



**AGENDA AND REPORTS**  
**JANUARY 24, 2023**  
**FRANKLIN LAKES BOROUGH HALL**  
**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.

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
 AGENDA MEETING: JANUARY 24, 2023  
 FRANKLIN LAKES BOROUGH HALL  
 12:00 PM**

**SINE DIE MEETING**

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

**PLEDGE OF ALLEGENCE**

**ROLL CALL OF 2022 EXECUTIVE COMMITTEE**

Gregory Hart, Chair  
 Richard Kunze, Secretary  
 Joseph Catenaro, Executive Committee  
 Gregory Franz, Executive Committee  
 Donna Gambutti, Executive Committee  
 Bob Kakoleski, Executive Committee  
 Richard Molinari, Executive Committee  
 Anthony Ciannamea, Executive Committee Alternate  
 Erin Delaney, Executive Committee Alternate

**APPROVAL OF MINUTES:** September 30, 2022 Open..... Appendix I

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

**MEETING OF 2022 FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF 2023 FUND COMMISSIONERS**

<b>Member</b>	<b>Fund Commissioner</b>
Alpine	Paul Tomasko
Bloomfield Twp	Kimberly Duva
Carlstadt	Joseph Crifasi
Carlstadt Board of Education	Megan Slamb
City of East Orange	
City of Orange	Christopher Hartwyk
East Rutherford	John Hansen
East Rutherford Board of Education	Lameka Augustin
Edgewater	Gregory Franz
Emerson	Robert Hermansen
Fairfield	James Gasparini
Fairfield BOE	Lyanna Rios

Franklin Lakes	Gregory Hart
Ft. Lee	Alfred Restaino
Garfield City	Erin Delaney
Hillsdale	Christopher Tietjen
Irvington	Musa Mallik
Lodi	Vincent Caruso
Maywood Borough	Donna Puglisi
Mine Hill	Katelyn Wild
Montvale	Timothy Lane
Moonachie	Anthony Ciannamea
Morristown	Jillian Barrick
North Arlington	
Oakland	Richard Kunze
Park Ridge	Julie Falkenstern
Plainfield BOE	Evadene Weithe
Ridgefield Park	Adam Macneill
Rochelle Park	Robert Davison
Rutherford	Robert Kakoleski
Saddle River	Richard Molinari
Scotch Plains	Margaret Heisey
South Hackensack	Donna Gambutti
Verona	Joseph D'Arco
Wallington	Hector Olmo
Wanaque Valley Regional S.A.	Frank Covelli
Westwood	Daurene Ayer
West Orange	Jack Sayres
Woodcliff Lake	Tom Padilla
Wood-Ridge	Dominick Azzolini
West Caldwell	Nikole H. Baltycki

### **Recommended Slate**

Gregory Hart, Chair

Richard Kunze, Secretary

Gregory Franz, Executive Committee

Donna Gambutti, Executive Committee

Bob Kakoleski, Executive Committee

Anthony Ciannamea, Executive Committee

Erin Delaney, Executive Committee Alternate

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

Executive Director asks for Nominations. Attorney swears in officers and Executive Committee.

### **MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

### **ROLL CALL OF 2023 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**MONTHLY COMMITTEE REPORTS**

**STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair**

**FINANCE COMMITTEE - Rich Kunze, Chair**

Appendix II:

January 4, 2023 Minutes

January 20, 2023 Minutes

**WELLNESS COMMITTEE - Robert Kakoleski, Chair**

**SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair**

**NOMINATION COMMITTEE - Joseph Catenaro, Chair**

**EXECUTIVE DIRECTOR - PERMA - Brandon Lodics**

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

**BENEFITS CONSULTANT REPORT - Crystal Bailey**

Conner Strong & Buckelew.....Page 13

**ATTORNEY - Russell Huntington, Esq.**

**TREASURER - Joseph Iannaconi**

Voucher List October, November and December 2022.....Page 18

Treasurers Report December 2022.....Page 27

Confirmation of Claims Paid/Certification of Transfers

**WELLNESS COORDINATOR - Marianne Eskilson .....Page 30**

**BOARD ADVISOR - Clark LaMendola**

**THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein**

Monthly Report .....Page 32

**PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk**

Monthly Report.....Page 42

**DENTAL ADMINISTRATOR - Delta Dental - Brian Remlinger**

**CONSENT AGENDA .....Page 45**

Resolution 1-23: Awarding Professional Fees for 2023.....Page 46

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Resolution 3-23: Designation of Secretary as Custodian of Records .....Page 50

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Resolution 5-23: Designation of Regular Meeting Times and Place .....Page 52  
Resolution 6-23: Designation of Bank Depositories & CMP .....Page 53  
Resolution 7-23: Designation of Authorized Signatories.....Page 54  
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Resolution 10-23: Appointment of MRHIF Commissioners .....Page 58  
Resolution 11-23: Authorizing Treasurer to Process  
Payments and Expenses.....Page 67  
Resolution 12-23: Amending the Program Manager Contract .....Page 69  
Resolution 13-23: New Membership Offer .....Page 70  
Resolution 14-23: October, November, and December 2022 Bills Lists.....Page 71

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**

**Bergen Municipal Employee Benefits Fund  
Executive Director's Report  
January 24, 2023**

**FINANCE AND OPERATIONS**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** as of November 30, 2022 (page 4)
  - **Historical Income Statement**
  - **Ratios and Indices Report**

**2023 REORGANIZATION**

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

#6-23 – This resolution sets the meeting dates for 2023. A physical location and zoom is included in the event that we need to hold it virtually.

#8-23 – Current Signatories – Gregory Hart, Gregory Franz, Richard Kunze and Fund Treasurer

#9-23 – RMP – Minor changes have been highlighted.

#11-23 – Current MRHIF representatives are Richard Kunze and Gregory Hart.

**BENEFITS CONSULTANT AMENDMENT - CLAIMS AND OPERATIONAL AUDIT**

As approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits.

The Benefits Consultant will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-inured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures.

AIM will cater the scope of the audits to the needs of the BMED and market observations present at the time of each audit. The Benefits Consultant's report includes suggested audit scope for 2023.

<https://www.aim-benefits.com/>

**NEW MEMBER STATUS/METRO BREAKOUT**

As per the request of the Finance Committee, a new business update is included on Page 10. The Committee had reviewed 4 new members, 3 for the Metro subgroup and 1 for the BMED. A status update of all new member prospects since the SHBP released its renewal is also included. PERMA will be updating the Committee and the underwriting summaries in further detail on an ongoing basis. Resolution 13-23 ratifies the decision of the Committee to approve membership.

In addition, the Committee discussed the Metro breakout for 1/1/2024. The filing process will begin shortly and the Metro representatives will begin to meet independently.

## **MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF executive committee met on December 14.

The 2023 budget and assessments were adopted without amendment. The assessment included in the Fund 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting.

A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

## **JANUARY MEMBER BILLS**

Due to the rate update and audit process with the 1/1 renewal, the January bills were delayed. February bills should be back to the normal schedule.

## **2023 COMMITTEE APPOINTMENTS**

Below are the standing Committees that were appointed in 2022. If a commissioner is interested in joining a committee, please reach out to Emily Koval and Chair Hart.

<u>Claims Committee</u>	<u>Wellness Committee</u>	<u>Strategic Planning Committee</u>	<u>Nominations Committee</u>	<u>Finance Committee</u>
Donna Gambutti	Bob Kakoleski, Chair	Rich Kunze, Chair	Bob Kakoleski	Rich Kunze, Chair
Vincent Caruso	Erin Delaney	Greg Franz		Greg Hart
Bob Kakoleski	Michael Carelli	Durene Ayer		Bob Kakoleski
	Tom Padilla	Greg Hart		
	Greg Hart	Anthony Cinnamon		

## **INDEMNITY AND TRUST AGREEMENTS**

Below is a list of members who have renewing agreements due by December 31, 2022 and older. Please reach out to PERMA (jdelorenzo@permainc.com) for a blank form to be executed. The list was last updated on January 15, 2023.

Member	I&T end date
EAST ORANGE	12/31/2020
BOROUGH OF HILLSDALE	12/31/2021
TOWNSHIP OF ROCHELLE PARK	12/31/2021
BOROUGH OF CARLSTADT	12/31/2022
BOROUGH OF EAST RUTHERFORD	12/31/2022
BOROUGH OF EDGEWATER	12/31/2022
BOROUGH OF MAYWOOD	12/31/2022
BOROUGH OF MONTVALE	12/31/2022
BOROUGH OF MOONACHIE	12/31/2022
BOROUGH OF NORTH ARLINGTON	12/31/2022
BOROUGH OF PARK RIDGE	12/31/2022
BOROUGH OF WALLINGTON	12/31/2022
BOROUGH OF WOOD-RIDGE	12/31/2022
EAST RUTHERFORD BOARD OF ED	12/31/2022



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
FINANCIAL FAST TRACK REPORT**

