HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Insurance Advisory Committee
Meeting Notice and Agenda
January 31, 2024
10:00 A.M.
ZOOM Meeting

Call to Order	RC
Approval of Minutes of October 2023	RC
Financial Report Month of December 2023 **Income & Expenses & Operating Expenses** **For Trust and Wellness Initiative**	JS
Wellness	MK
Open Enrollment/Health Fairs	JS
Stop Loss Update	JS
CanaRx Mailing	JS
Spouse Audit/Marital Affidavit/Budget Adjustment	JS
Rx RFP Update	JS
Rate Increase (vote)	JS
Other Last Minute Items	JS
Adjournment	RC

<u>Meeting Schedule</u>

Executive Committee – February 2024, TBD
Executive Committee – March 20, 2024, 9:00 a.m., ZOOM
Insurance Advisory Committee – TBD April, 2024, 10:00 a.m. ZOOM

Joseph Shea is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting
https://us02web.zoom.us/j/83661076576?pwd=MlVlZys2bUhSSWZzcFdvZUlDaGZtQT09

Meeting ID: 836 6107 6576
Passcode: 754964

One tap mobile
+13092053325,,83661076576#,,,,*754964# US
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- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
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- +1 305 224 1968 US
- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 9128 US (San Jose)
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Meeting ID: 836 6107 6576
Passcode: 754964

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

98 KING STREET
NORTHAMPTON, MA 01060

TO: All Member Trust Units

RE: **Minutes of October 4, 2023**
Insurance Advisory Committee
Via Zoom Teleconference

MEMBERS PRESENT:

Julie Wonkka
Catherine Levreault
Joanne Misiaszek
Cara Leach
Ashley Obrzut
Denise Cashin
Paula Harrison
Jan Warner
Allan Kidston
Sarah Kimball
Rich Carmignani Jr.
Emily Russo
Amy Schrader
Jennifer Eichorn
Linda Gross
Shelley Poreda
Deborah Kuhn
Christopher Martin
Maureen Humphrey
Joan Zuzgo
Sharon Ashleigh
Ryan Mailloux
Eileen Seymour
Gabriele Voelker
Jessalyn Zaykoski
Sharon Strzegowski
Michele Turner
Amber Robidoux
Sues'Anne Jason
Angelina Bragdon
Kari Scytkowski
Barbara Miller
Heather Rock
Donna Whiteley
Jennifer Day
Irene Houle
Michelle Hill
Rosie Serrano

OTHERS PRESENT:

Joseph Shea
Michele Komosa
Wendy Bogusz
Cynthia Graves
Mary Houle
Kristen Cormier
Jessica Hebert
Gloria Congram

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.

In Chariman Russ Kaubris' absence, Rich Carmignani, Jr. volunteered to chair the meeting which he called to order at 10:05 a.m. with a roll call that presented a quorum of 93.93% of the weighted vote.

APPROVAL OF MINUTES

Rich Carmignani requested that the minutes of July 19, 2023, approved by unanimous consent, all were in favor.

FINANCIAL REPORT

Financial Report

The Financial Report for the month of August was presented reflecting a starting balance of $1,431,427.23 with a total monthly income received of $7,679,237.55 and monthly expenses of $8,179,126.56 with a total net monthly income of ($499,889.01) and an ending month balance of $931,538.22 with accounts receivable of $519,568.60 leaving a total of $29,566,313.05.

Investments and CD's for August 2023

The investments portfolio value was $11,430,984.12 with a market change of ($281,452.95) leaving a total of $11,149,531.17. The starting balance in CD's was $12,464,721.48, with interest earned of $36,052.28 and a transfer of $400,000.00 to the general fund leaving a balance of $12,100,773.76.

AUGUST EXPENDITURES

The expenditures for the month of August were reviewed.

Rich Carmignani, Jr. requested that the full financial report, including the expenditures, be approved by unanimous consent, all were in favor.

WELLNESS UPDATE

Michele gave an update on the Wellness Initiative program for this Fall including 3 challenges:

- **Learn to Live –** Challenge ends Oct 15, 2023. There are also 3-4 webinars per month on different topics & those were sent to all units via email.
- **A Healthy Me –** Challenge running Sept 18th – Oct 15th. To date, 100 people have signed up for the new platform compared to the old platform which had 600 enrolled. To sign up on the new platform, please visit "wellness.ahealthyme.com".
- **Wellable** – Fall Challenge running from Oct 30th – December 12th.
- **Onsite Cooking Seminars -** There are three currently booked.
- **Flu Clinics** - Michele discussed that Flu Clinics would no longer be offered as they are readily available in the community.

For more information on any wellness programs contact Michele Komosa via email at michelek@hcgit.org.

INVESTMENTS OVERVIEW

Joe discussed our Wells Fargo investments, giving an overview of the last 9 ½ yrs. We are up 8% for 2023 and have earned 4 million dollars over those 9 1/2yrs. The last few years we have been drawing down the account due to claims going up after Covid.

OFFICE MOVE

The office move went smoothly, and we are settled in at 88 King St, back to business as usual after a short transition.

RX RFP

Joe advised that our CVS contract will be expiring June 30, 2024, John Garrish is working on RFP and hopes to have it out by next week.

MEDEX 2024 RATE

Joe reported our Medex plan has been running at a loss. BCBS has a projected increase for Medex of 5.6% in claims (for medical) and 2% in administration, with BMRX showing a 6.6% mandatory increase. He recommended an overall 5.26% increase to the rate.

On a motion by Julie Wonkka, seconded by Cathy Levreault, it was voted to increase the premium rate to $360.00 monthly for Medex beginning January 1, 2024. A roll call vote was taken with all in favor.

BENEFIT CHANGES 2024

Some questions were raised about why we do not offer a high deductible plan to our subscribers. The discussion was that a high deductible plan would increase rates and it was unnecessary to make benefit changes at this time as it was just done 4 years ago. Rates would be the only thing changing at the next renewal.

ANNUAL ELECTIONS

Joe explained we have 4 openings for our Executive Committee: a chairperson, a representative of towns under 5,000, and 2 representatives at large. As listed in the agenda, the following people volunteered for positions prior to the meeting:

Chairperson – Rich Carmignani Jr (Dudley)
Town under 5,000 – Gabrielle Voelker (New Salem)
2 Reps at Large – Paula Harrison (Colrain) and Shelley Poreda (Frontier)

With Rich Carmignani Jr volunteering for the Chairperson position, it left his representative at large seat open. Michele Turner of Northfield volunteered to take this position. The floor was open for other nominations; there were none.

On a motion by Michelle Hill, seconded by Emily Russo, it was voted to accept the EC member list as presented in the agenda packet with Michele Turner added as a representative at large. A roll call vote was taken with all in favor.

