



Janet T. Mills  
Governor

**STATE OF MAINE**  
**STATE EMPLOYEE HEALTH COMMISSION**  
**61 State House Station**  
**Augusta, ME 04333-0061**

Jonathan French  
*Labor Member, Co-Chair*

Michael Dunn  
*Management Member, Co-Chair*

STATE EMPLOYEE HEALTH COMMISSION MEETING

**Thursday, November 20, 2025 @ 8:30am**

**Microsoft Teams Meeting**

Governor Hill Mansion  
136 State Street  
Augusta, ME 04330

Commission Members in Attendance: Olivia Alford, Lynn Clark, Michael Dunn, Jonathan French, Michael Frost, Joan Hanscom, Christopher Ike, Rebekah Koroski, Shonna Poulin-Gutierrez, Kim Vigue, and Frank Wiltuck.  
(Total = 11)

Commission Members Absent: Lois Baxter, Claire Bell, Cecile Champagne-Thompson, Kelly John, Danielle Murphy, Doris Parenteau, Heidi Pugliese, Joanne Rawlings-Sekunda, and Nathaniel Zmek.

Vacant Seat(s): 5

Others Present: Paige Fortin, Devon French, Charles Luce, Nathan Morse, Neva Parsons and Emma-Lee St. Germain – The Office of Employee Health, Wellness, and Workers’ Compensation; Kevin Fenton – Aetna; Kathy Caiazzo Becky Craigue, Nicole Schmidt, Kristine Ossenfort, Lori Fecteau and Kristin Poulin – MCD Global Health; Avni Dosh and Laura Kayvonfar – Capital Rx; Felicia Chin, Kim Comisar, Amy Deschaines, Kim Greenberg and Amanda McKenzie – Lockton; Lisa Nolan and Trevor Putnoky – Health Purchasers Alliance; Laura Robert – Sunlife; Meg Garratt-Reed, Ceilidh Shea and Katherine Senechal – Office of Affordable Health Care; William Savage – Department of the Attorney General; and Laurie Doucette – Guest

Agenda Item	Discussion	Action/Next Steps
<b>I. Call Meeting to Order (8:38 am)</b>	<b>Labor Member, Jonathan French</b> called the meeting to order.	
<b>II. Introductions</b>		
<b>III. Review and Approval of Minutes (October 16, 2025)</b>		<b>Labor Member, Rebekah Koroski</b> made a motion to approve the October 16, 2025, minutes. <b>Labor Member, Joan Hanscom</b> seconded the motion.



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**Management Member, Lynn Clark** abstained. Motion approved.

**IV. Recurring Monthly Business**

**a. Employee Health and Wellness Highlights – The Office of Employee Health, Wellness, and Workers’ Compensation**

Information contained in written report; highlights and discussion noted below:

**Wellness Highlights –**

- 2026 Wellness Wallet Pilot Program Lifestyle Spending Account (LSA): The 2,076 enrolment applications for the Wellness Wallet program are being validated for eligibility. Eligibility requires a primary subscriber or dual contract member on the health plan to complete the 2025 and/or the 2026 Health Premium Credit Program (HPCP) requirements by October 31, 2025. The 2026 Wellness Wallet Program Pilot runs from January 5 through December 15, 2026, and enrolled members are eligible to receive up to a \$200 subsidy for eligible health, wellness, wellbeing and lifestyle expense reimbursements for calendar year 2026.
- 2026 Health Premium Credit Program (HPCP): There were more than 1,000 subscribers who have completed the 2026 Health Premium Credit Program requirements, but as of November 17th there have been 2,051 active primary subscribers who have completed the requirements. The Wellness Wallet open enrollment helped to increase program completion by the end of October.

**Communication Highlights –**

- 2026 Wellness Wallet Program: Postcards were mailed to all active health plan subscribers and an email was sent to all active employees in October to promote the 2026 Health Credit Premium Program. Communications included website updates and a Constant Contact email.
- 2026 Flexible Spending Accounts (FSA) Program: An email was distributed to all active employees in late October to announce the open enrollment dates for the 2026 Flexible Spending Account program. The website was updated in late October with information on contribution and rollover limits and enrollment instructions.



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- Constant Contact: The following campaigns have been sent to one or more of the State of Maine groups in October: Breast Cancer Awareness Month (14,502 Recipients, 48% Click Rate, 1% Open Rate), Wellness Wallet Open Enrollment (12,043 Recipients, 53% Open Rate, 5% Click Rate), Emotional Wellness Month (14,752 Recipients, 43% Open Rate, 1% Click Rate), and Attention Deficit Hyperactivity Disorder (ADHD) Awareness Month (14,729 Recipients, 50% Open Rate, 1% Click Rate). Please note that the Book of Business Open Rate is 50%, and the Book of Business Click Rate is 3%.

**General Reminders –**

- Since the transition to PRISM, our new Human Resources Management System, staffing has been temporarily shifted to better address operational needs.
- Plan Design meetings will be scheduled shortly, with the first one slated for December 9.
- A replacement for the vacant Benefits Specialist position will be hired.