**AS OF November 30, 2022**

		<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1.	<b>UNDERWRITING INCOME</b>	<b>7,318,326</b>	<b>74,953,322</b>	<b>680,700,052</b>	<b>755,653,373</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	5,099,380	61,562,688	553,734,658	615,297,346
	IBNR	136,018	534,446	6,730,761	7,265,206
	Less Specific Excess	-	(1,825,129)	(13,445,211)	(15,270,340)
	Less Aggregate Excess	-	-	(602,911)	(602,911)
	<b>TOTAL CLAIMS</b>	<b>5,235,398</b>	<b>60,272,004</b>	<b>546,417,296</b>	<b>606,689,301</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	587,477	5,863,238	20,899,144	26,762,382
	Excess Premiums	179,435	1,866,095	31,377,814	33,243,909
	Administrative	514,542	5,151,820	49,935,482	55,087,302
	<b>TOTAL EXPENSES</b>	<b>1,281,453</b>	<b>12,881,153</b>	<b>102,212,440</b>	<b>115,093,593</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	<b>801,474</b>	<b>1,800,164</b>	<b>32,070,316</b>	<b>33,870,480</b>
5.	<b>INVESTMENT INCOME</b>	<b>66,215</b>	<b>(131,186)</b>	<b>3,317,030</b>	<b>3,185,844</b>
6.	<b>DIVIDEND INCOME</b>	<b>155,455</b>	<b>155,455</b>	<b>7,077,243</b>	<b>7,232,698</b>
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>1,023,145</b>	<b>1,824,433</b>	<b>42,464,589</b>	<b>44,289,022</b>
8.	<b>DIVIDEND</b>	<b>0</b>	<b>1,942,065</b>	<b>25,147,933</b>	<b>27,089,998</b>
9.	<b>Transferred Surplus</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>STATUTORY SURPLUS (7-8+9)</b>	<b>1,023,145</b>	<b>(117,632)</b>	<b>17,316,656</b>	<b>17,199,024</b>
		<b>SURPLUS (DEFICITS) BY FUND YEAR</b>			
	<b>Closed</b>	<b>Surplus</b> 184,455	(2,022,741)	13,107,552	11,084,811
		<b>Cash</b> 6,123	(1,713,841)	13,784,452	12,070,611
	<b>2021</b>	<b>Surplus</b> (20,059)	(97,007)	1,851,451	1,754,443
		<b>Cash</b> (38,868)	(2,092,093)	2,619,779	527,686
	<b>METRO HIF 2021</b>	<b>Surplus</b> 29,244	(676,189)	2,357,653	1,681,465
		<b>Cash</b> 6,426	(3,203,234)	4,946,029	1,742,795
	<b>2022</b>	<b>Surplus</b> 222,588	(1,732,162)		(1,732,162)
		<b>Cash</b> 360,435	(928,155)		(928,155)
	<b>METRO HIF 2022</b>	<b>Surplus</b> 606,916	4,410,468		4,410,468
		<b>Cash</b> 2,474,411	6,106,907		6,106,907
	<b>TOTAL SURPLUS (DEFICITS)</b>	<b>1,023,145</b>	<b>(117,632)</b>	<b>17,316,656</b>	<b>17,199,024</b>
	<b>TOTAL CASH</b>	<b>2,808,526</b>	<b>(1,830,416)</b>	<b>21,350,260</b>	<b>19,519,844</b>
		<b>CLAIM ANALYSIS BY FUND YEAR</b>			
	<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>1,171</b>	<b>138,936</b>	<b>498,406,670</b>	<b>498,545,606</b>
	<b>FUND YEAR 2021</b>				
	Paid Claims	47,676	4,278,417	26,100,384	30,378,801
	IBNR	(18,505)	(3,060,243)	3,088,000	27,757
	Less Specific Excess	0	(983,904)	(535,529)	(1,519,433)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2021 CLAIMS</b>	<b>29,171</b>	<b>234,270</b>	<b>28,652,855</b>	<b>28,887,125</b>
	<b>METRO HIF 2021</b>				
	Paid Claims	0	4,236,955	15,715,010	19,951,964
	IBNR	(22,655)	(3,580,412)	3,642,761	62,349
	Less Specific Excess	0	0	0	0
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL METRO HIF 2021 CLAIMS</b>	<b>(22,655)</b>	<b>656,543</b>	<b>19,357,770</b>	<b>20,014,313</b>
	<b>FUND YEAR 2022</b>				
	Paid Claims	2,297,969	27,513,328		27,513,328
	IBNR	48,941	3,292,423		3,292,423
	Less Specific Excess	0	(841,225)		(841,225)
	Less Aggregate Excess	0	0		0
	<b>TOTAL FY 2022 CLAIMS</b>	<b>2,346,910</b>	<b>29,964,525</b>		<b>29,964,525</b>
	<b>METRO HIF 2022</b>				
	Paid Claims	2,752,564	25,395,053		25,395,053
	IBNR	128,238	3,882,678		3,882,678
	Less Specific Excess	0	0		0
	Less Aggregate Excess	0	0		0
	<b>TOTAL METRO HIF 2022 CLAIMS</b>	<b>2,880,802</b>	<b>29,277,731</b>		<b>29,277,731</b>
	<b>COMBINED TOTAL CLAIMS</b>	<b>5,235,398</b>	<b>60,272,004</b>	<b>546,417,296</b>	<b>606,689,300</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	2021	FY2022										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	16,404,231	\$ 14,670,994	\$ 14,074,960	\$ 14,072,555	\$ 13,423,370	\$ 15,093,647	\$ 13,370,735	\$ 12,702,491	\$ 13,145,185	\$ 12,407,164	\$ 11,342,452	\$ 11,670,142
IBNR	3,088,000	\$ 3,360,289	\$ 3,549,081	\$ 3,626,641	\$ 3,663,351	\$ 3,673,144	\$ 3,550,548	\$ 3,577,508	\$ 3,538,029	\$ 3,327,045	\$ 3,289,744	\$ 3,320,180
Assets	19,120,978	\$ 18,892,004	\$ 18,629,342	\$ 17,702,429	\$ 17,404,265	\$ 17,324,279	\$ 17,235,291	\$ 17,390,008	\$ 17,457,558	\$ 16,627,668	\$ 15,420,333	\$ 15,701,197
Liabilities	4,161,974	\$ 4,328,777	\$ 4,291,833	\$ 4,328,465	\$ 4,346,462	\$ 4,101,606	\$ 3,962,767	\$ 3,998,898	\$ 5,919,535	\$ 5,738,850	\$ 4,700,226	\$ 4,594,104
Surplus	14,959,004	\$ 14,563,226	\$ 14,337,508	\$ 13,373,964	\$ 13,057,804	\$ 13,222,672	\$ 13,272,524	\$ 13,391,110	\$ 11,538,023	\$ 10,888,818	\$ 10,720,107	\$ 11,107,092
Claims Paid -- Month	3,290,768	\$ 2,760,526	\$ 2,638,028	\$ 3,457,529	\$ 3,050,700	\$ 2,447,238	\$ 4,083,004	\$ 2,379,033	\$ 2,405,319	\$ 3,590,106	\$ 2,772,382	\$ 2,346,816
Claims Budget -- Month	5,322,309	\$ 2,761,232	\$ 2,764,809	\$ 2,765,170	\$ 2,766,213	\$ 2,760,027	\$ 2,758,975	\$ 2,716,615	\$ 2,717,241	\$ 2,719,377	\$ 2,730,126	\$ 2,731,370
Claims Paid -- YTD	28,867,485	\$ 2,760,526	\$ 5,398,553	\$ 8,856,082	\$ 11,906,782	\$ 14,354,020	\$ 18,437,024	\$ 20,816,057	\$ 23,221,376	\$ 26,811,482	\$ 29,583,864	\$ 31,930,680
Claims Budget -- YTD	34,682,113	\$ 2,761,232	\$ 5,526,042	\$ 8,291,212	\$ 11,057,425	\$ 13,813,357	\$ 16,572,550	\$ 19,101,769	\$ 21,816,683	\$ 24,535,287	\$ 27,259,789	\$ 29,991,159
<b>RATIOS</b>												
Cash Position to Claims Paid	4.98	5.31	5.34	4.07	4.4	6.17	3.27	5.34	5.47	3.46	4.09	4.97
Claims Paid to Claims Budget -- Month	0.62	1.00	0.95	1.25	1.1	0.89	1.48	0.88	0.89	1.32	1.02	0.86
Claims Paid to Claims Budget -- YTD	0.83	1.00	0.98	1.07	1.08	1.04	1.11	1.09	1.06	1.09	1.09	1.06
Cash Position to IBNR	5.31	4.37	3.97	3.88	3.66	4.11	3.77	3.55	3.72	3.73	3.45	3.51
Assets to Liabilities	4.59	4.36	4.34	4.09	4	4.22	4.35	4.35	2.95	2.9	3.28	3.42
Surplus as Months of Claims	2.81	5.27	5.19	4.84	4.72	4.79	4.81	4.93	4.25	4	3.93	4.07
IBNR to Claims Budget -- Month	0.58	1.22	1.28	1.31	1.32	1.33	1.29	1.32	1.30	1.22	1.20	1.22

METRO HEALTH INSURANCE FUND													
RATIOS													
INDICES	2021	FY2022											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	4,946,029	\$ 5,654,019	\$ 3,354,080	\$ 5,608,106	\$ 6,265,143	\$ 5,946,710	\$ 5,574,098	\$ 4,961,849	\$ 4,366,780	\$ 6,815,851	\$ 5,368,865	\$ 7,849,702	
IBNR	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	\$ 4,180,589	\$ 3,371,883	\$ 3,833,813	\$ 4,192,032	\$ 3,693,869	\$ 3,839,444	\$ 3,945,027	
Assets	6,000,414	\$ 6,758,845	\$ 7,227,586	\$ 7,131,446	\$ 7,321,325	\$ 7,246,290	\$ 7,807,533	\$ 8,259,102	\$ 8,022,971	\$ 8,635,176	\$ 9,295,217	\$ 10,036,960	
Liabilities	3,642,761	\$ 3,865,130	\$ 3,996,348	\$ 4,065,294	\$ 4,141,128	\$ 4,180,589	\$ 3,371,883	\$ 3,833,813	\$ 4,192,032	\$ 3,693,869	\$ 3,839,444	\$ 3,945,027	
Surplus	2,357,653	\$ 2,893,715	\$ 3,231,237	\$ 3,066,152	\$ 3,180,197	\$ 3,065,701	\$ 4,435,650	\$ 4,425,289	\$ 3,830,939	\$ 4,941,307	\$ 5,455,773	\$ 6,091,933	
Claims Paid -- Month	2,797,425	\$ 2,072,729	\$ 2,413,711	\$ 2,971,229	\$ 2,746,885	\$ 2,955,409	\$ 2,388,528	\$ 2,632,530	\$ 3,505,757	\$ 2,676,381	\$ 2,516,284	\$ 2,752,564	
Claims Budget -- Month	2,571,826	\$ 2,775,649	\$ 2,780,300	\$ 2,792,570	\$ 2,822,697	\$ 2,816,778	\$ 2,818,783	\$ 2,898,060	\$ 3,059,529	\$ 3,068,615	\$ 3,169,368	\$ 3,200,870	
Claims Paid -- YTD	15,715,010	\$ 2,072,729	\$ 4,486,440	\$ 7,457,669	\$ 10,204,554	\$ 13,159,963	\$ 15,548,492	\$ 18,181,021	\$ 21,686,778	\$ 24,363,160	\$ 26,879,444	\$ 29,632,008	
Claims Budget -- YTD	15,715,010	\$ 2,775,649	\$ 5,555,949	\$ 8,348,519	\$ 11,171,576	\$ 13,982,108	\$ 16,800,993	\$ 19,489,267	\$ 22,541,664	\$ 25,624,133	\$ 28,787,530	\$ 31,988,400	
<b>RATIOS</b>													
Cash Position to Claims Paid	1.77	2.73	1.39	1.89	2.28	2.01	2.33	1.88	1.25	2.55	2.13	2.85	
Claims Paid to Claims Budget -- Month	1.09	0.75	0.87	1.06	0.97	1.05	0.85	0.91	1.15	0.87	0.79	0.86	
Claims Paid to Claims Budget -- YTD	1.00	0.75	0.81	0.89	0.91	0.94	0.93	0.93	0.96	0.95	0.93	0.93	
Cash Position to IBNR	1.36	1.46	0.84	1.38	1.51	1.42	1.65	1.29	1.04	1.85	1.40	1.99	
Assets to Liabilities	1.65	1.75	1.81	1.75	1.77	1.73	2.32	2.15	1.91	2.34	2.42	2.54	
Surplus as Months of Claims	0.92	1.04	1.16	1.1	1.13	1.09	1.57	1.53	1.25	1.61	1.72	1.9	
IBNR to Claims Budget -- Month	1.42	1.39	1.44	1.46	1.47	1.48	1.2	1.32	1.37	1.2	1.21	1.23	

**Bergen Municipal Employee Benefits Fund**  
**2022 Budget Report**  
as of November 30, 2022

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
<b>Expected Losses</b>						
Medical Claims Aetna	56,730,068	62,139,519	60,240,520	53,381,787	3,348,281	6%
Prescription Claims	4,230,182	4,613,444	3,802,286	3,875,827	(914,700)	-31%
Prescription Formulary Rebates	(1,269,055)	(1,384,033)	(1,140,686)	Included Above in Prescription Claims		
Dental Claims	2,288,363	2,543,491	2,274,112	1,984,643	303,721	13%
Subtotal	61,979,559	67,912,420	65,176,232	59,242,256	2,737,302	4%
HMO/DMO Premiums	55,078	62,517	55,137	51,747	3,331	6%
Medicare Advantage / EGWP	5,803,234	6,388,336	5,778,254	5,811,491	(8,257)	0%
Reinsurance						
Specific	1,865,445	2,041,747	1,983,709	1,866,095	(650)	0%
Total Loss Fund	69,703,315	76,405,020	72,993,332	66,971,590	2,731,726	4%
Loss Fund Contingency	0	0	0	0	0	0%
Expenses						
Legal	22,917	25,000	25,000	22,917	-	0%
Treasurer	18,940	20,662	20,662	18,569	371	2%
Administrator	677,238	743,403	1,025,923	676,831	407	0%
Risk Management Consultants	1,636,703	1,796,086	1,692,104	1,635,261	1,442	0%
Fund CoOrdinator METRO	459,301	507,460	455,004	459,434	(133)	0%
TPA - Claims Agent Aetna	1,279,564	1,400,495	1,360,685	1,281,968	(2,404)	0%
Dental TPA	102,776	114,463	99,478	102,767	9	0%
Actuary	11,220	12,240	12,240	11,220	-	0%
Auditor	17,298	18,870	18,870	17,302	(5)	0%
Benefits Consultant	491,143	538,143	597,221	496,081	(355)	0%
Board Advisor	16,830	18,360	18,360	18,360	(1,530)	-9%
Subtotal Expenses	4,733,929	5,195,182	5,325,547	4,740,709	(2,196)	0%
Miscellaneous and Special Services						
Misc/Cont	9,868	10,765	10,765	43,365	(33,497)	-339%
Wellness, Disease, Case Management	91,667	100,000	100,000	93,087	(1,420)	-2%
Affordable Care Act Taxes	16,973	18,577	18,049	17,279	(306)	-2%
A4 Surcharge	420,477	461,630	448,059	397,034	23,443	6%
Plan Documents	4,583	5,000	5,000	Included above in Benefits Consultant		
Subtotal Misc/Sp Svcs	543,568	595,972	581,873	550,764	(11,780)	-2%
Total Expenses	5,277,497	5,791,154	5,907,420	5,291,473	(13,976)	0%
Total Budget	74,980,812	82,196,174	78,900,751	72,263,063	2,717,749	4%

# Bergen Municipal Employee Benefits Fund

## CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2022

BY FUND YEAR

	BMED 2022	BMED 2021	CLOSED YEAR	METRO 2021	METRO 2022	FUND BALANCE
<b>ASSETS</b>						
Cash & Cash Equivalents	(928,155)	527,686	12,070,611	1,742,795	6,106,907	19,519,844
Assessments Receivable (Prepaid)	712,695	136,507	(7,070)	0	2,185,089	3,027,222
Interest Receivable	1,267	1,311	4,642	1,018	1,151	9,389
Specific Excess Receivable	841,225	1,116,696	-	-	-	1,957,921
Aggregate Excess Receivable	-	-	-	-	-	-
Dividend Receivable	-	-	-	-	-	-
Prepaid Admin Fees	1,020	-	-	-	-	1,020
Other Assets	1,222,760	0	-	-	-	1,222,760
<b>Total Assets</b>	<b>1,850,812</b>	<b>1,782,200</b>	<b>12,068,184</b>	<b>1,743,813</b>	<b>8,293,146</b>	<b>25,738,156</b>
<b>LIABILITIES</b>						
Accounts Payable	-	-	-	-	-	-
IBNR Reserve	3,292,423	27,757	-	62,349	3,882,678	7,265,206
A4 Retiree Surcharge	242,869	-	-	-	-	242,869
Dividends Payable	-	-	983,372	-	-	983,372
Retained Dividends	-	-	-	-	-	-
Accrued/Other Liabilities	47,684	-	-	-	-	47,684
<b>Total Liabilities</b>	<b>3,582,975</b>	<b>27,757</b>	<b>983,372</b>	<b>62,349</b>	<b>3,882,678</b>	<b>8,539,131</b>
<b>EQUITY</b>						
Surplus / (Deficit)	(1,732,163)	1,754,443	11,084,812	1,681,465	4,410,468	17,199,025
<b>Total Equity</b>	<b>(1,732,163)</b>	<b>1,754,443</b>	<b>11,084,812</b>	<b>1,681,465</b>	<b>4,410,468</b>	<b>17,199,025</b>
<b>Total Liabilities &amp; Equity</b>	<b>1,850,812</b>	<b>1,782,200</b>	<b>12,068,184</b>	<b>1,743,813</b>	<b>8,293,146</b>	<b>25,738,156</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</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.

