

Jeff Cyr, Chair
Nicole Casolari, Vice Chair
Carol Constant, Clerk
Andrea Miles
Renee Sweeney

Lisa Wong
Town Administrator

HYBRID SELECTBOARD MEETING AGENDA

TUESDAY, MARCH 3, 2026 - 7 P.M.

SOUTH HADLEY SENIOR CENTER MULTI-PURPOSE ROOM

Join Zoom Webinar from your computer:

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Note: Not all topics listed here may be reached for discussion. In addition, the topics listed are those which the chair reasonably expects will be discussed as of the date of this notice. This meeting may be audio and/or visually recorded.

1. **CALL TO ORDER**
2. **ANNOUNCEMENTS / PUBLIC COMMENT**
3. **APPROVAL OF MINUTES**
Draft Minutes of Feb. 17, 2026

4. **CONSENT AGENDA**

- A. **One-Day Beer & Wine License request from Kathleen Van Winkle for April 10 & May 8 at Gaylord Library**

Documents:

OD-198.PDF

5. **NEW BUSINESS**

- A. Seasonal alcohol license approval – The Boathouse
- B. ABCC Seasonal Population Increase Estimation
- C. FY27 Budget Hearing
- D. Vote on override questions to be submitted to Town Clerk for April 14 Annual Town Election.
- E. Exemptions

Documents:

A. AL-2.PDF
B. SEASONALPOPULATIONFORM 2026.PDF
D. BALLOT LANGUAGE OPTIONS (1).PDF
E EXEMPTIONS MEMO MARCH 2026.PDF

6. **OLD BUSINESS**

- A. **Health Insurance**
- B. **PILOT Policy**

Documents:

A. HCGIT_IAC_2-25.PDF
A. HAMPSHIRE COUNTY GROUP INSURANCE TRUST RX RFP ANALYSIS 20260218 FINAL V2.PDF
A SCAN.PDF
B. PILOT POLICY DRAFT 2026 MARCH.DOCX.PDF

7. **ADJOURN**

Record No: OD-198

1 Day Alcohol License

Status: Active

Submitted On: 2/19/2026

Primary Location

No location

Owner



No owner information

Applicant

 Kathleen Van Winkle

 
South Hadley, Ma 01075

Applicant Email

Check this box if the applicant does not have an email address. 



Applicants CANNOT purchase alcoholic beverages from a package store. Per the ABCC, please see the list of authorized sources from which to purchase alcohol here: <https://www.mass.gov/info-details/apply-for-a-special-license-or-permit-abcc>

APPLICATIONS MUST BE SUBMITTED AT LEAST TWO WEEKS IN ADVANCE OF AN EVENT. APPLICATIONS SUBMITTED LESS THAN TWO WEEKS IN ADVANCE WILL NOT BE ACCEPTED FOR REVIEW BY THE SELECTBOARD.

Permit Info

Permit For*

1 Day Beer and Wine

Check This Box to Request Multiple Dates

Number of Dates Requested

2

Check This Box If Event(s) Is/Are Being Held On Town Property

Check this box to acknowledge that individual applicants can be approved for up to 30 permits per year. *



Event Details

Date of Event*

05/08/2026

Alternate Date

06/12/2026

I acknowledge that the alternate date is only valid if the event is rescheduled.



Name or Organization Hosting Event*

Gaylord Memorial Library Association

Street address of where the event is held*

47 College St

Hours of event operation (Ex. 8:00 AM - 5:00 PM)*

5:00 PM - 7:30 PM

Hours during which alcohol will be served *

5:30 PM - 7:00 PM

Describe in a paragraph specific details of the event and what is taking place.*

Fundraiser for the library, with small appetizers and wine tasting

Provide a description of where alcohol will be sold and consumed on site.*

In the rotunda and main entrance

Describe how you will designate to where alcohol sales and consumption will be limited on site.*

Let guests know upon entry.

Date of Event*

04/10/2026

Alternate Date

05/08/2026

I acknowledge that the alternate date is only valid if the event is rescheduled.



Name or Organization Hosting Event*

Gaylord Memorial Library Association

Street address of where the event is held*

47 College St

Hours of event operation (Ex. 8:00 AM - 5:00 PM)*

5:00 PM - 7:30 PM

Hours during which alcohol will be served *

5:30 PM - 7:00 PM

Describe in a paragraph specific details of the event and what is taking place.*

Fundraiser for the library, with light snacks and wine tasting

Provide a description of where alcohol will be sold and consumed on site.*

In the rotunda and main entrance

Describe how you will designate to where alcohol sales and consumption will be limited on site.*

Let guests know upon entry.

Signature

I acknowledge that issuance of a 1 Day Alcohol license does not exempt me from additional licensing requirements (ex. entertainment license, mobile food permit, etc.).*



By checking this box and typing my name I do hereby certify under the pains and penalties of perjury that the information provided in this application is true and correct.*



Type your full name*

Kathleen Van Winkle



Record No: AL-2 Renewal

Alcohol License

Status: Renewal

Primary Location

1 ALVORD ST
South Hadley, MA 01075

Owner

BRUNELLE INC
1 ALVORD ST SOUTH HADLEY , MA 01075-1301

Permit Info

Permit For*

Seasonal - All Alcohol License

Check box if renewing license

Business/Licensee Name*

Royave Hospitality Group LLC

DBA*

The Boathouse

ABCC License Number

05067-RS-1176

Location Description

License Category*

All Alcohol

License Class*

Seasonal

Seating Capacity

—

License Type

Restaurant

Workers Comp Insurance Affidavit

I am an employer with full and/or part time employees.

of employees*

100

I am a sole proprietor or partnership and have no employees working for me in any capacity.

We are a corporation and its officers have exercised their right of exemption per c. 152, s. 1(4), and we have no employees.



We are a non-profit organization, staffed by volunteers, with no employees.

Business Type*

Restaurant/Bar/Eating Establishment

Attach a copy of the worker's compensation policy declaration page (showing the policy number and expiration date)

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

COMMONWEALTH OF MASSACHUSETTS
ALCOHOLIC BEVERAGES CONTROL COMMISSION

95 Fourth Street, Suite 3, Chelsea, MA 02150

Seasonal Population Increase Estimation Form

Calendar Year:

Municipality:

Approved Date:

Alcoholic Beverages Control Commission
c/o Licensing Department
95 Fourth Street, Suite 3
Chelsea, MA 02150

To Whom It May Concern:

Acting under authority contained in M.G.L. Ch. 138, s17, as amended, our Board at a meeting held on

estimated that the temporary increased resident population
of _____, as of July 10, _____ will be _____.

This estimate was made and voted upon by us at a meeting called for the purpose, after due notice to each of the members of the time, place and purpose of said meeting, and after investigation and ascertainment by us of all the facts and after cooperative discussion and deliberation. The estimate is true to the best of our knowledge and belief. The above statements are made under the pains and penalties of perjury.

Very truly yours,

Local Licensing Authorities

Ballot Language Options

OPTION 1

Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
 No

OPTION 2

Questions 1A and 1B are separate questions. You may vote for or against each question independently. Each question requires a majority of those voting on that question to pass. If both questions pass, Option 1B will prevail as the question with the higher dollar amount.

The proposed funding would support ongoing services across all town departments, including public schools, public safety, the public library, public works, and general government.

1A Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
 No

1B Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
 No

OPTION 3

Questions 1A, 1B and 1C are separate questions. You may vote for or against each question independently. Each question requires a majority of those voting on that question to pass. If more than one question passed, the question with the higher dollar amount prevails.

The proposed funding would support ongoing services across all town departments, including public schools, public safety, the public library, public works, and general government.

1A ___ Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
- No

1B ___ Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
- No

1C ___ Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services across all departments, including public schools, public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
- No

OPTION 4

Questions 1A and 1B are separate questions. You may vote for or against each question independently. Each question requires a majority of those voting on that question to pass.

The proposed funding for 1A would support ongoing services for the public schools. 1B would support funding across all town departments, including public safety, the public library, public works, and general government.

1A ___ Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support public schools for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
- No

1B ___ Shall the Town of South Hadley be allowed to assess an additional \$_____ in real estate and personal property taxes for the purposes of stabilizing the Town's budget and to support ongoing town services, including public safety, public library, public works and general government, for which the monies will be used for the fiscal year beginning July 1, 2026?

- Yes
- No

To: Selectboard
From: Town Administrator Lisa Wong
Re: Exemptions
Date: March 3, 2026

Local Options:

- G.L. c. 59, § 5, Clause 5K: Allows persons over the age of 60 to volunteer to provide services in exchange for a reduction on real property taxes. Accepted at the 11/15/23 Town Meeting
 - G.L. c. 59, § 5, Clause 5L **not adopted**: Allows veterans or spouse if veteran is deceased to volunteer to provide services in exchange for a reduction on real property taxes.
- A. G.L. 59 § 5, Clause 17: \$175.00 for Senior, Surviving Spouse, Minor Child of Deceased Parent
Whole Estate Limit = \$20,000, Senior - Own/occupy property for 10 years. Survivor - None.
- South Hadley adopted Clause 17C, 17D - increase Estate Limit to \$40,000, decrease 5 years
 - 17E - increase Estate Limit automatically each year by state determined COLA. Adopted 5/8/24
 - 17F - increase exemption amount annually by any % up to state determined COLA. Town Meeting must vote to fix the % increase Adopted 5/8/24
 - Clause 18A **not adopted** - tax deferral program - reduce interest below 8%
- B. G.L. c. 59, § 5, Clause 37: \$437.50 for Legally blind - increase exemption to \$500. Adopted 5/8/24
- C. G.L. c. 59, § 5, Clause 41: \$500 for Seniors Age 70+. No durational ownership * or domiciliary**requirement.
Gross Receipts: \$6,000 Single \$7,000 Married Whole Estate: \$17,000 Single \$20,000 Married
- 41B adopted in 1984, 41C adopted in 1987. Limits were increased in 2012 - increase exemption, decrease age, increase limits
 - 41C ½ **not adopted** - reduce age to 65, increase exemption (valuation based exemption)
 - 41D **not adopted** - Increase gross receipts automatically by state determined COLA
- D. G.L. c. 59, § 5, Clause 41A **not adopted**: Senior deferral for age 65+. Gross receipts of \$20,000 or less. Own any 5 years and domicile in Mass for 10 years.
- Town Meeting may vote to Increase gross receipts limit up to income single seniors who are not heads of households may have to qualify for the “circuit breaker” state income tax credit;
Reduce interest below 8%
- E. Hero Act: E. G.L. c. 59, §5, Clauses 22I and 22J **not adopted** - adds two new local options that increase certain veteran exemption amounts and changes how to determine eligibility for the motor vehicle exemption for a veteran with a 100% disability rating or is unemployable due to their service-connected disability.
- 22I: increase the amount of the tax exemption granted to veterans on their domiciles under Clause 22, Clause 22A, Clause 22B, Clause 22C, Clause 22E and Clause 22F annually by a cost-of-living adjustment (COLA) determined by the Department of Revenue (DOR) based on the consumer price index (CPI).
 - 22J: additional exemption up to 100% of the amount of the tax exemption granted to veterans on their domiciles under Clause 22, Clause 22A, Clause 22B, Clause 22C, Clause 22E, Clause 22F.

