

MAYFLOWER MUNICIPAL HEALTH GROUP STEERING COMMITTEE
MINUTES OF MEETING
October 8, 2025, 9:00a.m.
Mayflower Municipal Health Group
65 Cordage Park Circle,
Suite 110, Plymouth, MA. 02360

Attendance Steering Committee members:

Maureen Adams, Town of West Bridgewater
Jim Boudreau, Scituate
Mary Beth Carter, Town of Whitman
Ray Ledoux, Brockton Area Transit (BAT)
Jason Leto, Mass Teachers Association
Michael W. Levy (Chairman), Town of Bridgewater
Kevin Powell, Retiree
James Reidy, Professional Fire Fighters of Mass
Derek Sullivan, Town of Wareham

Guests:

Helga DaRosa, BCBSMA
Pat Haraden, Lockton
Kevin Feeley, MMHG
Sheila Avery, MMHG
Mike Hurley, HPHC
Tara Lyons, Lockton
Bob Kademian, PBIRX
Kelly Morse Perez, MMHG
Thomas J. O'Brien, Treasurer MMHG
Jackie Scherer, Lockton
Summer Steegstra, Lockton
Marc Shapiro, PBIRX
Matt Hanley, Plymouth County
John Reynard, SSEC
Kathleen McCarthy, Pembroke
Jennifer Grasso, Pembroke
Lisa Rancourt, PWB
Nicole Gerard, Boston Mutual
Andy Maclean, Boston Mutual

Chairman Levy called the meeting to order at 9:00 a.m. with a quorum present. He announced the meeting will be recorded for meeting minute purposes.

1. **Accept meeting minutes**

MOTION: Boudreau made a motion to accept the September 10, 2025, meeting minutes.

SECOND: Sullivan

VOTE: motion passed unanimously

2. **MMHG Attorney Updates/Risk Assessment Committee-vote**

Attorney Feeley said we met back in the spring to review what we can do from a Risk Assessment standpoint to identify any potential weaknesses and come up with a plan to protect MMHG. He said nothing jumped out with a red flag issue. He said they do think it is a good idea to set up a risk assessment working group that meets a few times per year and reports back to full Steering Committee to adopt policies deemed appropriate. He said we do want a working group so there can be a full and fair discussion of all issues that may come up to report back to Steering Committee.

Treasurer O'Brien said he thinks it is a great idea and appreciated Ray Ledoux's help and suggestions. He said the vice chair would be good option to report back to the Steering Committee.

Avery stated we do meet every year to discuss risks and we are now formalizing the process based on previous audit comments.

Ledoux stated he agrees with having the vice chair on the working group and as well as using a risk rating system.

Attorney Feeley said there is a consensus with the Steering Committee, and they understand the working group will report back to the Steering Committee.

Ledoux said management will report to the Steering Committee on how they will respond to the recommendation of the auditor. He stressed the importance of having a working group as we do not want any potential vulnerabilities public.

Vice Chair Sullivan said he looks forward to the risk assessment working group discussions.

3. **Treasurer's Report-vote**

Treasurer O'Brien distributed his financial statements dated July 31, 2025. He said the July report usually looks better as there are less claims. He said there are a number of invoices that are not reflected on the report but will be on the September/October reports. He said claims will increase so this is preliminary data.

He reminded the Committee that Lockton's report and his report will not match as his report captures all data including investments. He said the fund balance is \$31,799,749.96 and is better versus projections.

MOTION: Leto made a motion to accept and approve the July 31, 2025, Treasurer's Operating Statement and Statement of Net Assets as presented by the Treasurer.

SECOND: Boudreau

VOTE: motion passed unanimously

4. **Platinum Worksite Benefits- Boston Mutual proposal presentation- possible vote**

Avery said we have 18 out of 33 member units offering MMHG basic and voluntary life insurance. She explained a survey was sent to the 18 member units to ask if they would like to increase the \$5,000 retiree basic life insurance to \$10,000 as well as offering voluntary

products. She stated this was based on member units asking MMHG if we offer voluntary products and about increasing retiree basic life insurance as the state has done. She said we've been negotiating with Platinum Worksite Benefits and Boston Mutual since June. She explained based on the information email last week, we will have a rate hold on our basic life insurance and offer voluntary products. She explained the challenge with increasing retiree basic life insurance to \$10,000 is the cost to the member unit doubles as the coverage is doubled. She said this may be difficult for some member units so we are proposing two tiers so member units can decide if they will move to the \$10,000 retire basic life or stay with the current \$5,000.