Fund Year allocation of claims have been estimated.

REGULATORY

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
YEAR: 2023

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2023 Filed
<input type="checkbox"/> Assessments	2023 Filed
<input type="checkbox"/> Actuarial Certification	2023 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	9/30/2021 Filed
<input type="checkbox"/> Annual Audit	2021 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

## NEW BUSINESS UPDATE

### New Membership Recommendations

January 1, 2023

<b>New Member Overview</b>	
<b>Fund</b>	METRO HIF
<b>Entity</b>	<b>Township of Scotch Plains</b>
<b>County</b>	Union
<b>Effective Date</b>	1/1/2023 - 12/31/2023
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Enrollees</b>	115
<b>Retiree Coverage</b>	Pre and Post 65
<b>Current Arrangement</b>	State Health Benefits
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>Member approval?</b>	Yes; Indemnity and Trust and Resolution to Join
<b>Implementation Status</b>	Fully implemented

<b>New Member Overview</b>	
<b>Fund</b>	METRO HIF
<b>Entity</b>	<b>Bloomfield Township</b>
<b>County</b>	Essex County
<b>Effective Date</b>	1/1/2023 - 12/31/2023
<b>Lines of Coverage</b>	Medical
<b>Eligible Enrollees</b>	400
<b>Retiree Coverage</b>	Pre 65
<b>Current Arrangement</b>	Self Insured
<b>Run Out Claims</b>	METRO HIF Assistance w/ Line Item Bill and 12 Month Reconciliation
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>Member approval?</b>	Yes; Indemnity and Trust and Resolution to Join
<b>Implementation Status</b>	Fully implemented
<b>Additional Notes</b>	Existing METRO HIF Medicare Advantage Member

<b>New Member Overview</b>	
<b>Fund</b>	METRO HIF
<b>Entity</b>	<b>Bloomfield Township Library</b>
<b>County</b>	Essex County
<b>Effective Date</b>	1/1/2023 - 12/31/2023
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Enrollees</b>	20
<b>Retiree Coverage</b>	Pre 65 and Post 65
<b>Current Arrangement</b>	Self Insured
<b>Run Out Claims</b>	METRO HIF Assistance w/ Line Item Bill and 12 Month Reconciliation
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>Member approval?</b>	Yes; Indemnity and Trust and Resolution to Join
<b>Implementation Status</b>	Fully implemented
<b>Additional Notes</b>	Currently receiving benefits from the Township through shared purchasing

February 1, 2023

<b>New Member Overview</b>	
<b>Fund</b>	BMED Gateway HIF
<b>Entity</b>	<b>Fanwood Township</b>
<b>County</b>	Union
<b>Effective Date</b>	2/1/2023-12/31/2023
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Enrollees</b>	45
<b>Retiree Coverage</b>	Pre 65 and Post 65
<b>Current Arrangement</b>	State Health Benefits
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>Member approval?</b>	Yes; Indemnity and Trust and Resolution to Join
<b>Implementation Status</b>	In progress

### **METRO HIF Breakout- January 1, 2024**

We are in the planning stages in preparation of breaking out the Metro HIF January 1, 2024. We will keep the Executive Committee updated on the status as we move forward.

### **New Member Review – Prospects reviewed since July 2022**



<u>Group</u>	<u>BMED/METRO</u>	<u>Status</u>
Woodcliff Lake	BMED	Quote released and being reviewed
Little Falls	BMED	Needs Further Review
Waldwick	BMED	Needs Further Review
Little Ferry	BMED	Uncompetitive above over 2023 SHBP
Fanwood	BMED	Joining 2/1
Garwood	BMED	Competitive quote released
Wycoff	BMED	Quote released; above 2023 SHBP. Being reviewed by Town
Maplewood	BMED	Additional information needed
Mountainside	BMED	Additional information needed
Teaneck	BMED	Additional information needed
Millburn	BMED	Quote released; over 2023 SHBP. Being reviewed by Town
Lodi	BMED	Needs Further Review
Irvington	Metro	Needs more information
Bloomfield/Bloomfield Lib	Metro	Joined 1/1/23; current MA only member
Hillside BOE	Metro	Competitive Medical quote released; being reviewed
Livingston BOE	Metro	Quote released; over 2023 SHBP
Montclair	Metro	Competitive quote released; being reviewed'
Scotch Plains	Metro	Joined 1/1/23
Union Twp	Metro	MA Only joining 3/1
Linden Twp	Metro	MA likely to join 4/1

## Gateway-BMED Health Insurance Fund

### Benefits Consultant Report

January 2023

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)

#### **ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email [BMEDenrollments@permainc.com](mailto:BMEDenrollments@permainc.com) or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access every 3rd Wednesday at 10AM. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

In the subject line of the email, please include: Training – Fund Name and Client Name. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

#### **COVERAGE UPDATES:**

##### **Covid-19 Oral Prescriptions:**

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications are to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

- 1- *Pfizer- Paxlovid*
- 2- *Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
  - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
  - o Member - \$0 copay
  - o Program Fee- \$2.50 per prescription
  - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
  - o Addition of medications to covered Formulary
  - o Member educational pieces (included in agenda)
  - o Quantity Limit – 1 course of treatment every 180 days

#### **EXPRESS-SCRIPTS UPDATE**

ESI's 2023 Exclusions List has been released. The Benefits Consultant sent the Exclusions List to all brokers with BMED's specific aggregate impact information on November 14<sup>th</sup>. Impacted members, physicians, and

pharmacists were notified about the 2023 medication exclusions. The 2023 SaveOn Drug lists were sent to brokers on September 8<sup>th</sup>, 2022. BMED had 9 members impacted by the NPF Exclusions and no members impacted by the SaveOn Exclusions.

## **OPERATIONAL UPDATES:**

### **End of Year/Wellness Incentive Program Reporting**

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022
  - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022, through October 31, 2022**
  - Reports were sent to group billing contacts the week of January 2<sup>nd</sup>
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
  - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
  - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available

## **2022 LEGISLATIVE REVIEW**

### **COVID -19**

1. National Emergency Declaration- Extended through March 2023. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
  - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
  - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period.
1. At Home COVID-19 Testing- On January 10<sup>th</sup>, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per test
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government – **No longer available** effective September 2, 2022, due to lack of funding.

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
  - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

2. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

**Medical and Rx Reporting**

**Federal Extension Granted** – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec. 1 – Dec. 27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and Amerihealth will submit filings to the government on behalf of the HIFs using information in their system.

### **Mental Health Parity and Addiction Equity Act (MHPAEA)**

In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plan sponsors will be required to complete a detailed analysis of the plan, confirming compliance. On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund's next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

### **No Surprise Billing and Transparency Act– Continued Delays**

The Health Insurance Funds, including Gateway-BMED protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Gateway-BMED HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

### **2023 Specialized Audits**

As approved through an RFP through the Benefits Consultant contract, the HIFs has acquired the services of AIM to conduct specialized audits for Gateway Regional Health Insurance Fund (BMED). AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED Fund to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act.

Later in 2023 Aim will review Gene Therapy cost for BMED, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

## Appeals

### Carrier Appeals:

<b>Submission Date</b>	<b>Appeal Type</b>	<b>Appeal Number</b>	<b>Reason</b>	<b>Determination</b>	<b>Determination Date</b>
12/9/2022	Medical	BMED – 2022-12-01	Benefit Application	Upheld	12/28/2022
1/6/2022	Medical	BMED-2023-01-01	Benefit Application	Upheld	1/9/2023

**IRO Submissions:** None

**BMED Small Claims Committee Appeals:** None

# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND BILLS LIST

Confirmation of Payment

OCTOBER 2022

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 2022**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004121			
004121	AETNA MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREMIUMS 10/22	577,779.08
			<b>577,779.08</b>
004122			
004122	FLAGSHIP DENTAL PLANS	RUTHERFORD 10/22	1,980.42
004122	FLAGSHIP DENTAL PLANS	BORO OF EAST RUTHERFORD 10/22	2,053.52
			<b>4,033.94</b>
004123			
004123	DELTACARE DMO	PLAINFIELD BOE 10/22	3,390.93
004123	DELTACARE DMO	CITY OF ORANGE 10/22	269.41
			<b>3,660.34</b>
004124			
004124	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 10/22	11,322.48
			<b>11,322.48</b>
004125			
004125	AETNA	MEDICAL TPA - AETNA 10/22	116,633.58
			<b>116,633.58</b>
004126			
004126	PA YFLEX	BORO OF WALLINGTON 10/22	74.16
004126	PA YFLEX	BORO OF MONTVALE 10/22	120.00
004126	PA YFLEX	BORO OF OAKLAND 10/22	6.00
004126	PA YFLEX	SOUTH HACKENSACK 10/22	15.00
			<b>215.16</b>
004127			
004127	PERMA	POSTAGE 9/22	122.18
004127	PERMA	ADMINISTRATION FEES 10/22	64,610.64
			<b>64,732.82</b>
004128			
004128	HUNTINGTON BAILEY, LLP	GENERAL COUNSEL SERVICES 10/22	2,083.33
			<b>2,083.33</b>
004129			
004129	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR FEES 10/22	46,061.00
			<b>46,061.00</b>
004130			
004130	JOSEPH IANNA CONI JR.	TREASURER FEE 10/22	1,688.08
			<b>1,688.08</b>
004131			
004131	LAMENDOLA ASSOCIATES, INC.	RETAINER FEE 10/22	1,530.00
			<b>1,530.00</b>
004132			
004132	NORTH JERSEY MEDIA GROUP	ACCT #396194 - AD - 9.25.22	37.60
			<b>37.60</b>
004133			
004133	NJ ADVANCE MEDIA	ACCT #1000934603 - AD - 9.24.22	67.24
			<b>67.24</b>
-			

004134			
004134	WELLNESS COACHES	WELLNESS COACHING SERVICES 9/22	4,640.00
			<b>4,640.00</b>
004135			
004135	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT SERVICES 10/22	2,083.33
			<b>2,083.33</b>
004136			
004136	EBIX, INC.	MISC. EXPENSES 10/22	5,685.00
004136	EBIX, INC.	MISC. EXPENSES 10/22	7,800.00
			<b>13,485.00</b>
004137			
004137	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 10/22	38,788.97
			<b>38,788.97</b>
004138			
004138	A CRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEES 10/22	34,286.73
			<b>34,286.73</b>
004139			
004139	THE VOZZA AGENCY	BROKER FEES - PARK RIDGE 10/22	5,285.01
004139	THE VOZZA AGENCY	BROKER FEES - FORT LEE 10/22	1,563.68
004139	THE VOZZA AGENCY	BROKER FEES - OAKLAND 10/22	6,309.56
			<b>13,158.25</b>
004140			
004140	RELIANCE INSURANCE GROUP, LLC	BROKER FEES - PLAINFIELD BOE 10/22	26,574.54
004140	RELIANCE INSURANCE GROUP, LLC	BROKER FEES - EDGEWATER 10/22	7,031.23
			<b>33,605.77</b>
004141			
004141	A CRISURE	BROKER FEES 9/22	1,027.21
004141	A CRISURE	BROKER FEES 8/22	1,014.04
004141	A CRISURE	BROKER FEES 10/22	1,014.05
004141	A CRISURE	BROKER FEES 5/22	974.54
004141	A CRISURE	BROKER FEES 6/22	1,014.04
004141	A CRISURE	BROKER FEES 7/22	1,000.88
			<b>6,044.76</b>
004142			
004142	ALLEN ASSOCIATES	BROKER FEES 10/22	9,360.54
			<b>9,360.54</b>
004143			
004143	BURTON AGENCY INC.	BROKER FEES 10/22	920.55
			<b>920.55</b>
004144			
004144	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 10/22	416.67
004144	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 10/22	46,020.11
			<b>46,436.78</b>
004145			
004145	SADDLE RIVER DELI	LUNCH MEETING 9/22	424.75
			<b>424.75</b>
004146			
004146	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 10/22	5,764.65
			<b>5,764.65</b>
004147			
004147	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 10/22	18,586.52
			<b>18,586.52</b>
004148			
004148	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 10/22	170,037.23
			<b>170,037.23</b>
		<b>Total Payments FY 2022</b>	<b>1,227,468.48</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,227,468.48</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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



