HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Executive Committee
Meeting Notice and Agenda
January 22, 2025
9:00 A.M.
ZOOM Meeting

Call to Order	RC
Approval of Minutes of, December 2024	RC
Financial Report Month of December 2024 **Income & Expenses & Operating Expenses** **For Trust and Wellness Initiative**	JS
Wellness Update	MK
Weight Loss Drugs/CVS Program	JS
Open Enrollment Dates	JS
Fax machine	JS
Health New England Sale Cancelled	JS
2025 Preliminary Rate Discussion and Recommendation (vote)	JS
Other Last Minute Items	JS
Adjournment	RC

<u>Meeting Schedule</u>

Insurance Advisory Committee – January 29, 2025, 10:00 a.m. ZOOM
Executive Committee – February - TBD
Executive Committee – March 19, 2025, 9:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.

Topic: Executive Committee
Time: Jan 22, 2025 09:00 AM Eastern Time (US and Canada)
Join Zoom Meeting
https://us02web.zoom.us/j/86763967958?pwd=gTEabCiUBfKnGq1JaXqkaBljNC6bE1.1

Meeting ID: 867 6396 7958
Passcode: 843463

One tap mobile
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• +1 669 444 9171 US
• +1 669 900 9128 US (San Jose)
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• +1 719 359 4580 US
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• +1 253 215 8782 US (Tacoma)
• +1 346 248 7799 US (Houston)

Meeting ID: 867 6396 7958
Passcode: 843463

Find your local number: https://us02web.zoom.us/u/kq0dgAtOg

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

TO: All Trust Member Units

RE: **Minutes of December 18, 2024**
Executive Committee Meeting
Via Zoom Teleconference

MEMBERS PRESENT:

Rich Carmignani, Jr.	Jessalyn Zaykoski	Deb Kuhn
Emily Russo	Donna Whiteley	Shelley Poreda
Paula Harrison	Joanne Misiaszek	

OTHERS PRESENT:

Joseph Shea	Cynthia Graves	Jessica Hebert
Michele Komosa		

CALL TO ORDER
In compliance with the Governor's orders suspending certain provisions of the open meeting laws due to Covid-19, this meeting was held via Zoom telephone/video conference.

Chairman Rich Carmignani Jr, called the meeting to order at 9:01 a.m. with a quorum present.

APPROVAL OF MINUTES
Rich Carmignani Jr requested that the minutes of November 20, 2024 be approved, unanimous consent.

FINANCIAL REPORT
The Financial Report for the month of November was presented reflecting a starting balance of $483,072.00 with a total monthly income received of $7,106,351.43 and monthly expenses of $8,124,108.25 with a total net monthly income of ($1,017,756.82) and an ending month balance of ($534,684.82) with accounts receivable of $1,730,237.24 leaving a total of $22,558,969.42.

Investments and CD's for November 2024
The investments portfolio value was $8,897,102.30 with a market change of $403,226.71 leaving a total of $9,300,329.19. The starting balance in CD's was $7,152,001.24, with interest earned of $28,334.43 leaving a balance of $7,180,335.67.

NOVEMBER EXPENDITURES
The expenditures for the month of November were reviewed.
Claims continue to rise, and our reserves are continuing to deplete.

Chairman Rich Carmignani Jr requested that the full financial report, including the expenditures, be approved. Motion by Paula Harrison, seconded by Deb Kuhn, approved by unanimous consent.

WELLNESS
Michele provided the following updates:

- The last of our 9 scheduled onsite events will take place in Easthampton 12/18. If you would like an onsite seminar/cooking class, please reach out to Michele.
- We have 3 units that have confirmed their Benefits and Health Fairs for March. February 1st is the deadline to commit to a date for a Benefits and Health Fair.
- Michele will be coordinating a "My Blue" campaign for 2 weeks during open enrollment. Details will be forthcoming as Michele is currently working with BCBS regarding this campaign.
- Learn to Live has shared its January and February campaign material and Michele will share these with the units at the appropriate time.
- A Healthy Me will be promoting a Financial Health challenge in January. Michele will email units with details as they become available.
- At the end of November, the Wellness Initiative had 36,285 wellness credits, out of our 50,000 that was awarded. These credits allow us to book onsite events, including health fairs and to purchase incentives. Again, please reach out to Michele should you want an onsite event.

Weight Loss Drugs/CVS Program
Joe presented a report from CVS showing that our claim expenses have doubled from the GLP1's alone. There is no end in sight to this and it is causing a significant impact to our bottom line and will moving forward. Joe has been meeting with CVS on a weekly basis discussing this topic. There are two options that have been discussed, 1) would be to have a prior authorization put on the GLP1's and 2) would be putting a weight management program in place. The weight management program would involve a mandatory cost to the trust of $148 per person. While CVS is predicting savings of approximately 1.7 million, Joe continues to press them for concrete evidence on where exactly they are getting this number from. Discussions will be ongoing with CVS to try and come up with a solution that is best for the Trust.

MEDEX PART A & B FORM DISCUSSION
There was a discussion about creating a document to distribute to employees (possibly at open enrollment at the **UNIT** level) explaining that it is the subscriber's responsibility to obtain Medicare Part A & B at the time it is required. Also, reminding members to keep their personal information up to date (such as addresses or marital status). This discussion will be ongoing until we can come up with the best solution.

2025 PRELIMINARY RATE DISCUSSION
After doing some research Joe explained that the trends on the public side for Pharmaceutical & Medical are showing a double-digit increase for next year. The average increase seems to be around 15% as discussed at the retiree conference Joe attended. With claims rising and reserves dwindling (we dropped over $8 million in the last year, leaving us only 1 months worth of reserves left) Joe explained we're looking at a 12.5% – 20% increase. Joe is still doing some research on these trends but is recommending at least 15% at this point. An email will be sent out in the coming days preparing units for a double-digit increase.

ENTRY OF TOWN OF WASHINGTON IN TO THE TRUST
Joe recommends that we formally accept the Town of Washington into the trust (with approximately 4 people), claims have been tracked since July 1st with nothing significant to report.

A motion to accept was made by Jessalyn Zaykoski, seconded by Paula Harrison. A roll call vote was taken with all in favor.

OTHER LAST MINUTE ITEMS
Joe gave a quick update on Stop Loss advising 7 people met the requirement ending June 30, 2023 with a reimbursement to the trust of approximately 2.1 million, working out in our benefit to about $50,000. The current year shows that we just received our first request for Stop Loss with potential for more as it is still early.

ADJOURNMENT
Chairman Rich Carmignani, Jr. adjourned the meeting 9:56 a.m.

Respectfully submitted,
Jessica Hebert

Meeting Schedule
Executive Committee – January 22, 2025, 9:00 a.m., via ZOOM
Insurance Advisory Committee – January 29, 2025, 10:00 a.m., via ZOOM
Executive Committee – February 2025, TBD

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

INCOME AND EXPENSE REPORT

ITEMS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Starting Cash Balance	$3,825,915.94	$2,605,026.79	$1,297,704.49	$446,928.26	$2,064,310.89	$3,855,553.49	-$1,073,311.96	$1,328,670.73	$608,933.38	$4,796,853.49	$483,072.00	-$534,684.82
Adjustments												
Total Starting Balance	$3,825,915.94	$2,605,026.79	$1,297,704.49	$446,928.26	$2,064,310.89	$3,855,553.49	-$1,073,311.96	$1,328,670.73	$608,933.38	$4,796,853.49	$483,072.00	-$534,684.82
MONTHLY INCOME												
Total Premium Collected	5,715,556.19	6,553,181.33	6,723,051.58	7,270,239.08	5,980,694.58	3,980,735.29	9,575,493.41	7,204,188.69	7,590,509.79	5,561,151.39	7,102,933.28	7,901,004.69
Interest Income (MMDT)	12,237.75	7,880.48	6,884.64	8,366.71	4,551.52	7,767.36	8,905.18	5,379.50	6,694.77	7,121.39	3,415.77	5,416.00
Other Income or Adjustments											2.38	
BCBS SR Premium Collected												
TOTAL MONTHLY INCOME	5,727,793.94	6,561,061.81	6,729,936.22	7,278,605.79	5,985,246.10	3,988,502.65	9,584,398.59	7,209,568.19	7,597,204.56	5,568,272.78	7,106,351.43	7,906,420.69
MONTHLY EXPENSES												
BCBS Admin Cost (estimate)												
Claim Deposit	5,284,300.00	5,496,690.69	5,284,300.00	5,284,300.00	5,816,101.68	6,505,090.32	6,507,291.77	5,187,988.40	5,222,269.83	6,806,599.00	5,108,803.72	5,370,401.93
Reinsurance (Ind.&Agg.)	(499,401.33)	175,078.12	46,831.12	(281,106.18)	(76,799.26)	53,834.80	(85,426.39)	14,196.06	(483,370.78)	181,567.63	181,964.85	182,121.12
BCBS Settlement												
Recon adjust w/Finance												
BCBS Sr Premium Paid												
Other Exp. & Claim Settlement	2,100,208.13	2,149,118.03	2,174,185.69	618,368.83	2,415,526.24	2,295,033.60	575,006.88	2,678,933.80	1,105,098.68	2,831,788.53	2,778,833.77	929,508.82
Total Plan Expenses	6,885,106.80	7,820,886.84	7,505,316.81	5,621,562.65	8,154,828.66	8,853,958.72	6,996,872.26	7,881,118.26	5,843,997.73	9,819,955.16	8,069,602.34	6,482,031.87
Total Unit Operating Expenses	63,576.29	47,497.27	75,395.64	39,660.51	39,174.84	63,409.38	185,543.64	48,187.28	65,286.72	62,099.11	54,505.91	66,365.06
TOTAL MONTHLY EXPENSES	6,948,683.09	7,868,384.11	7,580,712.45	5,661,223.16	8,194,003.50	8,917,368.10	7,182,415.90	7,929,305.54	5,909,284.45	9,882,054.27	8,124,108.25	6,548,396.93
TOTAL NET MONTHLY INCOME	(1,220,889.15)	(1,307,322.30)	(850,776.23)	1,617,382.63	(2,208,757.40)	(4,928,865.45)	2,401,982.69	(719,737.35)	1,687,920.11	(4,313,781.49)	(1,017,756.82)	1,358,023.76
BALANCE												
Cash Balance	2,605,026.79	1,297,704.49	446,928.26	2,064,310.89	(144,446.51)	(1,073,311.96)	1,328,670.73	608,933.38	2,296,853.49	483,072.00	(534,684.82)	823,338.94
Adjustments					4,000,000.00				2,500,000.00			2,000,000.00
ENDING MONTHLY BALANCE	2,605,026.79	1,297,704.49	446,928.26	2,064,310.89	3,855,553.49	(1,073,311.96)	1,328,670.73	608,933.38	4,796,853.49	483,072.00	(534,684.82)	2,823,338.94