LAST MINUTE ITEMS

- There is a small town in Berkshire County (Washington) inquiring about entering the trust with 3-4 people insured, Joe thought we could allow them in under a 1-year probation period. Other inquiries were made but none have reached out again.
- Bills were received late by some units and upon arrival were wet and moldy. A complaint was made to USPS with no response. We are hoping to eliminate this problem by implementing electronic billing in the first half of 2024.

ADJOURNMENT
Rich Carmignani, Jr. requested to adjourn the meeting by unanimous consent at 10:53 a.m., all were in favor.

Respectfully submitted,
Jessica Hebert

Meeting Schedule
Executive Committee – November 15, 2023, 9:00 a.m., via ZOOM
Executive Committee – December 20, 2023, 9:00 a.m., via ZOOM
Executive Committee – January 24, 2024, 9:00 a.m., via ZOOM
Insurance Advisory Committee – January 31, 2024, 10:00 a.m., via ZOOM

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

FISCAL YEAR 2023 OPERATING EXPENSES (July 1, 2023 to June 30, 2024)

ITEM CODE	BUDGET ITEMS	FY-2023	FY-2024													
		Budgeted	Budgeted													
	WAGES & BENEFI	7-1/6-30	7-1/6-30	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
5110	SALARY*	370,000.00	391,000.00	24,522.36	40,072.17	26,195.97	25,879.75	26,512.19	26,195.98							169,378.42
5145	LONGEVITY	6,000.00	6,600.00													-
5130	OVERTIME															-
5120	TEMP. EMPLOYEE SAL															-
481	FICA (.062)															-
5186	MED TAX (.0145)															-
5181	CONTRIBUTORY RET.	106,719.00	111,539.00	114,462.10	4,685.79	3,123.86	3,123.86	3,123.86	3,123.86							131,643.33
5189	EMP. ASST. PROG. EAP															-
5184	HEALTH INSURANCE	61,500.00	56,000.00	6,044.60	6,304.06	6,174.33	6,174.33	6,174.33	6,174.33							37,045.98
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	544,569.00	565,489.00	145,057.46	51,090.42	35,522.56	35,206.34	35,838.78	35,522.57	-	-	-	-	-	-	338,238.13
																-

ITEM CODE	BUDGET ITEMS															
																-
																-
	NON SALARY EXPENSES															-
5300	ADM. CONT. SERVICES (FS&PF)															-
	Rent	16,500.00	14,400.00	1,400.00	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00							6,400.00
	Parking	500.00	-													-
5305	ADM. CONT. SERVICES (Audit)	16,500.00	21,000.00													-
5320	LEGAL		-													-
5340	TELEPNONE/INTERNET															-
5490	FOOD SUPPLIES	600.00	600.00		47.18		20.46	17.78								85.42
5420	OFFICE & COMPUTER SUPPLI	2,500.00	2,500.00		961.46		610.56	539.99								2,112.01
5580	MISC. EXPENSES	500.00	5,500.00	1,436.95	402.07		417.15	98.96								2,355.13
5580	NEWSPAPER/MAGS/BOOKS															-
5420	POSTAGE (Stamps)	3,500.00	3,500.00													-
5275	POSTAGE METER RENTAL				261.59			1710								1,971.59
5380	MINI GRANTS/WELLNESS	20,000.00	10,000.00													-
5420	STATIONERY & OFF. SUPP.				74.98			876.95								951.93
5780	SURETY BONDS	1,750.00	1,750.00		290.00	100.00										390.00
5340	TELEPHONES															-
5320	TRAINING															-
5710	TRAVEL IN/OUT of STATE	5,000.00	5,000.00													-
5188	UTILITIES	5,500.00	5,500.00	454.56	538.07	228.23	476.75	353.72	354.58							2,405.91
	TOT. Inderect Costs															-
	Total Non-Salary	72,850.00	69,750.00	3,291.51	3,575.35	1,328.23	2,524.92	4,597.40	1,354.58	-	-	-	-	-	-	16,671.99

ITEM CODE	BUDGET ITEMS	FY-2023 Budgeted														
	I.T.	7-1/6-30	7-1/6-30													
6000	COMPUTER HARDWARE		3,000.00													-
5420	COMPUTER SOFTWARE															-
5420	COMPUTER SUPPLIES	5,000.00	2,000.00													-
5850	DESK TOP PCs															-
5300	MISC PROF & TECH SERV.**	136,800.00	145,000.00	1,824.25	63,682.74	1,545.25	33,615.25	5,019.75	33,978.00							139,665.24
	TOTAL DATA PROCESSING	141,800.00	150,000.00	1,824.25	63,682.74	1,545.25	33,615.25	5,019.75	33,978.00	-	-	-	-	-	-	139,665.24
																-
	TOTALS	759,219.00	785,239.00	150,173.22	118,348.51	38,396.04	71,346.51	45,455.93	70,855.15	-	-	-	-	-	-	494,575.36

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HAMPSHIRE COUNTY GROUP INSURANCE TRUST

