



## Notice of Annual Membership Meeting

To: All Members of New Hampshire Individual Health Plan Benefit Association (New Hampshire Health Plan)

You are cordially invited to attend the Annual Meeting of Members of the New Hampshire Health Plan (NHHP) to be held at 9:30 a.m. (EST) on Thursday, June 6, 2024. To encourage participation and reduce costs, the meeting will be held by videoconference. If you wish to participate, please notify the Executive Director as directed in the footnote to this Notice for a Zoom invitation. Whether or not you plan to attend, **if you receive a lilac proxy card with this mailing, please sign and send it back** by return mail to NHHP, One Pillsbury Street, Suite 200, Concord, NH 03301 or scan and email an electronic copy back to NHHP at [emeagher@helmsco.com](mailto:emeagher@helmsco.com).

At this meeting, eligible members will vote to elect members of the Board of Directors of NHHP. RSA 404-G mandates that a member's votes for individual or group / stop-loss market representatives be proportional to the member's assessment in that market. NHHP's Bylaws provide that the number of votes each member shall be entitled to cast shall be in proportion to covered lives in the relevant market for the reporting cycle in the third quarter of the year preceding the year of the vote. The number of votes that you are entitled to cast as a Qualified Group Writer / Stop-Loss Carrier, a Qualified Individual Writer, or both, is reflected on the enclosed proxy card.<sup>1</sup> Note that no votes are authorized unless you provide coverage for at least (i) 500 covered lives or (ii) 5% of the relevant market (see RSA 404-G:4, IV). **In the event that your market shares would produce zero votes for both markets, there will be no proxy card enclosed with this mailing.**

NHHP's Board of Directors nominated the following to represent the interests of the Group Carriers / Stop-Loss Carriers: (1) Steve Phillips of Anthem Blue Cross Blue Shield, (2) Elaine Koskela of CIGNA HealthCare, (3) Kathryn Skouteris of Harvard Pilgrim Health Care of New England, (4) Gregg Daly of United Healthcare (5) Vacant. The Board anticipates that Anthem and Harvard Pilgrim will be moved to a hybrid category as required by RSA 404-G:4, V(b)(1), thereby opening two additional group member seats. Therefore, it has nominated four individuals for the group / stop-loss category. Additionally, the Board of Directors nominated the following to represent the interests of the Individual Carriers: Christopher Kennedy of NH Healthy Families.

You will note that NHHP has a vacant group / stop-loss Board seat. Significant effort has been made to identify a willing new board member. As of the date of this letter, we have not found a replacement for a departing member. If someone in your organization is interested in serving, please contact J. Michael Degnan, Executive Director, at (603) 496-4885 at your earliest convenience.

You are urged to carefully review this notice and the enclosed proxy card. The proxy card asks that you select one of the three options printed for each of the two elections to be held: (1) "YES" to authorize your proxy to cast your votes; (2) "NO" to instruct your proxy not to vote; (3) "ABSTAIN" to instruct your proxy to abstain from voting in the Board election. The Board recommends that you check a "YES" for both elections. The Board is presently aware of no other business to come before the Annual Meeting of Members.

No action can be taken at a meeting of NHHP members unless a quorum of members is present in person or by proxy. NHHP's governance documents state that a majority of the voting power of members entitled to vote from each of the two classes of members represented in person or by proxy shall constitute a quorum at a meeting of members. If you attend the annual meeting, you may revoke any previously mailed proxy and vote in person.

**It is important that all votes be represented at the Annual Meeting, whether or not you are able to attend in person. Therefore, if a proxy card is enclosed, you are urged to complete, sign, date, and return it today.**

Sincerely,

Martha McLeod  
Secretary

<sup>1</sup>If you have any questions about the number of votes shown on your proxy card, please contact J. Michael Degnan ([jmdegnan@helmsco.com](mailto:jmdegnan@helmsco.com)) or Erin Meagher ([emeagher@helmsco.com](mailto:emeagher@helmsco.com)) at Helms & Co., Inc. Their office number is (603) 223-NHHP (6447).

**NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION**

**c/o Helms & Company, Inc.  
1 Pillsbury Street, Suite 200  
Concord, NH 03301**

**PROXY**

THIS PROXY IS SOLICITED ON BEHALF OF THE BOARD OF DIRECTORS OF THE NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION (“ASSOCIATION”), ALSO KNOWN AS THE NEW HAMPSHIRE HEALTH PLAN, FOR THE 2024 ANNUAL MEETING OF THE MEMBERS OF THE ASSOCIATION.

The undersigned member of the Association hereby appoints Kathryn Skouteris and Christopher Kennedy, or either one acting alone, as “Proxies,” each with the power to appoint a substitute, and hereby authorizes them to represent and to vote and act for the undersigned at the Annual Meeting of Members of the Association to be held on Thursday, June 6, 2024 at 9:30 a.m. (EST), via videoconference, and at any adjournment, continuation or postponement thereof, according to the number of votes which the undersigned is entitled to cast as indicated on the reverse of this card. This Proxy revokes all prior Proxies given by the undersigned. The undersigned acknowledges receipt of the *Notice of Annual Membership Meeting*.

All powers may be exercised by both of said Proxies or substitutes voting or acting or, if only one votes and acts, then by that one. Unless otherwise marked, the undersigned instructs such Proxies or their substitutes to vote for the members of the Board of Directors as specified below.

|   |  |
|---|--|
| <b>THE MEMBER APPOINTING THIS PROXY IS ENTITLED TO THE NUMBER OF VOTES, BY CLASS, AS LISTED FOR EACH CARRIER NAMED:</b> | <b>Carrier 1:</b><br>NAIC-Group No. <u>XXXXX-XXXX</u><br>Individual Lives: _____<br>Group+Group Stop Loss Lives: _____ |
| <b>Carrier 2:</b><br>NAIC-Group No. <u>XXXXX-XXXX</u><br>Individual Lives: _____<br>Group+Group Stop Loss Lives: _____  | <b>Carrier 3:</b><br>NAIC-Group No. <u>XXXXX-XXXX</u><br>Individual Lives: _____<br>Group+Group Stop Loss Lives: _____ |

THIS PROXY, WHEN PROPERLY EXECUTED WILL BE VOTED IN THE MANNER DIRECTED HEREIN BY THE UNDERSIGNED MEMBER AND AT THE DISCRETION OF THE PROXY HOLDERS AS TO ANY OTHER BUSINESS THAT MAY PROPERLY COME BEFORE THE MEETING. PLEASE MARK YOUR INSTRUCTIONS WITH AN “X.”

1. AUTHORIZATION TO CAST ALL VOTES IN FAVOR OF THE BOARD’S NOMINEES TO REPRESENT WRITERS OF GROUP HEALTH INSURANCE / STOP-LOSS CARRIERS Due to one vacant Board seat, I hereby authorize my Proxies to cast 25% of my votes for the representatives of Qualified Group Health Insurance in favor of Steve Phillips of ANTHEM, cast 25% of my votes for the representatives of Qualified Group Health Insurance in favor of Elaine Koskela of CIGNA, cast 25% of my votes for the representatives of Qualified Group Health Insurance in favor of Kathryn Skouteris of HARVARD PILGRIM, cast 25% of my votes for the representative of Qualified Group Health Insurance in favor of Gregg Daly of UNITED HEALTHCARE.

YES  NO  ABSTAIN

2. AUTHORIZATION TO CAST ALL VOTES IN FAVOR OF THE BOARD’S NOMINEES TO REPRESENT WRITERS OF INDIVIDUAL HEALTH INSURANCE. I hereby authorize my Proxies to cast 100% of my votes for the representatives of Qualified Individual Health Insurance in favor of Christopher Kennedy of NH HEALTHY FAMILIES.

YES  NO  ABSTAIN

3. In their discretion, the proxies are authorized to vote upon such other business as may properly come before the meeting.

**Please sign in full corporate name by president or other authorized corporate officer.**

Dated: \_\_\_\_\_ 2024 \_\_\_\_\_  
Signature Name (please print) Title (print)

**PLEASE MARK, SIGN, DATE, & RETURN THIS PROXY CARD PROMPTLY. MAIL TO HELMS & CO., INC. OR SCAN & EMAIL TO [emeagher@helmsco.com](mailto:emeagher@helmsco.com). VOTE MUST BE INDICATED (X) IN BLACK OR BLUE INK.**