Mass Strategic Health Group (MSHG)
Board Meeting

Tuesday, January 28th, 2024, at 1:00 PM
Town of Medway Town Hall and by Virtual Participation

Meeting Minutes

Board and Alternate Board Members in Attendance:

Richard LaFond, Board Chair	Town of Webster
Michael Boynton, Board Vice Chair	Town of Medway
Lindsay Grasso	Town of Abington
Jamie Kelley	Town of Acushnet
Arthur Scott	CES
Matthew Wojcik	Town of Douglas
Steven Lamarche	Dudley-Charlton RSD
Jamie Hellen	Town of Franklin
Mary Lauria	Town of Grafton
Jay Byer	Mendon-Upton RSD
Ann-Marie Geyster	Narragansett RSD
Adam Gaudette	Town of Northbridge
Joanne Frederick	Town of Oxford
Karen Snow	Town of Salisbury
Holly Young	Town of Templeton
Daniel Haynes	Tri-County Regional

Guests in Attendance:

Jeanne Lovett	Town of Douglas
Holly Cotnoir	Town of Douglas
Joseph DeSantis	Dudley-Charlton RSD
MaryEllen Cerbone	Dudley-Charlton RSD
Karen Bratt	Town of Franklin
Allison Potter	Town of Medway
Laurie Reed	Narragansett RSD
Tim Bell	Town of Webster
Courtney Friedland	Town of Webster
Justin Leduc	Town of Oxford
Sheryl Strother	Finance Director
Marianna Gil	Arthur J. Gallagher
Patrick Flattery	Arthur J. Gallagher
John Scholl	Arthur J. Gallagher
Darlenys Dominguez	Arthur J. Gallagher
Ken Lombardi	NFP
Kevin Paicos	NFP
William Short	NFP
Melissa Gibson	NFP

Collette Cullen	NFP
Eric Avrumson	NFP
Anthony Lively	Alliant
Philip Katz	MTA
Andrew Powell	MTA
Ted Luis	MTA
Lauren McCallum	HPHC
Michael Hurley	HPHC
Paul Lazar	HPHC
Lisa Stabile	Altus
Patricia Joyce	Abacus

Richard LaFond, Board Chair called the meeting to order at 1:03 p.m.

Delegate / Alternate Delegate Attendance

There was a roll call of attendees participating in person and via Microsoft Teams.

Discussion and Possible Vote to Approve Meeting Minutes of January 14th, 2025

Michael Boynton made a motion to approve the minutes of January 14th, 2025. Steven Lamarche seconded the motion. There was a roll call vote.

Motion

Town of Abington – Yes
Town of Acushnet – Yes
CES – Yes
Town of Douglas – Yes
Dudley Charlton RSD – Yes
Town of Franklin – Yes
Town of Grafton – Yes
Town of Medway – Yes
Mendon-Upton RSD – Yes
Town of Northbridge – Yes
Town of Oxford – Yes
Town of Salisbury – Abstain
Town of Templeton – Abstain
Tri-County – Yes
Town of Webster – Yes

The motion passed.

Updates:
− Town of Douglas Final Notice of Withdrawal effective July 1, 2025
− Town of Grafton decides to remain in MSHG
− Town of Acushnet Initial Notice of Withdrawal effective July 1, 2025

Rick LaFond updated the group on withdrawal statuses. Douglas had provided its final notice and would be withdrawing effective July 1st. Several initial notices of potential withdrawals had been discussed in the previous meeting. Grafton has formally decided to remain in MSHG, while no final decisions were made by any of the other participants. He also mentioned receiving an initial withdrawal notice from Acushnet, however, it was submitted after the deadline specified in the participation agreement.

Mr. LaFond addressed concerns regarding the process followed for selecting insurance management services. The board had previously voted to issue a RFP for these services, but it did not specify an effective date. The board received five proposals, which each member ranked. NFP ranked highest, and the board voted 11-1-1 to accept NFP's proposal for a three-year contract. Rick pointed out that one of the top three proposals included compensation provisions starting on December 31, 2024, another proposed start date of January 1, 2025, and the last one suggested compensation beginning on the contract date. He noted that the bidders used various start dates for their proposals.