INCOME AND EXPENSE REPORT

2023

ITEMS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Starting Cash Balance	$1,831,141.70	$549,488.42	$274,380.59	$2,156,135.28	$450,905.99	$597,120.20	-$103,285.87	$1,431,427.23	$931,638.22	$2,331,461.69	$1,895,820.23	$1,894,665.33
Adjustments												
Total Starting Balance	$1,831,141.70	$549,488.42	$274,380.59	$2,156,135.28	$450,905.99	$597,120.20	-$103,285.87	$1,431,427.23	$931,638.22	$2,331,461.69	$1,895,820.23	$1,894,665.33
MONTHLY INCOME												
Total Premium Collected	4,832,641.57	6,535,063.12	6,476,474.34	5,587,514.39	6,218,987.39	3,185,030.93	8,831,831.86	7,275,673.64	5,382,467.37	7,226,436.62	6,755,313.27	5,996,972.36
Interest Income (MMDT)	551.24	1,412.52	2,759.32	4,072.45	3,549.87	4,502.28	5,264.71	3,663.91	4,875.98	7,745.63	5,478.25	7,136.90
Other Income or Adjustments	1,000,000.00		1,000,000.00		2,000,000.00			400,000.00		1,205.62		
BCBS SR Premium Collected												
TOTAL MONTHLY INCOME	5,833,192.81	6,536,475.64	7,479,233.66	5,591,586.84	8,222,537.26	3,189,533.21	8,837,096.57	7,679,337.55	5,387,343.35	7,235,387.87	6,760,791.52	6,004,109.26
MONTHLY EXPENSES												
BCBS Admin Cost (estimate)												
Claim Deposit	4,839,000.00	4,668,938.75	4,839,000.00	4,839,000.00	5,845,673.45	4,839,000.00	5,212,600.00	5,212,600.00	5,212,600.00	5,212,600.00	5,212,600.00	5,212,600.00
Reinsurance (Ind.&Agg.)	162,795.72	17,850.80	160,375.91	161,173.56	(96,437.83)	(37,355.54)	65,735.45	82,453.43	(368,119.05)	176,486.70	174,988.75	(1,049,013.79)
BCBS Settlement								627,408.62				
Recon adjust w/Finance												
BCBS Sr Premium Paid												
Other Exp. & Claim Settlement	2,077,399.12	2,072,989.96	550,999.43	2,221,934.00	2,289,316.12	544,563.36	1,873,874.80	2,138,316.00	715,280.99	2,210,596.12	2,328,901.74	337,167.29
Total Plan Expenses	7,079,194.84	6,759,779.51	5,550,375.34	7,222,107.56	8,038,551.74	5,346,207.82	7,152,210.25	8,060,778.05	5,559,761.94	7,599,682.82	7,716,490.49	4,500,753.50
Total Unit Operating Expenses	35,651.25	51,803.96	47,103.63	74,708.57	37,771.31	43,731.46	150,173.22	118,348.51	38,396.04	71,346.51	45,455.93	70,855.15
TOTAL MONTHLY EXPENSES	7,114,846.09	6,811,583.47	5,597,478.97	7,296,816.13	8,076,323.05	5,389,939.28	7,302,383.47	8,179,126.56	5,598,157.98	7,671,029.33	7,761,946.42	4,571,608.65
TOTAL NET MONTHLY INCOME	(1,281,653.28)	(275,107.83)	1,881,754.69	(1,705,229.29)	146,214.21	(2,200,406.07)	1,534,713.10	(499,789.01)	(210,814.63)	(435,641.46)	(1,001,154.90)	1,432,500.61
BALANCE												
Cash Balance	549,488.42	274,380.59	2,156,135.28	450,905.99	597,120.20	(1,603,285.87)	1,431,427.23	931,638.22	720,823.59	1,895,820.23	894,665.33	3,327,165.94
Adjustments						1,500,000.00			1,610,638.10		1,000,000.00	500,000.00
ENDING MONTHLY BALANCE	549,488.42	274,380.59	2,156,135.28	450,905.99	597,120.20	(103,285.87)	1,431,427.23	931,638.22	2,331,461.69	1,895,820.23	1,894,665.33	3,827,165.94

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HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Fund And Investme 2023

FUNDS	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPT	OCT	NOV	DEC
Post Employee Ben. S.B.	82,977.05	83,098.43	82,224.65	81,350.87	80,477.09	79,603.31	78,729.53	77,855.75	76,981.97	76,108.19	75,234.41	74,360.63
Funding	1,990.32	995.16	995.16	995.16	995.16	995.16	985.02	985.02	985.02	985.02	985.02	
Expenses	1,868.94	1,868.94	1,868.94	1,868.94	1,868.94	1,868.94	1,858.80	1,858.80	1,858.80	1,858.80	1,858.80	1,948.80
Total	83,098.43	82,224.65	81,350.87	80,477.09	79,603.31	78,729.53	77,855.75	76,981.97	76,108.19	75,234.41	74,360.63	72,411.83
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	4,444,801.96	4,444,801.96	4,444,801.96	4,444,801.96	4,444,801.96	4,445,801.96	4,445,801.96	4,448,301.96	4,449,551.96	4,449,551.96	4,450,801.96	4,452,051.96
Deposits					1,000.00		2,500.00	1,250.00		1,250.00	1,250.00	1,250.00
Total Member Deposits	4,444,801.96	4,444,801.96	4,444,801.96	4,444,801.96	4,445,801.96	4,445,801.96	4,448,301.96	4,449,551.96	4,449,551.96	4,450,801.96	4,452,051.96	4,453,301.96
OPEB Trust	300,932.53	301,460.19	301,922.70	302,435.56	302,899.57	303,592.88	304,715.76	305,880.36	307,049.41	308,147.22	309,362.92	310,507.14
Interest	527.66	462.51	512.86	464.01	693.31	1,122.88	1,164.60	1,169.05	1,097.81	1,215.70	1,144.22	1,110.17
OPEB Trust	301,460.19	301,922.70	302,435.56	302,899.57	303,592.88	304,715.76	305,880.36	307,049.41	308,147.22	309,362.92	310,507.14	311,617.31
Investments												
CD's	16,276,207.12	15,308,190.32	15,334,612.68	15,363,916.49	15,390,435.03	13,417,921.05	12,440,947.34	12,464,721.48	12,100,773.76	11,144,872.72	11,193,726.96	10,239,591.59
Deposit	(1,000,000.00)				(2,000,000.00)	(1,000,000.00)		(400,000.00)	(1,000,000.00)		(1,000,000.00)	
Interest	31,983.20	26,422.36	29,303.81	26,518.54	27,486.02	23,026.29	23,774.14	36,052.28	44,098.96	48,854.24	45,864.63	40,677.83
Balance	15,308,190.32	15,334,612.68	15,363,916.49	15,390,435.03	13,417,921.05	12,440,947.34	12,464,721.48	12,100,773.76	11,144,872.72	11,193,726.96	10,239,591.59	10,280,269.42
Portfolio Value	11,633,224.37	12,300,262.40	10,926,429.52	11,164,369.30	11,286,821.97	11,109,640.88	11,120,611.17	11,430,984.12	11,149,531.17	10,159,560.51	9,918,430.90	10,620,960.07
Deposit						(500,000.00)			(600,000.00)			(500,000.00)
Interest	667,038.03	(373,832.88)	237,939.78	122,452.67	(177,181.09)	510,970.29	310,372.95	(281,452.95)	(389,970.66)	(241,129.61)	702,529.17	432,208.35
Market Change		(1,000,000.00)										
Total	12,300,262.40	10,926,429.52	11,164,369.30	11,286,821.97	11,109,640.88	11,120,611.17	11,430,984.12	11,149,531.17	10,159,560.51	9,918,430.90	10,620,960.07	10,553,168.42
Accounts Receivable	1,467,151.16	944,774.21	500,626.01	917,955.04	670,123.34	3,902,453.05	1,428,366.26	519,568.60	1,592,828.71	820,662.27	417,650.60	873,419.61
Total With Accounts Receivable	34,485,770.84	32,340,464.27	34,044,953.43	32,905,614.61	30,655,121.58	32,221,290.90	31,618,855.12	29,566,413.05	30,093,848.96	28,695,357.61	28,041,105.28	30,402,672.45

