



AGENDA AND REPORTS

APRIL 25, 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: APRIL 25, 2023
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

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
James Gasparini, Executive Committee Alternate

APPROVAL OF MINUTES: February 28, 2023 Open..... Appendix I

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair

FINANCE COMMITTEE - Rich Kunze, Chair
Minutes: Appendix II

WELLNESS COMMITTEE - Robert Kakoleski, Chair
Minutes: Appendix II

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE -Robert Kakoleski, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics
Executive Director's Report**Page 4**

BENEFITS CONSULTANT REPORT - Crystal Bailey
Conner Strong & Buckelew.....**Page 17**

ATTORNEY - Russell Huntington, Esq.

TREASURER – Joseph Iannaconi	
Voucher List February, March, and April 2023 (Resolution 26-23).....	Page 21
Treasurers Report January 2023.....	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	
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PRESCRIPTION PROVIDER – Express Scripts – Charles Yuk	
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DENTAL ADMINISTRATOR – Delta Dental – Brian Remlinger	Page 53
CONSENT AGENDA	Page 56
Resolution 19-23: Recognizing METRO Steering Committee	Page 57
Resolution 20-23: Approving the Funds for METRO Filing.....	Page 58
Resolution 21-23: Approving the Release of RFPs on Behalf of METRO...Page	59
Resolution 22-23: RFP Competitive Contracting	Page 60
Resolution 23-23: Shared Services with MRHIF Retiree First	Page 61
Resolution 24-23: Amending the Contract Services after PHE Termination	Page 62
Resolution 25-23: Adopting 2023 Wellness Grant Program and Policy	Page 63
Resolution 26-23: February, March and April 2023 Bills Lists	Page 64
OLD BUSINESS	
NEW BUSINESS	
PUBLIC COMMENT	
MEETING ADJOURNED	

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
April 25, 2023**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of January 31, 2023 (page 7)
 - **BMED**
 - **METRO**
- **Historical Income Statement**
 - **BMED**
 - **METRO**
- **Ratios and Indices Report**
 - **BMED**
 - **METRO**

NEW MEMBERS

A status update is included on page 16. No new members have been reviewed by the Finance Committee since the last meeting.

FINANCE COMMITTEE

The Finance Committee will be meeting before the Executive Committee meeting and will have a verbal report.

METRO STEERING COMMITTEE

The Metro Steering Committee had its inaugural meeting in March. The Committee elected a Chair and took action on a few agenda items that was then reviewed by the BMED Finance Committee and is being recommended to take formal action by the Executive Committee. The minutes from the Steering and Finance Committee are included.

The action items being requested by the BMED today are as follows:

1. **BMED Resolution recognizing the Metro Steering Committee as an Advisory Committee**
- This resolution recognizes the steering committee, but all formal action is to be taken at the BMED Executive Committee level
2. **Release for RFPs** – The Metro will need to RFP for all professional and EUS positions. The MRHIF will be conducting a Medical and Dental TPA RFP on behalf of all the local Funds, including Metro.
3. **Release of funds for Filing Costs** – There are costs for the preparation and filing of a health insurance fund. The Metro Steering Committee is requesting \$55,000 for various scopes listed in the resolution which will be released from the Metro surplus.

Resolution 19-23, 20-23 and 21-23 are in Consent.

BMED QUALIFIED PURCHASING AGENT

The QPA met with the Finance Committee after the last meeting to describe the benefits of using competitive contracting for professional service contract procurement. The Committee agreed that it is best to discuss further at the Executive Committee meeting. Resolution 22-23 is included should the Committee decide to make the change but may be tabled or removed.

MRHIF - SHARED SERVICE AGREEMENT

At the end of the year, the Municipal Reinsurance Health Insurance Fund approved a contract with Retiree First to provide Medicare Advantage plan implementation and advocacy services for new HIF groups with more than 100 retirees. Since then, there have been two groups that joined the Metro Fund for Medicare Advantage with the services of Retiree First, Union Twp and Passaic Valley Water.

To streamline some of the administrative processes we recommend the BMED enter into a shared service agreement with the MRHIF for access to Retiree First. There is no additional cost to the Fund or its members.

Resolution 23-23 awards this agreement.

FINANCIAL DISCLOSURE STATEMENTS

The Financial Disclosure notice emails have been sent to all Fund Commissioners last week. The deadline for filing is April 30, 2023. Please file as soon as possible. Reminder: A separate filing will need to be done for each position – HIF Fund Commissioner, JIF Fund Commissioner, Local Elected Official, etc.

GASB 75 REPORTS

The Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Jordyn DeLorenzo if your audit requires a full report or update to last year's report. During its 'busy' season, reports can take up to 4 weeks to turn around.

2023 MEL, MR HIF & NJCE JIF Educational Seminar:

The 12th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 21st and Friday April 28th from 9AM to 12PM.

The seminar qualifies for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance producers, as well as personnel who work for services companies. associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal Reinsurance Health Insurance Fund (MR HIF) and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF). We are in the process of preparing to distribute this notice to all members and risk managers.

Enclosed in Appendix III is the latest in a series of Power of Collaboration advertisement to be published in the League of Municipalities magazine which highlights the educational seminar.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF January 31, 2023

		<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>	
1.	UNDERWRITING INCOME	3,412,275	3,412,275	704,147,908	707,560,183	
2.	CLAIM EXPENSES					
	Paid Claims	2,429,768	2,429,768	572,685,073	575,114,841	
	IBNR	(94,370)	(94,370)	3,249,899	3,155,529	
	Less Specific Excess	-	-	(15,746,278)	(15,746,278)	
	Less Aggregate Excess	-	-	(602,911)	(602,911)	
	TOTAL CLAIMS	2,335,398	2,335,398	559,585,783	561,921,181	
3.	EXPENSES					
	MA & HMO Premiums	146,199	146,199	27,348,987	27,495,186	
	Excess Premiums	78,686	78,686	33,419,561	33,498,248	
	Administrative	205,194	205,194	55,630,270	55,835,464	
	TOTAL EXPENSES	430,079	430,079	116,398,818	116,828,897	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	646,798	646,798	28,163,307	28,810,105	
5.	INVESTMENT INCOME	49,800	49,800	3,227,439	3,277,239	
6.	DIVIDEND INCOME	0	0	7,232,698.00	7,232,698.00	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	696,598	696,598	38,623,444	39,320,042	
8.	DIVIDEND	10,891	10,891	27,089,998	27,100,889	
9.	Transferred Surplus	0	0	0	0	
	STATUTORY SURPLUS (7-8+9)	685,707	685,707	11,533,447	12,219,154	
		SURPLUS (DEFICITS) BY FUND YEAR				
	Closed					
	Surplus	13,662	13,662	11,089,508	11,103,170	
	Cash	(579,032)	(579,032)	11,911,828	11,332,796	
	2021					
	Surplus	(49,831)	(49,831)	1,695,093	1,645,262	
	Cash	(39,093)	(39,093)	518,532	479,439	
	2022					
	Surplus	(404,184)	(404,184)	(1,251,154)	(1,655,338)	
	Cash	177,869	177,869	(2,911,760)	(2,733,891)	
	2023					
	Surplus	1,126,060	1,126,060		1,126,060	
	Cash	451,155	451,155		451,155	
	TOTAL SURPLUS (DEFICITS)	685,707	685,707	11,533,447	12,219,154	
	TOTAL CASH	(2,526,145)	10,899	9,518,600	9,529,499	
		CLAIM ANALYSIS BY FUND YEAR				
	TOTAL CLOSED YEAR CLAIMS	17,106	17,106	498,552,641	498,569,746	
	FUND YEAR 2021					
	Paid Claims	56,801	56,801	30,391,324	30,448,125	
	IBNR	-	0	0	0	
	Less Specific Excess	-	0	(1,441,299)	(1,441,299)	
	Less Aggregate Excess	-	0	0	0	
	TOTAL FY 2021 CLAIMS	56,801	56,801	28,950,025	29,006,826	
	FUND YEAR 2022					
	Paid Claims	2,063,572	2,063,572	30,228,514	32,292,086	
	IBNR	(1,657,449)	(1,657,449)	3,249,899	1,592,450	
	Less Specific Excess	0	0	(1,395,297)	(1,395,297)	
	Less Aggregate Excess	0	0	0	0	
	TOTAL FY 2022 CLAIMS	406,123	406,123	32,083,116	32,489,239	
	FUND YEAR 2023					
	Paid Claims	292,288	292,288		292,288	
	IBNR	1,563,079	1,563,079		1,563,079	
	Less Specific Excess	0	0		0	
	Less Aggregate Excess	0	0		0	
	TOTAL FY 2023 CLAIMS	1,855,368	1,855,368		1,855,368	
	COMBINED TOTAL CLAIMS	2,335,398	2,335,398	559,585,782	561,921,180	

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND				
RATIOS				
INDICES	2022	JAN	FEB	MAR
Cash Position	9,518,600	\$ 9,078,344		
IBNR	3,249,899	\$ 1,592,450		
Assets	15,947,606	\$ 13,246,856		
Liabilities	4,414,158	\$ 2,153,761		
Surplus	11,533,448	\$ 11,093,095		
Claims Paid -- Month	2,734,745	\$ 2,137,479		
Claims Budget -- Month	2,729,274	\$ 2,927,761		
Claims Paid -- YTD	34,665,424	\$ 2,137,479		
Claims Budget -- YTD	32,737,587	\$ 2,927,761		
RATIOS				
Cash Position to Claims Paid	3.48	4.25		
Claims Paid to Claims Budget -- Month	1.00	0.73		
Claims Paid to Claims Budget -- YTD	1.06	0.73		
Cash Position to IBNR	2.93	5.70		
Assets to Liabilities	3.61	6.15		
Surplus as Months of Claims	4.23	3.79		
IBNR to Claims Budget -- Month	1.19	0.54		

**Bergen Municipal Employee Benefits Fund
2023 Budget Report
as of January 31, 2023**

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	6,881,923	82,182,518	67,132,818	4,482,169	2,399,754	35%
Prescription Claims	433,622	5,197,070	4,581,287	375,101	(71,565)	-24%
Prescription Formulary Rebates	(130,086)	(1,559,118)	(1,374,386)	Included Above in Prescription Claims		
Dental Claims	249,101	2,988,711	3,019,001	256,082	(6,981)	-3%
Subtotal	7,434,559	88,809,181	73,358,720	5,113,352	2,321,208	31%
HMO/DMO Premiums	7,331	87,787	53,751	5,779	1,552	21%
Medicare Advantage / EGWP	575,711	6,905,594	7,206,560	140,420	435,291	76%
Reinsurance						
Specific	219,558	2,625,832	2,190,656	78,686	140,872	64%
Total Loss Fund	8,237,160	98,428,394	82,809,687	5,338,237	2,898,923	35%
Loss Fund Contingency	2,838	34,052	34,052	0	2,838	0%
Expenses						
Legal	2,125	25,500	25,500	2,125	-	0%
Treasurer	1,756	21,067	21,067	1,756	-	0%
Administrator	74,029	886,663	804,929	34,899	39,129	53%
Risk Management Consultants	177,271	533,275	1,938,973	71,939	105,332	59%
Fund Coordinator METRO	59,269	708,283	574,800	0	59,269	100%
TPA - Claims Agent Aetna	141,000	1,686,302	1,442,413	50,753	90,246	64%
Dental TPA	12,001	144,048	145,958	7,390	4,611	38%
Actuary	1,542	18,500	18,500	4,625	(3,083)	-200%
Auditor	1,583	19,000	19,000	792	791	50%
Benefits Consultant	52,373	627,326	574,681	27,008	25,782	49%
Board Advisor	1,561	18,727	18,727	0	1,561	100%
Subtotal Expenses	524,508	4,688,692	5,584,547	201,286	323,639	62%
Miscellaneous and Special Services						
Misc/Cont	1,504	18,048	18,048	(75)	1,579	105%
Wellness, Disease, Case Management	8,333	100,000	100,000	2,083	6,250	75%
Affordable Care Act Taxes	1,918	22,934	19,133	688	1,230	64%
A4 Surcharge	40,421	485,046	480,735	1,151	39,270	97%
Plan Documents	417	5,000	5,000	Included above in Benefits Consultant		
Claims Audit	0	0	40,000	0	-	100%
Subtotal Misc/Sp Svcs	52,592	631,028	662,916	3,847	48,328	92%
Total Expenses	577,100	5,319,720	6,247,463	205,133	371,967	64%
Total Budget	8,817,098	103,782,166	89,091,202	5,543,370	3,273,728	0.37129314

Bergen Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF JANUARY 31, 2023

BY FUND YEAR

	BMED	BMED	BMED	CLOSED	FUND
	2022	2021	2020	YEAR	BALANCE
ASSETS					
Cash & Cash Equivalents	451,155	(2,733,891)	479,439	11,332,796	9,529,499
Assesments Receivable (Prepaid)	2,126,805	1,117,066	125,616	(7,070)	3,362,417
Interest Receivable	-	1,547	1,644	6,267	9,459
Specific Excess Receivable	-	1,395,297	1,038,562	-	2,433,859
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	113,810	489,583	-	-	603,393
Total Assets	2,691,770	269,601	1,645,262	11,331,993	15,938,627
LIABILITIES					
Accounts Payable	-	1,154	-	-	1,154
IBNR Reserve	1,563,079	1,592,450	-	-	3,155,529
A4 Retiree Surcharge	1,151	307,465	-	-	308,616
Dividends Payable	-	-	-	228,822	228,822
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	1,480	23,870	-	-	25,350
Total Liabilities	1,565,710	1,924,939	-	228,822	3,719,472
EQUITY					
Surplus / (Deficit)	1,126,060	(1,655,338)	1,645,262	11,103,171	12,219,155
Total Equity	1,126,060	(1,655,338)	1,645,262	11,103,171	12,219,155
Total Liabilities & Equity	2,691,770	269,601	1,645,262	11,331,993	15,938,627
BALANCE	-	-	-	-	-

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.