The Hampshire County Group Insurance Trust

FY27 Renewal Recommendations

February 25, 2026



INSURANCE | BENEFITS | HR SOLUTIONS

Agenda

1. Pharmacy Marketing Results (PBIRx)
2. Medical RFP Results Recommendation
3. FY27 Proposed Rates
4. FY27 Plan Design Recommendations
5. FY27 Rate Recommendations
6. Questions & Answers

Summary of Health Insurance Evaluation and FY27 Recommendations

Vendor Selection and Network Stability

Remaining with BCBS ensures cost competitiveness, quality service, and network continuity, enhancing employee satisfaction and financial stability.

Pharmacy Benefit Strategy

Transitioning pharmacy benefits to Employers Health (CVS coalition) is expected to save \$3.4 million through better contracts and rebate structures amid rising drug costs.

Plan Design and Cost Management

Introducing modest deductibles and copayments aligns with municipal benchmarks, preserving affordability while supporting sustainability and competitiveness. Proposed deductible reduced from \$500/\$1,000 to \$250/\$500 based on feedback and marketing results.

Financial Stability and FY27 Rate Adjustments

Recommend 12.46% rate increase with modest benefit design changes for FY27, which reflects medical trends and actuarial analysis to maintain long-term financial stability for HCGIT. Rate adjustments aim to build the Trust's reserves, providing protection against unexpected claims activity and facilitating the recovery of financial losses from FY26.

Pharmacy RFP Results: PBIRx



Medical RFP Results: Recommendation



RFP Evaluation: Process Overview (Presented 1/21/26 to IAC)

Bid Process: John Garish

Bid invitations were sent to Harvard Pilgrim, Cigna, Aetna, UnitedHealthcare (UHC), and Health Plans Inc. (HPI).

Four proposals were received from HPI, Harvard Pilgrim, Aetna, and Cigna.

UHC declined to quote.

The RFP was not sent to the incumbent, Blue Cross Blue Shield (BCBS), or Mass General Brigham (MGB).

Plan proposals were sent to Hilb by John Garish on 12/8/2025.

Bid Process: Hilb

Hilb issued an amendment to the RFP, capturing important information not included in the initial bid solicitation.

The original RFP was issued to BCBS and MGB.

MGB declined to quote based on network limitations.

BCBS submitted a proposal.

A Best and Final Offer (BAFO) request was released to all five bidders.

Bid Process: Outcome

Four out of five bidders submitted a Best and Final Offer (BAFO), further reducing their administrative costs.

A claims repricing exercise was performed to assess the most competitive costs.

Additionally, a provider disruption report was conducted to evaluate network differentials.

Among the five competitors, BCBS demonstrated the strongest cost and quality performance based on the bid criteria.

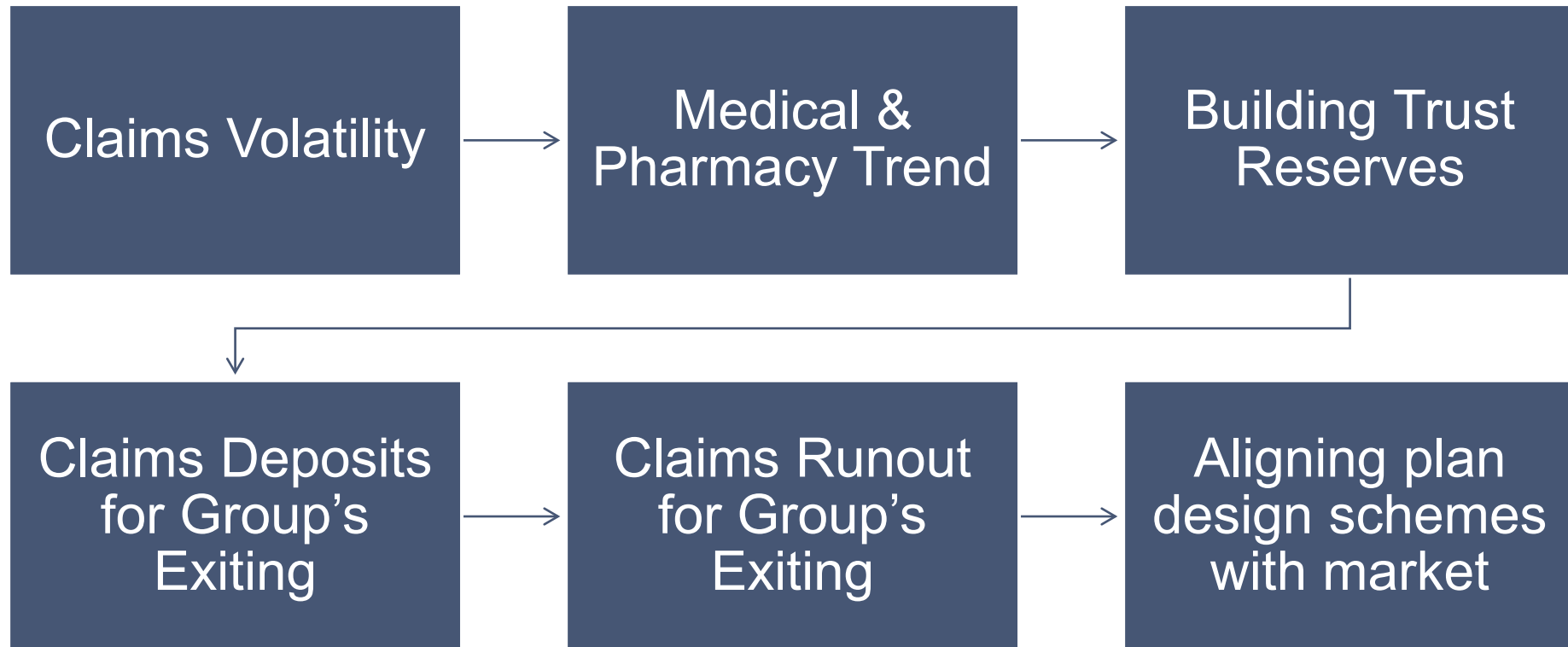
The RFP process yielded competitive pricing and administrative fees from all five carriers. Key factors, including claims repricing and provider discounts, significantly influenced the final recommendation, which is to continue with the incumbent, BCBS.

FY27 Proposed Rates



FY27 Rate Renewal: Key Factors

Key considerations for FY27 rate increases include claims fluctuation, medical and pharmacy trends, trust reserves, exiting group claims, and market alignment, with the goal of rebuilding trust reserves to prevent future high increases and mid-year adjustments.



FY27 Proposed Rates: Overview

HCGIT's current loss ratio is 114% for both medical and pharmacy. The proposed FY27 rates include adjustments from both medical and pharmacy procurements.

Medical / Stop Loss

Annual medical trend of 10%.

A 40% projected Stop Loss increase applies to a \$400K deductible, with a loss ratio of about 107%.

Four lasers add \$1.73M in claims liability.

Pharmacy

Annual pharmacy trend of 13%.

Weight loss GLP1 claims, excluded from totals, account for 17% of RX claims.

Estimated RX rebates are currently \$8.8M.

Revised pharmacy claims discounts and rebates from CVS Caremark and Employers Health (CVS).

Additional Considerations

Plan design changes, which include adjustments to copay structures and deductibles, are valued at 3.6 percent.

Any additional savings from foundational Assistance programs

FY27 Rate Projection: Detail (Presented 1/21/26 to IAC)



Hampshire County Group Insurance Trust

Retrospective Two Year Claims Analysis

Effective July 1, 2026

Experience Period	Blue Care Elect			Network Blue			Total	
	1/1/2025-12/31/2025		1/1/2024-12/31/2024	1/1/2025-12/31/2025		1/1/2024-12/31/2024	1/1/2025-12/31/2025	1/1/2024-12/31/2024
Claims/Enrollment								
Current Subscribers: 4,063		815			3,248			
Claims/Enrollment								
Medical Claims Expense (incl. Runout)	\$16,007,664		\$14,627,526	\$52,889,624		\$43,947,016	\$68,897,289	\$58,574,541
Pharmacy Claims Expense - Less Weight Loss GLP1s	\$5,528,639		\$3,971,890	\$21,546,708		\$17,303,705	\$27,075,347	\$21,275,594
Claims in Excess of \$400,000	(\$295,029)		(\$688,122)	(\$2,278,954)		(\$1,150,164)	(\$2,573,983)	(\$1,838,286)
Net Claims Expense for Experience Period	\$21,241,274		\$17,911,293	\$72,157,379		\$60,100,557	\$93,398,653	\$78,011,850
Subscriber Months	10,448		10,312	38,755		38,631	49,203	48,943
PEPM	\$2,033.05		\$1,736.94	\$1,861.89		\$1,555.76		
Adjustment to Incurred 1.03	\$2,094.04		\$1,789.04	\$1,917.74		\$1,602.43		
Projected Claims (Combined Annual Trend: 10.85%)	\$2,443.94		\$2,314.97	\$2,238.19		\$2,073.50		
Current Period: 18 months / Prior Period: 30 months	(16.7%)		(29.4%)	(16.7%)		(29.4%)		
Experience Period Weighting	100%		0%	100%		0%		
Weighted Projected Claims Per Employee Per Month		\$2,443.94			\$2,238.19			
Fixed Costs (1)		\$125.08			\$125.08			
Total Projected Rate Year PEPM		\$2,569.02			\$2,363.27			
Total Projected Rate Year Annualized		\$25,125,049			\$92,110,779			\$117,235,828
Rx Rebates (\$8,800,000) (excl. GLP1s)		(\$1,796,912)			(\$7,003,088)			(\$8,800,000)
Lasered Claimants (2)		\$555,000			\$1,175,000			\$1,730,000
Total Projected Rate Year for Status Quo Net of Rebates		\$23,883,137			\$86,282,691			\$110,165,828
Current Working Rates		\$22,414,848			\$78,059,628			\$100,474,476
Change to Working Rates: \$		\$1,468,289			\$8,223,063			\$9,691,352
Change to Working Rates: %		6.55%			10.53%			9.65%
Factor for Eliminated Population as of 1/16/26 1.20%								10.96%
Recommended Margin 5.00%								15.96%

