



AGENDA AND REPORTS

JUNE 23, 2020

ZOOPM MEETING

12:00 PM

Join Zoom Meeting

<https://zoom.us/j/5455080980>

Meeting ID: 545 508 0980

1- 929 -205 -6099

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.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AGENDA MEETING: JUNE 23, 2020
ZOOM MEETING
12:00 P.M.

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: April 28, 2020 Open.....Appendix

CORRESPONDENCE - None

EXECUTIVE DIRECTOR - PERMA - Paul Laracy

Executive Director's ReportPage 1

BENEFITS CONSULTANT REPORT - Jozsef Pfeiffer

Conner Strong & BuckelewPage 8

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi

Voucher List May 2020 (Confirmation of Payment).....Page 11

Voucher List June 2020 (Resolution 20-20).....Page 12

Treasurers Report May 2020.....Page 13

Confirmation of Claims Paid/Certification of Transfers

BOARD ADVISOR - Clark LaMendola

WELLNESS COORDINATOR - Diane McLean

THIRD PARTY ADMINISTRATOR - Aetna

Monthly ReportPage 16

PRESCRIPTION PROVIDER - Express Scripts - Kyle Colalillo

Monthly ReportPage 21

DENTAL ADMINISTRATOR - Delta Dental - Kim White

CONSENT AGENDAPage 23

Resolution 18-20: 2019 Audit ApprovalPage 24

Resolution 19-20: RMP Amendment.....Page 26

Resolution 20-20: May and June 2020 Bills ListPage 34

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
June 23, 2020**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

Fast Track Financial Reports: as of April 30, 2020 (page 4)

- Claims in April continued to be suppressed due to Covid-19 related deferrals of services.
- The BMED can consider expediting its dividend if member entities are in need of money at this time. Normally, we consider the dividend in conjunction with the preparation of the budget.

AUDITOR AND ACTUARY YEAR-END REPORTS (TBD)

A copy of the Annual Financial Audit for the period ending December 31, 2019 is included with the agenda. A representative from Lerch & Vinci LLP is expected to present the report. Once approved, we will make a filing with the Departments of Insurance and Community Affairs to meet their deadline. The Affidavit of Certification is included on page 6 and Resolution 18-20 approving the 2019 Audit is included in consent.

RISK MANAGEMENT PLAN - AMENDMENT

An internal review of the enrollment process was performed and found that the process of partial month transactions was not consistent across all of our Funds. In order to synchronize enrollments with accounts payable, we are recommending the following standard 'rule' for rate charging for enrollments during any given month:

23.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

Resolution 19-20 is included in the consent agenda.

CONTRACT ASSIGNMENT

Eagle Rock Management Group is the program coordinator for the Metro subgroup. The firm is being acquired by Foundation Risk Partners from Delaware but will continue to operate as Eagle Rock. The BMED is being asked to consent to the assignment of its contract with Eagle Rock. The contract assignment is included in Appendix II.

Motion: *Authorize assignment of contract with Eagle Rock Management Group to Foundation Risk Partners.*

MRHIF MEETING

Earlier this month, the MRHIF executive committee accepted the annual audit, approved dividend payments, and authorized the issuance of RFPs for professional positions.

The Committee unanimously approved a \$5.5 mill dividend to the local Funds. This dividend larger than in past years because the Committee felt that the local members need the financial assistance now more than ever, although the MRHIF and local funds are well positioned to handle the Covid-19 claims and the unknown surge that may occur from the pause on elective procedures.

BMED	877,895
NJHIF	707,674
CJHIF	902,665
SNJHIF	517,797
Coastal	558,434
SHIF	1,935,535
	5,500,000

The MRHIF also received performance guaranty payments from ESI of \$306,225 and this money is also being distributed to the local HIFs. The BMED share of this payment is \$21,082.

The MRHIF issues RFPs for professionals every 2 years. The positions involved are attorney, auditor, treasurer, actuary, and claims auditor. The executive director and program manager positions will be out for proposals in 2021.

MRHIF ACTION ON PHARMACY CONSULTANT AND ESI CONTRACT

MRHIF has awarded a contract to ELMC, Inc., the incumbent consultant, to assist the MRHIF in negotiating a contract renewal with ESI for the period 1/1/2021 to 6/30/2021. MRHIF will also be issuing an RFP later this year for a consultant to assist with issuing and RFP for a new multi-year contract with ESI or another provider effective 7/1/2021.

REQUESTS FOR PROPOSALS

Under the Local Public Contracts law, the following positions need to go out for RFP for a one year term starting January 1, 2021: Actuary, Auditor, Attorney, Treasurer and Fund Coordinator - Metro Subgroup.

MOTION: *Motion to issue and advertise Requests for Proposals for professional services contracts on behalf of the Fund for Actuary, Auditor, Attorney, Treasurer and Fund Coordinator – Metro Subgroup.*

CLAIMS COMMITTEE

The Small Claims Committee is currently in need of 2 Commissioners. If you would be interested in joining this committee, please reach out to Emily Koval (emilyk@permainc.com) and/or Chair Hart.

FINANCIAL DISCLOSURE STATEMENTS

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020. Fines will be issued for noncompliance. In light of the circumstances surrounding COVID-19, the Local Finance Board, at its meeting of April 22, 2020, voted to extend the date at which the Board would take enforcement action against non-fillers of the 2020 FDS until **July 31, 2020** from the statutory deadline of April 30, 2020. A listing of compliance last updated on June 16, 2020 is included below.

