HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Executive Committee Meeting Notice and Agenda December 3, 2025 9:00 A.M. ZOOM Meeting

Call to Order	RC
Executive session pursuant to MGL 30A §21 Section 2 to conduct strategy sessions in preparation for negotiations with nonunion personnel or to conduct collective bargaining sessions or contract negotiations with nonunion personnel.	RC
Consultant Items	RC
Legal Counsel	RC
GLP1 Grievance	RC
Unit Concerns (Open Meeting / Voting / Westhampton)	RC
Audit Update	CG
Financials	RC
Alternate Benefit Options (Berkley Accident & Health / APEX Benefits)	RC
Any Other Items	RC

Meeting Schedule

Executive Committee – December 10, 2025, 9:00 a.m. ZOOM Insurance Advisory Committee – December 17, 2025,10:00 a.m. ZOOM Executive Committee – December TBD, 2025, 9:00 a.m. ZOOM Cindy Graves is inviting you to a scheduled Zoom meeting.

Topic: EC Meeting

Time: Dec 3, 2025 09:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

https://us02web.zoom.us/j/83872975722?pwd=a4HSz8Plg1EejskdDYds3I29qTX2pf.1

View meeting insights with Zoom AI Companion

https://us02web.zoom.us/launch/edl?muid=dd0ae362-f9f2-4861-90e1-2a8837493922

Meeting ID: 838 7297 5722

Passcode: 772093

One tap mobile

+13017158592,,83872975722#,,,,*772093# US (Washington DC)

+13052241968,,83872975722#,,,,*772093# US

Join instructions

https://us02web.zoom.us/meetings/83872975722/invitations?signature=qGB12WQyR6SewCwIVTIaVhlz3gg7m6h6CFSXWRI9DHI

GLP1 GRIEVANCE

I am submitting this formal grievance regarding the removal of Wegovy (semaglutide) from coverage under my Blue Cross Blue Shield of Massachusetts plan, administered through the Hampshire County Group Insurance Trust ("the Trust").

I was informed that the Trust considers this to be a "formulary change" rather than a "change in benefits." The documentation provided by the Trust included minutes from an internal meeting in which it was noted that this change would be categorized as a formulary change specifically so that the Trust could continue to state publicly that "coverage would not change." This suggests a deliberate effort to frame the change in a way that would prevent members from realizing that their coverage had, in fact, been reduced.

This is misleading, negligent, and inconsistent with the Trust's duty to communicate changes to plan members in good faith. Even as a highly educated person with two master's degrees, I found this distinction confusing. It is unreasonable to expect that the average plan participant would understand that "no change in benefits" could mean losing access to a prescribed medication.

Accordingly, I am filing this grievance on the following grounds:

- Misrepresentation: The Trust knowingly communicated that coverage would not change, despite internal awareness that this change would affect access to covered medications.
- Failure to Notify: The Trust failed to provide proper notice of a change that directly impacted members' medical treatment.
- Negligence: The Trust's admission that my notification "slipped through the cracks" demonstrates a breakdown in process that is unacceptable in the administration of health benefits.
- 4. Member Harm: The lack of notice created potential medical risk and distress for affected members.
- 5. Lack of Transparency: The deliberate classification of the change as "formulary" to justify non-disclosure represents a troubling lack of transparency.

I request that the Trust:

- Acknowledge this communication failure and outline the corrective actions being taken.
- Review whether the handling and communication of this change complied with applicable Massachusetts Division of Insurance standards.
- Ensure that all future formulary or benefit changes are communicated clearly and in advance to affected members.
- Provide a written response addressing these concerns and the findings of the Executive Committee's review.

Sent: Monday, November 17, 2025 7:49 PM

Hi Richard,

I just wanted to make it known how disappointed I was by this email and the failure of the Executive Committee to rise to the occasion during the time when demonstrating the responsibilities of the EC is of greater importance than ever before.

Some of the main responsibilities of this committee (always, but especially during a time of crisis) is to ensure stability, transparency and peace of mind to the member units. To brush off this request so carelessly at any time would be unprofessional, but to do so at this time is egregious and further puts the health and stability of the trust at greater risk.

I would strongly encourage the EC to reevaluate the way requests for communications / meeting visits are handled to ensure that this type of response doesn't happen in the future. As such, I respectfully request that this email be shared with the full EC.