1.0 SL
1.7 Rx

Hampshire County Group Insurance Trust
Claim Payments

	CLAIMS		AMOUNT PAID		VARIANCE	CUMULATIVE VAR.
Jan-21	$ 5,094,645.16	A	$ 5,072,300.00	A	$ 22,345.16	**$ (270,393.51)**
February	$ 4,866,097.70	A	$ 5,072,300.00	A	$ (206,202.30)	**$ (476,595.81)**
March	$ 5,055,328.42	A	$ 5,072,300.00	A	$ (16,971.58)	**$ (493,567.39)**
April	$ 6,209,756.93	A	$ 5,072,300.00	A	$ 1,137,456.93	**$ 643,889.54**
May	$ 5,272,497.71	A	$ 5,072,300.00	A	$ 200,197.71	**$ 844,087.25**
June	$ 5,201,232.55		$ 5,072,300.00		$ 128,932.55	**$ 973,019.80**
July	$ 4,233,942.93		$ 4,956,200.00		$ (722,257.07)	**$ 250,762.73**
August	$ 4,199,688.21		$ 4,503,600.00		$ (303,911.79)	**$ (53,149.06)**
September	$ 4,013,790.09		$ 4,503,600.00		$ (489,809.91)	**$ (542,958.97)**
October	$ 4,857,186.73		$ 4,503,600.00		$ 353,586.73	**$ (189,372.24)**
November	$ 4,665,928.58		$ 4,503,600.00		$ 162,328.58	**$ (27,043.66)**
December	$ 5,328,234.25		$ 4,503,600.00		$ 824,634.25	**$ 797,590.59**
January 22	$ 3,186,088.18		$ 4,519,500.00		$ (1,333,411.82)	**$ (535,821.23)**
Feb	$ 4,253,200.86		$ 4,519,500.00		$ (266,299.14)	**$ (802,120.37)**
Mar	$ 4,606,467.78		$ 4,519,500.00		$ 86,967.78	**$ (715,152.59)**
Apr	$ 5,304,201.27		$ 4,519,500.00		$ 784,701.27	**$ 69,548.68**
May	$ 5,169,315.53		$ 4,519,500.00		$ 649,815.53	**$ 719,364.21**
June	$ 4,278,176.10		$ 4,519,500.00		$ (241,323.90)	**$ 478,040.31**
July	$ 4,422,904.17		$ 4,839,000.00		$ (416,095.83)	**$ 61,944.48**
August	$ 4,942,118.09		$ 4,839,000.00		$ 103,118.09	**$ 165,062.57**
September	$ 5,412,928.05		$ 4,839,000.00		$ 573,928.05	**$ 738,990.62**
October	$ 3,481,954.17		$ 4,839,000.00		$ (1,357,045.83)	**$ (618,055.21)**
November	$ 4,997,187.15		$ 4,839,000.00		$ 158,187.15	**$ (459,868.06)**
December	$ 5,128,806.81		$ 4,839,000.00		$ 289,806.81	**$ (170,061.25)**
January 2023	$ 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**

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

Group Reimbursement Report
Hampshire County Group Insurance Trust
Policy Dates 7/1/2022 to 6/30/2023

![stealth logo omitted] stealth PARTNER GROUP
An Amwins Company

Benefits

Specific Contract:	12/24
Spec Deductible:	$300,000
Agg Specific Deductible:	N/A
Covered Benefits:	Medical & RX
Domestic Reimbursement:	N/A

Specific Contract Parameters

Incurred Date Range:	7/1/2022	to	6/30/2023
Paid Date Range:	7/1/2022	to	6/30/2024

