

# Mass Strategic Health Group (MSHG) Board Meeting

**Tuesday, April 29<sup>th</sup>, 2025, 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  
Michael Boynton, Board Vice Chair  
Lindsay Grasso  
Arthur Scott  
Steven Lamarche  
Emma Collins  
Mary Lauria  
Jay Byer  
Ann-Marie Geyster  
Adam Gaudette  
Justin Leduc  
Victoria Nakis  
Gary Suter  
Holly Young  
Daniel Haynes

Town of Webster  
Town of Medway  
Town of Abington  
CES  
Dudley-Charlton RSD  
Town of Franklin  
Town of Grafton  
Mendon-Upton RSD  
Narragansett RSD  
Town of Northbridge  
Town of Oxford  
Valley Trust (Salisbury & Merrimac)  
Spencer East Brookfield RSD  
Town of Templeton  
Tri-County Regional

### Guests in Attendance:

MaryEllen Cerbone  
Allison Potter  
Tim Bell  
Courtney Friedland  
Cheryl Houle  
Joseph DeSantis  
Laurie Reed  
Karen Snow  
Marianna Gil  
John Scholl  
Patrick Flattery  
Sheryl Strother  
Ken Lombardi  
Edd Byrnes  
William Short  
Eric Avrumson  
Melissa Gibson  
Kristen D'Urso  
Alex Stolzer  
Ken Ballard

Dudley-Charlton RSD  
Town of Medway  
Town of Webster  
Town of Webster  
Town of Medway  
Dudley-Charlton RSD  
Narragansett RSD  
Valley Trust (Salisbury & Merrimac)  
Arthur J. Gallagher  
Arthur J. Gallagher  
Arthur J. Gallagher  
Finance Director  
NFP  
NFP  
NFP  
NFP  
NFP  
NFP  
NFP  
NFP

Anthony Lively  
 Pat Haraden  
 Paul Lazar  
 Michael Hurley  
 Lauren McCallum  
 Kate Greenberg  
 Andrew Powell  
 Ted Luis  
 Christeana Casey  
 Courtney Newman  
 Kim Snow  
 Alex McNamara  
 Leo Peloquin  
 Nathan Ortiz  
 Patricia Joyce

Alliant  
 Lockton  
 HPHC  
 HPHC  
 HPHC  
 HPHC  
 MTA  
 MTA  
 RxBenefits  
 RxBenefits  
 RxBenefits  
 RxBenefits  
 Norris, Murray, & Peloquin, LLC  
 HealthJoy  
 Abacus

Richard LaFond, Board Chair called the meeting to order at 1:05 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 March 25<sup>th</sup>, 2025**

Michael Boynton made a motion to approve the minutes of March 25<sup>th</sup>, 2025. Steven Lamarche seconded the motion. There was a roll call vote.

Motion

CES – Yes  
 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  
 Valley Trust (Salisbury & Merrimac) – Yes  
 Spencer East Brookfield RSD – Yes  
 Tri-County – Yes  
 Town of Webster – Yes

The motion unanimously passed.

#### **Finance Director Report**

Sheryl Strother presented the financial reports. Year to date, through March, the group has posted a loss of approximately \$7 million dollars which is an improvement of \$1 million since the January statement. There was no report for February with HPI having the claims blackout period and no claims activity to report. Ms. Strother added that as of March 12 of the entities have seen their position improve, while 5 have not.

Ms. Strother pointed out that her reporting includes \$2.8 million that will not be reflected on the Gallagher reports. These funds are reported on April 2 so the activity occurred after the end of the month and would not appear in reporting through March.

Ms. Strother informed the group that cash flow is holding steady, and the group is fully reconciled to date.

Mr. LaFond asked if the \$2.8 million in claims activity is reflected in the reporting.

Ms. Strother replied that it is included in the \$7 million year-to-date loss.