Last Name	First	Filed
Hermansen	Robert	No
Iannaconi	Joseph	No
Andrewis	Khaldoun	No
Caruso	Vincent	Yes
Catenaro	Joseph	Yes
Cavallo	Matthew	Yes
Ciannanmea	Anthony	Yes
Covelli	Frank	Yes
Davidson	Robert	Yes
Falkenstern	Julie	Yes
Franz	Gregory	Yes
Gambutti	Donna	Yes
Giaimis	Jerry	Yes
Hansen	John	Yes
Hart	Gregory	Yes
Huntington	Russell	Yes
Kakoleski	Robert	Yes
Kezmarsky	Ben	Yes
Kunze	Richard	Yes
Laracy	Paul	Yes
Poli	Hugo	Yes
Restaino	Alfred	Yes
Rios	Lyanna	Yes
Tietjen	Christoph	Yes
Tomasko	Paul	Yes
Wild	Katelyn	Yes

INDEMNITY AND TRUST AGREEMENTS

In October 2019 PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies 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 kkamprath@permainc.com for a blank form to be executed. The list was last updated on June 16, 2020. The risk manager for these accounts has indicated that the documents will be provided shortly. Going forward, risk manager payments for delinquent accounts will be withheld as our compliance rate is slipping.

BOROUGH OF CARLSTADT	12/31/2017
BOROUGH OF MOONACHIE	12/31/2018
BOROUGH OF WOOD-RIDGE	12/31/2018
BOROUGH OF MONTVALE	12/31/2019

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
FINANCIAL FAST TRACK REPORT
AS OF April 30, 2020

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	2,914,418	11,529,790	581,300,493	592,830,282
2. CLAIM EXPENSES				
Paid Claims	1,696,301	7,965,999	486,317,205	494,283,204
IBNR	31,040	184,711	1,968,000	2,152,711
Less Specific Excess	-	10,689	(12,774,786)	(12,764,097)
Less Aggregate Excess	-	-	(602,911)	(602,911)
TOTAL CLAIMS	1,727,341	8,161,399	474,907,508	483,068,907
3. EXPENSES				
MA & HMO Premiums	315,304	1,171,918	10,865,303	12,037,221
Excess Premiums	82,762	331,602	28,733,792	29,065,394
Administrative	198,014	786,059	43,031,769	43,817,828
TOTAL EXPENSES	596,080	2,289,580	82,630,864	84,920,443
4. UNDERWRITING PROFIT (1-2-3)	590,997	1,078,811	23,762,121	24,840,932
5. INVESTMENT INCOME	22,072	147,047	3,116,140	3,263,187
6. DIVIDEND INCOME	0	0	5,670,472	5,670,472
7. STATUTORY PROFIT (4+5+6)	613,069	1,225,859	32,548,732	33,774,591
8. DIVIDEND	0	0	17,904,151	17,904,151
9. STATUTORY SURPLUS (7-8)	613,069	1,225,859	14,644,582	15,870,441

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	14,530	92,455	10,722,980	10,815,436
	Cash	(64,614)	(164,625)	12,007,247	11,842,623
2018	Surplus	(2,791)	(34,516)	2,044,655	2,010,138
	Cash	(7,824)	(113,978)	2,129,314	2,015,335
2019	Surplus	(69,007)	98,243	1,876,945	1,975,188
	Cash	(166,018)	(727,487)	2,542,153	1,814,665
2020	Surplus	670,338	1,069,677		1,069,677
	Cash	1,505,859	1,471,496		1,471,496
TOTAL SURPLUS (DEFICITS)		613,069	1,225,859	14,644,580	15,870,439
TOTAL CASH		1,267,403	465,405	16,678,714	17,144,119

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS		(1,430)	(1,378)	427,179,642	427,178,264
FUND YEAR 2018					
Paid Claims		7,035	148,376	24,681,218	24,829,594
IBNR		-	(95,036)	95,036	0
Less Specific Excess		-	10,689	(690,130)	(679,441)
Less Aggregate Excess		-	0	0	0
TOTAL FY 2018 CLAIMS		7,035	64,029	24,086,124	24,150,153
FUND YEAR 2019					
Paid Claims		161,054	1,657,934	21,768,772	23,426,706
IBNR		(88,748)	(1,732,665)	1,872,964	140,299
Less Specific Excess		0	0	0	0
Less Aggregate Excess		0	0	0	0
TOTAL FY 2019 CLAIMS		72,306	(74,731)	23,641,736	23,567,005
FUND YEAR 2020					
Paid Claims		1,529,643	6,161,067		6,161,067
IBNR		119,788	2,012,412		2,012,412
Less Specific Excess		0	0		0
Less Aggregate Excess		0	0		0
TOTAL FY 2020 CLAIMS		1,649,431	8,173,478		8,173,478
COMBINED TOTAL CLAIMS		1,727,341	8,161,399	474,907,502	483,068,901

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	2019	JAN	FEB	MAR	APR
Cash Position	16,678,714	\$ 15,568,505	\$ 15,465,386	\$ 15,876,716	\$ 17,144,119
IBNR	1,968,000	\$ 2,011,303	\$ 2,199,041	\$ 2,121,670	\$ 2,152,711
Assets	17,977,206	\$ 18,251,674	\$ 18,311,128	\$ 18,556,369	\$ 19,119,439
Liabilities	3,332,625	\$ 3,310,680	\$ 3,435,641	\$ 3,298,999	\$ 3,248,999
Surplus	14,644,581	\$ 14,940,993	\$ 14,875,487	\$ 15,257,371	\$ 15,870,440
Claims Paid -- Month	1,834,381	\$ 1,967,671	\$ 2,242,421	\$ 2,059,606	\$ 1,638,510
Claims Budget -- Month	2,168,699	\$ 2,324,879	\$ 2,324,879	\$ 2,324,879	\$ 2,324,879
Claims Paid -- YTD	23,599,882	\$ 1,967,671	\$ 4,210,092	\$ 6,269,698	\$ 7,908,209
Claims Budget -- YTD	26,062,641	\$ 2,324,879	\$ 4,649,757	\$ 6,974,636	\$ 9,299,515
RATIOS					
Cash Position to Claims Paid	9.09	7.91	6.9	7.71	10.46
Claims Paid to Claims Budget -- Month	0.85	0.85	0.96	0.89	0.70
Claims Paid to Claims Budget -- YTD	0.91	0.85	0.91	0.9	0.85
Cash Position to IBNR	8.47	7.74	7.03	7.48	7.96
Assets to Liabilities	5.39	5.51	5.33	5.62	5.88
Surplus as Months of Claims	6.75	6.43	6.4	6.56	6.83
IBNR to Claims Budget -- Month	0.91	0.87	0.95	0.91	0.93

GROUP AFFIDAVIT FORM
CERTIFICATION OF FUND COMMISSIONERS
Of the
BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

We the Fund Commissioners of the Bergen Municipal Employee Benefits Fund, of full age, being duly sworn according to law, upon our oath depose and say:

1.) We are duly elected members Fund Commissioners of the Bergen Municipal Employee Benefits Fund.