FY27 Increase with Employers Health (CVS): 12.48%





Hampshire County Group Insurance Trust

Retrospective Two Year Claims Analysis

Effective July 1, 2026

Rx Vendor: Employers Health

Experience Period	Blue Care Elect		Network Blue		Total	
	1/1/2025-12/31/2025	1/1/2024-12/31/2024	1/1/2025-12/31/2025	1/1/2024-12/31/2024	1/1/2025-12/31/2025	1/1/2024-12/31/2024
Claims/Enrollment						
Current Subscribers: 4,063		815		3,248		
Claims/Enrollment						
Medical Claims Expense (incl. Runout)	\$16,007,664	\$14,627,526	\$52,889,624	\$43,947,016	\$68,897,289	\$58,574,541
Pharmacy Claims Expense - Less Weight Loss GLP1s	\$5,528,639	\$3,971,890	\$21,546,708	\$17,303,705	\$27,075,347	\$21,275,594
Claims in Excess of \$400,000	(\$295,029)	(\$688,122)	(\$2,278,954)	(\$1,150,164)	(\$2,573,983)	(\$1,838,286)
Net Claims Expense for Experience Period	\$21,241,274	\$17,911,293	\$72,157,379	\$60,100,557	\$93,398,653	\$78,011,850
Subscriber Months	10,448	10,312	38,755	38,631	49,203	48,943
PEPM	\$2,033.05	\$1,736.94	\$1,861.89	\$1,555.76		
Adjustment to Incurred 1.03	\$2,094.04	\$1,789.04	\$1,917.74	\$1,602.43		
Projected Claims (Combined Annual Trend: 10.85%)	\$2,443.94	\$2,314.97	\$2,238.19	\$2,073.50		
Current Period: 18 months / Prior Period: 30 months	(16.7%)	(29.4%)	(16.7%)	(29.4%)		
Experience Period Weighting	100%	0%	100%	0%		
Weighted Projected Claims Per Employee Per Month						
Fixed Costs (1)	\$2,443.94	\$2,238.19	\$2,238.19	\$2,238.19		
Total Projected Rate Year PEPM	\$2,569.02	\$2,363.27	\$2,363.27	\$2,363.27		
Total Projected Rate Year Annualized	\$25,125,049	\$92,110,779	\$92,110,779	\$92,110,779	\$117,235,828	\$117,235,828
Rx Rebates/Discounts (\$12,256,763) (excl. GLP1s)	(\$2,502,764)	(\$9,753,999)	(\$9,753,999)	(\$9,753,999)	(\$12,256,763)	(\$12,256,763)
Lasered Claimants (2)	\$555,000	\$1,175,000	\$1,175,000	\$1,175,000	\$1,730,000	\$1,730,000
Total Projected Rate Year for Status Quo Net of Rebates	\$23,177,285	\$83,531,780	\$83,531,780	\$83,531,780	\$106,709,065	\$106,709,065
Current Working Rates	\$22,414,848	\$78,059,628	\$78,059,628	\$78,059,628	\$100,474,476	\$100,474,476
Change to Working Rates: \$	\$762,437	\$5,472,152	\$5,472,152	\$5,472,152	\$6,234,589	\$6,234,589
Change to Working Rates: %	3.40%	7.01%	7.01%	7.01%	6.21%	6.21%
Factor for Eliminated Population as of 1/16/26 1.20%						7.48%
Recommended Margin 5.00%						12.48%

FY27 Plan Design: Proposed Recommendations



RFP Evaluation: Recommended Plan Design Scenarios HMO Plan

HMO BLUE New England					
Forecasted PEPM FY 2027		\$1,556.78			
Enrollment		3233			
Benefit	Current	Proposed	Factor	Change PEPM	Annual Impact
Deductible <i>Applies to all Svcs. Except OV & ER</i>	\$0	\$250/\$500	0.98	\$31.14	\$1,207,937
Specialist Copay	\$35	\$60	0.99	\$15.57	\$603,968
Outpatient Surgical	\$150	\$250	0.997	\$4.67	\$181,191
Inpatient Care	\$250	\$500	0.997	\$4.67	\$181,191

RFP Evaluation: Recommended Plan Design Scenarios PPO Plan

Blue Care Elect Preferred PPO

Forecasted PEPM FY 2027 **\$1,778.25**

Enrollment **891**

Benefit	Current	Proposed	Factor	Change PEPM	Annual Impact
Deductible <i>Applies to all Svcs.</i>	\$0 In-Network \$250/\$500 Out-of-Network	\$250/\$500 In-Network and Out-of-Network Combined	0.975	\$44.46	\$475,326
Specialist Copay	\$35 In-Network	\$60 In-Network	0.99	\$17.78	\$190,130
Outpatient Surgical	\$150 In-Network	\$250 In-Network	0.997	\$5.33	\$57,039
Inpatient Care	\$250 In-Network	\$500 In-Network	0.997	\$5.33	\$57,039

FY27 Renewal: Recommendation & Vote



FY27 Plan Renewal: HCGIT Voting Options for IAC Members

FY27 Proposed Plan Renewal Recommendations		
	Option A	Option B
Proposed	Recommended / Voted by EC	Alternative
FY27 Rate Increase	12.48%	16.08%
Deductible	\$250/\$500	No Change
Specialist Copay	\$60 In-Network	No Change
Outpatient Surgical	\$250 In-Network	No Change
Inpatient Care	\$500 In-Network	No Change

FY27 Plan Renewal: Rate Scenarios

Plan	Coverage Tier	FY 2026 (Eff 10/1/25)	FY 2027		
			Rates	\$ Change	% Change
Network Blue NE HMO	Individual	\$1,007.00	\$1,133.00	\$126.00	12.48%
	Employee + 1	\$2,344.00	\$2,637.00	\$293.00	12.48%
	Family	\$2,888.00	\$3,248.00	\$360.00	12.48%
Blue Care Elect Pref PPO	Individual	\$1,180.00	\$1,327.00	\$147.00	12.48%
	Family	\$3,221.00	\$3,623.00	\$402.00	12.48%

Plan	Coverage Tier	FY 2026 (Eff 10/1/25)	FY 2027		
			Rates	\$ Change	% Change
Network Blue NE HMO	Individual	\$1,007.00	\$1,169.00	\$162.00	16.08%
	Employee + 1	\$2,344.00	\$2,721.00	\$377.00	16.08%
	Family	\$2,888.00	\$3,352.00	\$464.00	16.08%
Blue Care Elect Pref PPO	Individual	\$1,180.00	\$1,370.00	\$190.00	16.08%
	Family	\$3,221.00	\$3,739.00	\$518.00	16.08%



2.18.2026

Hampshire County Group Insurance Trust

Pharmacy Benefit RFP Results



PRESENTER

David Sirowich
Executive Vice President



PBIRx Pharmacy Benefit Intelligence

Very Specialized Thinking

Rx carve out & self-funded experts with internal team of specialists, pharmacists, consultants, auditors, FSA certified actuaries, analysts, legal, IT personnel & 340B facilitators

Pharmacy Benefit Consulting

- RFP & PBM contract management – negotiate & audit financial terms & service-related performance guarantees
- Vet & facilitate implementation of new programs & vendors
- Retrospective analysis to quantify savings
- Allocation rates for budgeting
- 24/7 dedicated clinical staff for member issues
- First line appeals
- Rebate aggregation for PBMs, health plans, workers' compensation, discount card & long-term care facilities

Clinical Technology Intelligence (CTIRx®)

- Clinical monitoring of monthly data to identify outliers
- Dedicated Team of PharmDs
- Specialty Drug Strategies (SDSRx™)
- Formulary management
- Proprietary Clinical Savings Algorithm Drug Codes (ADC®)
- Strategic Programs: Disease management, opioid safety
- Pharmalucent™ Dashboard performance & adherence metrics
- Appeals reviewed by a PBIRx PharmD
- Specialty drug alternative fund sourcing
- Medical J-code analysis

Pharmacy Benefit Auditing Services (AuditRx®)

- Proprietary program, developed & maintained by PBIRx
- Medi-Span enabled to accurately measure pricing proposals, AWP increases & claims audits

Pharmacy Benefit Actuarial Services (PBAS)

- Retiree Drug Subsidy actuarial attestation, cost reporting, eligibility maintenance & reconciliation
- Self Insured EGWP and Fully Insured PDP, MAPDP analysis

✔ **1st Pharmacy Benefit Consulting Company**

✔ **Celebrating 30+ Years of Service**

✔ **1st Independent Third-Party Audit Software**

✔ **SOC 2 Type 2 Certified**

✔ **Inc. 5000 Fastest Growing Company**

PBIRx RFP&C Process

Objective

PBIRx, Inc. is a pharmacy benefit auditing and consulting firm engaged to analyze self funded pharmacy benefit savings opportunities for Hampshire County Group Insurance Trust. The current self funded Agreement between CVS and Hampshire County Group Insurance Trust is in effect through June 30, 2026. PBIRx prepared a customized Request for Proposal (RFP) which was sent on January 20, 2026, to the following vendors:

MEDICAL	
Carrier	PBM Vendor
BCBSMA	CVS

COALITION	
Coalition	PBM Vendor
Employers Health	CVS
HealthTrust	Optum

DIRECT
PBM
CVS
Liviniti
VytOne

PBIRx analyzed the vendor proposals as compared to the current program offered through CVS to determine pricing and service competitiveness.

RFP Process

PBIRx received a raw data file from CVS. PBIRx formatted a de-identified claims repricing file. Upon receipt of the Intent to Bid by the vendors, this file was sent along with the RFP for vendor completion. All vendors were requested to propose pricing and service models based on comparable services, formulary and plan design being offered through the current Hampshire County Group Insurance Trust pharmacy program administered by CVS.

Actual Hampshire County Group Insurance Trust utilized claims were used to compare all pricing models. Upon receipt of Vendor proposals, PBIRx confirmed pricing terms in relation to the proposed repricing files. PBIRx used the current Average Wholesale Price (AWP) of current claim files and calculated estimated total net plan cost based on the following elements:

- Retail Brand / Generic Discount and Dispensing Fees
- Mail Brand / Generic Discount and Dispensing Fees
- Specialty Brand / Generic Discount and Dispensing Fees
- Retail / Mail / Specialty Rebates
- Misc Fees and/or Admin fees

Current costs were reduced by \$4,290,813 to take into account weight loss meds exclusion

- **CVS Renewal:**
 - Estimated savings of \$2,271,736
- **CVS – Employers Health:**
 - Estimated savings of \$3,457,253
 - Foundational Assistance available with estimated **Additional** savings of \$1,902,661
 - No changes to members prescriptions or plan
 - The only change would be a new CVS Account Team
- Carrier and Mid Market PBMs had competitive proposals however not as competitive as the CVS – Employers Health
- BCBSMA cannot implement Foundational Assistance
- All non-CVS vendor changes would have at minimal slight formulary change
- International Savings for Injectables and Diabetics total opportunity estimated at \$1,700,305 through ElectRx to compliment CanaRx

Recommendation

- Move Contract pricing to CVS through Employers Health
- Implement Foundational Assistance through Payd Health
- Implement ElectRx International Program

RFP&C Saving Results

Plan Assumptions							
Proposed Effective Date:	7/1/2026						
Benefits:	Duplicate Current						

Vendor Comparison

	CVS - Current	CVS - Proposed 2026/27	BCBSMA	CVS - Employers Health	OptumRx - HealthTrust	Liviniti	VytOne
Rx Costs Current (1/1/25-12/31/25):	\$ 26,917,380						
Rx Costs above trended to 7/1/26-6/30/27:	\$ 30,544,188	\$ 28,855,094	\$ 28,861,203	\$ 28,974,216	\$ 28,907,019	\$30,522,807	\$ 29,621,753
Reference/Biosimilar Spend:	\$ 1,767,352	\$ 1,747,993	\$ 1,693,232	\$ 1,710,922	\$ 793,005	\$ 1,768,726	\$ 552,538
Average Members:	9,420	9,420	9,420	9,420	9,420	9,420	9,420
PMPM:	\$ 285.84	\$ 270.73	\$ 270.30	\$ 271.45	\$ 284.10	\$ 272.12	\$ 266.93
Coupon Assistance:	\$ 834,619	\$ 834,619	\$ 580,000	\$ 834,619	\$ 745,000	\$ 2,063,885	\$ 1,396,200
Estimated Rebate Revenue:	\$ 9,328,536	\$ 9,891,819	\$ 9,577,850	\$ 11,175,388	\$ 4,326,701	\$ 8,152,178	\$ 5,680,407
Estimated Rx Claims Cost Less Rebates:	\$ 22,148,385	\$ 19,876,649	\$20,396,585	\$ 18,675,131	\$ 24,628,324	\$22,075,470	\$ 23,097,685
Estimated Rx Claims Cost PMPM:	\$ 195.93	\$ 175.84	\$ 180.44	\$ 165.21	\$ 217.87	\$ 195.29	\$ 204.33
Rx Administration PMPM:	\$ -	\$ -	\$ 1.30	\$ 0.14	\$ 3.05	\$ 9.83	\$ 3.00
Total Estimated PMPM:	\$ 195.93	\$ 175.84	\$ 181.74	\$ 165.35	\$ 220.93	\$ 205.12	\$ 207.33
Total Estimated Annual Costs:	\$ 22,148,385	\$ 19,876,649	\$20,543,537	\$ 18,691,131	\$ 24,973,436	\$23,186,367	\$23,436,805
Total Estimated Annual Savings:		\$ 2,271,736	\$ 1,604,847	\$ 3,457,253	\$ (2,825,051)	\$ (1,037,983)	\$ (1,288,420)
% Savings:		10.26%	7.25%	15.61%	-12.76%	-4.69%	-5.82%