METRO MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	January 31, 2023			
		THIS	YTD	PRIOR	FUND	
		MONTH	CHANGE	YEAR END	BALANCE	
1.	UNDERWRITING INCOME	5,349,637	5,349,637	58,805,814	64,155,451	
2.	CLAIM EXPENSES					
	Paid Claims	3,466,066	3,466,066	47,559,179	51,025,245	
	IBNR	646,590	646,590	3,355,561	4,002,151	
	Less Specific Excess	-	-	-	-	
	Less Aggregate Excess	-	-	-	-	
	TOTAL CLAIMS	4,112,656	4,112,656	50,914,740	55,027,396	
3.	EXPENSES					
	MA & HMO Premiums	367,569	367,569	0	367,569	
	Excess Premiums	140,872	140,872	0	140,872	
	Administrative	365,564	365,564	0	365,564	
	TOTAL EXPENSES	874,005	874,005	0	874,005	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	362,977	362,977	7,891,074	8,254,050	
5.	INVESTMENT INCOME	20,538	20,538	(13,209)	7,329	
6.	DIVIDEND INCOME	0	0	-	-	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	383,515	383,515	7,877,865	8,261,380	
8.	DIVIDEND	0	0	0	0	
9.	Transferred Surplus	0	0	0	0	
STATUTORY SURPLUS (7-8+9)		383,515	383,515	7,877,865	8,261,380	
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus	-	0	0	0	
	Cash	0	0	0	0	
2021	Surplus	(19,676)	(19,676)	1,739,112	1,719,435	
	Cash	(19,826)	(19,826)	1,737,962	1,718,135	
2022	Surplus	(811,798)	(811,798)	6,138,753	5,326,955	
	Cash	1,194,165	1,194,165	4,134,787	5,328,952	
2023	Surplus	1,214,989	1,214,989		1,214,989	
	Cash	728,333	728,333		728,333	
TOTAL SURPLUS (DEFICITS)		383,515	383,515	7,877,864	8,261,379	
TOTAL CASH		1,902,671	1,902,671	5,872,749	7,775,420	
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		0	0	0	0	
FUND YEAR 2021						
	Paid Claims	25,754	25,754	19,959,256	19,985,011	
	IBNR	-	0	0	0	
	Less Specific Excess	-	0	0	0	
	Less Aggregate Excess	-	0	0	0	
	TOTAL FY 2021 CLAIMS	25,754	25,754	19,959,256	19,985,011	
FUND YEAR 2022						
	Paid Claims	2,537,595	2,537,595	27,599,923	30,137,517	
	IBNR	(1,711,336)	(1,711,336)	3,355,561	1,644,225	
	Less Specific Excess	0	0	0	0	
	Less Aggregate Excess	0	0	0	0	
	TOTAL FY 2022 CLAIMS	826,259	826,259	30,955,484	31,781,742	
FUND YEAR 2023						
	Paid Claims	902,717	902,717		902,717	
	IBNR	2,357,926	2,357,926		2,357,926	
	Less Specific Excess	0	0		0	
	Less Aggregate Excess	0	0		0	
	TOTAL FY 2023 CLAIMS	3,260,643	3,260,643		3,260,643	
COMBINED TOTAL CLAIMS		4,112,656	4,112,656	50,914,740	55,027,395	

METRO HEALTH INSURANCE FUND			
RATIOS			
INDICES	2022	JAN	FEB
Cash Position	5,872,749	\$ 7,775,420	
IBNR	3,355,561	\$ 4,002,151	
Assets	11,233,425	\$ 12,304,503	
Liabilities	3,355,561	\$ 4,043,124	
Surplus	7,877,864	\$ 8,261,379	
Claims Paid -- Month	2,212,162	\$ 3,466,066	
Claims Budget -- Month	3,207,286	\$ 4,542,183	
Claims Paid -- YTD	31,844,170	\$ 3,466,066	
Claims Budget -- YTD	35,217,325	\$ 4,542,183	
RATIOS			
Cash Position to Claims Paid	2.65	2.24	
Claims Paid to Claims Budget -- Month	0.69	0.76	
Claims Paid to Claims Budget -- YTD	0.90	0.76	
Cash Position to IBNR	1.75	1.94	
Assets to Liabilities	3.35	3.04	
Surplus as Months of Claims	2.46	1.82	
IBNR to Claims Budget -- Month	1.05	0.88	

Metro Municipal Employee Benefits Fund
2022 Budget Report
as of December 31, 2022

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	4,423,328	53,388,989	36,767,919	3,170,113	1,253,215	28%
Prescription Claims	53,195	646,242	4,581,287	2,659	34,577	93%
Prescription Formulary Rebates	(15,959)	(193,873)	(1,374,386)	Included Above in Prescription Claims		
Dental Claims	81,619	995,681	3,019,001	87,870	(6,251)	-8%
Subtotal	4,542,183	54,837,039	42,993,821	3,260,643	1,281,540	28%
HMO/DMO Premiums	3,459	35,497	53,751	4,105	(646)	-19%
Medicare Advantage / EGWP	434,096	6,826,649	7,206,560	363,464	70,632	16%
Reinsurance Specific	141,734	1,706,902	2,190,656	140,872	862	1%
Total Loss Fund	5,121,473	63,406,086	52,444,788	3,769,084	1,352,389	26%
Loss Fund Contingency	1,419	17,026	34,052	0	1,419	0%
Expenses						
Legal	1,063	12,750	25,500	0	1,063	100%
Treasurer	878	10,533	21,067	0	878	100%
Administrator	39,206	517,317	804,929	39,129	77	0%
Risk Management Consultants	105,332	1,699,542	1,938,973	105,332	-	0%
Fund Coordinator METRO	59,553	759,275	574,800	59,269	284	0%
TPA - Claims Agent Aetna	91,021	1,096,167	1,442,413	90,468	554	1%
Dental TPA	4,662	56,889	145,958	4,611	51	1%
Actuary	771	9,250	18,500	0	771	100%
Auditor	792	9,500	19,000	792	(0)	0%
Benefits Consultant	25,864	342,561	574,681	25,782	291	1%
Board Advisor	780	9,364	18,727	0	780	100%
Subtotal Expenses	329,921	4,523,148	5,584,547	325,383	4,747	1%
Miscellaneous and Special Services						
Misc/Cont	752	9,024	18,048	0	752	100%
Wellness, Disease, Case Management	4,167	50,000	100,000	0	4,167	100%
Affordable Care Act Taxes	1,238	14,908	19,133	1,238	(0)	0%
A4 Surcharge	38,943	470,383	480,735	38,943	0	0%
Plan Documents	208	2,500	5,000	Included above in Benefits Consultant		
Subtotal Misc/Sp Svcs	45,308	546,815	622,916	40,181	4,919	11%
Total Expenses	375,230	5,069,963	6,207,463	365,564	9,666	3%
Total Budget	5,498,121	68,493,075	58,686,303	4,134,648	1,363,473	25%

Metro Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF JANUARY 31, 2023

BY FUND YEAR

	METRO 2023	METRO 2022	METRO 2021	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	728,333	5,328,952	1,718,135	7,775,420
Assesments Receivable (Prepaid)	2,869,596	1,640,418	-	4,510,014
Interest Receivable	-	1,810	1,300	3,110
Specific Excess Receivable	-	-	-	-
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	15,959	-	-	15,959
Total Assets	3,613,888	6,971,180	1,719,435	12,304,503
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	2,357,926	1,644,225	-	4,002,151
A4 Retiree Surcharge	38,943	-	-	38,943
Dividends Payable	-	-	-	-
Retained Dividends	-	-	-	-
Accrued/Other Liabilities	2,030	-	-	2,030
Total Liabilities	2,398,899	1,644,225	-	4,043,124
EQUITY				
Surplus / (Deficit)	1,214,989	5,326,955	1,719,435	8,261,379
Total Equity	1,214,989	5,326,955	1,719,435	8,261,379
Total Liabilities & Equity	3,613,888	6,971,180	1,719,435	12,304,503
BALANCE	-	-	-	-

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	Filed
<input type="checkbox"/> Fund Officers	Filed
<input type="checkbox"/> Renewal Resolutions	Filed
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	Filed
<input type="checkbox"/> Cash Management Plan	Filed
<input type="checkbox"/> Unaudited Financials	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 Member Review – Prospects reviewed since July 2022

Group	BMED/METRO	Status
Woodcliff Lake	BMED	Quote released and being reviewed
Little Falls	BMED	Needs Further Review
Waldwick	BMED	Needs Further Review
Little Ferry	BMED	Uncompetative above over 2023 SHBP
Fanwood	BMED	Joining 2/1
Garwood	BMED	Joining 5/1
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 for 6/1
Scotch Plains	Metro	Joined 1/1/23
Union Twp	Metro	Joined 3/1 - Medicare Advantage only
Linden Twp	Metro	MA likely to join 6/1
Passaic Valley Water Commi	Metro	Joining 5/1 - Medicare Advantage only
South Brunswick Township	Metro	Pending review by management; unlikely
Mercer County	Metro	MA Only pending review by management
Midland Park	BMED	With Underwriting

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

April 2023

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: 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 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 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: None

EXPRESS-SCRIPTS UPDATE

2022 SafeGuardRx Savings –SafeGuardRX provides condition-specific patient engagement tools and innovative cost containment strategies to protect plans from higher costs while promoting healthier members. The program engages with member with conditions such as cardiovascular, diabetes, hepatitis, HIV, inflammatory and atopic conditions, multiple sclerosis, neurological, cancer and rare diseases. As a result, the BMED has saved \$3,997.38. The savings will be provided to BMED in the form of invoice credits by ESI.

OPERATIONAL UPDATES:

COVID National Emergency – On April 10, 2023, President Biden signed legislation to end the COVID National Emergency immediately. As a result, the outbreak period for extended COBRA/HIPAA Special Enrollment Period deadlines will end July 10, 2023.

2023 LEGISLATIVE REVIEW

COVID -19

1. **National Emergency Declaration** - On January 30, 2023, the federal government announced the national emergency addressing the Public Health Emergency (PHE) will end May 11, 2023. As a result, the Program Manager recommends the following effective July 1, 2023:
 - COVID-19 vaccines, including boosters – cover at \$0 copay at in network locations only. (Previously covered at any location).
 - COVID-19 At Home Testing Kits – no longer covered by the plan at any retail location or mail order through ESI. Members would be responsible for the full costs of the kit.
 - Diagnostic testing and providers – covered at member cost share.

1. **At Home COVID-19 Testing- Covered through June 30, 2023.** 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.

FREE Tests from the Government - COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests.
<https://www.covid.gov/tests>

2. **Vaccine Mandates** - Covered at \$0 at in network location. 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

2022 Filings - Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna and ESI will submit on behalf of the HIFs. The Benefit Consultant will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

2020 and 2021 Filings - 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.

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 Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for BMED Fund. 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 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 the BMED Fund, confirming the claims carrier is administering the necessary care management programs specific to Gene Therapy.