Avery introduced Lisa Rancourt from Platinum Worksite Benefits.

Rancourt said she is the enrollment agency for Boston Mutual. She said they've been working with MMHG for quite a few years with a few open enrollments.

Rancourt introduced Nicole Gerard and Andy Maclean as the Boston Mutual team and passed out the proposals.

Rancourt reviewed the options for basic life, including \$10,000 for active members and \$5,000 for retirees. She said the other proposal is for \$10,000 for active employees and \$10,000 retirees. She said the member units can decide which option they would like. She announced the rates will be held and there is no increase.

Rancourt reviewed the worksite voluntary products proposal including a critical illness plan and an accident plan. She explained Boston Mutual offers these products via EFT so the premium is deducted from the employee directly and payroll offices will not have to deduct from paychecks.

Maclean said Boston Mutual is offering these products with no additional work or charges for member units. He said it works well when the employee leaves employment as there is no conversion etc. He said they do not want to burden, administratively, the member units while still providing guaranteed issue products.

Treasurer O'Brien asked for confirmation on the rate being the same and Maclean confirmed.

Rancourt said MMHG does also offer the voluntary life insurance which is guaranteed issued.

Ledoux asked if a retiree that didn't enroll when they retired is able to enroll during open enrollment. Maclean said if a retiree isn't currently on the plan they would not be able to enroll.

MOTION: Sullivan made a motion to accept Boston Mutual option number 1 with \$10,000 basic life insurance for active employees and \$5,000 basic life for retirees.

SECOND: Powell

VOTE: Unanimous

MOTION: Sullivan made a motion to accept Boston Mutual option number 2 with \$10,000 basic life insurance for active employees and \$10,000 basic life for retirees.

SECOND: Powell

VOTE: Unanimous

Powell asked if any funds are through MMHG or is it like our fully insured plan offerings. Avery said Boston Mutual invoices the member units directly. Powell said he is concerned that MMHG staff are working on this but MMHG is not receiving any money from it. Avery explained that Platinum Worksite Benefits and Boston Mutual do all of the work. Avery stated MMHG only provides the product offering and is available if there are complaints or issues.

Treasurer O'Brien asked when the open enrollment will be and Rancourt said the date hasn't been finalized.

MOTION: Sullivan made a motion to accept Boston Mutual voluntary products Critical Illness and Accident offerings with an open enrollment coming up in the near future.

SECOND: Powell

VOTE: Unanimous

5. **Lockton MMHG FY26 August reports, interest groups update**

Scherer reviewed Lockton's funding report with data through August 31, 2025. She reviewed page 2 showing the FY26 and stated she would focus on the active plans. She explained the funding ratio of 90.7% claims to funding. She said the total loss ratio including Medex is 91.5%.

Scherer reviewed page 3 showing August claims are higher.

Haraden said the page also shows the prior year and you can see it looks like we had the same seasonality of claims during July and August.

Scherer said there are no high cost claimants for FY26 with claims paid through August.

Leto asked about the increase in administration fees and Scherer said this is due to the two new groups added subscribers.

6. **PBIRX GLP-1 report/follow up from last meeting/Insurance carrier updates**

Kademian passed out and reviewed his report on the GLP-1 showing obesity and diabetes utilization and cost history with future projections. He said page 2 top section is for obesity GLP1s and contains utilizing members as well as projected members for future fiscal years. He said they expect more members will become eligible and will begin taking the GLP1s as the oral forms of the drugs become available. He explained cost and utilization are on track to more than double this year and will see 80% increased cost in PY27. He said 70%-80% of members will be eligible to take the GLP1s for obesity or another condition.