**b. Committee Updates - Chair**

There is a Plan Design Committee meeting scheduled for December 9 at noon.

**V. QUARTERLY PLAN UPDATES**

**a. Plan Experience Summary- Active Medical and Dental – Lockton**

Information contained in written report; highlights and discussion noted below:

- Medical: Looking at claims through September 2025, Medical has a \$7M surplus. A very significant quarterly pharmacy rebate, close to \$12M, was received in September, which is impacting on the loss ratio. For September Medical ran at 61.6% which is due to this rebate. If this rebate had not been received the loss ratio would have been 109%. Anything over 100% means more in being paid out more in claims than was budgeted. For the first three months of the plan year, Medical is under budget at 90.2%.

High-Cost Claimants (HCCs) are tracked for both Medical and Pharmacy to monitor progress toward the individual stop loss limit of \$750K. For these

Lockton will provide year-over-year High-Cost Claimants report to **Management Member, Shonna Poulin-Gutierrez** to share with the Commission members.



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members there is stop loss insurance with Sunlight which picks up claims over \$750K. Two claimants have surpassed the \$750K limit, with one member at \$500K, so there’s significant High-Cost Claimant activity. Seeing more activity at those levels will impact stop loss insurance renewal, so this will be addressed by Lockton’s clinical team reviewing these claimants and providing projections for actuary to determine a placeholder in the budget. Generally, more activity for High-Cost Claimants is being seen and it’s not uncommon to have million-dollar claimants. Inflation, the high cost of drugs, gene therapy, the ripple effect from COVID when members weren’t seeking preventive care resulting in more complex cancers, as well as cancers in younger members are driving this trend.

As requested, Lockton has separated out the 13,420 active members and the 1,452 retiree members for this report. Active members are running at 86.4% versus retirees at 140%, which is over budget.

- Dental: The Delta Dental plan is running at a surplus of \$200K, which is a 91% loss ratio. This means that claims are less than what was budgeted year-to-date, but the plan year is still only three months in.

**b. State of Maine Health Plan-  
Quarterly Update – Capital  
Rx**

Information contained in written report; highlights and discussion noted below:

**Full Population Utilization –**

- Utilization Summary: Data is derived from claims between 7/1/2025 to 9/30/2025. There were 69,085 claims for a plan pay of \$22,854,892 with a gross cost per claim of \$350.57. Plan pay by drug classification was \$1M Generic, \$12M Brand and \$10M Specialty with the top five drug classes being Anti-Obesity Agents at \$4.3M, Incretin Memetic Agents at \$2.5M, Antipsoriatics at \$2.1M, Anti-TNF-alpha-Monoclonal Antibodies at \$1.3M and Antineoplastic Enzyme Inhibitors at \$1M.
- Drug Classification Summary: The percentage of utilizers using Generic drugs was 94.5% at \$29 per claim. Brand drug utilizers were 36.1% at \$950 per claim and Specialty drug utilizers were 3.3% at \$9,391 per claim.



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- Top Drugs by Plan Spend (All Drugs Non-Specialty and Specialty):  
The top 10 drugs by plan spend were Zepbound at a gross cost of \$2.3M, Wegovy at \$2.2M, Stelara at \$1.3M, Humira (2 Pen) at \$1.2M, Mounjaro at \$1M, Trikafta at \$627K, Jardiance at \$612K, Dupixent at \$573K, Ozempic (2 mg/dose) at \$485K and Skyrizi at \$433K.
- Pharmacy Channel Summary: Specialty mail plan pay had a \$9,391 gross cost per claim while Mail Order had a cost per claim of \$223. Retail spend per claim was \$205.
- Member Utilization Drill Down: Analysis of gross spend by age and gender revealed that for utilizers under 21 years of age, 3.5% were female and 2.3% male. For ages 21-35, 9.7% were female and 3.3% male. For ages 35-50, 16.8% were female and 8.0% male. For ages 51-65, 27.4% were female and 20.9% male and for ages 65 and over 3.7% were female and 4.3 were male. Of the \$24.2 gross spend, subscribers were 71.9%, spouses were 20.2% and children were 8.0%.

**Active Population Utilization –**

- Utilization Summary: Data is derived from claims between 7/1/2025 to 9/30/2025. There were 61,993 claims for a plan pay of \$20,477,863 with a gross cost per claim of \$350.11. Plan pay by drug classification was \$927K Generic, \$10.6M Brand and \$8.9M Specialty with the top five drug classes being Anti-Obesity Agents at \$4.1M, Incretin Memetic Agents at \$2.2M, Antipsoriatics at \$1.9M, Anti-TNF-alpha-Monoclonal Antibodies at \$1.2M and Antineoplastic Enzyme Inhibitors at \$808K.
- Drug Classification Summary: The percentage of utilizers using Generic drugs was 94.2% at \$30 per claim. Brand drug utilizers were 35.7% at \$939 per claim and Specialty drug utilizers were 3.2% at \$9,611 per claim.