Appeals

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Type of Service	Determination	Determination Date
2/2/2023	Medical/Aetna	BMED-2023-02-02	Genetic Testing	Upheld	3/7/2023
2/19/2023	Medical/Aetna	BMED-2023-02-04	Anesthesia	Upheld	3/3/2023
3/3/2023	Medical/Aetna	BMED-2023-03-01	OON Provider	Upheld	3/22/2023
3/20/2023	Medical/Aetna	BMED-2023-03-02	PET Scan	Under Review	N/A
3/22/2023	Medical/Aetna	BMED-2023-03-03	DME	Upheld	04/03/2023
3/30/2023	Medical/Aetna	BMED-2023-03-04	Pre-Authorization	Upheld	04/14/2023

IRO Submissions: None

BMED Small Claims Committee Appeals: None

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

FEBRUARY 2023

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>
004230			
004230	PERMA	AATRIX 1099 FILING 2022	24.95
			24.95
004231			
004231	ACCESS	DEPT 418 CUST 224 STORE 11/30/22 FOR DEC	139.89
			139.89
004232			
004232	BURTON AGENCY INC.	ADDITIONAL BROKER FEES 12/22	333.80
			333.80
		Total Payments FY 2022	498.64

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004233			
004233	PAYFLEX	HSA FEE BORO OF MONTVALE 2/23	126.00
004233	PAYFLEX	HSA FEES BORO OF WALLINGTON 2/23	77.25
004233	PAYFLEX	HSA FEES BORO OF OAKLAND 2/23	6.00
004233	PAYFLEX	HSA FEES SOUTH HACKENSACK 2/23	15.00
			224.25
004234			
004234	PERMA	POSTAGE 1/23	372.87
004234	PERMA	ADMIN FEES 02/23	35,489.71
			35,862.58
004235			
004235	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 2/23	2,125.00
			2,125.00
004236			
004236	JOSEPH IANNAONI JR.	TREASURER 2/23	1,755.58
			1,755.58
004237			
004237	LAMENDOLA ASSOCIATES, INC.	MONTHLY RETAINER 1/23	1,560.00
			1,560.00
004238			
004238	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 2/23	2,083.33
			2,083.33
004239			
004239	ACCESS	CUST 224 DEPT 418 STORE 1/23 FOR FEB	126.81
			126.81

004240			
004240	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEE 02/23	14,545.77
			14,545.77
004241			
004241	SADDLE RIVER DELI	LUNCH MEETING 1/23	424.75
			424.75
004242			
004242	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 2/23	6,005.05
			6,005.05
004243			
004243	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEE 2/23	20,028.67
			20,028.67
004244			
004244	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINS 2/23	81,826.36
			81,826.36
W2230			
W2230	AETNA MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREMIUM 2/23	139,708.26
			139,708.26
W2231			
W2231	FLAGSHIP DENTAL PLANS	DENTAL DMO EAST RUTHERFORD 2/23	1,365.55
W2231	FLAGSHIP DENTAL PLANS	DENTAL DMO RUTHERFORD 2/23	1,493.39
			2,858.94
W2232			
W2232	AETNA	TPA FEES 2/23	52,548.66
			52,548.66
W2233			
W2233	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 2/23	7,430.90
			7,430.90
W2234			
W2234	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 2/23	208.33
W2234	CONNER STRONG & BUCKELEW	BENEFITS CONSULTING FEE 2/23	27,331.00
			27,539.33
W2235			
W2235	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 2/23	1,743.57
			1,743.57
W2236			
W2236	THE VOZZA AGENCY	BROKER FEES OAKLAND 2/23	6,389.56
W2236	THE VOZZA AGENCY	BROKER FEES PARK RIDGE 2/23	5,597.44
W2236	THE VOZZA AGENCY	BROKER FEES FORT LEE 2/23	1,575.10
			13,562.10
W2237			
W2237	RELIANCE INSURANCE GROUP, LLC	BROKER FEES EDGEWATER 2/23	7,250.23
			7,250.23
W2238			
W2238	ACRISURE	BROKER FEES 2/23	1,074.62
			1,074.62
W2239			
W2239	ALLEN ASSOCIATES	BROKER FEES 2/23	9,729.61
			9,729.61
		Total Payments FY 2023	430,014.37
		TOTAL PAYMENTS ALL FUND YEARS	430,513.01

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

MARCH 2023

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>
004255			
004255	WORLD INSURANCE ASSOCIATES, LLC	ANNUAL CONSULT FEES EMERSON 12/22	655.66
			655.66
		Total Payments FY 2022	655.66

FUND YEAR 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004256			
004256	PAYFLEX	HSA FEES SOUTH HACKENSACK 3/23	15.00
004256	PAYFLEX	HSA FEES BORO OF OAKLAND 3/23	6.00
004256	PAYFLEX	HSA FEE BORO OF MONTVALE 3/23	126.00
004256	PAYFLEX	HSA FEES BORO OF WALLINGTON 3/23	61.80
			208.80
004257			
004257	PERMA	POSTAGE 02/23	87.26
004257	PERMA	ADMIN FEES 03/23	35,216.46
			35,303.72
004258			
004258	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 3/23	2,125.00
			2,125.00
004259			
004259	JOSEPH IANNACONI JR.	TREASURER 3/23	1,755.58
			1,755.58
004260			
004260	LAMENDOLA ASSOCIATES, INC.	MONTHLY RETAINER 2/23	1,530.00
			1,530.00
004261			
004261	NORTH JERSEY MEDIA GROUP	ACCT 396194- AD 3/1/23	68.12
004261	NORTH JERSEY MEDIA GROUP	ACCT 396194- AD 3/1/23	65.48
			133.60
004262			
004262	NJ ADVANCE MEDIA	ACCT 1000934603 - AD 3/1/23	102.60
004262	NJ ADVANCE MEDIA	ACCT 100934603- AD 3/1/23	145.80
			248.40
004263			
004263	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 3/23	2,083.33
			2,083.33
004264			
004264	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEE 03/23	14,542.01
			14,542.01
004265			
004265	SADDLE RIVER DELI	FOOD EXPENSE 2/23	220.87
			220.87

004266			
004266	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 03/23	6,005.04
			6,005.04
004267			
004267	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 03/23	19,758.34
			19,758.34
004268			
004268	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINS. 3/23	81,149.10
			81,149.10
		TOTAL CHECKS FY 2023	165,063.79
W0310			
W0310	ALLEN ASSOCIATES	BROKER FEES 3/23	9,684.15
			9,684.15
W3230			
W3230	AETNA MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREMIUM 3/23	139,686.62
			139,686.62
W3231			
W3231	AETNA	TPA FEES 3/23	52,113.72
			52,113.72
W3232			
W3232	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 3/23	7,351.34
			7,351.34
W3234			
W3234	CONNER STRONG & BUCKELEW	BENEFITS CONSULTING FEE 3/23	27,164.90
W3234	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 3/23	208.33
			27,373.23
W3235			
W3235	CONNER STRONG & BUCKELEW	SELECTIVE INS- SURETY BOND 2023	1,961.00
			1,961.00
W3236			
W3236	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 3/23	1,743.58
			1,743.58
W3237			
W3237	THE VOZZA AGENCY	BROKER FEES FORT LEE 3/23	1,589.28
W3237	THE VOZZA AGENCY	BROKER FEES PARK RIDGE 3/23	5,470.19
W3237	THE VOZZA AGENCY	BROKER FEES OAKLAND 3/23	6,389.56
			13,449.03
W3238			
W3238	RELIANCE INSURANCE GROUP, LLC	BROKER FEES EDGEWATER 3/23	7,250.22
			7,250.22
W3239			
W3239	ACRISURE	BROKER FEES 3/23	1,074.62
			1,074.62
		TOTAL ACH FY 2023	261,687.51
		Total Payments FY 2023	426,751.30
		TOTAL PAYMENTS ALL FUND YEARS	427,406.96

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

APRIL 2023

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 2023

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
004229			
004229	VERONA TOWNSHIP	VOIDED CHECK-(voided in March)	-105888.00
			-105888.00
004269			
004269	PERMA	POSTAGE 3/23	184.49
004269	PERMA	ADMIN FEES 04/23	35,249.25
			35,433.74
004270			
004270	HUNTINGTON BAILEY, LLP	ATTORNEY FEE 4/23	2,125.00
			2,125.00
004271			
004271	JOSEPH IANNAconi JR.	TREASURER 4/23	1,755.58
			1,755.58
004272			
004272	LAMENDOLA ASSOCIATES, INC.	MONTHLY RETAINER 3/23	1,530.00
			1,530.00
004273			
004273	CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 4/23	2,083.33
			2,083.33
004274			
004274	ACCESS	CUST 224 DEPT 418 STORE.2/28/23 FOR MAR	139.89
			139.89
004275			
004275	ACRISURE LLC d/b/a IMAC INSURANCE AGENCY	BROKER FEE 04/23	14,671.23
			14,671.23
004276			
004276	OTTERSTEDT INSURANCE AGENCY	BROKER FEES 04/23	6,005.05
			6,005.05
004277			
004277	WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 04/23	19,837.86
			19,837.86
004278			
004278	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 04/23	80,841.26
			80,841.26
		CHECK SUBTOTAL	58,534.94
W4230			
W4230	AETNA MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREMIUM 4/23	141,988.54
			141,988.54
W4231			
W4231	AETNA	TPA FEES 4/23	51,916.02
			51,916.02
W4232			
W4232	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 4/23	7,357.71
			7,357.71

W4233			
W4233	FLAGSHIP DENTAL PLANS	DENTAL- RUTHERFORD 4/23	1,493.39
W4233	FLAGSHIP DENTAL PLANS	DENTAL - EAST RUTHERFORD 4/23	1,533.55
			3,026.94
W4234			
W4234	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 4/23	208.33
W4234	CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEE 4/23	27,195.10
			27,403.43
W4235			
W4235	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 4/23	1,743.58
			1,743.58
W4236			
W4236	THE VOZZA AGENCY	BROKER FEES FORT LEE 4/23	1,584.55
W4236	THE VOZZA AGENCY	BROKER FEES OAKLAND 4/23	6,389.57
W4236	THE VOZZA AGENCY	BROKER FEES PARK RIDGE 4/23	5,549.86
			13,523.98
W4237			
W4237	RELIANCE INSURANCE GROUP, LLC	BROKER FEES - EDGEWATER 4/23	7,211.04
			7,211.04
W4238			
W4238	ACRISURE	BROKER FEES 4/23- WALLINGTON	1,061.19
			1,061.19
W4239			
W4239	ALLEN ASSOCIATES	BROKER FEES 04/23- GARFIELD CITY	9,684.16
			9,684.16
W423A			
W423A	ACTUARIAL SOLUTIONS, LLC	ACTUARY Q2 2023	4,625.00
			4,625.00
		WIRE SUBTOTAL	269,541.59
		Total Payments FY 2023	328,076.53
		TOTAL PAYMENTS ALL FUND YEARS	328,076.53

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

		January							
Month		2023							
Current Fund Year									
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid January	Monthly Recoveries January	Calc. Net Paid Thru January	TPA Net Paid Thru January	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2023	Medical	0.00	(37,038.72)	0.00	(37,038.72)	0.00	(37,038.72)	0.00	(37,038.72)
	Dental	0.00	87,004.71	0.00	87,004.71	0.00	87,004.71	0.00	87,004.71
	Rx	0.00	356,132.46	0.00	356,132.46	0.00	356,132.46	0.00	356,132.46
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	406,098.45	0.00	406,098.45	0.00	406,098.45	0.00	406,098.45

Bergen Municipal Employee Benefits Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2023										
Month Ending: January										
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	0	TOTAL
OPEN BALANCE	15,399,688.48	508,133.96	(2,445,089.08)	54,200.98	0.00	(247,951.80)	135,121.31	1,987,243.83	0.00	15,391,347.68
RECEIPTS										
Assessments	7,184,907.83	320,287.84	166,120.96	0.00	0.00	109,223.20	1,178.97	359,123.19	0.00	8,140,841.99
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymts	55,751.13	5,042.24	517.90	185.28	0.00	0.00	461.89	6,793.04	0.00	68,751.48
Invest Adj	(122.02)	(11.03)	(1.13)	(0.41)	0.00	0.00	(1.01)	(14.86)	0.00	(150.46)
Subtotal Invest	55,629.11	5,031.21	516.77	184.87	0.00	0.00	460.88	6,778.18	0.00	68,601.02
Other *	485,074.06	(113,939.00)	1,287,299.40	(54,385.85)	0.00	0.00	0.00	982.92	0.00	1,605,031.53
TOTAL	7,725,611.00	211,380.05	1,453,937.13	(54,200.98)	0.00	109,223.20	1,639.85	366,884.29	0.00	9,814,474.54
EXPENSES										
Claims Transfers	5,269,714.98	256,985.65	498,901.91	0.00	0.00	0.00	0.00	0.00	0.00	6,025,602.54
Expenses	809,100.14	11,860.16	0.00	0.00	0.00	219,558.18	0.00	536,614.34	0.00	1,577,132.82
Other *	297,340.19	0.00	0.00	0.00	0.00	0.00	0.00	828.63	0.00	298,168.82
TOTAL	6,376,155.31	268,845.81	498,901.91	0.00	0.00	219,558.18	0.00	537,442.97	0.00	7,900,904.18
END BALANCE	16,749,144.17	450,668.20	(1,490,053.86)	0.00	0.00	(358,286.78)	136,761.16	1,816,685.15	0.00	17,304,918.04

