HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Executive Committee
Meeting Notice and Agenda
September 19, 2025
9:00 A.M.
ZOOM Meeting

Call to Order	RC
Legislative Letter Campaign	JS
GIC/MIIA Presentations	JS
Claim Experience Request - Trust Policy (vote)	JS
Medex Open Enrollment and Initial Rates	JS
Input on 7/1/26 Plan Changes	JS

Meeting Schedule

Executive Committee – September 24, 2025, 9:00 a.m. ZOOM
Insurance Advisory Committee – October 9, 2025,10:00 a.m. ZOOM
Executive Committee – October22, 2025, 9:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.
Join Zoom Meeting
https://us02web.zoom.us/j/84527961736?pwd=BaBg0unKviADpHIplb89cuOKaWF9ka.1

Meeting ID: 845 2796 1736
Passcode: 109613

One tap mobile
+13092053325,,84527961736#,,,,*109613# US
+13126266799,,84527961736#,,,,*109613# US (Chicago)

Join instructions
https://us02web.zoom.us/meetings/84527961736/invitations?signature=5IvUZwwMdR5L5P-6WqmzOMsloUBwA0OafVsA1FVFLtU

MASSACHUSETTS

Medical and Pharmacy by Product

Data Through: 08/2025
Run Date: 9/12/2025

Metrics: (Paid)
Rows: (Service Category,
Columns: (Paid Month)
Paid Month: (2025/07 - 2025/08)
Service Category: Exclude (Dental)
Account: (0260919 -
Coverage Type: (Medical)

More than $50K highl

Service Category	Event Service Type	2025/07	2025/08	Total	July to Aug increase
Facility Inpatient	N/A	-$23,598.20	-$3,308.00	-$26,906.20	20,290.2
Facility Inpatient	Bronchitis & asthma	$0.00	$9,314.70	$9,314.70	9,314.7
Facility Inpatient	C-Section Delivery	$33,239.00	$95,356.93	$128,595.93	62,117.9
Facility Inpatient	Cardiovascular &	$230,584.71	$102,079.20	$332,663.91	-128,505.5
Facility Inpatient	Chronic obstructive	$1,676.00	$16,976.87	$18,652.87	15,300.9
Facility Inpatient	Complex Newborn	$0.00	$11,338.23	$11,338.23	11,338.2
Facility Inpatient	Digestive	$0.00	$1,676.00	$1,676.00	1,676.0
Facility Inpatient	Ear, Nose, Mouth &	$23,538.62	$1,676.00	$25,214.62	-21,862.6
Facility Inpatient	Heart failure	$7,077.16	$5,028.00	$12,105.16	-2,049.2
Facility Inpatient	Hepatobiliary	$28,565.87	$0.00	$28,565.87	-28,565.9
Facility Inpatient	Kidney & Urinary	$27,854.27	$1,676.00	$29,530.27	-26,178.3
Facility Inpatient	Mental Health	$169,615.30	$22,587.90	$192,203.20	-147,027.4