Thank you, Ryan

Ryan W. Mailloux, CMMT Town of Westhampton

On Nov 12, 2025, at 3:05 PM

Mr. Doug Finn and Mr. Ryan Mailloux,

Good afternoon,

On behalf of the Executive Committee, I am responding to your email to the outgoing Executive Director, Mr. Joe Shea. The email has been attached to this one. I sit as the Chair of the Executive Committee for the HCGIT. Mr. Joe Shea and Executive Committee member Shelley Poreda have been copied on this reply.

You have a request out to the Trust for a representative to discuss the current status of the HCGIT. As you know, Mr. Shea is retiring and won't be attending. I expect an update (not specific to Westhampton) will be given at the upcoming IAC Meeting on November 18th. It is at this point where the IAC will confirm the consultant to assist the operation of the Trust. From that point forward, one key piece of the short-term plan will be in place. The Executive Committee will meet with the consultant to map out their plan towards the upcoming renewal for July 2026 and managing the remaining eight months of the existing contract. I would ask that you appreciate the call for additional oversight from the member units of the Trust and give our consultants an opportunity to do their work. If there are specific questions once the work has begun, I encourage you to forward your questions so that they may be answered.

Thank you,

Richard A. Carmignani Jr., CMMT, CMMCo

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Sent: Thursday, November 20, 2025 3:12 PM

Please see response from AG's office below. Even if a ballot is to be used to avoid members influencing each other, the results with each individual vote must be read aloud immediately after, not via email like it has been done. It also seems like a meeting with remote participation <u>must</u> be done by roll-call vote, so it seems like if we're doing remote meetings ballots are not an option.

Paul McLatchy III Town Administrator Town of Ashfield

From: OpenMeeting (AGO) < openmeeting@mass.gov>

Sent: Thursday, November 20, 2025 3:08 PM

To: Town of Ashfield Administrator < townadmin@ashfield.org>

Subject: RE: Voting by Ballot

Good Afternoon Paul,

Thank you for contacting the Division of Open Government. Please note that we can provide general information about the requirements of the Open Meeting Law but cannot provide advisory opinions or legal advice.

The Open Meeting Law states that "No vote taken at an open session shall be by secret ballot." G.L. c. 30A, § 22(b). However, we have previously advised that it would be permissible for public body members to vote by paper ballot (for example, so they are not influenced by each other's votes) provided that immediately after, each person's vote is read aloud with their name and how they voted. I note that, if a member is participating remotely, all votes must be by roll call vote. A roll call vote is the act or an instance of calling off a list of names. Roll call votes should be appropriately recorded in the minutes; even unanimous votes need to be recorded by roll call in the minutes. Certainly, for purposes of openness and transparency, best practice is to simply vote out loud during meetings.

Sincerely,
Kerry Kilcoyne (she/her/hers)
Assistant Attorney General
Division of Open Government
Office of the Massachusetts Attorney General
One Ashburton Place
Boston, MA 02108

617-963-2540 openmeeting@mass.gov From: Town of Ashfield Administrator < townadmin@ashfield.org>

Sent: Thursday, November 20, 2025 1:28 PM

To: OpenMeeting (AGO) < openmeeting@mass.gov>

Subject: Voting by Ballot

Good Afternoon,

The Open Meeting Law says that secret ballots may not be used to vote. I have observed a remote public body that has just this week taken two votes taken by "paper" ballot and returned to the clerk by email, with the results announced after. I brought it up in the meeting and they suggested that since the results are announced, it's not a "secret ballot". Is there any way to get a determination on this? I feel very uncomfortable that votes are being taken this way.

Paul McLatchy III
Town Administrator
Town of Ashfield

Sent: Tuesday, November 25, 2025 10:54 AM

[Caution: EXTERNAL E-Mail]

Hi,

Please forward to all members of the EC.

After the meeting, I read the agreement. The language on a majority vote is unclear. The wording does not specify if it is a majority of all weighted votes (thus more than 50%) or a majority of those present (43.9%). "Any Motion before the Trust needs a simple majority of the weighted vote of the member units of the Trust." The way I read that sentence is that a 50%+ tally is needed to pass a motion.

Considering that this vote shows how the IAC is splitting, I highly recommend that you have legal counsel review the agreement and your determination that the vote passed.