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS			
Bergen Municipal Employee Benefits Fund			
ALL FUND YEARS COMBINED			
CURRENT MONTH	January		
CURRENT FUND YEAR	2023		
	Description:	CHECKING	JCMI
	ID Number:		
	Maturity (Yrs)		
	Purchase Yield:		
	TOTAL for All Accts & instruments		
Opening Cash & Investment Balance	\$15,391,347.68	2,088,617.27	2,750,599.85
Opening Interest Accrual Balance	\$10,830.82	-	-
1	Interest Accrued and/or Interest Cost	\$1,737.55	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00
4	Accretion	-\$150.47	\$0.00
5	Interest Paid - Cash Instr.s	\$34,737.03	\$6,170.64
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$34,014.44	\$0.00
8	Net Investment Income	\$70,338.55	\$6,170.64
9	Deposits - Purchases	\$9,448,318.15	\$9,448,318.15
10	(Withdrawals - Sales)	-\$7,603,348.83	-\$7,602,520.20
	Ending Cash & Investment Balance	\$17,304,918.00	\$3,940,585.86
	Ending Interest Accrual Balance	\$12,568.37	\$0.00
	Plus Outstanding Checks	\$1,657,461.95	\$1,657,461.95
	(Less Deposits in Transit)	\$0.00	\$0.00
	Balance per Bank	\$18,962,379.95	\$5,598,047.81
		-	2,507,675.93



CIVITAS

COMMUNITY • WELLNESS • LIFE-COACHING • COLLABORATION

NEW JERSEY

TO: Gateway-BMED Executive Committee and Commissioners

FROM: Marianne Eskilson, VP Civitas New Jersey; NJMEBF Wellness Consultant

DATE: April 25, 2023

RE: Report of Activity and Progress

STATUS UPDATE

1. **Education:** Education participation has gotten off to a strong start. Participant views of educational webinars are being tracked by Valley Health Services and reorganized to reflect town by town participation by our staff. The webinar content was diverse and outstanding. Feedback from participants continues to be highly positive. Our office coordinates weekly with Valley's staff regarding various issues associated with education and our partnership. On-demand flyer of 2023 live aired webinars is attached.
2. **Surveys:** Program evaluation/opinion data collection surveys were created by our office. These surveys have been deployed through SurveyMonkey to each participating town's entire population of full-time employees. Completing the survey is a requirement for participants to qualify for the wellness program incentive. Participating employees are required to complete the survey prior to June 30. The preliminary early results of the survey will be available to share with the Fund at their June 27, 2023 meeting.
3. **Recommendations for a Formalized Program Schedule:** A draft formal schedule of benchmark dates for participating agencies was provided to the Wellness Committee for review. Attached is the final draft of language being recommended by the Wellness Committee to become formal policy associated with the Fund's Wellness Program. The Committee concurred that having structures and clearly communicated expectations would help the program become increasingly more efficient and effective. A copy of the recommended policy language is attached and will be presented by the Wellness Committee Chairperson.
4. **Newsletter:** The monthly newsletter continues to be sent to all local wellness program ambassadors on a monthly basis for distribution to their entire full-time employee population. We continue to seek guidance from non-participating fund agencies as to whom they would like monthly links to educational programming and newsletters to be

sent so that they can be distributed to their full-time employee population. The newsletter is available in both an interactive digital version, as well as a static pdf. Our office creates a specialized article for the Fund that can be found on the right-hand column of the first page of each edition. A copy of the April edition is attached.

5. **New Participating Agencies:** We are happy to note that we have been working with several communities who have expressed their intention to participate in the Wellness Program in 2024. Our office is prepared to offer the support outlined in the program schedule policy recommendation to those who are interested in future participation.
6. **Grant Reimbursement Submissions and 2023 Grant Application:** The Wellness Committee has reviewed all of the 2022 grant reimbursement submissions, together with 2023 grant applications received. A list of the recommended formal actions to be taken will be provided as an additional handout on the day of the Fund meeting.
7. **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 through a voluntary sponsorship program that can be funded by the employing agency. Wellness Program Ambassadors have been provided the attached information to consider whether they may want to have participation in the Trail-a-Thon be a sponsored and eligible activity for program challenge credit.
 - b. **Atlantic Health:** See Item 5
 - c. **Valley Health Services:** See Item 1
8. **Next Steps:** Specific areas of focus for the Spring and early summer season will include the following:
 - a. The review and integration of annual claims data reports, (they generally become available in late June) together with survey results will be a cornerstone of 2024 program planning.
 - b. The scheduling of a virtual broker meeting in late June to engage brokers to share their thoughts and ideas associated with wellness programming, planning, incentivization and trending they are seeing amongst their books of business and to answer any questions they may have about the Fund's program.
 - c. Campaign to assist towns who have shown interest in 2024 participation to create a firm foundation for their future program to get off to a strong start in 2024.
 - d. The establishment of a date for ambassadors to engage in a virtual meeting together to exchange ideas, share successes and concerns and brainstorm together with our office.
 - e. Engage in outreach to other non-participating agencies to solicit input, offer to deploy a survey of their staff to help gauge their ideas and sentiments relating to the possibility of initiating a Fund/employer sponsored health and wellness program.



PROPOSED CALENDAR POLICY GATEWAY-BMED WELLNESS PROGRAM

Suggested program schedule for new and existing agency participation in Gateway-BMED Wellness Program:

1. Agencies wishing to participate in the Gateway-BMED Wellness Program must be able to initiate their program by no later than March 1.
2. New agencies interested in participating after March 1 will be offered the following services in anticipation of their formal participation in the program in the following year:
 - a. Consultation with the Fund's Wellness Coordinator to understand the required steps to initiating a program using the attached guidance documents, which are identified below:
 - i. Steps to Establish a Successful Local Health and Wellness Program
 - ii. A Walk Through the Process
 - b. The deployment of a survey using SurveyMonkey, provided by the Wellness Consultant, to determine employee interest and help establish local program direction.
 - c. A tutorial webinar on how to use the Fund's live and on-demand educational webinar program, which is provided through a partnership with Valley Health Services
 - d. Access to planning resources and the Wellness Coordinator during the process of establishing a local wellness committee and components for the local employee wellness program.
 - e. Assistance from the Wellness Coordinator in developing program marketing materials to be distributed during the fall preceding their formal January program rollout.
3. Formal interest in Wellness Program participation should be made in writing from the member agency's administration to the Program Manager and Wellness Coordinator by August 1 so that provisions for costs associated with their participation are accommodated in the coming year's budget.
4. Agencies committing to participate in the Fund's Wellness Program in a coming year are required to:
 - a. **New Participating Agency:** Submit a signed Wellness Agency Participation Agreement accompanied by a Resolution authorizing the execution of the agreement to the Wellness Coordinator by no later than December 15 of the year prior to the expected year of participation. A copy of the Grant Application and Resolution are attached.
 - b. **Agencies Wishing to Continue Their Wellness Program Participation:** Provide the Wellness Coordinator with a completed grant application and executed resolution by no later than January 15 of the year of desired participation.
5. The distribution of reimbursements under the grant program will be dependent on the submission of a completed Fund provided wellness program tracker form together with evidence of spending, programming and participation. This information must be submitted to the Wellness Coordinator by no later than January 30 of each year. Reimbursements will be considered for formal payment approval at the Fund's February meeting, if found to be complete and are recommended for payment by the Fund's Wellness Committee.



NOTED/REFERENCED ATTACHMENTS

THE GATEWAY BMED HEALTH AND WELLNESS GRANT

A WALK THROUGH THE PROCESS

The Gateway BMED Fund offers an innovative grant opportunity to assist member agencies in creating and supporting a health and wellness program designed to encourage healthy lifestyles for their employees. The program is a partnership between the Fund and the public agency member (hereinafter referred to as “agency” or “agencies”). The public entity should be prepared to submit an application which verifies the following:

1. That their agency is committed to financially match whatever amount of funding that they are requesting from the Fund (maximum grant amount of \$10,000). The agency can design a program that exceeds a total of \$10,000; however, the BMED will only fund up to \$10,000 on an annual basis (\$5,000 for dental only members).
2. That they have identified and appointed a Wellness Ambassador and a Wellness Committee comprised of key members of their agency who can help to promote and design their local program.
3. That they understand that the key qualifications for the agency’s participation in the BMED’s Wellness Program is to require that their participating staff members engage in the following program components:
 - a. Program participants must provide their Wellness Ambassador with evidence that they have received an annual physical, which will incorporate a biometric screening that includes body weight, blood pressure, heart rate, body mass index and a blood sample including a metabolic panel, lipid profile, CBC and hemoglobin A1C (a completed check box form will need to be signed by their doctor simply verifying that they completed this requirement)
 - b. Program participants must provide their Wellness Ambassador with evidence that they have engaged in having two dental exams/cleanings per year (a completed check box form will need to be signed by their dentist simply verifying that they completed this requirement)
 - c. Program participants will also be required to participate in a minimum number of educational opportunities, which will be provided by the BMED.
 - d. Program participants will need to complete at least 2 health and wellness challenges each year. Health and wellness challenge criteria will be developed and established by the local agency.
 - e. Program participants will be required to show evidence of the completion of a Fund generated survey regarding the program, which solicits their opinions and ideas for future programming development.



- f. Program participants are required to complete all 5 items in order to qualify for program incentives.
4. The agency shall provide a reward incentive for their employees who accomplish the elements of the BMED's Health and Wellness Program noted in Item #3. The form and amount of the incentive shall be determined by the agency and be clearly identified in their application.
5. The agency is expected to support the BMED program element by offering organic local agency sponsored programming, challenges and or activities. The local programming elements may or may not have a cost; however, if there is an anticipated cost, it should be clearly noted within the agency's grant application. How broad or limited the local program will be is at the discretion of the agency. Similarly, the decision of how much of a financial incentive will be offered to those who accomplish the locally offered elements of the program are at the discretion of the agency. The agency's intentions relative to programming and incentive particulars should be included within their grant application and proposed budget.
6. The BMED will provide support to agencies' Wellness Ambassadors and Wellness Committees by providing access to its Health and Wellness Consultant, who will be available to assist with local program development and design, promotion and organizational strategy building associated with goals and objectives, benchmarking, and preventable disease metric measurement tracking.
7. The BMED will provide educational opportunities for agencies to utilize as part of their local programming efforts.
8. The BMED will provide a monthly health and wellness newsletter to agencies to distribute to their employees.
9. The grant is distributed using a reimbursement model. A detailed annual report and request for reimbursement of 50% of their costs up to a maximum of \$10,000 for full members and \$5,000 for dental only members, shall be submitted by the participating agency by no later than January 30 of the following year. A specific form shall be provided to each Ambassador to be filled out and submitted for reimbursement of expenses, which will provide information required by the Gateway-BMED Fund prior to authorizing the approval and distribution of the reimbursement.

So now you are ready to commit to this innovative and progressive initiative. What's next? We are glad you asked. The attached guide entitled Steps to Establish a Successful Local Health and Wellness Program will help to identify the organizational steps to get your program off the ground and running.



Steps to Establishing a Successful Local Health and Wellness Program

There are ten key steps that need to be taken to lay a firm foundation for a successful employer sponsored health and wellness program. Agencies that embrace this process can expect their program to have a higher probability of longevity and vibrance. As the BMED's appointed Health and Wellness Consultant, I am happy to help you explore and implement your own organic framework to ensure that each of these steps are addressed as you develop your local program.

1. Conduct an employee survey to evaluate the personal wellness interests and needs of the agency's employees.
2. Conduct an organizational assessment to determine which types of wellness programs to offer by evaluating your agency's health culture, conducting environmental audits of the workplace in general and considering health trends within your employee population.
3. Obtain and clearly define management support.
4. Appoint a Wellness Ambassador and establish a wellness committee that is diverse and inclusive.
5. Develop program goals and objectives – both short and long-term, that are measurable.
6. Establish a budget that reflects both the realistic needs of the program and the financial constraints of the agency.
7. Design wellness program components
8. Select wellness program incentives or rewards.
9. Create both a plan to communicate the roll out of the wellness program to eligible participants and a long-term communications strategy that will keep participants engaged and informed.
10. Create a system for evaluating the program's progress and success.