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
n		Initial	Dec	$ 2,026.10	$ 400,659.97	$ 402,686.07	$ 300,000.00	$ 102,686.07	2/1/2023	$ 102,686.07	2/7/2023	$ -	$ -	$ -	$ 402,686.07	
		Supp	Jan	$ 2,026.10	$ 442,270.15	$ 444,296.25		$ 41,610.18	2/13/2023	$ 41,610.18	2/21/2023	$ -	$ -	$ -	$ 444,296.25	
		Supp	Jan	$ 2,471.99	$ 442,270.15	$ 444,742.14		$ 445.89	3/3/2023	$ 445.89	3/8/2023	$ -	$ -	$ -	$ 444,742.14	
		Supp	Feb	$ 2,608.67	$ 442,270.15	$ 444,878.82		$ 136.68	3/16/2023	$ 136.68	3/17/2023	$ -	$ -	$ -	$ 444,878.82	
		Supp	Mar	$ 2,762.30	$ 442,270.15	$ 445,032.45		$ 153.63	4/26/2023	$ 153.63	5/1/2023	$ -	$ -	$ -	$ 445,032.45	
		Supp	Mar	$ 2,762.30	$ 560,736.90	$ 563,499.20		$ 118,466.75	5/2/2023	$ 59,387.08	5/3/2023	$ 17,548.90	$ 41,530.77	$ -	$ 521,968.43	$17,548.90 Pended for possible duplicate sub - $41,530.77 Denied for duplicate sub
										$ 17,548.90	6/14/2023	$ (17,548.90)	$ -	$ -	$ 521,968.43	Release of above pended amount
										$ 41,530.77	6/22/2023	$ -	$ (41,530.77)	$ -	$ 563,499.20	Release of above denied amount
		Supp	Apr	$ 2,762.30	$ 604,560.37	$ 607,322.67		$ 43,823.47	5/9/2023	$ 43,823.47	5/11/2023	$ -	$ -	$ -	$ 607,322.67	
		Supp	Apr	$ 3,032.33	$ 604,560.37	$ 607,592.70		$ 270.03	5/26/2023	$ 270.03	6/1/2023	$ -	$ -	$ -	$ 607,592.70	
		Supp	May	$ 3,032.33	$ 661,554.01	$ 664,586.34		$ 56,993.64	6/14/2023	$ 56,993.64	6/20/2023	$ -	$ -	$ -	$ 664,586.34	
		Supp	May	$ 3,322.64	$ 661,554.01	$ 664,876.65		$ 290.31	6/28/2023	$ 290.31	7/3/2023	$ -	$ -	$ -	$ 664,876.65	
		Supp	Jun	$ 3,322.64	$ 720,884.80	$ 724,207.44		$ 59,330.79	7/13/2023	$ 59,330.79	7/25/2023	$ -	$ -	$ -	$ 724,207.44	
		Supp	July	$ 4,170.10	$ 720,884.80	$ 725,054.90		$ 847.46	9/28/2023	$ 847.46	10/11/2023	$ -	$ -	$ -	$ 725,054.90	
		Supp	September	$ 4,181.53	$ 720,884.80	$ 725,066.33		$ 11.43	11/1/2023	$ 11.43	11/1/2023	$ -	$ -	$ -	$ 725,066.33	
		Supp	November	$ 4,114.72	$ 720,884.80	$ 724,999.52		$ (66.81)	12/20/2023						$ 724,999.52	
		Reported totals		**$ 4,114.72**	**$ 720,884.80**	**$ 724,999.52**	**$ 300,000.00**	**$ 424,999.52**		**$ 425,066.33**		**$ -**	**$ -**		**$ 724,999.52**	
		Initial	Mar	$ 451,111.78	$ 1,745.67	$ 452,857.45	$ 300,000.00	$ 152,857.45	5/5/2023	$ 152,857.45	5/12/2023	$ -	$ -	$ -	$ 452,857.45	
		Supp	Apr	$ 451,111.78	$ 2,457.26	$ 453,569.04		$ 711.59	5/9/2023	$ 711.59	5/16/2023	$ -	$ -	$ -	$ 453,569.04	
		Supp	Apr	$ 531,728.82	$ 2,457.26	$ 534,186.08		$ 80,617.04	5/26/2023	$ 80,617.04	6/1/2023	$ -	$ -	$ -	$ 534,186.08	
		Supp	May	$ 531,728.82	$ 2,712.61	$ 534,441.43		$ 255.35	6/15/2023	$ 255.35	6/16/2023	$ -	$ -	$ -	$ 534,441.43	
		Supp	May	$ 549,683.32	$ 2,712.61	$ 552,395.93		$ 17,954.50	6/28/2023	$ 17,954.50	7/3/2023	$ -	$ -	$ -	$ 552,395.93	
		Supp	Jun	$ 549,683.32	$ 2,714.05	$ 552,397.37		$ 1.44	7/13/2023	$ 1.44	7/25/2023	$ -	$ -	$ -	$ 552,397.37	
		Supp	July	$ 1,011,231.43	$ 2,714.05	$ 1,013,945.48		$ 461,548.11	8/29/2023	$ 461,548.11	9/13/2023	$ -	$ -	$ -	$ 1,013,945.48	
		Supp	September	$ 1,011,854.36	$ 2,714.05	$ 1,014,568.41		$ 622.93	11/1/2023	$ 622.93	11/2/2023	$ -	$ -	$ -	$ 1,014,568.41	
		Reported totals		**$ 1,011,854.36**	**$ 2,714.05**	**$ 1,014,568.41**	**$ 300,000.00**	**$ 714,568.41**		**$ 714,568.41**		**$ -**	**$ -**		**$ 1,014,568.41**	
		Initial	May	$ 396,037.61	$ -	$ 396,037.61	$ 300,000.00	$ 96,037.61	7/5/2023	$ 96,037.61	8/21/2023	$ -	$ -	$ -	$ 396,037.61	
		Supp	July	$ 400,229.28	$ -	$ 400,229.28		$ 4,191.67	8/29/2023	$ 4,191.67	9/12/2023	$ -	$ -	$ -	$ 400,229.28	
		Supp	September	$ 399,075.38	$ -	$ 399,075.38		$ (1,153.90)	11/1/2023	$ -	11/1/2023	$ -	$ -	$ -	$ 399,075.38	
								$ -		$ -	12/1/2023	$ -	$ -	$ 1,153.90	$ 399,075.38	OP satisfied frc
		Supp	November	$ 400,826.99	$ -	$ 400,826.99		$ 1,751.61	12/20/2023	$ 1,751.61	1/2/2023	$ -	$ -	$ -	$ 400,826.99	
		Supp	December	$ 401,130.21	$ -	$ 401,130.21		$ 303.22	1/18/2024	$ 303.22	1/23/2024	$ -	$ -	$ -	$ 401,130.21	
		Reported totals		**$ 401,130.21**	**$ -**	**$ 401,130.21**	**$ 300,000.00**	**$ 101,130.21**		**$ 102,284.11**		**$ -**	**$ -**		**$ 401,130.21**	
	Self	Initial	May	$ 335,993.84	$ 7.75	$ 336,001.59	$ 300,000.00	$ 36,001.59	7/5/2023	$ 36,001.59	7/11/2023	$ -	$ -	$ -	$ 336,001.59	
		Supp	July	$ 339,397.19	$ 7.75	$ 339,404.94		$ 3,403.35	8/29/2023	$ 3,403.35	9/12/2023	$ -	$ -	$ -	$ 339,404.94	
		Supp	October	$ 346,903.25	$ 7.75	$ 346,911.00		$ 7,506.06	11/28/2023	$ 6,352.16	12/1/2023	$ -	$ -	$ (1,153.90)	$ 346,911.00	OP applied
		Reported totals		**$ 346,903.25**	**$ 7.75**	**$ 346,911.00**	**$ 300,000.00**	**$ 46,911.00**		**$ 45,757.10**		**$ -**	**$ -**		**$ 346,911.00**	
	Self	Initial	July	$ 376,424.96	$ -	$ 376,424.96	$ 300,000.00	$ 76,424.96	9/7/2023	$ 76,424.96	9/20/2023	$ -	$ -	$ -	$ 376,424.96	
		Supp	September	$ 378,908.97	$ -	$ 378,908.97		$ 2,484.01	11/1/2023	$ 2,484.01	11/1/2023	$ -	$ -	$ -	$ 378,908.97	
		Reported totals		**$ 378,908.97**	**$ -**	**$ 378,908.97**	**$ 300,000.00**	**$ 78,908.97**		**$ 78,908.97**		**$ -**	**$ -**		**$ 378,908.97**	
	Child	Initial	September	$ 395,633.61	$ 1,483.08	$ 397,116.69	$ 300,000.00	$ 97,116.69	11/3/2023	$ -	11/6/2023	$ 97,116.69	$ -	$ -	$ 397,116.69	$97,116.69 pe[illegible] dtls if applicable.
								$ -		$ 56,945.64	12/18/2023	$ (97,116.69)	$ -	$ (40,171.05)	$ 397,116.69	$40,171.05 applie
		Reported totals		**$ 395,633.61**	**$ 1,483.08**	**$ 397,116.69**	**$ 300,000.00**	**$ 97,116.69**		**$ 56,945.64**		**$ -**	**$ -**		**$ 397,116.69**	
	Self	Initial	September	$ 231,650.88	$ 230,715.16	$ 462,366.04	$ 300,000.00	$ 162,366.04	11/21/2023	$ 162,366.04	12/21/2023	$ -	$ -	$ -	$ 462,366.04	
		Supp	October	$ 191,479.83	$ 230,715.16	$ 422,194.99		$ (40,171.05)	12/1/2023	$ -	12/18/2023	$ -	$ -	$ 40,171.05	$ 422,194.99	OP satisfiec
		Supp	December	$ 178,089.48	$ 230,715.16	$ 408,804.64		$ (13,390.35)	1/18/2024	$ -	1/19/2024	$ -	$ -	$ 13,390.35	$ 408,804.64	OP Satisfied