Also, it would be helpful in the future to acknowledge the challenges of the vote instead of just closing the meeting as if we voted on the minutes.

Sincerely,
Jan Ameen
Franklin County Solid Waste District

From: Danielle Chaplick <dchaplick@hilbgroup.com>

Sent: Tuesday, November 25, 2025 1:29 PM

[Caution: EXTERNAL E-Mail]

Hello Rich,

Thank you and everyone for today's meeting. While we're not presenting this information as legal authority, we'd like to share the general state law provisions regarding quorum establishment and the requirements for a prevailing vote:

According to Massachusetts General Laws, Chapter 156D, Section 7.25, if there are no specific provisions in your documents, a quorum is defined as a majority of the shares entitled to vote on the matter.

Once a quorum is established, a majority of the votes cast will suffice for a favorable outcome, unless your documents specify a higher requirement and/or threshold.

It's worth noting that some purchasers may expressly stipulate a 50 percent requirement, while others may not within their contract. It also gets more complex with a weighted vote as such. We thought we would share this information in case the issue is pressed.

If you need further recommendations for counsel, here are two attorneys we've worked with in the past:

John Clifford john@cliffordkennylaw.com Kevin Feeley: kf@feeleybrownlaw.com

We hope this information is helpful.

Best, Danielle



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BCBS	Stealth Partner Group	Boston Mutual	ACSA	M&B Holdings	Edward Haber	Verizon	CanaRx	Joseph Shea	Comcast	CVS	MUNU	Cindy Graves	Checkwriters	BCBS	CVS	Netlogix	Netlogix	HCGIT	CMS	CanaRx	CVS	Checkwriters	Hamp Retirement	CVS	Blue Medicare Rx
4,875,954.94	202,701.25	49.25	389.69	1,000.00	6,250.00	20.97	5,065.11	854.42	280.40	736,437.55	(1,862.72)	425.46	14,042.49	3,034,600.00	539,146.52	1,438.20	270.00	8,782.00	139.98	2,957.57	731,618.91	14,057.49	3,407.31	758,263.39	652,159.77
		7200	7201	7198	7199	7197	7203	7202				7204						7205	7206	7207			7208		
10/1/2025 ACH	10/1/2025 ACH	10/1/2025	10/1/2025	10/1/2025	10/1/2025	10/1/2025	10/3/2025	10/3/2025	10/4/2025 ACH	10/6/2025 ACH	10/7/2025 ACH	10/7/2025	10/8/2025 ACH	10/15/2025 ACH	10/16/2025 ACH	10/21/2025 ACH	10/21/2025 ACH	10/21/2025	10/21/2025	10/21/2025	10/21/2025 ACH	10/22/2025 ACH	10/28/2025	10/30/2025 ACH	10/31/2025 ACH

11,588,449.95



Monthly Claim prefunding & Aug settlement Reinsurance- OCT

Dental Ins Life Ins

Rent APR

IT work

final fax bill

Rx expense

office expenses

Rx weekly Internet

Stop Loss Reimb

office expenses

Monthly claim funding, second half payroll 10/9

Rx weekly

IT service, new server PC IT service, new server PC

Health Insurance

Phone

Rx expense

Rx weekly

payroll 10.23

OCT Deductions

Rx weekly

Medicare rx

BCBS	Stealth Partner Group	M&B Holdings	Edward Haber	CanaRx	Boston Mutual	ACSA/PPI	Joseph Shea	Checkwriters	Netlogix	NNN	Comcast	CVS	CVS	CMS	Cindy Graves	BCBS	CVS	HCGIT	Hamp Retirement	CanaRx	Checkwriters	CVS	Blue Medicare Rx
3,654,748.23	201,568.61	1,000.00	6,250.00	9,111.31	49.25	389.69	234.19	14,042.47	1,469.03	(19.57)	280.40	841,379.27	550,235.01	99.61	79.44	3,034,600.00	544,444.72	8,191.00	3,407.31	7,654.95	44,874.11	778,417.25	657,703.10
		7209	7210	7211	7212	7213	7214							7215	7216			7217	7218	7219			
11/1/2025 ACH	11/1/2025 ACH	11/3/2025	11/3/2025	11/3/2025	11/3/2025	11/3/2025	11/4/2025	11/5/2025 ACH	11/5/2025 ACH	11/6/2025 ACH	11/6/2025 ACH	11/7/2025 ACH	11/12/2025 ACH	11/13/2025	11/13/2025	11/14/2025 ACH	11/21/2025 ACH	11/21/2025	11/21/2025	11/28/2025	11/19/2025 ACH	11/28/2025 ACH	11/30/2025 ACH