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Fund And Investment Information

FUNDS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Post Employee Ben. S.B.	72,411.83	72,523.07	71,604.29	70,685.51	69,766.73	68,847.95	67,929.17	67,010.39	66,091.61	65,172.83	64,254.05	62,305.25
Funding	2,060.04	1,030.02	1,030.02	1,030.02	1,030.02	1,030.02	1,030.02	1,030.02	1,030.02	1,030.02		2,200.04
Expenses	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	1,948.80	2,228.80
Total	72,523.07	71,604.29	70,685.51	69,766.73	68,847.95	67,929.17	67,010.39	66,091.61	65,172.83	64,254.05	62,305.25	62,276.49
Accurued 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	4,454,551.96	4,455,801.96	4,455,801.96	4,457,051.96	4,458,551.96	4,458,551.96	4,458,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96
Deposits	1,250.00		1,250.00	1,500.00			5,000.00					
Total Member Deposits	4,455,801.96	4,455,801.96	4,457,051.96	4,458,551.96	4,458,551.96	4,458,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96
OPEB Trust	311,617.31	312,881.87	313,997.47	315,117.05	316,356.85	317,598.19	318,813.05	320,250.32	321,562.82	322,924.63	324,292.21	325,576.97
Interest	1,264.56	1,115.60	1,119.58	1,239.80	1,241.34	1,214.86	1,437.27	1,312.50	1,361.81	1,367.58	1,284.76	1,423.29
OPEB Trust	312,881.87	313,997.47	315,117.05	316,356.85	317,598.19	318,813.05	320,250.32	321,562.82	322,924.63	324,292.21	325,576.97	327,000.26
Investments												
CD's	10,280,269.42	10,326,622.59	10,367,534.07	10,408,607.63	10,454,109.74	7,497,972.77	7,526,653.54	7,560,585.17	7,591,602.78	7,121,840.44	7,152,001.24	7,180,335.67
Deposit					(3,000,000.00)				(500,000.00)			(1,000,000.00)
Interest	46,353.17	40,911.48	41,073.56	45,502.11	43,863.03	28,680.77	33,931.63	31,017.61	30,237.66	30,160.80	28,334.43	27,291.08
Balance	10,326,622.59	10,367,534.07	10,408,607.63	10,454,109.74	7,497,972.77	7,526,653.54	7,560,585.17	7,591,602.78	7,121,840.44	7,152,001.24	7,180,335.67	6,207,626.75
Portfolio Value	10,553,168.42	10,612,104.16	10,947,319.61	11,298,752.35	10,919,038.49	10,309,763.23	10,479,835.60	10,650,294.36	10,916,130.10	9,009,142.30	8,897,102.48	9,300,329.19
Deposit					(1,000,000.00)				(2,000,000.00)			(1,000,000.00)
Interest	58,935.74	335,215.45	351,432.74	(379,713.86)	390,724.74	170,072.37	170,458.76	265,835.74	93,012.20	(112,039.82)	403,226.71	(349,589.62)
Market Change												
Total	10,612,104.16	10,947,319.61	11,298,752.35	10,919,038.49	10,309,763.23	10,479,835.60	10,650,294.36	10,916,130.10	9,009,142.30	8,897,102.48	9,300,329.19	7,950,739.57
Accounts Receivable	1,594,266.46	1,520,608.55	1,248,979.19	467,973.99	884,316.35	3,862,456.86	1,257,535.01	1,002,342.19	440,210.22	1,887,452.55	1,730,237.24	973,065.29
Total With Accounts Receivable	30,010,544.86	29,005,888.40	28,277,439.91	28,781,426.61	27,423,921.90	25,672,246.18	25,679,215.90	25,001,532.80	26,251,013.83	23,303,044.45	22,558,969.42	22,838,917.22

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

FISCAL YEAR 2025 OPERATING EXPENSES (July 1, 2024 to June 30, 2025)

ITEM CODE	BUDGET ITEMS WAGES & BENEFI	FY-2024 Budgeted 7-1/6-30	FY-2025 Budgeted 7-1/6-30	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
5110	SALARY*	391,000.00	410,000.00	46,804.25	28,155.19	27,312.23	27,314.56	27,314.57	41,137.83							198,038.63
5145	LONGEVITY	6,600.00	6,600.00													-
5130	OVERTIME															-
5120	TEMP. EMPLOYEE SAL															-
481	FICA (.062)															-
5186	MED TAX (.0145)															-
5181	CONTRIBUTORY RET.	111,539.00	125,624.00	125,624.00	3,276.16	3,276.16	3,276.16	3,276.16	3,276.16							142,004.80
5189	EMP. ASST. PROG. EAP															-
5184	HEALTH INSURANCE	56,000.00	80,000.00	6,647.33	6,647.33	6,647.33	6,647.33	6,647.33	6,647.33							39,883.98
5185	LIFE INSURANCE	350.00	350.00	28.40	28.40	28.40	28.40	28.40	28.40							170.40
5189	UNEMP HEALTH INS TAX															-
	TOT. WAGES & BENEFITS	565,489.00	622,574.00	179,103.98	38,107.08	37,264.12	37,266.45	37,266.46	51,089.72	-	-	-	-	-	-	380,097.81

ITEM CODE	BUDGET ITEMS	FY-2024	FY-2025	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
																-
																-
																-
	NON SALARY EXPENSES															-
5300	ADM. CONT. SERVICES (FS&PF)															-
	Rent	14,400.00	14,400.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00							6,000.00
	Parking	-														-
5305	ADM. CONT. SERVICES (Audit)	21,000.00	22,000.00		2,900.00											2,900.00
5320	LEGAL	-					1,324.80									1,324.80
5340	TELEPNONE/INTERNET															-
5490	FOOD SUPPLIES	600.00	600.00	112.81	28.47		43.94	7.98								193.20
5420	OFFICE & COMPUTER SUPPLI	2,500.00														-
5580	MISC. EXPENSES	5,500.00	5,000.00		134.66	20.00		121.92								276.58
5580	NEWSPAPER/MAGS/BOOKS						39.72									39.72
5420	POSTAGE (Stamps)	8,500.00	8,500.00				21.24	1,450.00								1,471.24
5275	POSTAGE METER RENTAL															-
5380	MINI GRANTS/WELLNESS	10,000.00	7,500.00				27.65									27.65
5420	STATIONERY & OFF. SUPP.			16.44			1,147.18	160.08								1,323.70
5780	SURETY BONDS	1,750.00	1,250.00			100.00	404.00									504.00
5340	TELEPHONES															-
5320	TRAINING															-
5710	TRAVEL IN/OUT of STATE	5,000.00	5,000.00					89.78								89.78
5188	UTILITIES	5,500.00	6,000.00	231.41	639.21	376.60	390.79	380.19	383.34							2,401.54
	TOT. Inderect Costs															-
	Total Non-Salary	74,750.00	70,250.00	1,360.66	4,702.34	1,496.60	4,399.32	3,209.95	1,383.34	-	-	-	-	-	-	16,552.21

ITEM CODE	BUDGET ITEMS															
	I.T.	7-1/6-30														
6000	COMPUTER HARDWARE	3,000.00	7,500.00				6,466.84									6,466.84
5420	COMPUTER SOFTWARE															-
5420	COMPUTER SUPPLIES	2,000.00	1,000.00													-
5850	DESK TOP PCs															-
5300	MISC PROF & TECH SERV.**	195,000.00	175,000.00	5,079.00	5,377.86	26,526.00	13,966.50	14,029.50	13,892.00							78,870.86
	TOTAL DATA PROCESSING	200,000.00	183,500.00	5,079.00	5,377.86	26,526.00	20,433.34	14,029.50	13,892.00	-	-	-	-	-	-	85,337.70
																-
	TOTALS	840,239.00	876,324.00	185,543.64	48,187.28	65,286.72	62,099.11	54,505.91	66,365.06	-	-	-	-	-	-	481,987.72

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Hampshire County Group Insurance Trust

TRANSACTION REPORT DECEMBER 2024 (FY25)