The accepted NFP proposal outlined a compensation schedule that included a 5% stop-loss commission, an Aetna Medicare fee of $7.08 per subscriber per month, and a 5% commission for dental and vision. Rick mentioned that these provisions were proposed to become effective January 1. To finalize the board's decision, he issued a change of broker to Aetna, with the Aetna commission being paid prospectively in full, effective January 1, based on enrollment at that time. Rick explained that had a change of broker letter not been issued, it would have violated the provisions of the proposal approved by the board, and Gallagher would have received commissions for six months, from July 1 to December 31, despite not representing MSHG. He noted that this situation would have resulted in NFP not receiving any Aetna commission until January 1, 2026, which would have been a significant deviation from the board's intent. Rick pointed out that Gallagher was aware they were not entitled to the Aetna commission under the current conditions, or it would not have been reflected in their own price proposal.

Rick further mentioned that no broker of record had initially been identified and emphasized that even when a company writes a policy, a broker of record is typically in place. The Gallagher agreement was still a one-year extension of the original contract from July 24, 2019, and there had been no updated contract or subsequent letter revising the financial terms, which included a $10 per subscriber per month fee for ASO services and a 5% stop-loss commission not stated in the contract. Additionally, there was commission for vision and dental. He clarified that Aetna fees were not included in the compensation outlined in the contract, and MSHG had no obligation to compensate Gallagher for these fees as they were not stated in the consulting contract.

Rick indicated that his issuance of a broker of record letter complied with the board's vote and did not violate any contractual obligations. He noted that canceling the Gallagher contract would have required a Board vote and a 30-day notice, which would have been impractical. He cited Gallagher's contractual provision allowing either party to terminate the agreement with 30 days' written notice, but warned that this could lead to disputes over services rendered and potential legal action.

Rick emphasized that canceling the contract with Gallagher was not in MSHG’s best interest. He mentioned that despite the board accepting NFP's proposal, NFP was willing to forgo any part of the stop loss, dental, and vision commission until July 1, recognizing that pursuing those funds could lead to significant legal disputes.

Rick further expressed that service could not be expected without compensation and emphasized the urgency of beginning work to ensure the group's continued existence by FY2027 rather than waiting until July 1st. He conveyed concerns about the group's viability prior to 2027 if significant progress was not made, and he hoped the majority of the board would agree with his judgment on this matter.

After a board vote to accept the NFP proposal, Mr. Gaudette contacted NFP for a contract proposal, which was eventually sent to Rick. He forwarded the NFP draft and the current Gallagher contract to Leo Peloquin, the group attorney, for review and recommendations. Leo suggested using the same language in the agreement with NFP as in the Gallagher agreement, and NFP was accommodating under the circumstances.

Rick noted that there were no contracts with Gallagher beyond July 26, 2019, and no updates or additional contract documents. The original contract included annual one-year extensions but did not mention any Medicare commission. He mentioned that no broker of record letter was found for Gallagher to receive Aetna commissions, and Patrick informed him that the authority depended on the original policy writing. A review of the minutes indicated that there had been no prior vote by the MSHG Board to authorize a broker of record.

Rick affirmed that he had acted based on the votes of the board. He indicated that the price proposal accepted by the Board was impractical to implement within the agreed timeframe, especially concerning the Medicare commission. Conversations with NFP revealed that proceeding as planned would likely lead to legal disputes, making waiting until July 1 to address compensation issues more practical.

Finally, Rick outlined that the goal of this meeting was to discuss a transition plan put together by NFP, which he hoped the board would review and, ideally, vote to accept. Rick also highlighted concerns with the current ASO performance and reiterated that the contract with NFP included the provisions and timelines he discussed, all aimed at honoring the board's vote.

Transition Plan

Ken Lombardi led the transition plan conversation. Ken introduced Eric Avrumson from NFP's corporate headquarters, who had assisted with the development of MSHG’s strategy. He mentioned that he had reached out to John Scholl and the Gallagher team to ensure they were informed about the strategy. Ken noted they did not need to go through every slide in detail but had prepared an outline. He expressed the intention to compile a calendar of events summary and confirmed that discussions with John and his team were already underway regarding data exchange from their organization. Ken stated they had received authorization to obtain data from the claims administrator and had begun compiling a review of all the healthcare plans. He indicated that preliminary results provided by John would be adjusted based on the potential for slight modifications due to expected reductions in administration and expenses, which would benefit employees and subscribers.