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

Confirmation of Payment

OCTOBER 2022

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>
004106			
004106	LODI BOROUGH	DIVIDEND 10/22	15,595.00
			<b>15,595.00</b>
004107			
004107	PARK RIDGE BOROUGH	DIVIDEND 10/22	86,966.00
			<b>86,966.00</b>
004108			
004108	RUTHERFORD BOROUGH	DIVIDEND 10/22	225,764.00
			<b>225,764.00</b>
004109			
004109	WOOD-RIDGE BOROUGH	DIVIDEND 10/22	5,188.00
			<b>5,188.00</b>
004110			
004110	ALPINE BOROUGH	DIVIDEND 10/22	2,450.00
			<b>2,450.00</b>
004111			
004111	EAST RUTHERFORD BOARD OF EDUCATION	DIVIDEND 10/22	9,304.00
			<b>9,304.00</b>
004112			
004112	MOONACHIE BOROUGH	DIVIDEND 10/22	94,810.00
			<b>94,810.00</b>
004113			
004113	OAKLAND BOROUGH	DIVIDEND 10/22	142,058.00
			<b>142,058.00</b>
004114			
004114	SADDLE RIVER BOROUGH	DIVIDEND 10/22	66,869.00
			<b>66,869.00</b>
004115			
004115	SOUTH HACKENSACK TOWNSHIP	DIVIDEND 10/22	99,202.00
			<b>99,202.00</b>
004116			
004116	CARLSTADT BOROUGH	DIVIDEND 10/22	8,220.00
			<b>8,220.00</b>
004117			
004117	EAST RUTHERFORD BOROUGH	DIVIDEND 10/22	6,542.00
			<b>6,542.00</b>
004118			
004118	FRANKLIN LAKES BOROUGH	DIVIDEND 10/22	31,821.00
			<b>31,821.00</b>
004119			
004119	MONTVALE BOROUGH	DIVIDEND 10/22	64,269.00
			<b>64,269.00</b>
004120			
004120	FAIRFIELD TOWNSHIP	DIVIDEND 10/22	168,482.00
			<b>168,482.00</b>
		<b>Total Payments FY Closed</b>	<b>1,027,540.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,027,540.00</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

# BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

## BILLS LIST

Confirmation of Payment

NOVEMBER 2022

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 2022**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004149	AETNA MEDICARE ADVANTAGE	MEDICARE ADV 11/22	579,457.66
			<b>579,457.66</b>
004150	FLAGSHIP DENTAL PLANS	RUTHERFORD 11/22	1,651.07
004150	FLAGSHIP DENTAL PLANS	EAST RUTHERFORD 11/22	2,111.60
			<b>3,762.67</b>
004151	DELTACARE DMO	PLAINFIELD BOE 11/22	3,986.84
004151	DELTACARE DMO	CITY OF ORANGE 11/22	269.41
			<b>4,256.25</b>
004152	DELTA DENTAL OF NEW JERSEY INC.	TPA - DENTAL 11/22	11,856.00
			<b>11,856.00</b>
004153	AETNA	TPA - MEDICAL 11/22	123,079.44
			<b>123,079.44</b>
004154	PERMA	POSTAGE 10/22	1,672.50
004154	PERMA	ADMIN FEES 11/22	65,714.85
			<b>67,387.35</b>
004155	HUNTINGTON BAILEY, LLP	ATTORNEY 11/22	2,083.33
			<b>2,083.33</b>
004156	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND CORDINATOR FEES 11/22	48,482.00
			<b>48,482.00</b>
004157	JOSEPH IANNA CONI JR.	TREASURER 11/22	1,688.08
			<b>1,688.08</b>
004158	LAMENDOLA ASSOCIATES, INC.	MONTHLY RETAINER 11/22	1,530.00
			<b>1,530.00</b>
004159	WELLNESS COACHES	WELLNESS PLAINFIELD BOE 11/22	9,280.00
			<b>9,280.00</b>
004160	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 11/22	2,083.33
			<b>2,083.33</b>
004161	ACCESS	ARC SERVICE & STORAGE 10.31.22	202.15
004161	ACCESS	ARC SERVICE & STORAGE 9.30.22	139.89
			<b>342.04</b>
004162	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 11/22	49,199.46
			<b>49,199.46</b>
004163	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEES 11/22	22,775.67
			<b>22,775.67</b>
004164	THE VOZZA AGENCY	BROKER FEES 11/22	13,104.61
			<b>13,104.61</b>
004165	RELIANCE INSURANCE GROUP, LLC	BROKER FEE 11/22	38,009.57
			<b>38,009.57</b>
004166	ACRISURE	BROKER FEES 11/22	1,014.04
			<b>1,014.04</b>
004167	ALLEN ASSOCIATES	BROKER FEE 11/22	9,627.98
			<b>9,627.98</b>

004168			
004168	BURTON AGENCY INC.	BROKER FEES 11/22	831.04
			<b>831.04</b>
004169			
004169	CONNER STRONG & BUCKELEW	MEETING EXPENSE 10/22	47.49
004169	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT 11/22	47,272.55
004169	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/22	416.67
			<b>47,736.71</b>
004170			
004170	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 11/22	5,519.34
			<b>5,519.34</b>
004171			
004171	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 11/22	16,828.09
			<b>16,828.09</b>
004172			
004172	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINS. 11/22	179,434.56
			<b>179,434.56</b>
		<b>Total Payments FY 2022</b>	<b>1,239,369.22</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,239,369.22</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  
DIVIDENDS BILLS LIST**

Confirmation of Payment

NOVEMBER 2022

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>
004173	EDGEWATER, BOROUGH OF	DIVIDEND 11/22	158,516.00
			<b>158,516.00</b>
		<b>Total Payments FY CLOSED</b>	<b>158,516.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>158,516.00</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 2022

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>
004199			
004199	EMERSON BOROUGH	DIVIDEND 12/22	5,545.00
			<b>5,545.00</b>
004200			
004200	WALLINGTON BOROUGH	DIVIDEND 12/22	143,432.00
			<b>143,432.00</b>
		<b>Total Payments FY CLOSED</b>	<b>148,977.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>148,977.00</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

Resolution No. 13-23

DECEMBER 2022

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 2022**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004174			
004174	AETNA MEDICARE ADVANTAGE	MEDICARE ADV 12/22	576,844.61
			<b>576,844.61</b>
004175			
004175	FLAGSHIP DENTAL PLANS	RUTHERFORD 11/22	1,795.21
004175	FLAGSHIP DENTAL PLANS	EAST RUTHERFORD 11/22	2,055.68
			<b>3,850.89</b>
004176			
004176	DELTACARE DMO	PLAINFIELD BOE 12/22	3,664.19
004176	DELTACARE DMO	CITY OF ORANGE 12/22	269.41
			<b>3,933.60</b>
004177			
004177	DELTA DENTAL OF NEW JERSEY INC.	TPA - DENTAL 11/22	11,696.88
			<b>11,696.88</b>
004178			
004178	AETNA	TPA - MEDICAL AETNA 12/22	120,484.88
			<b>120,484.88</b>
004179			
004179	PAYFLEX	HSA FEE WALLINGTON 11/22	74.16
004179	PAYFLEX	HSA FEE BORO MONTVALE 11/22	123.00
004179	PAYFLEX	HSA FEE BOROUGH OAKLAND 11/22	6.00
004179	PAYFLEX	HSA FEE S HACKENSACK 11/22	15.00
			<b>218.16</b>
004180			
004180	PERMA	POSTAGE 11/22	335.82
004180	PERMA	ADMIN FEES 12/22	66,572.38
			<b>66,908.20</b>
004181			
004181	HUNTINGTON BAILEY, LLP	ATTORNEY 12/22	2,083.37
			<b>2,083.37</b>
004182			
004182	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR FEES 10/22	48,026.00
			<b>48,026.00</b>
004183			
004183	JOSEPH IANNACONI JR.	TREASURER 11/22	1,688.08
			<b>1,688.08</b>
004184			
004184	LAMENDOLA ASSOCIATES, INC.	MONTHLY RETAINER 11/22	1,530.00
			<b>1,530.00</b>
004185			
004185	KEPRO	CLAIM REVIEW 02.03.22	425.00
004185	KEPRO	CLAIM REVIEW 03.08.22	525.00
004185	KEPRO	CLAIM REVIEW 06.14.22	425.00
			<b>1,375.00</b>
004186			
004186	WELLNESS COACHES	WELLNESS PLAINFIELD BOE 05/22	8,439.00
004186	WELLNESS COACHES	WELLNESS PLAINFIELD BOE 11/22	7,134.00
004186	WELLNESS COACHES	WELLNESS PLAINFIELD BOE 03/22	10,527.00
			<b>26,100.00</b>
004187			
004187	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 12/22	2,083.33
			<b>2,083.33</b>
004188			
004188	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 12/22	48,863.79
			<b>48,863.79</b>
004189			
004189	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEES 12/22	23,962.19
			<b>23,962.19</b>

004190			
004190	THE VOZZA AGENCY	BROKER FEES 12/22	13,423.22
			<b>13,423.22</b>
004191			
004191	RELIANCE INSURANCE GROUP, LLC	BROKER FEE 12/22	37,075.44
			<b>37,075.44</b>
004192			
004192	ACRISURE	BROKER FEES 12/22	1,040.38
			<b>1,040.38</b>
004193			
004193	ALLEN ASSOCIATES	BROKER FEES 12/22	9,494.26
			<b>9,494.26</b>
004194			
004194	BURTON AGENCY INC.	BROKER FEES 12/22	1,061.18
			<b>1,061.18</b>
004195			
004195	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/22	416.67
004195	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT 12/22	46,645.37
			<b>47,062.04</b>
004196			
004196	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 12/22	5,764.64
			<b>5,764.64</b>
004197			
004197	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 12/22	20,498.19
			<b>20,498.19</b>
004198			
004198	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINS. 12/22	175,651.96
			<b>175,651.96</b>
		<b>Total Payments FY</b>	<b>1,250,720.29</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,250,720.29</b>

\_\_\_\_\_  
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 Employee Benefits Fund										
Month		November								
Current Fund Year		2022								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy	Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid November	Monthly Recoveries November	Calc. Net Paid Thru November	TPA Net Paid Thru November	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2022		Medical	20,466,026.36	1,784,988.52	0.00	22,251,014.88	0.00	22,251,014.88	20,466,026.36	1,784,988.52
		Dental	1,412,510.55	108,947.17	0.00	1,521,457.72	0.00	1,521,457.72	1,412,510.55	108,947.17
		Rx	4,490,745.24	519,746.91	0.00	5,010,492.15	0.00	5,010,492.15	4,490,745.24	519,746.91
		Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Total</b>	<b>26,369,282.15</b>	<b>2,413,682.60</b>	<b>0.00</b>	<b>28,782,964.75</b>	<b>0.00</b>	<b>28,782,964.75</b>	<b>26,369,282.15</b>	<b>2,413,682.60</b>