Stop Loss Reimb

Rx weekly

Internet

Rx weekly

Phone

office expenses

Dental Ins

Rx expense

Life Ins

payroll 11/6

IT service

Monthly claim funding, second half

office expenses

Health Insurance - DEC

Rx weekly

NOV Deductions

payroll 11/20

Rx expense

Medicare rx

Rx weekly

Monthly Claim prefunding & SEPT settlement

Reinsurance- NOV

Rent NOV

IT work

10,360,209.38



7/30/25 IAC Meeting: Projections 20% 10/1/25 + 20% MEDEX 1/1/26	20% 10/1/25 + 209	% MEDEX 1/1/2	26										
	July	August	September	October	November	December	January	Eahruany					
Revenue								col daily	Ivial CII	April	May	June	Total
Premium Ston Loce reimburgement	8,350,000	8,350,000	9,820,000	9,820,000	9,820,000	10,070,000	10,070,000	10,070,000	10,070,000	10,070,000	10,070,000	10.070.000	116 650 000
CVS Rebate	400,000	200,000	2,100,000			2 100 000		100,000	100,000	200,000	250,000	250,000	1,650,000
Total Revenue	8,750,000	8,550,000	12,070,000	9,820,000	9,820,000	12.170.000	10.070.000	10.170.000	11,800,000	000 010 01		1,800,000	7,800,000
Expenses							000/010/01	70,110,000	11,370,000	10,270,000	10,320,000	12,120,000	126,100,000
BCBS Funding	(6,069,200)	(6,069,200)	(7,000,000)	(7 500 000)	1000 050 51	1000 000 2)	1000 000 07						14 10 10 10 10 10 10 10 10 10 10 10 10 10
CVS Claims	(2,900,000)	(2,900,000)	(2,900,000)	(2,200,000)	(2,200,000)	(2,200,000)	(6,200,000)	(7,500,000)	(6,200,000)	(6,200,000)	(7,500,000)	(7,000,000)	(80,307,600)
CanaRx	(10,500)	(10,500)	(10,500)	(10,500)	(10.500)	(10.500)	(11,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(28,500,000)
Fed Pcori Fee	(40,000)				(0)-()	(000'0+)	(000(11)	(11,000)	(11,000)	(11,000)	(11,000)	(11,000)	(129,000)
Hamp Retirement Assessment	(130,000)												(40,000)
HCGIT Op Epenses	(60,000)	(000'09)	(60,000)	(60,000)	(000'09)	(000.000)	(60 000)	(60,000)	1000 037	100000			(130,000)
Blue Medicare Rx fee	(640,000)	(640,000)	(640,000)	(640,000)	(640,000)	(640,000)	(704 000)	(000,00)	(000,00)	(60,000)	(60,000)	(000'09)	(720,000)
Stop Loss Premium	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204 500)	(204,000)	(204,000)	(704,000)	(704,000)	(704,000)	(8,064,000)
Total Expenses	(10,054,200)	(9,884,200)	(10,815,000)	(10,615,000)	(9,184,200)	(10,115,000)	(9,379,500)	(10,679,500)	(9,379,500)	(204,500)	(204,500)	(204,500)	(2,454,000)
										(anale inter	(חספיים יחימד)	(0000'6/11'01)	(120,344,600)
Net Cash	(1,304,200)	(1,334,200)	1,255,000	(795,000)	635,800	2,055,000	002'069	(905.500)	2 590 500	000 000	1001 010)		