OPTIONAL SAVINGS

Clinical				\$ 31,455	\$ 136,000	\$ 633,695	\$ 633,695
Foundational Assistance/ Needs Based				\$ 1,902,661			\$ 1,902,661
International Rx:		\$ 223,430	\$ 223,430	\$ 223,430	\$ 223,430	\$ 223,430	\$ 223,430
Total Savings (Includes Optional):		\$ 2,495,166	\$ 1,828,277	\$ 5,614,799	\$ (2,465,621)	\$ (180,858)	\$ 1,471,366
% Savings:		11.27%	8.25%	25.35%	-11.13%	-0.82%	6.64%

FORMULARY DISRUPTION (# of Members/Rxs)

Tier 2 to Tier 3			72 / 118		741 / 3,209	164 / 482	193 / 565
Tier 2 to Exclude			473 / 2,283		302 / 995	208 / 491	300 / 1,031
Tier 3 to Tier 2			3 / 13		141 / 217	269 / 717	231 / 709
Tier 3 to Exclude			42 / 193		56 / 274	99 / 432	60 / 245

Notes:

1. Current Plan Costs 1/1/25-12/31/25, and trended using a 9% annual drug trend to 7/1/26-6/30/27 - weight loss costs removed & rebates adjusted
2. Estimated Rx Claim Costs based on savings analysis through proposed pricing
3. Coupon assistance savings is net of fees
4. International savings above represent 10% of an estimated \$2,234,300 with the majority of the savings coming from the specialty international vendor
5. Cost estimates are a combination of discounts, dispensing fees, administration fees, and rebates combined with miscellaneous fees and contract language caveats. Caveats include, but are not limited to, Most Favored Nation pricing, rebate exclusions, guarantee exclusions, aggregation language, and calculation methodology. The self funded estimate assumes that Client is at full risk for its self funded pharmacy costs. The above information relies on information provided to PBIRx by a third party

Foundational Assistance Savings



	Current		Paydhealth		Drugs Impacted							
# of Claims			996		Actemra	Cosentyx	Gamunex	Litfulo	Revlimid	Trypytyr		
# of Members			155		Arcalyst	Crysvita	Hyqvia	Nemludio	Simponi	Tymlos		
Total Current Plan Cost Eligible	\$	15,646,449	\$	15,646,449	Austedo	Dovato	Hyrimoz	Nubeqa	Sotyktu	Upravi		
Estimated Patient Assistance	\$	(834,619)	\$	(4,361,656)	Avsola	Dupixent	Jakafi	Nucala	Stelara	Voranigo		
Estimated Rebates	\$	(2,753,170)	\$	(2,437,381)	Biktarvy	Duvyzat	Kalydeco	Opzelura	Taltz	Vyndamax		
Estimated Fees			\$	1,308,587	Bimzelx	Ebglyss	Kesimpta	Orencia	Tezspire	Xeljanz		
Net Plan Cost	\$	12,058,660	\$	10,155,999	Cabometyx	Enbrel	Kineret	Palynziq	Tivicay	Xolair		
Estimated Net Plan Savings			\$	1,902,661	Calquence	Fasenra	Kisqali	Prolia	Tremfya			
					Cimzia	Fintepla	Lenvima	Radicava	Triumeq			

General Notes:

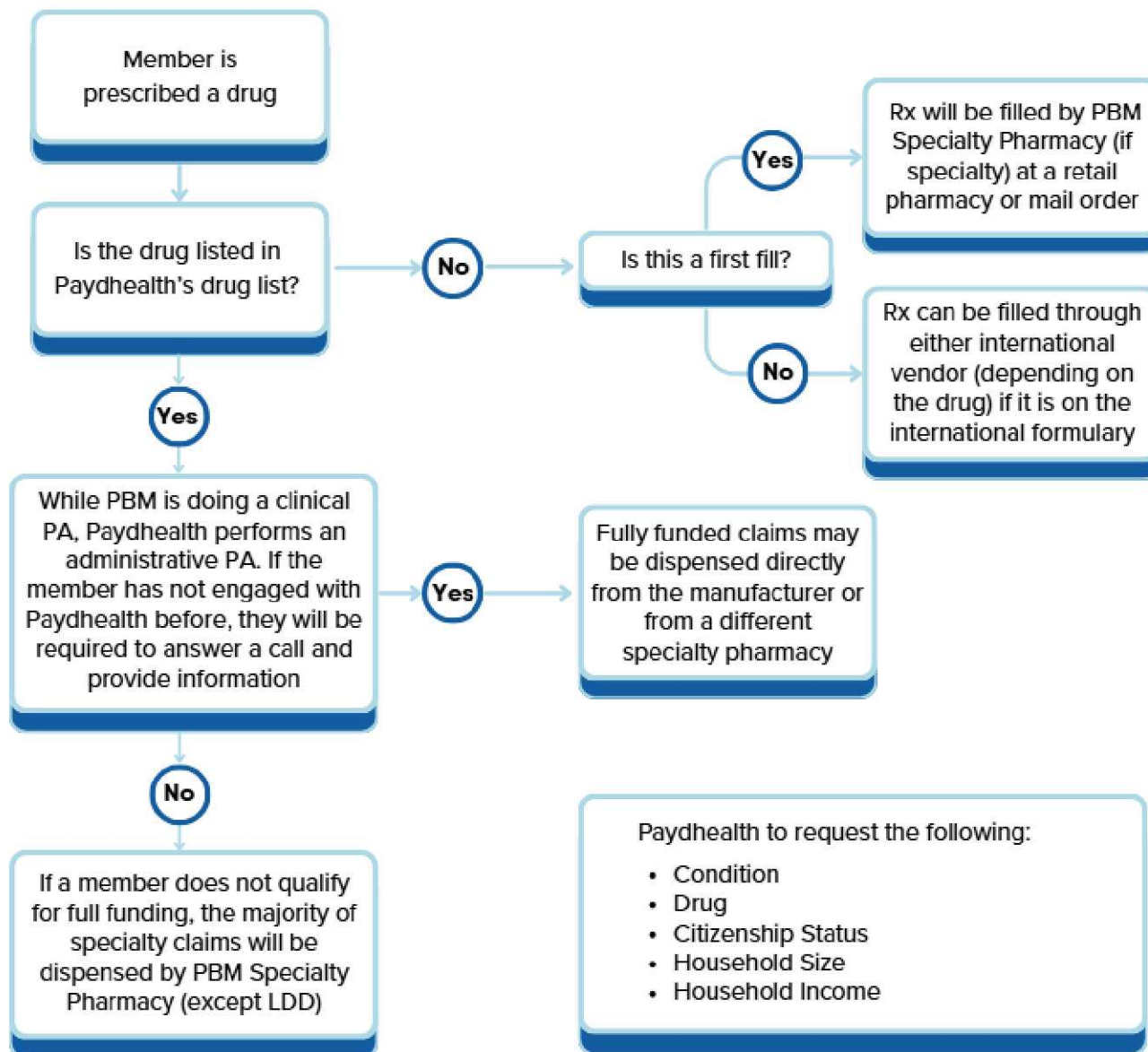
1. January 2025-December 2025 Alternate Funding Eligible Claims
2. Members with a partial year of utilization have been annualized for savings calculations
3. Assumed conversion is 31.9% of Eligible claims and associated Plan Cost
4. Plan Cost is the discounted cost of the medication less member share
5. Paydhealth takes into consideration expected affect of Highly Compensated People (HCP) based industry NAICS number
6. Income stipulations associated with most alternate funding programs
7. The Estimated Net Plan Savings stated above are net of rebate loss and vendor fees (30% of savings based on total cost of medication)
8. Above Estimated Net Plan Savings assumes 30% partial assistance funding and 70% full funding by alternate funder
9. Assumes no claims are currently filled at 340B. If 340B is currently in use, stated savings estimates could be affected. The alternate funding vendor can work with client to exclude during implementation.

The conclusions made in this review are based upon data provided to PBIRx by the PBM.

Quantitative conclusions are accurate to the extent of the data provided.

Self Funded Estimates may be altered due to high-cost medications or increased utilization.

Foundational Assistance Savings for High-Cost Brand Drugs



International Rx Savings

CANARX MAINTENANCE BRANDS ESTIMATED ANNUALIZED SAVINGS	ELECTRX SPECIALTY/DIABETES ESTIMATED ANNUALIZED SAVINGS
\$533,995	\$1,700,305

CANARX JAN 2025 – DEC 2025		INTERNATIONAL ELIGIBLE (\$)	ESTIMATED SAVINGS (\$)	ESTIMATED ANNUAL SAVINGS (\$)	SAVINGS (%)
Total Plan Cost	32,140,926	1,987,294	533,995	533,995	1.66
Total Member Cost	1,263,638	82,937	82,937	82,937	6.56
Members	381				
Total # of Rx	123,492	1,875			

ELECTRX JAN 2025 – DEC 2025		INTERNATIONAL ELIGIBLE (\$)	ESTIMATED SAVINGS (\$)	ESTIMATED ANNUAL SAVINGS (\$)	SAVINGS (%)
Total Plan Cost	32,140,926	5,444,506	1,700,305	1,700,305	5.29
Total Member Cost	1,263,638	52,420	52,420	52,420	4.15
Members	188				
Total # of Rx	123,492	841			

General Notes:

- The conclusions made in this review are based upon data provided to PBIRx by the PBM
- Quantitative conclusions are accurate to the extent of the data provided
- Estimate includes rebate impact and PBIRx Administrative Fee of plan savings
- Stop Loss – Confirm acceptance of out-of-network claims

International Rx Savings Opportunity - CanaRx

DRUG NAME & STRENGTH	#RX	PLAN COST PER RX – CURRENT (\$)	ESTIMATED PLAN COST PER RX (\$)	ESTIMATED SAVINGS PER RX (\$)	SAVINGS (%)
DOVATO TAB 50-300MG	3	7,905	3,492	4,413	55.83
GILENYA CAP 0.5MG	2	4,370	1,853	2,517	57.59
TRIUMEQ TAB	13	3,586	1,271	2,315	64.55
BIKTARVY 50 TAB 200-25	13	3,892	1,579	2,313	59.42
REXULTI TAB 1MG	9	1,426	230	1,196	83.88
VRAYLAR CAP 3MG	15	1,236	210	1,026	83.00
VRAYLAR CAP 1.5MG	19	1,212	214	999	82.37
RINVOQ TAB 15MG ER	80	2,550	2,135	414	16.25
JARDIANCE TAB 25MG	59	486	162	324	66.66
FARXIGA TAB 10MG	156	450	126	323	71.93
TRELEGY AER 200MCG	109	443	143	301	67.85
TRELEGY AER 100MCG	63	410	114	296	72.23
FARXIGA TAB 5MG	43	434	152	283	65.08
ELIQUIS TAB 5MG	447	411	147	265	64.35
ENTRESTO TAB 49-51MG	19	590	354	236	39.98
ENTRESTO TAB 97-103MG	19	503	281	222	44.11
ELIQUIS TAB 2.5MG	106	259	111	149	57.34
LINZESS CAP 72MCG	26	340	238	102	30.02
ENTRESTO TAB 24-26MG	30	354	259	95	26.86
OTEZLA TAB 30MG	23	1,370	1,285	85	6.18
BREO ELLIPTA INH 100-25	106	147	66	80	54.79
VAGIFEM VTB 10MCG	114	127	50	77	60.72
BREO ELLIPTA INH 200-25	123	150	85	64	42.99
SLYND TAB 4MG	60	101	47	54	53.35
RESTASIS EMU 0.05% OP	15	568	550	18	3.17