Thoughtful and collaborative planning is tantamount to the success of your program. I look forward to helping you as you embark on this exciting initiative.



2024 Gateway-BMED Wellness Grant Application

The Borough of _____ is pleased to submit this grant application to the BMED Gateway Fund for their consideration. It is the intention of the Borough of _____ to participate in the Fund's Health and Wellness Program in 2024 by partnering with the BMED Gateway Fund by locally supporting concepts and providing programming and incentives that encourage healthy lifestyles within their employee population. The Borough of _____ provides the following details about their proposed program and affirms that they understand and agree to the required commitments of the local agency and the BMED Gateway Fund, which outline the terms of the intended partnership between the local agency and the Fund.

1. **Agency Applying for Health and Wellness Grant:** _____

2. **Name of Agency Administrator/Manager/Commissioner:** _____

3. **Wellness Ambassador:** The local agency is responsible for the administrative aspects of the BMED Wellness Program for its eligible and participating employees. The locally appointed Wellness Ambassador will act as a liaison to the BMED Employee Wellness Coordinator.
 - a. Name and contact information of appointed (or to be appointed) Wellness Ambassador:

4. **Wellness Committee:** The Township/Borough will establish and maintain an Employee Wellness Committee, who will consist of employees from various departments, to assist in the development and implementation of local wellness program elements. List the proposed members and composition of the local Wellness Committee membership (names and departments represented):

5. **Governing Body Support:** Resolution of support of the governing body to be attached.

6. **Employee Incentives:** Recognizing that a successful Employee Wellness Program will require incentives to encourage participation, the Township/Borough will budget for appropriate participation incentives. The aggregate costs of the program's financial incentive (depending on the local program element design) may exceed the BMED matching grant amount and will be the responsibility of the local agency. The program will be offered on a voluntary basis to all full-time active employees who are entitled to health insurance coverage as an employee benefit, whether they have elected to exercise the receipt of coverage or have opted out.



- a. Incentives will be offered to participants as follows:
 - i. _____/year for participation and completion of the base requirements of the BMED Gateway Fund's Program Guidelines (clarify how the incentive will be presented - gift cards, cash, time off, or other type of incentive that has a corresponding value)
 - ii. _____/year (maximum/year) will be available to employs who participate in the municipality's local program. The locally organized program should affirm support and expound upon the foundations of the BMED Program. Local incentives and programming levels shall be organic and culturally sensitive to the local agency's employee population. The breath and scope of the local program's design shall be at the discretion of the local agency. However, the proposed structure, elements and incentive design of the local program should be outlined by attachment to this application. (clarify the proposed program elements and how the incentive will be presented – gift cards, cash, time off, or other type of incentive that has a corresponding value).

7. **BMED Base Program Requirements:** The Township/Borough affirms that employees who qualify for an incentive must complete the following elements of the program on an annual basis to receive the annual incentive.
 - a. **Annual Physicals:** Provide evidence that they participated in receiving an annual physical from their doctor by either providing the municipality's Wellness Ambassador with a signed Program Physician Form, a sample of which is attached, or a copy of their EOB providing evidence of same.
 - b. **Annual Biometric Screening:** Participate annually in a biometric evaluation, which can be provided within their annual physical examination encounter with their doctor (item a above) that includes body weight, blood pressure, heart rate, body mass index and a blood sample including a metabolic panel, lipid profile, CBC and hemoglobin A1C evaluation. Confirmation that the screening has been completed will be affirmed by checking the appropriate box on the Physician Form, without sharing any results of the employee's screening details with the employing agency.
 - c. **Bi-Annual Dental Cleanings:** Provide evidence that they have participated in receiving 2 dental cleanings during the year. Evidence can be in the form of a signed Program Dental Form, a sample of which is attached, or a copy of their EOB providing evidence of same to the local program's Wellness Ambassador.
 - d. **Participation in Educational Seminars:** Monthly educational opportunities will be provided to participants throughout the year by the BMED Gateway Fund. Participants are required to attend a minimum of 4 educational offerings each year. Proof o



- e. attendance will be provided to the local Wellness Ambassador by the BMED Wellness Consultant for eligibility tracking purposes.
 - f. **Health and Wellness Challenge:** Participant will need to complete at least two health and wellness challenge each year. Criteria of challenge offerings will be developed and established by the local agency.
 - g. **Completion of Health and Wellness Program Survey:** A survey will be deployed to all employees of program participating towns on April 1, 2024. Participants seeking eligibility for incentives are required to complete and submit their survey through SurveyMonkey by no later than July 1.
8. **BMED Gateway Fund Obligation to Local Agency Grantees:** The BMED Gateway Fund will provide the following support elements to successful agency grant applicants:
- a. **Professional Support:** Support and assistance with local program development and elements of coordination from the BMED Gateway Fund's Health and Wellness Consultant
 - b. **Newsletter:** A professionally designed employee newsletter will be provided to the Wellness Ambassador each month for distribution to all eligible active employees, which will include timely content associated with health and wellness and localized BMED Gateway Fund information.
 - c. **Educational Programming:** The BMED Gateway Fund will provide at least 1 monthly virtual, live, professionally presented educational seminar/webinar during working hours for program participants on topics associated with health and wellness.
 - d. **Grant Funding:** The BMED Gateway Fund will provide an annual reimbursement to the local agency up to 50% of the local agencies total program costs to a maximum per year of \$10,000. The grant reimbursement request must include a recap of the program's year end performance data metrics by submitting a completed annual grant reporting form to be provided to participating agencies by the Fund, along with identified attachments and proof of program-oriented costs for the year.
9. **Participation Prediction:**
- a. Eligible Number of Active Employees: _____
 - b. Predicted participation within the projected grant application year: _____



10. Budget Prediction and Accommodation:

- a. Anticipated Total Incentive Costs: _____
- b. Anticipated Programming Costs: _____
- c. Anticipated Administrative Costs (Optional): _____
- d. Total Projected Program Costs: _____
- e. Grant Amount Requested: \$_____
- f. Local Agency Budget Commitment to Projected Balance of: \$_____

On behalf of the Borough of _____, this application and its attachments are submitted for approval by the BMED Gateway Fund for inclusions in the Fund's Health and Wellness Grant Program for the year 2024.

Name and Title of Authorized Signor on Behalf of the Agency

Signature of Authorized Signor on Behalf of the

Agency Date: _____

Date electronically submitted for review to Marianne Eskilson, Health and Wellness Consultant for the BMED Gateway Fund and PERMA, c/o Emily Koval: _____



GOVERNING BODY RESOLUTION

Whereas, the Borough/Township of _____ affirms its understanding that the BMED Gateway Fund offers a grant opportunity to its member agencies who wish to initiate a partnership with the Fund to incentivize employee participation in health and wellness programming and awareness; and

Whereas, the Borough/Township of _____ understands that the grant is a matching grant and that participation in the Program requires local budgetary support and administration; and

Whereas, the application for grant consideration requires a resolution of the governing body's understanding and support for promoting health and wellness concepts within their employee population;

Now therefore be it resolved that the Borough/Township of _____ authorizes the submission of a grant application for \$_____ to the BMED Gateway Fund to enable their participation in the Fund's Health and Wellness Program for the 2024 calendar year.



COMBINED BMED & METRO CLAIMS

Monthly Claim Activity Report

April 25, 2023



Medical Claims Paid:
January 2023 – February 2023

Total Medical Paid per EE: **\$1,535**

Network Discounts

Inpatient:	57.9%
Ambulatory:	67.5%
Physician/Other:	64.2%
TOTAL:	64.0%

Provider Network

% Admissions In-Network:	94.6%
% Physician Office:	88.5%

Aetna Book of Business:
 Admissions 97.7%; Physician 91.3%

Top Facilities Utilized (by total Medical Spend)

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

Catastrophic Claim Impact
January 2023- February 2023

Number of Claims Over \$50,000: **26**
 Claimants per 1000 members: **3.1**
 Avg. Paid per Claimant: **\$87,536**
 Percent of Total Paid: **22.3%**

- **Aetna BOB- HCC account for an average of 43.4% of total Medical Cost**

Aetna One Flex Member Outreach:
Through February 2023

Total Members Identified: **2,047**
 Members Targeted for 1:1 Nurse Support : **529**
 Members Targeted for Digital Activity: **1,518**
 Member 1:1 outreach completed: **498**
 Member 1:1 Outreach in Progress: **31**

Teladoc Activity:
January 2023 – February 2023

Total Registrations: **40**
 Total Online Visits: **90**
 Total Net Claims Savings: **\$47,066**
 Total Visits w/ Rx: **67**

Mental Health Visits: **38**
 Dermatology Visits: **7**

Allentown Service Center
Performance Goal Metrics YTD 2022

Customer Service Performance

1 st Call Resolution:	93.38%
Abandonment Rate:	1.06%
Avg. Speed of Answer:	20.8 sec

Claims Performance

Financial Accuracy:	99.66%
90% processed w/in:	9.0 days
95% processed w/in:	18.1 days

Claims Performance (Monthly)
 (December 2022)

90% processed w/in:	5.1 days
95% processed w/in:	8.1 days

(Note: This is not a PG metric)

Performance Goals

1 st 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



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

April 25, 2023



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	<u>MEDICAL CLAIMS PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY				\$ 2,471,010	1,287	\$ 1,920
FEBRUARY				\$ 1,815,151	1,338	\$ 1,357
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER	\$2,516,897	1,281	\$ 1,965			
OCTOBER	\$1,981,188	1,285	\$ 1,542			
NOVEMBER	\$2,501,093	1,279	\$ 1,956			
DECEMBER	\$2,094,808	1,283	\$ 1,633			
TOTALS	\$9,093,987					
				2023 Average	1,313	\$ 1,638
				2022 Average (4th Qtr)	1,282	\$ 1,774

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

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

Paid Dates: 01/01/2023 - 01/31/2023
Service Dates: 01/01/2011 - 01/31/2023
Line of Business: All

	Billed Amt	Paid Amt
	-\$66,834.64	\$123,312.65
	-\$10,218.20	\$100,558.42
	\$199,945.09	\$80,387.16
Total:	\$122,892.25	\$304,258.23

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

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

Paid Dates: 02/01/2023 - 02/28/2023
Service Dates: 01/01/2011 - 02/28/2023
Line of Business: All

	Billed Amt	Paid Amt
	\$178,576.42	\$199,200.17
	\$104,548.02	\$58,759.09
Total:	\$283,124.44	\$257,959.26



METRO MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

April 25, 2023



METRO

	<u>MEDICAL CLAIMS PAID 2022</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY				\$3,381,213	2,310	\$ 1,464
FEBRUARY				\$3,440,605	2,315	\$ 1,486
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER	\$2,673,128	1,649	\$ 1,621			
OCTOBER	\$2,504,540	1,694	\$ 1,478			
NOVEMBER	\$2,715,123	1,706	\$ 1,592			
DECEMBER	\$2,171,019	1,726	\$ 1,258			
TOTALS	\$10,063,809					
				2023 Average	2,313	\$ 1,475
				2022 Average (4th Qtr)	1,694	\$ 1,487

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

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

Paid Dates: 01/01/2023 - 01/31/2023
Service Dates: 01/01/2011 - 01/31/2023
Line of Business: All

	Billed Amt	Paid Amt
	\$264,571.91	\$96,282.53
	\$107,268.00	\$84,702.88
	\$210,049.64	\$67,836.50
	\$200,490.09	\$64,677.60
	\$101,423.73	\$64,280.57
	\$109,923.40	\$60,758.31
	\$874,474.25	\$52,764.35
	\$143,504.01	\$50,630.31
Total:	\$2,011,705.03	\$541,933.05

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

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

Paid Dates: 02/01/2023 - 02/28/2023
Service Dates: 01/01/2011 - 02/28/2023
Line of Business: All

	Billed Amt	Paid Amt
	\$563,244.36	\$280,807.77
	\$93,460.00	\$88,095.15
	\$106,465.77	\$70,285.35
	\$164,335.01	\$69,213.80
	\$214,251.86	\$68,809.07
	\$140,909.28	\$67,645.17
	\$252,117.35	\$57,973.34
Total:	\$1,534,783.63	\$702,829.65