### **Gallagher Report**

Marianna Gil presented the year-to-date Gallagher reports through March 31, 2025. Ms. Gil pointed out that claims activity has been sporadic. Some examples were provided of issues with the claims activity. Mendon-Upton RSD had a claims overfunding request which has resulted in a credit for multiple months. Tri-County and Dudley Charlton RSD both have seen large lags in claims submissions. Tri-County had no claims from January 31 until the week of April 21<sup>st</sup>. Ms. Gil pointed out that these claims lags have been cleared up but there are still significant issues with consistency in claims processing. February and March should've been \$5-\$8 million per month but thus far the claims submissions have only totaled approximately \$7 million. There are still large amounts of claims funding that are lagging and outstanding.

Ms. Gil shows the Gallagher report with a year-to-date loss of \$2.2 million on medical claims through March 2025. Ms. Gil provided an overview of stop-loss activity which showed a large amount of outstanding reimbursements. She added that with the claims lag there is a strong likelihood that the reimbursement amounts will grow over time.

Mr. LaFond asked about outstanding claims, highlighting issues with the outstanding deficits and asked if there are particular members the group should be concerned about paying by the end of the year.

Ms. Gil explained that there is no way to be sure of outstanding claims risk until the funding requests are sent to Ms. Strother to be paid.

Mr. Lamarche asked about the \$300,000 outstanding for Dudley Charlton RSD and how that is calculated into the bottom line.

Ms. Strother noted that if a reimbursement has been filed and is on the stop-loss log it is accrued and put into the month. She added that a filing was made on April 4 which will reflect in the April reporting, not March. This filing would show on the current financial statements but would not be reflected in the Gallagher reporting yet as it occurred after March 31<sup>st</sup>.

Ms. Gil informed members that due to the reporting cut off member units should always reach out to Ms. Strother to get the most accurate financial information.

Ken Lombardi adds that he has been speaking with groups in a deficit position and working on outstanding balances for large claims to provide members with a more specific idea of their deficit position.

Mr. LaFond asks if any member groups are getting into worse financial positions they cannot recover from. Mr. Lombardi replied that none of the groups are in that position.

Mr. Boynton asked Gallagher and NFP to comment on the reinsurance deductible being raised for this fiscal year to combat increasing claims cost. Mr. Boynton asked if there should be consideration of another increase in the deductible amount for the upcoming fiscal year.

Eric Avrumson said work is underway to review the stop-loss options for next plan year. Mr. Avrumson informed the group that NFP is working on a model for stop-loss and will present the rates and options at the next meeting.

### **Discussion and Possible Vote to Accept the Town of Winchendon into the Aetna Retiree Plan Effective July 1, 2025**

Steven Lamarche made a motion to accept the Town of Winchendon into the Aetna plan effective July 1, 2025. Michael Boynton seconded the motion.

Motion
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Ken Lombardi explained the set up of the Aetna plan and the rate credits earned by increasing total membership counts. Mr. Lombardi also pointed out that each member of the Aetna plan is individually underwritten and adding the Town would not impact the rate for any of the existing members.

There was a roll call vote.

CES – Yes  
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  
Valley Trust (Salisbury & Merrimac) – Yes  
Spencer East Brookfield RSD – Yes  
Tri-County – Yes  
Town of Webster – Yes

The motion unanimously passed.

### **Discussion on HPI Runout Fees**

Marianna Gil explained the contractual terms with runout claims processing under HPI. Ms. Gil highlighted that the terms are untraditional in the market. HPI will charge a runout fee of \$21.70 per employee per month for the first 8 months following the end of the plan year and then charge a fee per explanation of benefits mailed for the remaining 4 months of the year. Gallagher asked HPI to reduce or eliminate any charge for runout administration as HPI continues to have severe lags in claims processing timelines. HPI responded that they would waive the fee for sending an EOB but are not willing to make any concessions on the administration fee in the first 8 months following the end of the plan year. Ms. Gil pointed out that under normal circumstances a carrier should have 90 to 95% of claims processed by within a month or two following the end of the plan year. Gallagher recommended that MSHG ask for additional concessions to be made by HPI.

Mr. LaFond asked if it would be appropriate to ask for HPI to waive all fees. Ms. Gil responded that Gallagher asked for that and MSHG should ask for all fees to be waived considering their poor performance.

Michael Boynton asked for clarification on the exact terms of the runout fees being assessed. Ms. Gil replied that roughly \$100,000 would be spent on fees for HPI to administer runout claims based on their latest proposal.