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- Top Drugs by Plan Spend (All Drugs Non-Specialty and Specialty): The top 10 drugs by plan spend were Zepbound at a gross cost of \$2.2M, Wegovy at \$2M, Stelara at \$1.2M, Humira (2 Pen) at \$1.1M, Mounjaro at \$968K, Trikafta at \$627K, Dupixent at \$566K, Jardiance at \$520K, Ozempic (2 mg/dose) at \$443K and Skyrizi Pen at \$384K.

**Retiree Population Utilization –**

- Utilization Summary: Data is derived from claims between 7/1/2025 to 9/30/2025. There were 7,092 claims for a plan pay of \$2,377,029 with a gross cost per claim of \$354.64. Plan pay by drug classification was \$90K Generic, \$1.1M Brand and \$1.1M Specialty with the top five drug classes being Incretin Memetic Agents at \$294K, Antineoplastic Enzyme Inhibitors at \$216K, Antipsoriatics at \$205K, Anti-Obesity Agents at \$203K and Inflammatory Bowel Agents at \$203K.
- Drug Classification Summary: The percentage of utilizers using Generic drugs was 97.0% at \$26 per claim. Brand drug utilizers were 40.6% at \$1,060 per claim and Specialty drug utilizers were 4.5% at \$7,946 per claim.
- Top Drugs by Plan Spend (All Drugs Non-Specialty and Specialty): The top 10 drugs by plan spend were Skyrizi at \$130K, Stelara at \$112K, Wegovy at \$110K, Mounjaro at \$103K, Zepbound at \$97K, Jardiance at \$92K, Eliquis at \$76K, Ozempic (2mg/dose) at \$73K, Kesimpta at \$73K, and Humira (2 Pen) at \$66K.

**Clinical Overview-Full Population –**

- Prior Authorization Summary: Of 2,012 Prior Authorization cases, 1,380 were approved, which is an approval rate of 69%, while 632 were denied, which is a denial rate of 31%. Of those denials, 27 were an Excluded Benefit, which are specific drugs or categories of drugs not covered by the plan while 604 were not considered a Medical Necessity, which means the member didn't meet the clinical parameters required for a product not covered by the plan. One denial was due to missing information. The appeal rate for Prior Authorizations was 5% and the turnaround time (TAT) averaged 27 hours.



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- Diabetes Drugs: Opportunity Analysis: For 1,817 unique utilizers there was a claim count of 4,548 for a plan pay of \$3,883,075, which is a Per Member Per Month cost of \$48.32. By drug administration type, 76.4% was for injectable medications, while 23.6% was for oral medications.
- Glucagon-like peptide-1 (GLP-1) Agonists: Opportunity Analysis: For 915 unique utilizers there was a claim count of 2,058 for a plan pay of \$2,564,831, which is a Per Member Per Month cost of \$31.92.
- Weight-Loss Drugs: Opportunity Analysis: For 1,515 unique utilizers there were 3,788 claims for a plan pay of \$4,311,216, which is a Per Member Per Month cost of \$53.65. The top five weight loss drugs by plan pay were Zepbound with 848 unique utilizers and a plan pay of \$2.2M, Wegovy with 648 unique utilizers and a plan pay of \$2M, Saxenda with 8 unique utilizers and a plan pay of \$17K, Osymia with 6 unique utilizers and a plan pay of \$866, and Phentermine-Topiramate ER with 3 unique utilizers and a plan pay of \$414.
- Award-Winning Customer Service: The average time for a member to speak to a pharmacist is 8 seconds with the average time to speak to a customer service representative is 18 seconds. Year-to-date, first call resolution of an issue is 95% and 91% of representatives are certified pharmacy technicians.

**Biosimilars –**

- The formulary is moving to biosimilars on January 1, 2026, for State of Maine members. Member letters announcing the transition were sent in October and prescribers received faxes, so everyone was appropriately notified. Members will not need new Prior Authorizations. The savings up front on biosimilars means lower rebates but results in more savings overall.



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**VI. SEMI- ANNUAL UPDATES**

There are no Semi-Annual updates.

**VII. OTHER BUSINESS**

**a. Confidentiality Agreement**

The agreement to give SEHC members access to documents and contracts, as well as for Protected Health Information, will be combined with the Confidentiality agreement and will be available in January.

**Management Member, Olivia Alford** made a motion to enter Executive Session. **Management Member, Lynn Clark** seconded the motion. Executive Session started at 9:35 am and ended at 9:52.

**b. Executive Session**

**c. Open Discussion**

The December State Employee Health Commission meeting is cancelled.

**VIII. MOTION TO ADJOURN**

**VIII. Adjourn Meeting (9:55 am)**

**Management Member, Olivia Alford** made a motion to adjourn. **Management Member, Lynn Clark** seconded the motion. Motion approved.

2025 meeting schedule available at [www.maine.gov/bhr/oeH](http://www.maine.gov/bhr/oeH)