Mr. Lombardi highlighted the transition process and assured it would not disrupt responsibilities. He referenced structural recommendations from NFP that differed from Gallagher's approach but emphasized their commitment to maintaining smooth operations. He then summarized NFP's six-month plan and the broader focus for the upcoming years, acknowledging that future actions would depend on the committee's evaluation of existing business partners and claims administration. Ken also discussed outreach to the community within the MSHG for additional reviews and ongoing conversations scheduled with several members. He recognized the community's concerns regarding current claim issues and suggested there were opportunities for improvement in those arrangements.

Mr. LaFond indicated that if the Board had any questions on this matter, this would be a suitable time to ask.

Michael Boynton questioned whether the timeline aligned with Gallagher's transition and the preparation of rates for the next fiscal year.

Marianna Gil sought clarification, stating that based on the transition plan, Gallagher believed NFP would be taking over the responsibility of setting rates.

Mr. LaFond expressed that he had no issues with the rates set for his entity, Webster. However, he highlighted that for the past four years, the rates set by Gallagher had been a significant factor in the group's current situation. He added that several factors, including different management teams at Gallagher, contributed to the situation. With that being said, he presumed it would be important for NFP to be involved in the group's final rate decisions.

Mr. Boynton responded that he had been under the impression that the group would conduct a third-party management bid effective July 1, 2025. He questioned this due to the per member per month fees to be collected from now until June 30, 2025, indicating that if Gallagher were collecting the fees, they should be the ones doing the work. He also expressed that it was not his understanding that NFP would take over effective immediately, as it had not been bid out in that manner and requested clarification.

Mr. LaFond stated that the RFP did not specify July 1st as the effective date.

Mr. Boynton noted that he did not see January 1, 2025, as the effective date in the NFP proposal.

Mr. LaFond clarified that it was included in the price proposal and stated he would show Michael the details later.

Mr. Lombardi mentioned that he and John Scholl frequently discussed underwriting matters and acknowledged that their organization could not significantly deviate from traditional underwriting practices. He noted that they were aligned on how the forecast projections should look. They had received updates on claims, and John would do the same with his team. Ken spoke about making recommendations on budget line items due to an anticipated $20 per subscriber per month reduction in costs starting July 1, 2025, which members should factor into their calculations. He indicated that Eric had already begun the underwriting process for stop loss based on their projections, but they would not exclude initial stop loss projections that were still a few weeks from being finalized. Ken expressed a desire to remain heavily involved in the process to ensure they had full responsibility to the Board when the plans are in effect on July 1st. He assured that their collaboration would continue, as necessary.

Mr. Scholl added that they had already completed the base underwriting, further supporting Ken's point. He mentioned that NFP's underwriters would utilize a similar methodology, though there might be modifying factors, such as the administrative fee or changes in TPAs, that could affect the rates they had established. He emphasized that a collaborative effort was needed, particularly regarding the final rate setting and how to consider individuals' reserve requirements. John clarified that the base underwriting did not account for where people stood with their reserves and noted that determining the final rates was not solely NFP's or Gallagher's decision but rather MSHG's.

Ms. Gil added that the preliminary renewal was through only October claims, pointing out that additional claims months needed to be considered for the final projection. She indicated that the preliminary numbers should not be considered final.

Mr. Boynton agreed and stated two final points. First, he emphasized that the per member per month fees for services provided from today until June 30, 2025, should be paid to one consultant group only, and the group should not expect to see double billing for those services. Second, he expressed concerns about the reduction of $20 per member per month, questioning its impact on the group's balance sheet and the bottom line for all entities. He stated he did not want to make substantial reductions, particularly for communities facing a significant deficit.

Eric Avrumson from NFP stated that his goal was to support Ken and the NFP team, ensuring they had all the resources necessary to ensure a smooth transition. He assured that there would be no double fees and that Gallagher would be paid the per employee per month fees for HPI and stop loss from now until June 30, 2025. He noted that NFP would work collaboratively with Gallagher to ensure all entities had what they needed. He highlighted that his team would be involved immediately to ensure they were fully aware of what was going on from now until the new contract’s effective date.

Mr. Boynton questioned the stop loss, indicating that one of the past challenges was the unexpected increase in stop loss after the rates had been set. He asked Eric what measures would be put in place to prevent this from happening again.

Mr. Avrumson responded that conversations with stop loss carriers were already underway. Although they were still preliminary, they were starting to take shape. As presented in the RFP, layering would be helpful to ensure that the appropriateness of the stop loss was based on the size of each organization. He explained that they were collaborating with the carriers ahead of time, expecting to have the stop loss rates locked by March and not later than that, as had happened in previous years.