Facility Inpatient	Multiple Significant	$0.00	$1,676.00	$1,676.00	1,676.0
Facility Inpatient	Musculoskeletal	$44,684.86	$36,244.00	$80,928.86	-8,440.9
Facility Inpatient	Nervous System	$1,676.00	$67,482.15	$69,158.15	65,806.2
Facility Inpatient	Non-Delivery	$0.00	$11,021.70	$11,021.70	11,021.7
Facility Inpatient	Normal Delivery	$35,262.81	$46,628.45	$81,891.26	11,365.6
Facility Inpatient	Normal Newborn	$11,457.97	$34,948.06	$46,406.03	23,490.1
Facility Inpatient	Other Medical	$329,980.83	$629,777.88	$959,758.71	299,797.1
Facility Inpatient	Other Surgical	$237,883.13	$52,444.00	$290,327.13	-185,439.1
Facility Inpatient	Other: IP Services	$34,174.08	$36,504.92	$70,679.00	2,330.8
Facility Inpatient	Other: OP Services	-$16,720.00	$0.00	-$16,720.00	16,720.0
Facility Inpatient	Rehabilitation	$13,254.59	$35,029.89	$48,284.48	21,775.3
Facility Inpatient	Skin, Subcutaneous	$34,844.73	$71,232.24	$106,076.97	36,387.5
Facility Inpatient	Substance Abuse	$6,364.89	$7,893.05	$14,257.94	1,528.2
Facility Outpatient	N/A	-$5,993.23	-$8,291.77	-$14,285.00	-2,298.5
Facility Outpatient	Ambulance	$115.64	$6,004.54	$6,120.18	5,888.9
Facility Outpatient	Audiology	$2,717.57	$6,921.36	$9,638.93	4,203.8
Facility Outpatient	Blood/Admin/Storag	$2,005.76	$3,798.29	$5,804.05	1,792.5
Facility Outpatient	CT Scan	$147,695.89	$169,474.24	$317,170.13	21,778.4
Facility Outpatient	Cardiac	$11,110.16	$10,090.11	$21,200.27	-1,020.1
Facility Outpatient	Cardiovascular	$82,988.18	$193,643.75	$276,631.93	110,655.6
Facility Outpatient	Chemotherapy	$16,057.18	$73,281.75	$89,338.93	57,224.6
Facility Outpatient	Clinics	$21,024.04	$27,391.59	$48,415.63	6,367.6
Facility Outpatient	Continuous Cycling	$901.20	$2,829.98	$3,731.18	1,928.8
Facility Outpatient	Day/Night Treatment	$6,006.30	$24,814.70	$30,821.00	18,808.4
Facility Outpatient	Diagnostic	$30,687.18	$31,023.99	$61,711.17	336.8
Facility Outpatient	Digestive System	$171,556.61	$218,322.96	$389,879.57	46,766.4
Facility Outpatient	Drugs/IV Therapy	$409,654.61	$567,631.16	$977,285.77	157,976.6
Facility Outpatient	EEG	$5,231.42	$5,307.06	$10,538.48	75.6
Facility Outpatient	EKG/ECG	$2,359.61	$3,225.14	$5,584.75	865.5

