

# Gateway

BMED FUND



GATEWAY REGIONAL HEALTH INSURANCE FUND

## AGENDA AND REPORTS

JANUARY 28, 2020  
FRANKLIN LAKES  
480 DEKORTE DRIVE  
FRANKLIN LAKES, NJ 07417  
12:00 PM

**OPEN PUBLIC MEETINGS ACT** - In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. sending sufficient notice to **The Record**, Hackensack, NJ
- II. filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III. posting notice on the Public Bulletin Board of all member municipalities.

## DIRECTIONS

Franklin Lakes Borough  
480 DeKorte Drive  
Franklin Lakes, NJ 07417

From South Bergen: Take Rt. 208 to Ewing Exit towards Franklin lakes/Bergen County 507. Turn Right onto Ewing Ave, then left onto Franklin Ave, then right onto DeKorte Drive. Destination will be on the right.

From West: Take 287 North to Rt. 208 S. Take Summit Ave/Franklin Lakes exit and turn left toward Summit Ave. Turn left onto Franklin Ave and right onto DeKorte Drive. Destination will be on the right

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
 AGENDA MEETING: JANUARY 28, 2020  
 FRANKLIN LAKES BOROUGH  
 12:00 P.M.**

**SINE DIE MEETING**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**PLEDGE OF ALLEGENCE**

**ROLL CALL OF 2019 EXECUTIVE COMMITTEE**

**APPROVAL OF MINUTES:** October 22, 2019 Open..... Appendix I  
 December 20, 2019 Open..... Appendix II

**ADJOURN SINE DIE MEETING - Chairs vacated - Chair asks Executive Director to run meeting.**

Member	Fund Commissioner
Alpine	Paul Tomasko
Carlstadt	Joseph Crifasi
Carlstadt Board of Education	
East Rutherford	John Hansen
East Rutherford Board of Education	Mark Kramer
Edgewater	Gregory Franz
Emerson	Robert Hoffman
Fairfield	Joseph Catenaro
Fairfield BOE	Lyanna Rios
Franklin Lakes	Gregory Hart
Ft. Lee	Alfred Restaino
Hillsdale	Jonathan DeJoseph
Lodi	Vincent Caruso
Maywood Borough	Roberta Stern
Mine Hill	Katelyn Wild
Montvale	Timothy Lane
Moonachie	Anthony Ciannamea
North Arlington	
Oakland	Richard Kunze
Park Ridge	Julie Falkenstern
Ridgefield Park	Hugo Poli
Rochelle Park	Robert Davison
Rutherford	Robert Kakoleski
Saddle River	Jerry Giaimis
South Hackensack	Donan Gambutti
Verona	Matthew Cavallo
Wallington	Khaldoun Androwis
Wanaque Valley Regional S.A.	Frank Covelli
Westwood	Jon Birkner
Wood-Ridge	Dominick Azzolini

**MEETING OF 2019 FUND COMMISSIONERS CALLED TO ORDER - ROLL CALL OF 2019 FUND COMMISSIONERS**

**Current Slate**

Gregory Hart, Chair  
Richard Kunze, Secretary  
Hugo Poli, Executive Committee  
Joseph Catenaro, Executive Committee  
Gregory Franz, Executive Committee  
Donna Gambutti, Executive Committee  
Jerry Giaimis, Executive Committee  
Matthew Cavallo, Executive Committee Alternate  
Bob Kakoleski, Executive Committee Alternate

**ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES**

Executive Director asks for Nominating Committee to provide nominations. Attorney swears in officers and Executive Committee.

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2020 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**EXECUTIVE DIRECTOR - PERMA - Paul Laracy**

Executive Director's Report .....Page 1

**BENEFITS CONSULTANT REPORT - Jozsef Pfeiffer**

Conner Strong & Buckelew.....Page 6

**ATTORNEY - Russell Huntington, Esq.**

**TREASURER - Joseph Iannaconi**

Voucher List November 2019 .....Page 10

Voucher List December 2019 .....Page 14

Voucher List January 2020 (Resolution 13-20)..... TBD

Treasurers Report December 2019.....Page 18

Confirmation of Claims Paid/Certification of Transfers

**BOARD ADVISOR - Clark LaMendola**

**WELLNESS COORDINATOR - Diane McLean**

**THIRD PARTY ADMINISTRATOR - Aetna**

Monthly Report .....Page 21

**PRESCRIPTION PROVIDER - Express Scripts - Kyle Colalillo**  
Monthly Report.....**Page 27**

**DENTAL ADMINISTRATOR - Delta Dental - Kim White**

**CONSENT AGENDA** .....Page 29

Resolution 1-20: Awarding Professional Fees for 2020.....Page 30  
Resolution 2-20: EUS Contract Award .....Page 32  
Resolution 3-20: Designation of Service of Process.....Page 36  
Resolution 4-20: Designation of Secretary as Custodian of Records .....Page 37  
Resolution 5-20: Designation of Official Newspaper.....Page 38  
Resolution 6-20: Designation of Regular Meeting Times and Place .....Page 39  
Resolution 7-20: Designation of Bank Depositories & CMP .....Page 40  
Resolution 8-20: Designation of Authorized Signatories .....Page 44  
Resolution 9-20: Approval of 2020 Risk Management Plan .....Page 45  
Resolution 10-20: Compensating Producers .....Page 54  
Resolution 11-20: Appointment of MRHIF Commissioners .....Page 56  
Resolution 12-20: Authorizing Treasurer to Process  
Payments and Expenses.....Page 57  
Resolution 13-20: Authorization of November 2019, December 2019 and  
January 2020 Bills Lists.....Page 58

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**

**Bergen Municipal Employee Benefits Fund  
Executive Director's Report  
January 28, 2020**

**FINANCE AND OPERATIONS**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** as of November 30, 2019 (page 3)
  - **Historical Income Statement**
  - **Ratios and Indices Report**

**2020 REORGANIZATION**

The Reorganization resolutions are included in the consent agenda for approval. Please note the following:

- #6-20 – This resolution sets the meeting dates for 2020
- #8-20 – Current Signatories – Gregory Hart, Gregory Franz, Richard Kunze and Fund Treasurer
- #9-20 – RMP – Note the changes to the specific attachment point (+\$25,000) and the elimination of aggregate coverage.
- #11-20 – Current MRHIF representatives are Richard Kunze and Gregory Hart. Need to elect for 2020

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

MRHIF met twice in December and acted upon the following items.

1. MRHIF unanimously adopted the 2020 Budget at an overall billing **decrease** of 7.18%. Each member's renewal was impacted by prior experience.
2. PERMA will be working with the Fund Lobbyist to require the commercial marketplace to release claims experience to public entities.
3. RFPs were released for PBM Consultant and Marketing Consultant
4. The Reinsurance Contract has been approved with the attachment points to be approved at each local level.

**2020 COMMITTEE APPOINTMENTS**

Below are the standing Committees that were appointed in 2019. If a Commissioner is interested in joining a committee, please reach out to Emily Koval.

<b>Claims Committee</b>	<b>Wellness Committee</b>	<b>Finance and Operations Committee</b>	<b>Strategic Planning Committee</b>
Donna Gambutti	Gregory Franz	Richard Kunze	Gregory Hart
Hugo Poli	Gregory Hart	Matthew Cavallo	Gregory Franz
Open	Donna Gambutti	Open	Richard Kunze

## WELLNESS AND STRATEGIC PLANNING MEETING

A dual meeting of the Wellness and Strategic planning committees occurred in early December. Minutes from these meetings are included in Appendix III.

## INDEMNITY AND TRUST AGREEMENTS

In November 2019 PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing body to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements due by December 31, 2019 and older. Please reach out to PERMA (kkamprath@permainc.com) for a blank form to be executed. The list was last updated on December 19, 2019.

	MEMBER	I & T end date
	BOROUGH OF EAST RUTHERFORD	12/31/2017
	EAST RUTHERFORD BOARD OF ED	12/31/2017
	BOROUGH OF CARLSTADT	12/31/2017
	BOROUGH OF MONTVALE	12/31/2019
	BOROUGH OF MOONACHIE	12/31/2018
	BOROUGH OF NORTH ARLINGTON	12/31/2018
	BOROUGH OF WOOD-RIDGE	12/31/2018
	BOROUGH OF PARK RIDGE	12/31/2019

## METROPOLITAN HIF STATUS

Belleville is considering an offer to join BMED for Medicare Advantage only. Up to 270 retirees would be included. This would be in addition to entities that have already joined for this purpose: East Orange and Irvington.