International Rx Savings Opportunity - ElectRx

DRUG NAME & STRENGTH	#RX	PLAN COST PER RX – CURRENT (\$)	ESTIMATED PLAN COST PER RX (\$)	ESTIMATED SAVINGS PER RX (\$)	SAVINGS (%)
STIVARGA TAB 40MG	1	20,422	7,644	12,778	62.57
STELARA INJ 90MG/ML	37	23855.2	12172.7	11,683	48.97
CABOMETYX TAB 20MG	10	21,891	10,957	10,934	49.95
BIMZELX INJ 320MG/2	8	17,105	9,690	7,414	43.35
KISQALI TAB 600DOSE	14	13,392	6,505	6,887	51.43
XTANDI CAP 40MG	6	11,048	4,336	6,712	60.75
VERZENIO TAB 150MG	4	12,547	6,126	6,421	51.17
SKYRIZI INJ 360/2.4	28	17,928	12,071	5,857	32.67
SKYRIZI INJ 150MG/ML	8	17,568	12,071	5,497	31.29
SKYRIZI PEN INJ 150MG/ML	45	16,873	12,071	4,802	28.46
SIMPONI INJ 100MG/ML	13	8,996	5,268	3,729	41.45
COSENTYX PEN INJ 150MG/ML	17	4,023	1,224	2,799	69.57
TAGRISSO TAB 80MG	2	13,897	11,546	2,351	16.91
CREON CAP 36000UNT	22	2,216	216	2,000	90.24
XIFAXAN TAB 550MG	23	2,656	911	1,745	65.70
LITFULO CAP 50MG	23	3,620	2,179	1,441	39.81
ERLEADA TAB 240MG	5	8,761	7,386	1,375	15.70
HUMIRA PEN INJ 40/0.4ML	20	4,878	3,989	889	18.22
KESIMPTA INJ 20/.4ML	20	6,500	5,832	669	10.29
VELTASSA POW 8.4GM	14	1,571	944	628	39.94
OPZELURA CRE 1.5%	15	1,856	1,247	609	32.81
OZEMP .25/.5 INJ 2MG/3ML	225	1,077	527	549	51.03
OZEMPIC 1MG INJ 4MG/3ML	173	938	495	443	47.24
MIEBO DRO 1.3GM/ML	25	534	215	319	59.71
ENBREL SRCLK INJ 50MG/ML	53	3,222	3,101	121	3.77

International Rx



✓ ZERO Copays through CANARX and ElectRx

The International Rx programs helps to keep more money in members' pockets. There are no copays, shipping charges or out-of-pocket costs to sign up. The program is FREE to members.

✓ Signing up is fast & easy

Members can enroll at any time.

CanaRx: To enroll, members submit an enrollment form, a copy of their photo ID and a prescription written for a 3-month supply with 3 refills. Enrollment forms can be completed online, or a hard copy can be faxed, uploaded to the secure site (CanaRx.com) or mailed to CANARX.

ElectRx: To enroll, members call 833-353-2879. ElectRx representatives will complete the enrollment over the phone. ElectRx will request a prescription written for a 3-month supply with 3 refills.

CANARX and ElectRx can even help with receiving a member's prescription by reaching out to the prescriber on their behalf — you just need to ask! Please note, when taking a 'new-to-you' medication, a local 30-day trial is required before ordering through the international Rx programs.

✓ Worry-free refills

The international Rx vendors will proactively call members every quarter to let them know they are due for a refill.

✓ Medications right to the member's mailbox

Medications are shipped right to the member's mailbox. No more standing in line at the pharmacy.

✓ Safe

Medications are shipped in the manufacturers sealed packaging.

✓ Customer Service

CANARX offers a website to check medication availability, enroll online (or download the enrollment form), watch a short program video, download a membership card and view FAQs. **Members can call us at 1-866-893-6337**

ElectRx can call **833-353-2879** with questions or to check medication availability and to enroll

Clinical Savings Carve-Out

Clinical Programs recommended, with **60-day Member Notice via PBM Letter**

PROGRAM TYPE	DISEASE STATE	# OF RXS	ESTIMATED PLAN SAVINGS (\$)
Step Therapy	Dermatology - Psoriasis	73	66,627
Step Therapy	Urology	84	62,617
Step Therapy	Dermatology - Rosacea	13	7,381
Step Therapy	Neurology - Multiple Indications	28	7,293
Step Therapy	Hyperlipidemia	5	2,883
Step Therapy	Ophthalmic - Glaucoma	2	363
Step Therapy	Dermatology - Multiple Indications	2	182
Step Therapy	Benign Prostate Hyperplasia	3	17
Prior Authorization	Ophthalmic - Immunomodulators	195	155,365
Prior Authorization	GI Disease	23	67,274
Prior Authorization	GI Disease	86	53,410
Prior Authorization	Gynecology - Birth Control	94	23,652
Prior Authorization	Antinauseant	3	784
Prior Authorization	Gynecology-Birth Control	2	713
Prior Authorization	Analgesic - Topical	28	-
Exclusion	Multiple Indications	355	145,198
Exclusion	Gynecology - Birth Control	79	25,188
Exclusion	Dermatology - Acne	40	14,748

General Notes:

- **Data based on 12 months of data Jan 2025 – Dec 2025**
- Clinical programs recommended with 60-day grandfathering – estimated annual plan savings notated
- Clinical recommendations and estimated savings are based on current drug information available; including, but not limited to: changes in utilization, information on new drugs, indications, generics, biosimilars, dosages, grandfathering, etc.
- Rebate programs that vary by PBM could alter the estimated savings and recommendations

Clinical Savings Carve-Out

Clinical Programs recommended, **with Grandfathering**

PROGRAM TYPE	DISEASE STATE	# OF RXS	CURRENT PLAN COST (\$)
Step Therapy	Mental Health Agents/Antipsychotics	62	95,289
Step Therapy	ADD/ADHD	194	70,652
Step Therapy	Mental Health Agents/Depression	58	46,906
Step Therapy	Neurology - AntiConvulsant	6	17,627
Prior Authorization	Respiratory - COPD	172	115,743
Prior Authorization	Testosterone	391	17,668
Prior Authorization	Infectious Disease	13	7,241
Prior Authorization	Dermatology - Psoriasis	4	748

General Notes:

- **Data based on 12 months of data Jan 2025 – Dec 2025**
- Clinical programs recommended with no member disruption to current utilizers
- Clinical recommendations and estimated costs are based on current drug information available; including, but not limited to: changes in utilization, information on new drugs, indications, generics, biosimilars, dosages, grandfathering, etc.
- Rebate programs that vary by PBM could alter the estimated savings and recommendations



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HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Insurance Advisory Committee

Meeting Notice and Agenda

February 25, 2026

10:00 am

ZOOM Meeting

Call to Order	RC
Approval of IAC Minutes (January 21, 2026 Meeting)	RC
Financial Report (January)	SP
Wellness Update	MK
Boston Mutual	MC
HILB/PBIRX Presentations	DC/DS
Proposed Rate/Plan/Carrier Changes (Vote)	RC
Other Business	RC
Adjournment	RC

Meeting Schedule

Executive Committee – March 4, 2026, 9:00 a.m. ZOOM

Executive Committee – March 18, 2026, 9:00 a.m. ZOOM

Insurance Advisory Committee – March 25, 2026, 10:00 a.m. ZOOM

Executive Committee – TBD, 9:00 a.m. ZOOM

Cindy Graves is inviting you to a scheduled Zoom meeting.

Topic: IAC Mtg 2/25/26 at 10am

Time: Feb 25, 2026 10:00 AM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81571724563?pwd=aVbFeAJRba8ZGytvy1AVDYab2Fli2m.1>

Meeting ID: 815 7172 4563

Passcode: 948680

One tap mobile

+16469313860,,81571724563#,,,,*948680# US

+13017158592,,81571724563#,,,,*948680# US (Washington DC)

Join instructions

<https://us02web.zoom.us/join/81571724563/invitations?signature=6stXfbEYYHPfWPtG7hY3C1nggurHh7s0dCGCWYuwf1Q>

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

TO: All Member Trust Units

RE: **Minutes of January 21, 2026**
Insurance Advisory Committee
Via Zoom Teleconference

MEMBERS PRESENT:

Paul McLatchy III	Cathy Levreault	Joanne Cleveland
Susan Bobe	Cara Leach	Sarah Reynolds
Ashley Obrzut	Meg McWherter	Rachel Emerson
Paula Harrison	Sean McDonald	Allan Kidston
Sara Kimball	Rich Carmignani, Jr.	Emily Russo
Liz Bouchard	Linda Gross	Jan Ameen
Ashley Manley	Shelley Poreda	Stacy Stewart
Ray Purington	Allan Kidston	Marc Richard
Lauren Wilcox	Patti Rutkowski	Andrew Levine
Virginia Gabert	Mia Francesconi	Sharon Ashleigh
Ryan Mailloux	Eileen Seymour	Gabriele Voelker
Jessalyn Zaykoski	Michele Turner	Kristin Cormier
Angelina Bragdon	Kari Scytowski	Barbara Miller
Heather Rock	Donna Whiteley	Cindy Schofield
Nadine Cignoni	Jennifer Boulais	Liz Sullivan
Steve Deloye	Julie Wonkka	Jennifer Day
Sharon Strzegowski		

OTHERS PRESENT:

Cynthia Graves	Michele Komosa	Karen Karowski
Danielle Chaplick	Susan Shillue	Mariana Gil
Steve Sadowski	Mary McCallahan	Tracy Foster
Heidi Fountain	Dawn Scaparotti	Ted Lewis
John Garrish	Mary Houle	Shaun Suhoski
Maureen Humphrey	Brenda Lessard	Nadine Coughlin
Taffy Basset Fox	Sues'Anne Jason	

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 10:03 a.m. with a quorum present of 87.80% of the weighted vote.

MINUTES

The minutes of the meeting of December 17, 2025, were accepted by unanimous consent.

FINANCIALS

Month of December 2025

The Financial Report showed a starting cash balance for December of \$479,076.67 with a total monthly income of \$14,894,359.45, which includes the CVS rebate of \$3,025,188.26. The monthly expenses totaled \$10,362,185.80 leaving a total net monthly income of \$4,532,173.65. The accounts receivable balance was \$655,974.66, which if paid on time, would have left us with a balance of \$5,188,148.31.

Shelly Poreda gave an overview of the financial report, highlighting page 10, the financial summary, correcting the November ending balances to read December ending balances. She pointed out that medical claims for December were down \$400,000 and pharmacy claims by \$250,000 compared to November. She also reviewed the projections through the end of June.