(3)

MASSACHUSETTS

Service Category	Event Service Type	2025/07	2025/08	Total	July to Aug increase
Facility Outpatient	Ear, Nose, Sinus	$107,454.61	$109,738.33	$217,192.94	2,283.7
Facility Outpatient	Echocardiology	$17,374.74	$10,680.43	$28,055.17	-6,694.3
Facility Outpatient	Electroshock	$106.65	$0.00	$106.65	-106.7
Facility Outpatient	Emergency Room	$86,338.04	$109,573.91	$195,911.95	23,235.9
Facility Outpatient	Endocrine System	$20,762.13	$7,481.05	$28,243.18	-13,281.1
Facility Outpatient	Eye	$9,430.01	$5,382.51	$14,812.52	-4,047.5
Facility Outpatient	Female	$67,109.05	$91,922.06	$159,031.11	24,813.0
Facility Outpatient	Gastrointestinal	$332.64	$313.10	$645.74	-19.5
Facility Outpatient	Hemodialysis	$2,067.15	$827.45	$2,894.60	-1,239.7
Facility Outpatient	Holter Monitor	$1,040.63	$982.54	$2,023.17	-58.1
Facility Outpatient	Home Health	$46.54	$0.00	$46.54	-46.5
Facility Outpatient	Hospice	$1,691.76	$0.00	$1,691.76	-1,691.8
Facility Outpatient	Individual/Group/Fa	$2,357.13	$1,894.36	$4,251.49	-462.8
Facility Outpatient	Integumentary	$13,848.67	$12,394.40	$26,243.07	-1,454.3
Facility Outpatient	Laboratory	$83,579.30	$110,588.16	$194,167.46	27,008.9
Facility Outpatient	Labory	$0.00	$2,731.86	$2,731.86	2,731.9
Facility Outpatient	Lymphatic and	$28,987.30	$0.00	$28,987.30	-28,987.3
Facility Outpatient	MRI	$50,868.15	$224,835.54	$275,703.69	173,967.4
Facility Outpatient	Male Reproductive	$437.90	$3,352.82	$3,790.72	2,914.9
Facility Outpatient	Mental Health	$0.00	$0.00	$0.00	0.0
Facility Outpatient	Mouth and Throat	$5,163.62	$21,786.52	$26,950.14	16,622.9
Facility Outpatient	Musculoskeletal	$137,644.21	$269,433.86	$407,078.07	131,789.7
Facility Outpatient	Nervous System	$10,919.05	$17,570.49	$28,489.54	6,651.4
Facility Outpatient	Nuclear Medicine	$16,090.14	$50,198.33	$66,288.47	34,108.2
Facility Outpatient	Observation Room	$83,328.42	$60,019.55	$143,347.97	-23,308.9
Facility Outpatient	Obstetrical	$0.00	$4,511.65	$4,511.65	4,511.7
Facility Outpatient	Occupational	$16,509.65	$17,695.01	$34,204.66	1,185.4
Facility Outpatient	Operating Room	$9,346.54	$12,182.06	$21,528.60	2,835.5
Facility Outpatient	Other Diagnostic	$9,904.90	$22,122.57	$32,027.47	12,217.7
Facility Outpatient	Other Imaging	$56,925.12	$87,442.64	$144,367.76	30,517.5
Facility Outpatient	Other Psychiatric	$11,298.58	$4,720.90	$16,019.48	-6,577.7
Facility Outpatient	Other Therapeutic	$2,164.62	$10,630.98	$12,795.60	8,466.4
Facility Outpatient	Other: OP Services	$18,213.03	$251.26	$18,464.29	-17,961.8
Facility Outpatient	Pathology	$13,240.36	$22,786.01	$36,026.37	9,545.7
Facility Outpatient	Pharmacy	$2.46	$517.78	$520.24	515.3
Facility Outpatient	Physical Therapy	$53,956.59	$63,875.23	$117,831.82	9,918.6
Facility Outpatient	Preventive Services	$511.11	$1,259.60	$1,770.71	748.5
Facility Outpatient	Professional Fees	$4,484.87	$7,339.08	$11,823.95	2,854.2
Facility Outpatient	Pulmonary Function	$3,159.71	$10,129.01	$13,288.72	6,969.3
Facility Outpatient	Respiratory	$681.56	$462.84	$1,144.40	-218.7
Facility Outpatient	Respiratory System	$7,490.05	$7,382.40	$14,872.45	-107.7
Facility Outpatient	Skilled Nursing	$3,733.45	$1,569.26	$5,302.71	-2,164.2
Facility Outpatient	Speech Therapy	$4,500.31	$4,755.57	$9,255.88	255.3
Facility Outpatient	Stress Test	$2,598.30	$3,914.19	$6,512.49	1,315.9
Facility Outpatient	Supplies	$230.40	$1,235.93	$1,466.33	1,005.5
Facility Outpatient	Therapeutic	$168,548.47	$123,975.89	$292,524.36	-44,572.6
Facility Outpatient	Urgent Care	$735.00	$0.00	$735.00	-735.0
Facility Outpatient	Urgent Care Clinic	$0.00	$306.55	$306.55	306.6
Facility Outpatient	Urinary System	$59,371.56	$59,089.72	$118,461.28	-281.8
Professional	N/A	-$6,934.38	-$3,275.73	-$10,210.11	3,658.7
Professional	Acupuncture	$6,075.66	$5,283.61	$11,359.27	-792.1
Professional	Advance Care	$29.87	$46.16	$76.03	16.3
Professional	Alcohol and Drug	$26,309.22	$51,005.21	$77,314.43	24,696.0