The City of Orange continues to express interest in joining for all lines of coverage. If they maintain their interest, we will re-underwrite them using the most recently available claims experience.

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**  
**FINANCIAL FAST TRACK REPORT**  
**AS OF November 30, 2019**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>2,596,446</b>	<b>28,538,248</b>	<b>550,151,977</b>	<b>578,690,224</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	1,780,719	21,765,501	462,717,324	484,482,825
IBNR	3,225	261,035	2,110,000	2,371,035
Less Specific Excess	396	(76,614)	(12,696,301)	(12,772,916)
Less Aggregate Excess	-	-	(602,911)	(602,911)
<b>TOTAL CLAIMS</b>	<b>1,784,340</b>	<b>21,949,921</b>	<b>451,528,111</b>	<b>473,478,033</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	202,289	2,391,621	8,470,165	10,861,786
Excess Premiums	99,266	1,104,426	27,528,860	28,633,286
Administrative	181,371	1,964,255	41,021,929	42,986,184
<b>TOTAL EXPENSES</b>	<b>482,926</b>	<b>5,460,302</b>	<b>77,020,954</b>	<b>82,481,256</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	329,180	1,128,025	21,602,911	22,730,936
5. <b>INVESTMENT INCOME</b>	11,695	348,184	2,746,190	3,094,374
6. <b>DIVIDEND INCOME</b>	0	846,795	4,823,677	5,670,472
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>340,875</b>	<b>2,323,004</b>	<b>29,172,777</b>	<b>31,495,781</b>
8. <b>DIVIDEND</b>	0	3,440,494	14,406,426	17,846,920
<b>9. STATUTORY SURPLUS (7-8)</b>	<b>340,875</b>	<b>(1,117,490)</b>	<b>14,766,352</b>	<b>13,648,862</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

Closed	Surplus	6,077	(2,390,522)	13,160,740	10,770,219
	Cash	(1,699,030)	164,707	12,659,529	12,824,236
2018	Surplus	(16,073)	343,713	1,605,610	1,949,323
	Cash	33,794	(113,242)	2,185,826	2,072,583
2019	Surplus	350,871	929,319		929,319
	Cash	(162,261)	3,137,412		3,137,412
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>340,875</b>	<b>(1,117,490)</b>	<b>14,766,350</b>	<b>13,648,860</b>
<b>TOTAL CASH</b>		<b>(1,827,496)</b>	<b>3,188,876</b>	<b>14,845,355</b>	<b>18,034,231</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>1,106</b>	<b>43,429</b>	<b>427,134,155</b>	<b>427,177,584</b>
<b>FUND YEAR 2018</b>				
Paid Claims	36,241	1,747,711	22,932,891	24,680,602
IBNR	(18,988)	(1,959,142)	2,073,218	114,076.06
Less Specific Excess	396	(76,101)	(612,159)	(688,260)
Less Aggregate Excess	0	0	0	0
<b>TOTAL FY 2018 CLAIMS</b>	<b>17,648</b>	<b>(287,532)</b>	<b>24,393,950</b>	<b>24,106,418</b>
<b>FUND YEAR 2019</b>				
Paid Claims	1,743,373	19,937,066		19,937,066
IBNR	22,213	2,256,959		2,256,959
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
<b>TOTAL FY 2019 CLAIMS</b>	<b>1,765,586</b>	<b>22,194,025</b>		<b>22,194,025</b>
<b>COMBINED TOTAL CLAIMS</b>	<b>1,784,340</b>	<b>21,949,921</b>	<b>451,528,105</b>	<b>473,478,026</b>

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND													
RATIOS													
INDICES	2018	FY2019											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	14,845,355	\$ 13,469,722	\$ 13,709,969	\$ 15,091,116	\$ 15,543,228	\$ 17,077,587	\$ 17,584,999	\$ 17,603,575	\$ 17,886,867	\$ 18,432,431	\$ 19,861,727	\$ 18,034,231	
IBNR	2,110,000	\$ 2,128,390	\$ 2,389,838	\$ 2,565,424	\$ 2,564,860	\$ 2,561,624	\$ 2,319,558	\$ 2,361,994	\$ 2,365,660	\$ 2,364,737	\$ 2,367,810	\$ 2,371,035	
Assets	17,432,742	\$ 17,420,863	\$ 17,458,790	\$ 17,831,557	\$ 17,886,626	\$ 18,548,653	\$ 19,018,250	\$ 19,107,290	\$ 18,792,341	\$ 19,787,694	\$ 19,831,322	\$ 18,488,451	
Liabilities	2,666,391	\$ 2,673,096	\$ 2,936,641	\$ 3,112,885	\$ 3,092,774	\$ 3,306,277	\$ 3,057,848	\$ 3,095,774	\$ 3,078,274	\$ 3,078,560	\$ 6,523,336	\$ 4,839,591	
Surplus	14,766,351	\$ 14,747,767	\$ 14,522,149	\$ 14,718,672	\$ 14,793,852	\$ 15,242,377	\$ 15,960,402	\$ 16,011,515	\$ 15,714,067	\$ 16,709,134	\$ 13,307,985	\$ 13,648,861	
Claims Paid -- Month	1,834,167	\$ 2,148,009	\$ 2,087,959	\$ 1,880,536	\$ 2,103,986	\$ 2,506,528	\$ 1,737,814	\$ 2,003,221	\$ 2,187,751	\$ 1,228,051	\$ 2,100,927	\$ 1,780,719	
Claims Budget -- Month	2,103,289	\$ 2,193,482	\$ 2,189,476	\$ 2,180,804	\$ 2,183,168	\$ 2,182,716	\$ 2,171,837	\$ 2,153,908	\$ 2,157,728	\$ 2,155,450	\$ 2,159,762	\$ 2,165,610	
Claims Paid -- YTD	25,443,236	\$ 2,148,009	\$ 4,235,968	\$ 6,116,503	\$ 8,220,490	\$ 10,727,018	\$ 12,464,832	\$ 14,468,053	\$ 16,655,803	\$ 17,883,855	\$ 19,984,782	\$ 21,765,501	
Claims Budget -- YTD	25,373,041	\$ 2,193,482	\$ 4,382,958	\$ 6,563,762	\$ 8,746,930	\$ 10,929,646	\$ 13,101,483	\$ 15,255,391	\$ 17,413,119	\$ 19,568,570	\$ 21,728,332	\$ 23,893,942	
<b>RATIOS</b>													
Cash Position to Claims Paid	8.09	6.27	6.57	8.02	7.39	6.81	10.12	8.79	8.18	15.01	9.45	10.13	
Claims Paid to Claims Budget -- Month	0.87	0.98	0.95	0.86	0.96	1.15	0.8	0.93	1.01	0.57	0.97	0.82	
Claims Paid to Claims Budget -- YTD	1.00	0.98	0.97	0.93	0.94	0.98	0.95	0.95	0.96	0.91	0.92	0.91	
Cash Position to IBNR	7.04	6.33	5.74	5.88	6.06	6.67	7.58	7.45	7.56	7.79	8.39	7.61	
Assets to Liabilities	6.54	6.52	5.95	5.73	5.78	5.61	6.22	6.17	6.10	6.43	3.04	3.82	

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**YEAR: 2020, As of January 1, 2020**

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2020 Filed
<input type="checkbox"/> Assessments	2020 Filed
<input type="checkbox"/> Actuarial Certification	2020 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	To be filed pending reorg
<input type="checkbox"/> Fund Officers	To be filed pending reorg
<input type="checkbox"/> Renewal Resolutions	To be filed pending reorg
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	To be filed pending reorg
<input type="checkbox"/> Cash Management Plan	To be filed pending reorg
<input type="checkbox"/> Unaudited Financials	9/30/2019 Filed
<input type="checkbox"/> Annual Audit	2018 Filed
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

**Gateway-BMED Health Insurance Fund  
Benefits Consultant Report**

January 2020

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: [aflinn@permainc.com](mailto:aflinn@permainc.com)

Enrollments/Eligibility/Billing: [bmedenrollments@permainc.com](mailto:bmedenrollments@permainc.com)

Brokers: [brokerservice@permainc.com](mailto:brokerservice@permainc.com)

**OPERATIONS UPDATES**

**ONLINE ENROLLMENT SYSTEM TRAINING**

The Executive Committee voted and approved mandatory use of the online enrollment system by each member group. If you need training or would like a refresher course on the online enrollment system, please reach out to Karen Kidd at [kkidd@permainc.com](mailto:kkidd@permainc.com) of PERMA.