Mr. Boynton asked what their options are and Ms. Gil points to the claims audit Gallagher conducted for this group. John Scholl added that the claims audit is nearly complete. The results of that audit may be useful to MSHG to gain further leverage to ask for concessions.

Ms. Gil said the group could offer to pay fees for 2 months as that is the standard timeframe in which a competent carrier would be able to process almost all outstanding claims.

Mr. Boynton asked if there are any options to move to Harvard Pilgrim earlier than July 1 to help with these issues.

Ms. Gil explained that such a move is not feasible given the amount of work that goes into such a move. Multiple items would need to be reworked to align with the medical coverage moving, which makes it impossible.

Mr. LaFond asked about the timing of pushing for further concessions. Ms. Gil responded that the group has until they receive the first bill from HPI in July. Mr. LaFond noted that with the time frame it may become a legal issue in pursuing concessions from HPI.

Sheryl Strother asked about the Gallagher claims audit. Ms. Gil explained the process and the focus on claims processing accuracy. Ms. Strother asked if there was any way to find out how many claims are pending. Mr. Scholl added that while the audit won't show pending claims it will include information on timeliness in claims processing.

Jay Byer asked if there was a way to transfer the funds to Harvard Pilgrim and have them process the claims. Ms. Gil responded that the group is self-funded and as such claims are paid by the group as they are funded by HPI. That leaves no option to have Harvard Pilgrim take over claims processing for claims incurred under HPI.

Mr. Byer pointed out that with the claims lags he has no confidence in the loss ratio reporting.

Ken Lombardi added that there is a need to talk to HPI on the first 3 months of claims run-out and it is reasonable to expect HPI will have claims processed in that timeframe. Mr. Lombardi would like to negotiate with HPI targeting that 3 month window.

Mr. Boynton asked about run-out costs for departing members and if those groups should be direct billed for their costs. Ms. Gil pointed out that administrative fees are included in the funding requests and the joint purchase agreement already covers that departing entities are responsible for paying their funding requests.

Mr. LaFond proposed that within the next couple weeks he, Mr. Boynton, Gallagher, and NFP all meet to discuss a strategy on next steps.

Mr. Lamarche asked what the current administrative fees are. Ms. Gil responded that it varies by entity but is roughly a \$40 to \$50 per employee per month fee right now.

Edd Byrnes added that HPI has already done half the work in processing claims and now just needs to finish the process.

### **Update on Transition to HPHC**

Paul Lazar, Michael Hurley, and Lauren McCallum, all introduced themselves. Michael and Lauren will be sharing management of the account. Michael will manage school accounts while Lauren will manage the Town accounts. Ms. McCallum added the transition is going well, noting that plans have been built, and work is underway to integrate with RxBenefits and Express Scripts. ID cards are scheduled to be mailed out in June. Ms. McCallum also noted that the Smart Start transition team at Harvard Pilgrim is ready for member phone calls to help with any issues during the transition.

Mr. LaFond asked if anything else needs to be said on the topic. Mr. Lombardi added that Harvard Pilgrim built 250 accounts for the group. NFP is working with Harvard Pilgrim on guidebooks for each member entity. NFP also continues to work with Harvard Pilgrim on open enrollment. Mr. Lombardi noted that NFP is currently working on an eligibility file transfer from HPI to Harvard Pilgrim. Summaries of Benefits and SBCs have been built and matched up with the pharmacy plan documents. All plan info will be included in the guidebooks and will be dispersed to the benefit coordinators in each group. NFP has a transition template, and enrollments will be compared to that template to ensure any changes are captured properly. Mr. Lombardi said the hardest remaining part will be addressing any member questions as the plans transition.

Ms. McCallum responded that Harvard Pilgrim is ready for member assistance and MSHG has been assigned the top priority phone line.

Andrew Powell asked if entities are conducting some forum for members. Ms. McCallum responded that Harvard Pilgrim is providing events as requested by the member entities and is happy to assist if more is needed. Mr. Powell stated that he will check with his communities to see if they need anything else.