Kademian reviewed the diabetes data on page 2 and explained they do not have the rebate information for diabetes. He also reviewed the diabetes data with the GLP1s.

Shapiro reviewed page 3 showing diabetes drugs, claimants and plan costs for plan years 2023-2025. He reviewed the costs of the GLP1 drugs as well as insulin, DPP-4 and Biguanides (Meformin).

Shapiro reviewed page 4 showing the weight loss utilizers and active utilizers. He said a good percentage have dropped off and he said it may be due to the GLP1 side effects. He highlighted the average length of therapy and therapy length for current users.

Shapiro reviewed page 5 with recommendations for weight loss options. He said GoodRX and others are offering GLP1s for around \$500 per month if purchased directly by the member. He said BCBS and HP are excluding GLP1s for weight loss, but the group could purchase a rider to continue coverage. He said Abacus has a two-year program that provides GLP1 coverage for 1 year and includes coaching and behavior/lifestyle modification.

Kademian said excluding GLP1s for obesity will be an increased cost for members, but they will have more skin in the game. He said Abacus is a company that will offer the medication for one year. He said the drug companies originally stated the GLP1s for weight loss would be short term but now they are recommending lifetime usage of the drugs. He said ideally, we want to see members using the GLP1s for one year and then coming off the drugs after behavior modifications.

Kademian reviewed the lifestyle management vendor, Abacus, as shown on page 6. He said they are very focused on behavior modification and are a well-established vendor for diabetes care.

Ledoux asked about the savings to our group with money spent on prescription drugs. Kademian said for every \$1 properly spent on prescription drugs is a \$2 savings on overall health care costs. Kademian said he doesn't feel the GLP1s for obesity are properly spent if a member is taking them for life. Kademian said the ROI is not there for the GLP1s for obesity. Ledoux said the ROI was given as 15-20 years for these drugs and Kademian confirmed.

Ledoux asked for the total cost including the GLP1s using the Abacus program. Kademian said MMHG would still pay the cost of the drugs for one year and add \$95-\$125 per participant per month for the Abacus program. Kademian said year two MMHG would only pay for the Abacus program.

Shapiro said there is a one year cutoff date for coverage of the GLP1s and the member can buy the drug on their own if they want to continue on it.

Ledoux said we must have consideration in the wellness program for weight loss with financial incentives. He said the MMHG wellness program is robust and we can make it more robust.

Adams said it is important to mention these aren't weight loss drugs. She said they are drugs to treat a condition which is considered a disease. She said cutting it off wouldn't be considered for other conditions such as diabetes or asthma. She said she has a problem with this.

Shapiro said members that don't take their medications for diabetes and asthma will have devastating consequences. He said it comes down to allocation of resources and the fact pharma is not reducing their prices for obesity GLP1s. He said the oral GLP1s are much easier to take but at this time they are projecting they will be the same cost as injectables.

Reidy said we can look at Abacus for weight loss with our wellness program.

Chairman Levy said that Abacus is not the only vendor. He said members can pay \$500 for the drug on their own but we are paying around \$1200. He said we need to know the cost of different programs so we can plan next renewal and fiscal year.

Kademian said BCBS , HP , and Abacus have programs and we can have presentations and give estimated costs.

Shapiro said the other programs don't have a cut off date for the medications which is not in our best interest.

Boudreau said do we have data on how much it will cost and what percentage of people will opt in or out of a program. Kademian said we do not have an estimate at this time.

Boudreau said he would like to see what the cost of the Abacus program including the drugs for the first year. Kademian said the first year would be more expensive versus just buying the drugs and the second year will be a savings.

Ledoux asked if the cost of the drugs is cheaper with Abacus and Kademian said no.

Chairman said we would like to pay for the cost of the drug for the members as they can get it so much cheaper at \$500 per month. He said he realizes this isn't an option at this time.

Ledoux said maybe we can incentivize members through the wellness program to participate in the program.

Reidy asked if we can negotiate with the drug manufacturers. Kademian said the big PBMs will not negotiate directly with MMHG.

Shapiro said the direct buy GLP1s with the manufacturers provide direct counseling to members for the \$500 per month. He said he doesn't have any idea how robust it is.

