is based on Month	Feb	April	May
Premium YTD (Gross)		\$ 1,820,134.07	\$ 2,001,398.71
Claims Reimbursed/Will be		\$ 638,252.05	\$ 1,264,000.00
Loss Ratio	#DIV/0!	35%	63%
Renewal Increase for this plan year	2% increase, move up deductible to \$400K		
Notes			
Claimants over 100%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1	\$ 759,545.77	
	2	\$ 752,311.99	
	3	\$ 720,629.98	
	4	\$ 513,865.58	
	5	\$ 453,196.94	
	6	\$ 445,741.02	
	7	\$ 418,194.28	
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
Claimants over 50%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1	\$ 372,676.76	
	2	\$ 334,690.44	
	3	\$ 305,068.54	
	4	\$ 293,796.06	
	5	\$ 286,751.91	
	6	\$ 283,091.99	
	7	\$ 282,966.69	
	8	\$ 263,802.34	JLLI-I
	9	\$ 261,546.30	
	10	\$ 260,320.30	
	11	\$ 243,048.55	this
	12	\$ 236,427.77	
	13	\$ 230,936.04	
	14	\$ 220,241.63	
	15	\$ 218,763.62	
	16	\$ 216,752.28	
	17	\$ 208,792.14	TTI
	18	\$ 208,535.94	
	19	\$ 202,546.64	s

June
22m.

Prior Plan Year 1			
Effective Date	7/1/2023		
Deductible	\$ 350,000.00	Agg Spec?	\$ -
Carrier	Unum		
Below is based on Month	Year end	RO thru Jan	Addtl Run out?
Premium YTD (Gross)	\$ 2,139,466.96	\$ 2,139,466.96	\$ -
Claims Reimbursed/Will be	\$ 1,409,067.17	\$ 2,144,220.58	\$ -
Loss Ratio	66%	100%	#DIV/0!
Renewal Increase for this plan year	10% increase, move up to \$350K		
Notes	\$700K in run out		
Claimants over 100%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1	\$ 1,025,909.00	
	2	\$ 986,995.34	
	3	\$ 781,802.64	
	4	\$ 471,335.18	
	5	\$ 458,884.42	
	6	\$ 454,517.69	
	7	\$ 410,776.31	
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
Claimants over 50%	Claimant Name	\$\$ Amount	Diagnosis, Notes
	1	\$ 348,873.94	
	2	\$ 326,104.53	
	3	\$ 316,951.56	
	4	\$ 291,007.09	
	5	\$ 279,660.25	
	6	\$ 277,592.09	
	7	\$ 263,126.85	
	8	\$ 254,813.23	
	9	\$ 254,806.76	
	10	\$ 254,678.95	
	11	\$ 253,086.97	
	12	\$ 236,492.71	
	13	\$ 227,850.14	
	14	\$ 225,836.48	
	15	\$ 208,678.33	
	16	\$ 205,029.54	
	17	\$ 205,006.52	
	18	\$ 203,622.41	
	19	\$ 201,897.55	
	20	\$ 195,184.12	
	21	\$ 194,597.37	
	22	\$ 191,582.86	
	23	\$ 184,763.26	
	24	\$ 182,995.43	
	25	\$ 182,981.47	
	26	\$ 181,255.70	
	27	\$ 178,608.18	
	28	\$ 177,032.90	
	29	\$ 176,405.44	