2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2019.

3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

_____ (L.S.)
_____ (L.S.)
_____ (L.S.)
_____ (L.S.)
_____ (L.S.)
_____ (L.S.)
_____ (L.S.)
_____ (L.S.)

Attest:

Secretary to the Fund

The Secretary of the Fund shall set forth the reason for the absence of signature of any members of the Executive Committee.

Important: This certificate must be sent to the Division of Local Government Services, CN 803, Trenton, NJ 08625.

REGULATORY

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

YEAR: 2020, As of June 16, 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	Filed
<input type="checkbox"/> Fund Officers	Filed
<input type="checkbox"/> Renewal Resolutions	Filed
<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	Filed
<input type="checkbox"/> Cash Management Plan	Filed
<input type="checkbox"/> Unaudited Financials	Q1 2020 Filed
<input type="checkbox"/> Annual Audit	2019 to be 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

CONTRACT COMPLIANCE

Professional	Contract Received	Insurance Received	Contract Term
Administration	Yes	Yes	1/1/2019 - 12/31/2021
Attorney	Yes	Yes	1/1/2020-12/31/2020
Treasurer	Yes	Yes	1/1/2020-12/31/2020
Auditor	Yes	Yes	1/1/2020-12/31/2020
Benefits Consultant	yes	Yes	1/1/2019 - 12/31/2021
Actuary	Yes	Yes	1/1/2020-12/31/2020
Wellness	yes	Yes	4/1/2020-3/31/2021
Fund Coordinator	in progress	in progress	1/1/2020-12/31/2020
Board Advisor	Yes	n/a	1/1/2019-12/31/2021
TPA - Aetna	Yes	in progress	1 year renewal negotiated
TPA - Delta Dental	Yes	yes	1 year renewal negotiated

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

June 2020

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

ONLINE ENROLLMENT SYSTEM TRAINING

The Executive Committee voted and approved mandatory use of the online enrollment system by each member group. PERMA will host a monthly Web Ex system training session on the third Wednesday of each month, starting this month. The schedule is as follows:

July 15, 2020

August 19, 2020

September 16, 2020

October 21, 2020

November 18, 2020

The training will start at 10:00 am and last about an hour and provide an overview of the system for any new system users or existing users. If you are interested in attending as session, please send an email to the enrollment team with the date of the session you would like to attend and they will send you an invite with the details.

NEW CONTACT

As of October 1, 2019 Renny Maier will replace Austin Flinn as the Lead Benefits Administrator for BMED. Renny and Austin have been working closely for the last several months to ensure a smooth transition. Austin will still be a part of the PERMA team but will be focusing on other areas. Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated BMED Enrollment Team. The team can be reached by email at BMEDenrollments@permainc.com.

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 BMED Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

Enrollment & Eligibility Update

Benefit Express Systems Update- In a previous report we advised the Benefit Express system was undergoing a system update that included cosmetic updates as well as operational and processing improvements. We are happy to report that the system update has been completed and now all

BMED users can access the latest version of Benefit Express using the following link-
<https://mbe50.mybenefitexpress.com/Logon/MbeLogon.aspx?cid=684>.

AETNA UPDATE

COVID-19 Update-Aetna is waiving cost-share related to COVID-19 treatments and testing. They are also relaxing inpatient requirements regarding precerts will waive copays for all diagnostic testing related to COVID-19. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all commercial, Medicare, and Medicaid plans. Please follow the below links for more member information on how the carriers are handling benefit developments:

- Aetna-
 - <https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

Aetna Retiree- Specialty Rx Update- Aetna has made the decision to consolidate Aetna Specialty Pharmacy into CVS Specialty. New patients will begin using CVS Specialty June 1, 2020. On June 26, Aetna will begin to transition existing patients and prescriptions. The transition will continue through the end of September. This will occur in waves, by therapy. Aetna expects it to be a seamless process for our patients and providers. Also please note no new ID cards will be issues.

What your members can expect

- Any prescriptions with remaining refills will transfer to CVS Specialty
- Members with a current Aetna Specialty prescription will be sent the attached (Member) letter in advance of the script transfer
- Reminder inserts in their last Aetna Specialty Pharmacy order (see attached)
- CVS Specialty will contact patients to set up their first order
- The logo on the prescription label will be CVS Specialty
- Any notices or letters accompanying orders will change to CVS Specialty

* Please note that you have some plans that are MA only and this will affect their retirees as well, a drug covered as a Part B drug may be filled through the Aetna Specialty Pharmacy.

EXPRESS SCRIPTS UPDATE

NPF Formulary Updates- ESI has evaluated their National Preferred Formulary (NPF) for midyear updates and identified new exclusion opportunities for new-to-therapy utilizers that will provide continued, necessary improvements for your plan. Current users of the newly excluded drugs will not see any changes until January 1, 2021.