Avery said we pay the insurance carriers to contract with the drug companies and to get the best price. She said they obviously have looked at this and decided to exclude the GLP1s from the formulary. She said the important question to ask is what are the insurance carriers providing to support their fully insured book of business. She said typically what they provide provides members what they need and there is more control. She asked to hear from the insurance carriers on if there is a chance that the price will be lowered and it will be covered. She said she is concerned with future considerations of these types of decisions the Steering Committee and Board must make for possibly other drugs or other conditions.

Leto said he wants to hear about other options out there.

Adams said she is interested in narrowing the playing field for severely obese individuals.

Avery said we need to discuss the wellness program and if incentives can be provided that exceed \$50 as well as the legal liability.

There was a brief discussion regarding BMI as the marker for GLP1 obesity coverage.

Hurley reviewed his HP presentation on the GLP1 coverage. He said MMHG can choose to keep their current formulary or elect the Select formulary which excludes the GLP1 coverage for obesity. He said the current formulary includes coverage for Zepbound only and can add a behavior modification program for an additional cost. He said HP will provide a disruption report with the renewal.

Hurley reviewed the optional behavior modification program called ResetStrong offered through Good Measures. He said members would have the Zepbound covered after participating in the program for six months. He stated that all evidence shows that members engaging in a behavior modification program have greater long-term success.

Hurley reviewed cost impacts and notes as shown in his presentation.

Treasurer O'Brien asked if we stay on our currently formulary, Zepbound would be the only option and Hurley confirmed yes.

Hurley stated MMHG can only offer the ResetStrong program, if keeping coverage for Zepbound. He said MMHG can offer Good Measures as a behavior modification program separately if they choose to.

Ledoux asked what the difference is between ResetStrong and Good Measures. Hurley said ResetStrong is required to receive the Zepbound and Good Measures is a voluntary program.

Reidy asked if any companies are looking at insulin resistance as a factor. Shapiro said it is a more accurate way to measure body fat and to his knowledge, it isn't being looked at.

Kademian asked if there is a BMI measurement to qualify for the program. Hurley said there is and there are no changes at this time.

DaRosa stated she had passed out program materials at the last meeting is happy to review.

DaRosa said BCBS provides two programs; one program if MMHG excludes coverage and another if coverage will continue. She stated BCBS will discontinue GLP1 coverage for obesity for their entire book of business and self insured accounts with over 100 can add a rider to continue coverage. She said the estimated cost to add the rider would be 6%-8% on the renewal.

DaRosa said they offer the CVS program starting at \$148 per enrollee per month if MMHG chooses to add the rider. She said they do provide a free scale, dietician, coaching and behavior modification. She said if the member isn't participating in the program they would be responsible for paying for the full cost of the GLP1 medication.

DaRosa said we can run updated projections to present to the Committee.

DaRosa said they also offer the Teledoc program if MMHG excludes coverage which provides GLP1 coverage at a discount for members to buy directly with the manufacturer. She said members will still have access to dieticians, nutritionists, and program. She said the cost is \$70 per engaged member per month.

Leto asked what the cost is for the ResetStrong program and Hurley stated it is \$362.00 for the whole engagement.

Powell asked DaRosa if the BCBS decision to exclude coverage was financial and she agreed.

DaRosa said BCBS expects 80% of their municipal book of business to exclude GLP1 obesity coverage.

7. **CY26 Senior Medicare renewal discussion/possible vote**

Scherer reviewed the Lockton 2026 senior renewal presentation. She reviewed page 3 for the senior renewal history with percentage increase, loss ratios and MMHG reserve commitment.

Scherer said the 2025 experience shows a large increase of 15.1% due to inflation reduction act and overall claims experience. She said the loss ratio is 111.8% with data through August.

Scherer said for 2026 we are seeing double digit increases with long term effects of the inflation reduction act and overall run out.

Scherer reviewed the Medex renewal and Lockton is projecting an increase of 16.1% with a total premium rate of \$525.00. She reviewed the claims and admin cost with prescription drug plan (PDP) as shown on her presentation. She said Lockton's projection is a little different due to the time period and trend they use. She said the PDP plan is increasing 17.2% increase and is most of the increase.