Prior Plan Year 2				
Effective Date	7/1/2022			
Deductible	\$ 300,000.00	Agg Spec?	\$	-
Carrier	Unum			
Below is based on Month	Year end	Run out?	Addtl Run out?	
Premium YTD (Gross)	\$ 1,934,903.36	\$ 1,934,903.36	\$	-
Claims Reimbursed/Will be	\$ 808,644.01	\$ 3,173,536.35	\$	-
Loss Ratio	42%	164%	#DIV/0!	
Renewal Increase for this plan year	got a -15% moved from \$275K to \$300K			
Notes	SMA claimant popped up in Nov of run out \$1.9M. \$2.2M in run out			
Claimants over 100%	Claimant Name	\$\$ Amount	Diagnosis, Notes	
1	/	\$ 1,890,307.20		
2	iano	\$ 1,016,667.13		
3		\$ 724,999.52		
4	o	\$ 408,804.64		
5		\$ 401,130.21		
6		\$ 397,116.69		
7		\$ 387,599.96		
8	is	\$ 346,911.00		
9				
10				
11				
12				
13				
14				
15				
Claimants over 50%	Claimant Name	\$\$ Amount	Diagnosis, Notes	
1		\$ 295,785.87		
2		\$ 291,886.08		
3	Ch	\$ 277,154.77		
4		\$ 256,811.76		
5	d	\$ 254,467.67		
6	os	\$ 240,161.00		
7	or	\$ 237,237.00		
8	er	\$ 232,093.98		
9		\$ 227,745.02		
10		\$ 220,448.50		
11		\$ 208,236.58		
12		\$ 199,760.72		
13		\$ 189,368.02		
14		\$ 187,928.97		
15	ard	\$ 182,849.01		
16	NO	\$ 176,356.69		
17	DS	\$ 174,167.27		
18		\$ 169,774.90		
19		\$ 169,234.52		
20	Ja	\$ 163,531.19		
21	T	\$ 158,227.16		

5

Mindi Smith
Stealth Partner Group, an Amwins Company
100 Front Street, Suite 610
Worcester, MA 01608
T:(203)-258-3889
mindl.smith@amwins.com

GROUP: **Hampshire County Group Insurance Trust**

EFFECTIVE DATE: **July 1, 2025**

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2	BROKER QUOTE	BROKER QUOTE
CARRIER:		Unum	Amynta Group	ULLICO	BCBS MA		
Carrier Rating:		A		A			
TPA:		BCBS MA	BCBS MA	BCBS MA	BCBS MA	BCBS MA	BCBS MA
PPO Network:		BCBS MA	BCBS MA	BCBS MA	BCBS MA	BCBS MA	BCBS MA
UR Vendor:		CVS with CanaRx	CVS with CanaRx	CVS with CanaRx	CVS with CanaRx	BCBS MA	BCBS MA
PBM:		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx	TBD	TBD
Specific Benefits Included:		Unlimited	Unlimited	Unlimited	Unlimited	Medical & Rx	Medical & Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:						Unlimited	Unlimited
Individual Specific Deductible:						Unlimited	Unlimited
Specific Contract:		12/24	12/24	12/24	12/18	12/24	12/24
Laser ()		N/A	contingent \$1M SCT	N/A	TBD	TBD	TBD
Laser (ji)		N/A	\$ 925,000	\$ 750,000	TBD	TBD	TBD
Laser ("		N/A	\$ 925,000	N/A	TBD	TBD	TBD
Laser (u)		N/A	\$ 765,000	contingent \$875K if remains on Plan	TBD	TBD	TBD
Laser (N/A	TBD	contingent \$955K if treatment resumes	TBD	TBD	TBD
Laser (N/A	TBD	\$ 750,000	TBD	TBD	TBD
EE Only		\$ 23.11	\$ 38.82	\$ 26.57	\$ 29.00	\$ 27.73	\$ 31.11
Family		\$ 60.18	\$ 78.78	\$ 65.72	\$ 87.22	\$ 72.66	\$ 62.30
Composite		\$ 44.57	\$ 61.95	\$ 49.23	\$ 62.70	\$ 53.73	\$ 49.16
Monthly Specific Premium		\$ 181,871.25	\$ 252,809.94	\$ 200,904.47	\$ 255,864.64	\$ 219,290.79	\$ 200,630.69
Annual Specific Premium		\$ 2,182,455.00	\$ 3,033,719.28	\$ 2,410,853.64	\$ 3,070,375.68	\$ 2,631,489.48	\$ 2,407,568.28
% Difference			39%	10%	41%	21%	10%
TOTAL REINSURANCE EXPENSE							
Annual Fixed Premium		\$ 2,182,455.00	\$ 3,033,719.28	\$ 2,410,853.64	\$ 3,070,375.68	\$ 2,631,489.48	\$ 2,407,568.28
% Difference			39%	10%	41%	21%	10%
Maximum Cost Liability		\$ 2,182,455.00	\$ 4,448,719.28	\$ 3,110,853.64	\$ 3,070,375.68	\$ 2,631,489.48	\$ 2,407,568.28
% Difference			104%	43%	41%	21%	10%
Amwins Gene Therapy Solutions							
PEPM Fee:		\$	\$ 4.75	\$ 4.75			
Annual Fee:		\$	\$ 232,617.00	\$ 232,617.00			
Annual Fixed Premium (Includes GTS)		\$ 2,182,455.00	\$ 3,266,336.28	\$ 2,643,470.64			
% Difference			50%	21%			
Maximum Cost Liability (Includes GTS)		\$ 2,182,455.00	\$ 4,681,336.28	\$ 3,343,470.64			
% Difference			114%	53%			
Plan Mirroring		Included	Pending Review of PD	Pending Review of PD			
Amwins Gene Therapy Solutions 15		Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above			
Rx Patient Assistance Programs		CanaRx	CanaRx	CanaRx	CanaRx		
Disclosure Status				FIRM Through 7/02/2025			