### **Discussion Regarding Status of SwiftMD for FY 2026**

Ken Lombardi comments that Harvard Pilgrim has a telemedicine program included in their medical coverage and wants to ensure there is no duplication between that and the SwiftMD program. The group pays an additional charge to offer the SwiftMD program and NFP is looking to assess if it makes sense to continue or terminate the program. The Town of Franklin reached out to inquire about keeping the program. Mr. Lombardi added that NFP will do more work to assess this vendor.

Ms. McCallum mentioned that Doctor on Demand has urgent care and behavioral health care included at no additional charge. The only charge associated with the program is the claims cost. Ms. McCallum added that this program includes 24/7 access to urgent care visits in any state with the ability for those providers to write prescriptions. Members also have the ability to schedule a behavioral health visit. Ms. McCallum noted the average wait time for an urgent care visit is under 5 minutes.

Mr. Lombardi reiterated that NFP will continue to evaluate the best course of action for telemedicine for the group.

### **NFP Update on Stop-Loss and Pharmacy Benefit Marketing Contracts**

Eric Avrumson introduced Alex Stolzer to explain the pharmacy marketing. Mr. Avrumson pointed out MSHG has been with Express Scripts since the group was formed but moved to a new contract under management of RxBenefits on August 1, 2024, which resulted in larger rebates. NFP conducted an analysis to ensure the group was receiving the best pricing and terms without disruption to members. NFP received quotes from RxBenefits as well as carriers participating in the NFP coalitions. The renegotiated contract with RxBenefits resulted in savings of \$3.2 million in the form of additional discounts and better rebates. ESI also agreed to move the contract date to July 1, 2025, to re-align with the fiscal year and the Harvard Pilgrim implementation.



Ms. Gil asked if the quoting included examination of GLP-1 medications for weight loss. Ms. Gil highlighted the Abacus weight loss program in place which would provide coverage for members and provide protection against the rapidly accelerating claims costs.

Mr. Avrumson asked Kim Snow to comment on this. Ms. Snow explained that there was no analysis done on excluding these medications. Ms. Snow pointed to savings that could be achieved with clinical oversight of utilization if the group adopted the Protect program being proposed as part of the new contract. Ms. Snow added that excluding these medications could be done at some point in the future.

John Scholl asked if the group would allow each individual entity to make their own decision to exclude or continue offering these medications. Ms. Snow said RxBenefits would need to review to see if that was an option.

Michael Boynton commented that the group should proceed with caution as he feels removing these medications might be a bargaining issue. Mr. Boynton thanked NFP for their work. Mr. Boynton asked for a review of all vendors to ensure there are no duplications and that the group is achieving a meaningful ROI. Mr. Boynton asked if there could be work done to bargain for programs such as direct contracts for better rates with MRI vendors.

Mr. Avrumson said that those objectives are on the long-term strategy for MSHG once the group has been fully transitioned to Harvard Pilgrim.

Steven Lamarche added that he wants all decisions to be made for the entire group and not done by entity. Mr. Lamarche pointed out that Abacus or other programs could be used to provide access as a mandatory program and would show a strong ROI by mitigating claims costs.

Mr. Avrumson added that Ms. Snow was on the call to present the Protect program. Mr. LaFond asked if this could be pushed to the next meeting as the legal counsel for the group was on the call and they needed to move to the next agenda item. Mr. Avrumson said they could revisit this topic.

**Discussion and Possible Vote: Failure of the Town of Oxford, the Town of Acushnet, and Tri-County Regional Vocational Technical High School to take any of the steps required by the Board's March 26, 2025 notice to address their deficits related to payment of their claims.**

**Effective the date of the vote or any alternative date, the MSHG will stop paying claims, including pending claims, incurred by the Town of Oxford, Town of Acushnet, & Tri-County Regional Vocational High School**

Mr. LaFond introduced the legal counsel for the group, Leo Peloquin, to start the discussion. Mr. LaFond noted that he and Mr. Boynton had spoken with Mr. Peloquin on the topic of the departing members and asked him to provide his view on the topic. Before turning it over to Mr. Peloquin, Mr. LaFond added that this was not a debate, and the information was being provided to the group.