**MONTHLY BILLING**

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the BMED enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60 day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

**BROKER CONTACT INFORMATION**

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SHIF Client Servicing Team. The team can be reached by email at [brokerservices@permainc.com](mailto:brokerservices@permainc.com).

**ID CARD UPDATE**

As we reported at recent HIF Public meetings, new NJ State legislation requires that medical ID cards include certain additional member cost-share information. Please note *there are no changes to benefits, group and ID numbers*. Aetna has advised that to be compliant with the new law, they will be sending new ID cards to HIF members in mid-February. The PERMA enrollment team will send the attached flyer to groups with Aetna membership in early February. Any member who made an Open Enrollment change effective 1/1/2020 will NOT be receiving new ID cards because their current cards contain the updated information.

**2020 SUMMARY PLAN DOCUMENT (SPD) RESTATEMENTS**

The Gateway-BMED will be restating SPDs for 2020. Below are the major updates:

- **Newborn Coverage** - updated to comply with the NJ State legislation requiring newborns to be automatically enrolled for 60 days
- **Sex Changes (Gender Re-assignment)**- exclusion removed

- **Donated Breast Milk** – coverage included to comply with NJ Mandate
- **Non-Network and In-Network** language was updated throughout the document for transparency and clarity to more clearly reflect the Funds’ administration of benefits
- **Infertility Mandates** – updated to comply with NJ State Mandate

We will be delivering draft restated documents to risk managers to review with their groups. As a reminder, the finalization of a document requires approval and signature of the group or their Risk Manager. The final document is issued upon receipt of the executed signature page.

## LEGISLATIVE UPDATES

**Cadillac Tax**-The Cadillac Tax, a tax on high-cost health care plans, was originally set to take effect in 2018 but was delayed twice until 2022. The Tax is now permanently repealed and will never go into effect. It was originally passed as an ACA provision to finance health care expansion and control the cost of health care. It’s estimated that the repeal of the Cadillac Tax will cost \$200 billion over 10 years.

**Health Insurance Tax (HIT)**-The HIT tax has gone into effect and been delayed several times. It was originally effective beginning in 2015 but was under a moratorium for 2017 and 2019. Although the HIT is levied on insurers, the tax is passed through to employers and employees in the form of increased health insurance costs. The HIT is now permanently repealed as of January 1, 2021, however, the HIT will remain in effect for the 2020 plan year. It’s estimated that the repeal of the HIT will cost almost \$151 billion over ten years.

**PCORI**-The Patient-Centered Outcomes Research Institute (PCORI) fee was established as a part of the ACA to fund medical research. Insurers and employers with self-insured plans are subject to the fee. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). The PCORI fee is now extended for another 10 years, which means employers with self-insured plans must continue paying the PCORI fee.

**Mandate Compliance**-effective January 1, 2020 the Fund comply with the following mandates:

- Donated Breast Milk- allows the coverage of donated breast milk for infants who are unable to receive their mother’s breast milk due to specific conditions outlined in the legislation
- Infertility- it was discovered that some historical groups were never updated to comply

Please feel free to have your risk manager reach out to us if you’d like to discuss your entity’s coverage specifically.

Generally, the SHIF complies with all State of NJ mandates.

## ADMINISTRATIVE UPDATES

### CLAIM APPEALS

Appeal #SC12-19-01 was reviewed by the small claims committee which was approved at an amount of \$417.

**Motion:** *Motion to approve payment for the small claim appeal #SC12-19-01 in the amount of \$417 as recommended by the Small Claims Committee.*



## NEW 2020 AETNA ID CARDS

Early in 2020, Aetna members (who reside in New Jersey) will receive new ID cards due to recently enacted NJ State Legislation. The new legislation requires that certain benefit information be displayed on all ID cards issued to NJ residents.

### WHAT YOU NEED TO KNOW:

- **YOUR BENEFITS ARE NOT CHANGING** unless you specifically requested a plan change during Open Enrollment.
- Your new ID card will list key benefits including "deductible may apply" language, even if your plan does NOT require a deductible.
- Your ID and Group numbers will remain the same.
- Your other employer provided benefits, such as Prescription Drugs and Dental plans will not be impacted.

### WHAT YOU NEED TO DO:

- Keep an eye out for your new Aetna Medical ID cards.
- Once you receive your new ID card, be sure to have your Medical providers update your records.
- Destroy your old ID cards after you receive your new cards.

#### Sample ID Card:



# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND BILLS LIST

Confirmation of Payment

NOVEMBER 2019

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Fund.

**FUND YEAR 2018**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003149			
003149	LERCH,VINCI & HIGGINS, C.P.A.	PREPARATION FOR AUDIT 2018	7,000.00
			<b>7,000.00</b>
		<b>Total Payments FY 2018</b>	<b>7,000.00</b>

**FUND YEAR 2019**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003150			
003150	AETNA HEALTH MANAGEMENT LLC	MEDI ADVTG 11/19	197,616.10
			<b>197,616.10</b>
003151			
003151	FLAGSHIP HEALTH SYSTEMS	DMO PREMIUMS 11/19	4,672.53
			<b>4,672.53</b>
003152			
003152	SAVEON SP LLC	CLAIMS ADMIN FEE 10/19	4,244.75
			<b>4,244.75</b>
003153			
003153	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 11/19	6,552.00
			<b>6,552.00</b>
003154			
003154	AETNA LIFE INSURANCE COMPANY	AE467040-0001 11/19	53,372.80
			<b>53,372.80</b>
003155			
003155	PAYFLEX	MONTVALE; OAKLAND; S.HACK 11/19	54.00
			<b>54.00</b>
003156			
003156	PERMA	POSTAGE 10/19	642.95
003156	PERMA	ADMIN FEE 11/19	28,138.60
			<b>28,781.55</b>
003157			
003157	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 11/19	2,433.33
			<b>2,433.33</b>

003158			
003158	JOSEPH IANNAONI, JR.	TREASURER FEE 11/19	1,608.33
			<b>1,608.33</b>
003159			
003159	LaMendola Associates, Inc.	RETAINER 10/19	1,500.00
			<b>1,500.00</b>
003160			
003160	NORTH JERSEY MEDIA GROUP	ACCT:1107168 - 2020 BUDGET - 10.28.19	51.40
			<b>51.40</b>
003161			
003161	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD BOE RMC FEE 11/19	4,048.82
003161	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP - RMC FEE 11/19	8,774.09
			<b>12,822.91</b>
003162			
003162	THE VOZZA AGENCY	PARK RIDGE 11/19	4,658.32
003162	THE VOZZA AGENCY	FORT LEE 11/19	1,477.06
003162	THE VOZZA AGENCY	OAKLAND 11/19	5,313.16
			<b>11,448.54</b>
003163			
003163	PIA SECURITY PROGRAMS, INC.	BROKER 11/19	14,417.05
			<b>14,417.05</b>
003164			
003164	RELIANCE INSURANCE GROUP LLC	BORO OF EDGEWATER 11/19	6,444.65
			<b>6,444.65</b>
003165			
003165	ACRISURE LLC DBA SCIROCCO GROUP	74 LIVES 10/19	936.84
			<b>936.84</b>
003166			
003166	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/19	1,000.00
003166	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT 11/19	20,590.20
			<b>21,590.20</b>
003167			
003167	SADDLE RIVER GOURMET	MEETING 10/19	374.75
			<b>374.75</b>
003168			
003168	OTTERSTEDT INSURANCE AGENCY	RMC 11/19	5,046.91
			<b>5,046.91</b>
003169			
003169	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/19	94,748.26
003169	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE 11/19	4,517.75
			<b>99,266.01</b>
		<b>Total Payments FY 2019</b>	<b>473,234.65</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$480,234.65</b>

-----  
Chairperson

Attest:

Dated: \_\_\_\_\_

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

-----  
Treasurer



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DIVIDEND BILLS LIST**

Confirmation of Payment

NOVEMBER 2019

**WHEREAS**, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Fund.

**FUND YEAR CLOSED**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003120			
003120	EMERSON BOROUGH	DIVIDEND 2019	5,936.07
			<b>5,936.07</b>
003121			
003121	HILLSDALE BOROUGH	DIVIDEND 2019	4,462.93
			<b>4,462.93</b>
003122			
003122	LODI BOROUGH	DIVIDEND 2019	21,389.38
			<b>21,389.38</b>
003123			
003123	MAYWOOD BOROUGH	DIVIDEND 2019	4,952.39
			<b>4,952.39</b>
003124			
003124	NORTH ARLINGTON BOROUGH	DIVIDEND 2019	5,609.06
			<b>5,609.06</b>
003125			
003125	PARK RIDGE BOROUGH	DIVIDEND 2019	45,984.87
			<b>45,984.87</b>
003126			
003126	RUTHERFORD BOROUGH	DIVIDEND 2019	256,196.91
			<b>256,196.91</b>
003127			
003127	WESTWOOD BOROUGH	DIVIDEND 2019	130,590.31
			<b>130,590.31</b>
003128			
003128	WOOD-RIDGE BOROUGH	DIVIDEND 2019	5,501.29
			<b>5,501.29</b>
003129			
003129	WANAQUE VALLEY REGIONAL S.A.	DIVIDEND 2019	488.92
			<b>488.92</b>
003130			
003130	ROCHELLE PARK TOWNSHIP	DIVIDEND 2019	3,163.92
			<b>3,163.92</b>
003131			
003131	ALPINE BOROUGH	DIVIDEND 2019	2,548.12
			<b>2,548.12</b>
003132			
003132	CARLSTADT BOARD OF ED	DIVIDEND 2019	3,711.77
			<b>3,711.77</b>
003133			
003133	EAST RUTHERFORD BOE	DIVIDEND 2019	9,426.47
			<b>9,426.47</b>

003134			
003134	FORT LEE BOROUGH	DIVIDEND 2019	19,334.96
			<b>19,334.96</b>
003135			
003135	OAKLAND BOROUGH	DIVIDEND 2019	131,527.28
			<b>131,527.28</b>
003136			
003136	SADDLE RIVER BOROUGH	DIVIDEND 2019	74,353.74
			<b>74,353.74</b>
003137			
003137	SOUTH HACKENSACK TOWNSHIP	DIVIDEND 2019	104,130.69
			<b>104,130.69</b>
003138			
003138	WALLINGTON BOROUGH	DIVIDEND 2019	175,851.37
			<b>175,851.37</b>
003139			
003139	CARLSTADT BOROUGH	DIVIDEND 2019	12,243.81
			<b>12,243.81</b>
003140			
003140	EAST RUTHERFORD BOROUGH	DIVIDEND 2019	6,119.75
			<b>6,119.75</b>
003141			
003141	FRANKLIN LAKES BOROUGH	DIVIDEND 2019	83,607.68
			<b>83,607.68</b>
003142			
003142	RIDGEFIELD PARK, VILLAGE OF	DIVIDEND 2019	177,870.76
			<b>177,870.76</b>
003143			
003143	EDGEWATER, BOROUGH OF	DIVIDEND 2019	80,090.73
			<b>80,090.73</b>
003144			
003144	MONTVALE, BOROUGH OF	DIVIDEND 2019	77,486.87
			<b>77,486.87</b>
003145			
003145	FAIRFIELD TOWNSHIP	DIVIDEND 2019	121,418.12
			<b>121,418.12</b>
003146			
003146	MINE HILL TOWNSHIP	DIVIDEND 2019	469.81
			<b>469.81</b>
003147			
003147	FAIRFIELD BOE	DIVIDEND 2019	78,657.41
			<b>78,657.41</b>
003148			
003148	VERONA TOWNSHIP	DIVIDEND 2019	45,054.02
			<b>45,054.02</b>
		<b>Total Payments FY CLOSED</b>	<b>1,688,179.41</b>
		<b>TOTAL PAYMENTS ALL YEARS</b>	<b>\$1,688,179.41</b>

-----  
Chairperson

Attest:

Dated: \_\_\_\_\_

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

-----  
Treasurer

# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

## BILLS LIST

Confirmation of Payment

DECEMBER 2019

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Fund.

**FUND YEAR 2019**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003199			
003199	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG PREMIUM 12/19	204,730.53
			<b>204,730.53</b>
003200			
003200	FLAGSHIP HEALTH SYSTEMS	DMO PREMIUMS 12/19	4,865.10
			<b>4,865.10</b>
003201			
003201	SAVEON SP LLC	CLAIMS ADMIN FEE 11/19	8,162.50
			<b>8,162.50</b>
003202			
003202	DELTA DENTAL OF NEW JERSEY INC	DENTAL 12/19	6,642.48
			<b>6,642.48</b>
003203			
003203	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - CLAIMS ADMIN 12/19	54,039.96
			<b>54,039.96</b>
003204			
003204	PAYFLEX	MONTVALE, S HACKEN, OAKLAND 12/19	54.00
			<b>54.00</b>
003205			
003205	PERMA	POSTAGE 11/19	435.10
003205	PERMA	ADMIN FEE 12/19	28,492.10
			<b>28,927.20</b>
003206			
003206	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 12/19	2,433.33
			<b>2,433.33</b>
003207			
003207	JOSEPH IANNA CONI, JR.	TREASURER FEE 12/19	1,608.33
			<b>1,608.33</b>
003208			
003208	ALLSTATE INFORMATION MANAGEMNT	ACCT#418 - ARC & STOR - 11.30.19	119.23
003208	ALLSTATE INFORMATION MANAGEMNT	ACCT#418 - ARC & STOR - 10.30.19	119.23
			<b>238.46</b>
003209			
003209	LaMendola Associates, Inc.	RETAINER 11/19	1,500.00
			<b>1,500.00</b>
003210			
003210	QUEST DIAGNOSTICS	BOROUGH OF OAKLAND 11/19	612.00
			<b>612.00</b>
003211			
003211	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD BOE RMC FEE 12/19	4,161.29
003211	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP - RMC FEE 12/19	8,893.47
			<b>13,054.76</b>

003212			
003212	THE VOZZA AGENCY	PARK RIDGE 12/19	4,814.52
003212	THE VOZZA AGENCY	OAKLAND 12/19	5,322.94
003212	THE VOZZA AGENCY	EMERSON 12/19	296.98
003212	THE VOZZA AGENCY	FORT LEE 12/19	1,498.90
			<b>11,933.34</b>
003213			
003213	EIFERT, FRENCH & COMPANY	RMC FEES - ALPINE 12/19	267.90
			<b>267.90</b>
003214			
003214	RELIANCE INSURANCE GROUP LLC	BORO OF EDGEWATER 12/19	6,480.86
			<b>6,480.86</b>
003215			
003215	BURTON AGENCY INC.	RMC FEE - WESTWOOD 12/19	746.96
003215	BURTON AGENCY INC.	RMC FEE - HILLSDALE 12/19	328.00
003215	BURTON AGENCY INC.	RMC FEE - WESTWOOD 11/19	831.30
			<b>1,906.26</b>
003216			
003216	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/19	1,000.00
003216	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 12/19	20,966.85
			<b>21,966.85</b>
003217			
003217	PROFESSIONAL INSURANCE ASSOCIATES	BROKER FEES 12/19	14,861.59
			<b>14,861.59</b>
003218			
003218	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/19	95,932.60
003218	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE 12/19	4,573.00
			<b>100,505.60</b>
		<b>Total Payments FY 2019</b>	<b>484,791.05</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>\$484,791.05</b>

-----  
Chairperson

Attest:

Dated: \_\_\_\_\_

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

-----  
Treasurer

# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

## DIVIDEND BILLS LIST

Confirmation of Payment

DECEMBER 2019

**WHEREAS**, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Fund.

**FUND YEAR CLOSED**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003170			
003170	EMERSON BOROUGH	DIVIDEND 2019	2,622.97
			<b>2,622.97</b>
003171			
003171	HILLSDALE BOROUGH	DIVIDEND 2019	1,972.03
			<b>1,972.03</b>
003172			
003172	LODI BOROUGH	DIVIDEND 2019	9,451.31
			<b>9,451.31</b>
003173			
003173	MAYWOOD BOROUGH	DIVIDEND 2019	2,188.31
			<b>2,188.31</b>
003174			
003174	NORTH ARLINGTON BOROUGH	DIVIDEND 2019	2,478.47
			<b>2,478.47</b>
003175			
003175	PARK RIDGE BOROUGH	DIVIDEND 2019	39,788.06
			<b>39,788.06</b>
003176			
003176	RUTHERFORD BOROUGH	DIVIDEND 2019	113,205.54
			<b>113,205.54</b>
003177			
003177	WESTWOOD BOROUGH	DIVIDEND 2019	57,703.85
			<b>57,703.85</b>
003178			
003178	WOOD-RIDGE BOROUGH	DIVIDEND 2019	2,430.85
			<b>2,430.85</b>
003179			
003179	WANAQUE VALLEY REGIONAL S.A.	DIVIDEND 2019	216.04
			<b>216.04</b>
003180			
003180	ROCHELLE PARK TOWNSHIP	DIVIDEND 2019	1,398.04
			<b>1,398.04</b>
003181			
003181	ALPINE BOROUGH	DIVIDEND 2019	1,125.94
			<b>1,125.94</b>
003182			
003182	CARLSTADT BOARD OF ED	DIVIDEND 2019	1,640.12
			<b>1,640.12</b>
003183			
003183	EAST RUTHERFORD BOE	DIVIDEND 2019	4,165.27
			<b>4,165.27</b>
003184			
003184	FORT LEE BOROUGH	DIVIDEND 2019	8,543.52
			<b>8,543.52</b>
003185			
003185	OAKLAND BOROUGH	DIVIDEND 2019	58,117.86
			<b>58,117.86</b>

003186			
003186	SADDLE RIVER BOROUGH	DIVIDEND 2019	32,854.63
			<b>32,854.63</b>
003187			
003187	SOUTH HACKENSACK TOWNSHIP	DIVIDEND 2019	46,012.15
			<b>46,012.15</b>
003188			
003188	WALLINGTON BOROUGH	DIVIDEND 2019	77,703.32
			<b>77,703.32</b>
003189			
003189	CARLSTADT BOROUGH	DIVIDEND 2019	3,752.19
			<b>3,752.19</b>
003190			
003190	EAST RUTHERFORD BOROUGH	DIVIDEND 2019	2,704.13
			<b>2,704.13</b>
003191			
003191	FRANKLIN LAKES BOROUGH	DIVIDEND 2019	36,943.66
			<b>36,943.66</b>
003192			
003192	RIDGEFIELD PARK, VILLAGE OF	DIVIDEND 2019	78,595.62
			<b>78,595.62</b>
003193			
003193	EDGEWATER, BOROUGH OF	DIVIDEND 2019	35,389.63
			<b>35,389.63</b>
003194			
003194	MONTVALE, BOROUGH OF	DIVIDEND 2019	34,239.07
			<b>34,239.07</b>
003195			
003195	FAIRFIELD TOWNSHIP	DIVIDEND 2019	53,650.94
			<b>53,650.94</b>
003196			
003196	MINE HILL TOWNSHIP	DIVIDEND 2019	207.59
			<b>207.59</b>
003197			
003197	FAIRFIELD BOE	DIVIDEND 2019	34,756.29
			<b>34,756.29</b>
003198			
003198	VERONA TOWNSHIP	DIVIDEND 2019	19,907.99
			<b>19,907.99</b>
		<b>Total Payments FY 2019</b>	<b>763,765.39</b>
		<b>TOTAL PAYMENTS ALL YEARS</b>	<b>\$763,765.39</b>

-----  
Chairperson

Attest:

Dated: \_\_\_\_\_

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

-----  
Treasurer

**BERGEN MUNICIPAL EMPL HEALTH BENEFITS FUND**  
**SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

<b>Current Fund Year: 2019</b>											
<b>Month Ending: December</b>											
	<b>Med</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Run-In</b>	<b>Reinsurance</b>	<b>Medicare Adv.</b>	<b>RSR</b>	<b>Admin</b>	<b>TOTAL</b>	
OPEN BALANCE	15,976,630.43	1,151,356.03	1,558,188.57	0.00	0.00	99,201.08	4,492,689.41	607,154.77	(5,850,989.51)	18,034,230.78	
RECEIPTS											
Assessments	1,083,063.69	115,182.49	197,657.59	0.00	0.00	64,492.15	130,165.86	17,416.02	64,531.20	1,672,509.00	
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Invest Pymnts	13,832.22	973.82	1,327.09	0.00	0.00	109.52	3,766.46	509.02	0.00	20,518.13	
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Subtotal Invest	13,832.22	973.82	1,327.09	0.00	0.00	109.52	3,766.46	509.02	0.00	20,518.13	
Other *	27,065.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,065.70	
<b>TOTAL</b>	<b>1,123,961.61</b>	<b>116,156.31</b>	<b>198,984.68</b>	<b>0.00</b>	<b>0.00</b>	<b>64,601.67</b>	<b>133,932.32</b>	<b>17,925.04</b>	<b>64,531.20</b>	<b>1,720,092.83</b>	
EXPENSES											
Claims Transfers	1,321,312.28	146,290.76	358,614.99	0.00	0.00	0.00	0.00	0.00	0.00	1,826,218.03	
Expenses	0.00	0.00	0.00	0.00	0.00	100,505.60	0.00	0.00	1,148,050.84	1,248,556.44	
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	835.42	835.42	
<b>TOTAL</b>	<b>1,321,312.28</b>	<b>146,290.76</b>	<b>358,614.99</b>	<b>0.00</b>	<b>0.00</b>	<b>100,505.60</b>	<b>0.00</b>	<b>0.00</b>	<b>1,148,886.26</b>	<b>3,075,609.89</b>	
<b>END BALANCE</b>	<b>15,779,279.76</b>	<b>1,121,221.58</b>	<b>1,398,558.26</b>	<b>0.00</b>	<b>0.00</b>	<b>63,297.15</b>	<b>4,626,621.73</b>	<b>625,079.81</b>	<b>(6,935,344.57)</b>	<b>16,678,713.72</b>	

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES  
BERGEN MUNICIPAL EMPL HEALTH BENEFITS FUND**

Month		December							
Current Fund Year 2019									
		1.	2.	3.	4.	5.	6.	7.	8.
Policy	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2019	Med	15,427,966.89	1,321,312.28	0.00	16,749,279.17	0.00	16,749,279.17	15,427,966.89	1,321,312.28
	Dental	1,518,347.44	146,290.76	0.00	1,664,638.20	0.00	1,664,638.20	1,518,347.44	146,290.76
	Rx	3,323,196.10	358,614.99	0.00	3,681,811.09	0.00	3,681,811.09	3,323,196.10	358,614.99
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>20,269,510.43</b>	<b>1,826,218.03</b>	<b>0.00</b>	<b>22,095,728.46</b>	<b>0.00</b>	<b>22,095,728.46</b>	<b>20,269,510.43</b>	<b>1,826,218.03</b>



SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
BERGEN MUNICIPAL EMPL HEALTH BENEFITS FUND							
ALL FUND YEARS COMBINED							
CURRENT MONTH	December						
CURRENT FUND YEAR	2019						
Description:	Instrument #1	Instr #2	Instr #3	Instr #4	Instr #5	Instr #6	
ID Number:	CHECKING	CASH MANG	CLAIMS	UHC CLAIMS	TD Invest		0
Maturity (Yrs)	0	0	0	0	0	0	0
Purchase Yield:	0	0	0	0	0	0	0
TOTAL for All Accts & instruments							
Opening Cash & Investment	\$18,034,230.51	4864348.31	0	-0.003	0	10020912.02	3148970.18
Opening Interest Accrual B:	\$55,888.47	0	0	0	0	55888.47	0
1 Interest Accrued and/or Interest	\$16,235.11	\$0.00	\$0.00	\$0.00	\$0.00	\$16,235.11	\$0.00
2 Interest Accrued - discounted	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 Capitalization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$6,956.65	\$2,553.44	\$0.00	\$0.00	\$0.00	\$389.02	\$4,014.19
6 Interest Paid - Term Instr.s	\$11,812.50	\$0.00	\$0.00	\$0.00	\$0.00	\$11,812.50	\$0.00
7 Realized Gain (Loss)	\$1,749.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,749.00	\$0.00
8 Net Investment Income	\$24,940.76	\$2,553.44	\$0.00	\$0.00	\$0.00	\$18,373.13	\$4,014.19
9 Deposits - Purchases	\$3,525,792.73	\$1,699,574.70	\$0.00	\$1,826,218.03	\$0.00	\$0.00	\$0.00
# (Withdrawals - Sales)	-\$4,901,827.92	-\$3,075,192.35	\$0.00	-\$1,826,218.03	\$0.00	-\$417.54	\$0.00
Ending Cash & Investment Balance	\$16,678,713.47	\$3,491,284.10	\$0.00	-\$0.00	\$0.00	\$10,034,445.00	\$3,152,984.37
Ending Interest Accrual Balance	\$60,311.08	\$0.00	\$0.00	\$0.00	\$0.00	\$60,311.08	\$0.00
Plus Outstanding Checks	\$571,886.27	\$571,886.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$17,250,599.74	\$4,063,170.37	\$0.00	-\$0.00	\$0.00	\$10,034,445.00	\$3,152,984.37
Annualized Rate of Return This Year	1.72%	0.73%		0.00%		2.20%	1.53%