STARTING BALANCE GENERAL FUND **(M&T BANK)**				$ (3,432,639.31)
2024	TRANSACTION	A/P DEBIT	A/R CREDIT	
DEC	**M&T BANK**			
				$ (3,432,639.31)
1	BLUE CROSS BLUE SHIELD	5,370,401.93		$ (8,803,041.24)
2	M&T BANK		654,065.32	$ (8,148,975.92)
3	M&T BANK (FROM ESB)		4,000,000.00	$ (4,148,975.92)
4	M&T BANK (FROM ESB)		25,000.00	$ (4,123,975.92)
6	M&T BANK (FROM ESB)		700,000.00	$ (3,423,975.92)
11	M&T BANK (FROM WF INVEST)		1,000,000.00	$ (2,423,975.92)
16	M&T BANK		179,395.90	$ (2,244,580.02)
20	M&T BANK		754,634.55	$ (1,489,945.47)
27	M&T BANK		1,663,597.19	$ 173,651.72
30	M&T BANK		13,607.00	$ 187,258.72
31	M&T BANK (FROM ESB)		2,800,000.00	$ 2,987,258.72
31	CVS CAREMARK	2,434,436.94	2,022,498.02	$ 2,575,319.80
31	PAYROLL	41,137.83		$ 2,534,181.97
31	INTEREST		2,421.40	$ 2,536,603.37
				$ 2,536,603.37
				$ 2,536,603.37
				$ 2,536,603.37

STARTING BALANCE GENERAL FUND **(EASTHAMPTON SAVINGS BANK x5596)**				$ 2,897,954.49
2024	TRANSACTION	A/P DEBIT	A/R CREDIT	
DEC	**EASTHAMPTON SAVINGS BANK**			
				$ 2,897,954.49
1	STEALTH/STOP LOSS	182,121.12		$ 2,715,833.37
2	ESB (FROM CD)		1,000,000.00	$ 3,715,833.37
2	ESB		59,938.84	$ 3,775,772.21
3	ESB		66,799.36	$ 3,842,571.57
3	ESB		3,637.10	$ 3,846,208.67
3	ESB		209,400.59	$ 4,055,609.26
3	ESB		5,151.00	$ 4,060,760.26
3	ESB		6,330.00	$ 4,067,090.26
3	ESB (TO MTB)	4,000,000.00		$ 67,090.26
4	ESB (TO MTB)	25,000.00		$ 42,090.26
5	ESB		45,457.00	$ 87,547.26
5	ESB		2,375.00	$ 89,922.26
5	ESB		677,083.06	$ 767,005.32
6	ESB (TO MTB)	700,000.00		$ 67,005.32
12	ESB		62,889.49	$ 129,894.81
12	ESB		11,224.86	$ 141,119.67
12	ESB		60,124.73	$ 201,244.40
12	ESB		33,969.00	$ 235,213.40
12	ESB		201,317.80	$ 436,531.20
13	ESB		121,122.30	$ 557,653.50
13	ESB		66,076.00	$ 623,729.50
18	ESB		50,263.52	$ 673,993.02
18	ESB		9,737.00	$ 683,730.02
19	ESB		13,316.00	$ 697,046.02
19	ESB		198,467.00	$ 895,513.02
20	ESB		7,747.00	$ 903,260.02
23	ESB		83,064.00	$ 986,324.02
23	ESB		246,611.31	$ 1,232,935.33

23	ESB		10,552.00	$ 1,243,487.33
23	ESB		161,061.00	$ 1,404,548.33
24	ESB		211,127.00	$ 1,615,675.33
26	ESB		146,414.58	$ 1,762,089.91
26	ESB		52,779.00	$ 1,814,868.91
26	ESB		16,577.00	$ 1,831,445.91
26	ESB		695,258.27	$ 2,526,704.18
27	ESB		188,317.60	$ 2,715,021.78
27	ESB		13,657.00	$ 2,728,678.78
27	ESB		148,131.72	$ 2,876,810.50
27	ESB		6,880.00	$ 2,883,690.50
27	ESB		4,406.00	$ 2,888,096.50
27	ESB		118,516.80	$ 3,006,613.30
27	ESB		29,017.00	$ 3,035,630.30
27	ESB		91,469.00	$ 3,127,099.30
30	ESB		6,691.00	$ 3,133,790.30
30	ESB		2,502.83	$ 3,136,293.13
30	ESB		5,207.00	$ 3,141,500.13
30	ESB		66,133.88	$ 3,207,634.01
31	ESB		14,904.00	$ 3,222,538.01
31	ESB		203,974.40	$ 3,426,512.41
31	ESB		75,000.00	$ 3,501,512.41
31	ESB		967.00	$ 3,502,479.41
31	ESB		124,058.69	$ 3,626,538.10
31	ESB (TO MTB)	2,800,000.00		$ 826,538.10
31	CANARX	8,785.40		$ 817,752.70
31	BLUE MEDICARE RX (NOV)	508,784.50		$ 308,968.20
31	PAYROLL	9,951.89		$ 299,016.31
31	ACCOUNTS PAYABLE	15,275.34		$ 283,740.97
31	INTEREST		2,994.60	$ 286,735.57
				$ 286,735.57
	MEMBER UNIT DEPOSITS ON HAND			
DEC		Starting Balance>>>>>>>>>>>>>>>		$ 4,463,551.96
				$ 4,463,551.96
31	Total			**$ 4,463,551.96**
	M&T BANK			
DEC	Post Employee Benefits Fund	Starting Balance>>>>>>>>>>>>>>>		$ 62,305.25
31	Retiree Health & Life Ins.	2,228.80	2,200.04	$ 62,276.49
31	Total			**$ 62,276.49**
	M&T BANK			
DEC	Accrued Vacation & Sick Time Fund	Starting Balance>>>>>>>>>>>>>>>		$ 31,317.96
				$ 31,317.96
31	Total			**$ 31,317.96**
	OPEB			
DEC	CD-Easthampton Savings			$ 325,576.97
31	12 mos.@ 5.00% (matures 5/24/25) x1851		1,423.29	$ 327,000.26
	Total			**$ 327,000.26**
	INVESTMENTS - CD			
DEC	CD-Easthampton Savings			$ 7,180,335.67
2	TO ESB GENERAL FUND	1,000,000.00		$ 6,180,335.67
31	12 mos.@ 5.00% (matures 8/17/25) x7499		27,291.08	$ 6,207,626.75
	Total			**$ 6,207,626.75**
	INVESTMENTS - WF			
DEC	Portfolio Value DEC 1, 2024			$ 9,300,329.19
11	TO MTB GENERAL FUND	1,000,000.00		$ 8,300,329.19
31	Investment Earnings/Loss		(349,589.62)	**$ 7,950,739.57**
	Total			**$ 21,865,851.93**

MONTHLY ACCOUNTS RECEIVABLE

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

FOR JANUARY 2025 PREMIUMS

JANUARY PREMIUMS NOT PAID *AS OF DECEMBER 31, 2024*		TO AVOID LATE ASSESSMENT FEE INVOICE MUST BE PAID **BEFORE**: ***January 6, 2025***
CHESTERFIELD/GOSHEN RSD	27,248.68	**1/2/2025**
HADLEY	228,407.90	**1/2/2025**
WASHINGTON	4,277.00	**1/6/2025**
EASTHAMPTON	706,689.71	**1/2/2025**
SO DEERFIELD WATER SUPPLY DIST	6,442.00	**1/2/2025**
	$ 973,065.29	

Hampshire County Group Insurance Trust
Claim Payments

	CLAIMS	AMOUNT PAID	VARIANCE	CUMULATIVE VAR.
January 202:	$4,941,510.44	$ 4,839,000.00	$ 102,510.44	**$ (67,550.81)**
February	$5,145,447.69	$ 4,839,000.00	$ 306,447.69	**$ 238,896.88**
March	$5,606,776.57	$ 4,839,000.00	$ 767,776.57	**$ 1,006,673.45**
April	$3,656,013.51	$ 4,839,000.00	$ (1,182,986.49)	**$ (176,313.04)**
May	$4,968,758.05	$ 4,839,000.00	$ 129,758.05	**$ (46,554.99)**
June	$5,512,963.61	$ 4,839,000.00	$ 673,963.61	**$ 627,408.62**
July	$4,844,980.28	$ 5,212,600.00	$ (367,619.72)	**$ 259,788.90**
August	$5,210,044.34	$ 5,840,008.62	$ (629,964.28)	**$ (370,175.38)**
September	$5,504,553.19	$ 5,212,600.00	$ 291,953.19	**$ (78,222.19)**
October	$4,834,161.59	$ 5,212,600.00	$ (378,438.41)	**$ (456,660.60)**
November	$6,293,210.34	$ 5,212,600.00	$ 1,080,610.34	**$ 623,949.74**
December	$4,801,040.95	$ 5,212,600.00	$ (411,559.05)	**$ 212,390.69**
January	$4,958,805.42	$ 5,284,300.00	$ (325,494.58)	**$ (113,103.89)**
February	$5,183,440.21	$ 5,284,300.00	$ (100,859.79)	**$ (213,963.68)**
March	$6,030,065.36	$ 5,284,300.00	$ 745,765.36	**$ 531,801.68**
April	$6,505,090.32	$ 5,816,101.68	$ 688,988.64	**$ 1,220,790.32**
May	$6,507,291.77	$ 6,505,090.32	$ 2,201.45	**$ 1,222,991.77**
June	$4,698,588.40	$ 5,284,300.00	$ (585,711.60)	**$ (585,711.60)**
July	$5,222,269.83	$ 5,529,000.00	$ (306,730.17)	**$ (306,730.17)**
August	$6,806,599.00	$ 5,529,000.00	$ 1,277,599.00	**$ 1,277,599.00**
September	$5,108,803.72	$ 5,529,000.00	$ (420,196.28)	**$ (420,196.28)**
October	$5,370,401.93	$ 5,529,000.00	$ (158,598.07)	**$ (158,598.07)**
November	$6,530,861.25	$ 5,529,000.00	$ 1,001,861.25	**$ 1,001,861.25**
December	$4,884,567.78	$ 5,529,000.00	$ (644,432.22)	$ (644,432.22)
January		$ 5,569,600.00		