4

MASSACHUSETTS

Service Category	Event Service Type	2025/07	2025/08	Total	July to Aug increase
Professional	Allergy & Clinical	$26,653.41	$30,964.55	$57,617.96	4,311.1
Professional	Ambulance	$131,507.26	$148,582.84	$280,090.10	17,075.6
Professional	Auditory System	$8,428.14	$1,883.95	$10,312.09	-6,544.2
Professional	CT Scan	$10,089.76	$15,853.82	$25,943.58	5,764.1
Professional	Cardiovascular	$31,570.94	$34,481.48	$66,052.42	2,910.5
Professional	Cardiovascular	$31,906.78	$33,562.47	$65,469.25	1,655.7
Professional	Care Management	$1,095.61	$1,123.23	$2,218.84	27.6
Professional	Central Nervous	$126.27	-$98.86	$27.41	-225.1
Professional	Chemistry	$16,130.14	$18,777.09	$34,907.23	2,647.0
Professional	Chemotherapy	$218.02	$241.49	$459.51	23.5
Professional	Chemotherapy	$1,629.07	$149.61	$1,778.68	-1,479.5
Professional	Chiropractic	$5,910.11	$8,205.13	$14,115.24	2,295.0
Professional	Consultations	$1,953.82	$5,985.63	$7,939.45	4,031.8
Professional	Counseling Risk	$1,638.99	$2,217.05	$3,856.04	578.1
Professional	Critical Care	$12,912.89	$18,426.18	$31,339.07	5,513.3
Professional	Cytogenetic Studies	$0.00	$713.48	$713.48	713.5
Professional	Cytopathology	$1,219.55	$5,504.81	$6,724.36	4,285.3
Professional	DME - Regional	$3,853.14	$173.77	$4,026.91	-3,679.4
Professional	Delivery/Birthing	$0.00	$143.04	$143.04	143.0
Professional	Dental	$23,809.09	$10,851.62	$34,660.71	-12,957.5
Professional	Diagnostic	$334.45	$254.89	$589.34	-79.6
Professional	Dialysis	$186.61	$273.30	$459.91	86.7
Professional	Digestive System	$71,192.87	$112,434.74	$183,627.61	41,241.9
Professional	Drugs (Injected)	$65,430.91	$176,305.02	$241,735.93	110,874.1
Professional	Durable Medical	$21,979.39	$27,536.35	$49,515.74	5,557.0
Professional	Emergency Dept	$33,584.79	$45,248.51	$78,833.30	11,663.7
Professional	Endocrine System	$2,776.89	$0.00	$2,776.89	-2,776.9
Professional	Endocrinology	$0.00	$6.80	$6.80	6.8
Professional	Enteral & Parentral	$5.67	$171.96	$177.63	166.3
Professional	Eye & Ocular	$18,526.75	$30,155.99	$48,682.74	11,629.2
Professional	Female Genital	$5,581.89	$23,075.86	$28,657.75	17,494.0
Professional	Forearm, Wrist &	$596.87	$1,311.18	$1,908.05	714.3
Professional	Gastroenterology	$1,618.84	$3,163.37	$4,782.21	1,544.5
Professional	Head	$8,178.22	$14,038.33	$22,216.55	5,860.1
Professional	Health and Behavior	$0.00	$63.23	$63.23	63.2
Professional	Hearing Services	$0.00	$25.30	$25.30	25.3
Professional	Hematology &	$396.92	$480.45	$877.37	83.5
Professional	Hemic & Lymphatic	$2,931.84	$824.87	$3,756.71	-2,107.0
Professional	Home Health	$437.10	$728.50	$1,165.60	291.4
Professional	Home Services	$316.85	$711.93	$1,028.78	395.1
Professional	Hospital Inpatient	$44,465.37	$64,416.57	$108,881.94	19,951.2
Professional	Immunization	$4,289.12	$8,768.88	$13,058.00	4,479.8
Professional	Immunology	$6,220.64	$6,329.70	$12,550.34	109.1
Professional	In Vivo (eg,	$0.00	$4.32	$4.32	4.3
Professional	Inpatient Neonatal Intensive Care	$2,870.41	$11,576.90	$14,447.31	8,706.5
Professional	Integumentary	$37,266.00	$55,987.52	$93,253.52	18,721.5
Professional	Intrathoracic	$4,414.60	$13,788.49	$18,203.09	9,373.9
Professional	Knee & Popliteal	$1,949.10	$4,826.43	$6,775.53	2,877.3
Professional	Locally Grown	$7,011.74	$5,955.14	$12,966.88	-1,056.6
Professional	Lower Abdomen	$23,819.45	$45,970.36	$69,789.81	22,150.9
Professional	Lower Leg	$4,755.45	$8,019.49	$12,774.94	3,264.0
Professional	MRI	$45,350.86	$54,599.70	$99,950.56	9,248.8