Haraden said it is important to keep in mind the retirees pay the Medicare part B monthly premium and that premium has not been announced yet. He said it is projected to increase \$20 dollars or so.

Powell asked about IRMA and Haraden said the income limits will also increase.

Scherer reviewed the fully insured Blue Freedom RX plan rate for 2026 with a 20.4% increase and \$538.25 total rate.

Scherer said the current prescription copays are \$5 generic/\$10 brand/\$25 specialty and they are recommending copay increase in order to keep costs inline. She said they are proposing increasing the prescription copays to \$10 generic/\$20 brand/ \$35 specialty at the pharmacy and 2 times for mail order. She said this option will keep increases down while maintaining the benefits of the plan. She said the Medex rate would increase 11% to \$502.00 and the Blue Freedom Rx would increase 18.6% to \$530.25.

Haraden said this is the first year that the Blue Freedom PPO RX Medicare Advantage plan will be more expensive versus the Medex plan.

Ledoux asked how much we put at risk last year and Scherer said \$613,603. He said we are currently over this amount according to the report.

Scherer reviewed slide 6 showing percentages with proposed changes.

Scherer reviewed slide 7 showing option 1 with an 11% increase including the copay changes putting \$532,778 at risk from the trust fund. She also reviewed options with 12% and 13% increases putting less at risk.

Chairman Levy said do we consider putting more money at risk. He said the \$5 dollar copay must increase at this point as it is too low.

Powell suggested putting \$1 million at risk.

Ledoux said much of the reserve is contributed to by the retiree plan. He said he doesn't think we can move too far from 11% and the increased copay is not unreasonable.

Treasurer O'Brien said that the reserve is more due to investment performance as the retiree plan has been historically more costly and that we have put more reserve at risk for the retirees versus the active plans. He said he recommends the 11% especially in the environment we are facing and what we know is going to happen in the future.

Treasurer O'Brien said he expects we go over our current year's retiree reserve commitment by \$200,00- \$300,000.

Powell asked if the Medicare Advantage PPO plan is a state wide plan rate and DaRosa said it is community rated. He asked if it is only available for municipalities and DaRosa said it is not just municipal and is a group plan. He asked about providers dropping the plan and DaRosa said some network changes are happening. DaRosa said this doesn't impact this PPO plan as members can use out of network providers and still have coverage.

MOTION: Sullivan made a motion for Lockton's page 7 option 1 PDP option 26 with copay changes for Medex with an increase of 11% for a total monthly rate of \$502.00 and putting \$532,778 at risk from reserves.

SECOND: Boudreau

VOTE: Unanimous

MOTION: Sullivan made a motion to change copays for Medex from \$5 generic, \$10 brand , \$25 specialty to \$10 generic, \$20 brand, \$35 specialty at the pharmacy and two times copay for mail order.

SECOND: Boudreau

VOTE: motion passed (8 in favor, 1 opposed Powell)

MOTION: Ledoux made a motion to increase the Blue Freedom PPO RX Medicare Advantage plan to \$530.25 with copay changes.

SECOND: Boudreau

VOTE: Unanimous

MOTION: Sullivan made a motion to change copays for Blue Freedom PPO RX Medicare Advantage from \$5 generic, \$10 brand , \$25 specialty to \$10 generic, \$20 brand, \$35 specialty at the pharmacy and two times copay for mail order.

SECOND: Boudreau

VOTE: motion passed (8 in favor, 1 opposed Powell)

8. **Next meeting- Steering**

Steering Committee meeting: December 3, 2025, 9:00a.m., MMHG offices

9. **Any other business**

None.

10. **Adjourn**

Boudreau motioned to adjourn the meeting at 11:09 a.m., seconded by Powell and voted unanimously.

Respectfully submitted,

Sheila Avery

Reference Documents for this Meeting:

Treasurer's Financial reports dated July 31, 2025

Lockton- claims experience report FY26

Lockton-2026 Senior renewal

PBIRX GLP-1 presentation

HP GLP1 options

Boston Mutual proposals