Commissions: 0.0%
0

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 -First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysena, Roctavian, Hemgenix, Beqvez, Elevidys, Lyfgenia, Lemmely, Abecma, Carvykti, and Rethymic

*Please review the attached Gene Therapy document for additional information

*This program is not commissionable

66

Mindi Smith
Stealth Partner Group, an Amwins Company
100 Front Street, Suite 610
Worcester, MA 01608
T: (203)-258-3889
mindl.smith@amwins.com

GROUP: **Hampshire County Group Insurance Trust**

EFFECTIVE DATE: **July 1, 2025**

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2	BROKER QUOTE	
CARRIER:		Unum	Amynta Group	ULLICO	BCBS MA		
Carrier Rating:		A		A			
TPA:		BCBS MA	BCBS MA	BCBS MA	BCBS MA		
PPO Network:		BCBS MA	BCBS MA	BCBS MA	BCBS MA		
UR Vendor:		BCBS MA	BCBS MA	BCBS MA	BCBS MA		
PBM:		CVS with CanaRx	CVS with CanaRx	CVS with CanaRx	CVS with CanaRx		
Specific Benefits Included:		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx		
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited		
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited		
Individual Specific Deductible:		\$ 400,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000	\$ 425,000
Specific Contract:		12/24	12/24	12/24	12/18	12/24	12/24
Aggregating Specific:							\$ 150,000
Laser		N/A	contingent \$1M SCT	N/A	TBD	TBD	TBD
Laser (J)		N/A	\$ 925,000	\$ 750,000	TBD	TBD	TBD
Laser (T)		N/A	\$ 925,000	N/A	TBD	TBD	TBD
Laser (C)		N/A	\$ 765,000	contingent \$875K if remains on Plan	TBD	TBD	TBD
Laser (I)		N/A	TBD	contingent \$855K if treatment resumes	TBD	TBD	TBD
Laser (L)		N/A	TBD	\$ 750,000	TBD	TBD	TBD
1719		EE Only \$ 23.11	\$ 36.96	\$ 24.96	\$ 27.09	\$ 25.60	\$ 28.14
2362		Family \$ 60.18	\$ 73.28	\$ 60.97	\$ 81.88	\$ 67.06	\$ 52.37
4081		Composite \$ 44.57	\$ 57.98	\$ 45.80	\$ 58.80	\$ 49.60	\$ 42.16
Monthly Specific Premium		\$ 181,871.25	\$ 236,621.60	\$ 186,917.38	\$ 239,968.27	\$ 202,402.12	\$ 172,070.60
Annual Specific Premium		\$ 2,182,455.00	\$ 2,839,459.20	\$ 2,243,008.56	\$ 2,879,619.24	\$ 2,428,825.44	\$ 2,064,847.20
% Difference			30%	3%	32%	11%	-5%
TOTAL REINSURANCE EXPENSE							
Annual Fixed Premium		\$ 2,182,455.00	\$ 2,839,459.20	\$ 2,243,008.56	\$ 2,879,619.24	\$ 2,428,825.44	\$ 2,064,847.20
% Difference			30%	3%	32%	11%	-5%
Maximum Cost Liability		\$ 2,182,455.00	\$ 4,179,459.20	\$ 2,893,008.56	\$ 2,879,619.24	\$ 2,428,825.44	\$ 2,214,847.20
% Difference			92%	33%	32%	11%	1%
Amwins Gene Therapy Solutions							
PEPM Fee:			\$ 4.75	\$ 4.75			
Annual Fee:			\$ 232,617.00	\$ 232,617.00			
Annual Fixed Premium (includes GTS)		\$ 2,182,455.00	\$ 3,072,076.20	\$ 2,475,625.56			
% Difference			41%	13%			
Maximum Cost Liability (includes GTS)		\$ 2,182,455.00	\$ 4,412,076.20	\$ 3,125,625.56			
% Difference			102%	43%			
Plan Mirroring		Included	Pending Review of PD	Pending Review of PD			
Amwins Gene Therapy Solutions 15		Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above			
Rx Patient Assistance Programs		CanaRx	CanaRx	CanaRx	CanaRx		
Disclosure Status				FIRM Through 7/02/2025			