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

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	2,572	2,565	2,539
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	110,270	320,810	1,257,113
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	1,118	1,663	2,089
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	\$437,946	\$1,478,209	\$5,481,965
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%	82.7%	80.7%	83.9%
Plan Cost PMPM	\$157.69	\$159.47	\$174.62	\$163.93	\$174.37	\$157.21	\$206.12	\$179.22	\$199.06	\$173.43	\$180.52	\$184.32	\$208.34	\$182.05	\$170.27	\$192.10	\$179.96
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	\$150,526	\$642,303	\$2,253,109
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%	34.4%	43.5%	41.1%

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,899	2,996															
Total Days	119,626	118,521															
Total Patients	1,211	1,224															
Total Plan Cost	\$565,182	\$481,637															
Generic Fill Rate (GFR) - Total	83.4%	85.0%															
Plan Cost PMPM	\$194.96	\$160.76															
% Change Plan Cost PMPM	23.6%	0.8%															
Total Specialty Plan Cost	\$275,695	\$186,987															
Specialty % of Total Specialty Plan Cost	48.8%	38.8%															

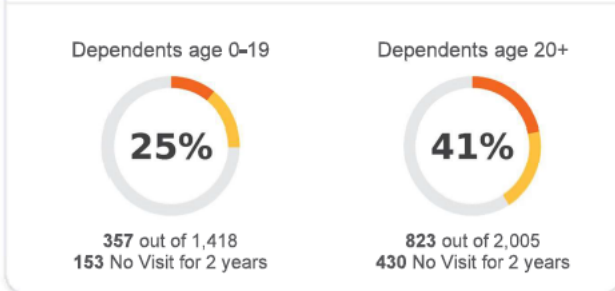
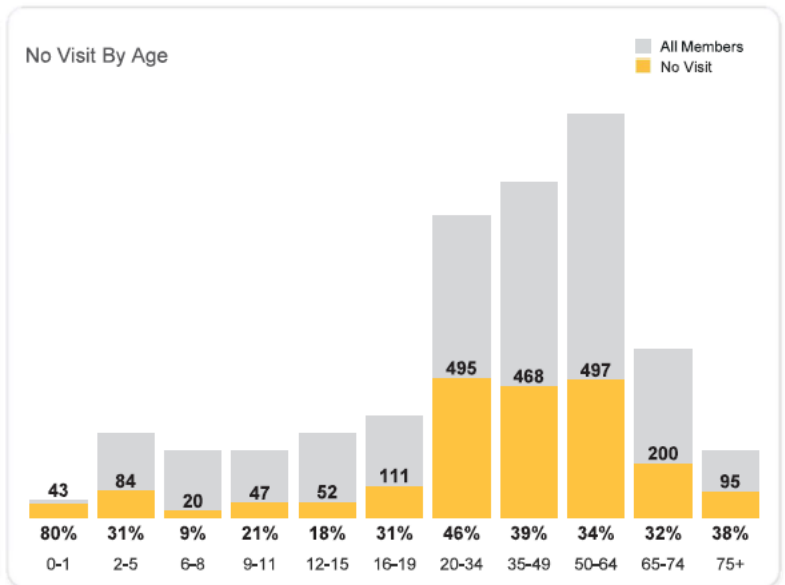
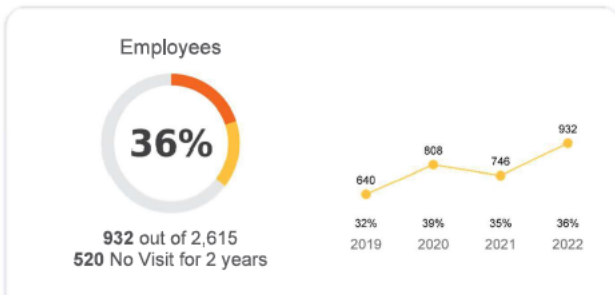
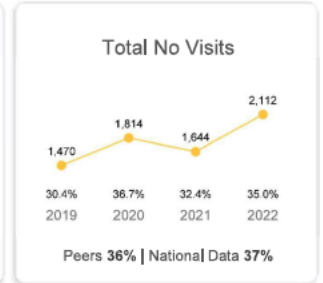


No Visit Members



1,103 members have not seen a dentist for two years and may be at increased risk

- **520** are employees
- **950** are adults
- **153** are children



Note: Age-specific metrics do not include members of an unknown age



The Cost of No Visits

It is estimated that over \$45 billion is lost in productivity each year due to untreated dental disease¹. In addition, members who delay care also tend to require more expensive treatment for oral health problems when they finally return to the dentist. The five-year analysis below compares members with routine visits to members who did not see a dentist until this year. Source: (1) <https://www.cdc.gov/chronicdisease/programs-impact/pop/oral-disease.htm>

How Much Do No Visits Cost?

Compared to members with routine visits, the cost of previous No Visit members in the current year often increases with each additional year of no visit.

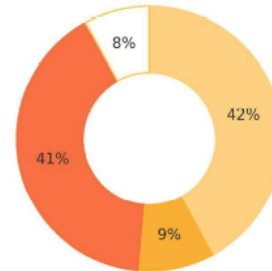
The graph below shows the average cost per member in the current year after 1 or more years of visits or no visits.



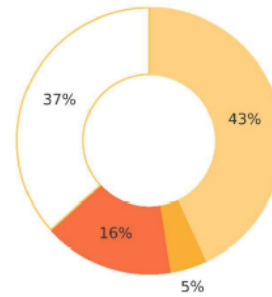
What Types of Procedures Are Driving Costs?

Distribution of procedure costs in the current year after 4 years of no visits or visits

No Visits



Visits



- Tooth Decay
- Gum Disease
- Tooth Loss
- Healthy Behaviors



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
APRIL 25, 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 19-23: Recognizing METRO Steering CommitteePage 57
Resolution 20-23: Approving the Funds for METRO Filing.....Page 58
Resolution 21-23: Approving the Release of RFPs on Behalf of METRO....Page 59
Resolution 22-23: RFP Competitive ContractingPage 60
Resolution 23-23: Shared Services with MRHIF Retiree FirstPage 61
Resolution 24-23: Amending the Contract Services after PHE Termination Page 62
Resolution 25-23: Adopting 2023 Wellness Grant Program and PolicyPage 63
Resolution 26-23: February, March and April 2023 Bills ListsPage 64

Motion_____

Second_____

RESOLUTION NO. 19-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION RECOGNIZING METROPOLITAN HIF STEERING COMMITTEE AS ADVISORY
COMMITTEE**

WHEREAS, the Bergen Municipal Employee Benefits Fund (the Fund) has accepted members that are part of the Metropolitan Subgroup of members; and

WHEREAS, these members joined the Fund as a subgroup with the intent to eventually form their own health joint insurance fund; and

WHEREAS, the Metropolitan subgroup now has enough membership and financial stability to form their own health joint insurance fund; and

WHEREAS, the subgroup must apply to the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs in order to become an independent health joint insurance fund; and

WHEREAS, in order to file for formation, a steering committee to guide the effort has been formed consisting of commissioners of the Metropolitan Subgroup;

NOW THEREFORE BE IT RESOLVED, that the Bergen Municipal Employee Benefits Fund hereby recognizes the Steering Committee as a subcommittee of the Fund under the following conditions:

1. The Fund Executive Committee shall receive copies of the minutes of all Metropolitan Subgroup commissioner meetings. These minutes shall be considered public records and included in the agenda and minutes of the Fund's Executive Committee meetings.
2. Any action of the Subgroup requiring formal action (such as the expenditure of funds) shall be reported to the Fund Executive Committee for action or ratification.
3. The Fund Executive Committee shall receive updates at regular Executive Committee meetings on the filing status to the State agencies for the creation of the new health joint insurance fund.

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 20-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION APPROVING THE RELEASE FUNDING FOR FILING COSTS**

WHEREAS, the Bergen Municipal Employee Benefits Fund (the Fund) has accepted members that are part of the Metropolitan Subgroup of members; and

WHEREAS, these members joined the Fund as a subgroup with the intent to eventually form their own health joint insurance fund; and

WHEREAS, the Metropolitan subgroup now has enough membership and financial stability to form their own health joint insurance fund; and

WHEREAS, the subgroup must apply to the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs in order to become an independent health joint insurance fund; and

WHEREAS, in order to file for formation, the Steering Committee has requested that the Bergen Municipal Employee Benefits Fund to release funding for various scopes of services and a filing fee to the State of New Jersey as listed below:

Metro HIF Estimated Filing Costs		
Agency	Project Scope	Estimated Cost
PERMA	Document development and state filing	\$25,000
Atonelli, Kantor & Rivera	Legal review and support	\$10,000
Actuarial Solutions, LLC	Budget review and certification	\$10,000
Miscellaneous Contingency		\$10,000
Initial Funding Request		\$55,000

WHEREAS, the Executive Director has confirmed that the Metropolitan Subgroup has sufficient funding in its prior Fund Year surplus to absorbed the costs listed above;

NOW THEREFORE BE IT RESOLVED, that the Bergen Municipal Employee Benefits Fund hereby release funding from the current Metropolitan sub group surplus in an amount not to exceed \$55,000

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION APPROVING THE RELEASE OF REQUEST FOR PROPOSALS ON BEHALF OF
THE METROPOLITAN SUBGROUP**

WHEREAS, the Bergen Municipal Employee Benefits Fund (the Fund) has accepted members that are part of the Metropolitan Subgroup of members; and

WHEREAS, these members joined the Fund as a subgroup with the intent to eventually form their own health joint insurance fund; and

WHEREAS, the Metropolitan subgroup now has enough membership and financial stability to form their own health joint insurance fund; and

WHEREAS, the subgroup must apply to the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs in order to become an independent health joint insurance fund; and

WHEREAS, in order to file for formation, the Steering Committee has requested that the Bergen Municipal Employee Benefits Fund release RFPs through Competitive Contracting for the following positions which will be required in the Metropolitan Health Insurance Fund bylaws:

1. Administrator/Program Manager
2. Actuary
3. Auditor
4. Treasurer
5. Attorney

WHEREAS, the Metropolitan Steering Committee will review responses to these RFPs and award the contracts when the Fund is approved by the State of New Jersey;

NOW THEREFORE BE IT RESOLVED, that the Bergen Municipal Employee Benefits Fund hereby releases RFPs on behalf of the Metropolitan Sub group to be awarded for the Metropolitan Health Insurance Fund effective January 1, 2024.

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 22-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION AUTHORIZING THE HIRING
OF PROFESSIONAL SERVICES/ CONSULTANTS THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Bergen Municipal Employee Benefits Fund (Hereinafter the “Fund”) has a need for the following services to be provided for the efficient operation of the Fund;

Auditor

Actuary

Attorney

Treasurer

WHEREAS, such desired services are currently available to be provided through the competitive contracting process under the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Qualified Purchasing Agent (N.J.S.A. 19:44A-20.5 et. Seq.),

OW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Municipal Reinsurance Health Insurance Fund resolve to authorize the Qualified Purchasing Agent to procure the Professional Services, Consulting, and other services through the competitive contacting process in accord with (N.J.S.A. 19:44A-20.5 et. Seq.), as follows:

Auditor

Actuary

Attorney

Treasurer

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 23-23

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

RESOLUTION AUTHORIZING SHARED SERVICES AGREEMENT WITH THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND FOR MEDICARE ADVANTAGE RETIREE IMPLEMENTATION AND ADVOCACY THROUGH RETIREE FIRST

WHEREAS the “Uniform Shared Services and Consolidation Act” N.J.S.A. 40A:11-4.1 et seq authorizes local units of this State to enter into a contract with any other local unit or units for the joint provision within their several jurisdictions of any service which any party to the agreement is empowered to render within its own jurisdiction; and

WHEREAS, the Parties have identified an area where working together through shared services will result in positive outcomes for both joint insurance Funds; and

WHEREAS, the Parties wish to enter into a Shared Services Agreement (“Agreement”) for implementation and advocacy services for Medicare Advantage services through Retiree First, LLC

WHEREAS, the Municipal Reinsurance Health Insurance Fund has agreed to provide the Bergen Municipal Employee Benefits Fund with the services for Medicare Advantage implementation and advocacy services through Retiree First, pursuant to the terms and conditions set forth in a Shared Services Agreement between the Parties.

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of Bergen Municipal Employee Benefits Fund that it hereby authorizes and directs the Fund Administrator to execute a Shared Services Agreement in a form substantially similar to the Agreement attached hereto and made part hereof with the Municipal Reinsurance Health Insurance Fund Medicare Advantage services for a fee of \$12 per employee per month.