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

**January 28, 2020**



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

	<u>Medical CLAIMS PAID 2019</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$1,333,577	1,065	\$ 1,252
FEBRUARY	\$1,807,725	1,063	\$ 1,701
MARCH	\$1,503,138	1,054	\$ 1,426
APRIL	\$1,925,198	1,058	\$ 1,820
MAY	\$1,836,575	1,057	\$ 1,738
JUNE	\$1,352,019	1,050	\$ 1,288
JULY	\$1,817,776	1,044	\$ 1,741
AUGUST	\$1,429,202	1,047	\$ 1,365
SEPTEMBER	\$1,085,557	1,045	\$ 1,039
OCTOBER	\$1,781,357	1,043	\$ 1,708
NOVEMBER	\$1,248,344	1,043	\$ 1,197
DECEMBER			
<b>TOTAL</b>	<b>\$17,120,468</b>		
	<b>2019 Average</b>	<b>1,052</b>	<b>\$ 1,479</b>
	<b>2018 Average</b>	<b>1,174</b>	<b>\$ 1,398</b>

## Large Claimant Report (Drilldown) - Claims Over \$50000

**Plan Sponsor Unique ID :** All  
**Customer:** BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
**Group / Control:** 00866353,00880725,S1283129

**Paid Dates:** 09/01/2019 - 09/30/2019  
**Service Dates:** 01/01/1900 - 09/30/2019  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$67,743.27	\$60,793.69
<b>TOTAL:</b>	<b>\$67,743.27</b>	<b>\$60,793.69</b>

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IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee

## Large Claimant Report (Drilldown) - Claims Over \$50000

**Plan Sponsor Unique ID :** All  
**Customer:** BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
**Group / Control:** 00866353,00880725,SI283129

**Paid Dates:** 10/01/2019 - 10/31/2019  
**Service Dates:** 01/01/1900 - 10/31/2019  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$167,094.71	\$100,885.98
	\$198,498.76	\$86,987.94
	\$153,547.94	\$81,718.61
	\$136,830.35	\$53,992.53
<b>TOTAL:</b>	<b>\$655,971.76</b>	<b>\$323,585.06</b>

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## Large Claimant Report (Drilldown) - Claims Over \$50000

**Plan Sponsor Unique ID :** All  
**Customer:** BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
**Group / Control:** 00866353,00880725,SI283129

**Paid Dates:** 11/01/2019 - 11/30/2019  
**Service Dates:** 01/01/1900 - 11/30/2019  
**Line of Business:** All

**Billed Amt**      **Paid Amt**

**NONE**

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**Bergen Municipal Employee Benefit Fund**  
12/1/2018 through 11/30/2019

**Medical Claims Paid:**  
**January 2019 – November 2019**

Total Medical Paid per EE: **\$1,479**

**Network Discounts**

Inpatient: **60.8%**  
Ambulatory: **65.5%**  
Physician/Other: **67.7%**  
**TOTAL: 65.4%**

**Provider Network**

% Admissions In-Network: **97.6%**  
% Physician Office: **86.0%**

**Aetna Book of Business:**  
Admissions 97.7%; Physician 90.6%

**Top Facilities Utilized (by total Medical Spend)**

- Hackensack University
- Valley Hospital
- Englewood Hospital
- Holy Name Medical Center

**Catastrophic Claim Impact\***

Number of Claims Over \$50,000: **56**  
Claimants per 1000 members: **21.4**  
Avg. Paid per Claimant: **\$109,953**  
Percent of Total Paid: **35.3%**  
• Aetna BOB- HCC account for an average of 40.6% of total Medical Cost

**Nurse Case Member Outreach: Q3 2019**

Unique Members Identified: **84**  
Outreach Opportunities Identified: **118**  
Outreach in Progress: **10**  
Completed Outreach: **108**

Closed with Engagement: **45 (41.7%)**  
Unable to Reach: **62 (57.4%)**  
Member Declined: **1**

**Teladoc Activity: Jan – Nov 2019**

Total Registrations: **71**  
Total Online Visits: **121**  
Total Net Claims Savings: **\$15,081**  
Total Visits w/ Rx: **100**  
Member Satisfaction Rating / Avg. **89% Outstanding, 11% Good**  
Member Rating of Provider **89% Outstanding, 11% Good**

**Allentown Service Center Performance: Q3 2019 Metrics**

**Customer Service**

Call Quality: **98.4%**  
1<sup>st</sup> Call Resolution: **95.3%**  
Abandonment Rate: **1.5%**  
Avg. Speed of Answer: **36.0 sec**

**Claims Performance**

Financial Accuracy: **99.5%**  
Turnaround w/in 15 days: **6.0 days**  
Turnaround w/in 31 days: **9.1 days**

**Performance Goals**

Call Quality: **94%**  
1<sup>st</sup> Call Resolution: **89%**  
Abandonment Rate less than: **3.5%**  
Average Speed of Answer: **31sec**

Financial Accuracy: **98%**

**Turnaround Time**

90% processed w/in: **15 days**  
95% processed w/in: **31 days**



**EXPRESS SCRIPTS®**



**Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report**

Total Component/Date of Service (Month)	201801	201802	201803	2018Q1	201804	201805	201806	2018Q2	201807	201808	201809	2018Q3	201810	201811	201812	2018Q4	2018YTD
Membership	2,196	2,068	2,088	2,117	2,088	2,085	2,087	2,087	2,082	2,076	2,092	2,083	2,081	2,075	2,060	2,072	2,090
Total Days	87,047	68,972	79,023	235,042	75,890	78,266	76,576	230,732	72,348	84,756	73,707	230,811	82,131	79,601	80,015	241,747	938,332
Total Patients	908	786	851	1,312	799	818	806	1,210	797	829	808	1,247	865	839	840	1,267	1,775
Total Plan Cost	\$290,040	\$229,039	\$340,776	\$859,855	\$287,313	\$304,312	\$293,717	\$885,342	\$272,840	\$303,632	\$254,895	\$831,368	\$317,327	\$333,056	\$315,792	\$966,174	\$3,542,739
Generic Fill Rate (GFR) - Total	83.2%	80.7%	80.6%	81.6%	79.6%	80.2%	79.9%	79.9%	80.4%	81.6%	80.4%	80.8%	79.0%	80.3%	80.8%	80.0%	80.6%
<b>Plan Cost PMPM</b>	<b>\$132.08</b>	<b>\$110.75</b>	<b>\$163.21</b>	<b>\$135.37</b>	<b>\$137.60</b>	<b>\$145.95</b>	<b>\$140.74</b>	<b>\$141.43</b>	<b>\$131.05</b>	<b>\$146.26</b>	<b>\$121.84</b>	<b>\$133.02</b>	<b>\$152.49</b>	<b>\$160.51</b>	<b>\$153.30</b>	<b>\$155.43</b>	<b>\$141.31</b>
Total Specialty Plan Cost	\$99,697	\$37,665	\$132,688	\$270,049	\$72,745	\$113,322	\$86,817	\$272,885	\$86,640	\$102,704	\$78,699	\$268,043	\$117,912	\$134,271	\$111,825	\$364,008	\$1,174,985
Specialty % of Total Specialty Plan Cost	34.4%	16.4%	38.9%	31.4%	25.3%	37.2%	29.6%	30.8%	31.8%	33.8%	30.9%	32.2%	37.2%	40.3%	35.4%	37.7%	33.2%

  

Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Membership	2,010	2,005	1,994	2,003	1,996	1,992	1,978	1,989	1,966	1,969	1,967	1,967	1,972	1,974	1,976	1,974	1,983
Total Days	80,730	72,939	75,408	229,077	76,452	75,976	73,344	225,772	79,267	79,140	75,724	234,131	78,800	78,276	83,559	240,635	929,615
Total Patients	870	795	804	1,236	815	808	761	1,181	809	789	800	1,171	805	805	834	1,196	1,642
Total Plan Cost	\$319,154	\$353,261	\$250,395	\$922,810	\$304,220	\$320,940	\$288,038	\$913,198	\$325,971	\$316,801	\$290,935	\$933,707	\$305,495	\$327,298	\$333,699	\$966,492	\$3,736,208
Generic Fill Rate (GFR) - Total	81.8%	80.6%	82.1%	81.5%	81.1%	80.8%	81.6%	81.2%	80.4%	80.4%	81.3%	80.7%	80.8%	79.6%	81.2%	80.6%	81.0%
<b>Plan Cost PMPM</b>	<b>\$158.78</b>	<b>\$176.19</b>	<b>\$125.57</b>	<b>\$153.57</b>	<b>\$152.41</b>	<b>\$161.11</b>	<b>\$145.62</b>	<b>\$153.07</b>	<b>\$165.80</b>	<b>\$160.89</b>	<b>\$147.91</b>	<b>\$158.20</b>	<b>\$154.92</b>	<b>\$165.80</b>	<b>\$168.88</b>	<b>\$163.20</b>	<b>\$156.99</b>
<b>% Change Plan Cost PMPM</b>	<b>20.2%</b>	<b>59.0%</b>	<b>-23.1%</b>	<b>13.4%</b>	<b>10.7%</b>	<b>10.4%</b>	<b>3.4%</b>	<b>8.2%</b>	<b>26.4%</b>	<b>10.0%</b>	<b>21.3%</b>	<b>18.8%</b>	<b>1.6%</b>	<b>3.3%</b>	<b>10.1%</b>	<b>5.0%</b>	<b>11.1%</b>
Total Specialty Plan Cost	\$142,740	\$156,643	\$70,128	\$369,511	\$96,760	\$117,248	\$85,589	\$299,597	\$103,511	\$100,853	\$89,155	\$293,519	\$91,730	\$94,097	\$98,047	\$283,874	\$1,246,502
Specialty % of Total Specialty Plan Cost	44.7%	44.3%	28.0%	40.0%	31.8%	36.5%	29.7%	32.8%	31.8%	31.8%	30.6%	31.4%	30.0%	28.7%	29.4%	29.4%	33.4%

PMPM	
Jan-Dec 2018	\$141.31
Jan-Dec 2019	\$156.99
<b>Trend Jan-Dec 2019</b>	<b>11.1%</b>



**RESOLUTION NO. 1--20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPOINTING PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2020**

**WHEREAS**, the Bergen Municipal Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

**WHEREAS**, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

**WHEREAS**, the Executive Committee of the Bergen Municipal Employee Benefits Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspcifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following appointments and contract awards be and are hereby made for 2020:

- I. **PERMA Risk Management Services as Administrator**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$10.30 per employee, per month will be expended to the Administrator. The estimated annual amount of \$343,237 has been appropriated in the Administrator Line Item of the 2020 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Benefits Consultant**. \$14.23 per employee, per month will be expended to the **Benefits Consultant**. In addition, the **Benefits Consultant** will be paid \$10,000 for plan documents. The estimated annual amount of \$252,896 has been appropriated in the **Benefits Consultant** Line Item of the 2020 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$49.04 per employee, per month will be expended to the Administrator. The estimated annual amount of \$614,373 has been appropriated in the **Medical TPA** Line Item of the 2020 budget.
- IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$78,250 has been appropriated in the Dental TPA Line Item of the 2020 budget.

- V. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at an amount of \$311,88 per employee per month. The annual amount of \$228,060 has been appropriated for this Line Item of the 2020 budget.
- VI. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$292 per member, per month.
- VII. **John Vataha** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$40,060 has been appropriated in the **Actuary** Line Item of the 2020 budget.
- VIII. **Huntington & Bailey** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$29,196 has been appropriated in the Attorney Line Item of the 2020 budget.
- IX. **Lerch, Vinci, and Higgins** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$18,250 has been appropriated in the Auditor Line Item of the 2020 budget.
- X. **Joseph Iannaconi** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$19,686 has been appropriated in the Treasurer Line Item of the 2020 budget.
- XI. **Clark LaMendola** is hereby appointed to serve as the FUND's **Board Advisor**. The annual amount of \$18,000 has been appropriated in the Board Advisor Line Item of the 2020 budget.
- XII. **Diane McClean**, is hereby appointed to serve as the FUND's Wellness Coordinator at an amount of \$26 per hour, at an annual amount not to exceed \$17,500. This amount has been appropriated in the Wellness Expense line item of the 2020 Budget.
- XIII. **Eagle Rock Management Group**, is hereby appointed to serve as the FUND's Fund Coordinator for the Metro subgroup lives only at \$10 per employee, per month.

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054 ;

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**  
**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2- 20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
RESOLUTION AWARD OF CONTRACT  
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

**WHEREAS**, the Bergen Municipal Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

**NOW, THEREFORE, BE IT RESOLVED** that the following insurance contracts be awarded for the periods of January 1, 2020 through December 31, 2020:

Medical Third Party Administrator – Aetna  
Medicare Advantage and Employer Group Waiver Program Provider – Aetna Medicare Advantage  
Dental Third Party Administrator – Delta Dental

**BE IT FURTHER RESOLVED** that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIR**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Bergen Municipal Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 28, 2020  
SUBJECT: This is a contract for selection of a Medical TPA

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical TPA services for the Bergen Municipal Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Bergen Municipal Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 28, 2020  
SUBJECT: This is a contract for selection of a Dental TPA

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Delta Dental  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical TPA services for the Bergen Municipal Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Bergen Municipal Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 28, 2020  
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna Medicare Advantage  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical and Prescription Medicare provider services for the Bergen Municipal Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unscpecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_



**RESOLUTION NO. 3-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2020**

**BE IT RESOLVED** by the Executive Committee of the Bergen Municipal Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2020 or until its successor has been appointed and qualified.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 4-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that \_\_\_\_\_, the Secretary of the Bergen Municipal Employee Benefits Fund is hereby designated as the custodian of the Fund records which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 5-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DESIGNATING  
THE RECORD  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2020**

**BE IT RESOLVED** by the Executive Committee of the Bergen Municipal Employee Benefits Fund that The Record is hereby designated as the official newspaper for the Bergen Municipal Employee Benefits Fund for the year 2020 and that all official notices required to be published shall be published in The Record.

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Bergen Municipal Employee Benefits Fund shall give notice of said meetings to The Record.

**BE IT FURTHER RESOLVED** that the Bergen Municipal Employee Benefits Fund website be designated as the official electronic media site for the Bergen Municipal Employee Benefits Fund at [www.bmedhif.com](http://www.bmedhif.com).

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 6-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2018**

**WHEREAS**, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund shall hold public meetings during the year 2020 on the Fourth Tuesday of every other month, except otherwise noted at 12:00 P.M.: Meetings will be held at Franklin Lakes Borough unless otherwise noted:

<b>Date</b>	<b>Location</b>
February 25, 2020	Franklin Lakes Borough
April 28, 2020	Franklin Lakes Borough
June 23, 2020	Franklin Lakes Borough
August 25, 2020	Franklin Lakes Borough
September 22, 2020	Franklin Lakes Borough
October 27, 2020	Franklin Lakes Borough
January 26, 2021	Franklin Lakes Borough

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in **The Bergen Record and the Fund website ([www.BMEDHIF.com](http://www.BMEDHIF.com))**

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 7-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2020**

1.) *Cash Management and Investment Objectives*

The Bergen Municipal Employee Benefits Fund (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located;  
or

- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than ten (10) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent with the Division's own investment guidelines, and providing that the investment is a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

3.) *Authorized Depositories*

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

TD Bank  
Investors Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) *Authority for Investment Management*

The Treasurer is authorized and directed to manage the FUND's cash and investments in a manner consistent with this plan and all appropriate regulatory constraints. The Treasurer is also authorized to invest in fixed income securities through the asset management department of Wilmington Trust.

5.) *Preservation of Capital*

Securities shall be purchased with the ability to hold until maturity.

6.) *Safekeeping*

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) *Selection of Custodial and Operating Banks*

Custodial and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

The Treasurer shall report to the Executive Board at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors prepared by the FUND's Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Board at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the

Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 8-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

**BE IT RESOLVED** by the Bergen Municipal Employee Benefits Fund that all funds of the Bergen Municipal Employee Benefits Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

_____	- Chairman
_____	- Secretary
Gregory Franz	- Alternate
Joseph Iannaconi	- Treasurer

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND**

**RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2020**

**Adopted: JANUARY 28, 2020**

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND  
2020 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund's Risk Management Plan for the 2020 Fund year:

**1.) COVERAGE OFFERED**

- Medical

The Fund offers a "point of services" and "open access" plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offered "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and an HMO plan. The Fund also offers Medicare Advantage plans for Medicare eligible retirees.