**Bergen Municipal Employee Benefits Fund**

**SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

<b>Current Fund Year: 2022</b>										
<b>Month Ending: November</b>										
	<b>Medical</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Run-In</b>	<b>Reinsurance</b>	<b>edicare Advanta</b>	<b>RSR</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	12,205,683.00	432,366.08	(2,063,022.25)	0.00	0.00	(138,406.40)	8,413,915.89	125,156.23	(2,264,376.25)	16,711,316.30
RECEIPTS										
Assessments	6,891,055.59	323,280.19	339,759.64	0.00	0.00	225,093.88	603,829.89	0.00	770,390.82	9,153,410.01
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	37,901.65	3,450.12	0.00	0.00	0.00	0.00	20,382.49	303.19	2,161.45	64,198.90
Invest Adj	(82.51)	(7.51)	0.00	0.00	0.00	0.00	(44.37)	(0.66)	(4.71)	(139.76)
Subtotal Invest	37,819.14	3,442.61	0.00	0.00	0.00	0.00	20,338.12	302.53	2,156.74	64,059.14
Other *	222,979.09	162.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	223,141.26
<b>TOTAL</b>	<b>7,151,853.82</b>	<b>326,884.97</b>	<b>339,759.64</b>	<b>0.00</b>	<b>0.00</b>	<b>225,093.88</b>	<b>624,168.01</b>	<b>302.53</b>	<b>772,547.56</b>	<b>9,440,610.41</b>
EXPENSES										
Claims Transfers	4,503,284.66	192,061.66	519,746.91	0.00	0.00	0.00	0.00	0.00	0.00	5,215,093.23
Expenses	737,973.66	8,018.92	0.00	0.00	0.00	179,434.56	0.00	0.00	472,458.06	1,397,885.20
Other *	18,808.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	297.54	19,105.54
<b>TOTAL</b>	<b>5,260,066.32</b>	<b>200,080.58</b>	<b>519,746.91</b>	<b>0.00</b>	<b>0.00</b>	<b>179,434.56</b>	<b>0.00</b>	<b>0.00</b>	<b>472,755.60</b>	<b>6,632,083.97</b>
<b>END BALANCE</b>	<b>14,097,470.50</b>	<b>559,170.47</b>	<b>(2,243,009.52)</b>	<b>0.00</b>	<b>0.00</b>	<b>(92,747.08)</b>	<b>9,038,083.90</b>	<b>125,458.76</b>	<b>(1,964,584.29)</b>	<b>19,519,842.74</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
Bergen Municipal Employee Benefits Fund								
ALL FUND YEARS COMBINED								
CURRENT MONTH		November						
CURRENT FUND YEAR		2022						
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	Investors	
ID Number:								
Maturity (Yrs)								
Purchase Yield:								
TOTAL for All Accts & instruments								
Opening Cash & Investment Balance		\$16,711,316.30	3,495,553.54	2,701,813.17	-	-	4,262,601.22	6,251,348.37
Opening Interest Accrual Balance		\$7,174.02	-	-	-	-	7,174.02	-
1	Interest Accrued and/or Interest Cost	\$2,215.14	\$0.00	\$0.00	\$0.00	\$0.00	\$2,215.14	\$0.00
2	Interest Accrued - discounted Instr.s	\$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	-\$139.77	\$0.00	-\$139.77	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$22,861.35	\$2,498.61	\$3,547.21	\$0.00	\$0.00	\$7,174.39	\$9,641.14
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$41,337.56	\$0.00	\$41,337.56	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$66,274.28	\$2,498.61	\$44,745.00	\$0.00	\$0.00	\$9,389.53	\$9,641.14
9	Deposits - Purchases	\$9,357,743.26	\$9,357,743.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$6,613,275.99	-\$6,612,978.45	-\$297.54	\$0.00	\$0.00	\$0.00	\$0.00
Ending Cash & Investment Balance		\$19,519,842.71	\$6,242,816.96	\$2,746,260.63	\$0.00	\$0.00	\$4,269,775.61	\$6,260,989.51
Ending Interest Accrual Balance		\$9,389.16	\$0.00	\$0.00	\$0.00	\$0.00	\$9,389.16	\$0.00
Plus Outstanding Checks		\$1,881,128.57	\$1,881,128.57	\$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		\$21,400,971.28	\$8,123,945.53	\$2,746,260.63	\$0.00	\$0.00	\$4,269,775.61	\$6,260,989.51



## CIVITAS

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NEW JERSEY

**TO: NJMEBF Executive Committee and Commissioners**

**FROM: Marianne Eskilson, VP Civitas New Jersey; Gateway-BMED Wellness Consultant**

**DATE: January 24, 2023**

**RE: Report of Activity and Progress**

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### **STATUS UPDATE**

1. **Education:** Review of last year's webinar content and system of presentation were the subject of several meetings with Valley Health Services. Overall, the webinars that were provided by Valley between March – December of 2022 were viewed hundreds of times by Fund Health and Wellness Program participants. Through surveys initiated by Valley to record participation and collect comments and feedback, we have learned that Fund Health and Wellness Program participants have been very satisfied and felt well educated by the subject matter of the webinars and their presenters. Valley has implemented a new registration system, which should provide a more seamless process for participants, minimize technological problems, and provide participants with a reminder and a direct email containing a link for the presentation following registration. The prior system of logging on will continue to work as we transition participants to the new registration process. We have been working closely with Valley over the last 2 months to develop a new catalog of topics and webinars for 2023. Valley has offered the Fund a contract for renewal that continues to be exceedingly reasonable for the product received. Their price has increased to an annual fee of \$2,000, which is a \$500 increase over last year. The increase in cost is associated with their investment in the new registration and delivery system. We strongly encourage the renewal of this contract for service.
2. **Newsletter:** The newsletter continues to serve as an excellent vehicle to share health and wellness information broadly. The distribution now is being made to all member agencies, regardless of whether they are activity participating in the Wellness Program or not. Having the ability to create our own content each month has been useful to communicate Fund sensitive information and to spotlight educational offerings.

3. **Surveys:** Civitas NJ has purchased a subscription to SurveyMonkey so that we can initiate surveys on an individual basis to each participating member agency associated with both the Fund and local health and wellness programming. The analysis of the survey results and reports that can be generated out of the SurveyMonkey system will be much more useful for future planning purposes than traditional survey methods. It is intended that we will be working with ambassadors to distribute and initiate the surveys in February. We have already reviewed the survey content with program ambassadors.
4. **Grant Applications and Review of Reimbursement Requests:** 2023 grant applications have been drafted. A meeting of the Wellness Committee will be scheduled to review their final form, together with requests for 2022 grant reimbursements from participating agencies. We look forward to also discussing with the Committee goals and objectives for 2023 as they relate to the Fund's Grant Program and local program support and development.
5. **Partnerships:**
  - a. **NY/NJ Trails Conference:** A partnership has been established with the NY/NJ Trails Conference enabling health and wellness program participants to register for the Conference's annual Trail-A-Thon. Additionally, the Conference can provide local ambassadors with additional local programming support. We are working with the Conference to highlight the opportunity for local agencies to include the Trail-A-Thon component into their local programming options earlier in the year. The goal for Trail-A-Thon participants is to walk an equivalent of 103 miles between September 12 and October 31.
  - b. **Atlantic Health:** We have been engaging regularly with Atlantic Health to consider ways to incorporate partnership opportunities into the Fund's 2023 program. We expect to have more to report at the February meeting on this topic.
  - c. **Valley Health Services:** The educational program is on-going and continues to be highly successful. Our office coordinates weekly with Valley's staff regarding various issues associated with education and our partnership.
6. **Support for Local Programming:** We continue to support local programming through communication and outreach to ambassadors. Efforts are being made to work directly with ambassadors for 2023 local programming brainstorming and implementation.
7. **Potential 2023 New Health and Wellness Members:** We have prepared marketing materials for the Fund's Health and Wellness Program that can be utilized when marketing the Fund to potential future member agencies. Flyers for employees, materials for administrators and governing bodies and a side-by-side comparison with State Health Benefits wellness programming have been created for these purposes. Efforts continue to be made to encourage non-participating towns to consider implementing the program.



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

*January 24, 2023*



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

	<u>MEDICAL CLAIMS PAID 2021</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$1,416,393	1,078	\$ 1,314	\$4,213,352	2,808	\$ 1,500
FEBRUARY	\$1,703,277	1,669	\$ 1,021	\$4,762,650	2,818	\$ 1,690
MARCH	\$2,706,809	1,879	\$ 1,441	\$5,875,114	2,812	\$ 2,089
APRIL	\$2,299,418	1,888	\$ 1,218	\$5,161,530	2,813	\$ 1,835
MAY	\$2,865,797	1,876	\$ 1,528	\$5,562,448	2,825	\$ 1,969
JUNE	\$3,386,738	1,877	\$ 1,804	\$5,349,272	2,823	\$ 1,895
JULY	\$2,346,596	2,810	\$ 835	\$4,530,835	2,830	\$ 1,601
AUGUST	\$3,900,320	2,791	\$ 1,397	\$6,034,516	2,965	\$ 2,035
SEPTEMBER	\$4,723,951	2,743	\$ 1,722	\$5,190,025	2,930	\$ 1,771
OCTOBER	\$4,341,944	2,775	\$ 1,565	\$4,485,728	2,979	\$ 1,506
NOVEMBER	\$4,578,836	2,790	\$ 1,641	\$5,216,216	2,985	\$ 1,747
DECEMBER	\$5,375,389	2,795	\$ 1,923			
<b>TOTALS</b>	<b>\$39,645,470</b>			<b>\$56,381,686</b>		
				<b>2022 Average</b>	<b>2,872</b>	<b>\$ 1,785</b>
				<b>2021 Average</b>	<b>1,056</b>	<b>\$ 1,473</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** Bergen Municipal Employees Benefits Fund  
**Group / Control:** 00866353,00880725,SI283129

**Paid Dates:** 10/01/2022 - 10/31/2022  
**Service Dates:** 01/01/2011 - 10/31/2022  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$1,080,682.91	\$125,170.75
	\$153,001.61	\$101,934.75
<b>Total:</b>	<b>\$1,233,684.52</b>	<b>\$227,105.50</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** Bergen Municipal Employees Benefits Fund  
**Group / Control:** 00866353,00880725,SI283129

**Paid Dates:** 11/01/2022 - 11/30/2022  
**Service Dates:** 01/01/2011 - 11/30/2022  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$842,860.55	\$291,335.41
	\$142,277.98	\$86,335.69
	\$84,483.87	\$80,773.18
<b>Total:</b>	<b>\$1,069,622.40</b>	<b>\$458,444.28</b>





**Medical Claims Paid:**  
**January 2022 – November 2022**

Total Medical Paid per EE: **\$1,785**

**Network Discounts**

Inpatient:	<b>57.7%</b>
Ambulatory:	<b>67.7%</b>
Physician/Other:	<b>64.2%</b>
<b>TOTAL:</b>	<b>63.9%</b>

**Provider Network**

% Admissions In-Network:	<b>93.5%</b>
% Physician Office:	<b>88.0%</b>

Aetna Book of Business:  
Admissions 97.7%; Physician 91.1%

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

- Hackensack University
- Morristown Medical Center
- Valley Hospital
- Cooperman Baribas
- Overlook Medical Center

**Catastrophic Claim Impact**  
**January 2022- November 2022**

Number of Claims Over \$50,000: **166**  
Claimants per 1000 members: **25.1**  
Avg. Paid per Claimant: **\$129,462**  
Percent of Total Paid: **40.6%**

- Aetna BOB- HCC account for an average of 42.7% of total Medical Cost

**Aetna One Flex Member Outreach:**  
**Through November 2022**

Total Members Identified: **1,947**  
Members Targeted for 1:1 Nurse Support : **466**  
Members Targeted for Digital Activity: **1,481**  
Member 1:1 outreach completed: **434**  
Member 1:1 Outreach in Progress: **32**

**Teladoc Activity:**  
**January 2022 – November 2022**

Total Registrations: **167**  
Total Online Visits: **390**  
Total Net Claims Savings: **\$201,276**  
Total Visits w/ Rx: **325**

Mental Health Visits: 136  
Dermatology Visits: 32

**Allentown Service Center**  
**Performance Goal Metrics YTD 2022**

**Customer Service Performance**

1 <sup>st</sup> Call Resolution:	<b>93.38%</b>
Abandonment Rate:	<b>1.06%</b>
Avg. Speed of Answer:	<b>20.8 sec</b>

**Claims Performance**

Financial Accuracy:	<b>99.66%</b>
90% processed w/in:	<b>9.8 days</b>
95% processed w/in:	<b>18.9 days</b>

\*\*\*\*\*

**Claims Performance (Monthly)**  
(November 2022)

90% processed w/in:	<b>5.8 days</b>
95% processed w/in:	<b>10.0 days</b>

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

1 <sup>st</sup> Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec

Financial Accuracy: 99%

**Turnaround Time**

90% processed w/in:	14 days
95% processed w/in:	30 days



**METRO MUNICIPAL EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

***January 24, 2023***



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

**Plan Sponsor Unique ID :** All  
**Customer:** METRO  
**Group / Control:** 00169469 - BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