2020 Midyear Exclusions- ESI also recently completed their midyear review of the NPF. Beginning July 1, 2020, Express Scripts will exclude 47 additional products from the NPF for new-to-therapy members only, including 20 multi-source brand products with generic equivalents, and 27 single-source brand products. Current utilizers will not see any changes until January 1, 2021. Additionally, due to the COVID-19 pandemic, our 7/1 exclusions will not affect current users as we will be grandfathering members until the end of the year

Market Withdrawal of All Ranitidine Products- U.S. Food and Drug Administration (FDA) announced it is requesting manufacturers withdraw all prescription and over-the-counter (OTC) ranitidine drugs from the market immediately. This is the latest step in an ongoing investigation of a

contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications (commonly known by the brand name Zantac).

Network Update -

Effective August 16, 2020, Sam's Club Pharmacies will no longer be part of the standard networks of pharmacies available to BMED members.

Sam's Club has been unwilling to agree to Express Scripts' standard terms and conditions, including market-competitive rates, for Express Scripts' standard networks. By allowing Sam's Club in our standard networks with their current terms and rate offer, Express Scripts clients will pay more for pharmacy services than other comparable pharmacies in their networks.

- While the contract will be terminated on August 16, 2020, Express Scripts can extend the relationship in order to provide clients/members with the appropriate advance notice and continuation of care.
- Sam's Club is a retail pharmacy chain owned by Walmart, with 566 locations nationally.
- The termination process will begin on August 16, 2020.
- No BMED members are currently utilizing Sam's Club Pharmacy.

ADMINISTRATIVE AUTHORIZATIONS

One small claim appeal was heard by the small claims committee. The denial was upheld.

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST**

Confirmation of Payment

MAY 2020

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.

<u>FUND YEAR 2020</u>	<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
	003314			
	003314	AETNA HEALTH MANAGEMENT LLC	TPA 5/20	313,930.24
				313,930.24
	003315			
	003315	FLAGSHIP HEALTH SYSTEMS	ADMIN 5/20	4,487.08
				4,487.08
	003316			
	003316	SAVEON SP LLC	CLAIMS ADMIN FEE - ESI - 3/20	4,071.25
				4,071.25
	003317			
	003317	DELTA DENTAL OF NEW JERSEY INC	DENTAL ADMIN 5/20	6,654.96
				6,654.96
	003318			
	003318	AETNA LIFE INSURANCE COMPANY	TPA 5/20	52,476.48
				52,476.48
	003319			
	003319	PAYFLEX	S HACKENSACK 4/20	18.00
	003319	PAYFLEX	MONTVALE 4/20	48.00
	003319	PAYFLEX	OAKLAND 4/20	3.00
				69.00
	003320			
	003320	PERMA	POSTAGE 4/20	32.80
	003320	PERMA	EXEC DIRECTOR 5/20	34,432.90
				34,465.70
	003321			
	003321	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 5/20	2,433.00
	003321	HUNTINGTON BAILEY, LLP	ARREARS 4/20	792.50
				3,225.50
	003322			
	003322	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORD 5/20	5,020.00
				5,020.00
	003323			
	003323	JOSEPH IANNAONI, JR.	TREASURER FEE 5/20	1,640.50
				1,640.50
	003324			
	003324	LaMendola Associates, Inc.	RETAINER 5/20	1,500.00
				1,500.00
	003325			
	003325	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD BOE RMC 5/20	4,244.51
	003325	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD RMC 5/20	9,375.75
				13,620.26
	003326			
	003326	THE VOZZA AGENCY	RMC FEE 5/20	12,230.83
				12,230.83
	003327			
	003327	PIA SECURITY PROGRAMS, INC.	BROKER FEES 5/20	15,099.43
				15,099.43
	003328			
	003328	RELIANCE INSURANCE GROUP LLC	RMC FEE 5/20	6,684.33
				6,684.33
	003329			
	003329	ACRISURE LLC DBA SCIROCCO GROUP	RMC FEE 5/20	936.84
				936.84
	003330			
	003330	BURTON AGENCY INC.	RMC FEE 5/20	835.64
				835.64
	003331			
	003331	CONNER STRONG & BUCKELEW	BENEFT FEES 5/20	25,254.04
	003331	CONNER STRONG & BUCKELEW	HEALTHCARE REFORM 5/20	833.33
				26,087.37
	003332			
	003332	OTTERSTEDT INSURANCE AGENCY	RMC FEE 5/20	5,383.62
				5,383.62
	003333			
	003333	MUNICIPAL REINSURANCE H.L.F.	REINSURANCE 5/20	84,186.34
				84,186.34
	003334			
	003334	PIA SECURITY PROGRAMS, INC.	PROF LIABILITY POLICY RENEWAL 5/20	2,252.50
				2,252.50
			Total Payments FY 2020	594,857.87
			TOTAL PAYMENTS ALL FUND YEARS	\$594,857.87

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**

Resolution No. 20-20

JUNE 2020

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>
003335			
003335	OAKLAND BOROUGH	WELLNESS REIMBURSEMENT 6/20	2,375.34
			2,375.34
		Total Payments FY 2019	2,375.34