GIC UPDATE

The groups that are leaving the Trust are Bernardston, Chesterfield, FRCOG, Leyden, Pioneer Valley Regional School District and Southampton. The total monthly premium loss is currently \$599,818.40. It was noted that the claim runoff period is 18 months.

HILB UPDATES

HILB gave a presentation on the RFP results and preliminary FY27 rates and plan design changes that they are recommending. A long discussion followed on the union negotiation process, particularly if units have not adopted 32B section 21-23 yet. HILB has offered to conduct a webinar on the timeline and steps required to get plan design changes through the 32B process. Their current recommendation is for a 15.96% increase if no plan design changes are made. They then presented plan design changes they would recommend. The RFP for the pharmacy contract has not been completed so numbers are subject to change. Those numbers will be available in time for the February 25, 2026 IAC meeting.

OTHER BUSINESS

Michele Komosa said the Wellness Initiative is doing great and she will provide a full update at a future meeting.

LAST MINUTE ITEMS

There were none at this time.

ADJOURNMENT

Chairman Rich Carmignani, Jr. adjourned the meeting 12:21 p.m.

Respectfully submitted,
Karen Karowski

Executive Committee – February 11, 2026, 9:00 a.m., via ZOOM
Executive Committee – February 18, 2026, 9:00 a.m., via ZOOM
Insurance Advisory Committee – February 25, 2026, 10:00 a.m., via ZOOM

ITEM CODE	BUDGET ITEMS	FY-2026 Budgeted	FY-2026 Budget YTD																
			July	August	September	October	November	December	January	February	March	April	May	June					
6000	I.T.																		
	COMPUTER HARDWARE	2,500.00																	
5420	COMPUTER SOFTWARE																		
5420	COMPUTER SUPPLIES	1,000.00																	
5850	DESK TOP PCs																		
5300	MISC PROF & TECH SERV.**	80,000.00	14,846.00	1,431.00	9,464.76	7,958.20	7,719.03	7,815.00	7,840.45										
	TOTAL DATA PROCESSING	83,500.00	14,846.00	1,431.00	9,464.76	7,958.20	7,719.03	7,815.00	7,840.45										
TOTALS		828,658.00	210,705.71	40,562.25	57,487.22	49,178.86	78,137.70	61,240.75	38,709.79	536,022.28									

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1/2/2026	7231	389.69	ACSA/PPI	Dental/Vision Ins - JAN
1/2/2026	7232	49.25	Boston Mutual	Life Ins
1/2/2026	7233	5,713.91	CanaRx	Rx expense 12/16-12/31
1/2/2026	7234	6,250.00	Edward Haber	IT work
1/2/2026	7235	1,000.00	M&B Holdings	Rent JAN
1/2/2026		199,134.15	Stealth Partner Group	Reinsurance- JAN
1/5/2026		3,272,550.07	BCBS	JAN Monthly Claim prefunding & NOV settlement
1/12/2026		627,780.02	CVS	Rx weekly
1/14/2026		8,794.16	Checkwriters	payroll 1/15
1/15/2026		3,063,950.00	BCBS	JAN Monthly claim funding, second half
1/16/2026	7236	97.57	CMS	Phone
1/16/2026		481,143.98	CVS	Rx weekly
1/20/2026		(7.09)	Checkwriters	4th Qtr 2025 Reconciliation
1/23/2026	7237	5,028.83	CanaRx	Rx expense 1/1-1/15
1/23/2026	7238	6,321.00	HCGIT	Health Insurance - FEB
1/23/2026	7239	2,233.68	Hamp Retirement	JAN Deductions
1/23/2026	7240	5,500.00	Wellable	Wellness program subscription Mar 26 - Feb 27
1/23/2026		645,940.47	CVS	Rx weekly
1/28/2026		1,590.45	Netlogix	IT service
1/28/2026		288.59	Comcast	Internet
1/28/2026		9,344.94	Checkwriters	payroll 1/29
1/29/2026		662,188.13	CVS	Rx weekly
1/30/2026		659,710.82	Blue Medicare Rx	Medicare RX PDP - DEC

9,664,992.62

Cgh
2/6/26

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HAMPSHIRE COUNTY GROUP INSURANCE TRUST

2/25/26

Financial Summary

Cash Assets

Cash Accounts	June Ending Balance	January Ending Balance
Operating Accounts	\$5,840,650.23	\$9,381,286.29
Certificate of Deposit	\$1,253,632.84	\$0.00
Portfolio Account	\$3,364,488.66	\$0.00
OPEB Trust	\$334,897.77	\$342,702.80
Total Cash	\$10,793,669.50	\$9,723,989.09

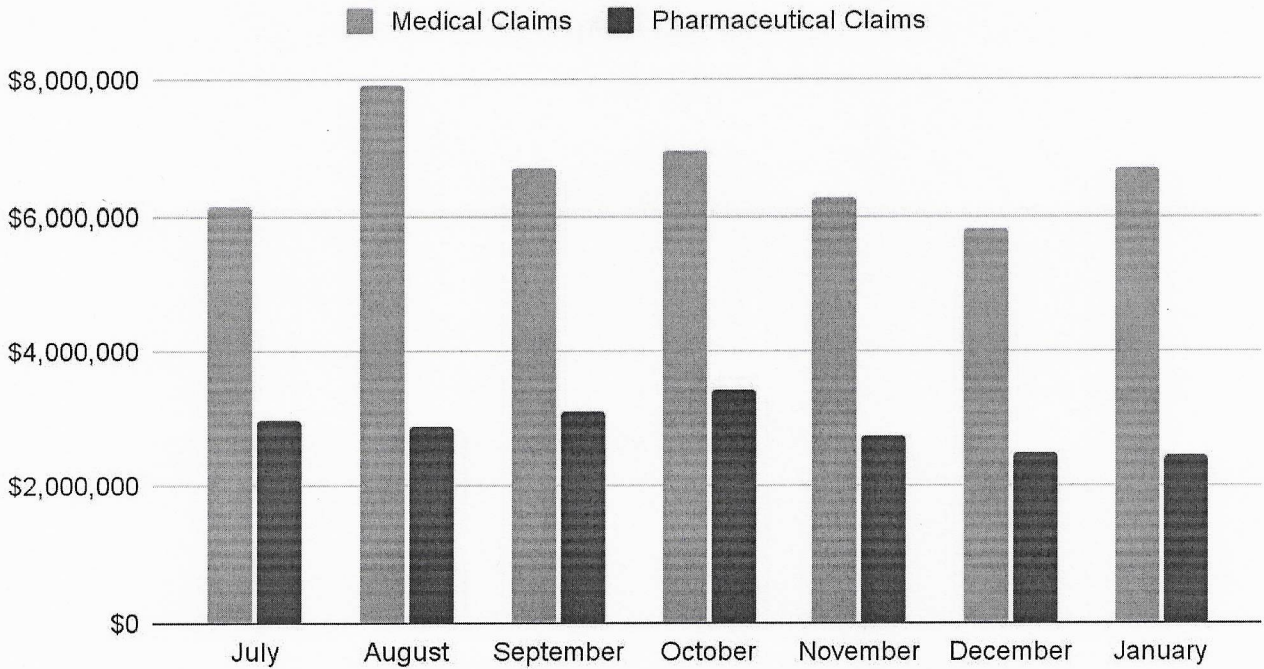
Other Assets

Type	June Ending Balance	January Ending Balance
Accounts Receivable	\$4,456,131.78	\$886,444.99

Total Assets

Asset Type	June Ending Balance	January Ending Balance
Cash	\$10,793,669.50	\$9,723,989.09
Other	\$4,456,131.78	\$886,444.99
Total Assets	\$15,249,801.28	\$10,610,434.08

Medical Claims and Pharmaceutical Claims



January medical claims increased compared to December, while pharmacy claims remained level.

The January actuals reflect a \$389,720 deficit. The end-of-year anticipated net cash balance is \$1,727,523.

Year-to-date projections and fiscal year 2026 projections are outlined in the charts on the next page.

Year-to-Date Projections

Projected	July	August	September	October	November	December	January	Total
Revenue	\$8,750,000	\$8,550,000	\$12,070,000	\$9,820,000	\$9,820,000	\$12,170,000	\$9,780,000	\$70,960,000
Expenses	(\$10,054,200)	(\$9,884,200)	(\$10,815,000)	(\$10,615,000)	(\$9,184,200)	(\$10,115,000)	(\$9,379,500)	(\$70,047,100)
Net Income	(\$1,304,200)	(\$1,334,200)	\$1,255,000	(\$795,000)	\$635,800	\$2,055,000	\$400,500	\$912,900

Year-to-Date Actuals

Actual	July	August	September	October	November	December	January	Total
Revenue	\$8,548,814	\$8,843,436	\$11,971,247	\$9,668,363	\$9,635,538	\$12,834,683	\$9,618,569	\$71,120,650
Expenses	(\$10,150,003)	(\$11,660,604)	(\$10,685,957)	(\$10,637,441)	(\$9,946,452)	(\$9,285,866)	(\$10,008,290)	(\$72,374,614)
Net Income	(\$1,601,189)	(\$2,817,168)	\$1,285,289	(\$969,077)	(\$310,914)	\$3,548,817	(\$389,720)	(\$1,235,962)

Year-to-Date Projection vs Actual Variance

Variance	July	August	September	October	November	December	January	Total
Revenue	(\$201,186)	\$293,436	(\$98,753)	(\$151,637)	(\$184,462)	\$664,683	(\$161,431)	\$160,650
Expenses	(\$95,803)	(\$1,776,404)	\$129,043	(\$22,441)	(\$762,252)	\$829,134	(\$628,790)	(\$2,327,514)
Net Income	(\$296,989)	(\$1,482,968)	\$30,289	(\$174,077)	(\$946,714)	\$1,493,817	(\$790,220)	(\$2,166,863)

Fiscal Year 2026 Total Projections

2026	Projected	Actual YTD + Projected through June
Revenue	\$124,360,000	\$124,340,936
Expenses	(\$120,344,600)	(\$122,613,413)
Net	\$4,015,400	\$1,727,523

Hampshire County Group Insurance Trust

TRANSACTION REPORT JANUARY 2026 (FY26)