**Paid Dates:** 10/01/2022 - 10/31/2022  
**Service Dates:** 01/01/2011 - 10/31/2022  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$234,531.21	\$94,666.11
	\$88,981.00	\$68,047.01
	\$106,753.81	\$62,142.14
<b>Total:</b>	<b>\$430,266.02</b>	<b>\$224,855.26</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** METRO  
**Group / Control:** 00169469 - BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

**Paid Dates:** 11/01/2022 - 11/30/2022  
**Service Dates:** 01/01/2011 - 11/30/2022  
**Line of Business:** All

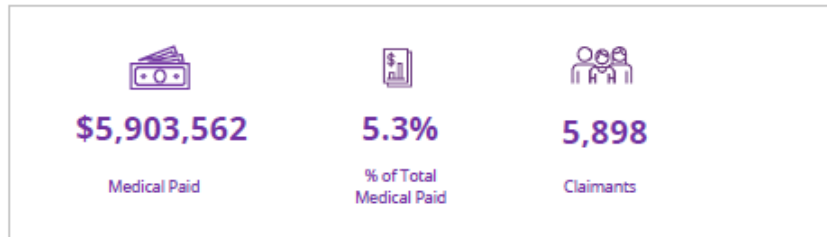
	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$74,307.96	\$67,307.64
	\$60,721.49	\$65,083.55
	\$135,659.59	\$58,884.99
	\$95,998.00	\$58,032.50
	\$117,516.98	\$51,002.08
<b>Total:</b>	<b>\$484,204.02</b>	<b>\$300,310.76</b>

## At a glance COVID-19 All-time experience

Average Members: 4,822

Time period: Jan 2020 - Dec 2022, paid through December 2022

### Key Statistics (Medical Claims Only)



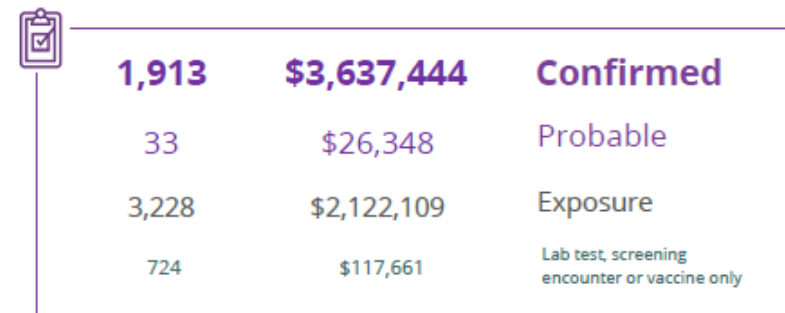
More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

### Claimant Distribution\*

how your total claimants break down based on diagnosis code information



\*refer to Report terms on page 1

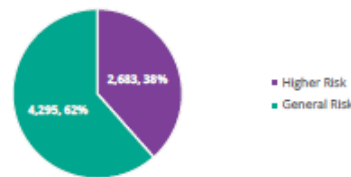
### COVID-19 population risk\*



**38.4%**

Members at risk for severe illness

Population risk for severe illness



Higher risk for severe illness, by member type



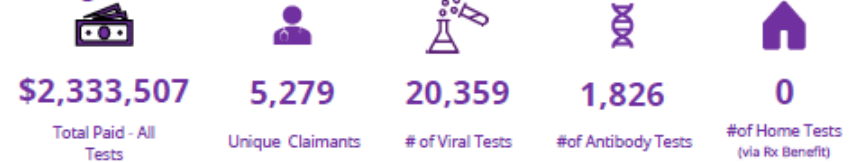
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors

The bar chart displays this information by member type.

\* See page one for High Risk definition.

### Testing



### Vaccine Administration (Medical & Pharmacy)\*



\*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

\*\*The unique count of members >> 5 years of age who have received all of the required doses based on claims received



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## **Formulary Update on Humira**

Humira is a biologic drug used to treat numerous auto-immune diseases such as Rheumatoid Arthritis, Ulcerative Colitis, and Crohn's Disease, to name a few. Although it is not the only drug in its class, Humira is often considered as superior due to its simpler dosing and improved side effect profile when compared to others in its class. Humira was FDA approved in 2002 and has since become one of the top-selling drugs in the market.

Biosimilars are biologic drugs that are similar in structure, function, and produce a similar clinical response to innovator biologic drugs, such as Humira. Prior to biosimilars entering the market, manufacturers were able to set high prices on drugs like Humira due to the absence of competition. However, with the rising number of biologics gaining FDA approval, there is promise in driving down rising medication costs for patients. In 2023, there are potentially 10 new drugs launching that are biosimilars to Humira.

With these exciting changes in the upcoming year, Express Scripts has decided to keep Humira as a preferred inflammatory therapy on all standard commercial formularies. Patients who have been receiving Humira will not experience any disruption as there is no change to its position on our formularies. Humira biosimilars will be added at the same formulary position as Humira starting in 2023. We are co-preferring the innovator brand and biosimilar drug to deliver the lowest cost to our clients and patients regardless if the prescriber chooses the innovator drug or biologic.



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

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
Membership	2,178	2,162	2,158	2,166	2,149	2,152	2,150	2,150	2,149	2,152	2,169	2,157	2,174	2,180	2,164	2,173	2,161
Total Days	81,343	74,534	86,661	242,538	81,517	77,431	85,721	244,669	81,769	84,858	83,470	250,097	83,991	83,108	84,712	251,811	989,115
Total Patients	810	740	823	1,209	805	790	811	1,219	809	827	823	1,238	825	840	837	1,274	1,685
Total Plan Cost	\$332,309	\$305,763	\$414,268	\$1,052,341	\$305,693	\$368,290	\$405,488	\$1,079,470	\$339,614	\$396,053	\$319,497	\$1,055,164	\$336,788	\$385,728	\$330,977	\$1,053,493	\$4,240,468
Generic Fill Rate (GFR) - Total	84.5%	84.7%	83.6%	84.3%	84.9%	85.8%	84.8%	85.1%	86.1%	85.9%	85.7%	85.9%	84.0%	84.2%	85.4%	84.6%	85.0%
<b>Plan Cost PMPM</b>	<b>\$152.58</b>	<b>\$141.43</b>	<b>\$191.97</b>	<b>\$161.95</b>	<b>\$142.25</b>	<b>\$171.14</b>	<b>\$188.60</b>	<b>\$167.33</b>	<b>\$158.03</b>	<b>\$184.04</b>	<b>\$147.30</b>	<b>\$163.09</b>	<b>\$154.92</b>	<b>\$176.94</b>	<b>\$152.95</b>	<b>\$161.63</b>	<b>\$163.49</b>
Total Specialty Plan Cost	\$145,510	\$133,012	\$205,490	\$484,011	\$112,198	\$198,434	\$185,670	\$496,302	\$151,544	\$196,435	\$121,095	\$469,074	\$109,649	\$191,459	\$93,225	\$394,334	\$1,843,720
Specialty % of Total Specialty Plan Cost	43.8%	43.5%	49.6%	46.0%	36.7%	53.9%	45.8%	46.0%	44.6%	49.6%	37.9%	44.5%	32.6%	49.6%	28.2%	37.4%	43.5%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	2,519	2,513	2,517	2,516	2,531	2,536	2,531	2,533	2,534	2,541	2,545	2,540	2,563	2,560			
Total Days	102,796	94,485	106,472	303,753	103,831	105,901	106,363	316,095	105,040	106,090	104,425	315,555	102,642	107,763			
Total Patients	994	943	1,023	1,449	1,038	1,051	1,014	1,527	1,034	1,032	996	1,518	1,091	1,119			
Total Plan Cost	\$397,226	\$400,750	\$439,519	\$1,237,496	\$441,324	\$398,692	\$521,683	\$1,361,699	\$504,418	\$440,690	\$459,415	\$1,404,523	\$533,965	\$466,038			
Generic Fill Rate (GFR) - Total	86.1%	84.5%	85.9%	85.6%	86.6%	85.2%	83.8%	85.2%	84.4%	84.4%	84.1%	84.3%	78.3%	81.4%			
<b>Plan Cost PMPM</b>	<b>\$157.69</b>	<b>\$159.47</b>	<b>\$174.62</b>	<b>\$163.93</b>	<b>\$174.37</b>	<b>\$157.21</b>	<b>\$206.12</b>	<b>\$179.22</b>	<b>\$199.06</b>	<b>\$173.43</b>	<b>\$180.52</b>	<b>\$184.32</b>	<b>\$208.34</b>	<b>\$182.05</b>			
<b>% Change Plan Cost PMPM</b>	<b>3.4%</b>	<b>12.7%</b>	<b>-9.0%</b>	<b>1.2%</b>	<b>22.6%</b>	<b>-8.1%</b>	<b>9.3%</b>	<b>7.1%</b>	<b>26.0%</b>	<b>-5.8%</b>	<b>22.5%</b>	<b>13.0%</b>	<b>34.5%</b>	<b>2.9%</b>			
Total Specialty Plan Cost	\$169,658	\$189,993	\$134,131	\$493,782	\$198,287	\$133,936	\$217,540	\$549,762	\$233,034	\$158,007	\$176,221	\$567,262	\$280,566	\$173,046			
Specialty % of Total Specialty Plan Cost	42.7%	47.4%	30.5%	39.9%	44.9%	33.6%	41.7%	40.4%	46.2%	35.9%	38.4%	40.4%	52.5%	37.1%			

<b>PMPM</b>	
July-September 2021	<b>\$163.09</b>
September 2022	<b>\$184.32</b>
<b>Trend July-September 2022</b>	<b>13.0%</b>

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
CONSENT AGENDA  
JANUARY 24, 2023**

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**

Resolution 1-23: Awarding Professional Fees for 2023.....Page 46  
Resolution 2-23: Designation of Service of Process.....Page 49  
Resolution 3-23: Designation of Secretary as Custodian of Records .....Page 50  
Resolution 4-23: Designation of Official Newspaper.....Page 51  
Resolution 5-23: Designation of Regular Meeting Times and Place .....Page 52  
Resolution 6-23: Designation of Bank Depositories & CMP .....Page 53  
Resolution 7-23: Designation of Authorized Signatories.....Page 54  
Resolution 8-23: Approval of 2023 Risk Management Plan .....Page 55  
Resolution 9-23: Compensating Producers.....Page 57  
Resolution 10-23: Appointment of MRHIF Commissioners .....Page 58  
Resolution 11-23: Authorizing Treasurer to Process  
Payments and Expenses.....Page 67  
Resolution 12-23: Amending the Program Manager Contract .....Page 69  
Resolution 13-23: New Membership Offer .....Page 70  
Resolution 14-23: October, November, and December 2022 Bills Lists.....Page 71

**Motion** \_\_\_\_\_

**Second** \_\_\_\_\_

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPOINTING PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2023**

**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 unspicifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspicifiable Services so that the work of the FUND may continue;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following professional service appointments and contract awards be and are hereby made for 2023:

- I. **Actuarial Solutions LLC (John Vataha)** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$18,500 has been appropriated in the **Actuary** Line Item of the 2023 budget.
- II. **Huntington & Bailey** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$25,500 has been appropriated in the Attorney Line Item of the 2023 budget. In addition Fund Attorney will be paid \$175/hourly for services outside of the scope of the retainer.
- III. **Lerch, Vinci, and Bliss** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$19,000 has been appropriated in the Auditor Line Item of the 2023 budget.
- IV. **Joseph Iannaconi** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$21,067 has been appropriated in the Treasurer Line Item of the 2023 budget.

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee authorize certain contracts for Extraordinary and Unspicifiable Services (insurance) and are hereby made for 2023:

- V. **PERMA Risk Management Services** as **Administrator**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$10.93 per employee, per month

will be expended to the Administrator. The estimated annual amount of \$804,929 has been appropriated in the Administrator Line Item of the 2023 budget.

