



West Suburban Health Group Steering Committee Meeting

Thursday, October 2, 2025, at 2:00 PM

By Virtual Participation

Meeting Minutes

Steering Committee Members in Attendance:

Jon Marshall, Chair	Town of Natick
Dawn Fattore	Dover Sherborn RSD
Meghan Jop	Town of Wellesley
Kevin Mizikar	Town of Shrewsbury

Guests in Attendance:

Nick Hawes	Town of Shrewsbury
Michael Breen	Blue Cross Blue Shield of MA (BCBS)
Candis Dixon	Blue Cross Blue Shield of MA (BCBS)
Mark Thomas	Blue Cross Blue Shield of MA (BCBS)
Elaine Wilson	Harvard Pilgrim/Point 32
Melissa Gabriel	Harvard Pilgrim/Point 32
Joseph Anderson	Gallagher Benefit Services, Inc. (GBS)
Karen Quinlivan	Gallagher Benefit Services, Inc. (GBS)
Patrick Flattery	Gallagher Benefit Services, Inc. (GBS)
Jess Clifford	Gallagher Benefit Services

Chair Jon Marshall called the Steering Committee meeting to order at 2:04 PM.

Roll call was taken for voting attendees listed as:

Jon Marshall	Town of Natick
Dawn Fattore	Dover Sherborn RSD
Meghan Jop	Town of Wellesley
Kevin Mizikar	Town of Shrewsbury

Approval of Minutes of Sept 4th, 2025, meeting:

Motion

Meghan Jop motioned for acceptance of the meeting minutes from July 31, 2025.

Dawn Fattore seconded the motion. There was a roll call vote.



Jon Marshall	Yes
Dawn Fattore	Yes
Meghan Jop	Yes
Kevin Mizikar	Yes

The motion passed by unanimous consent.

Financial Update:

The GBS Funding Rate Analysis through August was reviewed. The report showed an expense to funding ratio of 97.7% with an estimated surplus of \$539,073.

Jon Marshall shared the report as of 06/30/2025 and Medicare Enhanced came in at 98.9% and Medex at 96.8% for the full year. Tufts Medicare Preferred came in at 109.2% but that plan was merged with the Harvard Pilgrim plan. That is a good starting point. Through August specifically, those plans are running at over 100. There are run out claims from Holliston that are included in those numbers so there is \$50,000 that can be taken off. Run out claims for the Tufts plan were higher than anticipated in the first few months and drove the higher numbers. If Harvard Pilgrim and Tufts are added together it is an average month. There were some high-cost claimants on the Harvard Pilgrim active plans that are still being adjudicated through the system. The group is still within the 8-12% band on the trust. Bear in minds that Blue Cross Rx claims are higher because the group will now begin to receive rebates beginning in January. PBIRx does not work on the Medicare plans since it is a different compensation schedule all together.

There was comment that there should perhaps be footnotes to the report that take into account large amounts due to the group stop loss or rebate credits that are yet to be realized.

CY26 Senior Renewal:

Joe Anderson said that the last 24 months of experience is looked at. There is a 2/3 weighting for the most recent year and 33% to the previous year. Medex has an increase of 7.7%. Those claims are moving forward with a trend of about 7% as opposed to a trend last year of about 3.85%. The fact that claims increased and trend increased as well, multiplies the overall effect. The carriers did not anticipate the increased utilization to go up as much as it did. Blue Cross increased their admin fee by 2%. Gallagher held its fee steady. The medical portion of the calculation came in at \$253.18. The PDP fully insured premium rose from \$229.40 to \$269.04. The calculated Medex rate from Gallagher was \$522.22 and the BCBS calculated rate was \$524.32. The recommended rate was \$524.00. Last year the catastrophic level for the Rx spend was reduced to \$2,000 from the previous \$8,000 level. The carriers carried the difference over to the general population at higher rates. Higher Rx utilization brought about another \$40 increases this year. That is the same across the entire state. The complete rate is also in line with other blocks of business. Harvard Pilgrim used a medical trend of over 8% on their calculation and ended up with a medical portion of \$254.04. The PDP increased from \$224.80 to \$253.52 for a total of \$507.56. Gallagher came up with \$511.30. The recommended rate is \$508.00. The group will have a decision on the self-insured medical portion of the rates with projected increase in claims of \$10 million. Any deviation from that will put the trust at risk. The fully insured plan rates were looked at next. Those plans are calculated by the carrier, and the group does not have a say in those rate increases. Managed Blue for Seniors had an 11.4% increase to come out at \$478.00. Tufts Medicare Preferred HMO had a 5% increase to \$423.00, and The Fallon Senior plan had a zero% increase to be \$358.00. The former



Central plan that they offered was discontinued and those members will be automatically mapped to the Premier plan.

Historical rate data was looked at next. In the past, the rate could remain stable with relatively low increases and the trust balance would not be impacted as the senior plans contributed to the trust. Now those plans are becoming more volatile with a real decision to be made at renewal on trust exposure. Senior plans are now accounting for 15.5 % of the total funding spend. The anticipated rates are at the high end of the municipal market and that is scary. MIIA may go up and be in a similar range.

Mark Thomas from Blue Cross said that the Inflation Reduction Act is seeing more people achieving the \$2,000 threshold and that it will increase trends in years going forward. Negotiated prices on drugs through CMS are also higher than what the carrier negotiated. Advantage plans are seeing double digit increases to make up for past years where they were seeing more favorable trend.

There was discussion. John Marshal said he would be happy to make a recommendation if someone had one or not and share with the full Board the information. The consensus was to ask Joe Anderson to do illustration on the trust usage for 9.95% and the full rate. That will give an opportunity to connect with Rich Bienvenue on exactly where the trust balance stands.

Carrier and Vendor Updates:

Blue Cross- Mike Breen had nothing more to add at this time.

Point 32 Health- Melissa Gabriel said that she echoed much of the conversation regarding trend outlined by Blue Cross. Elaine Wilson had nothing to add.

Enrollment Process Update:

Patrick Flattery said that he is working to get a cost estimate put together that includes anticipated credits that could be applied. He hopes to have an update for the next Board Meeting. A decision next week could not be a final or binding vote and perhaps the Board could authorize the Steering to finalize. There are different ways to structure costs based on building the tool out at an individual entity level or at a joint purchase group level.

There was no other business.

Dawn Fattore motioned to adjourn

Meghan Jop seconded the motion.

Jon Marshall adjourned the meeting by unanimous consent at 3:27 P.M.

*Prepared by Karen Quinlivan
Gallagher Benefit Services, Inc. (GBS)*