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 24-23

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

**RESOLUTION AMEND COVERAGE AFTER THE NATIONAL EMERGENCY DECLARATION
TERMINATION**

WHEREAS, the Bergen Municipal Employee Benefits Fund (hereinafter the Fund) is duly constituted as a joint insurance fund;

WHEREAS, the Fund held a Public Meeting on **April 25, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, on January 30, 2023 the federal government announced two national emergencies addressing COVID -19 will end May 11, 2023;

WHEREAS, the Program Manager of the Fund has made the recommendation to the Executive Committee with the following COVID-19 coverage updates effective July 1, 2023 for members with plan dates ending June 30, 2023 and effective January 1, 2024 for members with plan dates ending December 31, 2023.

1. COVID-19 Vaccines and boosters will be covered at no copay *for in network only*
2. At Home Testing Kit costs to be the responsibility of the member
3. Diagnostic COVID-19 testing at labs and other providers will remain covered but will apply the appropriate cost share.

WHEREAS, the Program Manager has been determined that changing the benefits will not alter member premiums or rates;

THEREFORE BE IT RESOLVED, effective upon renewal dates, the Bergen Municipal Employee Benefits Fund hereby amends the plan documents to include coverage for COVID -19 vaccines and boosters at \$0 copay at in network locations as stated above;

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 25-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
ADOPTING 2023 WELLNESS GRANT PROGRAMS AND POLICY CHANGE**

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 Finance Law; and;

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2023 through December 31, 2023. This budget includes \$50,000 for individual member wellness grants;

WHEREAS, the following members submitted an application for a wellness grant through the Bergen Municipal Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount listed below were deemed appropriate for the objectives of the Fund wellness grant program:

- Edgewater Twp - \$3,000
- Franklin Lakes - \$10,000
- Oakland - \$10,000
- Montvale - \$5,000
- Rutherford - \$10,000

WHEREAS, the Wellness Committee deemed appropriate to revise the calendar policy for members of the Wellness Program which was distributed to the membership and approved by the Executive Committee;

NOW THEREFORE BE IT RESOLVED, on April 25, 2023 the Executive Committee of the Bergen Municipal Employee Benefits Fund approved Wellness Grant awards for the above mentioned members which will be reimbursed upon the receipt of services and change the calendar policy for members of the Wellness Program.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 26-23

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE FEBRUARY, MARCH AND APRIL 2023 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **April, 25, 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 February, March and April 2023 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 February, March and April 2023 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: April 25, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
OPEN MEETING: FEBRUARY 28, 2023
FRANKLIN LAKES BOROUGH
12:00 P.M.**

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

ROLL CALL OF 2023 EXECUTIVE COMMITTEE:

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

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics, Executive Director Emily Koval, Account Manager Jordyn DeLorenzo, Assistant Account Manager
Attorney	Huntington Bailey, LLP	Russ Huntington Bill Bailey
Treasurer	Joseph Iannaconi	Present
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Kim White
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Clark LaMendola
Benefits Consultant	Conner Strong	Crystal Bailey Julia Camoratto
RX Administrator	Express Scripts	Charles Yuk
Wellness Coordinator	Civitas	Marianne Eskilson

OTHERS PRESENT:

Anders Hasseler
Barbara Dispoto
Brittany Voza
Karen Kidd
Durene M Ayer
Maureen Fennell
Jillian Barrick
Joe D'A
Julie Servidio

Kimberly Duva
Lisa Sabato
Marc Ferrara
Marc Schrieks
Renee Gear
Margaret Heisey
Frank Covelli
Mat McArrow
Tom Ucko

CORRESPONDENCE – None.

COMMITTEE REPORTS:

Strategic Planning – Commissioner Kunze said there was discussion about the 2023 schedule and the upcoming survey that Mr. LaMendola has put together.

Finance Committee – Commissioner Kunze said they discussed new members joining the HIF and the competitive contracting that is an option for the HIF.

Wellness Committee – Mr. Kakoleski said the wellness coordinator Mrs. Eskilson will touch on what was discussed. They touched on the program as a whole with new members. How to share information to participating funds, and renewing the newsletter.

Small Claims Committee – No Report

Nominations Committee – Mr. Kakoleski is the new chair for the nominations committee. Mr. Franz to join the nominations committee.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT – As of December 31, 2022 – Mrs. Koval stated that in December there was an adjustment to the IBNR. After the Actuary reviewed, he recommended the small reduction that was made to that line. She stated that surplus gained for the year is a little over \$3.3 million. That is very strong even after declaring a \$2 Million dividend. She stated that this is BMED and METRO combined.

BENEFITS CONSULTANT CONTRACT AMENDMENT - CLAIMS AND OPERATIONAL AUDIT – Mrs. Koval stated that as approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits. She stated that the Program Manager 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-insured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures. She stated that Resolution 12-23 is in consent agenda which amends the Program Manager contract to include AIM.

NEW MEMBERS - Mrs. Koval stated that the Metro Fund has 3 Medicare Advantage only members requesting membership to the Metro subgroup. These membership offers have been recommended by the Finance Committee:

1. Union Twp - March 1, 2023
2. Passaic Valley Water Commission - May 1, 2023
3. Linden Twp - June 1, 2023

Mrs. Koval stated that the METRO split is in the works. There will be steering committee gathering soon as well as getting the filing process started. Mrs. Koval stated that there will be separate bills list as well for the METRO and BMED.

REVISED CASH MANAGEMENT PLAN - Mrs. Koval stated that included in the agenda is Revised Resolution 6-23 which includes a name change from Investors Bank to Citizens Bank which is a Fund investment account.

BMED QUALIFIED PURCHASING AGENT - Mrs. Koval said the MRHIF hired a QPA to represent all Funds across the State to handle RFPs. The Finance Committee will be meeting with him in March to discuss the possibility of changing the professional RFPs to competitive contracting.

In the meantime, a shared services resolution (16-23) and an E-Bid procurement authorization resolution (17-23) is included in the consent agenda for approval for any future RFPs. The Committee will make a recommendation on the process of procurement at the April meeting.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on February 9 to reorganize for 2023. In addition, three major RFPs were approved at the guidance of the Fund's QPA - Medical and Dental TPA and Enrollment system.

GASB 75 REPORTS

The Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Jordyn DeLorenzo if your audit requires a full report or update to last year's report. During its 'busy' season, reports can take up to 4 weeks to turn around.

2023 MEL, MR HIF & NJCE JIF Educational Seminar:

The 12th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 21st and Friday April 28th from 9AM to 12PM.

The seminar qualifies for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance producers, as well as personnel who work for services companies associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal

Reinsurance Health Insurance Fund (MR HIF) and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF). We are in the process of preparing to distribute this notice to all members and risk managers.

Enclosed in Appendix IV is the latest in a series of Power of Collaboration advertisement to be published in the League of Municipalities magazine which highlights the educational seminar.

PROGRAM MANAGER REPORT: Miss. Camoratto reviewed the following report items covered in the agenda.

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 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 for additional information or to request an invite.

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

Due to the frequency in which plans and benefits can change, effective April 1, 2023, ESI will no longer issue physical ID cards. Digital ID cards are available with the most up to date information. This will eliminate the need to reissue ID cards each time plan and/or benefit information has changed on a member's ID card.

- New members, members without an email address on file or members that do not respond to the email sent by ESI, will be contacted via direct mail with instructions. The instructions will explain how to register and access their digital ID card online or request a printed card if necessary.
- If members are set up in ESI's portal with an email address, they will receive a welcome kit that explains their pharmacy benefit and how to print their digital ID card.
- Members who do not have access to the internet, do not have a smartphone, or who prefer not to register on express-scripts.com can request a physical ID card by calling Express Scripts Customer Service at the number on their onboarding communications.
- Due to HIPAA, digital ID cards cannot be emailed to members, they must be accessed from the member's personal registered account with ESI.

Please note there is not an option to request a group have the option for their employees to continue to receive physical ID cards in lieu of digital ID cards. The above information was shared with brokers on February 10, 2023. – Mrs. Bailey stated

that new members will receive communications for this but existing members will not.

2022 SaveOn Savings – In the 2022 plan year BMED saved \$162,923 for members enrolled in SaveOn. There were 28 participants in the program, for an average savings per prescription of \$1,031.

AETNA UPDATE

Aetna/Virtua Negotiations – Aetna and Virtua Health have come to an agreement. The contract is in place for 4 years (actual agreement is 3 years and 11 months), effective 2/1/23. There have been no interruption to member access as an agreement was reached prior to the contracts extension termination date of March 31, 2023. Aetna will send retraction letters on 2/15/23.

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 2nd
- 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
 - **Final reports were sent to the group billing contacts the week of January 30th**
- 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 May 11, 2023. The extension is in effect for 90 days. 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.
2. 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:

- 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 - COVID-19 at home tests kits are available through the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>.

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.
3. 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 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

2022 Filings – Deadline for carriers to submit the filings for 2022 plan year is June 1, 2023. Aetna and ESI will submit on behalf of the HIFs. The Benefit Consultant will provide carriers all information needed for submission. Groups do not need to file on an individual basis.

2020 and 2021 Filings - 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 Benefits Consultant 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 2008 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

2023 Specialized Audits

As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the BMED Fund. 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 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.

2023 IRMAA Charge

The standard Part B premium amount in 2023 is \$164.90 (reduced from 2022 premium of \$170.10). Most participants pay the standard Part B premium amount. If the participants modified adjusted gross income as reported on their IRS tax return from 2 years ago is above a certain amount, they will pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

ATTORNEY – Mr. Bailey stated that he is working with the Executive Director's office on the filings for the METRO split as she mentioned.

TREASURER – Fund Treasurer stated that the reports are in the agenda.

WELLNESS COORDINATOR – Mrs. Eskilson reviewed her report that was included in the agenda. She stated that she is happy to report that there was a lot of positive feedback about the wellness program.

Motion to approve the Valley Health Services educational services at \$2,000 and to renew the contract with EBIX under the same terms as the 2022 contract.

MOTION:

Commissioner Kakoleski

SECOND: Commissioner Kunze
ROLL CALL VOTE: 5 ayes, 0 Nays, 1 Abstained

Mr. Hart stated that the wellness committee discussed these contracts to a great length and agree that it will be a good addition to the wellness program.

Mrs. Eskilson also discussed the survey that will be sent out. The committee agreed to make the survey a component to the program.

BOARD ADVISOR- The Board Advisor did not have any report other than the Strategic planning meeting is going to be meeting in the future.

AETNA – Mr. Silverstein reviewed the reports included in the agenda which included BMED only members as well as METRO only reports. He said that the Performance Guarantees are showing improvement. He stated that for BMED only members, there were 4 high-cost claimants for the month of December over the threshold of \$50,000. He also stated that for Metro only members, there were 2 high cost claimants for the month of December over the threshold of \$50,000.

In response to Mr. Kunze, the numbers that Aetna presents are gross numbers so that would show the disproportionate numbers. Mr. Silverstein also mentioned that there was significant growth in the METRO fund so that could be why there is a big difference in the numbers presented. Mr. Lodics stated that Aetna does not report on net numbers. Mr. Chairman requested the net numbers as well so that they can compare the numbers and better understand them.

EXPRESS SCRIPTS – Charles Yuk reviewed the report included in the agenda. He reviewed the claims from 2022 vs 2021. He stated that overall it is running well and costs are staying down.

Mr. Chair requested the net numbers after reimbursements so that they can compare.

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

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

MOTION TO APPROVE CONSENT AGENDA:

MOTION: Commissioner Gambutti
SECOND: Commissioner Kakoleski
VOTE: 5 Ayes, 0 Nays, 1 abstained to resolution

OLD BUSINESS: Mrs. Koval introduced Mrs. Kidd who is the Director of Operations. She is behind the scenes withing on implementations and handling all groups.

NEW BUSINESS: none.

PUBLIC COMMENT: none

MOTION TO ADJOURN:

MOTION:	Commissioner Franz
SECOND:	Commissioner Kunze
VOTE:	Unanimous

MEETING ADJOURNED: 1:34 pm

NEXT MEETING: April 25, 2023

Jordyn DeLorenzo, Assistant Account Manager

APPENDIX II

BMED Finance Meeting
March 21, 2023 – 2:00pm
Zoom

UNDERWRITING

Mrs. Koval started the meeting by introducing the John Vataha the Fund Actuary. IN response to the Committee, Mr. Vataha said he has been working with PERMA to standardize the evaluation process of new members. He stated that the process starts with 2 years of data, preferably. Although a fully credible group, which is 500 lives would only need the past 12 months. There is more fluctuation with groups under 500 lives. He said he will look at the two years and ask himself if there is consistency or is there a big difference between the years. If there is a big swing, ask the group why. At times, there may be an answer, but if not, Mr. Vataha said that he would rely on the higher year to be the truer trend. That year would be weighted higher. Trend and margin are then added to this projected PEPM, along with non claim expense that are particular to the Fund. This is all included in a template which Mr. Vataha which he reviews and approves. He said there is no shadow pricing to the competitor and the projection is independent to each group.