STARTING BALANCE GENERAL FUND (M&T BANK)				\$ (226,206.34)
2026	TRANSACTION	A/P DEBIT	A/R CREDIT	
JAN	M&T BANK			
				\$ (226,206.34)
1	BLUE CROSS BLUE SHIELD	6,336,500.07		\$ (6,562,706.41)
2	M&T BANK (FROM ESB)		5,000,000.00	\$ (1,562,706.41)
2	M&T BANK		49,927.73	\$ (1,512,778.68)
20	M&T BANK		1,084,073.18	\$ (428,705.50)
22	M&T BANK		289,805.58	\$ (138,899.92)
26	M&T BANK		4,000,000.00	\$ 3,861,100.08
27	M&T BANK		459,186.97	\$ 4,320,287.05
28	M&T BANK		409,337.74	\$ 4,729,624.79
30	M&T BANK		33,259.00	\$ 4,762,883.79
30	CVS CAREMARK	2,417,052.60		\$ 2,345,831.19
30	PAYROLL	18,132.01		\$ 2,327,699.18
30	INTEREST		6,854.26	\$ 2,334,553.44
				\$ 2,334,553.44
				\$ 2,334,553.44
				\$ 2,334,553.44
STARTING BALANCE GENERAL FUND (EASTHAMPTON SAVINGS BANK x5596)				\$ 5,237,456.66
2026	TRANSACTION	A/P DEBIT	A/R CREDIT	
JAN	EASTHAMPTON SAVINGS BANK			
				\$ 5,237,456.66
1	STEALTH/STOP LOSS	199,134.15		\$ 5,038,322.51
2	ESB (TO MTB)	5,000,000.00		\$ 38,322.51
2	ESB		111,955.00	\$ 150,277.51
2	ESB		280,870.93	\$ 431,148.44
5	ESB		160,606.00	\$ 591,754.44
5	ESB		55,966.00	\$ 647,720.44
9	ESB		814.86	\$ 648,535.30
12	ESB		271,839.00	\$ 920,374.30
14	ESB		826,463.13	\$ 1,746,837.43
15	ESB		160,745.00	\$ 1,907,582.43
15	ESB		105,496.32	\$ 2,013,078.75
16	ESB		75,652.00	\$ 2,088,730.75
20	ESB		13,811.00	\$ 2,102,541.75
20	ESB		6,572.00	\$ 2,109,113.75
21	ESB		70,836.00	\$ 2,179,949.75
21	ESB		83,076.07	\$ 2,263,025.82
21	ESB		14,998.00	\$ 2,278,023.82
22	ESB		225,978.67	\$ 2,504,002.49
22	ESB		81,901.00	\$ 2,585,903.49
22	ESB		244,057.39	\$ 2,829,960.88
22	ESB		279,055.33	\$ 3,109,016.21
22	ESB		858,504.80	\$ 3,967,521.01
22	ESB		10,531.00	\$ 3,978,052.01
23	ESB		18,691.00	\$ 3,996,743.01
23	ESB		57,299.65	\$ 4,054,042.66
23	ESB		13,471.00	\$ 4,067,513.66
26	ESB (TO MTB)	4,000,000.00		\$ 67,513.66
26	ESB		160,062.00	\$ 227,575.66
26	ESB		326,345.35	\$ 553,921.01
26	ESB		115,222.00	\$ 669,143.01

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

INCOME AND EXPENSE REPORT

ITEMS	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY
Starting Cash Balance	769,509.74	1,374,868.15	2,585,805.86	(1,211,050.10)	1,726,324.83	1,289,856.50	3,928,350.63	2,065,435.68	3,072,941.07	1,435,636.70	479,076.67	5,011,250.32
Adjustments												
Total Starting Balance	769,509.74	1,374,868.15	2,585,805.86	(1,211,050.10)	1,726,324.83	1,289,856.50	3,928,350.63	2,065,435.68	3,072,941.07	1,435,636.70	479,076.67	5,011,250.32
MONTHLY INCOME												
Total Premium Collected	6,971,549.48	7,113,861.16	5,733,876.86	8,662,499.92	4,216,395.73	11,883,562.27	8,540,065.72	8,941,123.65	9,943,338.15	8,121,068.55	11,862,397.44	9,392,264.73
Interest Income (MMDT)	4,244.57	4,915.06	2,880.52	5,955.54	5,133.53	4,826.21	6,403.21	7,314.26	5,578.63	5,283.97	6,773.75	10,104.11
CVS Rebate (Quarterly)											3,025,188.26	0.00
Other Income or Adjustments												
BCBS SR Premium Collected												
TOTAL MONTHLY INCOME	6,975,794.05	7,118,776.22	5,736,757.38	8,668,455.46	4,221,529.26	11,888,388.48	8,546,468.93	8,948,437.91	9,948,916.78	8,126,352.52	14,894,359.45	9,402,368.84
MONTHLY EXPENSES												
BCBS Admin Cost (estimate)												
Claim Deposit	4,925,167.78	6,453,754.80	6,057,531.86	5,962,534.78	5,786,383.98	8,943,510.34	7,166,257.06	6,153,533.46	7,910,554.94	6,689,348.23	6,069,200.00	6,127,900.00
BCBS Settlement											890,712.03	208,600.07
Reinsurance (Ind.&Agg.)	108,354.27	(3,407.47)	55,503.18	28,970.51	(31,398.30)	(35,796.67)	(296,941.76)	202,462.12	200,838.53	201,549.04	200,805.13	199,134.15
Recon adjust w/finance												
BCBS Sr Premium Paid												
Other Exp. & Claim Settlement	2,979,386.92	1,055,857.82	3,453,317.77	3,487,583.52	1,641,677.58	3,587,364.65	3,506,306.64	1,528,056.25	3,425,648.82	3,388,945.61		
CVS Claims											2,471,503.84	2,417,052.60
Blue Medicare RX PDP											657,904.38	659,710.82
CanRx											10,819.67	10,742.74
Total Plan Expenses	8,012,908.97	7,506,205.15	9,566,352.81	9,479,088.81	7,396,663.26	12,495,078.32	10,375,621.94	7,884,051.83	11,537,042.29	10,279,842.88	10,300,945.05	9,623,140.38
Total Unit Operating Expenses	57,526.67	51,633.36	67,260.53	51,991.72	61,334.33	210,705.71	40,562.25	57,487.22	49,178.86	78,137.70	61,240.75	38,709.79
TOTAL MONTHLY EXPENSES	8,070,435.64	7,557,838.51	9,633,613.34	9,531,080.53	7,457,997.59	12,705,784.03	10,416,184.19	7,941,539.05	11,586,221.15	10,357,980.58	10,362,185.80	9,661,850.17
TOTAL NET MONTHLY INCOME	(1,094,641.59)	(439,062.29)	(3,896,855.96)	(862,625.07)	(3,236,468.33)	(817,395.55)	(1,869,715.26)	1,006,898.86	(1,637,304.37)	(2,231,628.06)	4,532,173.65	(259,481.33)
BALANCE												
Cash Balance	(325,131.85)	935,805.86	(1,311,050.10)	(2,073,675.17)	(1,510,143.50)	472,460.95	2,058,635.37	3,072,334.54	1,435,636.70	(795,991.36)	5,011,250.32	4,751,768.99
Adjustments	1,700,000.00	1,650,000.00	100,000.00	3,800,000.00	2,800,000.00	3,455,889.68	6,800.31	606.53		1,275,068.03	0.00	0.00
ENDING MONTHLY BALANCE	1,374,868.15	2,585,805.86	(1,211,050.10)	1,726,324.83	1,289,856.50	3,928,350.63	2,065,435.68	3,072,941.07	1,435,636.70	479,076.67	5,011,250.32	4,751,768.99

HAMPSHIRE COUNTY GROUP INSURANCE TRUST

Fund And Investment Information

FUNDS	FEB	MAR	APR	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY
Post Employee Ben. S.B.	61,217.71	58,988.91	57,930.13	56,871.35	56,982.59	55,923.81	53,695.01	53,806.25	52,747.47	51,688.69	49,459.89	47,511.11
Funding		1,170.02	1,170.02	2,340.04	1,170.02	2,228.80	2,340.04	1,170.02	1,170.02	0.00	1,170.02	3,278.72
Expenses	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	2,228.80	3,118.80	3,142.45
Total	58,988.91	57,930.13	56,871.35	56,982.59	55,923.81	53,695.01	53,806.25	52,747.47	51,688.69	49,459.89	47,511.11	47,647.38
Accrued 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	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,488,051.96	4,501,551.96	4,501,551.96	4,526,051.96	4,526,051.96	4,550,551.96
Deposits						24,500.00	13,500.00		24,500.00	0.00	24,500.00	0.00
Total Member Deposits	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,463,551.96	4,488,051.96	4,501,551.96	4,501,551.96	4,526,051.96	4,526,051.96	4,550,551.96	4,550,551.96
OPEB Trust	328,388.89	329,648.46	331,048.34	332,408.81	333,721.52	334,897.77	336,078.17	337,186.99	338,413.84	339,606.67	340,645.65	341,721.59
Interest	1,259.57	1,399.88	1,360.47	1,312.71	1,176.25	1,180.40	1,108.82	1,226.85	1,192.83	1,038.98	1,075.94	981.21
OPEB Trust	329,648.46	331,048.34	332,408.81	333,721.52	334,897.77	336,078.17	337,186.99	338,413.84	339,606.67	340,645.65	341,721.59	342,702.80
Investments												
CD's	6,233,987.90	5,555,405.94	3,923,230.27	3,839,051.76	2,047,431.42	1,253,632.84	1,258,956.49	1,263,580.83	1,268,178.34	1,272,648.39	0.00	0.00
Deposit/Withdrawal	(700,000.00)	(1,650,000.00)	(100,000.00)	(1,800,000.00)	(800,000.00)					(1,275,062.97)	0.00	0.00
Interest	21,418.04	17,824.33	15,821.49	8,379.66	6,201.42	5,323.65	4,624.34	4,597.51	4,470.05	2,414.58	0.00	0.00
Balance	5,555,405.94	3,923,230.27	3,839,051.76	2,047,431.42	1,253,632.84	1,258,956.49	1,263,580.83	1,268,178.34	1,272,648.39	0.00	0.00	0.00
Portfolio Value	8,224,068.06	7,228,416.19	6,953,131.67	6,851,991.84	5,154,766.73	3,364,488.66	7,302.39	571.53	0.00	5.06	0.00	0.00
Deposit/Withdrawal	(1,000,000.00)			(2,000,000.00)	(2,000,000.00)	(3,455,889.68)	(8,050.31)	(606.53)	5.06	(5.06)	0.00	0.00
Interest	4,348.13	(275,284.52)	(101,139.63)	302,774.89	209,721.93	98,703.41	1,319.45	35.00				
Market Change												
Total	7,228,416.19	6,953,131.67	6,851,991.84	5,154,766.73	3,364,488.66	7,302.39	571.53	0.00	5.06	0.00	0.00	0.00
Accounts Receivable	518,891.07	534,150.97	1,900,280.17	328,596.28	4,456,131.78	862,927.27	657,555.64	1,479,153.64	1,180,816.21	2,699,778.94	655,974.66	886,444.99
Total With Accounts Receivable	19,561,088.64	18,880,167.16	16,264,423.75	14,142,693.29	15,249,801.28	10,966,679.88	8,911,006.84	10,744,304.28	8,837,771.64	8,126,331.07	10,638,327.60	10,610,434.08

12/17/25 IAC Meeting: Projections 20% 10/1/25 + 20% MEDEX 1/1/26

	July	August	September	October	November	December	January	February	March	April	May	June	Total
Revenue													
Premium	8,350,000	8,350,000	9,820,000	9,820,000	9,820,000	10,070,000	9,780,000	9,780,000	9,780,000	9,780,000	9,780,000	9,780,000	114,910,000
Stop Loss reimbursement	400,000	200,000	150,000					100,000	100,000	200,000	250,000	250,000	1,650,000
CVS Rebate			2,100,000			2,100,000			1,800,000			1,800,000	7,800,000
Total Revenue	8,750,000	8,550,000	12,070,000	9,820,000	9,820,000	12,170,000	9,780,000	9,880,000	11,680,000	9,980,000	10,030,000	11,830,000	124,360,000
Expenses													
BCBS Funding	(6,069,200)	(6,069,200)	(7,000,000)	(7,500,000)	(6,069,200)	(7,000,000)	(6,200,000)	(7,500,000)	(6,200,000)	(6,200,000)	(7,500,000)	(7,000,000)	(80,307,600)
CVS Claims	(2,900,000)	(2,900,000)	(2,900,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(28,500,000)
Canarx	(10,500)	(10,500)	(10,500)	(10,500)	(10,500)	(10,500)	(11,000)	(11,000)	(11,000)	(11,000)	(11,000)	(11,000)	(129,000)
Fed Pcori Fee	(40,000)												(40,000)
Hamp Retirement Assessment	(130,000)												(130,000)
HCGIT Op Expenses	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(720,000)
Blue Medicare Rx fee	(640,000)	(640,000)	(640,000)	(640,000)	(640,000)	(640,000)	(704,000)	(704,000)	(704,000)	(704,000)	(704,000)	(704,000)	(8,064,000)
Stop Loss Premium	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(2,454,000)
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)	(9,379,500)	(10,679,500)	(10,179,500)	(120,344,600)
Net Cash	(1,304,200)	(1,334,200)	1,255,000	(795,000)	635,800	2,055,000	400,500	(799,500)	2,300,500	600,500	(649,500)	1,650,500	4,015,400