Mr. Peloquin gave his role as being brought in to interpret the obligations of all member entities of the group. Mr. Peloquin added that in his opinion this is a simple matter of a contractual relationship. Mr. Peloquin added that he does not see any dispute that there is a separate accounting process for each individual entity as backed by the language in the joint purchase agreement. The agreement shows that if you are a participant you are obligated to provide the money to the trust to pay all claims and administrative costs. All payments go into a trust but must be paid sufficiently by the member entities. Mr. Peloquin added the board is within authority to issue notice and require payments from these entities. Mr. Peloquin points to Article 9 Section G in the agreement as giving the Board the power to do what is necessary to enforce the contract. Mr. Peloquin adds that the Board has the ability to halt payment for any entity for which there are no funds to pay them.

Mr. Lafond asked about the agreement not making mention of halting claims payment. Mr. Peloquin responded that the agreement does not need to say this, again citing 9G in the agreement as giving the group the power to enforce payment. Mr. Peloquin added that the board doing anything less than using this power to seek payment would be a dereliction of their fiduciary responsibility to the group.

Mr. Boynton noted the Town of Oxford sent a letter to the group just prior to the meeting and asked the Town to comment on it. Mr. LaFond again added that this is not a debate. Justin Leduc said Oxford raised their premiums by 32% in the middle of the plan year to address their deficit position. Mr. Leduc added the joint purchase agreement has a timeline on the payment of costs beyond the end of the plan year to reconcile any costs and to ensure the financials are audited. Mr. Leduc said Oxford fully intends to pay their costs but does not agree with being forced to pay an amount based on a snapshot in the middle of the plan year.

Mr. Boynton commented that the interpretation of Mr. Peloquin is spot on adding that MSHG is unique in each entity having their own plan and paying their own costs. Mr. Boynton added this agreement makes it so any entity joining knows they are required to pay their own costs and are obligated to stay as current as possible with making payments to not carry a deficit position. Mr. Boynton also noted that the group is being flexible with members by allowing those who remain in the group up to 3 years to repay their deficit amounts. Mr. Boynton claimed the agreement does not have a clause for members departing in a deficit position because it was never envisioned any entity would depart while in a deficit position and the group is looking to resolve this without pursuing legal action. Mr. Boynton credits the Town of Douglas, CES, and Tri-County for handling their departure and deficit by working with NFP on their funding positions.

Mr. LaFond said Mr. Peloquin addressed the issue, and the agreement says the Town owes their costs and is not able to just pick and choose which parts of the contract terms apply. Mr. LaFond added that it is a matter of fairness to the taxpayers in the communities that are carrying the costs to cover the deficits of the communities in a deficit.

Steven Lamarche noted that the adjustment in rates is already being reflected in the financials and thus far it has not been adequate in addressing the deficit position of the Town.

Mr. LaFond said that the Board voting to halt claims payment would not be a big deal because it would be the entity's lack of funds that would be causing the claims not to be paid and each entity is responsible for funding their own claims.

Mr. LaFond noted that Tri-County reached out to NFP in good faith to discuss some payment of the deficit amount while Oxford and Acushnet had not made any such effort.

Mr. Leduc said he did have a discussion with NFP where Oxford was provided with an updated amount due for the Town. Mr. LaFond responded that asking questions does not constitute working to resolve the deficit.

Art Scott asked about the exclusion of CES from this list when they were sent the same letter and did not reach out to NFP to work on any payments. Mr. Boynton responded that CES was not in a deficit position. Marianna Gil asked if IBNR is being included or not as the IBNR was included to put CES in a deficit position and the letter sent last month was based on that amount. Mr. LaFond again noted this is not a debate.

Anthony Lively joined and pointed out that he is aware of conflicting legal opinions on the move and noted halting claims payments would directly impact patient care. He added that if there is a misinterpretation of the agreement by Mr. Peloquin it could result in liability for the group if members have any adverse medical outcomes as a result of the move. Mr. LaFond responded that he welcomes any of those entities to fund their own claims without going through MSHG and asked Mr. Peloquin to comment. Mr. Peloquin stated that Mr. LaFond is correct. Mr. Peloquin



noted each entity is the one responsible for making payment of their expenses so the individual entity is the one who would be liable for any outcomes.

Ms. Gil noted the terms of the agreement already discuss handling run-out costs and deficits and asked if the group should be issuing deficit payment notices to the remaining members of the group as well. Mr. LaFond responded that Mr. Peloquin is the only one permitted to comment on the contract.