** 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.

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stealth PARTNER GROUP
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	Reported totals		$ 178,089.48	$ 230,715.16	$ 408,804.64	$ 300,000.00	$ 108,804.64		$ 162,366.04		$ -	$ -		$ 408,804.64		
'Child	Initial	November	$ 1,890,307.20	$ -	$ 1,890,307.20	$ 300,000.00	$ 1,590,307.20	12/21/2023	$ 1,000,000.00	12/21/2023	$ 590,307.20	$ -	$ -	$ 1,890,307.20	590,307.20 withheld for Funding Report	
							$ -		$ 286,609.65	1/19/2024	$ (300,000.00)	$ -	$ (13,390.35)	$ 1,890,307.20	$300,000 Released & $13,390.35 applied	Rqst'd why $290,307.20 was not released.
							$ -		$ 290,307.20	1/17/2024	$ (290,307.20)	$ -	$ -	$ 1,890,307.20	Release of above pend amount $290,307.20	
	Reported totals		$ 1,890,307.20	$ -	$ 1,890,307.20	$ 300,000.00	$ 1,590,307.20		$ 1,576,916.85		$ -	$ -		$ 1,890,307.20		

Total Reimbursement Requested
$ 3,162,746.64

Total Amount Reimbursed
$ 3,162,813.45

Total Amount Pended	Total Amount Denied	Total Overpayment (If Applicable)	Outstanding Balance
$ (0.00)	$ -	$ -	$ (66.81)

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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

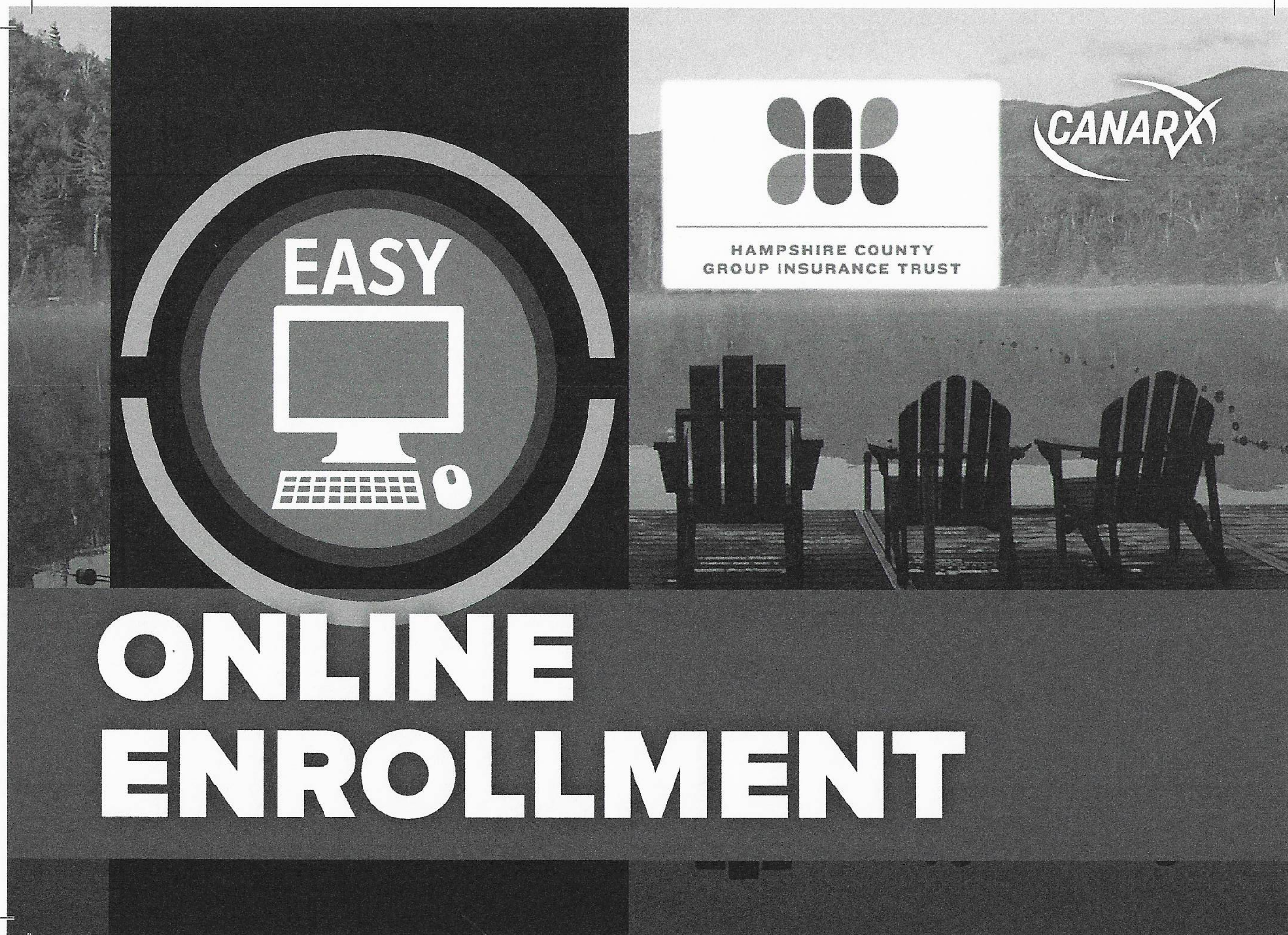
Full Name	DOB, EE/SP/Dep, Claimant #	Type	Amount	Notes/Specifics
None				

**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
	.d	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	
		Reported totals		$ 450,410.32	$ -	$ 450,410.32	$ 350,000.00	$ 100,410.32		$ 100,410.32		$ -	$ -		$ 450,410.32	

Total Reimbursement Requested	Total Amount Reimbursed	Total Amount Pended	Total Amount Denied	Total Overpayment (If Applicable)	Outstanding Balance
$ 100,410.32	$ 100,410.32	$ -	$ -	$ -	$ 0.00

** 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.


HAMPSHIRE COUNTY
GROUP INSURANCE TRUST
CANARX
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ONLINE
ENROLLMENT

Easier Than Ever.

We're thrilled to introduce a game-changing update from CANARX: Online Enrollment, making the process simpler, safer, and smarter than ever before.

Navigating healthcare options can be complex, but CANARX is dedicated to providing you with a hassle-free experience. Our HIPAA-compliant online forms ensure your privacy while streamlining the enrollment journey.

To get started, simply scan the QR code below, find your medication, and enroll online.

Ready to embrace the future of enrollment?