Commissions: 0.0%
0

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 - First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zyrtegro, Casgevy, Skysona, Roctavian, Hemgenix, Beigene, Elevidys, Lyfgenia, Lemmings, Abctma, Canykti, and Retnlymic

*Please review the attached Gene Therapy document for additional information

*This program is not commissionable

7

Mindi Smith
 Stealth Partner Group, an Amwins Company
 100 Front Street, Suite 610
 Worcester, MA 01608
 T: (203)-258-3889
 mindi.smith@amwins.com

GROUP: **Hampshire County Group Insurance Trust**

EFFECTIVE DATE: **July 1, 2025**

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2
CARRIER:		Unum	Amynta Group	ULLICO	BCBS MA
Carrier Rating:		A		A	
TPA:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
PPO Network:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
UR Vendor:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
PBM:		CVS with CanaRx	CVS with CanaRx	CVS with CanaRx	CVS with CanaRx
Specific Benefits Included:		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:		\$ 400,000	\$ 450,000	\$ 450,000	\$ 450,000
Specific Contract:		12/24	12/24	12/24	12/18
Laser ()		N/A	contingent \$1M SCT	N/A	TBD
Laser		N/A	\$ 925,000	\$ 750,000	TBD
Laser ()		N/A	\$ 925,000	N/A	TBD
Laser		N/A	\$ 765,000	contingent \$875K If remains on Plan	TBD
Laser (f.		N/A	TBD	contingent \$955K If treatment resumes	TBD
Laser ()		N/A	TBD	\$ 750,000	TBD
1719	EE Only	\$ 23.11	\$ 35.27	\$ 23.50	\$ 25.15
2362	Family	\$ 60.18	\$ 68.32	\$ 56.67	\$ 76.27
4081	Composite	\$ 44.57	\$ 54.40	\$ 42.70	\$ 54.74
Monthly Specific Premium		\$ 181,871.25	\$ 222,000.97	\$ 174,251.04	\$ 223,382.59
Annual Specific Premium		\$ 2,182,455.00	\$ 2,664,011.64	\$ 2,091,012.48	\$ 2,680,591.08
% Difference			22%	-4%	23%
TOTAL REINSURANCE EXPENSE					
Annual Fixed Premium		\$ 2,182,455.00	\$ 2,664,011.64	\$ 2,091,012.48	\$ 2,680,591.08
% Difference			22%	-4%	23%
Maximum Cost Liability		\$ 2,182,455.00	\$ 3,929,011.64	\$ 2,691,012.48	\$ 2,680,591.08
% Difference			80%	23%	23%
Amwins Gene Therapy Solutions					
PEPM Fee:			\$ 4.75	\$ 4.75	
Annual Fee:			\$ 232,617.00	\$ 232,617.00	
Annual Fixed Premium (includes GTS)		\$ 2,182,455.00	\$ 2,896,628.64	\$ 2,323,629.48	
% Difference			33%	6%	
Maximum Cost Liability (includes GTS)		\$ 2,182,455.00	\$ 4,161,628.64	\$ 2,923,629.48	
% Difference			91%	34%	
Plan Mirroring		Included	Pending Review of PD	Pending Review of PD	
Amwins Gene Therapy Solutions 15		Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above	
Rx Patient Assistance Programs		CanaRx	CanaRx	CanaRx	CanaRx
Disclosure Status				FIRM Through 7/02/2025	