In response to Mr. Hart, Mr. Vataha said that the Fund Underwriter reviews the data and determines if it is clean. He said that projection is going to be based on the data received and cannot make judgments of its validity. Mr. Lodics stated that there has been challenges with how the data is collected from the state.

Mr. Lodics said that the Fund has a strong ESI contract which includes rebates that we can use to reduce the prescription projection.

In response to Mr. Hart, Mr. Vataha said that there are anomalies that do make underwriting challenging. He said he wishes we could get multiple years of history but unfortunately that is difficult to get. He said after covid the data was skewed a bit and he had to make an estimate of what services were deferred and the impact in the next year when people returned to receive services. Mr. Lodics stated that our underwriter can write off large claimants over the specific limit. Unfortunately, the state does not provide diagnosis, only a list of large claimants. Mr. Vataha stated that we can point to a very specified process and avoid backing into a number.

In response to Mr. Kunze, Mr. Vataha said the age/sex factor describes the group's demographics but it is not used for underwriting for groups that data is provided.

Mr. Vataha even though having two years of data is requested, sometimes we only get one viable year of data.

Mr. Kakoleski asked how groups are declined to quote (DTQ). Mrs. Koval stated that our chief underwriter vets out groups with a poor loss ratio before they get to the actuary. We know by looking at the loss ratio that we won't be competitive and prefer not to send to the Actuary.

NEW MEMBER

Garwood – 5/1 – medical and prescription – 40 lives (includes retirees)

Emily stated that this group is from the State and a good fit for BMED.

Committee agreed to offer membership.

COMPETITIVE CONTRACTING

Mrs. Koval turned the meeting over to the Committee to ask Mr. Canning, the MRHIF QPA.

In response to Mr. Kunze, Mr. Canning reviewed the competitive contracting model for professional services compared to what the Fund utilizes now.

Mr. Canning stated that there are 3 year contracts for professionals. Outside of insurance, these contracts should be 1 year contracts. But when using competitive contracting, there can be a 3 year appointment with the option to extend is another 2 years making it a total 5. In addition, this model allows rigorous evaluation process than a typical RFP.

The Committee is welcomed to this proposal, but Mr. Kunze suggested this discussion to be brought to the entire Committee at the April meeting.

METRO

Mr. Lodics said there will be resolution on the next agenda about the steering committee. He said overall, the steering committee was overall very good.

METRO is requesting \$55,000 from the metro surplus for expenses for the filing. Will be going out to RFP for competitive contracting.

Mr. Kunze said, in response to having another Union county join, yet it is going to be a BMED account, asked what determines a BMED versus a Metro member. He recommended that the decision no be made by who brought in the group. There should be a definition, whether it is size, or location of where a group should go should they be in any of the Counties. By size. Not by broker. –Mr. Lodics said that there is no defined, written territory in the risk management or bylaws. The decision has been made, depending on who brings the group in but the discussion can be had with both groups and define what is decided. A recommendation will be made at the next meeting.

Steering Committee Minutes March 17, 2023 - Zoom

Attendance (in no specific order):

Albert Lukin	Joseph DiVincenzo
Alysa Sauchelli	Julie Servidio
Brandon Lodics	Kayla Capriglione
Crystal Bailey	Kimberly Duva
Diane Peterson	Nile Clements
Emily Koval	Paul Laracy
Jennifer Semler	Ramon Rivera
Jenny Mundell	Tammeisha Smith
Jillian Barrick	Margaret Heisey
Jordyn DeLorenzo	Viviana Lamm

Fund Coordinator Welcome Statement – Joseph DiVincenzo thanked the members, broker partners and PERMA for their support and for turning this subgroup into a reality.

Introductions - Executive Director Lodics thanked the participants for joining the meeting. He stated that today is the inaugural meeting of the Metropolitan Health Insurance Fund Steering Committee. Mr. Lodics introduced himself as the Executive Director for PERMA. He said PERMA is the Executive Director for 8 Health Insurance Funds throughout the State of New Jersey which one of them being the BMED/ Gateway Fund the METRO subgroup is a part of. He said the financial and participation side of the METRO Subgroup supports the roll off of the METRO being its own as a State recognized Health Insurance Fund effective January 1, 2024. He stated that the reason for today's meeting is to formulate the steering committee, outline the steps and target dates as well as take necessary action on items required for the State filing. Mr. Lodics stated that since this is not an officially filed fund, all motions and items discussed today still need to be approved by the BMED Fund. This is a formality. They recognize the Metro Fund and are excited for the transition as well. Mr. Lodics introduced the rest of the Executive Director's Team including Emily Koval as Associate Executive Director, Jordyn DeLorenzo as Assistant Account Manager and Crystal Bailey as Program Manager. He stated that Diane Peterson is the HIF Business Leader and oversees all the HIF operations throughout the State. He also stated that Mr. Paul Laracy who is taking the roll of the Filing Project Manager has been consulting the team through the process. He said he appreciates Paul's assistance.

Mr. Lodics stated that he received a nomination for Chair, Jenny Mundell from Bloomfield Library. Mr. Lodics opened the floor to any other nominations. No comment

made. Mr. Lodics asked for a voice vote to officially make Mrs. Mundell the Chair of the Steering Committee.

Vote: All in Favor.

Mr. Lodics asked Miss DeLorenzo to conduct a roll call.

Roll Call:

<u>Group</u>	<u>Fund Commissioner</u>	<u>Attendance</u>
Bloomfield Public Library	Jenny Mundell	Present
Bloomfield Township	Kim Duva	Present
East Orange Township	TBD	Absent
Irvington Township	Musa A. Malik	Absent
Morristown Township	Jillian Barrick	
Orange Township	Christopher Hartwyk	Absent
Plainfield Public Schools	Cameron Cox	Absent
Sayreville Township	TBD	Absent
Scotch Plains	Margaret Heisey	Present
Union Township	TBD	Absent
West Caldwell	Nikole H. Baltycki	Absent
West Orange Township	John Gross	Absent

Professionals - Mrs. Koval reviewed the below professionals and the responsibilities. The idea of holding a steer committee in this format is to prepare the Committee when they split off and become their own on January 1.

<u>Firm</u>	<u>Position</u>	<u>Responsibilities</u>	<u>Contact</u>
PERMA	Executive Director	Develop Fund documents, State Fling, RFPs, underwriting, accounts payable and receivable	Brandon Lodics Emily Koval Jordyn DeLorenzo Crystal Bailey
Eagle Rock	Fund Coordinator	Marketing, broker relationships, facilitation of new members; member retention management	Joe DiVincenzo

2024 Metropolitan Health Insurance Fund Development. - Mrs. Koval reviewed the timeline below. She said everything that we approve of today, will still go to the BMED for the official approval.

Timeline:

	Description	Status
1	Bylaws - review, discuss changes	In process. Needs Attorney review
2	Select a name for new entity	Metropolitan Health Insurance Fund
3	Determine membership of Fund	County Entities, Municipalities, Authorities and School Boards
4	2 members pass resolution of intent to join new Fund	Done - passed by 3 members
5	Approve PERMA & Attorney (to be determined) to start filing submission	Requesting approval
6	RFP	RFPs to be released in June (if approved): Executive Director Fund Coordinator Actuary Auditor Attorney
7	Determine 2024 Reinsurance	MRHIF quote expected late summer
8	Submit First Filing with State Submit Second Filing with State	May July
9	All members pass resolution to join new Fund	November
10	Preliminary Budget/New Member Meeting	September
11	Organization Meeting to elect Executive Committee, approve bylaws, adopt budget and other standard organizing resolutions	October

Metro HIF Financial Update Through December 31, 2022 - Mrs. Koval reviewed the financial Fast Track that was presented. She stated that there is a little bit over \$7 Million in surplus which is an excellent step.

Mrs. Koval opened the floor for any questions on what was just presented. No Comment.

Approval to release Fund RFPs, effective January 1, 2024:

- a. Third Party Administrators**
- b. Fund Professionals:**
 - i. Executive Director/Administrator**

- ii. Fund Coordinator
- iii. Attorney
- iv. Actuary
- v. Auditor

Roll Call:

Motion: Commissioner Mundell
Second: Commissioner Duva
Vote: 3 Ayes, 0 Nays

2. **Approval for Filing Costs** – Mrs. reviewed the following Filing Costs that have to be approved at the subcommittee level as well as by the BMED Fund.

Metro HIF Estimated Filing Costs		
Agency	Project Scope	Estimated Cost
PERMA	Document development and state filing	\$25,000
Atonelli, Kantor & Rivera	Legal review and support	\$10,000
Actuarial Solutions, LLC	Budget review and certification	\$10,000
Miscellaneous Contingency		\$10,000
Initial Funding Request		\$55,000

Roll Call:

Motion: Commissioner Mundell
Second: Commissioner Heisey
Vote: 3 Ayes, 0 Nays

3. **Open Discussion/Questions** – Mr. Lodics thanked Mr. Rivera for helping with the filing process. Mr. Rivera stated he looks forward to working with PERMA and the Fund Coordinator and to reach out at any time.

BMED Wellness Committee Meeting

4/20/23 – 8:30am

Zoom

Greg Hart
Robert Kakoleski
Erin Delaney
Marianne Eskilson
Brandon Lodics
Crystal Bailey
Jordyn DeLorenzo

Mr. Kakoleski opened the meeting and gave the floor to Marianne Eskilson.

Mrs. Eskilson reviewed the agenda that she provided to the Wellness Committee showing the members who participated in the 2022 Wellness Program. She said that all of the towns completed their full requirements. Towns that do not meet all the requirements are not eligible for reimbursement.

Mrs. Eskilson presented the amounts to the wellness committee that was approved in 2022. A future bills list will reflect the 2022 reimbursements. Mrs. Eskilson also stated that there will be an action item in the upcoming agenda to approve the 2023 grant applications.

Mrs. Eskilson reviewed the proposed Program Calendar Policy to the wellness committee. She presented a write up to present. Mr. Kakoleski suggested sending that information out with the newsletter so everyone can be informed correctly about the program calendar and the specific dates.

Mr. Lodics suggested an informational meeting for all brokers so that they can become familiar with the wellness program and the goals of the BMED program. Ms. Bailey asked Marianne to provide the brokers with an overall document with the program processes and roles of all involved. She asked for a high-level marketing piece especially for new groups joining. Mr. Lodics agreed that this would be a great addition for the new and existing brokers and members. Mr. Kakoleski and Mr. Hart stated that they would like to get suggestions on how to get participants to engage in the program. They discussed the survey and once the results are in, that could be shared with all of the wellness ambassadors. This will help spread ideas across the fund as well as see what areas need to be improved to better serve the participants.

Mr. Kakoleski stated he will not be at the April Fund meeting and Marianne will not be present either.

Mr. Lodics stated that we will get all action items into the agenda for the April 25th meeting.

APPENDIX III



AVAILABLE ONLINE AT NO COST ...

12th Annual MEL, MRHIF & NJCE Educational Seminar

FRIDAY APRIL 21 ▶ 9:00 A.M. – NOON

FRIDAY, APRIL 28 ▶ 9:00 A.M. – NOON

Designed specifically for elected officials, commissioners, municipal, county and authority personnel, risk managers and related professionals

The seminar is eligible for the following continuing education credits:

- CFO/CMFO Public Works and Clerks
- Insurance Producers and Purchasing Agents
- Accountants (CPA) and Lawyers (CLE)
- Water Supply and Wastewater Licensed Operators (Total Contact Hours)
- Registered Public Purchasing Official (RPPO)
- Qualified Purchasing Agent (QPA)

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AGENDA

FRIDAY, APRIL 21

KEYNOTE

Legislative and
Regulatory Impacts
on Local Government
Budgets

CYBER ISSUES

The New Jersey Cyber
Risk Management Fund

BENEFITS ISSUES

Controlling Benefits Costs

FRIDAY, APRIL 28

ETHICS

Insurance Transactions
Involving Local
Government

INSURANCE ISSUES

Public Officials and
Employment Practices
Liability Trends

SAFETY

Risk Control in the
Post Covid Era

THE POWER OF COLLABORATION

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