Matthew Wojcik emphasized that his understanding was that there was no approved contract in effect with NFP to discuss these terms and conditions. He also added that there was no contractual relationship when the BOR was sent.

Steven Lamarche added that this was the first time the group was transitioning this role and acknowledged that the group should not expect it to be perfect. He agreed that a transition plan should prioritize the group's best interest. He cited the number of actions in the transition plan and added that the group could not afford to wait any longer to approve a transition plan. He questioned if there would be additional fees to MSHG from now until June 30, 2025.

A conversation took place to clarify whether any additional fees would be in effect from now until June 30, 2025.

Kevin Paicos reviewed NFP’s commissions from July 1, 2025 to June 30, 2026 to give the group a clearer understanding of the financial implications and help them make more informed decisions moving forward.

Mr. Paicos explained that, effective July 1, 2025, the $518,000 consulting fee would be eliminated. He highlighted that Aetna commissions, which amounted to approximately $744,000 per year, would continue, along with a stop-loss commission of around $589,000, but expected to decrease. Kevin also noted that they did not have data on dental or vision commissions but had estimated these based on client participation, which was around $50,000 and $12,000, respectively. Additionally, he stated that the broker fees currently collected from clients, totaling $483,000, would be removed. He concluded that the total savings for the group would be approximately $1 million. Kevin pointed out that these estimates were based on the most recent Schedule A filed by Gallagher, referencing subscriber counts from either the November or December report, which were then multiplied by the various commission fees. While the estimates were not 100% accurate due to monthly subscriber count variations, he believed they were close. Kevin expressed willingness for Gallagher to provide the exact compensation they received from July 1, 2024, to June 30, 2025, to compare with the proposal by NFP.

Mr. Boynton raised a concern about including the loss of client payments in Kevin's commission review. He noted that it was not a savings for MSHG but rather a savings for individual member entities with NFP only.

Mr. Paicos acknowledged Michael's point, clarifying that the loss of client payments had been included to show that this is not a savings for MSHG members but rather a benefit to the NFP client base. He confirmed that this amounted to a $1 million savings.

Mr. Paicos then shared the estimated compensations from January 1, 2025, to June 30, 2025. NFP was projected to receive Aetna commissions totaling $372,125, while Gallagher would receive ASO fees for stop-loss, plus dental and vision, totaling $584,822. He explained that these amounts were structured so both companies could be fairly compensated for the work required over the next six months.

Mr. Lamarche questioned whether both NFP and Gallagher agreed that this plan was worked out between NFP and Gallagher and again asked whether any additional fees would be involved.

Mr. Avrumson confirmed that NFP would request no additional fees until July 1, 2025.

Mr. LaFond supported Mr. Avrumson's statement, confirming that there would be no additional fees.

Steven Lamarche made a motion to approve the transition plan. Michael Boynton seconded the motion.

Motion

Philip Katz from the Massachusetts Teachers Association emphasized that he wanted to ensure the Board knew that each member had a bargaining obligation with their unions regarding any change in ASO.

Jaime Kelley asked who the consultant should be for any member administrative questions or issues from now until July 1, 2025.

Mr. LaFond confirmed that Gallagher would be the point of contact until July 1, 2025.

Mr. Lombardi stated that NFP would be in contact with Gallagher daily leading up to the transition and would continue to do so until the effective change of consultants.

Following the discussion and per the motion, there was a roll call vote.

Town of Acushnet – Yes
CES – Abstain
Town of Douglas – Abstain
Dudley Charlton RSD – Yes
Town of Franklin – Yes
Town of Grafton – Yes
Town of Medway – Yes
Mendon-Upton RSD – Yes
Narragansett RSD – Yes
Town of Northbridge – Yes
Town of Oxford – Yes
Town of Salisbury – Yes
Templeton – Yes
Tri-County – Yes
Town of Webster – Yes

The motion passed.

