

MAYFLOWER MUNICIPAL HEALTH GROUP STEERING COMMITTEE
MINUTES OF MEETING
December 3, 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
Sheila Avery, MMHG
Mike Hurley, HPHC
Tara Lyons, Lockton
Kelly Morse Perez, MMHG
Thomas J. O'Brien, Treasurer MMHG
Jackie Scherer, Lockton
Summer Steegstra, Lockton
Marc Shapiro, PBIRX
John Reynard, SSEC
Angela Medeiros, PBIRX
Katheen Simmons, MTA

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**

Powell stated that he did not vote affirmatively on both copay changes voted at the October 8th meeting. Avery stated she will check on this and will update for the final meeting minutes.

MOTION: Boudreau made a motion to accept the October 8, 2025, meeting minutes.

SECOND: Carter

VOTE: motion passed unanimously

2. **MMHG Records Access Officer (RAO) -possible vote**

Chairman Levy stated we need to vote the records access officer. He explained the position and stated it would make sense to have the Executive Director and Administrator as they respond to these requests.

MOTION: Boudreau made a motion to have the Executive Director as the Records Access Officer and the Insurance Group Administrator as the alternate Records Access Officer.

SECOND: Ledoux

VOTE: Unanimous

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

Treasurer O'Brien distributed a packet of information including his financial statements dated June 30, 2025, July 31, 2025, August 31, 2025, September 30, 2025, October 31, 2025, and historical reserve at risk experience.

Treasurer O'Brien stated we usually wait a few months to receive all of the data prior to releasing the June 30th report. He said they got the report out before all the data was received and reviewed his updated draft report dated June 30, 2025. He said net assets were \$24,300,204.34 due to higher claims in the last quarter of FY25. He stated net assets were lower versus projections. He reviewed the reserve put at risk for FY25 and FY26 stating we anticipated using reserves and will continue to monitor.

Treasurer O'Brien said we are seeing positive trends and reviewed his draft July 31, 2025, financial statements with net assets at \$26,264,996.48.

Treasurer O'Brien reviewed his draft August 31, 2025, financial statements and said net assets were \$28,073,607.01.

Treasurer O'Brien reviewed his draft September 30, 2025 financial statements and stated net assets were \$31,226,053.96. He said our investment performance has been very good. He stated we continue to use US Bank for the investment portfolio and encouraged any member to attend a Finance Committee meeting. He said we have changed our banking relationships from Rockland Trust which will help with some of the rates we receive.

Treasurer O'Brien stated we've had some positive months in FY26 so far that offset some of the losses from FY25. He cautioned the Steering Committee that he feels the positive trends will shift and we will keep monitoring this closely each month.

Treasurer O'Brien reviewed his draft October 31, 2025 financial statements and stated net assets were \$29,667,769.92. He said we hope to be at \$21.5-\$22 million at the end of FY26.

Ledoux asked if this will delay or change anything in the audit and Treasurer O'Brien said it would not.

Powell asked O'Brien to explain what happened on the FY25 report. Treasurer O'Brien stated he issued his report early and claims were much higher for April, May and June.

Ledoux stated Treasurer O'Brien reports are draft and asked if the difference is an anomaly or can we expect this trend to continue. Treasurer O'Brien stated it is a little bit of an anomaly as we haven't seen such high claims at year end. Treasurer O'Brien said he hopes it isn't a trend.

MOTION: Leto made a motion to accept and approve June 30, 2025 and July 31, 2025, Treasurer's Operating Statement and Statement of Net Assets as presented by the Treasurer.

SECOND: Sullivan

VOTE: motion passed unanimously

MOTION: Ledoux made a motion to accept and approve August 31, 2025, September 30, 2025, and October 31, 2025 Treasurer's Operating Statement and Statement of Net Assets as presented by the Treasurer.

SECOND: Boudreau

VOTE: motion passed unanimously

4. **Lockton MMHG FY26 October claims review, interested groups update**

Scherer apologized and stated they are moving offices and the handout report she brought includes protected health information which can't be distributed. She said the digital copy was distributed to members and she will review. She stated MMHG is running well and the total loss ratio is 94.5%. She said we did receive pharmacy rebates in October which helped mitigate a potentially higher claim month. She stated there is one high-cost claimant for FY26.

Haraden said it's still early in the fiscal year and historically we've seen higher claims November-February.

Haraden said we have double digit trend rates for the first time in 15 years. He said the GIC will meet later this month, and he estimates their increase could be around 12%. He said it will be a challenging year for insurance increases throughout the state.

Treasurer O'Brien asked if we could expect to see higher claims in the last quarter of FY26 like we had in FY25. Haraden stated it is hard to predict, and we must consider that there are timing considerations for insurance carrier claims payments. Haraden said members may utilize benefits at year end if their plan is changing or coverage is ending.

Ledoux asked about the relationship status on the high-cost claim report. Haraden said some groups have different tiers for premiums and it was helpful. Haraden said it is useful for internal management, but it can be removed from the Steering Committee report.

Avery said she finds it useful and understands it may not be needed on the Steering Committee report.

Scherer explained two components when looking at potential new groups. She stated Lockton completes their financial assessment including claims, census, high-cost claimants to determine what the impact is on MMHG. She said the second component is looking at the administration. She said we meet with the potential unit and MMHG team to see if they are a good fit administratively, culturally, and they are willing to buy in for the long term.

Scherer stated two towns have favorable financial and administrative review. She said they met with both groups and discussed estimated buy in. She said both groups are still in conversation as to their confirmed interest in joining MMHG.

Scherer said there are three other member units looking at MMHG and they have received some information. She said they are a part of the Gateway Health group which may dissolve at the end of this fiscal year.