P = Acturial Projection of Claims or Anticipated Payments, A = Actual Info. E = Estimate based on some actual information

12/2/2024	ACH		5,370,401.93	BCBS	Monthly Claim prefunding & settlement
12/2/2024	ACH		182,121.12	Stealth Partner Group	Reinsurance- NOV
12/2/2024		7084	49.25	Boston Mutual	Life Ins
12/2/2024		7085	409.28	ACSA	Dental Ins
12/2/2024		7081	22.09	Verizon	Phone
12/2/2024		7082	1,000.00	M&B Holdings	Rent DEC
12/2/2024		7083	12,500.00	Edward Haber	IT expense
12/4/2024	ach		13,650.08	Checkwriters	payroll 12/5/24
12/4/2024	ach		427,066.73	CVS	Rx Expense
12/6/2024	ach		1,392.00	NetLogix	IT expense
12/6/2024		7086	4,017.70	CanaRx	Rx expense
12/11/2024	ach		644,999.25	CVS	Rx Expense
12/16/2024		7088	4,767.70	CanaRx	Rx expense
12/16/2024		7087	136.93	CMS	phone bill
12/18/2024	ach		13,664.47	Checkwriters	payroll 12/19/24
12/18/2024	ach		658,833.63	CVS	Rx Expense
12/20/2024		7089	3,276.16	Hamp Retirement	DEC deductions
12/20/2024		7090	8,446.00	HCGIT	Health Ins Premium
12/27/2024	ach		703,537.33	CVS	Rx Expense
12/27/2024	ach		224.32	Comcast	Internet
12/30/2024	ach		(2,022,498.02)	CVS	Q3 pharmacy settlement
12/31/2024	ach		508,784.50	Blue Medicare Rx	Medicare rx
12/31/2024	ach		13,823.28	Checkwriters	payroll 1/2/25
			6,550,625.73		

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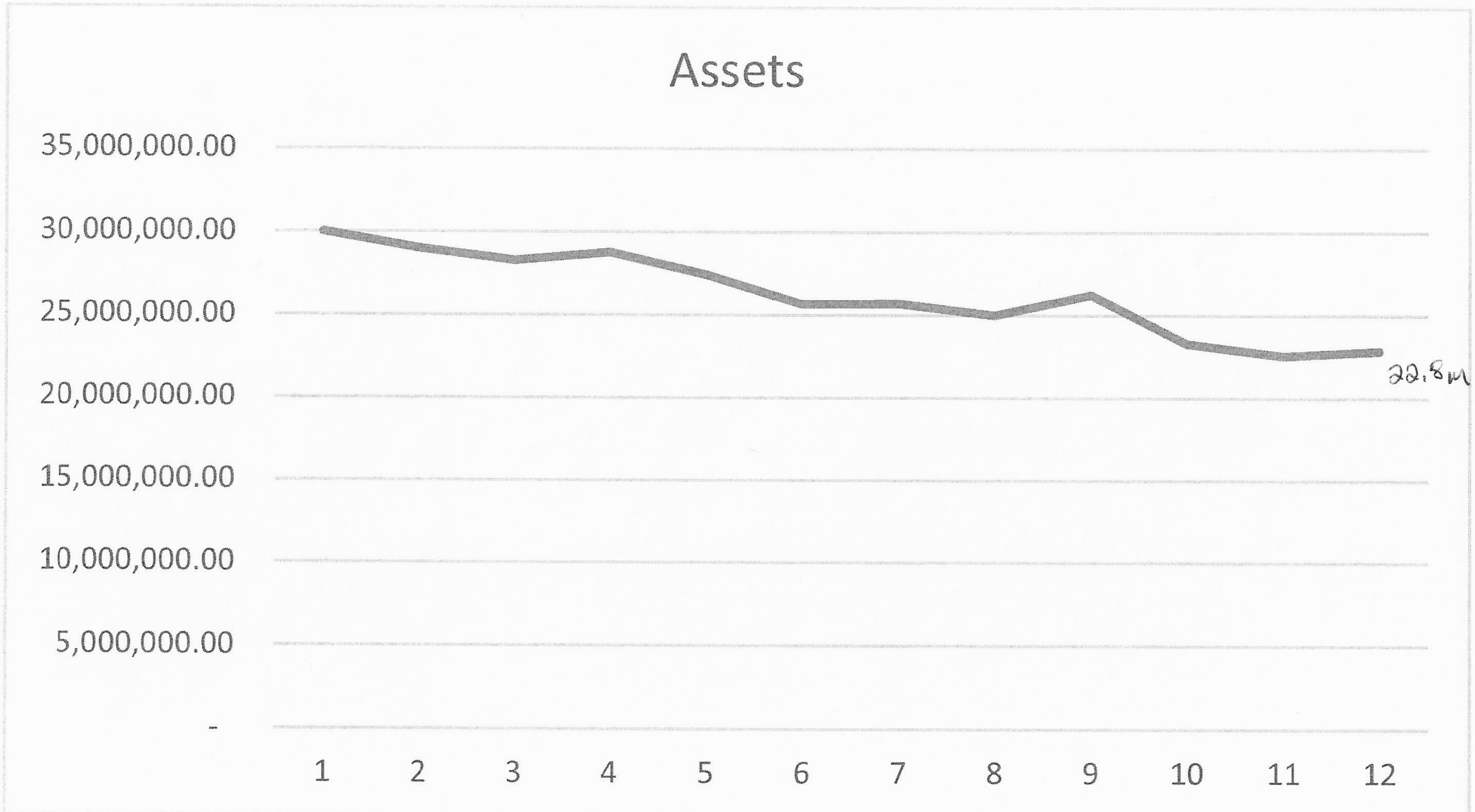
f.s. 1/13/25

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	2024-12	DECEMBER 2024	ANTI-OBESITY AGENTS	253	$10,568.47	$359,633.73	$349,065.26	384
21AT	HAMPSHIRE COUNTY GROUP	2024-12	DECEMBER 2024	INCRETIN MIMETIC AGENTS	131	$5,254.19	$173,187.68	$167,933.49	$516,998.75
21AT	HAMPSHIRE COUNTY GROUP	2024-11	NOVEMBER 2024	ANTI-OBESITY AGENTS	224	$9,332.98	$312,181.02	$302,848.04	351
21AT	HAMPSHIRE COUNTY GROUP	2024-11	NOVEMBER 2024	INCRETIN MIMETIC AGENTS	127	$5,014.36	$147,175.62	$142,161.26	$445,009.30
21AT	HAMPSHIRE COUNTY GROUP	2024-10	OCTOBER 2024	ANTI-OBESITY AGENTS	216	$10,187.88	$316,898.39	$306,710.51	347
21AT	HAMPSHIRE COUNTY GROUP	2024-10	OCTOBER 2024	INCRETIN MIMETIC AGENTS	131	$5,685.01	$169,396.98	$163,711.97	$470,422.48
21AT	HAMPSHIRE COUNTY GROUP	2024-09	SEPTEMBER 2024	ANTI-OBESITY AGENTS	179	$9,040.93	$261,774.28	$252,733.35	303
21AT	HAMPSHIRE COUNTY GROUP	2024-09	SEPTEMBER 2024	INCRETIN MIMETIC AGENTS	124	$4,992.92	$153,103.23	$148,110.31	$400,843.66
21AT	HAMPSHIRE COUNTY GROUP	2024-08	AUGUST 2024	ANTI-OBESITY AGENTS	166	$9,791.27	$248,672.86	$238,881.59	284
21AT	HAMPSHIRE COUNTY GROUP	2024-08	AUGUST 2024	INCRETIN MIMETIC AGENTS	118	$5,967.68	$141,828.30	$135,860.62	$374,742.21
21AT	HAMPSHIRE COUNTY GROUP	2024-07	JULY 2024	ANTI-OBESITY AGENTS	133	$16,933.30	$197,825.24	$180,891.94	257
21AT	HAMPSHIRE COUNTY GROUP	2024-07	JULY 2024	INCRETIN MIMETIC AGENTS	124	$13,929.69	$161,136.72	$147,207.03	$328,098.97
21AT	HAMPSHIRE COUNTY GROUP	2024-06	JUNE 2024	ANTI-OBESITY AGENTS	120	$5,733.25	$181,834.17	$176,100.92	227
21AT	HAMPSHIRE COUNTY GROUP	2024-06	JUNE 2024	INCRETIN MIMETIC AGENTS	107	$4,559.43	$132,286.30	$127,726.87	$303,827.79
21AT	HAMPSHIRE COUNTY GROUP	2024-05	MAY 2024	ANTI-OBESITY AGENTS	105	$5,316.70	$185,641.87	$180,325.17	211
21AT	HAMPSHIRE COUNTY GROUP	2024-05	MAY 2024	INCRETIN MIMETIC AGENTS	106	$4,325.00	$133,630.38	$129,305.38	$309,630.55
21AT	HAMPSHIRE COUNTY GROUP	2024-04	APRIL 2024	ANTI-OBESITY AGENTS	95	$5,532.32	$158,993.45	$153,461.13	213
21AT	HAMPSHIRE COUNTY GROUP	2024-04	APRIL 2024	INCRETIN MIMETIC AGENTS	118	$5,182.53	$159,465.87	$154,283.34	$307,744.47
21AT	HAMPSHIRE COUNTY GROUP	2024-03	MARCH 2024	ANTI-OBESITY AGENTS	70	$3,981.08	$123,410.47	$119,429.39	192
21AT	HAMPSHIRE COUNTY GROUP	2024-03	MARCH 2024	INCRETIN MIMETIC AGENTS	122	$5,393.47	$157,127.53	$151,734.06	$271,163.45
21AT	HAMPSHIRE COUNTY GROUP	2024-02	FEBRUARY 2024	ANTI-OBESITY AGENTS	54	$2,764.91	$90,179.19	$87,414.28	168
21AT	HAMPSHIRE COUNTY GROUP	2024-02	FEBRUARY 2024	INCRETIN MIMETIC AGENTS	114	$4,810.89	$139,501.85	$134,690.96	$222,105.24
21AT	HAMPSHIRE COUNTY GROUP	2024-01	JANUARY 2024	ANTI-OBESITY AGENTS	52	$2,529.12	$89,112.45	$86,583.33	178
21AT	HAMPSHIRE COUNTY GROUP	2024-01	JANUARY 2024	INCRETIN MIMETIC AGENTS	126	$6,135.12	$175,494.94	$169,359.82	$255,943.15