- Dental

The Fund offers customized dental plans as required by the members.

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options. The Fund also offers "Employer Group Waiver Plans" for Medicare eligible retirees.

- Vision

The Fund offers customized vision plans as required by the members.

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

**3.) RISK RETAINED BY THE FUND**

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$325,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit                      Unlimited
- Aggregate Limit                      Not applicable.
- Basis:                                      Incurred 12 months, paid 24 months.

Dental Aggregate Retention:              None – Self-insured with all risk retained by Fund

Vision Aggregate Retention:              None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

**4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at conclusion. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is the adjusted at the end of each quarter in accordance with the actuary’s projections.

**5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per employee rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members’ monthly assessment based on the updated census, and are mailed to the members approximately 15 days before the beginning of the month. The billing also includes the member’s updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former participants (COBRA, Conversion and some retirees) and, in some cases, Dependents under age 31, are billed directly by the Fund.

**6.) COVERAGE PURCHASED FROM INSURERS AND PARTICIPATION IN THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND (MRHIF)**

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per covered person per policy year) retention and aggregate retention. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund's local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

## **7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

Upon application to the Fund, the prospective member's benefit program is reviewed by the actuary to determine its projected claim cost. In this evaluation, the actuary takes into consideration:

- a.) age/sex factor as compared to the average for the existing Fund membership;
- b.) the plan of benefits for the prospective member; and
- c.) loss data if available.

The actuary then recommends a relativity factor to the Fund's base rates. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the remaining lines of coverage may be adjusted and the entity shall not be eligible for membership in the dropped line of coverage for a three year period.

Loss experience used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. For entities with loss ratios of 100% or greater, rate adjustments of up to +2.5% may be considered. For entities with loss ratios below 100%, rate reductions of up to -2.5%. Additional adjustments can be considered for plans lacking standard utilization management features.

"Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self-insured retention. Requests for additional claims data can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs.

## **8.) RATING PERIODS**

All rating periods for municipal members coincide with the Fund year while rating periods for school members can coincide with their fiscal year (July 1 to June 30).

**9.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.**

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

**10.) PROVISION FOR PPOs, etc.**

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

**11.) OPEN ENROLLMENT PROCEDURES**

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations that may take place.

**12.) COBRA AND CONVERSION OPTIONS**

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

**13.) DISCLOSURE OF BENEFIT LIMITS**

The Fund discloses benefit limits in plan booklets provided to all covered employees.

**14.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS**

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

## 15.) RETIREES

The Fund duplicates coverage for eligible retirees. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund.

## 16.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for sixty (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

## 17.) PLAN DOCUMENT

The Fund prepares a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

### A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.

### B.) Benefits

- Definitions.

- Description of benefits.

Eligible services and supplies.  
 Deductibles and co-payments.  
 Examples as needed.  
 Exclusions.  
 Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

**18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**

Approximately every six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed fund Year/Contingency Account six years after the date of its withdrawal.

**19.) "RUN-IN" or "RUN-OUT" LIABILITY**



The Fund covers the “run-out” liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund’s actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

**20.) CLAIM AUDIT**

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

**21.) CLAIM APPEALS**

Claim appeals shall be processed in accordance with the Fund by-laws. In addition, there is hereby established a Small Claims Committee that shall handle claims where the dollar amount is not greater than \$1,000.00 or likely not to exceed a total of \$2,500 in one rolling 12 month cycle, where the treatment or therapy in question is of a continuing nature. This responsibility will extend to out of network payments, within the above thresholds, that may be above standard schedules that may be justified or appealed due to continuity of care considerations.

The Small Claims Committee shall consist of the following persons:

- A. Representative from the T.P.A.
- B. Three fund commissioners as designated by the Fund chairman.

The Small Claims Committee shall report on all claims approved, in accordance with a reporting form approved by Resolution of the Executive Committee, at the first meeting following any such determination unless made within ten (10) days of a scheduled meeting in which case it will be the subsequent meeting. No person whose claim has been reviewed by the Small Claims Committee will be deprived of their opportunity to have their claim appeal adjudicated by the entire Executive Committee if they choose to do so.

All Small Claims Committee decisions to pay claims shall be unanimous (except in the case of unavailability of a member of the Committee) in which case it will be required that the remaining members be unanimous and that no less than 3 people on the Committee have reviewed the claim.

Claims appealed beyond the executive committee shall be processed by Independent Appeal organizations designated by the Fund.

**22.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS**

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

**ADOPTED:**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 10-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS,** The Bergen Municipal Employee Benefits Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund; and

**WHEREAS,** Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED,** that the Bergen Municipal Employee Benefits Fund establishes the following producer plan for 2020;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. The following sub-producers with the designated compensation levels are approved for 2020:

Group Name	RMC Name	RMC per EE Rate	RMC Dental Rate	Estimated Annual Total
Alpine	Eifert, French & Co	paid annually		
Carlstadt	P.I.A.	\$3.28		\$4,879.32
Carlstadt Board of Education	P.I.A.	\$2.98		\$1,610.28
East Rutherford	P.I.A.	\$1.20		\$1,424.64
East Rutherford Board of Education	P.I.A.	\$2.84		\$3,344.64
Edgewater	Reliance Insurance Group	\$36.93		\$78,882.48
Emerson	P.Weisbart/Vozza	paid annually		
Fairfield	IMAC	\$60.88		\$109,586.76
Fairfield BOE	IMAC	\$57.36		\$48,869.28
Franklin Lakes	P.I.A.	\$31.10		\$31,726.08
Ft. Lee	Vozza	\$4.46		\$17,757.12
Hillsdale	Burton	paid annually		
Lodi	P.I.A.	\$1.07		\$1,620.60
Maywood Borough	P.I.A.	\$3.37		\$2,996.76
Mine Hill	Fairview Insurance	\$2.71		\$292.20
Montvale	P.I.A.	\$17.52		\$7,148.40
Moonachie	P.I.A.	\$20.57		\$12,093.00
North Arlington	P.I.A.	\$1.05		\$932.88
Oakland	Vozza	\$38.46	\$4.87	\$64,513.80
Park Ridge	Vozza	\$35.10	\$4.87	\$57,601.20
Ridgefield Park	Otterstedt	\$39.30		\$63,188.76
Rochelle Park	P.I.A.	\$1.25		\$586.08
Rutherford	P.I.A.	\$36.91		\$89,024.04
Saddle River	P.I.A.	\$15.92		\$8,404.80
South Hackensack	P.I.A.	\$21.15		\$9,390.60
Verona	Reliance Insurance Group	paid direct by town		
Wallington	acrisure	\$12.66		\$11,544.12
Wanaque Valley Regional S.A.	McCarthy & Forde	\$2.68		\$386.64
Westwood	Burton	\$12.29		\$9,880.20
Wood-Ridge	P.I.A.	\$0.86		\$814.92

3.This schedule may be amended upon written notification of each listed member entity.

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 28, 2020**

**BY: \_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST: \_\_\_\_\_**  
**SECRETARY**

**RESOLUTION NO. 11-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPOINTING OF FUND COMMISSIONER, AND ALTERNATE FUND COMMISSIONER TO  
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS**, The Bergen Municipal Employee Benefits Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS**, by virtue of the conditions of membership contained in the by-laws of the fund, the Bergen Municipal Employee Benefits Fund must appoint a Fund Commissioner and an Alternate Fund Commissioner;

**NOW THEREFORE BE IT RESOLVED**, that the appointments be as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
  
2. That \_\_\_\_\_ is hereby appointed as Alternate Fund Commissioner.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 12-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

**WHEREAS**, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**BE IT RESOLVED** by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2020.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Bergen Municipal Employee Benefits Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED** by Bergen Municipal Employee Benefits Fund at a properly noticed meeting held on January 28, 2020.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 13-20**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE NOVEMBER AND DECEMBER 2019 AND JANUARY 2020 BILLS LISTS**

**WHEREAS**, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **January 28, 2020** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November and December 2019 and January 2020 for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for November and December 2019 and January 2020 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: January 28, 2020**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
\_\_\_\_\_  
**SECRETARY**