2/18/26 EC Meeting: Actuals + 20% 10/1/25 + 19.0% MEDEX 1/1/26

	July	August	September	October	November	December	January	February	March	April	May	June	Total
Revenue													
Premium	8,308,728	8,343,313	9,762,643	9,666,501	9,635,519	9,809,495	9,618,569	9,700,285	9,780,000	9,780,000	9,780,000	9,780,000	113,965,052
Stop Loss reimbursement	240,086	500,123	-	1,863	20				100,000	200,000	250,000	250,000	1,542,091
CVS Rebate			2,208,604		3,025,188				1,800,000			1,800,000	8,833,792
Total Revenue	8,548,814	8,843,436	11,971,247	9,668,363	9,635,538	12,834,683	9,618,569	9,700,285	11,680,000	9,980,000	10,030,000	11,830,000	124,340,936
Expenses													
BCBS Funding	(6,153,533)	(7,910,555)	(6,689,348)	(6,959,912)	(6,277,800)	(5,824,892)	(6,682,939)	(7,500,000)	(6,200,000)	(6,200,000)	(7,500,000)	(7,000,000)	(80,898,980)
CVS Claims	(2,899,440)	(2,844,728)	(3,078,596)	(2,765,466)	(2,714,476)	(2,471,504)	(2,417,053)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(2,200,000)	(30,191,262)
Canarx	(11,918)	(10,970)	(5,628)	(8,023)	(16,766)	(10,820)	(10,743)	(11,000)	(11,000)	(11,000)	(11,000)	(11,000)	(129,868)
Fed Pcori Fee	(39,719)												(39,719)
Hamp Retirement Assessment	(130,358)												(130,358)
HCGIT Op Expenses	(74,458)	(40,562)	(57,487)	(49,179)	(78,138)	(61,241)	(38,710)	(60,000)	(60,000)	(60,000)	(60,000)	(60,000)	(699,774)
Blue Medicare Rx fee	(636,287)	(650,608)	(652,436)	(652,160)	(657,703)	(657,904)	(659,711)	(704,000)	(704,000)	(704,000)	(704,000)	(704,000)	(8,086,810)
Stop Loss Premium	(204,290)	(203,181)	(202,462)	(202,701)	(201,569)	(200,805)	(199,134)	(204,500)	(204,500)	(204,500)	(204,500)	(204,500)	(2,436,642)
Total Expenses	(10,150,003)	(11,660,604)	(10,685,957)	(10,637,441)	(9,946,452)	(9,227,166)	(10,008,290)	(10,679,500)	(9,379,500)	(9,379,500)	(10,679,500)	(10,179,500)	(122,613,413)
Net Cash	(1,601,189)	(2,817,168)	1,285,289	(969,077)	(310,914)	3,607,517	(389,720)	(979,215)	2,300,500	600,500	(649,500)	1,650,500	1,727,523

Variance	(296,989)	(1,482,968)	30,289	(174,077)	(946,714)	1,552,517	(790,220)	(179,715)	-	-	-	-	(2,287,877)
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Hampshire County Group Insurance Trust - PLAN COUNTS

2025

2026

	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	
NETWORK BLUE NE (HMO)																
G1 - Individual	619	611	612	614	610	605	633	627	613	618	618	618	615	618	614	
G1 - Employee + 1	320	315	313	315	313	313	330	326	331	344	341	339	333	329	330	
G1 - Family	537	541	536	531	530	530	553	552	547	562	559	556	550	540	534	
G1 - TOTAL HMO	1476	1467	1461	1460	1453	1448	1516	1505	1491	1524	1518	1513	1498	1487	1478	
G2 - Individual	715	716	723	723	723	728	718	708	699	720	707	706	707	702	700	
G2 - Employee + 1	377	379	370	371	368	366	379	379	375	369	363	360	358	354	356	
G2 - Family	641	638	642	639	641	641	645	645	644	668	676	675	667	657	659	
G2 - TOTAL HMO	1733	1733	1735	1733	1732	1735	1742	1732	1718	1757	1746	1741	1732	1713	1715	
TOTAL INDIVIDUAL	1334	1327	1335	1337	1333	1333	1351	1335	1312	1338	1325	1324	1322	1320	1314	
TOTAL EMP+1 PLANS	697	694	683	686	681	679	709	705	706	713	704	699	691	683	686	
TOTAL FAMILY PLANS	1178	1179	1178	1170	1171	1171	1198	1197	1191	1230	1235	1231	1217	1197	1193	
TOTAL HMO PLANS	3209	3200	3196	3193	3185	3183	3258	3237	3209	3281	3264	3254	3230	3200	3193	

BLUE CARE ELECT PREFERRED (PPO)

G1 - Individual	207	209	209	211	210	215	217	215	212	203	207	207	205	203	201
G1 - Family	271	272	270	270	272	271	267	264	266	246	240	239	237	231	231
G1 - TOTAL PPO	478	481	479	481	482	486	484	479	478	449	447	446	442	434	432
G2 - Individual	176	174	176	176	181	180	177	178	172	164	165	162	160	164	164
G2 - Family	221	223	225	228	226	225	229	227	232	206	202	202	203	205	205
G2 - TOTAL PPO	397	397	401	404	407	405	406	405	404	370	367	364	363	369	369
TOTAL INDIVIDUAL	383	383	385	387	391	395	394	393	384	367	372	369	365	367	365
TOTAL FAMILY PLANS	492	495	495	498	498	496	496	491	498	452	442	441	440	436	436
TOTAL PPO PLANS	875	878	880	885	889	891	890	884	882	819	814	810	805	803	801

MEDEX

G1 - Individual	1435	1440	1443	1447	1447	1447	1491	1507	1511	1511	1517	1523	1539	1536	1535
G2 - Individual	1417	1411	1416	1422	1424	1422	1430	1434	1441	1447	1451	1451	1451	1452	1449
TOTAL MEDEX PLANS	2852	2851	2859	2869	2871	2869	2921	2941	2952	2958	2968	2974	2990	2988	2984
TOTAL - ALL PLANS	6936	6929	6935	6947	6945	6943	7069	7062	7043	7058	7046	7038	7025	6991	6978

(5)

FY27 PLAN DESIGN CHANGE OPTIONS

	CURRENT PLAN DESIGN			Option A 12.48%			Option B 16.08%		
	HMO	PPO		HMO	PPO		HMO	PPO	
	Network Blue NE	Blue Care Elect Pref	Blue Care Elect Pref	Network Blue NE	Blue Care Elect Pref	Blue Care Elect Pref	Network Blue NE	Blue Care Elect Pref	Blue Care Elect Pref
Deductible	\$0 In-Network	\$0 In-Network	\$250/\$500 Out-of-Network	\$250/\$500	\$250/\$500 In-Network and Out-of-Network Combined	\$250/\$500 In-Network and Out-of-Network Combined	No Change	No Change	No Change
Specialist Copay	\$35 In-Network	\$35 In-Network	\$35 In-Network	\$60 In-Network	\$60 In-Network	\$60 In-Network	No Change	No Change	No Change
Outpatient Surgical	\$150 In-Network	\$150 In-Network	\$150 In-Network	\$250 In-Network	\$250 In-Network	\$250 In-Network	No Change	No Change	No Change
Inpatient Care	\$250 In-Network	\$250 In-Network	\$250 In-Network	\$500 In-Network	\$500 In-Network	\$500 In-Network	No Change	No Change	No Change

FY27 ACTUAL RATE INCREASES COINCIDING WITH THE PLAN DESIGN CHANGE OPTIONS

	CURRENT RATES			Option A 12.48%			Option B 16.08%		
INDIVIDUAL	\$1,007.00	\$1,180.00		\$1,133.00	\$1,327.00	\$1,169.00	\$1,370.00		
EMP+1	\$2,344.00	-		\$2,637.00	-	\$2,721.00	-		
FAMILY	\$2,888.00	\$3,221.00		\$3,248.00	\$3,623.00	\$3,352.00	\$3,739.00		

Based on HILB's recommendations, the Executive Committee voted on 2/18/26 to recommend to the IAC: To maintain our medical coverage with BCBS, changing our plan designs for the HMO and PPO plans as outlined in Option A with the premium rate increase of 12.48%, and change our pharmacy benefit manager to CVS Employers Health Coalition, all effective July 1, 2027.

The Town of South Hadley Payment In Lieu of Tax (PILOT) Policy

South Hadley recognizes that tax-exempt organizations contribute directly to the quality of life within the community and welcomes them to the Town. In order to maintain the financial health of the community and to continue to provide a range of quality services, the Town must preserve its existing tax base and expand that revenue source where reasonably possible. It is the Town's policy to distribute the burden of cost in a fair method among all users of services: citizens, taxpayers, and tax-exempt institutions.

M.G.L. Chapter 59 section 5 enables the granting of tax-exempt status to certain tax-exempt organizations. Once an organization is granted an exemption, the Town cannot legally require that a tax-exempt organization pay a property tax. Therefore:

1. The Town will seek voluntary PILOT Agreements with all tax-exempt institutions within the community that own real property, or that rent real property from the Town.
2. These written PILOT Agreements should be based upon fair market value and a tax levy. PILOT Agreements should be established, based upon a percentage of the amount that the tax exempt property would pay if not exempt. The percentage should be determined based on the tax levy amount that supports the critical services of the Town's Police, Fire and Public Works operations. The Town has determined that this share is equal to at least 25% of the full levy;
3. If a tax-exempt organization enters into a voluntary PILOT agreement, the Town may offer to phase in the impact over a period of time. The Town expects to negotiate PILOT agreements, whereby once the payment target is reached, the payment will annually increase by an escalation factor generally equal to the average historic growth in annual tax levy;
4. For smaller, community-based tax-exempt organizations with controlling interests in properties assessed at less than \$2,000,000 in FY 2025 assessed value, consideration for community service may be granted as part of an approach to establish the basis for a PILOT Agreement. This value ceiling would be inflated by 2.5% per year in subsequent years. The Town may base such a PILOT Agreement on 15% of the full levy;
5. A PILOT Agreement will remain in force for the entire tenure of its contractual term as long as the use established in the PILOT Agreement has not changed. All property under the PILOT Agreement must still meet all the requirements for eligibility for exempt status;
6. A PILOT Agreement does not replace the requirement that each organization seeking property tax exemption must file a "Return of Property Held for Charitable Purposes" form (State Tax Form #3ABC) with the Board of Assessors on or before March first of each year.

EFFECTIVE: July 1, 2026

draft