- VI. **Conner Strong and Bucklew** is hereby appointed as **Benefits Consultant**. \$15.10 per employee, per month will be expended to the **Benefits Consultant**. \$7.51 per employee, per month will be expended for Metro lives only for Benefits Consultant. In addition, the **Benefits Consultant** will be paid \$5,000 for plan documents. The estimated annual amount of \$574,681 has been appropriated in the **Benefits Consultant** Line Item of the 2023 budget.
- VII. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$40.54 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,442,413 has been appropriated in the **Medical TPA** Line Item of the 2023 budget.
- VIII. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.18 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$145,958 has been appropriated in the Dental TPA Line Item of the 2023 budget.
- IX. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at the following per member, per month fee:

PlanName	Premium
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Moonachie)	\$ 768.00
Aetna Medicare Advantage w/ 10 Rx - MAPDP (Borough of Park Ridge)	\$ 632.00
Aetna Medicare Advantage (Village of Ridgefield Park)	\$ 543.00
Aetna Medicare Advantage w/ 10% Rx -MAPDP (Village of Ridgefield Park)	\$ 744.00
Aetna Medicare Advantage - (Borough of Rutherford)	\$ 483.00
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Saddle River)	\$ 724.00
Aetna Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Wallington)	\$ 854.00
Aetna Medicare Advantage (Borough of Oakland)	\$ 502.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of Oakland)	\$ 672.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of Oakland)	\$ 672.00
Aetna Medicare Advantage (Borough of Franklin Lakes)	\$ 421.00
Aetna Medicare Advantage (Borough of Franklin Lakes)	\$ 421.00
Aetna Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Fairfield)	\$ 810.00
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Edgewater)	\$ 906.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Township of Verona)	\$ 502.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Township of Verona)	\$ 502.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Township of Verona)	\$ 502.00
Aetna Medicare Advantage ESA with Rx - MAPDP (City of East Orange)	\$ 483.00
Aetna Medicare Advantage PPO with Rx - MAPDP (City of East Orange)	\$ 493.00
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 493.00
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 494.00
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 494.00
Aetna Medicare Advantage PPO ESA w \$9/\$21/\$41 Rx - MAPDP (Township of West Orange)	\$ 569.00
Aetna Medicare Advantage PPO ESA (Township of Bloomfield)	\$ 301.00
Aetna Medicare Advantage PPO ESA w/ Rx 10% (Town of Morristown)	\$ 421.00

The annual amount of \$7,206,560 has been appropriated for this Line Item of the 2023 budget.

- X. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$317 per member, per month.
- XI. **Civitas (Marianne Smith)**, is hereby appointed to serve as the FUND's Wellness Coordinator at an amount of \$25,000 annually. This amount has been appropriated in the Wellness Expene line item of the 2023 Budget.
- XII. **Eagle Rock Management Group**, is hereby appointed to serve as the FUND's Fund Coordinator for the Metro subgroup lives only at \$10 per Medicare Advantage life per month; \$19 per Active medical life per month; and \$3 per dental only life, per month. The annual amount of \$574,800 has been appropriated for this Line Item of the 2023 budget.
- XIII. **Clark LaMendola** is hereby appointed to serve as the FUND's **Board Advisor**. The annual amount of \$18,727 has been appropriated in the Board Advisor Line Item of the 2023 budget.

**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 24, 2023**

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

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

**RESOLUTION NO. 2-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2023**

**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 2023 or until its successor has be appointed and qualified.

**ADOPTED: January 24, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 3-23**

**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 24, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 4-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DESIGNATING  
THE RECORD  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2023**

**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 2023 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 24, 2023**

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

**ATTEST:**

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



**RESOLUTION NO. 5-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2023**

**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;

by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund shall hold public meetings during the year 2023 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>	<b>Time</b>
February 28, 2023	Franklin Lakes Borough	12:00pm
April 25, 2023	Franklin Lakes Borough	12:00pm
June 27, 2023	Franklin Lakes Borough	12:00pm
August 22, 2023	Franklin Lakes Borough	12:00pm
September 26, 2023	Franklin Lakes Borough	12:00pm
October 24, 2023	Franklin Lakes Borough	12:00pm
January 23, 2024	Franklin Lakes Borough	12:00pm

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

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND**

**ADOPTED: January 24, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 6-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2023**

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 established 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 24, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 7-23**

**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 24, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 8-23**

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND**

**RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2023**

**Adopted: JANUARY 24, 2023**

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND  
2023 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund’s Risk Management Plan for the 2023 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 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, an HMO plan and the plans for those covered under Chapter 44. 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 \$375,000 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).
  
- Specific Limit                      Unlimited
  
- Basis:                                      Incurred 12 months, paid 24 months.

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. 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.

### 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.

Fully insured plans are not considered in surplus retention. Entities with only Medicare Advantage/Employer Group Waiver Programs are not included in closed year balance shares.

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 prospective 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.) CLAIMS AND OPERATIONS AUDITS

The Fund retains a claim auditory experienced in auditing self-insured claims and operations. Annual claims and/or operational audits will be performed annually specific to the needs of the Fund and other variables impacting the health insurance market.

## 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 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> of the month.

**24.) MEDICARE ADVANTAGE/EGWP ONLY**

The Fund may offer retiree coverage with a fully insured Medicare Advantage and/or Employer Group Waiver Program membership to an entity that does not have its active members in the Fund. The carrier will provide the Fund with a per employee, per month cost for a plan that matches equal to, or better to the current retiree plan. The Fund may add additional expenses to the price per employee. The entity would be required to sign an Indemnity and Trust agreement.

**25.) METRO SUBGROUP**

Members of the "Metro" subgroup will be prospectively rated and assessed in 2022 and thereafter based upon the subgroup's own claims experience and other underwriting factors.

**ADOPTED: January 24, 2023**

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

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

**RESOLUTION NO. 9-23**

**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 2023;

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 2023:

Group Name	RMC Name	Medical PEPM Rate	Dental PEPM Rate
Alpine	Eifert, French & Co	\$1.45	
Bloomfield Township	IMAC	\$ 15.30	
Bloomfield Library	IMAC	\$ 15.30	
Carlstadt	World Insurance Associates LLC	\$ 3.48	
Carlstadt Board of Education	World Insurance Associates LLC	\$ 3.16	
East Rutherford	World Insurance Associates LLC	\$ 2.81	
East Rutherford Board of Education	World Insurance Associates LLC	\$ 3.02	
Edgewater	Reliance Insurance Group	\$ 39.19	
Emerson	World Insurance Associates LLC	\$ 1.19	
Fairfield	IMAC	\$ 64.61	
Fairfield BOE	IMAC	\$ 60.87	
Fanwood Township	Fairview Insurance	\$ 40.83	
Franklin Lakes	World Insurance Associates LLC	\$ 43.90	
Ft. Lee	Vozza Agency	\$ 4.73	
Garfield City	Allen Associates	\$ 45.47	
Hillsdale	Burton Agency	\$ 0.59	
Irvington	Fairview Insurance	\$ 7.51	
Lodi	World Insurance Associates LLC	\$ 2.81	
Maywood Borough	World Insurance Associates LLC	\$ 3.58	
Mine Hill	Fairview Insurance	\$ 2.87	
Moonachie	World Insurance Associates LLC	\$ 21.83	
Town of Morristown	Fairview Insurance	\$ 20.40	
North Arlington	World Insurance Associates LLC	\$ 2.81	
Oakland	Vozza Agency	\$ 40.81	\$ 5.17
Orange Township	Fairview Insurance	\$ 53.19	\$ 1.31
Park Ridge	Vozza Agency	\$ 37.25	\$ 5.17
Plainfield BOE	Reliance Insurance Group	\$ 26.81	
Ridgefield Park	Otterstedt	\$ 41.70	
Rochelle Park	World Insurance Associates LLC	\$ 2.81	
Rutherford	World Insurance Associates LLC	\$ 45.39	
Saddle River	World Insurance Associates LLC	\$ 16.89	
Scotch Plains Township	Acrisure	\$ 55.76	
South Hackensack	World Insurance Associates LLC	\$ 22.44	
Wallington	Acrisure	\$ 13.43	
West Caldwell	IMAC	\$ 44.13	
West Orange Township	Fairview Insurance	\$ 49.94	
Westwood	World Insurance Associates LLC	\$ 13.04	
Wood-Ridge	World Insurance Associates LLC	\$ 2.12	

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



**ADOPTED: January 24, 2023**

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

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

**RESOLUTION NO. 10-23**

**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 24, 2023**

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

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

**RESOLUTION NO. 11-23**

**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 2023.

**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: January 24, 2023**

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

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

**RESOLUTION NO. 12-23**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
AMENDING  
BENEFITS CONSULTANT CONTRACT**

**WHEREAS**, the Southern New Jersey Regional 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;

**WHEREAS**, the Fund resolved on January 23, 2023 a contract to Conner Strong and Buckelew to include a fee of \$40,000 a year to be entirely passed through to subcontractor, AIM;

**WHEREAS**, the Benefits Consultant recommended the additional serves of specialized claim and operational audits to be determined by the Executive Committee as they see fit;

**WHEREAS**, the 2023 Budget was approved with the additional fee to be paid to Conner Strong & Buckelew as a pass through to AIM as a sub producer;

**NOW THEREFORE BE IT RESOLVED** that the Executive Committee approves the amendment of the Program Manager contract to amend the following language in the SERVICES section:

K. Provide specialized audits on an annual basis to ensure evaluated the performance and quality of the services performed by the Fund Professionals.

**BE IT FURTHER RESOLVED** that the Executive Committee approves the amendment of the Benefits Consultant contract to amend the following language in the COMPENSTAION section:

And \$40,000 will be paid to AIM upon completion of special audits as requested by the Executive Committee;

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Extraordinary Unspecified Services 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 ;

**ADOPTED January 23, 2023**

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

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

**CHAIRPERSON**

**SECRETARY**

**RESOLUTION NO. 13-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
RESOLUTION TO OFFER MEMBERSHIP  
SCOTCH PLAINS TOWNSHIP, BLOOMFIELD TOWNSHIP, BLOOMFIELD LIBRARY AND  
FANWOOD TOWNSHIP**

**WHEREAS**, a number of municipalities in the state of New Jersey have joined together to form a Joint Insurance Fund, under the name of the Bergen Municipal Employee Benefits Fund (the "Fund"), as permitted by law; and

**WHEREAS**, the Fund held a Public Meeting on **January 24, 2023** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director, Benefits Consultant and the Fund Actuary has reviewed the risk, underwriting detail and expenses to the Fund and recommends an annual total assessment as presented in detail; and

**WHEREAS**, the Finance Committee has reviewed a submission from the Townships of Scotch Plains, Bloomfield Township and Bloomfield Library medical and prescription coverage and recommended approval to join the Metro subgroup effective January 1, 2023;

**WHEREAS**, the Township of Fanwood has also been reviewed by the Finance Committee for membership to the Bergen Municipal Employee Benefits Fund on February 1, 2023;

**BE IT RESOLVED**, it has been determined that the admission to membership in the Fund of the above mentioned entity would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws;

**BE IT RESOLVED**, that the Bergen Municipal Employee Benefits Fund hereby offers membership to the Townships of Scotch Plains, Bloomfield Township and Bloomfield Library medical and prescription coverage to the Metro Subgroup and Fanwood Township to be members of the Bergen Municipal Employee Benefits Fund contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

**ADOPTED: January 24, 2023**

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

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

**RESOLUTION NO. 14-23**

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE OCTOBER, NOVEMBER AND DECEMBER 2022 BILLS LISTS**

**WHEREAS**, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **January 24, 2023** 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 October, November and December 2022 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 October, November and December 2022 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 24, 2023**

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

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

# APPENDIX I

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND  
OPEN MEETING: SEPTEMBER 30, 2022  
FRANKLIN LAKES BOROUGH  
12:00 P.M.**

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

**ROLL CALL OF 2022 EXECUTIVE COMMITTEE:**

Gregory Hart, Chair	Present
Richard Kunze, Secretary	Present
Joseph Catenaro, Executive Committee	Absent
Gregory Franz, Executive Committee	Present
Donna Gambutti, Executive Committee	Absent
Bob Kakoleski, Executive Committee	Absent
Richard Molinari, Executive Committee	Present
Anthony Ciannamea, Executive Committee Alternate	Absent
Erin Delaney, Executive Committee Alternate	Absent

**APPOINTED OFFICIALS PRESENT:**

Executive Director/ Administrator	<b>PERMA Risk Management Services</b>	Emily Koval, Account Manager
Attorney	<b>Huntington Bailey, LLP</b>	Russ Huntington Bill Bailey
Treasurer	<b>Joseph Iannaconi</b>	Joseph Iannaconi
Third Party Administrator	<b>Aetna</b>	Jason Silverstein
Dental Claims Administrator	<b>Delta Dental of NJ, Inc.</b>	Kim White
Auditor	<b>Lerch, Vinci &amp; Higgins</b>	Absent
Actuary	<b>John Vataha</b>	Absent
Independent Consultant	<b>LaMendola Associates</b>	Clark LaMendola
Benefits Consultant	<b>Conner Strong</b>	Crystal Bailey
RX Administrator	<b>Express Scripts</b>	Hateska Patel
Wellness Coordinator	<b>Civitas</b>	Absent

**OTHERS PRESENT:**

**Renee Gear  
Frank Covelli  
Lisa Sabato  
Mathew McArow  
Brittany Vozza**

**APPROVAL OF MINUTES:**



## MOTION TO APPROVE THE PRESENTED OPEN MINUTES OF AUGUST 30, 2022:

**MOTION:** Commissioner Molinari  
**SECOND:** Commissioner Kunze  
**ROLL CALL VOTE:** 4 Ayes, 0 Nays

**CORRESPONDENCE** – None.

### COMMITTEE REPORTS:

**Strategic Planning** – Commissioner Kunze said that he and Mr. LaMendola have been working on a follow up meeting to further the scope of strategic planning for the Fund.