Review ASO RFP Results

Patrick Flattery led a discussion regarding the ASO RFP. Patrick shared that the group was aware of the issues with HPI, which led Gallagher to issue an RFP for medical administrator services. This RFP was released on November 18th of the previous year, with bids due back to Gallagher by 4:00 PM on December 20th, 2024. The RFP was sent to 11 vendors, which included:

- Allegiance, a TPA owned by Cigna.
- Blue Benefit Administrators (BBA), associated with Blue Cross Blue Shield
- Blue Cross Blue Shield of MA
- Harvard Pilgrim
- HealthEZ, another TPA
- Health Plans Inc., the incumbent
- Luminare Health, another TPA
- Mass General Brigham Health Plan
- Meritain, under Aetna
- UltraBenefits, a TPA owned by Fallon
- UnitedHealthcare

Patrick shared that Allegiance, Blue Cross and BBA, Mass General Brigham, UltraBenefits, and United declined to bid. The reasons included operational issues with administering a group with multiple individual entities and plans, financial non-competitiveness, lack of the right contracts for the region, and insufficient local support to manage the group effectively.

He noted that they received five qualified responses to the RFP from Health Plans Inc., Harvard Pilgrim, HealthEZ, Luminaire Health, and Meritain. Patrick pointed out that Meritain's bid was technically submitted 11 minutes late, but it was close enough to the deadline for consideration. The claims repricing information was not fully indicative of the entire group due to limitations with HPI's data, as the three new groups were placed on a new claims system as of July 1 of the previous year. This made it difficult to pull a comprehensive report of the entirety of MSHG for accurate comparisons. Instead, Gallagher used data from all groups in Mass Strategic prior to July 1, 2024 for a clearer picture.

He highlighted the average network discount in the HPI proposal and their proposed admin fees of $49.70 for Harvard network users and $55.20 for those outside the Harvard Pilgrim network. As the incumbent, HPI had no network disruption issues. Harvard Pilgrim, with the same estimated claims and network discounts, bid a base admin fee of $38.80, plus a $7.40 charge for those outside its network states, similar to HPI.

Mr. Boynton asked if this fee would be charged to the group or the members.

Mr. Flattery advised that this was the administrative fee built into the rates.

Mr. Flattery reported that HealthEZ submitted their bid utilizing the Aetna network, with slightly higher claims repricing and a network disruption rate of approximately 99%. Their administrative fee was $48.75, slightly below HPI's fee but about $10 higher than Harvard's.

Mr. Boynton asked for clarification, confirming that if the group were to go with Harvard Pilgrim, there would be no disruption in doctors, while HealthEZ would have some change in doctors covered.

Mr. Flattery confirmed that was correct and highlighted that changing from HPI could result in members encountering providers who are out of network with a new carrier.

Mr. Boynton inquired whether there was a provider list comparing doctors accepted by Aetna and Harvard Pilgrim.

Mr. Flattery stated that Harvard Pilgrim was more likely to have broader coverage in Massachusetts, as they are a local provider, than Aetna, a national provider. Patrick added that the networks are generally comparable, as shown by the 99% disruption report. Patrick also discussed Luminaire Health's submissions for two different networks: Aetna and Cigna. The claims repricing for the Aetna network was identical to HealthEZ, with an admin fee of $41.07, while Cigna had slightly cheaper claims repricing, a stronger network discount, and a lower admin fee of $38.45.

Patrick noted that Luminaire's network disruption reports showed 97% for both Aetna and Cigna, while HealthEZ reported 99% for Aetna. He expressed concerns about Meritain's Aetna bid, which had low claims repricing, suggesting they might have been overly generous in crediting network discounts. Meritain offered two administration platforms: one TPA-controlled and the other allowing more self-management. A major concern was that Meritain did not provide a network disruption report, only a geo-access report, asserting everyone had access to two doctors within fifteen miles.

Mr. Scholl highlighted the likely differences between Meritain and Luminaire's network repricing, noting that Meritain, as a fully owned subsidiary of Aetna, benefits from preferred pricing compared to other TPAs licensing the Aetna network.

Mr. Flattery concluded that if the Board would like a recommendation on who to select, Gallagher could provide one.

Mr. LaFond requested that Gallagher provide their recommendation on who to select as the new ASO.

Mr. Flattery stated that Gallagher would recommend that MSHG transition their contracts directly to Harvard Pilgrim. He explained that this would allow the group to benefit from system improvements and built-in services, reducing the need for some current point solutions. This change would save money and avoid network disruption, ensuring a smoother implementation.

Mr. Boynton asked if members would continue to be covered outside of Massachusetts.

Mr. Flattery confirmed that members would continue to have access to both Harvard Pilgrim and United.

Mr. Lamarche questioned if Harvard Pilgrim would be using the same new system that HPI was using.

Mr. Flattery advised that Harvard Pilgrim uses their own systems and none of the HPI systems would be used if the group moved to Harvard Pilgrim.