12/2/25 EC Meeting: Actuals + 20% 10/1/25 + 19.0% MEDEX 1/1/26	3% 10/1/25 + 19.0%	6 MEDEX 1/1/2	9										
	July	August	September	October	November	December	January	February	March		2		
Revenue								A IRPO INTO	Majori	April	May	June	Total
Premium Stop Loss reimbursement	8,308,728	8,343,313	9,762,643	9,666,501	9,635,519	10,057,000	10,057,000	10,057,000	10,057,000	10,057,000	10,057,000	10,057,000	116,115,703
Total Revenue	8,548,814	8,843,436	2,208,604	9,668,363	9,635,538	2,100,000	10,057,000	10,157,000	1,800,000	10.257,000	10 307 000	1,800,000	7,908,604
Expenses										2001	000' 100'0+	14,101,000	125,666,398
BCBS Funding	(6,153,533)	(7,910,555)	(6,689.348)	(6.959.912)	(6,689,348)	(000 000 2)	1000 000 07	1					
CVS Claims	(2,899,440)	(2,844,728)	(3,078,596)	(2,765,466)	(2,714,476)	(2,200,000)	(2,200,000)	(000,005,7)	(6,200,000)	(6,200,000)	(2,500,000)	(2,000,000)	(82,002,696)
CanaRx	(11,918)	(10,970)	(5,628)	(8,023)	(16,766)	(10.500)	(2,230,000)	(11,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(29,702,706)
Fed Pcori Fee	(39,719)					(000/01)	(000/11)	(11,000)	(11,000)	(11,000)	(11,000)	(11,000)	(129,805)
Hamp Retirement Assessment	(130,358)												(39,719)
HCGIT Op Epenses	(74,458)	(40,562)	(57,487)	(49,179)	(60,000)	(60.000)	(60,000)	(60,000)	(000 03)	1000 007			(130,358)
Blue Medicare Rx fee	(636,287)	(650,608)	(652,436)	(652,160)	(657,703)	(655,000)	(704,000)	(204,000)	(90,000)	(60,000)	(60,000)	(60,000)	(701,686)
Stop Loss Premium	(204,290)	(203,181)	(202,462)	(202,701)	(201.569)	(203,500)	(204,500)	(204,000)	(704,000)	(704,000)	(704,000)	(704,000)	(8,128,194)
Total Expenses	(10,150,003)	(11,660,604)	(10,685,957)	(10,637,441)	(10,339,862)	(10,129,000)	(9,379,500)	(10,679,500)	(9.379.500)	(204,500)	(204,500)	(204,500)	(2,444,703)
						PARABELLE SANS			loocie intel	(חחריר וריר)	(000,010,01)	(10,179,500)	(123,279,868)
Net Cash	(1,601,189)	(2,817,168)	1,285,289	(2069)	(704 324)	2 028 000	003 443	(00) (1)	1				
			Construction Section (Section)	111	laction!	4,040,000	005/1/0	(522,500)	2,577,500	877,500	(372,500)	1,927,500	2.386 531



(3,368,869)

(13,000)

(13,000)

(13,000)

(27,000)

(1,340,124)

(174,077)

30,289

(296,989) (1,482,968)

Hampshire County Group Insurance Trust Claim Payments

	-	CLAIMS		AMOUNT PAID		VADIANOE	122110110	
January 2023	3	\$ 4,941,510.44		4,839,000.00	ď	VARIANCE	1237	MULATIVE VAR.
February		\$ 5,145,447.69		4,839,000.00	\$		\$	(67,550.81)
March		\$ 5,606,776.57		4,839,000.00	\$		\$	238,896.88
April		\$ 3,656,013.51		4,839,000.00	\$		\$	1,006,673.45
May		4,968,758.05				(1,182,986.49)	\$	(176,313.04)
June		5,512,963.61		4,839,000.00	\$		\$	(46,554.99)
July		4,844,980.28		4,839,000.00 5,313,600.00	\$	M T T TABLES	\$	627,408.62
August		5,210,044.34		5,212,600.00	\$		\$	259,788.90
September		5,504,553.19		5,840,008.62	\$		\$	(370, 175.38)
October		4,834,161.59		5,212,600.00	\$	\$ 5 DE CE	\$	(78,222.19)
November		6,293,210.34		5,212,600.00	\$		\$	(456,660.60)
December	33	4,801,040.95		5,212,600.00	\$	3	\$	623,949.74
January2024	\$			5,212,600.00	\$	(411,559.05)	\$	212,390.69
February	- 33	5,183,440.21	1400	5,284,300.00	\$	(325,494.58)	\$	(113,103.89)
March	697	6,030,065.36		5,284,300.00	\$	(100,859.79)	\$	(213,963.68)
April			1000000	5,284,300.00	\$	745,765.36	\$	531,801.68
May	20	6,505,090.32		5,816,101.68	\$	688,988.64	\$	1,220,790.32
\$ 150 m		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 2025	\$	6,453,754.80	\$	5,569,600.00	\$	884,154.80	\$	884,154.80
February	\$	6,057,531.86	\$	5,569,600.00	\$	487,931.86	\$	487,931.86
March	\$	5,962,534.78	\$	5,569,600.00	\$	392,934.78	\$	392,934.78
April	\$	5,786,383.98	\$	5,569,600.00	\$	216,783.98	\$	216,783.98
May	\$	8,943,910.34	\$	5,569,600.00	\$	3,374,310.34	\$	3,374,310.34
June	\$	7,166,257.06	\$	5,569,600.00	\$	1,596,657.06	\$	1,596,657.06
July	\$	6,153,533.46	\$	6,069,200.00	\$	84,333.46	\$	84,333.46
August	\$	7,910,554.94	\$	6,069,200.00	\$	1,841,354.94	\$	1,841,354.94
September	\$	6,689,348.23	\$	6,069,200.00	\$	620,148.23	\$	620,148.23
October	\$	6,959,912.03	\$	6,069,200.00	\$	890,712.03	\$	890,712.03
November	\$	6,689,348.23	\$	6,069,201.00	\$	620,147.23	\$	620,147.23