Open Enrollment FY-26

April 17, 2025 to May 9, 2025


Assets
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Hampshire County Group Insurance Trust - July 2025 Renewal

joes@hcgit.org

Received:	Jan 13, 2025 1:14 PM
Expires:	Apr 13, 2025 12:14 PM
From:	heidi.fountain@bcbsma.com
To:	joes@hcgit.org
Cc:	
Subject:	Hampshire County Group Insurance Trust - July 2025 Renewal

Attachments: 2025 Renewal Changes_ASC.pdf , Hampshire County Insurance Group 2025 Medical Renewal Client Package.pdf

Good afternoon, Joe. It was nice catching up with you this afternoon.

Attached is Hampshire County Group Insurance Trust's July 2025 renewal and the renewal changes document.

Expected Claims increase is 9.6%
Cost per Contract increase is 1.5%
HMO Medical Trend is 8.2%, PPO is 10.21%
The Trust's medical claims increased $3,662,033 period/period ($1,192,277 HMO, $2,469,756 PPO)
Large losses (>$150K) increased $2,201,934 period/period

Please let me know if you have any questions. Thank you.

Best,

Heidi

Heidi Fountain (*She /Her/Hers*)

Senior Account Executive, Municipal Sales

Blue Cross Blue Shield of Massachusetts

Phone (617) 246-3002 | Email:
heidi.fountain@bcbsma.com

bluecrossma.org

MASSACHUSETTS
BLUECREW
LEADERSHIP COUNCIL
2024

MASSACHUSETTS

Account Name	HAMPSHIRE COUNTY INSURANCE GRO	**SIC Code**	9311
Account ID	0260919	**Broker/Consultant**	
Policy Period	7/01/2025 - 6/30/2026	**Sales Executive**	Heidi Fountain
Financial Arr.	Self Insured		

Medical Expected Claims Increase 9.6%

	Current Expected Claims Rates	Renewal Expected Claims Rates	% Change	Subscribers
Network Blue New England				
Single:	$585.93	$642.18	9.6%	1338
2 Party:	$1,364.65	$1,495.66	9.6%	698
Family:	$1,691.87	$1,854.29	9.6%	1183
CPC:	$55.61	$56.44	1.5%	
Monthly Deposit:		$4,278,500		3219
Blue Care Elect Preferred				
Single:	$634.66	$695.59	9.6%	385
Family:	$1,738.24	$1,905.11	9.6%	492
CPC:	$60.43	$61.34	1.5%	
Monthly Deposit:		$1,258,900		877

Additional Information

Rate Guarantee	12 Month
Reinsurance	Assumes $400,000 ISL

Fees and Deposit subject to change on all lines of business if:

a) Change in benefits (including mandated benefits)
b) Enrollment change greater than 10%
c) Change in commission
d) Change in effective date

MASSACHUSETTS

$1.2 m increase

$2.5 increase

Account Name	HAMPSHIRE COUNTY INSURANCE GRO
Account ID	0260919
Policy Period	7/01/2025 - 6/30/2026

#		Network Blue New England		Blue Care Elect Preferred		Total
1	**Experience Period**	**11/22 - 10/23**	**11/23 - 10/24**	**11/22 - 10/23**	**11/23 - 10/24**	
	Enrollment Period	**11/22 - 10/23**	**11/23 - 10/24**	**11/22 - 10/23**	**11/23 - 10/24**	
2	Member Months Total	89,374	88,380	23,168	24,547	
2a.	Projected Total Monthly Mbrs.	7,319	7,319	2,101	2,101	9420
	Medical					
3.	Medical Claims @ 12/24	$41,172,725	$42,365,002	$11,717,913	$14,187,669	
	Reinsurance Level	$400,000	$400,000	$400,000	$400,000	
	(-) Pooled Medical Claims	$2,299,142	$636,889	$13,548	$664,075	
4.	Net Medical Claims	$38,873,583	$41,728,113	$11,704,365	$13,523,594	
5.	Exp Period FFS Member Months	89,374	88,380	23,168	24,547	
6.	Net Medical PMPM	$434.95	$472.14	$505.20	$550.93	
	(*) Medical IBNR	1.0000	1.0210	1.0000	1.0250	
7.	Adjusted Net Medical PMPM	$434.95	$482.05	$505.20	$564.70	
8.	Annual Medical Trend	1.0833	1.0820	1.1031	1.1021	
	Months of Trend	32.0	20.0	32.0	20.0	
	(*) Compounded Medical Trend	1.2379	1.1404	1.2991	1.1759	
9.	Projected Medical PMPM	$538.42	$549.73	$656.31	$664.03	
	Pharmacy					
3.	Pharmacy Claims @ 12/24	$0	$0	$0	$0	
	Reinsurance Level	$400,000	$400,000	$400,000	$400,000	
	(-) Pooled Pharmacy Claims	$0	$0	$0	$0	
4.	Net Pharmacy Claims	$0	$0	$0	$0	
5.	Exp Period FFS Member Months	89,374	88,380	23,168	24,547	
6.	Net Pharmacy PMPM	$0.00	$0.00	$0.00	$0.00	
	(*) Pharmacy IBNR	1.0000	1.0010	1.0000	1.0010	
7.	Adjusted Net Pharmacy PMPM	$0.00	$0.00	$0.00	$0.00	
8.	Annual Pharmacy Trend	1.1684	1.1719	1.1684	1.1719	
	Months of Trend	32.0	20.0	32.0	20.0	
	(*) Compounded Pharmacy Trend	1.5145	1.3026	1.5145	1.3026	
9.	Projected Pharmacy PMPM	$0.00	$0.00	$0.00	$0.00	
	Total					
10.	Total Projected PMPM	$538.42	$549.73	$656.31	$664.03	
11a.	FFS Age Adjustment for PMPM	0.9973	0.9988	0.9957	0.9992	
12.	Sub Total FFS Age Adj. PMPM	$536.96	$549.09	$653.47	$663.49	
13.	(*) Benefit Adjustment	1.0000	1.0000	1.0000	1.0000	
14.	Adjusted Projected PMPM	$536.96	$549.09	$653.47	$663.49	
15.	Experience Weights	0.33	0.67	0.33	0.67	
16.	Weighted Experience Claims	$545.09		$660.18		
17.	Member Based Charges	$11.31		$4.35		
18.	Projected Experience Claim PMPM (incl MBC)	$556.40		$664.53		
19.	Manual Claims PMPM	$913.23		$1,092.83		
20.	Credibility Factor	1.00		1.00		
21.	Credibility Adjusted Claim PMPM	$556.40		$664.53		
21a.	Affordable Care Act Adjustments PMPM	$0.26		$0.26		
22.	Underwriter Adjustment Factor	0.9691		0.9691		
23.	Total Projected Claims PMPM	$539.43		$644.22		$562.80
24.	Current Claims PMPM	$510.72		$523.35		$513.54
25.	Expected Claims Increase	5.6%		23.1%		
26.	Composite Expected Claims Increase	9.6%		9.6%		9.6%

MASSACHUSETTS

Account Name	HAMPSHIRE COUNTY INSURANCE GRO
Account ID	0260919
Policy Period	7/01/2025 - 6/30/2026