Your WebID Is: HCGIT

As an eligible plan member, you can receive brand-name prescription medications for **FREE** through the CANARX program! We offer some of the most highly prescribed medications today, including ...

- **Advair**
- **Eliquis**
- **Flovent**
- **Januvia**
- **Symbicort**
- **Xarelto**

For a complete list, visit your plan page at **canarx.com** or call **1-866-893-6337**

Contáctenos o visite el sitio web para materiales en español.

HAMPSHIRE COUNTY
GROUP INSURANCE TRUST

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OLD

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Subscriber Affidavit of Marital Status

Please print

Subscriber Name: ____

Address: ____________________________ ___________________________

Town/City: ____________________ State: _________ Zip Code: _______

Best Contact Number: __________________________

Email Address: ________________________________

Dependent Spouse or Former Spouse:

Name: __________________________ Date of Birth: ___________________

Address (If different than above): _____________________________________

Are you currently legally married to this dependent? YES / NO

If **YES**, attach a photocopy of the City/Town Clerk's marriage certificate.

If **NO**, attach a copy of signature page of divorce and page relating to health insurance provision.

Are you remarried? NO / YES

If Yes, Date of remarriage: ____________________

Is your former spouse remarried? YES / NO / Unknown

If YES, Date of marriage: ____________________

Please initial each after reading:

_____I hereby certify that the information provided above is true and accurate.

_____I understand that I am obligated to inform my employer immediately if there are any changes in my status or that of my spouse/ex-spouse.

_____ I understand that should I or my ex-spouse remarry, my ex-spouse may not continue on my coverage beyond the date of marriage except by court order and must be enrolled in individual coverage for which I will be responsible for 100% of the cost.

_____ I understand that any misrepresentation in the information given may result in termination of benefit eligibility for myself and/or my spouse/ex-spouse.

_____________________________ _________________

Subscriber Signature Date

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Subscriber Affidavit of Marital Status

NEW

(Please print)

Employee:

Subscriber Name: ______________________________

Address: ______________________________ ______________________________

Town/City: ______________________ State: __________ Zip Code: ________

Best Contact Phone Number: ____________________________

Spouse or Former Spouse:

Name: ________________________________ Date of Birth: ________________________

Address (If different than above): ____

Are you currently legally married to this person? YES / NO

If **YES**, attach a photocopy of the City/Town Clerk's marriage certificate. Proceed to next section.

If **NO**, attach a copy of the divorce decree including the first page, the signature page, and all pages relating to health insurance provision. Answer the following questions:

Are you remarried? YES / NO

If YES, Date of remarriage: ________________________

Is your former spouse remarried? YES / NO / Unknown

If YES, Date of marriage: ________________________

Please initial each after reading:

_____ I hereby certify that the information provided above is true and accurate.

_____ I understand that I am obligated to inform my employer immediately if there are any changes in my status or that of my spouse/ex-spouse, including divorce or any remarriage.

_____ I understand that should I or my ex-spouse remarry, my ex-spouse may NOT continue on my coverage beyond the date of remarriage, and I must notify my employer immediately to process a cancellation at such time.

_____ I understand that any misrepresentation in the information given above or failure to provide appropriate timely updates on any status changes may result in termination of benefit eligibility for myself and/or my spouse/ex-spouse.

____________________________________ ________________________

Subscriber Signature Date

BAFO - 3 Year Financial Summary

	Current Incumbent Contract	CVS Health	BCBSMA
Pricing Structure	Traditional	Traditional	Traditional
Type of Formulary	Closed	Closed	Closed
Retail 30 Network	Broad	Broad	Broad
Retail 90 Network	Narrow	Narrow	Narrow
Specialty	Exclusive	Exclusive	Exclusive
Ingredient Cost	$76,229,847	$73,213,206	$71,226,730
Dispensing Fee	$126,603	$102,413	$170,973
Drug Spend	**$76,356,450**	**$73,315,618**	**$71,397,703**
Admin Fees	$0	$0	$0
Rebates	($23,342,778)	($34,945,431)	($31,640,899)
Bid Cost	**$53,013,672**	**$38,370,187**	**$39,756,804**
Current Contract Cost	-	$53,013,672	$53,013,672
Deal Improvements $	-	$14,643,485	$13,256,868
Deal Improvements %	-	27.62%	25.00%

*Truveris and B.R. Fox fees are underwritten for all offers

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All financial figures included in this analysis represent projections and should not be used for budgeting purposes

	2000 - 2001	% INC	2001 - 2002	% INC	2002 - 2003	% INC	2003 - 2004	% INC	2004 - 2005	% INC	2005 - 2006	% INC
MEDEX	$185.36	4.99%	$218.04		$257.98		$294.10	18.0%	$308.81	5.0%	$332.18	7.6%
MNG BLUE SR.	$186.19	8.26%	$203.71		$225.29		$261.34		$286.70		$316.54	10.4%
HNE Elder	$228.38	59.56%										

	2000 - 2001	% INC	2001 - 2002	% INC	2002 - 2003	% INC	Mid yr. inc. eff 9/1/02	% INC
MHP INDIV	$321.81	6.21%	$411.92		$486.07		$522.27	
MHP FAMILY	$800.14	10.67%	$1,024.18		$1,208.53		$1,317.13	
HMO INDIV	$186.55	2.50%	$199.98		$248.00		$284.20	
HMO EMP+1	$395.52	3.00%	$427.16		$556.00		$628.40	
HMO FAMILY	$531.99	3.50%	$574.55		$718.00		$826.60	
PPO INDIV	$216.74	-8.80%	$234.51		$267.34		$303.54	
PPO FAMILY	$578.78	-8.80%	$634.00		$722.76		$831.36	
HNE INDIV	$227.99	14.75%						
HNE EMP+1	$455.97	14.75%						
HNE FAMILY	$615.57	14.75%						

	2003 - 2004	% INC	2004 - 2005	% INC	2005 - 2006	% INC
MHP INDIV	$522.27	0.0%	$712.90	36.5%		
MHP FAMILY	$1,317.13	0.0%	$1,797.88	36.5%		
HMO INDIV	$298.41	5.0%	$337.20	13.0%	$362.30	7.4%
HMO EMP+1	$695.00	11.0%	$785.35	13.0%	$843.78	7.4%
HMO FAMILY	$861.60	4.0%	$973.61	13.0%	$1,046.06	7.4%
PPO INDIV	$303.54	0.0%	$367.28	21.0%	$423.84	15.4%
PPO FAMILY	$831.36	0.0%	$1,005.95	21.0%	$1,160.90	15.4%

Discontinued MHP plans eff 4/1/2004. Above was the suggested increase.