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003336			
003336	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 6/20	310,970.68
			310,970.68
003337			
003337	FLAGSHIP HEALTH SYSTEMS	DMO 6/20	4,487.08
			4,487.08
003338			
003338	SAVEON SP LLC	CLAIMS ADMIN - ESI - 4/20	8,053.50
			8,053.50
003339			
003339	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 6/20	6,732.96
			6,732.96
003340			
003340	AETNA LIFE INSURANCE COMPANY	TPA 6/20	52,821.72
			52,821.72
003341			
003341	PAYFLEX	MONTVALE;OAKLAND;S. HACK 5/20	69.00
			69.00
003342			
003342	PERMA	POSTAGE 5/20	11.50
003342	PERMA	ADMIN FEES 6/20	34,494.70
			34,506.20
003343			
003343	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 6/20	2,433.00
			2,433.00
003344			
003344	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORD FEES 6/20	5,060.00
			5,060.00
003345			
003345	JOSEPH IANNAONI, JR.	TREASURER FEE 6/20	1,640.50
			1,640.50
003346			
003346	ALLSTATE INFORMATION MANAGEMNT	ACCT#418 - ARC & STOR - 4.30.20	119.78
			119.78
003347			
003347	LaMendola Associates, Inc.	RETAINER 6/20	1,500.00
			1,500.00
003348			
003348	NORTH JERSEY MEDIA GROUP	ACCT#396194 - AD - 4/20	47.35
			47.35
003349			
003349	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP BOE - RMC FEE 6/20	4,244.52
003349	ACRISURE LLC d/b/a IMAC INS AGENCY	FAIRFIELD TWP - RMC FEE 6/20	9,193.11
			13,437.63
003350			
003350	THE VOZZA AGENCY	PARK RIDGE 6/20	5,064.64
003350	THE VOZZA AGENCY	FORT LEE 6/20	1,547.60
003350	THE VOZZA AGENCY	OAKLAND 6/20	5,718.06
			12,330.30
003351			
003351	PIA SECURITY PROGRAMS, INC.	BROKER FEES 6/20	15,110.25
			15,110.25
003352			
003352	RELIANCE INSURANCE GROUP LLC	EDGEWATER 6/20	6,721.26
			6,721.26
003353			
003353	ACRISURE LLC DBA SCIROCCO GROUP	74 LIVES 6/20	936.84
			936.84
003354			
003354	BURTON AGENCY INC.	WESTWOOD - RMC - 6/20	823.35
			823.35
003355			
003355	CONNER STRONG & BUCKELEW	HEALTHCARE REFORM 6/20	833.33
003355	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT 6/20	25,169.08
			26,002.41
003356			
003356	OTTERSTEDT INSURANCE AGENCY	RMC 6/20	5,226.43
			5,226.43
003357			
003357	MUNICIPAL REINSURANCE H.L.F.	SPECIFIC REINSURANCE 6/20	84,740.21
			84,740.21
		Total Payments FY 2020	593,770.45
		TOTAL PAYMENTS ALL FUND YEARS	\$596,145.79

Chairperson

Attest: _____

Dated: _____

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

Treasurer

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

Month		May								
Current Fund Year		2020								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change	
Year	Coverage	Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This	
		Last Month	May	May	May	May	Reconciled	Variance From	Month	
2020	Med	4,490,525.04	1,109,949.89	0.00	5,600,474.93	0.00	5,600,474.93	4,490,525.04	1,109,949.89	
	Dental	457,476.25	29,834.85	0.00	487,311.10	0.00	487,311.10	457,476.25	29,834.85	
	Rx	1,199,318.72	331,830.96	0.00	1,531,149.68	0.00	1,531,149.68	1,199,318.72	331,830.96	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	6,147,320.01	1,471,615.70	0.00	7,618,935.71	0.00	7,618,935.71	6,147,320.01	1,471,615.70	

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

Current Fund Year: 2020 Month Ending: May		Med	Dental	Rx	Vision	Run-In	Reinsurance	Medicare Adv.	RSR	Admin	TOTAL
OPEN BALANCE		11,917,612.26	592,179.44	351,207.62	0.00	0.00	(123,602.87)	5,575,205.43	676,433.57	(1,844,916.32)	17,144,119.13
RECEIPTS											
Assessments		2,190,724.58	171,797.50	264,996.75	0.00	0.00	92,389.34	249,862.09	11,808.69	275,593.35	3,257,172.30
Refunds		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts		(9,761.69)	(410.74)	(518.91)	0.00	0.00	0.00	(3,866.87)	(469.16)	(202.42)	(15,229.79)
Invest Adj		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest		(9,761.69)	(410.74)	(518.91)	0.00	0.00	0.00	(3,866.87)	(469.16)	(202.42)	(15,229.79)
Other *		97,939.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	97,939.66
TOTAL		2,278,902.55	171,386.76	264,477.84	0.00	0.00	92,389.34	245,995.22	11,339.53	275,390.93	3,339,882.17
EXPENSES											
Claims Transfers		1,109,949.89	29,834.85	331,830.96	0.00	0.00	0.00	0.00	0.00	0.00	1,471,615.70
Expenses		0.00	0.00	0.00	0.00	0.00	84,186.34	0.00	0.00	510,671.53	594,857.87
Other *		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,268.17	1,268.17
TOTAL		1,109,949.89	29,834.85	331,830.96	0.00	0.00	84,186.34	0.00	0.00	511,939.70	2,067,741.74
END BALANCE		13,086,564.92	733,731.35	283,854.50	0.00	0.00	(115,399.87)	5,821,200.65	687,773.10	(2,081,465.09)	18,416,259.56

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
BERGEN MUNICIPAL EMPL HEALTH BENEFITS FUND								
ALL FUND YEARS COMBINED								
CURRENT MONTH								
CURRENT FUND YEAR								
	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 Balance	\$17,144,118.96	3771004.48	0	-0.003	-	10207873.58	3165240.9	
Opening Interest Accrual Balance	\$18,066.37	0	0	0	0	18066.37	0	
1 Interest Accrued and/or Interest	\$16,996.76	\$0.00	\$0.00	\$0.00	\$0.00	\$16,996.76	\$0.00	
2 Interest Accrued - discounted Interest	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3 Amortization 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	\$1,815.70	\$55.76	\$0.00	\$0.00	\$0.00	\$16.82	\$1,743.12	
6 Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7 Realized Gain (Loss)	-\$17,045.50	\$0.00	\$0.00	\$0.00	\$0.00	-\$17,045.50	\$0.00	
8 Net Investment Income	\$1,766.96	\$55.76	\$0.00	\$0.00	\$0.00	-\$31.92	\$1,743.12	
9 Deposits - Purchases	\$4,826,727.66	\$3,355,111.96	\$0.00	\$0.00	\$1,471,615.70	\$0.00	\$0.00	
10 (Withdrawals - Sales)	-\$3,539,357.44	-\$2,066,473.57	\$0.00	\$0.00	-\$1,471,615.70	-\$1,268.17	\$0.00	
Ending Cash & Investment Balance	\$18,416,259.38	\$5,059,698.63	\$0.00	-\$0.00	\$0.00	\$10,189,576.73	\$3,166,984.02	
Ending Interest Accrual Balance	\$35,063.13	\$0.00	\$0.00	\$0.00	\$0.00	\$35,063.13	\$0.00	
Plus Outstanding Checks	\$27,833.89	\$27,833.89	\$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	\$18,444,093.27	\$5,087,532.52	\$0.00	-\$0.00	\$0.00	\$10,189,576.73	\$3,166,984.02	
Annualized Rate of Return This Month	0.12%	0.02%		0.00%		0.00%	0.66%	