	Network Blue New England		Blue Care Elect Preferred		Total
Current Expected Claims Rates					
Single:	1,338	$585.93	385	$634.66	
2 Party:	698	$1,364.65			
Family:	1,183	$1,691.87	492	$1,738.24	
Renewal Expected Claims Rates					
Single:	1,338	$642.18	385	$695.59	1,723
2 Party:	698	$1,495.66			698
Family:	1,183	$1,854.29	492	$1,905.11	1,675
Proposed Monthly Claims	3,219	$4,096,829	877	$1,205,116	$5,301,944
Current CPC:		$55.61		$60.43	
Renewal CPC:		$56.44		$61.34	
Monthly:		$181,680		$53,795	$235,476
Current Monthly Funding Rates					
Single:	1,338	$613.99	385	$665.25	
2 Party:	698	$1,430.00			
Family:	1,183	$1,772.89	492	$1,822.02	
Recommended Monthly Funding Rates					
Single:	1,338	$670.66	385	$726.64	1,723
2 Party:	698	$1,561.98			698
Family:	1,183	$1,936.52	492	$1,990.15	1,675
Proposed Monthly Funding	3,219	$4,278,509	877	$1,258,911	$5,537,419
Renewal Level Monthly Deposit:	$4,278,500		$1,258,900		$5,537,400

MASSACHUSETTS

Account Name	HAMPSHIRE COUNTY INSURANCE GRO
Account ID	0260919
Anniversary Date	7/01/2025 - 6/30/2026

Large Loss Exhibit
CLAIMS IN EXCESS OF $150,000

Network Blue New England

Claimant #	Status	Relationship	Period 1 11/22 - 10/23@	Period 2 11/23 - 10/24@	Diagnosis
1	Active	Dependent		$776,544	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
2	Active	Dependent	$409,678	$660,345	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
3	Active	Employee		$397,023	OTH VENTRICULAR TACHYCARDIA
4	Active	Employee		$366,729	ENCNTR ANTINEOPLASTIC IMMUNOTHAPY
5	Active	Employee		$360,504	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
6	Active	Spouse		$314,732	INFECT/INFLM REACTION DUE TO INT [R] KNEE PROSTH INIT
7	Active	Employee		$285,266	STENOSIS OTH CARDIAC PROSTH DEV/GRFT INITIAL ENCNTR
8	Active	Employee		$280,348	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
9	Active	Spouse		$261,431	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
10	Active	Dependent		$259,507	CHR PAIN SYNDROME
11	Cancelled	Employee		$251,998	ANEURYSM RENAL ART
12	Active	Dependent		$244,885	BEHAVIORAL HEALTH
13	Active	Employee		$235,757	MALIG NEOPLASM [R] KIDNEY EXCEPT RENAL PELVIS
14	Cancelled	Spouse		$221,827	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
15	Cancelled	Employee		$217,730	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
16	Active	Spouse		$185,662	BENIGN NEOPLASM PANCREAS
17	Active	Dependent		$181,552	BEHAVIORAL HEALTH
18	Active	Employee	$177,019	$180,741	ENCNTR ANTINEOPLASTIC CHEMOTHAPY
19	Active	Spouse		$176,171	BEHAVIORAL HEALTH
20	Active	Employee		$171,809	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCT
21	Active	Dependent		$165,602	BEHAVIORAL HEALTH
22	Active	Employee		$163,411	SEPSIS UNSP ORGANISM
23	Active	Spouse		$158,367	CHR OBSTRUCTIVE PULMONARY DISEASE W/(ACUTE) EXACERBA
24	Active	Employee		$157,144	MALIG NEOPLASM PROSTATE
25	Active	Spouse		$157,078	MULTIPLE SCLEROSIS
26	Active	Dependent		$151,728	OTH POSTPROCEDURAL COMPLICATIONS & DISORDS DGSTV SYS
27	Active	Employee		$151,582	ENCNTR ANTINEOPLASTIC IMMUNOTHAPY
28	Active	Employee		$150,093	ATHSCL HEART DISEASE NATIVE COR ART W/UNSTABLE ANG PCT
29	Active	Employee	$1,039,046		ACUTE LYMPHOBLASTIC LEUKEMIA IN RELAPSE
30	Active	Employee	$238,666		MYELODYSPLASTIC SYNDROME UNSP
31	Active	Employee	$314,777		MALIG NEOPLASM GLOTTIS
32	Active	Employee	$238,225		ENCNTR ANTINEOPLASTIC IMMUNOTHAPY
33	Active	Dependent	$447,626		VENTRICULAR SEPTAL DEFECT

MASSACHUSETTS

Account Name	HAMPSHIRE COUNTY INSURANCE GRO
Account ID	0260919
Anniversary Date	7/01/2025 - 6/30/2026

Large Loss Exhibit

CLAIMS IN EXCESS OF $150,000

34	Active	Dependent	$279,350		SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN
35	Cancelled	Dependent	$161,365		BEHAVIORAL HEALTH
36	Active	Spouse	$163,891		INFECT/INFLM REACTION DUE TO INT [L] KNEE PROSTH INIT
37	Cancelled	Employee	$351,738		ENCNTR ANTINEOPLASTIC CHEMOTHAPY
38	Active	Dependent	$1,892,666		SPINAL MUSCULAR ATROPHY UNSP
39	Cancelled	Employee	$260,034		CONGENITAL INSUFFICIENCY AORTIC VALVE
40	Active	Dependent	$400,706		SEPSIS DUE TO OTH SPEC STAPHYLOCOCCUS
41	Cancelled	Employee	$509,418		ENCNTR ANTINEOPLASTIC CHEMOTHAPY
Total Incurred Payments by Experience Period			$6,884,207	$7,285,567	

Blue Care Elect Preferred

Claimant #	Status	Relationship	Period 1 11/22 - 10/23@ 12/24	Period 2 11/23 - 10/24@ 12/24	Diagnosis
1	Active	Employee		$1,033,267	HYP HRT & CHR KDNY DIS W/HRT FAIL & STG 1-4/UNSP CHR KDNY
2	Active	Dependent		$430,808	MALIG NEOPLASM PELVIC BONES SACRUM & COCCYX
3	Active	Dependent	$413,548	$388,811	BEHAVIORAL HEALTH
4	Cancelled	Employee		$318,291	TRAUM SUBDR HEM W/LOC STATUS UNKN INITIAL ENCNTR
5	Active	Employee		$301,689	ENCNTR ANTINEOPLASTIC RADIATION THERAPY
6	Active	Spouse		$277,935	ENCNTR ANTINEOPLASTIC IMMUNOTHAPY
7	Cancelled	Spouse	$279,683	$210,373	ENCNTR ANTINEOPLASTIC IMMUNOTHAPY
8	Active	Dependent		$177,859	OTH FX BASE SKULL INIT CLOS FX
9	Active	Employee	$160,210	$163,459	MULTIPLE SCLEROSIS
10	Active	Employee	$159,195	$160,296	MULTIPLE SCLEROSIS
11	Active	Employee	$173,168		FOCAL (SEGMENTAL) ACUTE INFARCT LARGE INTESTINE
12	Active	Spouse	$289,146		CONGENITAL INSUFFICIENCY AORTIC VALVE
13	Cancelled	Employee	$187,264		SECONDARY MALIG NEOPLASM BRAIN
Total Incurred Payments by Experience Period			$1,662,215	$3,462,789	

23

8 over @ 1½ years

3 PPO - 2 single, 1 Fam

5 HMO - 1 single 4 Fam

Plan Count - HMO = 78.5% PPO: 21.5%

HMO - Single 40.8%
+1 22.1%
Fam 37.1%

PPO Single 43.3%
Fam 56.7%

stealth PARTNER GROUP
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Group Reimbursement Report
Hampshire County Group Insurance Trust
Policy Dates 7/1/2023 to 6/30/2024

Benefits

Specific Contract:	12/24
Gapless:	No
Spec Deductible:	$350,000
Agg Specific Deductible:	N/A
Covered Benefits:	Medical & RX
Domestic Reimbursement:	N/A

Specific Contract Parameters

Incurred Date Range:	7/1/2023	to	6/30/2024
Paid Date Range:	7/1/2023	to	6/30/2025

Current Laser / Limits

Full Name	DOB, EE/SP/Dep, Claimant #	Type	Amount	Notes/Specifics
None				

**Grayed out totals listed below indicate no changes in YTD from prior filing

Employee	Claimant Rel	Filing Type	Reporting Month	Reported Medical YTD	Reported Rx YTD	Reported YTD	Spec Deductible	Reimbursement Requested	Filed to Carrier	Amount Reimbursed	Reimbursement Date	Carrier Pend	Carrier Denied	Overpayment +/-	Carrier Approved YTD	Notes
														$ 32.98		OverPayment Rolled over from Prior Policy Year
		Reported Totals		$ -	$ -	$ -	$ -	$ -		$ -		$ -	$ -		$ -	
	Child	Initial	October	$ 351,704.59	$ -	$ 351,704.59	$ 350,000.00	$ 1,704.59	11/27/2023	$ 1,704.59	12/1/2023	$ -	$ -	$ -	$ 351,704.59	
		Supp	November	$ 447,857.70	$ -	$ 447,857.70		$ 96,153.11	12/20/2023	$ 96,153.11	1/2/2024	$ -	$ -	$ -	$ 447,857.70	
		Supp	December	$ 450,410.32	$ -	$ 450,410.32		$ 2,552.62	1/18/2024	$ 2,552.62	1/23/2024	$ -	$ -	$ -	$ 450,410.32	
		Supp	January	$ 451,474.32	$ -	$ 451,474.32		$ 1,064.00	2/20/2024	$ 1,064.00	2/21/2024	$ -	$ -	$ -	$ 451,474.32	
		Supp	February	$ 452,200.73	$ -	$ 452,200.73		$ 726.41	3/18/2024	$ 726.41	3/18/2024	$ -	$ -	$ -	$ 452,200.73	
		Supp	March	$ 455,175.41	$ -	$ 455,175.41		$ 2,974.68	4/18/2024	$ 2,974.68	4/23/2024	$ -	$ -	$ -	$ 455,175.41	
Hmo		Supp	April	$ 455,347.64	$ -	$ 455,347.64		$ 172.23	5/15/2024	$ 172.23	5/22/2024	$ -	$ -	$ -	$ 455,347.64	
		Supp	May	$ 456,581.38	$ -	$ 456,581.38		$ 1,233.74	6/20/2024	$ 1,233.74	6/24/2024	$ -	$ -	$ -	$ 456,581.38	
		Supp	June	$ 458,379.31	$ -	$ 458,379.31		$ 1,797.93	7/22/2024	$ 1,797.93	7/25/2024	$ -	$ -	$ -	$ 458,379.31	
		Supp	August	$ 458,668.13	$ -	$ 458,668.13		$ 288.82	9/16/2024	$ 288.82	9/20/2024	$ -	$ -	$ -	$ 458,668.13	
		Supp	November	$ 458,884.42	$ -	$ 458,884.42		$ 216.29	12/17/2024	$ 216.29	12/31/2024	$ -	$ -	$ -	$ 458,884.42	
		Reported totals		$ 458,884.42	$ -	$ 458,884.42	$ 350,000.00	$ 108,884.42		$ 108,884.42		$ -	$ -		$ 458,884.42	
	Child	Initial	January	$ 510,869.04	$ -	$ 510,869.04	$ 350,000.00	$ 160,869.04	2/22/2024	$ -	3/4/2024	$ 160,869.04	$ -	$ -	$ 350,000.00	Full amount pended for itemized bill
		Supp	January	$ 510,869.04	$ 4,683.02	$ 515,552.06		$ 4,683.02	2/26/2024	- -		$ 4,683.02	$ -	$ -	$ 350,000.00	Full amount pended for itemized bill
		Supp	February	$ 565,815.72	$ 6,676.08	$ 572,491.80		$ 56,939.74	3/18/2024	$ -	3/18/2024	$ 56,939.74	$ -	$ -	$ 350,000.00	Full amount pended for itemized bill
				$ 565,815.72	$ 6,676.08	$ 572,491.80		$ - -		$ 4,683.02	4/9/2024	$ (4,683.02)	$ -	$ -	$ 354,683.02	Release of above pended amount
				$ 565,815.72	$ 6,676.08	$ 572,491.80		$ - -		$ 160,836.06	4/11/2024	$ (160,869.04)	$ -	$ (32.98)	$ 515,552.06	$32.98 applied to OP from 2022 Pr...
				$ 565,815.72	$ 6,676.08	$ 572,491.80		$ - -		$ 56,939.74	4/11/2024	$ (56,939.74)	$ -	$ -	$ 572,491.80	Release of above pended amount
		Supp	March	$ 710,201.26	$ 6,689.55	$ 716,890.81		$ 144,399.01	4/18/2024	$ 144,399.01	4/26/2024	$ -	$ -	$ -	$ 716,890.81	
HMO		Supp	April	$ 900,575.88	$ 6,840.73	$ 907,416.61		$ 190,525.80	5/15/2024	$ 190,525.80	5/21/2024	$ -	$ -	$ -	$ 907,416.61	
		Supp	May	$ 1,011,388.56	$ 6,951.05	$ 1,018,339.61		$ 110,923.00	6/20/2024	$ 110,923.00	7/1/2024	$ -	$ -	$ -	$ 1,018,339.61	
		Supp	June	$ 1,014,042.95	$ 7,006.21	$ 1,021,049.16		$ 2,709.55	7/22/2024	$ 2,709.55	7/30/2024	$ -	$ -	$ -	$ 1,021,049.16	
		Supp	July	$ 1,013,651.49	$ 7,006.21	$ 1,020,657.70		$ (391.46)	8/19/2024	$ -	8/26/2024	$ -	$ -	$ 391.46	$ 1,020,657.70	$391.46 OP satisfied fro
		Supp	August	$ 1,018,427.32	$ 7,006.21	$ 1,025,433.53		$ 4,775.83	9/16/2024	$ 4,775.83	9/19/2024	$ -	$ -	$ -	$ 1,025,433.53	
		Supp	October	$ 1,018,902.79	$ 7,006.21	$ 1,025,909.00		$ 475.47	11/15/2024	$ 475.47	11/19/2024	$ -	$ -	$ -	$ 1,025,909.00	
		Supp	November	$ 1,020,007.22	$ 7,006.21	$ 1,027,013.43		$ 1,104.43	12/17/2024	$ 1,104.43	1/2/2025	$ -	$ -	$ -	$ 1,027,013.43	
		Reported totals		$ 1,020,007.22	$ 7,006.21	$ 1,027,013.43	$ 350,000.00	$ 677,013.43		$ 677,371.91		$ (0.00)	$ -		$ 1,027,013.43	
W	Child	Initial	January	$ 1,525.36	$ 416,745.68	$ 418,271.04	$ 350,000.00	$ 68,271.04	3/1/2024	$ 68,271.04	3/4/2024	$ -	$ -	$ -	$ 418,271.04	
		Supp	February	$ 1,726.12	$ 479,514.91	$ 481,241.03		$ 62,969.99	3/18/2024	$ 62,969.99	3/19/2024	$ -	$ -	$ -	$ 481,241.03	
		Supp	March	$ 1,909.25	$ 569,141.67	$ 571,050.92		$ 89,809.89	4/18/2024	$ 89,809.89	4/26/2024	$ -	$ -	$ -	$ 571,050.92	
		Supp	April	$ 2,214.87	$ 631,912.26	$ 634,127.13		$ 63,076.21	6/17/2024	$ 43,871.57	6/24/2024	$ -	$ 19,204.64	$ -	$ 614,922.49	$19,204.64 denied for duplicate payments
Hmo		Supp	May	$ 2,320.22	$ 715,137.49	$ 717,457.71		$ 83,330.58	6/25/2024	$ -	6/28/2024	$ 83,330.58	$ -	$ -	$ 614,922.49	Full amount pending as carrier rqst'd explanation of possible duplicate claims
				$ 2,320.22	$ 715,137.49	$ 717,457.71		$ - -		$ 83,330.58	7/2/2024	$ (83,330.58)	$ -	$ -	$ 698,253.07	Release of above pended amount
		Supp	June	$ 2,320.22	$ 779,158.08	$ 781,478.30		$ 64,020.59	7/22/2024	$ 64,020.59	7/25/2024	$ -	$ -	$ -	$ 762,273.66	
		Supp	July	$ 2,344.97	$ 779,158.08	$ 781,503.05		$ 24.75	8/20/2024	$ 24.75	8/26/2024	$ -	$ -	$ -	$ 762,298.41	
				$ 2,344.97	$ 779,158.08	$ 781,503.05		$ - -		$ 19,204.64	9/24/2024	$ -	$ (19,204.64)	$ -	$ 781,503.05	Above denied amount has now been released.
		Reported totals		$ 2,344.97	$ 779,158.08	$ 781,503.05	$ 350,000.00	$ 431,503.05		$ 431,503.05		$ -	$ -		$ 781,503.05	
	Self	Initial	April	$ 309,379.40	$ 68,504.41	$ 377,883.81	$ 350,000.00	$ 27,883.81	5/22/2024	$ 27,883.81	5/23/2024	$ -	$ -	$ -	$ 377,883.81	
		Supp	May	$ 312,529.90	$ 84,528.81	$ 397,058.71		$ 19,174.90	6/20/2024	$ 19,174.90	6/20/2024	$ -	$ -	$ -	$ 397,058.71	
PPO		Supp	June	$ 313,296.43	$ 96,248.86	$ 409,545.29		$ 12,486.58	8/12/2024	$ 12,486.58	8/15/2024	$ -	$ -	$ -	$ 409,545.29	
		Supp	July	$ 314,527.45	$ 96,248.86	$ 410,776.31		$ 1,231.02	8/20/2024	$ 1,231.02	8/21/2024	$ -	$ -	$ -	$ 410,776.31	
		Reported totals		$ 314,527.45	$ 96,248.86	$ 410,776.31	$ 350,000.00	$ 60,776.31		$ 60,776.31		$ -	$ -		$ 410,776.31	
	Self	Initial	April	$ 365,684.19	$ 11,985.09	$ 377,669.28	$ 350,000.00	$ 27,669.28	5/17/2024	$ 27,669.28	5/17/2024	$ -	$ -	$ -	$ 377,669.28	
		Supp	May	$ 400,727.47	$ 14,695.32	$ 415,422.79		$ 37,753.51	6/20/2024	$ 37,753.51	6/24/2024	$ -	$ -	$ -	$ 415,422.79	
Hmo		Supp	June	$ 401,079.90	$ 19,966.64	$ 421,046.54		$ 5,623.75	7/22/2024	$ 5,623.75	7/24/2024	$ -	$ -	$ -	$ 421,046.54	

** All claims data reported by Stealth Partner Group/Amwins is based upon the accuracy of data received from plan administrators.
Stealth Partner Group/Amwins is not responsible for inaccuracies or errors in administrator data.