	2006 - 2007	% INC	2007	% INC	2008	% INC	2009	% INC	2010	% INC	2011	% INC	2012	% INC
MEDEX	$341.95	2.9%	$363.00	6.2%	$363.00	0.0%	$363.00	0.0%	$363.00	0.0%	$363.00	0.0%	$357.00	-1.7%
MNG BLUE SR.	$325.10	2.7%	$368.33	13.3%	$391.25	6.2%	$391.25	0.0%	$397.97	1.7%	$397.97	0.0%		

No longer offering this plan.

	2006 - 2007	% INC	2007 - 2008	% INC	2008 - 2009	% INC	2009 - 2010	% INC
HMO INDIV	$389.48	7.5%	$418.70	7.5%	$449.28	7.3%	$482.48	7.4%
HMO EMP+1	$907.06	7.5%	$975.10	7.5%	$1,046.28	7.3%	$1,123.58	7.4%
HMO FAMILY	$1,124.52	7.5%	$1,208.86	7.5%	$1,297.12	7.3%	$1,393.04	7.4%
PPO INDIV	$459.88	8.5%	$499.88	8.7%	$542.38	8.5%	$564.06	4.0%
PPO FAMILY	$1,259.58	8.5%	$1,369.16	8.7%	$1,485.54	8.5%	$1,545.00	4.0%

	2010 - 2011	% INC	2011 - 2012	% INC	2012 - 2013	% INC
HMO INDIV	$510.96	5.9%	$510.96	0.0%	$510.96	0.0%
HMO EMP+1	$1,189.88	5.9%	$1,189.88	0.0%	$1,189.88	0.0%
HMO FAMILY	$1,475.24	5.9%	$1,475.24	0.0%	$1,475.24	0.0%
PPO INDIV	$580.98	3.0%	$580.98	0.0%	$580.98	0.0%
PPO FAMILY	$1,591.36	3.0%	$1,591.36	0.0%	$1,591.36	0.0%

	2013	% INC	2014	% INC	2015	% INC	2016	% INC	2017	% INC	2018	% INC	2019	% INC
MEDEX	$357.00	0.0%	$357.00	0.0%	$294.00	-17.6%	$314.00	6.8%	$340.20	8.6%	$346.00	1.7%	$355.00	2.6%

	2013 - 2014	% INC	2014 - 2015	% INC	2015 - 2016	% INC	2016 - 2017	% INC
HMO INDIV	$510.96	0.0%	$510.96	0.0%	$518.62	1.5%	$552.86	6.6%
HMO EMP+1	$1,189.88	0.0%	$1,189.88	0.0%	$1,207.74	1.5%	$1,287.46	6.6%
HMO FAMILY	$1,475.24	0.0%	$1,475.24	0.0%	$1,497.38	1.5%	$1,596.22	6.6%
PPO INDIV	$580.98	0.0%	$580.98	0.0%	$592.60	2.0%	$637.64	7.6%
PPO FAMILY	$1,591.36	0.0%	$1,591.36	0.0%	$1,623.20	2.0%	$1,746.56	7.6%

	2017 - 2018	% INC	2018 - 2019	% INC	2019 - 2020	% INC
HMO INDIV	$604.84	9.4%	$633.26	4.7%	$633.26	0.0%
HMO EMP+1	$1,408.50	9.4%	$1,474.70	4.7%	$1,474.70	0.0%
HMO FAMILY	$1,746.28	9.4%	$1,817.80	4.1%	$1,817.80	0.0%
PPO INDIV	$706.52	10.8%	$729.84	3.3%	$729.84	0.0%
PPO FAMILY	$1,935.20	10.8%	$1,993.26	3.0%	$1,993.26	0.0%

	2020	% INC	2021	% INC	2022	% INC	2023	% INC	2024	% INC	2025	% INC	2026	% INC
MEDEX	$337.00	-5.3%	$327.00	-3.0%	$327.00	0.0%	$342.00	4.6%	$360.00					

	2020 - 2021	% INC	2021 - 2022	% INC	2022 - 2023	% INC	2023-2024	% INC
HMO INDIV	$633.26	0.0%	$620.60	-2.0%	$620.60	0.0%	$658.00	6.0%
HMO EMP+1	$1,474.70	0.0%	$1,445.20	-2.0%	$1,445.20	0.0%	$1,532.00	6.0%
HMO FAMILY	$1,817.80	0.0%	$1,781.52	-2.0%	$1,781.52	0.0%	$1,889.00	6.0%
PPO INDIV	$729.84	0.0%	$715.24	-2.0%	$715.24	0.0%	$758.00	6.0%
PPO FAMILY	$1,993.26	0.0%	$1,953.40	-2.0%	$1,953.40	0.0%	$2,071.00	6.0%

	2024-2025	% INC	2025-2026	% INC	2026-2027	% INC
HMO INDIV						
HMO EMP+1						
HMO FAMILY						
PPO INDIV						
PPO FAMILY						

Insurance Operations on Active plans have lost $5.8 million in the 2023 calendar year

Insurance Operations on Active plans have lost $3.5 million in the 2022 calendar year

Admin Fee Increase = 1.5 % Approximately $41k

Stop Loss premium Increase = 10%, Approximately $214k (a very conservative guess)

Rx Utilization is UP almost 20% over the last two years.

Aggregate increase of 9% = $5,900,000 of new premium

Aggregate increase of 8% = $5,240,000 of new premium

MASSACHUSETTS

FITNESS ENHANCEMENTS (FULLY INSURED 100+ AND ASC) (OPTIONAL)

Effective 1/1/24, upon renewal, new optional Fitness riders will be available. Accounts can choose to add **one** of the following riders to their existing fitness benefit. Adding any of these riders will not change the account's current fitness reimbursement amount.

Bicycles/Bicycle Helmets - Bicycles that are purchased for recreational use and bicycle helmets. This reimbursement is not provided for bicycle rentals, bicycle helmet rentals, and bike share programs.

Athletic Shoes- Athletic shoes designed to be worn for sports, exercising, or recreational activity. This reimbursement is not provided for casual and dress shoes.

Sports Activity Fees- Sports activity fees including (but not limited to): ski passes, fees for sports leagues (such as town sports, tennis, golf, or basketball), and race participation fees.

All Inclusive Rider - This rider includes all 3 options above.

Please let your Account Executive know if you would like more information about these optional riders.

	Current Rate	8% Proposed Rate
HMO Single	$ 658.00	$ 711.00
HMO+1	$ 1,532.00	$ 1,655.00
HMO Family	$ 1,889.00	$ 2,040.00
PPO Single	$ 758.00	$ 819.00
PPO Family	$ 2,071.00	$ 2,237.00

VOTE

To increase premium rates by 8% on all active plans (7/1/24-6/30/25)