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

June 23, 2020



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	<u>Medical CLAIMS PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$1,318,151	1,051	\$ 1,254
FEBRUARY	\$1,726,889	1,053	\$ 1,640
MARCH	\$1,808,341	1,051	\$ 1,721
APRIL	\$1,151,340	1,060	\$ 1,086
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTAL	\$6,004,722		
	2020 Average	1,054	\$ 1,425
	2019 Average	1,051	\$ 1,479



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

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

Paid Dates: 03/01/2020 - 03/31/2020
Service Dates: 01/01/1900 - 03/31/2020
Line of Business: All
Funding Category: All

	Billed Amt	Paid Amt
	\$197,809.86	\$99,253.26
	\$94,048.73	\$91,723.99
	\$374,785.71	\$88,776.55
	\$456,710.43	\$82,184.92
TOTAL:	\$1,123,354.73	\$361,938.72

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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
Subgroup / Suffix: All

Paid Dates: 04/01/2020 - 04/30/2020
Service Dates: 01/01/1900 - 04/30/2020
Line of Business: All
Funding Category: All

	Billed Amt	Paid Amt
	\$103,684.00	\$67,765.69
	\$107,614.60	\$67,458.17
TOTAL:	\$211,298.60	\$135,223.86

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Bergen Municipal Employee Benefit Fund
 May 1, 2019 through April 30, 2020 (unless otherwise noted)

Medical Claims Paid:
January 2020 – April 2020

Total Medical Paid per EE: **\$1,425**

Network Discounts

Inpatient: **60.9%**
 Ambulatory: **65.6%**
 Physician/Other: **68.1%**
TOTAL: 65.9%

Provider Network

% Admissions In-Network: **95.9%**
 % Physician Office: **85.7%**

Aetna Book of Business:
 Admissions 97.9%; Physician 90.4%

Top Facilities Utilized (by total Medical Spend)

- Hackensack University
- Valley Hospital
- Morristown Medical Center
- Holly Name Medical Center
- Englewood Hospital

Catastrophic Claim Impact*
January 2020-April 2020

Number of Claims Over \$50,000: **18**
 Claimants per 1000 members: **6.9**
 Avg. Paid per Claimant: **\$84,206**
 Percent of Total Paid: **28.3%**

- Aetna BOB- HCC account for an average of **41.3%** of total Medical Cost

Nurse Case Member Outreach:
Through Q4 2019

Unique Members Identified: **98**
 Outreach Opportunities Identified: **149**
 Outreach in Progress: **10**
 Completed Outreach: **139**

Closed with Engagement: **54 (38.8%)**
 Unable to Reach: **82 (59.0%)**
 Member Declined: **3**

Teladoc Activity: Jan – April 2020

Total Registrations: **67**
 Total Online Visits: **84**
 Total Net Claims Savings: **\$12,328**
 Total Visits w/ Rx: **52**
 Member Satisfaction Rating / Avg.
92% Outstanding, 8% Good

Allentown Service Center
Performance: Q1 2020 Metrics

Customer Service

Call Quality: **98.6%**
 1st Call Resolution: **94.5%**
 Abandonment Rate: **1.3%**
 Avg. Speed of Answer: **28.7 sec**

Claims Performance

Financial Accuracy: **99.6% (Q4)**
 Turnaround w/in 15 days: **8.1 days**
 Turnaround w/in 31 days: **6.1 days**

Performance Goals

Call Quality: **94%**
 1st 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**

Proprietary



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

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%
Plan Cost PMPM	\$158.78	\$176.19	\$125.57	\$153.57	\$152.41	\$161.11	\$145.62	\$153.07	\$165.80	\$160.89	\$147.91	\$158.20	\$154.92	\$165.80	\$168.88	\$163.20	\$156.99
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%

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Membership	1,969	1,956	1,960	1,962	1,972	1,983											
Total Days	80,130	75,225	88,984	244,339	71,767	76,729											
Total Patients	844	827	863	1,250	662	710											
Total Plan Cost	\$339,139	\$305,569	\$350,151	\$994,858	\$347,123	\$316,640											
Generic Fill Rate (GFR) - Total	82.6%	80.5%	81.8%	81.7%	79.6%	79.6%											
Plan Cost PMPM	\$172.24	\$156.22	\$178.65	\$169.05	\$176.03	\$159.68											
% Change Plan Cost PMPM	8.5%	-11.3%	42.3%	10.1%	15.5%	-0.9%											
Total Specialty Plan Cost	\$124,824	\$110,309	\$133,176	\$368,309	\$139,362	\$95,452											
Specialty % of Total Specialty Plan Cost	36.8%	36.1%	38.0%	37.0%	40.1%	30.1%											

PMPM	
Jan - May 2019	\$154.84
Jan - May 2020	\$168.56
Trend Jan - May 2020	8.9%

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JUNE 23, 2020**

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

Resolutions

Subject Matter

Motion _____

Second _____

RESOLUTION NO. 18-20

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2019**

WHEREAS, N.J.S.A. 40A:5-4 requires the governing body of every local unit to have made an annual audit of its books, accounts and financial transactions, and

WHEREAS, the Annual Report of Audit for the year 2019 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

WHEREAS, the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per R.S. 52:27BB-34, and

WHEREAS, the Local Finance Board has promulgated a regulation requiring that the Fund Commissioners of the Fund shall, by resolution, certify to the Local Finance Board of the State of New Jersey that all Fund Commissioners have reviewed, as a minimum, the sections of the annual audit entitled:

General Comments
and
Recommendations

and

WHEREAS, the Fund Commissioners have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments
and
Recommendations

as evidenced by the group affidavit form of the Fund Commissioners.