MASSACHUSETTS

Service Category	Event Service Type	2025/07	2025/08	Total	July to Aug increase
Professional	Male Genital System	$7,570.28	$3,215.25	$10,785.53	-4,355.0
Professional	Maternity Care &	$32,140.70	$54,995.83	$87,136.53	22,855.1
Professional	Med & Surg	$40,114.47	$53,521.84	$93,636.31	13,407.4
Professional	Medical Nutrition	$5,673.41	$9,744.36	$15,417.77	4,071.0
Professional	Microbiology	$13,705.35	$18,275.71	$31,981.06	4,570.4
Professional	Miscellaneous	$190.83	$619.70	$810.53	428.9
Professional	Modalities	$104.41	$282.91	$387.32	178.5
Professional	Molecular Pathology	$9,033.72	$3,249.35	$12,283.07	-5,784.4
Professional	Multianalyte Assays	$3,854.98	$9,717.97	$13,572.95	5,863.0
Professional	Musculoskeletal	$114,596.34	$101,908.14	$216,504.48	-12,688.2
Professional	National Codes	$6,845.72	$6,675.89	$13,521.61	-169.8
Professional	Neck	$10,613.10	$1,768.62	$12,381.72	-8,844.5
Professional	Nervous System	$20,362.20	$24,296.82	$44,659.02	3,934.6
Professional	Neurology	$8,501.31	$11,229.47	$19,730.78	2,728.2
Professional	Newborn Care	$845.46	$1,484.13	$2,329.59	638.7
Professional	Non-Face-to-Face	$0.00	$7.79	$7.79	7.8
Professional	Non-Face-to-Face	$56.95	$5.99	$62.94	-51.0
Professional	Non-Invasive	$3,834.77	$5,352.94	$9,187.71	1,518.2
Professional	Nuclear Medicine:	$2,115.72	$4,756.61	$6,872.33	2,640.9
Professional	Nuclear Medicine:	$5,891.30	$23,137.45	$29,028.75	17,246.2
Professional	Nursing Facility	$5,351.11	$4,767.77	$10,118.88	-583.3
Professional	Obstetric	$6,685.14	$5,954.81	$12,639.95	-730.3
Professional	Office Visits &	$479,520.50	$646,877.94	$1,126,398.44	167,357.4
Professional	Ophthalmology	$29,171.17	$50,454.07	$79,625.24	21,282.9
Professional	Organ Or Disease	$4,760.34	$6,306.57	$11,066.91	1,546.2
Professional	Orthotic	$6.85	$0.00	$6.85	-6.9
Professional	Orthotic Procedures	$8,315.38	$9,887.40	$18,202.78	1,572.0
Professional	Other Medical	$0.00	$82.36	$82.36	82.4
Professional	Other Procedures	$0.00	$3.52	$3.52	3.5
Professional	Other: Prof Services	$14,927.02	$21,505.93	$36,432.95	6,578.9
Professional	Pelvis	$0.00	$1,914.05	$1,914.05	1,914.1
Professional	Perineum	$15,909.25	$13,389.95	$29,299.20	-2,519.3
Professional	Physical Medicine	$43.34	$189.74	$233.08	146.4
Professional	Preventive Services	$101,335.16	$170,414.80	$271,749.96	69,079.6
Professional	Procedures/Professi	$10,266.69	$16,518.87	$26,785.56	6,252.2
Professional	Prosthetic	$127.75	$433.99	$561.74	306.2
Professional	Psychiatry	$262,773.91	$348,132.09	$610,906.00	85,358.2
Professional	Pulmonary	$361.51	$626.99	$988.50	265.5
Professional	Radiation Oncology	$15,161.64	$15,079.65	$30,241.29	-82.0
Professional	Radiological	$3,122.19	$2,023.48	$5,145.67	-1,098.7
Professional	Radiology: Bone	$324.49	$265.97	$590.46	-58.5
Professional	Radiology: MRA	$376.02	$709.86	$1,085.88	333.8
Professional	Radiology: Other	$54,184.38	$72,163.71	$126,348.09	17,979.3
Professional	Reproductive	$0.00	$41.88	$41.88	41.9
Professional	Respiratory System	$7,048.85	$5,383.08	$12,431.93	-1,665.8
Professional	Shoulder & Axilla	$3,324.92	$3,364.74	$6,689.66	39.8
Professional	Special	$313.33	$45.05	$358.38	-268.3
Professional	Special Evaluation	$86.03	$258.98	$345.01	173.0
Professional	Special	$872.79	$2,646.77	$3,519.56	1,774.0
Professional	Special Services &	$11.40	$0.00	$11.40	-11.4
Professional	Speech	$2,908.12	$2,998.76	$5,906.88	90.6
Professional	Spine & Spinal Cord	$997.75	$3,854.68	$4,852.43	2,856.9
Professional	Surgical Pathology	$18,022.98	$27,773.15	$45,796.13	9,750.2