Ledoux asked about evaluating a group with only 35 members. Scherer said they analyze demographic risk data, plan design, and look at claims data if available. Haraden said they assume the rates are accurate for a group that size if no claims data is available.

Powell asked why Norwell would leave MIIA and doesn't that mean their experience is worse. Haraden said MMHG subsidized rates are lower. Haraden stated we look at claims cost and MIIA has different operating costs which may increase their rates. Haraden said MMHG has more choices, reserve, admin savings, and can provide long-term stability.

Treasurer O'Brien said Norwell rates have been higher since leaving MMHG and coming back will provide long term stability.

Reidy asked if Gateway's dissolution and difficulty receiving information would impact our process to review. Haraden said no as MMHG must do their due diligence and we have a timeline that must be met in order to evaluate the potential new member unit.

Treasurer O'Brien said it's difficult for Gateway units as they are facing a deficit that must be paid off when they leave. He said he feels MMHG is the best option for them.

Haraden said we need to include any new group in renewal projections and have everything done for the General Board meeting in March.

Boudreau asked if the Treasurer and Executive Director have a subscriber count that is ideal for MMHG and then we stop expanding. Treasurer O'Brien said between 15,000 and 20,000. Avery stated she is comfortable with 15,000 at current staffing levels.

5. **PBIRX/Lockton GLP-1 report and vendor options/follow up from last meeting**

Shapiro introduced Angela Medeiros, Clinical Pharmacy Consultant, as a new addition to their PBIRX team.

Shapiro reviewed his presentation. He stated the 2025 plan year cost was \$4,479,292 post rebate. He said the first quarter of plan year 2026 utilization increase is 84% versus first quarter of plan year 2025. He said they are seeing this across their book of business (BOB). He stated estimated plan year 2027 cost to cover GLP1s for weight loss is \$17.8 million.

Shapiro said the options include doing nothing which would exclude the GLP-1s for weight loss or having a third-party vendor. He said around 37% of their municipal BOB currently covers GLP-1 for weight loss and they are all looking for ways to mitigate this cost. He stated members can buy directly from the manufacturers if coverage is excluded.

Medeiros said GLP1 for weight loss are a great option and pairing it with a lifestyle management program is very important. She stated we are looking at third party vendors and have several meetings coming up She reviewed the vendor program comparison in the presentation as well as noting the differences between the programs.

Leto asked how much we pay for the GLP-1s after rebate. Shapiro said the group pays around \$700 per script after rebate and member pays on average \$30.

Medeiros said some clients are raising the member copay in order to keep the coverage for the GLP1s. She stated the members can use the manufacturer coupons to reduce their cost.

Leto asked about Pillar Rx and maximizing the manufacturer coupons. DaRosa stated the GLP1s are not part of the Pillar Rx program.

Medeiros explained that when member cost share is increased, they are more committed versus a \$25 or \$30 dollar copay.

Shapiro said when a lifestyle program has mandatory participation the cost is reduced as many members do not want to change their lifestyle.

Sullivan asked what the timeline is for the program implementation. Shapiro said the vendors can implement them in about 90 days.

Ledoux asked about the \$4000 implementation cost for Abacus. Shapiro said it is a one-time cost to MMHG and we would have to pay \$150 for the cost of the scale for each participant as well as \$125 per participant per month.

Shapiro said they are still working on gathering all the details on the different vendors and will have updated information at the next meeting.

Shapiro reviewed page 5 with member direct purchase costs listed. He said the market is changing so the costs may change. He said the GLP1s will be available in pill format in 2026 but the cost is expected to be the same as the injectables.

Shapiro said the GLP1s are being approved for other conditions such as sleep apnea and MASH.

Chairman Levy asked about excluding coverage and relying on the primary care providers to help members with obesity. He said the PCPs should be more involved. He said he has a problem with the fact that the groups with insurance are paying a much higher rate for the GLP1s versus members getting them on their own. He said as a cost decision he is not in favor of covering them.

Shapiro said it comes down to the best allocation of resources.

Leto asked about raising the copay for the GLP1s. Shapiro said we could do this as an option and add this to the presentation.

Avery said adding a high copay for the GLP1s would add a bargaining obligation to the member units. Shapiro said yes it would create a bargaining obligation.

Avery asked about GLP1 coverage for other conditions. Medeiros said most sleep apnea is due to obesity and wouldn't be covered. Shapiro said there are specific tests to determine if a member has a condition that would be eligible to have the GLP1 covered.

Shapiro said the cost is cheaper for the GLP1s for diabetes versus if they are covered for weight loss.

Shapiro reviewed page 7 showing municipality weight loss coverage book of business.

Boudreau said he would like to see what the percentage increase would be if we cover versus not covering so we can explain it to our members. Scherer said they will run their renewal projections with and without coverage for the GLP1s for weight loss. DaRosa said their renewal will include both options as well.

Boudreau stated he would also like to know how much work a vendor program will be for the MMHG staff. Avery said we will be looking at this for each vendor.

There was a brief discussion of the different dosages and pricing with no action taken.

6. **Insurance carrier updates**

DaRosa reviewed the Pillar Rx report and explained the program. She said the FY26 first quarter savings was \$362,497.89.

7. **Next meeting- Steering**

Steering Committee meeting: January 20, 2026, 9:00a.m., MMHG offices

8. **Any other business**

None.

9. **Adjourn**

Boudreau motioned to adjourn the meeting at 10:35 a.m., seconded by Carter and voted unanimously.

Respectfully submitted,
Sheila Avery,
Executive Director

Reference Documents for this Meeting:

Treasurer's Financial reports dated June 30, 2025, July 31, 2025, August 31, 2025, September 30, 2025, October 31, 2025

Treasurer's historical reserve at risk experience

PBIRX GLP-1 presentation

BCBS PillarRx 1st quarter savings report