Mr. Boynton added the group has established deficit payment guidelines for the remaining members, which is fair and consistent to all parties. Mr. Boynton commented that he is not in favor of voting to suspend claims payment today but asked for resolution by May 15 or his opinion may change.

Mr. Lombardi noted that some remaining entities are working with NFP on plans to make payments to address their deficit positions.

Mr. LaFond asked Mr. Leduc what his thoughts are on Oxford remedying their deficit. Mr. Leduc pointed to the rate increase as closing the deficit over the remainder of the fiscal year, adding the Town intends to make a payment once a real figure can be identified at the end of the plan year. Mr. LaFond responded that was inadequate as it did not include a minimum payment discussion with NFP. Mr. Leduc said he will be in touch with NFP on updated figures.

No vote was taken on the matter.

### **Return to Discussion on NFP Stop-Loss and Pharmacy Benefit Manager Contracts**

The meeting resumed discussion on the stop-loss and pharmacy benefit manager marketing by NFP. Mr. Avrumson commented that stop-loss would be presented at the next meeting and asked RxBenefits to present the rest of the pharmacy renewal and the Protect program.

Alex McNamara of RxBenefits was introduced to present the Protect program. This program moves clinical review of all prescriptions under RxBenefits instead of Express Scripts. Mr. McNamara said PBMs are using algorithms to handle reviews instead of having individuals do an actual review. This program focuses on clinical management to eliminate improper use and waste. The prior approval process would be the same as current but would include a new level of scrutiny to ensure proper utilization. Mr. McNamara added this program would review GLP-1 use to ensure they are used properly, and costs are effectively managed. The program also identifies opportunities to intervene and steer members to lower cost options.

Mr. McNamara highlighted the program removes low clinical value, high-cost medications from the formulary. The program also includes independent review of prior authorizations. These factors are projected to result in a savings of \$1.7 million.

Mr. McNamara noted the program has an easy user interface and member calls are routed to a customer service agent with no phone tree to navigate. The program also has a timeframe of a PA review within 24 hours.

Mr. McNamara added that a review of data from FY21 through FY24 showed estimated savings of \$20 per member per month over time. Mr. McNamara added that 6.4% of members would be potentially impacted with a review if this program was adopted.

Michael Boynton asked for a review of all medication utilized by the entire group to ensure proper utilization. Mr. Boynton also added he would like some medications to trigger an automatic review. Ms. Snow responded that the program does review medications to ensure use consistent with FDA guidelines for the prescribed disease state. Ms. Snow added this would review proper use of GLP-1s.

Marianna Gil asked why the example given of a member utilizing Ozempic would be any different under this proposed program than the in-force benefits as the PA would be denied on the current plan for not meeting the medical criteria for use. Ms. Snow responded that review monitors any improper utilization and BMI is reviewed for ongoing access to weight loss medication.

Michael Boynton motioned to adopt the Protect plan and the RxBenefits renewal effective July 1, 2025 and a follow up agenda item be added to discuss GLP-1 medication access. Steven Lamarche seconded the motion.

Motion
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Mr. Lamarche asked if there is a cost. Ms. Snow responded the cost is approximately \$1 per claim and would change the next couple years. Ms. Snow cited a 3 to 1 ROI guarantee provided to the group.

There was a roll call vote.

Town of Abington – Yes  
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  
Valley Trust (Salisbury & Merrimac) – Yes  
Spencer East Brookfield RSD – Yes  
Town of Templeton – Yes  
Tri-County – Yes  
Town of Webster – Yes

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

There were no additional topics to discuss at this meeting.

### **Next Meeting**

The next meeting was scheduled for Tuesday, May 27<sup>th</sup>, 2025, at 1 p.m. Mr. LaFond notes there may be a need for a meeting prior to that date depending on any deficit payment discussions with NFP.

Michael Boynton motioned to adjourn the meeting. Steven Lamarche seconded the motion. The motion passed via unanimous consent.

Motion
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The meeting adjourned at 3:04 p.m.

*Submitted by  
Patrick Flattery  
Gallagher Benefit Services*