P = Acturial Projection of Claims or Anticipated Payments,

A = Actual Info.

E = Estimate based on some actual information

From: Pinto, Chris < cpinto@berkleyah.com > Sent: Tuesday, November 11, 2025 1:02 PM

To: TREAS1 < treas1@dudleyma.gov>

Subject: RE: Hampshire Country GIT-Captive Solution

Hi Rich,

I recognized the Hampshire GIT is discussing alternative healthcare solutions for members to control costs. I wanted to follow up on my prior email to see if you or committee members would be open to a conversation on a captive strategy?

Let me know your thoughts when you have a moment.

Best,

Chris

Chris Pinto
Regional Sales Manager
Berkley Accident & Health
| a Berkley Company
Mobile – 774-239-2061
cpinto@berkleyah.com

Insurance underwritten by:
Berkley Life and Health Insurance Company | NAIC 64890
StarNet Insurance Company | NAIC 40045



From: Pinto, Chris

Sent: Friday, October 17, 2025 12:07 PM

To: 'richc@dudleyma.gov' < <u>richc@dudleyma.gov</u>> **Subject:** Hampshire Country GIT-Captive Solution

Hi Rich,

Hope all is well. I am curious if Hampshire GIT and the executive committee has explored a Captive Solution for your members or would be open to exploring one as alternative strategy for your healthcare program? A Captive can provide more stability on your stop-

loss renewals while providing the same data transparency on claims vs transition back to a fully insured model at the mercy of the carrier.

Berkley has built over 50 exclusive/proprietary captive programs throughout the county for organizations. In addition, we could build in additional revenue for sustainability of the trust or to help off-set point solutions you choose to add that could manage cost and mitigation risk on prescriptions cost, analytics, or disease management, etc.

Let me know if you or other members of the committee would be open to a brief conversation to explore further? I could loop in members of our executive team if you would like or just have an informal discussion.

Thanks,

Chris

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From: Jeff Bastien < Jeff@apexbenefitsonline.com > Sent: Thursday, November 20, 2025 7:45 AM

To: TREAS1 < treas1@dudleyma.gov > **Subject:** Insurance Advisory Services

Hi Rich - we just were referred by someone to reach out to see if there is an opportunity to support the Insurance Trust given what is going on with healthcare right now.

My agency has made some heavy investments in technology as well as AI to actually utilize the data available to us to move the needle in healthcare. Large consulting houses do this for their upmarket clients (5000+ employees), but typically reserve the tools because they are too expensive down market.

We are setting out to change that. Some examples of what we have done for clients attached - market analysis, steerage opportunity, and data-driven wellness initiates with ROIs; as well as solutions to carve out GLP-1s, Fertility services etc. from plans while not sacrificing the actual benefit for employees.

Is there still time for us to submit a proposal? I know we are late to the game.

Jeff Bastien

Executive Vice President & Founder Strategic Advisor, Employee Benefits

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