**Finance Committee** – Commissioner Kunze said the adoption of the budget is being presented today. He said the Committee discussed the budget and the resulting savings from the MRHIF renewal, which will be included in contingency. The overall decrease would have impacted the assessments very little.

**Wellness Committee** – No Report

**Small Claims Committee** – No Report

**Nominations Committee** – No Report

### EXECUTIVE DIRECTORS REPORT

- **Fast Track Financial Reports** as of July 31, 2022 (page 5 )
- **Historical Income Statement**
- **Ratios and Indices Report**

Ms. Koval reviewed the financial fast track stating that there was a negative adjustment in June to the IBNR from the Aetna claims lag that was caught up. In addition, there was a positive adjustment for new membership. Otherwise, a little over \$100,000 earned this month and the statutory surplus is above \$17 million.

**2023 BUDGET ADOPTION** - Enclosed is the 2023 BMED Budget for adoption. Draft rates have been released to all members and final rates will be distributed shortly.

There were very minor changes to the budget, which Ms. Koval reviewed:

1. The reinsurance has been finalized and decreased from 13% to 4.18%.
2. Minor census changes from August to September that change the ppm based claims load
3. Some members chose to use dividends towards rate reduction

Ms. Koval said, as a follow up to Commissioner Kunze, the savings from the MRHIF renewal was too small to impact rates after rounding that the Fund will see this in the surplus.

### MOTION TO OPEN THE PUBLIC HEARING ON THE 2023 BUDGET

**MOTION:** Commissioner Molinari  
**SECOND:** Commissioner Kunze  
**ROLL CALL VOTE:** Unanimous

**Discussion of Budget and Assessments - none**

**MOTION TO CLOSE THE PUBLIC HEARING**

**MOTION:** Commissioner Franze  
**SECOND:** Commissioner Kunze  
**ROLL CALL VOTE:** Unanimous

**MOTION TO ADOPT RESOLUTION 26-22 AND APPROVE THE 2023 BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND BUDGET IN THE AMOUNT OF \$89,091,202**

**MOTION:** Commissioner Franze  
**SECOND:** Commissioner Kunze  
**ROLL CALL VOTE:** Unanimous

**MRHIF MEETING** - The MRHIF met on September 15, 2022 and took the following action items:

1. *Introduction of the 2023 Budget* – The MRHIF Budget was introduced at an overall increase of \$9.5%. Each member’s assessment is weighed 25% for 5 years’ experience in the Fund; and 75% weight on the average increase. The Fund’s estimated premium is \$2,190,656 for January 1, 2023- December 31, 2023 (+4.18%).
2. *RFP Approvals* – the Committee approved Professional Contract RFPs for 2023 and an extension for the approval date of the Data Warehouse RFP. We expect a contract to be awarded in December.
3. *Dividend Release* – The Committee approved a \$1.5 million dividend. BMED will receive a check for \$155,455 in October.

Ms. Koval said the mrhif budget was introduced. Because the Fund has good experience, the Fund is receiving a lower than average increase which is great. The Data warehouse rfps were received. We received 3 and are in review with the PM and ED teams but we are very excited to get this program, to provide with the strategic planning committee.

In addition, Ms. Koval said dividend was released, which was smaller than usual as funds are taking more risk and we had a bad year in 2021. We can always revisit later in the year. In response to Chair Hart, the dividends from MRHIF go to surplus.

**PROGRAM MANAGER REPORT:** Ms. Bailey reviewed the following report items covered in the agenda.

**COVERAGE UPDATES: Covid-19 Oral Prescriptions:**

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications are to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

*3- Pfizer- Paxlovid*

*4- Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
  - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
  - o Member - \$0 copay
  - o Program Fee- \$2.50 per prescription
  - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
  - o Addition of medications to covered Formulary
  - o Member educational pieces (included in agenda)
  - o Quantity Limit – 1 course of treatment every 180 days

**EXPRESS-SCRIPTS UPDATE-** ESI's 2023 Exclusion List has been released. BMED has 9 members impacted by the change. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary list will be available late October/early November. The Program Manager sent the Exclusion List to all brokers with the BMED's specific aggregate impact information on September 8th.

CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 19<sup>th</sup> and September 26<sup>th</sup> to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing.

**OPERATIONAL UPDATES:** The State Health Benefit Plan for Local Governments has adopted the rates for 2023. Premium increases are based on the results presented at the July 13, 2022 Commission

Meeting. There are no changes to the Local Government plans. Below is an outline of the overall rate increases:

2023 Rate Action	State Plan - Government
Active Medical	24%
Active Pharmacy	3.7%
Early Retiree Medical	16.6%
Early Retiree Pharmacy	-5.7%
Medicare Plan	0.7%

### Open Enrollment - 1/1/23 (Passive)

1. BMED OE will be held October 24th through November 4<sup>th</sup>
2. All OE updates should be completed in Benefit Express by November 11th to allow time for ID cards to be delivered to members by 1/1/23
3. Garden State Plan will be added to all groups that did not add the plan previously
4. OE guide guides are currently being updated and will be sent once finalized

### 2022 LEGISLATIVE REVIEW - COVID -19

3. National Emergency Declaration- Extended through April 15, 2022
  - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
  - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
  - Under special transition rule- certain premium payments are not required to be made before 11/1/21.
4. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

#### Coverage Highlights:

- o Date- Starting on January 15, 2022, going forward
- o Network - the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- o Dollar Limit- Up to \$12 per test
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government - **No longer available** effective September 2, 2022, due to lack of funding.

## ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
  - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

### 5. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*.

Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still

not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

**Medical and Rx Reporting** - The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022**.

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec. 1 – Dec. 27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna will submit filings to the government on behalf of the HIFs using information in their system.

**Mental Health Parity and Addiction Equity Act (MHPAEA)** - In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund's next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

**No Surprise Billing and Transparency Act- Continued Delays -** The Health Insurance Funds, including Gateway-BMED protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in-network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Gateway-BMED HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

## Appeals

### Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
08/15/2022	Medical	BMED-2022-08-01	Benefit Application	Upheld	08/15/2022
08/16/2022	Medical	BMED – 2022-80-01	Medical Necessity	Upheld	08/09/2022
08/31/2022	Medical	BMED-2022-08-03	Benefit Application	Upheld	09/06/2022

### IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
08/16/2022	Medical	BMED-2022-08-02	Medical Necessity	Upheld	08/19/2022

**BMED Small Claims Committee Appeals:** None

**ATTORNEY** – No report

**TREASURER** – Fund Treasurer said the report is included in the agenda.

**WELLNESS COORDINATOR** – Chair Hart said that our Wellness Coordinator is in Florida where the hurricane is and could not get on this call, although she is fine.

**BOARD ADVISOR**- The Board Advisor said the wellness report included in the agenda is very encouraging.

**AETNA** – Mr. Silverstein reviewed the reports included in the agenda. He said that the Performance Guarantees are showing improvement. Commissioner Kunze said it is good to see the Performance Guarantees to be back where within the metric. Chair Hart asked for the claims to be broken out on the high claimant report for Metro. In response, Mr. Silverstein said that would require a break off in the system. He said he will begin to show the reports like that in 2023.

Mr. Silverstein said the increase from July to August is due to high claimants. He said that the lag could also have been due to staffing shortages at provider offices.

**EXPRESS SCRIPTS** – Ms. Pavel reviewed the report stating that there was an increase of 25% from the prior year. Mr. LaMendola said the trend of 7.3% is in line with industry expectations.

**DELTA DENTAL** – Ms. White said the program is running well.

**CONSENT AGENDA:** The Committee approved the consent agenda, as presented.

**OLD BUSINESS:** none.

**NEW BUSINESS:** none.

**PUBLIC COMMENT:** none

**MOTION TO ADJOURN:**

<b>MOTION:</b>	Commissioner Franz
<b>SECOND:</b>	Commissioner Kunze
<b>VOTE:</b>	Unanimous

**MEETING ADJOURNED:** 1:00 pm

**NEXT MEETING:** January 24, 2023

Jordyn DeLorenzo, Assistant Account Manager

# APPENDIX II





BMED Finance Committee Meeting  
January 20, 2023  
Zoom

Attendance:

Greg Hart  
Rich Kunze  
Bob Kakoleski  
Emily Koval  
Clark LaMendola  
Brandon Lodics

Mr. Hart wanted to bring the Committee together to follow up from the last meeting regarding the Committee's roll in the Metro and new member approvals. He said this committee has a large roll in the new membership and establishing the criteria for new membership. He said the process is not broken, but rather having a better understanding. Mr. Hart said the Committee should not be approving members after they've started.

Mr. Lodics said the underwriting and sales process is lengthy and can certainly bring this process to the committee earlier. He apologized for bringing a member review after they had started. He said he will include new member prospects to the Committee much earlier.

In response to Mr. Kokoleski, Ms. Koval said that the new business is happening all year round, especially with the state renewal.

Clark – identify a type of group that would make sense to us. He said the market is making it difficult for where to place certain groups. In addition, Mr. LaMendola said that a group may be risky, but the group may consider its membership. Mr. Hart said whatever the criteria is for membership, the group should decide. Mr. Kunze said he was use to having the underwriting information and much earlier. In addition, he said he would like a list of who has looked at the Fund and the status of each group. As for Metro, Mr. Kunze said that the Metro and BMED territories need to be defined. He said that the intent of the Metro Fund is to be large Essex County towns.

Mr. Lodics said that new membership approval process will be corrected. He said that we can provide more underwriting information. We will include a marketing update in each agenda. He said we can provide a proposal to any group, even if its not competitive. We typically do not because it might not be worth the time if they won't consider financially.

Mr. LaMendola said the Fund is healthy enough to take some risk. Mr. Lodics said we have to be careful of how many groups we make financial considerations. Mr. Lodics said North Jersey recently sent an offer to a group with an outstanding receivable. This was a unique consideration that their Committee considered because of current dental membership. Mr. Hart said involvement from the Committee is important and would like to decide where the administrative discretion lies. Mr. Lodics said he can provide the criteria. In addition, provide a list of groups and status and metro territory.

## **Gateway Fund - Bergen and Metro 2023 Operations Review and Medical Claims Audit**

A health care claims audit is designed to assess whether claims are being adjudicated correctly, in accordance with the provisions of the plan of benefits, and paid only on behalf of eligible participants as determined by the provisions of the plan. Best practice is to look beyond just the claims and to identify operational or administrative issues that may lead to broader claims processing and service issues, allowing for real-world recommendations for resolution.

AIM will perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration. In conjunction with the Operations Review, a medical claims audit will also be conducted on the administration by Aetna for the HIF employee medical plan. The 2023 audits will include claims adjudication for both Bergen and Metro as claims are being processed under the same HIF but under different funding. A division of the two funds will occur January 1, 2024.

For the Operations Review (OR), a comprehensive Request for Information (RFI) is prepared and sent to Aetna in advance of the scheduled OR meeting.

- During the OR, interviews are conducted with key management and operations personnel to review Aetna's responses, procedures and methodologies.
- The OR encompasses such areas as system capabilities, staffing levels and turnover, performance standards, quality assurance for claim processing and customer service, Aetna's actual performance vs. client-specific and/or industry standards for accuracy, timeliness of claims adjudication, reporting capabilities, coordination with other administrative areas/vendors, and cost-management activities such as overpayment recovery, pricing controls and TPL investigations.
- Findings are compared to industry best practices.
- An OR can identify weaknesses in administrative controls that lead to poor performance.

The medical claims audit will be conducted on a sample of claims finalized during the identified audit period. The audit will assess whether claims are being adjudicated correctly, in accordance with the provisions of the HIF plan of benefits and paid on behalf of eligible participants as determined by the provisions of the plan.

The purpose of the audit is to provide an assessment of Aetna's overall claims processing and financial accuracy performance during the audit period versus industry standards and applicable contractual standards.

**Claim Audit Methodology** - The principal objective of the claims audit will be to determine Aetna's claim processing accuracy and financial accuracy on medical claims. The financial accuracy calculation will identify the financial impact (and potential recoveries) for payment errors. In addition, a critical component of the audit process will be to identify the causes of errors. AIM's audit findings and recommendations will specifically identify these causes and recommend solutions that can help Aetna improve its claims administration and eliminate the kinds of errors identified through the audit process.