Commissions: 0.0%
 0

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 - First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavian, Hemgenix, Beqvez, Elevidys, Lyfgenia, Lenmeldy, Abecma, Canvykti, and Rethymic

*Please review the attached Gene Therapy document for additional information

*This program is not commissionable

Mindi Smith
Stealth Partner Group, an Amwins Company
100 Front Street, Suite 610
Worcester, MA 01608
T:(203)-258-3889
mindi.smith@amwins.com

GROUP: **Hampshire County Group Insurance Trust**

EFFECTIVE DATE: **July 1, 2025**

SPECIFIC STOP LOSS		Current	Renewal	Option 1	Option 2
CARRIER:		Unum	Amynta Group	ULLICO	BCBS MA
Carrier Rating:		A		A	
TPA:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
PPO Network:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
UR Vendor:		BCBS MA	BCBS MA	BCBS MA	BCBS MA
PBM:		CVS with CanaRx	CVS with CanaRx	CVS with CanaRx	CVS with CanaRx
Specific Benefits Included:		Medical & Rx	Medical & Rx	Medical & Rx	Medical & Rx
Plan Lifetime Maximum:		Unlimited	Unlimited	Unlimited	Unlimited
Specific Lifetime Maximum Reimbursement:		Unlimited	Unlimited	Unlimited	Unlimited
Individual Specific Deductible:		\$ 400,000	\$ 500,000	\$ 500,000	\$ 500,000
Specific Contract:		12/24	12/24	12/24	12/18
Laser ()		N/A	contingent \$1M SCT	N/A	TBD
Laser ()		N/A	\$ 925,000	\$ 750,000	TBD
Laser ()		N/A	\$ 925,000	N/A	TBD
Laser ()		N/A	\$ 765,000	contingent \$875K If remains on Plan	TBD
Laser ()		N/A	TBD	contingent \$955K If treatment resumes	TBD
Laser ()		N/A	TBD	\$ 750,000	TBD
1719	EE Only	\$ 23.11	\$ 32.62	\$ 24.09	\$ 21.91
2362	Family	\$ 60.18	\$ 60.16	\$ 49.28	\$ 66.63
4081	Composite	\$ 44.57	\$ 48.56	\$ 37.41	\$ 47.79
Monthly Specific Premium		\$ 181,871.25	\$ 198,171.70	\$ 152,653.07	\$ 195,043.35
Annual Specific Premium		\$ 2,182,455.00	\$ 2,378,060.40	\$ 1,831,836.84	\$ 2,340,520.20
% Difference			9%	-16%	7%
TOTAL REINSURANCE EXPENSE					
Annual Fixed Premium		\$ 2,182,455.00	\$ 2,378,060.40	\$ 1,831,836.84	\$ 2,340,520.20
% Difference			9%	-16%	7%
Maximum Cost Liability		\$ 2,182,455.00	\$ 3,493,060.40	\$ 2,331,836.84	\$ 2,340,520.20
% Difference			60%	7%	7%
Amwins Gene Therapy Solutions					
PEPM Fee:			\$ 4.75	\$ 4.75	
Annual Fee:			\$ 232,617.00	\$ 232,617.00	
Annual Fixed Premium (includes GTS)		\$ 2,182,455.00	\$ 2,610,677.40	\$ 2,064,453.84	
% Difference			20%	-5%	
Maximum Cost Liability (includes GTS)		\$ 2,182,455.00	\$ 3,725,677.40	\$ 2,564,453.84	
% Difference			71%	18%	
Plan Mirroring		Included	Pending Review of PD	Pending Review of PD	
Amwins Gene Therapy Solutions 15		Not Included	Additional \$4.75 PEPM Illustrated Above	Additional \$4.75 PEPM Illustrated Above	
Rx Patient Assistance Programs		CanaRx	CanaRx	CanaRx	CanaRx
Disclosure Status				FIRM Through 7/02/2025	

Commissions: 0.0%
0

Stealth Partner Group may receive fees or compensation as a result of placing and servicing this business or insurance policy. Compensation may include underwriting and management fees, consulting fees, override commission, or other various forms of remuneration.

For legal terms and disclosures, please visit www.stealthpartnergroup.com/terms-and-conditions

While cost containment programs may provide savings and benefit to the group, Stealth Partner Group, LLC, makes no representations or warranties regarding the effectiveness of such programs. Stealth Partner Group, LLC, further makes no representations or warranties on whether the selected stop-loss carrier will accept or reimburse such a program, unless the stop-loss carrier agrees to or validates the program. Finally, Stealth Partner Group, LLC, can only assist the group with cost containment programs to which it is aware, and expressly disclaims any liability for cost containment programs that it is not aware of.

Amwins Gene Therapy Solutions 15 -First Dollar Coverage: Luxturna, Zolgensma, Spinraza, Zynteglo, Casgevy, Skysona, Roctavian, Hemgenix, Beqvez, Elevidys, Lyfgenia, Lenmeldy, Aberma, Carvykti, and Rethymic

*Please review the attached Gene Therapy document for additional information

*This program is not commissionable



Proposal For: HCGIT
Rate Effective Date: July 01, 2025

***Cells in gray are values that can be manually plugged into the exhibit and formulas will account for them.

IN FORCE POLICY	OPTION	OPTION	OPTION
	1	1.1	2

				Needs info on one person
	UNUM	Disclosure needs March and April claims	Disclosure needs March and April claims	

Proposal Status		AccuRisk Solutions, LLC	Excess re Sirius With AHS block	Excess re Sirius With AHS block	Arbor Fidelity with AHS Block
Underwriter		BLUE CROSS	BLUE CROSS	BLUE CROSS	BLUE CROSS
Administrator		BLUE CROSS	BLUE CROSS	BLUE CROSS	BLUE CROSS
Network		TBD	TBD	TBD	TBD
PBM					
Refund model					
Enrollment					
Employee	1,709	1,709	1,709	1,709	1,709
Employee/Spouse	0	0	0	0	0
Employee/Child(ren)	0	0	0	0	0
Employee/Dependent	0	0	0	0	0
Family	2,366	2,366	2,366	2,366	2,366
Total Enrollment	4,075	4,075	4,075	4,075	4,075

SPECIFIC

SPECIFIC Terms

Specific Contract Basis	12/24	12/24	12/24	12/24
Specific Deductible	\$400,000	\$400,000	\$425,000	\$400,000
Aggregating Specific Deductible				
Commission % Included	0%	0%	0%	0%
1-commission%included	1.00	1.00	1.00	1.00
Benefits Covered Under Specific	Medical,RX SA AO	[MEDICAL, PRESCRIPTION]	[MEDICAL, PRESCRIPTION]	[MEDICAL, PRESCRIPTION]
Benefits Covered Under Specific	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX	MEDICAL, RX
No New Laser				
Terminal Liability Included				
Terminal Liability Timeframe				

Specific Liability

Laser Liability				TBD
Laser 1				
Laser 2				
Laser 3				
Laser 4				
Laser 5				
Laser6				
Laser 7				
Laser 8				
Laser 9				
Laser 10				
Additional Laser Liability	\$0.00	\$0.00	\$0.00	\$0.00

Premium

Specific Premium Rates

Employee	\$23.11	\$27.73	\$25.60	\$30.30
Employee	\$23.11	\$27.73	\$25.60	\$30.30
Employee/Spouse	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Spouse	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Child(ren)	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Dependent	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Dependent	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$60.18	\$72.66	\$67.06	\$59.62
Family	\$60.18	\$72.66	\$67.06	\$59.62
Composite	\$0.00	\$0.00	\$0.00	\$0.00
Composite	\$0.00	\$0.00	\$0.00	\$0.00
Annual Specific Premium	\$2,182,570.44	\$2,631,649.56	\$2,428,972.32	\$2,314,123.44
\$ Increase		\$449,079.12	\$246,401.88	\$131,553.00
% increase		21%	11%	6%

10