WHEREAS, such resolution of certification shall be adopted by the Fund Commissioners no later than forty-five days after the receipt of the annual audit, as per the regulations of the Local Finance Board, and

WHEREAS, all Fund Commissioners have received and have familiarized themselves with, at least, the minimum requirements of the Local Finance Board of the State of New Jersey, as stated aforesaid and have subscribed to the affidavit, as provided by the Local Finance Board, and

WHEREAS, failure to comply with the promulgations of the Local Finance Board of the State of New Jersey may subject the Fund Commissioners to the penalty provisions of R.S. 52:27BB-52 - to wit:

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

NOW, THEREFORE, BE IT RESOLVED, that the Executive Committee hereby states that they have complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

BE IT FURTHER RESOLVED that the 2018 fund year be and is hereby closed.

ADOPTED: JUNE 23, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 19-20

**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 it 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.

23.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

ADOPTED: JUNE 23, 2020

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 20 -20

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE MAY AND JUNE 2020 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **May and June, 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 May and June 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 May and June 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: June 23, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
OPEN MEETING: APRIL 28, 2020
ZOOM MEETIN
12:00 P.M.

Meeting called to order by Chairman Hart. The Open Public Meeting Notice was read into the record.

ROLL CALL OF 2020 EXECUTIVE COMMITTEE:

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

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Paul Laracy Emily Koval Karen Kamprath
Attorney	Huntington Bailey, LLP	Russ Huntington
Treasurer	Joseph Iannaconi	Joseph Iannaconi
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Kim White
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Clark LaMendola
Benefits Consultant	Conner Strong	Jozsef Pfeiffer
RX Administrator	Express Scripts	Kyle Colalillo Ken Rostkowski

OTHERS PRESENT:

Suzanne Pennell
Tom Ucko
Matt McArow
Dave Vozza
Christopher Tietjen

CORRESPONDENCE - None

APPROVAL OF MINUTES:

MOTION TO APPROVE THE PRESENTED OPEN MINUTES OF FEBRUARY 25, 2020:

MOTION:	Commissioner Kunze
SECOND:	Commissioner Franz
ROLL CALL VOTE:	5 Yes, 0 No, 2 Abstain (Commissioner Gambutti, Commissioner Poli)

EXECUTIVE DIRECTORS REPORT

FAST TRACK FINANCIAL REPORTS - as of February 28, 2020

Executive Director said the claims for January and February were as projected. He said the Fund has adequate surplus to absorb a claims increase due to Covid19. He said the current surplus is 6.37 months of claims.

IBNR - ACTUARY CERTIFICATION

Executive Director said at the end of each Fund year, the Actuary must certify that the Fund is reserving enough funds for incurred but not reported (IBNR) claims. The Actuary has reviewed the claims and financial fast track through the end of the year and has determined a range for which he believes will be a conservative reserve.

MRHIF ACTION ON PHARMACY CONSULTANT AND ESI CONTRACT

Executive Director said the MRHIF met and has awarded a contract to ELMCRX, the incumbent consultant, to assist the MRHIF in negotiating a contract renewal with ESI for the period 1/1/2021 to 6/30/2021. He said the MRHIF will also be issuing an RFP later this year for a consultant to assist with issuing and RFP for a new multi-year contract with ESI or another provider effective 7/1/2021.

WELLNESS APPLICATION - OAKLAND

Executive Director said the Borough of Oakland has submitted a wellness grant application to the Committee in the amount of \$10,000. The Wellness Coordinator and the Committee have fully vetted the request and are recommending its approval.

FINANCIAL DISCLOSURE STATEMENTS

Executive Director said as done in prior years and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020 however an extension for fines for non-compliance has been given until July 31, 2020.

INDEMNITY AND TRUST AGREEMENTS

Executive Director said in n October 2019 PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. A listing of compliance was included in the agenda.

FUTURE MEETINGS

Executive Director said in accordance with the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq. and in consideration of Executive Order No. 103, issued by Governor Murphy on March 9, 2020,

declaring a State of Emergency and a Public Health Emergency in the State of New Jersey, the Fund may conduct electronic meetings. PERMA will contact the Fund Chair on a monthly basis to determine how the meetings should convene and contact the Commissioner as soon as possible.

BENEFIT'S CONSULTANT'S REPORT **ONLINE ENROLLMENT SYSTEM TRAINING**

Program Manager said 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 of PERMA.

NEW CONTACT

As of October 1, 2019 Renny Maier will replace Liz Cronrath as the Lead Benefits Administrator for BMED. Renny and Liz have been working closely for the last several months to ensure a smooth transition. Liz will still be a part of the PERMA team but will be focusing on other areas. Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated BMED Enrollment Team. The team can be reached by email at BMEDenrollments@permainc.com.

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 BMED Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

ENROLLMENT & ELIGIBILITY UPDATE

Program Manager said in a previous report we advised the Benefit Express system was undergoing a system update that included cosmetic updates as well as operational and processing improvements. We are happy to report that the system update has been completed and now all SNJREBF users can access the latest version of Benefit Express using the following link-
<https://mbe50.mybenefitexpress.com/Logon/MbeLogon.aspx?cid=684>.

AETNA UPDATE

Program Manager said Aetna is waiving cost-share related to COVID-19 treatments and testing. They are also relaxing inpatient requirements regarding precerts will waive copays for all diagnostic testing related to COVID-19. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all commercial, Medicare, and Medicaid plans. Please follow the below links for more member information on how the carriers are handling benefit developments:

- Aetna-
 - <https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

EXPRESS SCRIPTS UPDATE

Program Manager said ESI has evaluated their National Preferred Formulary for midyear updates and identified new exclusion opportunities for new-to-therapy utilizers that will provide continued, necessary

improvements for your plan. Current users of the newly excluded drugs will not see any changes until January 1, 2021.