1/10/2025

stealth
PARTNER GROUP
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		Supp	July	$ 440,614.54	$ 19,966.64	$ 460,581.18		$ 39,534.64	8/20/2024	$ 39,534.64	8/21/2024	$ -	$ -	$ -	$ 460,581.18	
		Supp	August	$ 440,793.62	$ 19,966.64	$ 460,760.26		$ 179.08	9/16/2024	$ 179.08	9/20/2024	$ -	$ -	$ -	$ 460,760.26	
		Reported totals		**$ 440,793.62**	**$ 19,966.64**	**$ 460,760.26**	**$ 350,000.00**	**$ 110,760.26**		**$ 110,760.26**		**$ -**	**$ -**		**$ 460,760.26**	
tter	Child	Initial	June	$ 415,780.21	$ 1,788.36	$ 417,568.57	$ 350,000.00	$ 67,568.57	7/22/2024	$ -	7/29/2024	$ 67,568.57	$ -	$ -	$ 350,000.00	Full amount pended for proof of premiums paid & precerts.
dmo				$ 415,780.21	$ 1,788.36	$ 417,568.57		$ - -		$ 67,568.57	8/9/2024	$ (67,568.57)	$ -	$ -	$ 417,568.57	Release of above p[illegible] amount.
		Supp	July	$ 463,590.55	$ 1,788.36	$ 465,378.91		$ 47,810.34	8/20/2024	$ 47,418.88	8/26/2024	$ -	$ -	$ (391.46)	$ 465,378.91	$391.46 applie[illegible] er's OP
		Supp	August	$ 469,247.07	$ 1,788.36	$ 471,035.43		$ 5,656.52	9/16/2024	$ 5,656.52	9/20/2024	$ -	$ -	$ -	$ 471,035.43	
		Supp	September	$ 469,546.82	$ 1,788.36	$ 471,335.18		$ 299.75	10/15/2024	$ 299.75	10/18/2024	$ -	$ -	$ -	$ 471,335.18	
		Reported totals		**$ 469,546.82**	**$ 1,788.36**	**$ 471,335.18**	**$ 350,000.00**	**$ 121,335.18**		**$ 120,943.72**		**$ -**	**$ -**		**$ 471,335.18**	
	Self	Initial	July	$ 975,515.58	$ 8,680.50	$ 984,196.08	$ 350,000.00	$ 634,196.08	8/22/2024	$ 634,196.08	8/30/2024	$ -	$ -	$ -	$ 984,196.08	
ppo		Supp	August	$ 975,662.22	$ 8,680.50	$ 984,342.72		$ 146.64	9/16/2024	$ 146.64	9/25/2024	$ -	$ -	$ -	$ 984,342.72	
		Reported totals		**$ 975,662.22**	**$ 8,680.50**	**$ 984,342.72**	**$ 350,000.00**	**$ 634,342.72**		**$ 634,342.72**		**$ -**	**$ -**		**$ 984,342.72**	

Total Reimbursement Requested	Total Amount Reimbursed	Total Amount Pended	Total Amount Denied	Total Overpayment (If Applicable)	Outstanding Balance
$ 2,144,615.37	$ 2,144,582.39	$ (0.00)	$ -	$ -	$ (0.00)

(25)

PPO

Family Plan

stealth PARTNER GROUP
An Amwins Company

Group Reimbursement Report
Hampshire County Group Insurance Trust
Policy Dates 7/1/2024 to 6/30/2025

Benefits

Specific Contract:	12/24
Gapless:	No
Spec Deductible:	$400,000
Agg Specific Deductible:	N/A
Covered Benefits:	Medical & RX
Domestic Reimbursement:	N/A

Specific Contract Parameters

Incurred Date Range:	7/1/2024	to	6/30/2025
Paid Date Range:	7/1/2024	to	6/30/2026

Current Laser / Limits

Full Name	DOB, EE/SP/Dep, Claimant #	Type	Amount	Notes/Specifics
None				

**Grayed out totals listed below indicate no changes in YTD from prior filing

Employee	Claimant Rel	Filing Type	Reporting Month	Reported Medical YTD	Reported Rx YTD	Reported Bolt On YTD	Reported YTD	Spec Deductible	Reimbursement Requested	Filed to Carrier	Amount Reimbursed	Reimbursement Date	Carrier Pend	Carrier Denied	Overpayment +/-	Carrier Approved YTD	Notes
	Child	Initial	November	$ 401,094.18	$ 4,027.26	$ -	$ 405,121.44	$ 400,000.00	$ 5,121.44	12/26/2024	$ -	1/8/2025	$ 5,121.44	$ -	$ -	$ 400,000.00	Pended for additional eligibility documents.
				$ 401,094.18	$ 4,027.26	$ -	$ 405,121.44		$ -	-	$ 5,121.44	1/14/2025	$ (5,121.44)	$ -	$ -	$ 405,121.44	Release of above pended amount.
		Reported totals		$ 401,094.18	$ 4,027.26	$ -	$ 405,121.44	$ 400,000.00	$ 5,121.44		$ 5,121.44		$ -	$ -		$ 405,121.44	

Total Reimbursement Requested	Total Amount Reimbursed	Total Amount Pended	Total Amount Denied	Total Overpayment (If Applicable)	Outstanding Balance
$ 5,121.44	$ 5,121.44	$ -	$ -	$ -	$ 0.00

(26)

** All claims data reported by Stealth Partner Group/Amwins is based upon the accuracy of data received from plan administrators.
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1/15/2025

HMO-PPO Stats

HMO Subscribers	78.5%
PPO Subscribers	21.5%
HMO Medical Claims	74.9%
PPO Medical Claims	25.1%
HMO Rx Claims	80.65%
PPO Rx Claims	19.35%

Premium Analysis

CVS Claims (12x$2.35m)	28,200,000	
less Rx Rebates	(8,000,000)	
HMO Claims (8.2%trend)	45,838,932	74.6%
PPO Claims(10.21% trend)	15,636,230	25.4%
	81,675,162	

CVS Claims (12x$2.5m)	30,000,000	
less Rx Rebates	(8,000,000)	
HMO Claims (8.2%trend)	45,838,932	74.6%
PPO Claims(10.21% trend)	15,636,230	25.4%
	83,475,162	

CVS Claims (12x$2.75m)	33,000,000	
less Rx Rebates	(8,000,000)	
HMO Claims (8.2%trend)	45,838,932	74.6%
PPO Claims(10.21% trend)	15,636,230	25.4%
	86,475,162	

CVS Fundings by Month

Jan-24	$	1,627,511
Feb-24	$	1,637,534
Mar-24	$	1,672,103
Apr-24	$	1,909,875
May-24	$	1,865,358
Jun-24	$	1,786,640
Jul-24	$	1,928,003
Aug-24	$	2,160,429
Sep-24	$	2,142,954
Oct-24	$	2,309,379
Nov-24	$	2,256,902
Dec-24	$	2,434,435

HMO	Plan Counts	Current Prem	Current Annual Prem	12.5%	14%	15%	17.5%	20%
Single	1,334	$ 711	$ 11,381,688	$ 12,804,399	$ 12,975,124	$ 13,088,941	$ 13,373,483	$ 13,658,026
+1	697	$ 1,655	$ 13,842,420	$ 15,572,723	$ 15,780,359	$ 15,918,783	$ 16,264,844	$ 16,610,904
Family	1,178	$ 2,040	$ 28,837,440	$ 32,442,120	$ 32,874,682	$ 33,163,056	$ 33,883,992	$ 34,604,928
PPO								
Single	383	$ 819	$ 3,764,124	$ 4,234,640	$ 4,291,101	$ 4,328,743	$ 4,422,846	$ 4,516,949
Family	492	$ 2,237	$ 13,207,248	$ 14,858,154	$ 15,056,263	$ 15,188,335	$ 15,518,516	$ 15,848,698
Premium			$ 71,032,920	$ 79,912,035	80,977,529	81,687,858	83,463,681	85,239,504
New Premium				**8,879,115**	**9,944,609**	**10,654,938**	**12,430,761**	**14,206,584**
							82,112,142	

Proposed New Rates

HMO			
Single	$ 818	1,334	1,090,745
+1	$ 1,903	697	1,326,565
Family	$ 2,346	1,178	2,763,588
			-
PPO			-
			-
Single	$ 962	383	368,570
Family	$ 2,628	492	1,293,210

January 13, 2025

Hampshire County Group Insurance Trust
88 King Street
Northampton, MA 01060

ATTN: Joe Shea

Dear Mr. Shea,

We are contacting you on behalf of the West County Senior Services District. A home rule petition was approved by the Towns of Ashfield, Buckland, and Shelburne at Annual Town Meetings in 2022, and on January 5, 2023 Governor Baker signed into law Chapter 402 of the Acts of 2022 Establishing the West County Senior Services District.

The six members of the Board of Managers have been duly appointed and have been taking action to transition from the current 3-town Consortium Agreement to the new District. On October 7, 2024 the Selectboards of Ashfield and Shelburne and on October 8, 2024 the Selectboard of Buckland accepted the Transition Plan presented by the Board of Managers. Those votes used the same motion and all votes were unanimous.

As a result of the recent selectboard votes, the Consortium Agreement will end at midnight June 30, 2025, and the West County Senior Services District will be in effect July 1, 2025 at 12:01 a.m.

The 3 employees of The Senior Center are currently employees of the Town of Shelburne and receiving insurance benefits through the Town. At their November 8, 2024 meeting the Board of Managers voted to join the Hampshire County Group Insurance Trust as of July 1, 2025 and request continued insurance benefits for the employees who will continue to be employed by the new District.

Please advise us of additional information for a smooth transition.

Sincerely,

Sylvia M Smith

Sylvia M. Smith, Chair
Board of Managers
West County Senior Services District

JMor

Juli Moreno, Director
The Senior Center