(6)

MASSACHUSETTS

Service Category	Event Service Type	2025/07	2025/08	Total	July to Aug increase
Professional	Temporary National	$18,846.41	$87,599.22	$106,445.63	68,752.8
Professional	Therapeutic Drug	$855.58	$1,486.23	$2,341.81	630.7
Professional	Therapeutic	$55,495.41	$60,921.89	$116,417.30	5,426.5
Professional	Therapeutic,	$470.98	$705.00	$1,175.98	234.0
Professional	Thorax	$666.33	$1,706.06	$2,372.39	1,039.7
Professional	Transfusion	$25.18	$70.09	$95.27	44.9
Professional	Transitional Care	$3,119.61	$2,551.09	$5,670.70	-568.5
Professional	Ultrasound	$20,047.48	$28,643.11	$48,690.59	8,595.6
Professional	Upper Abdomen	$20,217.24	$15,873.91	$36,091.15	-4,343.3
Professional	Upper Arm & Elbow	$105.55	$0.00	$105.55	-105.6
Professional	Upper Leg	$364.22	$4,354.22	$4,718.44	3,990.0
Professional	Urinalysis	$67.77	$53.58	$121.35	-14.2
Professional	Urinary System	$13,712.40	$15,020.02	$28,732.42	1,307.6
Professional	Vaccines & Toxoids	$20,726.63	$36,342.38	$57,069.01	15,615.8
Total: Selected Filter(s)		$5,569,824.00	$7,342,116.31	$12,911,940.31	1,772,292.3

7

GLP-1 Monthly Spend Tracker Fill Year to date

Carrier ID	Carrier Name	Claim Fill Month		GPI 4 Class Name Desc	Total Utilizers	Member Rx Cost	Total Gross Cost	Total Net Cost
21AT	HAMPSHIRE COUNTY GROUP	2025-09	SEPTEMBER 2025	ANTI-OBESITY AGENTS	181	$6,955.62	$273,145.82	$266,190.20
21AT	HAMPSHIRE COUNTY GROUP	2025-09	SEPTEMBER 2025	INCRETIN MIMETIC AGENTS	83	$3,453.15	$94,049.87	$90,596.72
21AT	HAMPSHIRE COUNTY GROUP	2025-08	AUGUST 2025	ANTI-OBESITY AGENTS	WL 359	$20,738.98	$598,863.98	$578,125.00
21AT	HAMPSHIRE COUNTY GROUP	2025-08	AUGUST 2025	INCRETIN MIMETIC AGENTS	D 150	$7,287.82	$190,756.06	$183,468.24
21AT	HAMPSHIRE COUNTY GROUP	2025-07	JULY 2025	ANTI-OBESITY AGENTS	WL 308	$37,405.76	$476,763.08	$439,357.32
21AT	HAMPSHIRE COUNTY GROUP	2025-07	JULY 2025	INCRETIN MIMETIC AGENTS	D 167	$18,271.00	$213,266.18	$194,995.18
21AT	HAMPSHIRE COUNTY GROUP	2025-06	JUNE 2025	ANTI-OBESITY AGENTS	WL 365	$14,671.15	$549,973.48	$535,302.33
21AT	HAMPSHIRE COUNTY GROUP	2025-06	JUNE 2025	INCRETIN MIMETIC AGENTS	D 157	$6,081.93	$195,347.21	$189,265.28
21AT	HAMPSHIRE COUNTY GROUP	2025-05	MAY 2025	ANTI-OBESITY AGENTS	WL 359	$14,663.83	$527,175.21	$512,511.38
21AT	HAMPSHIRE COUNTY GROUP	2025-05	MAY 2025	INCRETIN MIMETIC AGENTS	D 142	$5,661.99	$178,069.89	$172,407.90
21AT	HAMPSHIRE COUNTY GROUP	2025-04	APRIL 2025	ANTI-OBESITY AGENTS	WL 333	$12,388.45	$468,399.81	$456,011.36
21AT	HAMPSHIRE COUNTY GROUP	2025-04	APRIL 2025	INCRETIN MIMETIC AGENTS	D 143	$5,494.97	$176,019.62	$170,524.65
21AT	HAMPSHIRE COUNTY GROUP	2025-03	MARCH 2025	ANTI-OBESITY AGENTS	WL 311	$11,597.10	$412,742.89	$401,145.79
21AT	HAMPSHIRE COUNTY GROUP	2025-03	MARCH 2025	INCRETIN MIMETIC AGENTS	D 148	$6,016.73	$192,347.15	$186,330.42
21AT	HAMPSHIRE COUNTY GROUP	2025-02	FEBRUARY 2025	ANTI-OBESITY AGENTS	WL 297	$11,452.67	$399,463.48	$388,010.81
21AT	HAMPSHIRE COUNTY GROUP	2025-02	FEBRUARY 2025	INCRETIN MIMETIC AGENTS	D 123	$4,435.26	$143,188.99	$138,753.73
21AT	HAMPSHIRE COUNTY GROUP	2025-01	JANUARY 2025	ANTI-OBESITY AGENTS	WL 280	$12,505.29	$435,470.73	$422,965.44
21AT	HAMPSHIRE COUNTY GROUP	2025-01	JANUARY 2025	INCRETIN MIMETIC AGENTS	D 143	$6,127.59	$194,234.59	$188,107.00

Totals

509

$761,593.24

475

$634,352.50

522

$724,567.61

501

$684,919.28

476

$626,536.01

459

$587,476.21

420

$526,764.54

423

$611,072.44

WL = weigh loss
D = Diabetes

MASSACHUSETTS

Blue MedicareRx (PDP)

CHANGES TO YOUR 2026 BLUE MEDICARERx FORMULARY (DRUG LIST)

Your prescription drug coverage will change on January 1, 2026. Please review the following list to see if any of the medications you take are impacted.

COMPARISON OF 2025 TO 2026 SELECT FORMULARY

Down Tier Changes

Medication name	2025	2026
EZETIMIBE TAB	Tier 2	Tier 1
VALSARTAN TAB	Tier 2	Tier 1
LOPERAMIDE HCL CAP	Tier 2	Tier 1
PREDNISONE PAK	Tier 2	Tier 1
URSODIOI TAB	Tier 3	Tier 2
DABIGATRAN	Tier 3	Tier 2

Prior Authorization Now Required

DICYCLOMINE (CAPS, TABS, SOL)
MECLIZINE TAB
SANTYL OINT

Up Tier Changes

Medication name	2025	2026
OLMESARTAN TABS	Tier 1	Tier 2
COLCHICINE 0.6 MG TAB	Tier 1	Tier 2
DIPHENOXYL-ATR 2.5 MG TAB	Tier 2	Tier 3

Medications Now Covered

LANTUS INJ
DAPAGLIFLOZIN TAB
FOSFOMYCIN POWD
RAMELTEON TAB

(Continued)

MASSACHUSETTS

RENEWAL RATE EXHIBIT

Hampshire County Group Insurance Trust

POLICY PERIOD: JANUARY 1, 2026 - DECEMBER 31, 2026

PRODUCT	CURRENT	RENEWAL
Medex 2	$26.32 CPC	$26.85 CPC
Expected Claims	$161.87	$175.14
Blue Medicare RX ($10/$20/$35 Retail, $20/$40/$70 Mail)	$223.08	$262.12
Level Monthly Deposit	$531,800	$592,000
Alternative Blue Medicare RX ($10/$25/$50 Retail, $20/$50/$110 Mail)		$256.79

Client satisfaction is very important to us. In order to ensure an accurate and efficient renewal process, changes in benefits or financial arrangements must be communicated to Blue Cross Blue Shield of Massachusetts no later than October 15, 2025. Failure to notify within this timeframe may cause members to receive plan information and claims services in accordance with their previous coverage – resulting in possible confusion on the anniversary date. Notification of renewal plans in a timely fashion allows us to better serve our clients and members.

We reserve the right to revise the quoted rates if there is a 10 percent change in enrollment.

MEDEX 2025

January	458,689.24	74,801.44	631,650.16	1,165,140.84	1,182,272	17,131.16	
February	698,551.49	75,064.64	633,570.68	1,407,186.81	1,186,432	(220,754.81)	
March	441,275.30	75,196.24	634,410.50	1,150,882.04	1,188,512	37,629.96	
April	573,704.74	75,459.44	636,535.21	1,285,699.39	1,192,672	(93,027.39)	
May	600,562.26	75,380.48	636,865.35	1,312,808.09	1,191,424	(121,384.09)	
June	414,273.70	75,406.80	636,287.42	1,125,967.92	1,191,840	65,872.08	
July	405,457.75	77,143.92	650,608.00	1,133,209.67	1,219,296	86,086.33	
August	575,809.85	77,328.16	651,000.00	1,304,138.01	1,222,208	(81,930.01)	(310,376.77)

MEDEX 2 w/PDP - 2026

	2021		*Option 1* 2022		*Option 2* *Trust Calc*		*Option 3*
Blue Medicare Rx $10,	$ 166.11		$ 169.75		$ 169.75		
Medex 2	$ 142.84		$ 139.97		$ 134.29		
BCBS Admin	$ 24.55		$ 25.04		$ 25.04		
Trust Admin/CanaRx	$ 5.66		$ 5.66		$ 5.66		
	$ 339.16		$ 340.42		$ 334.74		$ 327.00
			4.1%		**2.3%**		**0.0%**

	2022		Option 1 2023		Option 2 2023		Option 3 2023	
Blue Medicare Rx $10,	$ 169.75		$ 169.35		$ 169.35		$ 169.35	
Medex 2	$ 139.97		$ 147.11		$ 145.11		$ 143.11	
BCBS Admin	$ 25.04		$ 25.54		$ 25.54		$ 25.54	
Trust Admin/CanaRx	$ 5.66				$ -		$ -	
	$ 340.42		$ 342.00	4.6%	$ 340.00	4.0%	$ 338.00	3.4%

	Option 1 2024		Option 2 (BCBS) 2024	
Blue Medicare Rx $10,	$ 180.45	6.55%	$ 180.45	6.55%
Medex 2	$ 153.75	4.51%	$ 154.46	6.44%
BCBS Admin	$ 25.80	1.02%	$ 25.80	1.02%
Trust Admin/CanaRx	0.00		0.00	
	$ 360.00	**5.26%**	$ 360.71	**6.09%**

	2025		2025	
Blue Medicare Rx $10,	$ 223.08	23.62%	$ 223.08	23.62%
Medex 2	$ 166.60	7.86%	$ 161.87	4.80%
BCBS Admin	$ 26.32	2.00%	$ 26.32	2.00%
Trust Admin/CanaRx	0.00		0.00	
	$ 416.00	**15.33%**	$ 411.27	**14.02%**

	Trust 2026		BCBS 2026		Rx Copay Change 2026	
Blue Medicare Rx $10,	$ 262.12	17.50%	$ 262.12	17.50%	$ 256.79	15.11%
Medex 2	$ 186.03	11.66%	$ 175.15	8.20%	$ 186.04	11.67%
BCBS Admin	$ 26.85	2.03%	$ 26.85	2.03%	$ 26.85	2.03%
Trust Admin/CanaRx			0.00			
	$ 475.00		$ 464.12		$ 469.68	
	14.2%		**11.6%**		**12.9%**	