Ms. Bratt questioned who the team of contacts would be at Harvard Pilgrim Direct, noting that she had a great past experience working with Lauren McCallum and Paul Lazar.

Mr. Flattery confirmed that the points of contact would be Lauren McCallum and Paul Lazar at Harvard Pilgrim.

Mr. Katz asked if the admin fee included the commission or if the commission was an additional fee.

Mr. Scholl confirmed that the commission was excluded.

Mr. LaFond asked that Ken from NFP provide their recommendation regarding the ASO RFP.

Mr. Lombardi emphasized that Harvard Pilgrim is the one carrier that has consistently shown the ability to manage groups of this complexity, unlike most carriers who prefer simpler arrangements. He mentioned that the model being used is operational in the private sector under a program called edHEALTH, which is comprised of colleges in Massachusetts. Ken noted that edHEALTH shows Harvard Pilgrim already has experience managing a joint purchasing group with multiple members with their own plans and rates. He agreed they would also recommend Harvard Pilgrim as the appropriate ASO for this group.

Holly Young asked for confirmation that there would be no changes to the group's current plan.

Mr. Flattery confirmed that there would be no changes to the current plan.

Holly Young made a motion to accept Harvard Pilgrim Direct as the new ASO effective July 1st, 2025. Michael Boynton seconded the motion. There was a roll call vote.

Motion

Town of Abington – Yes
Town of Acushnet – Yes
CES – Yes
Town of Douglas – Abstain
Dudley Charlton RSD – Yes
Town of Franklin – Yes
Town of Grafton – Yes
Town of Medway – Yes
Mendon-Upton RSD – Yes
Narragansett RSD – Yes
Town of Northbridge – Yes
Town of Oxford – Yes
Town of Salisbury – Yes
Town of Templeton – Yes
Tri-County – Yes
Town of Webster – Yes

The motion passed.

Discussion and Possible Vote to Approve 3-year Contract with NFP and Authorize the Chair to Execute Agreement on behalf of the Board.

Mr. LaFond shared the NFP contract proposal.

Michael Boynton made a motion to approve a 3-year contract with NFP, effective from July 1, 2025, through June 30, 2028, except as otherwise specified in the agreement, and to authorize the Chair to execute the agreement on behalf of the Board. Steven Lamarche seconded the motion.

Motion

Mr. Boynton questioned what the price proposal executive benefits meant and if there would be additional charges.

Mr. Avrumson explained the executive benefits primarily focused on the corporate side, including individual disability plans, which included buy-up options for those with higher salaries, commissions, and bonuses. He also addressed compensation plans, highlighting that while these aspects were not typically relevant to individual cases, they could still be considered with the chairman's involvement.

Mr. Boynton requested advance notice if any additional fees arose from this fee schedule, allowing the group time to review and discuss them.

Mr. Kelley expressed that he did not feel he had sufficient time to discuss the proposal with his counsel, so he would not be voting.

A discussion took place regarding the listed benefits concierge, and it was confirmed that there would be no additional fees for this service, as it was already included.

Mr. Wojcik shared that his vote would also be no. He stated that going forward, he would abstain from votes since his entity is leaving. However, since this vote affects his entity prior to leaving, he would be voting no.

Following discussion and per the motion there was a roll call vote.

Town of Abington – Yes
Town of Acushnet – No
CES – Abstain
Town of Douglas – No
Dudley Charlton RSD – Yes
Town of Franklin – Yes
Town of Grafton – Yes
Town of Medway – Yes
Mendon-Upton RSD – Yes
Narragansett RSD – Yes
Town of Northbridge – Yes
Town of Oxford – Yes
Town of Salisbury – Yes
Town of Templeton – Yes
Tri-County – Yes
Town of Webster – Yes

The motion passed.

Open Session for Topics Not Reasonably Anticipated 48 Hours in Advance of the Meeting

Mr. Boynton noted the budget-setting deadline was approaching and requested updates based on December and January claims, if possible, to allow time for necessary changes.

Next Meeting

The next meeting was scheduled for Tuesday, February 25th, 2025, at 1 p.m.

Michael Boynton motioned to adjourn the meeting. Steven Lamarche seconded the motion.

Motion

The motion passed via unanimous consent.

The meeting adjourned at 2:14 p.m.

Submitted by
Darlenys Dominguez
Gallagher Benefit Services