2020 Midyear Exclusions- ESI also recently completed their midyear review of the NPF. Beginning July 1, 2020, Express Scripts will exclude 47 additional products from the NPF for new-to-therapy members only, including 20 multi-source brand products with generic equivalents, and 27 single-source brand products. Current utilizers will not see any changes until January 1, 2021. Additionally, due to the COVID-19 pandemic, our 7/1 exclusions will not affect current users as we will be grandfathering members until the end of the year

Silvercloud

In response to COVID 19, Express Scripts has updated the resources available to members. Silvercloud is an online platform with activities and tools to address the stress and worry associated with the COVID-19 pandemic. Recently enhancements have been added for users to access additional content within the original programs on stress, resilience and insomnia along with a new program designed specifically for the COVID 19 pandemic.

Market Withdrawal of All Ranitidine Products- U.S. Food and Drug Administration (FDA) announced it is requesting manufacturers withdraw all prescription and over-the-counter (OTC) ranitidine drugs from the market immediately. This is the latest step in an ongoing investigation of a contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications (commonly known by the brand name Zantac). ESI ran a disruption report and advised 6 members in the SNJREBF will be impacted by the withdrawal of the product.

Effective 4/01/2020, ESI will be the initial contact for first level prescription appeals. 2nd Level and Urgent appeals request process will not change.

DELTA DENTAL

Program Manager said due to COVID 19, effective immediately Delta Dental will not be printing ID cards for members.

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report.

FUND ATTORNEY - None

TREASURER - Fund Treasurer said his report is included in the agenda.

Confirmation of Payment - March 2020

FUND YEAR	AMOUNT
Fund Year 2020	\$597,353.77
TOTAL	\$597,353.77

Resolution 17-20 - April 2020 Bills List

FUND YEAR	AMOUNT
Fund Year 2019	\$10,798.03
Fund Year 2020	\$601,445.95
TOTAL	\$612,445.95

BOARD ADVISOR - Board Advisor provided an update on the wellness program.

AETNA - THIRD PARTY ADMINISTRATOR - Mr. Silverstein reviewed the claims for January and February 2020. There was 1 high claim for January and 3 in February. He also provided an update on the Covid 19 claims.

PHARMACY NETWORK (Express Scripts) - Mr. Colalillo said the January - March trend is 6.0%. He also provided an overview of Buoy Health and the current Covid 19 impact.

DELTA DENTAL -None

MOTION TO APPROVE THE CONSENT AGENDA INCLUDING RESOLUTIONS 16-20 and 17-20.

MOTION:	Commissioner Cavallo
SECOND:	Commissioner Kunze
VOTE:	7 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Commissioner Poli said this will be his last meeting as a Commissioner for the BMED.

PUBLIC COMMENT: None

MOTION TO ADJOURN

MOTION:	Commissioner Poli
SECOND:	Commissioner Gambutti
VOTE:	Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: June 23, 2020
Zoom Meeting
12:00 P.M.

Karen Kamprath, Assisting Secretary
Date Prepared: June 1, 2020

APPENDIX II

CONSENT TO ASSIGNMENT

This Consent to Assignment (the “**Consent**”) is executed by Bergen Municipal Employee Benefits Fund (the “**Fund**”) as of June __, 2020 (the “**Effective Date**”) with respect to the Professional Services Agreement, including the associated Service Provider Agreement, commencing on January 1, 2020 (the “**Agreement**”), between the Fund and Eagle Rock Management Group, LLC, a New Jersey limited liability company (“**Eagle Rock**”).

WHEREAS, Eagle Rock is in the process of negotiating an Account Acquisition Agreement (the “**AAA**”) with Foundation Risk Partners, Corp., a Delaware corporation (“**Buyer**”), pursuant to which Buyer will purchase certain client accounts of Eagle Rock (the “**Transaction**”);

WHEREAS, the Agreement will be assigned by Eagle Rock to Buyer, effective as of the Effective Date; and

WHEREAS, the Professional Services Agreement requires that the Fund provide written consent to such assignment.

THEREFORE, the parties, intending to be legally bound, agree as follows:

1. **Consent to Assignment.** The Fund hereby consents to the assignment of the Agreement by Eagle Rock to Buyer effective as of the Effective Date. If the Transaction is not consummated, the Agreement will not be assigned to Buyer and Eagle Rock will remain party to the Agreement without any change thereto. The Fund further agrees that: (a) following the Transaction, the Agreement will remain in effect without modification; (b) the Transaction will not give rise to any right to terminate or cancel the Agreement; (c) the Transaction will not accelerate any of the Fund’s rights or benefits under the Agreement; (d) Buyer will be permitted to exercise all of Eagle Rock’s rights under the Agreement after the Transaction in the same manner as Eagle Rock was able to exercise those rights prior to the Transaction; (e) following the Transaction, Buyer will be entitled to and will be paid those fees previously paid to Eagle Rock for services rendered under the Agreement, including those fees set forth in the “Compensation” section of the Professional Services Agreement; and (f) the Fund will look exclusively to Eagle Rock for all performance and obligations under the Agreement prior to the Effective Date and solely to Buyer for all performance and obligations under the Agreement on or after the Effective Date.

2. **Miscellaneous.** This Consent will be governed by and construed in accordance with the laws of the State of New Jersey, without giving effect to any choice or conflict of law provision or rule that would cause the application of laws of any jurisdiction other than those of the State of New Jersey.

IN WITNESS WHEREOF, the Fund has caused this Consent to be signed by its duly authorized officer as of the Effective Date.

**BERGEN MUNICIPAL EMPLOYEE
BENEFITS FUND**

Name:

Title: