



AGENDA AND REPORTS
JANUARY 28, 2025
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 and The Star Ledger**
- II.** filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III.** posting notice on the Public Bulletin Board of all member municipalities.

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
 AGENDA MEETING: JANUARY 28, 2025
 FRANKLIN LAKES BOROUGH HALL
 12:00 PM**

SINE DIE MEETING

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

Gregory Hart, Chair
 Richard Kunze, Secretary
 Gregory Franz, Executive Committee
 Donna Gambutti, Executive Committee
 Bob Kakoleski, Executive Committee
 Anthony Ciannamea, Executive Committee
 James Gasparini, Executive Committee
 Erin Delaney, Executive Committee Alternate
 Thomas Padilla, Executive Committee Alternate
 Joe Voytus, Executive Committee Alternate

APPROVAL OF MINUTES: *October 22, 2024 Open..... Appendix I*

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

MEETING OF 2025 FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF 2025 FUND COMMISSIONERS

Member	Fund Commissioner
Alpine	Paul Tomasko
Carlstadt	Joseph Crifasi
Carlstadt Board of Education*	Paul Roth
East Rutherford*	Jesse DeRosa
East Rutherford Board of Education*	Alessandro Verace
Edgewater	Gregory Franz
Emerson*	Robert Hermansen
Fanwood	Colleen Huehn
Fairfield	James Gasparini
Fairfield BOE	Wally Lindsley
Franklin Lakes	Gregory Hart
Ft. Lee*	Alfred Restaino

Garfield City	Erin Delaney
Garwood	Kyle Harris
Hillsdale*	Christopher Tietjen
Lodi*	Marc Shreicks
Maywood Borough*	Adrian Febre
Midland Park	Wendy Martin
Mine Hill*	Katelyn Wild
Montvale	Joe Voytus
Moonachie	Anthony Ciannamea
North Arlington*	Steve Loicano
Oakland	Richard Kunze
Park Ridge	Magdalena Giandomenico
Ridgefield Park	Adam MacNeill
Rochelle Park*	Dean Pinto
Rutherford	Robert Kakoleski
Saddle River	Richard Molinari
South Hackensack	Donna Gambutti
Verona	Joseph D'Arco
Wallington	
Wanaque Valley Regional S.A.*	Frank Covelli
Westwood	Durene Ayer
Woodcliff Lake	Thomas Padilla
Wood-Ridge	Dominick Azzolini

Recommended Slate

Gregory Hart, Chair
Richard Kunze, Secretary
Gregory Franz, Executive Committee
Donna Gambutti, Executive Committee
Bob Kakoleski, Executive Committee
Anthony Ciannamea, Executive Committee
James Gasparini, Executive Committee
Erin Delaney, Executive Committee Alternate
Thomas Padilla, Executive Committee Alternate
Joe Voytus, Executive Committee Alternate
Durene Ayer, Executive Committee Alternate

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

CORRESPONDENCE - 2023 Audit Response (Page 6)

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair

FINANCE/ADMINISTRATION COMMITTEE - Robert Kakoleski, Chair

WELLNESS COMMITTEE - Tom Padilla, Chair

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Robert Kakoleski, Chair

NEW MEMBERS COMMITTEE - Gregory Franz, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics

Executive Director's ReportPage 8

BENEFITS CONSULTANT REPORT - Crystal Bailey

Conner Strong & Buckelew.....Page 17

ATTORNEY - William Bailey, Esq.

TREASURER - Joseph Iannaconi

Voucher List November 2024, December 2024, and January 2025.....Page 21

Treasurers Report November 2024.....Page 27

Confirmation of Claims Paid/Certification of Transfers

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein

Monthly ReportPage 30

PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk

Monthly Report.....Page 35

DENTAL ADMINISTRATOR - Delta Dental - Kim White

No Report

CONSENT AGENDAPage 40

Resolution 1-25: Awarding Professional Fees for 2025.....Page 41

Resolution 2-25: Designation of Service of Process.....Page 45

Resolution 3-25: Designation of Secretary as Custodian of RecordsPage 46

Resolution 4-25: Designation of Official NewspaperPage 47

Resolution 5-25: Designation of Regular Meeting Times and PlacePage 48

Resolution 6-25: Designation of Bank Depositories & CMPPage 49
Resolution 7-25: Designation of Authorized Signatories.....Page 53
Resolution 8-25: Approval of 2025 Risk Management PlanPage 54
Resolution 9-25: Compensating ProducersPage 64
Resolution 10-25: Appointment of MRHIF CommissionersPage 66
Resolution 11-25: Authorizing Treasurer to Process
Payments and Expenses.....Page 67
Resolution 12-25: E-ProcurementPage 68
Resolution 13-25: November 2024, December 2024,
and January 2025 Bills Lists.....Page 69

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED



Date: October 18, 2024

To: Mr. Reichert

Re: Inquiry of October 7, 2024 on Fund Financial Position at 12/31/2023 - Bergen
Municipal Employee Benefits Fund

Thank you for reviewing the audited financial statements and for your inquiry on the causes of the surplus reduction.

Surplus was reduced in 2023 by a dividend distribution of \$2,433,156 and higher-than-expected payments for both medical and prescription.

Medical claims exceeded the actuarial estimate for the year by \$4,153,847 or 4.8%. This overage was caused primarily by out of network claims for one member, the City of Orange, a member of the Metropolitan Subgroup. (Include further detail here) This subgroup became the Metropolitan Health Insurance Fund, an independent health insurance fund, effective January 1, 2024. Excessive out of network claims for this member continued in 2024 ultimately resulting in the City of Orange terminating its membership in the Fund effective 12/1/2024. Fortunately, the entities that are continuing membership in the Metropolitan HIF have more favorable claims experience patterns. Also, the Metropolitan Fund elected to add in an \$800,000 surplus regeneration line to their 2025 budget.

In addition, as a group, medical utilization trends between July 1, 2021-June 30, 2022, vs. July 1, 2022-June 30, 2023, the following unexpected utilization increases occurred. The 2023 budget is derived with claims data through June 30, 2022:

- Ambulatory visit cost per member rose by 17%
- Emergency room visit cost per member rose by 21%
- Radiology services cost per member rose by 21.5%
- Mental health cost per member rose by 22%

- Number of high-cost claimants above \$50,000 increased by 22%

Prescription claims for the 2023 fund year were also higher than budgeted and contributed to the operating deficit by \$1,234,648. The overage was dramatically felt in the later part of 2023 with the rising availability and popularity of GLP-1 medications, which was not considered in budget development.

In addition, as a group, prescription utilization trends between July 1, 2021 - June 30, 2022 vs. July 1, 2022-June 30, 2023, the following unexpected utilization increases occurred. The 2023 budget is derived with claims data through June 30, 2022:

- Fill count increase of 22%
- Net paid increase of 33%
- Average cost per employee per month 22.4%
- 2% Reduction in Generic Fill Rate

We do not currently plan on implementing supplemental assessments for the Bergen HIF due to existence of \$9.2 million in the closed year account as of August 31, 2024 (unaudited). The surplus in the closed year account exceeds the deficits in open years by \$4.6 million in the most recent reporting period.

We are closely monitoring fund position and results on a monthly and even weekly basis and will escalate efforts if the necessary to assure the continued strength and liquidity of this HIF.

Please let us know if you have any questions on the above response.

Respectfully submitted,

Brandon Lodics

Brandon Lodics
Executive Director, BMED/Gateway Health Insurance Fund

Cc: Aileen Egan, Manager
William Leach, Supervising Insurance Examiner
Carolina Chong, Insurance Examiner
Nick Bennett, Regulatory Office
William Bailey, BMED/Gateway Attorney
Greg Hart, BMED/Gateway Executive Committee Chair
Joseph Iannaconi, BMED/Gateway Treasurer

Bergen Municipal Employee Benefits Fund
Executive Director's Report
JANUARY 28, 2025

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of November 30, 2025 (page 12)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

2025 REORGANIZATION

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

Resolution 1-25 awards the contracts for 2025. All contracts match the RFPs and budget approved last year. This resolution will be advertised as per the public contract law.

Resolution 2-25 designates PERMA as the agent for the Fund to process of service.

Resolution 3-25 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary.

Resolution 4-25 designates The Star Ledger and The Record as the Official Fund Newspaper. As per recent legislation, public notices may be print or online through 3/31/25. If there are changes, the resolution can be revised.

Resolution 5-25 sets meeting dates and times which will be posted on each entity's public bulletin board.

Resolution 6-25 sets for the Cash Management Plan and bank depositories for 2025. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. This plan has been reviewed by the Treasurer.

Resolution 7-25 designates authorized signatories for Fund bank accounts.

Resolution 8-25 is the 2025 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. The MRHIF retention level is the only change.

Resolution 9-25 adopts the Producer fees for each entity. Producer commissions will be paid directly to the firm through the Fund. Each entity's rates reflect its arrangement only. All Risk Managers please submit the entity resolution appointing your contract to PERMA.

Resolution 10-25 appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. Current MRHIF representatives are Richard Kunze and Gregory Hart.

Resolution 11-25 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

2025 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2025. If a commissioner is interested in joining a committee, please reach out to Emily Koval and Chair Hart.

Small Claims Committee

Donna Gambutti, Chair
Anthony Ciannamea
James Gasparini

Wellness Committee

Tom Padilla, Chair
Laurie O'Hanlon
Joe Voytus
Greg Hart

Strategic Planning Committee

Rich Kunze, Chair
Greg Franz
Durene Ayer
Greg Hart

Nominations Committee

Anthony Ciannamea, Chair
Erin Delaney
Bob Kakoleski

Administration & Finance Committee

Bob Kakoleski, Chair
Greg Hart
Rich Kunze

New Member Committee

Greg Franz, Chair
James Gasparini
Joe Voytus

2025 CONTRACTS and PROFESSIONAL/CONSULTANT RFPs

1. **Medicare Advantage** - The BMED HIF released RFPs for Medicare Advantage based on higher than anticipated renewals. As we discussed in our budget introduction and adoption meetings, Employer based Medicare Advantage plans were financially impacted by the Inflation Reduction Act (IRA), which resulted in lost subsidies and out of pocket cost shifting.

Aetna was the only responder, and the response was received by the deadline. Because of the financial challenges that the IRA has imposed on Medicare Advantage plans, Aetna has held their proposals to what was initially provided. Fortunately, the adopted budgets and distributed rates are adequate and no change to the budget is needed.

The RFP results were shared with the Contracts Committees. On behalf of the Fund, we will inform the carriers of the January 1, 2025, renewals, which will be formalized at the reorganization meeting

2. **Executive Director and Benefits Consultant** - These Professional Services (insurance) contracts expired at the end of 2024. Competitive Contract RFPs were released December 17th, 2024 with responses being submitted to the Fund Attorney. The Contracts Committee reviewed the responses and evaluated which were then sent to the QPA. The summary reports are in Appendix III. The committee recommends awarding the contracts as follows:

Position	Vendor	Proposed Fees
Executive Director	PERMA	2025: \$11.36 PEPM 2026: \$11.59 PEPM 2027: \$11.82 PEPM
Benefits Consultant	Conner Strong & Buckelew	2025: \$15.71 PEPM 2026: \$16.02 PEPM 2027: \$16.34 PEPM <i>*Reduced fees for RX and Dental only. Additional fees for New Members.</i>

3. Onsite Concierge Provider – The onsite Concierge Provider RFP was released and received on December 5th, 2024. The Strategic Planning Committee and Wellness Committee will be reviewing further with PERMA and the Board Advisor. No action is requested at this meeting.

2025 TPA FEES

In late fall, our TPA Aetna (and AmeriHealth) provided the Funds with a continuance of their current contract for both fees and terms. At that time, most of the budgets were adopted with a projected increase of about 5%. Thanks to our TPA partners, the Funds will realize an additional savings to be collected into contingency and hopefully earned surplus. For BMED, this savings was approximately \$41,500. Reorg Resolution 1-25 ratifies the new fee.

AETNA NATIONAL ADVANTAGE PROGRAM (NAP)

The Health Insurance Funds within their contract with Aetna have the inclusion of the National Advantage Program (NAP). Aetna’s NAP helps the Funds manage out of network claims spend by 1) accessing a “wrap” network of providers beyond the traditional Aetna network and 2) negotiating one-off discounts with out of network providers off billed charges.

As we saw in 2025, the Funds have experienced in uptick in out of network claims exposure for which the NAP program offers some protection and assistance. When Aetna is successful in negotiating a discount on behalf of the Funds, there is a shared savings. The Fund receives 60% and Aetna, 40%.

To assist the Funds financially in 2025, PERMA was successful in negotiating improved terms on the NAP shared savings fee beginning on January 1, 2025. The value of the NAP program cannot be understated, but with out of network use on the rise, improving the shared savings terms will result in reduced spend statewide.

Agreement Terms:

- 1) *Aetna has offered to provide a one-time fee reduction to the Funds \$360,000 statewide for higher-than-average NAP collections in 2025. Funds will be distributed on a prorated basis based on the NAP Collections of each Fund. We will provide updated figures by Fund in the upcoming meetings.*
- 2) *Aetna is reducing the per claim fee cap to \$50,000 from \$100,000.*

3) *Aetna will implement a \$20 per enrollee per month cap to be reconciled at the end of each Calendar Year.*

Improved NAP Fee Agreement		
Term	2025 Agreement	2025 Amended Agreement
Shared Savings Fee	40%	40%
Per Claim Fee Cap	\$100,000	\$50,000
Per Enrollee Per Month Cap	N/A	\$20

E-PROCUREMENT SOFTWARE VENDOR

At the recommendation of the QPA, Resolution 13-25 is included in the consent allowing the Fund to utilize Bidnet for E-Procurement software vendor for competitive contracting. Costs are included in the QPA professional fee.

WEX 2025 COUPON UPDATE

In December, all Direct Bill members received a letter from WEX stating their coupons may be delayed. WEX confirmed they began processing the 2025 coupons last week to be sent out. Based on the timeline provided, we are expecting the coupons to be sent out by the end of the month.

2025 PERMA MANAGEMENT TEAM UPDATES

We are pleased to announce that following the retirement of Diane Peterson, who dedicated over 30 years to the HIFs. John Lajewski has been appointed as the HIF Consulting Business Leader. John brings 18 years of invaluable experience in shaping HIF strategic goals and guidelines.

Additionally, Matt Rudman, a seasoned actuary with significant experience in the public entity benefits arena, will take on an expanded role as the internal HIF Chief Data Leader. In this role, Matt will drive enhancements to HIF programs through the development and implementation of strategic data analytics.

We look forward to the contributions John and Matt will bring to the HIF team in their new roles.

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

		AS OF		November 30, 2024			
		THIS		YTD		FUND	
		MONTH		CHANGE	PRIOR	BALANCE	
					YEAR END		
1.	UNDERWRITING INCOME	4,831,224		51,307,297		747,914,728	799,222,025
2.	CLAIM EXPENSES						
	Paid Claims	6,210,761		52,236,436		611,374,596	663,611,032
	IBNR	(3,601)		972,526		4,336,450	5,308,976
	Less Specific Excess	1,019		(107,815)		(16,263,655)	(16,371,470)
	Less Aggregate Excess	-		-		(602,911)	(602,911)
	TOTAL CLAIMS	6,208,179		53,101,147		598,844,480	651,945,627
3.	EXPENSES						
	MA & HMO Premiums	209,320		2,290,876		29,364,075	31,654,951
	Excess Premiums	125,515		1,325,101		34,417,793	35,742,894
	Administrative	278,041		2,871,076		57,893,549	60,764,625
	TOTAL EXPENSES	612,876		6,487,053		121,675,417	128,162,470
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(1,989,831)		(8,280,903)		27,394,831	19,113,928
5.	INVESTMENT INCOME	27,980		330,799		3,686,363	4,017,162
6.	DIVIDEND INCOME	-		-		7,518,953	7,518,953
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(1,961,851)		(7,950,104)		38,600,147	30,650,043
8.	DIVIDEND	-		-		29,523,154	29,523,154
STATUTORY SURPLUS (7-8+9)		(1,961,851)		(7,950,104)		9,076,993	1,126,889
SURPLUS (DEFICITS) BY FUND YEAR							
Closed	Surplus	(12,660)		(116,438)		9,350,153	9,233,715
	Cash	(23,092)		453,146		7,872,931	8,326,077
2023	Surplus	(1,424)		(320,995)		(273,160)	(594,155)
	Cash	(34,768)		(3,141,225)		2,488,509	(652,716)
2024	Surplus	(1,947,767)		(7,512,671)			(7,512,671)
	Cash	(2,509,641)		(1,419,710)			(1,419,710)
TOTAL SURPLUS (DEFICITS)		(1,961,851)		(7,950,104)		9,076,993	1,126,889
TOTAL CASH		(2,567,501)		(4,107,788)		10,361,440	6,253,652
CLAIM ANALYSIS BY FUND YEAR							
TOTAL CLOSED YEAR CLAIMS		27,363		297,520		560,330,952	560,628,472
FUND YEAR 2023							
	Paid Claims	41,043		4,954,022		34,177,078	39,131,100
	IBNR	(32,524)		(4,310,431)		4,336,450	26,019
	Less Specific Excess	-		(177,670)		-	(177,670)
	Less Aggregate Excess	-		-		-	-
	TOTAL FY 2023 CLAIMS	8,519		465,921		38,513,528	38,979,449
FUND YEAR 2024							
	Paid Claims	6,149,464		47,104,508			47,104,508
	IBNR	28,923		5,282,957			5,282,957
	Less Specific Excess	(6,089)		(49,759)			(49,759)
	Less Aggregate Excess	-		-			-
	TOTAL FY 2024 CLAIMS	6,172,298		52,337,707			52,337,707
COMBINED TOTAL CLAIMS		6,208,179		53,101,147		598,844,480	651,945,627

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND												
RATIOS												
INDICES	2023	FY2024										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	10,361,441	\$ 10,755,617	\$ 10,233,547	\$ 9,963,433	\$ 10,628,533	\$ 10,869,111	\$ 10,750,697	\$ 10,728,944	\$ 9,992,705	\$ 9,530,286	\$ 8,821,152	\$ 6,253,652
IBNR	4,336,450	\$ 3,956,447	\$ 3,851,089	\$ 4,438,200	\$ 4,723,942	\$ 4,887,740	\$ 4,989,591	\$ 5,039,632	\$ 5,037,856	\$ 5,043,161	\$ 5,312,578	\$ 5,308,976
Assets	13,995,967	\$ 13,804,164	\$ 12,890,643	\$ 13,263,500	\$ 12,954,404	\$ 11,881,574	\$ 11,762,204	\$ 11,246,625	\$ 9,975,787	\$ 9,776,338	\$ 8,745,640	\$ 6,775,649
Liabilities	4,918,973	\$ 4,391,005	\$ 4,274,204	\$ 4,840,541	\$ 5,112,278	\$ 5,250,477	\$ 5,340,350	\$ 5,324,764	\$ 5,308,844	\$ 5,299,962	\$ 5,656,899	\$ 5,648,758
Surplus	9,076,994	\$ 9,413,159	\$ 8,616,439	\$ 8,422,959	\$ 7,842,127	\$ 6,631,097	\$ 6,421,854	\$ 5,921,861	\$ 4,666,943	\$ 4,476,376	\$ 3,088,742	\$ 1,126,890
Claims Paid -- Month	3,980,289	\$ 3,485,651	\$ 4,323,347	\$ 3,726,835	\$ 4,555,147	\$ 5,162,645	\$ 4,628,247	\$ 4,736,109	\$ 5,603,091	\$ 4,468,663	\$ 5,335,940	\$ 6,210,761
Claims Budget -- Month	3,160,967	\$ 3,375,529	\$ 3,365,898	\$ 4,214,827	\$ 4,224,158	\$ 4,230,490	\$ 4,246,102	\$ 4,254,710	\$ 4,236,087	\$ 4,241,208	\$ 4,255,061	\$ 4,241,455
Claims Paid -- YTD	38,370,902	\$ 3,485,651	\$ 7,808,998	\$ 11,535,833	\$ 16,090,980	\$ 21,253,625	\$ 25,881,871	\$ 30,617,981	\$ 36,221,071	\$ 40,689,735	\$ 46,025,674	\$ 52,236,436
Claims Budget -- YTD	37,095,915	\$ 3,375,529	\$ 6,741,428	\$ 10,956,254	\$ 15,180,413	\$ 19,448,044	\$ 23,694,146	\$ 27,943,558	\$ 32,179,646	\$ 36,398,006	\$ 40,625,210	\$ 44,866,665
RATIOS												
Cash Position to Claims Paid	2.60	3.09	2.37	2.67	2.33	2.11	2.32	2.27	1.78	2.13	1.65	1.01
Claims Paid to Claims Budget -- Month	1.26	1.03	1.28	0.88	1.08	1.22	1.09	1.11	1.32	1.05	1.25	1.46
Claims Paid to Claims Budget -- YTD	1.03	1.03	1.16	1.1	1.1	1.1	1.1	1.10	1.13	1.12	1.13	1.16
Cash Position to IBNR	2.39	2.72	2.66	2.24	2.25	2.22	2.15	2.13	1.98	1.89	1.66	1.18
Assets to Liabilities	2.85	3.14	3.02	2.74	2.53	2.26	2.2	2.11	1.88	1.84	1.55	1.2
Surplus as Months of Claims	2.87	2.79	2.56	2	1.86	1.57	1.51	1.39	1.10	1.06	0.73	0.27
IBNR to Claims Budget -- Month	1.37	1.17	1.14	1.05	1.12	1.16	1.18	1.18	1.19	1.19	1.25	1.25

Bergen Municipal Employee Benefits Fund
2024 Budget Report
as of November 30, 2024

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	39,362,280	43,092,112	32,881,902	45,061,385	(5,699,105)	-14%
Prescription Claims	5,093,445	5,553,543	5,957,942	5,433,095	(1,867,683)	-52%
Prescription Formulary Rebates	(1,528,033)	(1,666,062)	(1,787,383)	Included Above in Prescription Claims		
Dental Claims	1,938,972	2,115,882	2,090,604	1,843,227	95,746	5%
Subtotal	44,866,665	49,095,474	39,143,065	52,337,707	(7,471,042)	-17%
HMO/DMO Premiums	28,129	30,711	46,598	23,668	4,461	16%
Medicare Advantage / EGWP	2,263,022	2,467,593	2,162,509	2,267,208	(4,186)	0%
Reinsurance						
Specific	1,323,669	1,448,683	1,195,147	1,325,101	(1,432)	0%
Total Loss Fund	48,481,485	53,042,461	42,547,319	55,953,684	(7,472,199)	-15%
Loss Fund Contingency	118,197	128,942	128,942	0	118,197	0%
Expenses						
Legal	23,833	26,000	26,000	23,837	(4)	0%
Treasurer	19,698	21,488	21,488	19,690	8	0%
Administrator	425,080	464,026	448,496	425,515	(434)	0%
Risk Management Consultants	1,014,730	1,111,309	900,459	1,014,725	6	0%
TPA - Claims Agent Aetna	730,976	800,013	693,002	733,707	(2,731)	0%
Dental TPA	87,835	95,881	95,190	103,857	(16,022)	-18%
Actuary	17,325	18,900	18,900	18,900	(1,575)	-9%
Auditor	17,600	19,200	19,200	17,600	-	0%
Benefits Consultant	388,527	424,809	363,502	389,019	(493)	0%
Board Advisor	17,510	19,102	19,102	13,500	4,010	23%
Subtotal Expenses	2,743,114	3,000,728	2,605,339	2,760,350	(17,236)	-1%
Miscellaneous and Special Services						
Misc/Cont	17,417	19,000	19,000	16,235	1,182	7%
Wellness, Disease, Case Management	114,583	125,000	125,000	114,583	0	0%
Affordable Care Act Taxes	9,941	10,880	8,976	10,884	(942)	-9%
A4 Surcharge	29,680	32,375	34,542	29,680	0	0%
Plan Documents	5,958	6,500	6,500	5,958	-	0%
Claims Audit	36,667	40,000	40,000	0	36,667	100%
Subtotal Misc/Sp Svcs	214,247	233,755	234,018	177,340	36,907	17%
Total Expenses	2,957,361	3,234,482	2,839,357	2,937,690	19,671	1%
Total Budget	51,557,043	56,405,886	45,515,618	58,891,374	(7,334,331)	-14%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET

AS OF OCTOBER 31, 2024

BY FUND YEAR

	BMED 2024	BMED 2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	(1,419,710)	(652,716)	8,326,077	6,253,652
Assessments Receivable (Prepaid)	(1,708,149)	70,658	-	(1,637,491)
Interest Receivable	4,295	2,807	9,447	16,550
Specific Excess Receivable	49,759	12,614	1,102,873	1,165,245
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	973,239	-	4,454	977,693
Total Assets	(2,100,566)	(566,637)	9,442,852	6,775,649
LIABILITIES				
Accounts Payable	-	0	-	0
IBNR Reserve	5,282,957	26,019	-	5,308,976
A4 Retiree Surcharge	14,297	-	-	14,297
Dividends Payable	-	-	147,925	147,925
Retained Dividends	-	-	61,210	61,210
Accrued/Other Liabilities	114,850	1,500	-	116,350
Total Liabilities	5,412,104	27,519	209,135	5,648,758
EQUITY				
Surplus / (Deficit)	(7,512,671)	(594,156)	9,233,717	1,126,890
Total Equity	(7,512,671)	(594,156)	9,233,717	1,126,890
Total Liabilities & Equity	(2,100,566)	(566,637)	9,442,852	6,775,649
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: 2025

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2025 Filed
<input type="checkbox"/> Assessments	2025 Filed
<input type="checkbox"/> Actuarial Certification	2025 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	To be filed pending reorg
<input type="checkbox"/> Fund Officers	To be filed pending reorg
<input type="checkbox"/> Renewal Resolutions	To be filed pending reorg
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	To be filed pending reorg
<input type="checkbox"/> Cash Management Plan	To be filed pending reorg
<input type="checkbox"/> Unaudited Financials	9/30/2025 Filed
<input type="checkbox"/> Annual Audit	2023 Filed
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

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

January 2025

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

Operational Updates:

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 856-685-2258.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@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:

Aetna

CVS Health Virtual Care - Effective 1/1/25 - Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care replaced Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care - Access to 25/7 quick care for minor illnesses and injuries
- Mental Health Services - counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

****Members received new ID cards with CVS Health Virtual Care information, replacing Teladoc**

Express Scripts:

2025 Formulary and SaveOn Listing

Brokers were sent the 2025 Formulary and SaveOn listings on November 11th. Please reference the appendix for the listings. Please note the following:

NPF Listing:

- NPF Exclusions Listing, please note the following:
 - Humalog - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 1/1/26
 - Members should share the covered preferred alternatives provided in the listing with their providers
 - Humira - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 7/1/25
 - Members should share the covered preferred alternatives provided in the listing with their providers
 - Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn Listing:

- Green highlighted drugs - newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs - being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

3Q2025 SaveOn Savings (1/1/2025 through 9/25/25)

In 3Q2025, BMED has saved \$177,199 for members enrolled in SaveOn, an additional \$11,931 in savings from 2Q2025. There are currently 36 participants in the program, an increase of 5 members compared to 2Q2025. In 2025, BMED members who used SaveOn saved a total of \$547 in copays. The average savings per prescription to date is \$1,122. The report was sent as an attachment with the agenda.

Top 5 Therapeutic Categories:

- Inflammatory Conditions
 - 17 members, totaling \$80,727 in savings
- Asthma & Allergy
 - 10 members, totaling \$50,699 in savings
- Cancer
 - 2 members, totaling \$31,900 in savings
- Cystic Fibrosis
 - 1 member, totaling \$7,664
- Multiple Sclerosis
 - 1 member, totaling \$558

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2025:

- Members with new prescriptions, including renewal prescriptions for expired prior

authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:

- BMI \geq 32 OR
- BMI between $27 \leq 32$ WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2025 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

2025 Legislative Review:

Gag Clause Prohibition Compliance Attestation - Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a "contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party." The CAA 2021 prohibits "gag clauses" under group health plan (GHP) agreements. The attestation is due annually by December 31st. Groups did not need to take any additional action unless they do not have medical or prescription coverage in the BMED Fund.

Medical and Rx Reporting: None

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. **BMED audit began April 22, 2025.**

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	Reason	Determination	Determination Date
11/7/2025	Aetna/Medical	BMED 2025-11-01	Anesthesia	Overtured	11/25/2025
10/2/2025	Aetna/Medical	BMED 2025-11-02	Therapy	Upheld	10/8/2025

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
11/15/2025	Aetna/Medical	BMED 2025-11-02	Therapy	Overtured	11/22/2025

BMED Small Claims Committee Appeals: None

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST**

Resolution No. _____

NOVEMBER 2024

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 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 10/24	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 08/24	71.07
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-S. HACKENSACK 10/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 10/24	105.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 10/24	71.07
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 09/24	71.07
		336.21
PERMA	ADMIN FEES 11/24	39,145.96
PERMA	POSTAGE 102/4	895.89
		40,041.85
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q4 2024	4,725.00
		4,725.00
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 11/24	2,167.00
		2,167.00
JOSEPH IANNAONI JR.	TREASURER FEE 11/24	1,790.00
		1,790.00
GANNETT NEW YORK NJ LOCALIQ	A # 1184295 INV 6676063-10610479 9/29/24	56.40
		56.40
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 09/24	1,500.00
		1,500.00
NJ ADVANCE MEDIA	A# 1000934603 AD 10919593 10/03/24	41.83
		41.83
CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 11/24	1,000.00
CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 10/24	1,000.00
		2,000.00
ACCESS	INV 11141504 DEPT 418 9/30/24	213.43
		213.43
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 11/24	1,068.72
		1,068.72
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 11/24	15,154.74
		15,154.74
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 11/24	44,758.49
		44,758.49
GJEM INSURANCE AGENCY INC	BROKER FEES 11/24	5,997.54
		5,997.54
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 11/24	3,758.70
		3,758.70

WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 11/24	6,718.63 6,718.63
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/24	125,514.80 125,514.80
	CHECK TOTAL	255,843.34
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 11/24	206,634.24 206,634.24
FLAGSHIP DENTAL PLANS FLAGSHIP DENTAL PLANS	DENT. PREM. -RUTHERFORD- ID 695 11/1/24 E. RUTHER. DENT. PREM.- ID 16 - 11/1/24	1,203.86 1,482.29 2,686.15
AETNA	MEDICAL TPA 11/24	69,313.62 69,313.62
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/24	8,069.44 8,069.44
CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT 11/24 PLAN DOCS 11/24	36,482.60 541.67 37,024.27
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 11/24	4,361.39 4,361.39
THE VOZZA AGENCY	BROKER FEES 11/24	7,495.78 7,495.78
ALLEN ASSOCIATES	BROKER FEES 11/24	9,692.33 9,692.33
	WIRE/ACH TOTALS	345,277.22
	Total Payments FY 2024	601,120.56
	TOTAL PAYMENTS ALL FUND YEARS	601,120.56

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

DECEMBER 2024

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>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
LERCH,VINCI & BLISS, LLP	PREP OF 12/23 INS FUND AUDIT INV 41583	1,500.00
		1,500.00
	Total Payments FY 2023	1,500.00

FUND YEAR 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 12/10/24	3.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-S. HACKENSACK 11/10/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 11/10/24	3.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 11/10/24	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-S. HACKENSACK 12/10/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 12/10/24	105.00
INSPIRA FINANCIAL HEALTH, INC	HSA- BOR. WALLINGTON 12/10/24	71.07
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 11/10/24	71.07
		388.14
PERMA	POSTAGE 11/24	105.73
PERMA	ADMIN FEES 12/24	38,510.98
		38,616.71
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 12/24	2,167.00
		2,167.00
JOSEPH IANNA CONI JR.	TREASURER FEE 12/24	1,790.00
		1,790.00
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 6789551-10753447 11/10/24	59.04
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 6727473-10631177 10/3/24	50.68
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 6789551-10752451 11/10/24	62.56
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 6789551-10772247 11/17/24	52.00
		224.28
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 11/24	1,500.00
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 10/24	1,500.00
		3,000.00
NJ ADVANCE MEDIA	A# 1000934603 AD 10933497 11/11/24	49.02
NJ ADVANCE MEDIA	A# 1000934603 AD 10933428 11/11/24	51.60
NJ ADVANCE MEDIA	A# 1000934603 AD 10935521 11/17/24	40.42
		141.04
CIVITAS NEW JERSEY, LLC	WELLNESS CONSULTANT 12/24	1,000.00
		1,000.00
ACCESS	INV 11186068 DEPT 418 10/31/24	206.82
		206.82
EIFERT, FRENCH & COMPANY	BROKER FEES 12/24	279.22
		279.22
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 12/24	1,068.72
		1,068.72

Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 12/24	14,332.37 14,332.37
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 12/24	44,195.44 44,195.44
SADDLE RIVER DELI	LUNCH FOR MEETING 10/22/24	509.70 509.70
GJEM INSURANCE AGENCY INC	BROKER FEES 12/24	5,912.46 5,912.46
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 12/24	3,590.40 3,590.40
WORLD INSURANCE ASSOCIATES, LLC WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 12/24 BROKER FEES 12/24	6,458.38 603.84 7,062.22
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/24	123,581.60 123,581.60
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 12/24	200,384.90 200,384.90
FLAGSHIP DENTAL PLANS FLAGSHIP DENTAL PLANS	DENT. PREM. -RUTHERFORD- ID 695 12/1/24 E. RUTHER. DENT. PREM.- ID 16 - 12/1/24	1,100.48 1,482.29 2,582.77
AETNA	MEDICAL TPA 12/24	68,246.04 68,246.04
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/24	7,972.58 7,972.58
CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT 12/24 PLAN DOCS 12/24	35,789.60 541.67 36,331.27
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 12/24	4,368.37 4,368.37
THE VOZZA AGENCY	BROKER FEES 12/24	7,377.13 7,377.13
ALLEN ASSOCIATES	BROKER FEES 12/24	9,274.96 9,274.96
	Total Payments FY 2024	584,604.14
	TOTAL PAYMENTS ALL FUND YEARS	586,104.14

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

JANUARY 2025

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 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	POSTAGE 12/24	78.51
		78.51
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 12/24	1,500.00
		1,500.00
ACCESS	INV 11289459 DEPT 418 11/30/24	213.43
		213.43
	Total Payments FY 2024	1,791.94

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	RETIREE FIRST- OAKLAND 01012025	420.00
PERMA	RETIREE FIRST- MOONACHIE 01012025	168.00
PERMA	RETIREE FIRST- PARK RIDGE 01012025	804.00
PERMA	RETIREE FIRST- MIDLAND PARK 01012025	336.00
PERMA	RETIREE FIRST- GARWOOD 01012025	336.00
PERMA	RETIREE FIRST- SADDLE RIVER 01012025	192.00
PERMA	RETIREE FIRST- RIDGEFIELD PARK 01012025	528.00
PERMA	RETIREE FIRST- RUTHERFORD 01012025	900.00
PERMA	RETIREE FIRST- VERONA 01012025	792.00
PERMA	RETIREE FIRST- WOODCLIFF LKS 01012025	312.00
PERMA	RETIREE FIRST- WALLINGTON 01012025	324.00
PERMA	ADMIN FEES 01/25	39,906.15
PERMA	RETIREE FIRST- FRANK. LAKES 01012025	228.00
PERMA	RETIREE FIRST- FANWOOD- 01012025	372.00
PERMA	RETIREE FIRST- EDGEWATER 01012025	888.00
PERMA	RETIREE FIRST- FAIRFIELD 01012025	780.00
		47,286.15
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q1 2025	4,820.00
		4,820.00
THE CANNING GROUP	QPA SERVICES 01/25	166.67
		166.67
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 01/25	2,210.00
		2,210.00
JOSEPH IANNAONI JR.	TREASURER FEES 01/25	1,826.50
		1,826.50
CIVITAS NEW JERSEY, LLC	WELLNESS COORDINATOR 01/25	1,000.00
		1,000.00
EBIX, INC.	NEWSLETTER FOR 2025/LOGO/COLUMN 11/24	5,400.00
		5,400.00
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 01/25	1,090.44
		1,090.44
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 01/25	15,078.29
		15,078.29

Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 01/25	13,731.55
		13,731.55
GJEM INSURANCE AGENCY INC	BROKER FEES 01/25	6,031.21
		6,031.21
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 01/25	3,833.74
		3,833.74
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 01/25	6,790.66
		6,790.66
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC INSURANCE 01/25	140,764.27
		140,764.27
	CHECK TOTALS 24-25	251,821.42
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 01/25	255,472.67
		255,472.67
FLAGSHIP DENTAL PLANS	DENT. PREM. -RUTHERFORD- ID 695 01/25	803.19
FLAGSHIP DENTAL PLANS	E. RUTHER. DENT. PREM.- ID 16 - 01/01/25	1,507.63
		2,310.82
AETNA	MEDICAL TPA 01/25	69,511.32
		69,511.32
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/25	8,109.52
		8,109.52
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 01/25	37,196.54
CONNER STRONG & BUCKELEW	PLAN DOCS 01/25	541.67
		37,738.21
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 01/25	38,153.56
		38,153.56
THE VOZZA AGENCY	BROKER FEES 01/25	7,532.10
		7,532.10
ALLEN ASSOCIATES	BROKER FEES 01/25	9,933.00
		9,933.00
	ACH TOTALS	428,761.20
	Total Payments FY 2025	678,790.68
	TOTAL PAYMENTS ALL FUND YEARS	680,582.62

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
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024											
Month Ending: November											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Retained	Metro Interfund	TOTAL
OPEN BALANCE	7,807,087.80	244,564.33	(3,483,420.64)	0.00	0.00	56,038.18	148,721.35	4,006,614.44	61,044.01	1,396,817.54	10,237,467.01
RECEIPTS											
Assessments	3,444,068.22	147,839.87	282,608.04	0.00	0.00	108,662.00	9,453.42	213,431.09	0.00	0.00	4,206,062.64
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	28,334.83	373.73	0.00	0.00	0.00	110.23	229.81	6,564.56	95.68	0.00	35,708.84
Invest Adj	25.66	0.35	0.00	0.00	0.00	0.10	0.21	5.98	0.09	0.00	32.39
Subtotal Invest	28,360.49	374.08	0.00	0.00	0.00	110.33	230.02	6,570.54	95.77	0.00	35,741.23
Other *	50,376.60	19,941.28	249,113.04	0.00	0.00	0.00	0.00	(400.42)	0.00	0.00	319,030.50
TOTAL	3,522,805.31	168,155.23	531,721.08	0.00	0.00	108,772.33	9,683.44	219,601.21	95.77	0.00	4,560,834.37
EXPENSES											
Claims Transfers	5,628,219.09	140,538.11	855,179.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,623,936.72
Expenses	(2,243,861.82)	2,686.15	0.00	0.00	0.00	125,514.80	0.00	2,716,781.46	0.00	0.00	601,120.59
Other *	15,941.08	0.00	0.00	0.00	0.00	0.00	0.00	461.88	0.00	0.00	16,402.96
TOTAL	3,400,298.35	143,224.26	855,179.52	0.00	0.00	125,514.80	0.00	2,717,243.34	0.00	0.00	7,241,460.27
END BALANCE	7,929,594.76	269,495.30	(3,806,879.08)	0.00	0.00	39,295.71	158,404.79	1,508,972.31	61,139.78	1,396,817.54	7,556,841.11

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Bergen Municipal Employee Benefits Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH		November					
CURRENT FUND YEAR		2024					
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	
ID Number:							
Maturity (Yrs)							
Purchase Yield:							
TOTAL for All							
Accts & instruments							
Opening Cash & Investment Balance		\$10,237,466.97	3,629,991.73	2,977,346.03	-	-	3,630,129.21
Opening Interest Accrual Balance		\$19,133.27	-	-	-	-	19,133.27
1	Interest Accrued and/or Interest Cost	\$10,753.16	\$0.00	\$0.00	\$0.00	\$0.00	\$10,753.16
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$32.39	\$0.00	\$32.39	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$17,440.50	\$8,554.18	\$6,273.04	\$0.00	\$0.00	\$2,613.28
6	Interest Paid - Term Instr.s	\$6,230.97	\$0.00	\$0.00	\$0.00	\$0.00	\$6,230.97
7	Realized Gain (Loss)	\$12,037.36	\$0.00	\$12,222.09	\$0.00	\$0.00	-\$184.73
8	Net Investment Income	\$40,263.41	\$8,554.18	\$18,527.52	\$0.00	\$0.00	\$13,181.71
9	Deposits - Purchases	\$5,509,152.03	\$5,509,152.03	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$8,225,519.16	-\$7,225,057.28	-\$461.88	\$0.00	\$0.00	-\$1,000,000.00
Ending Cash & Investment Balance		\$7,556,841.06	\$1,922,640.66	\$2,995,411.67	\$0.00	\$0.00	\$2,638,788.73
Ending Interest Accrual Balance		\$23,655.46	\$0.00	\$0.00	\$0.00	\$0.00	\$23,655.46
Plus Outstanding Checks		\$312,527.49	\$312,527.49	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$7,869,368.55	\$2,235,168.15	\$2,995,411.67	\$0.00	\$0.00	\$2,638,788.73

Month		November								
Current Fund Year		2024								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid November	Monthly Recoveries November	Calc. Net Paid Thru November	TPA Net Paid Thru November	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month	
2024	Medical	34,679,203.92	5,444,083.93	0.00	40,123,287.85	0.00	40,123,287.85	34,679,203.92	5,444,083.93	
	Dental	1,590,593.01	139,481.31	0.00	1,730,074.32	0.00	1,730,074.32	1,590,593.01	139,481.31	
	Rx	6,897,039.96	855,179.52	0.00	7,752,219.48	0.00	7,752,219.48	6,897,039.96	855,179.52	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	43,166,836.89	6,438,744.76	0.00	49,605,581.65	0.00	49,605,581.65	43,166,836.89	6,438,744.76	
2023	Medical	38,255,261.71	39,985.71	0.00	38,295,247.42	0.00	38,295,247.42	38,255,261.71	39,985.71	
	Dental	1,985,762.09	1,056.80	0.00	1,986,818.89	0.00	1,986,818.89	1,985,762.09	1,056.80	
	Rx	7,150,525.36	0.00	0.00	7,150,525.36	0.00	7,150,525.36	7,150,525.36	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	47,391,549.16	41,042.51	0.00	47,432,591.67	0.00	47,432,591.67	47,391,549.16	41,042.51	
2022	Medical	3,937,862.57	0.00	0.00	3,937,862.57	0.00	3,937,862.57	3,937,862.57	0.00	
	Dental	99,631.56	0.00	0.00	99,631.56	0.00	99,631.56	99,631.56	0.00	
	Rx	166,527.52	0.00	0.00	166,527.52	0.00	166,527.52	166,527.52	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	4,204,021.65	0.00	0.00	4,204,021.65	0.00	4,204,021.65	4,204,021.65	0.00	
Closed Year	Medical	480,473.37	20,254.79	0.00	500,728.16	0.00	500,728.16	480,473.37	20,254.79	
	Dental	1,393.21	0.00	0.00	1,393.21	0.00	1,393.21	1,393.21	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	481,866.58	20,254.79	0.00	502,121.37	0.00	502,121.37	481,866.58	20,254.79	
Metro 2023	Medical	30,526,065.20	2,421.22	0.00	30,528,486.42	0.00	30,528,486.42	30,526,065.20	2,421.22	
	Dental	449,538.53	0.00	0.00	449,538.53	0.00	449,538.53	449,538.53	0.00	
	Rx	394,254.07	0.00	0.00	394,254.07	0.00	394,254.07	394,254.07	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	31,369,857.80	2,421.22	0.00	31,372,279.02	0.00	31,372,279.02	31,369,857.80	2,421.22	
Metro 2022	Medical	(793,714.35)	0.00	0.00	(793,714.35)	0.00	(793,714.35)	(793,714.35)	0.00	
	Dental	2,727.45	0.00	0.00	2,727.45	0.00	2,727.45	2,727.45	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	(790,986.90)	0.00	0.00	(790,986.90)	0.00	(790,986.90)	(790,986.90)	0.00	
Metro Clos	Medical	14,621.14	121,473.44	0.00	136,094.58	0.00	136,094.58	14,621.14	121,473.44	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	14,621.14	121,473.44	0.00	136,094.58	0.00	136,094.58	14,621.14	121,473.44	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL		125,837,766.32	6,623,936.72	0.00	132,461,703.04	0.00	132,461,703.04	125,837,766.32	6,623,936.72	



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

JANUARY 28, 2025



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	<u>MEDICAL CLAIMS PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2024</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$ 2,471,010	1,287	\$ 1,920	\$ 3,482,808	1,435	\$ 2,427
FEBRUARY	\$ 1,815,151	1,338	\$ 1,357	\$ 2,807,632	1,438	\$ 1,952
MARCH	\$ 2,146,796	1,317	\$ 1,630	\$ 3,552,020	1,738	\$ 2,044
APRIL	\$ 1,983,801	1,313	\$ 1,511	\$ 4,109,194	1,733	\$ 2,371
MAY	\$ 2,885,649	1,346	\$ 2,144	\$ 3,986,669	1,734	\$ 2,299
JUNE	\$ 2,581,178	1,339	\$ 1,928	\$ 3,857,794	1,742	\$ 2,215
JULY	\$ 2,438,426	1,398	\$ 1,744	\$ 4,593,550	1,740	\$ 2,640
AUGUST	\$ 3,262,140	1,383	\$ 2,359	\$ 4,505,579	1,737	\$ 2,594
SEPTEMBER	\$ 2,276,634	1,382	\$ 1,647	\$ 3,700,390	1,738	\$ 2,129
OCTOBER	\$ 3,163,584	1,382	\$ 2,289	\$ 4,683,654	1,746	\$ 2,683
NOVEMBER	\$ 2,649,809	1,381	\$ 1,919	\$ 5,554,685	1,752	\$ 3,170
DECEMBER	\$ 3,149,926	1,389	\$ 2,268			
TOTALS	\$30,824,102					
				2024 Average	1,685	\$ 2,411
				2023 Average	1,355	\$ 1,893

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 09/01/2024 - 09/30/2024
Service Dates: 01/01/2011 - 09/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$166,150.48	SPONDYLOSIS WITHOUT MYELOPATHY OR
	\$141,707.76	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH
Total:	\$307,858.24	

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 10/01/2024 - 10/31/2024
Service Dates: 01/01/2011 - 10/31/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$372,630.41	SEPSIS, UNSPECIFIED ORGANISM
	\$118,158.07	ALCOHOL ABUSE WITH WITHDRAWAL, UNSPECIFIED
Total:	\$490,788.48	

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 11/01/2024 - 10/30/2024
Service Dates: 11/01/2011 - 10/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$282,438.64	CENTRIOBULAR EMPHYSEMA
	\$243,357.51	OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBOSACRAL
	\$240,434.82	ADOLESCENT IDIOPATHIC SCOLIOSIS, THORACIC
	\$164,702.75	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT
	\$155,977.60	OBSTRUCTIVE HYDROCEPHALUS
	\$150,596.62	ALCOHOL-INDUCED CHRONIC PANCREATITIS
	\$104,519.41	OTHER SPECIFIED SEPSIS
	\$103,667.62	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
	\$101,800.73	MULTIPLE SCLEROSIS
Total:	\$1,547,495.70	



Bergen Municipal Employee Benefit Fund

12/1/2023 thru 11/30/24 (unless otherwise noted)

Dashboard

Medical Claims Paid:
January 2024 – November 2024
Total Medical Paid per EE: **\$2,411**

*NOTE: **Report no longer includes Metro unless otherwise noted***

Network Discounts

Inpatient:	59.1%
Ambulatory:	67.0%
Physician/Other:	65.9%
TOTAL:	64.7%

Provider Network

% Admissions In-Network: **96.6%**
% Physician Office: **85.5%**

Aetna Book of Business:
Admissions 98.0%; Physician 91.4%

- Top Facilities Utilized (by total Medical Spend)**
- Hackensack University
 - Valley Hospital
 - Englewood Hospital
 - MSK
 - Cooperman Barnabas Medical

Catastrophic Claim Impact
January 2024- November 2024

Number of Claims Over \$50,000: **174**
Claimants per 1000 members: **43.2**
Avg. Paid per Claimant: **\$143,539**
Percent of Total Paid: **49.8%**

- Aetna BOB- HCC account for an average of 45.9% of total Medical Cost

Aetna One Flex Member Outreach:
Through November 2024

Total Members Identified: **1,080**
Members Targeted for 1:1 Nurse Support : **295**
Members Targeted for Digital Activity: **785**
Member 1:1 outreach completed: **284**
Member 1:1 Outreach in Progress: **11**

Teladoc Activity
January 2024 – December 2024
(*BMED/Metro)

Total Registrations: **129**
Total Online Visits: **223**
Total Net Claims Savings: **\$109,089**
Total Visits w/ Rx: **176**

Mental Health Visits: **40**
Dermatology Visits: **18**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution: **93.68%**
Abandonment Rate: **0.80%**
Avg. Speed of Answer: **26.1 sec**

Claims Performance

Financial Accuracy: **98.68%***
*Q2 2024
-
90% processed w/in: **6.3 days**
95% processed w/in: **11.7 days**

Claims Performance (Monthly)
(November 2024)

90% processed w/in: **6.2 days**
95% processed w/in: **10.8 days**
(Note: This is not a PG metric)

Performance Goals

1st 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**



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

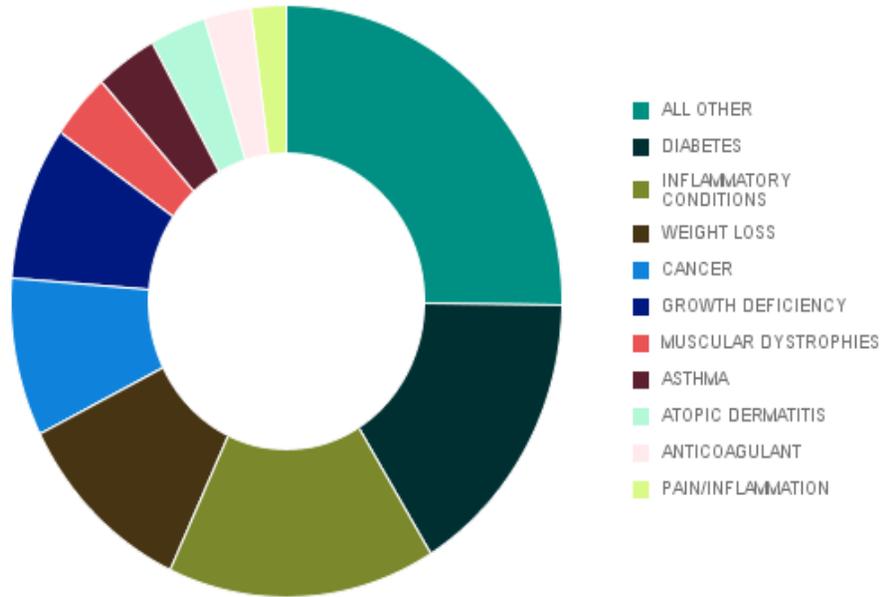
Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,899	2,996	2,995	2,963	2,989	3,101	3,350	3,147	3,499	3,483	3,487	3,490	3,463	3,451	3,459	3,458	3,264
Total Days	119,700	118,151	129,496	367,347	123,253	134,202	132,963	390,418	136,929	134,887	125,048	396,864	138,050	132,455	133,680	404,185	1,558,814
Total Patients	1,213	1,227	1,318	1,879	1,262	1,314	1,284	1,952	1,347	1,341	1,315	2,057	1,389	1,417	1,416	2,134	2,782
Total Plan Cost	\$564,288	\$481,739	\$600,198	\$1,646,225	\$632,375	\$629,648	\$569,637	\$1,831,659	\$760,914	\$747,948	\$702,026	\$2,210,889	\$842,205	\$659,151	\$746,328	\$2,247,683	\$7,936,456
Generic Fill Rate (GFR) - Total	83.4%	84.9%	84.3%	84.2%	86.5%	85.6%	85.8%	86.0%	86.3%	85.6%	82.3%	84.8%	80.2%	84.4%	84.1%	82.9%	84.4%
Plan Cost PMPM	\$194.65	\$160.79	\$200.40	\$185.18	\$211.57	\$203.05	\$170.04	\$194.03	\$217.47	\$214.74	\$201.33	\$211.18	\$243.20	\$191.00	\$215.76	\$216.69	\$202.61
Total Specialty Plan Cost	\$275,695	\$186,987	\$248,667	\$711,349	\$336,037	\$269,636	\$196,609	\$802,282	\$425,645	\$372,854	\$327,019	\$1,125,518	\$442,447	\$284,828	\$341,545	\$1,068,820	\$3,707,969
Specialty % of Total Specialty Plan Cost	48.9%	38.8%	41.4%	43.2%	53.1%	42.8%	34.5%	43.8%	55.9%	49.9%	46.6%	50.9%	52.5%	43.2%	45.8%	47.6%	46.7%

Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835	2,833	2,839	2,836	2,838	2,824	2,826	2,829	2,846	2,837			
Total Days	116,407	100,707	111,469	328,583	112,091	109,271	107,376	328,738	115,479	109,504	107,955	332,938	116,389	105,458			
Total Patients	1,201	1,157	1,174	1,804	1,160	1,145	1,123	1,742	1,167	1,130	1,155	1,707	1,197	1,140			
Total Plan Cost	\$629,751	\$657,588	\$563,768	\$1,851,107	\$852,154	\$671,429	\$698,012	\$2,221,595	\$714,545	\$681,505	\$700,409	\$2,096,459	\$738,326	\$786,371			
Generic Fill Rate (GFR) - Total	86.8%	85.8%	87.0%	86.6%	84.9%	85.5%	85.7%	85.3%	84.6%	84.7%	81.3%	83.6%	80.9%	81.5%			
Plan Cost PMPM	\$221.59	\$231.87	\$199.49	\$217.67	\$300.58	\$237.00	\$245.87	\$261.15	\$251.78	\$241.33	\$247.84	\$246.99	\$259.43	\$277.18			
% Change Plan Cost PMPM	13.8%	44.2%	-0.5%	17.5%	42.1%	16.7%	44.6%	34.6%	15.8%	12.4%	23.0%	16.9%	6.5%	44.9%			
Total Specialty Plan Cost	\$325,080	\$342,746	\$251,147	\$918,973	\$498,617	\$274,672	\$333,084	\$1,106,373	\$301,800	\$297,919	\$294,745	\$894,465	\$334,020	\$385,156			
Specialty % of Total Specialty Plan Cost	51.6%	52.1%	44.5%	49.6%	58.5%	40.9%	47.7%	49.8%	42.2%	43.7%	42.1%	42.7%	45.2%	49.0%			

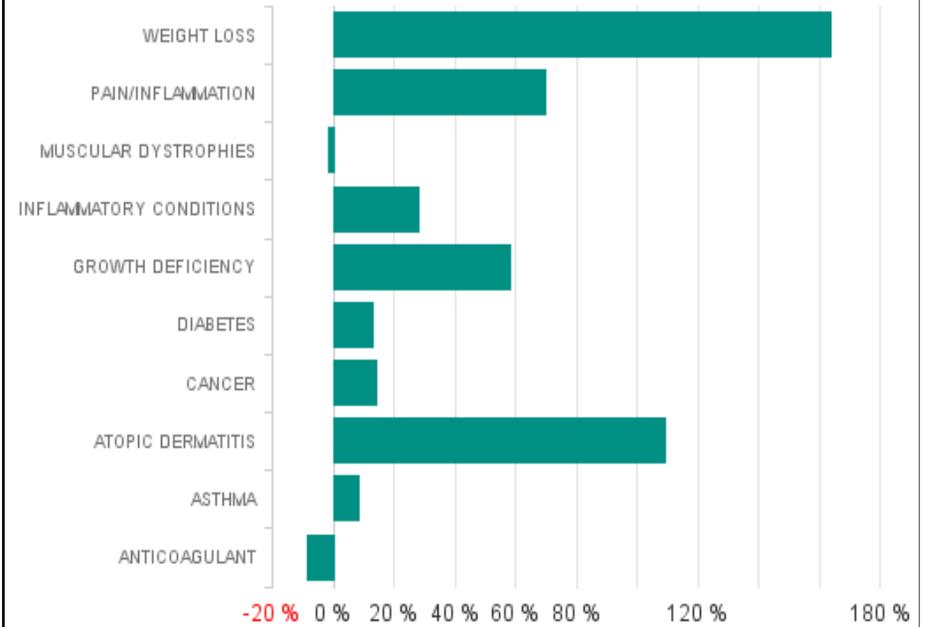
Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period							Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM	
1	1	DIABETES	21.4 %	3,376	\$1,236,218	\$39.65	30.1 %	25.6 %	25.2 %	3,946	\$1,251,082	\$35.03	33.9 %	28.0 %	13.2 %	
2	2	INFLAMMATORY CONDITIONS	21.0 %	312	\$1,211,164	\$38.84	41.3 %	32.8 %	21.8 %	394	\$1,081,737	\$30.29	52.8 %	38.9 %	28.2 %	
3	4	WEIGHT LOSS	14.3 %	779	\$824,145	\$26.43	4.0 %	4.9 %	7.2 %	328	\$357,926	\$10.02	8.2 %	11.0 %	163.7 %	
4	3	CANCER	11.5 %	190	\$666,299	\$21.37	79.5 %	75.8 %	13.5 %	243	\$669,878	\$18.76	77.8 %	77.6 %	13.9 %	
5	7	GROWTH DEFICIENCY	11.3 %	82	\$649,275	\$20.82	0.0 %	0.0 %	9.5 %	79	\$470,674	\$13.18	0.0 %	0.0 %	58.0 %	
6	9	MUSCULAR DYSTROPHIES	4.8 %	18	\$278,974	\$8.95	55.6 %	42.1 %	6.5 %	19	\$324,295	\$9.08	0.0 %	1.4 %	-1.5 %	
7	5	ASTHMA	4.8 %	1,541	\$278,431	\$8.93	79.2 %	88.0 %	5.9 %	2,039	\$294,623	\$8.25	75.6 %	79.4 %	8.2 %	
8		ATOPIC DERMATITIS	4.4 %	514	\$253,964	\$8.14	84.0 %	NA	2.8 %	524	\$138,814	\$3.89	90.5 %	NA	109.5 %	
9	6	ANTICOAGULANT	3.7 %	473	\$212,132	\$6.80	15.4 %	18.8 %	5.3 %	625	\$264,547	\$7.41	15.4 %	21.5 %	-8.2 %	
10	8	PAIN/INFLAMMATION	2.8 %	2,155	\$159,842	\$5.13	98.1 %	99.1 %	2.2 %	2,462	\$107,761	\$3.02	97.6 %	98.8 %	69.9 %	
Total Top 10				9,440	\$5,770,444	\$185.06	54.8 %	60.4 %		10,659	\$4,961,337	\$138.92	58.9 %	62.3 %	33.2 %	

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	386	70	\$478,465	\$15.34	262	50	\$321,578	\$9.00	70.4 %
2	3	OZEMPIC	DIABETES	N	505	59	\$436,229	\$13.99	391	54	\$331,103	\$9.27	50.9 %
3	13	ZEPBOUND	WEIGHT LOSS	N	347	64	\$336,082	\$10.78	NA	NA	NA	NA	NA
4	1	MOUNJARO	DIABETES	N	295	36	\$289,835	\$9.29	140	25	\$131,708	\$3.69	152.0 %
5	6	STELARA	INFLAMMATORY CONDITIONS	Y	22	2	\$285,801	\$9.17	20	2	\$219,608	\$6.15	49.1 %
6	21	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	33	3	\$208,276	\$6.68	21	2	\$117,793	\$3.30	102.5 %
7	91	POMALYST	CANCER	Y	9	1	\$201,228	\$6.45	11	1	\$228,932	\$6.41	0.7 %
8	155	OMNITROPE	GROWTH DEFICIENCY	Y	28	3	\$191,680	\$6.15	16	3	\$115,515	\$3.23	90.0 %
9	15	TREMFYA	INFLAMMATORY CONDITIONS	Y	34	3	\$190,782	\$6.12	12	3	\$73,026	\$2.04	199.2 %
10	79	GENOTROPIN	GROWTH DEFICIENCY	Y	29	3	\$181,801	\$5.83	37	4	\$210,469	\$5.89	-1.1 %
11	340	EMFLAZA	MUSCULAR DYSTROPHIES	Y	10	1	\$169,567	\$5.44	19	1	\$324,295	\$9.08	-40.1 %
12	210	MEKINIST	CANCER	Y	12	1	\$157,291	\$5.04	11	1	\$139,928	\$3.92	28.7 %
13		DUPIXENT PEN	ATOPIC DERMATITIS	Y	37	4	\$155,144	\$4.98	30	4	\$83,960	\$2.35	111.6 %
14	108	NGENLA	GROWTH DEFICIENCY	Y	15	1	\$143,808	\$4.61	NA	NA	NA	NA	NA
15	571	SOGROYA	GROWTH DEFICIENCY	Y	10	1	\$131,985	\$4.23	NA	NA	NA	NA	NA
16	351	DEFLAZACORT	MUSCULAR DYSTROPHIES	Y	8	1	\$109,407	\$3.51	NA	NA	NA	NA	NA
17	10	JARDIANCE	DIABETES	N	196	21	\$107,683	\$3.45	204	22	\$109,714	\$3.07	12.4 %
18	26	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	19	2	\$105,118	\$3.37	13	2	\$72,809	\$2.04	65.4 %
19	109	NUCALA	ASTHMA	Y	17	2	\$104,794	\$3.36	23	2	\$103,811	\$2.91	15.6 %
20	24	ELIQUIS	ANTICOAGULANT	N	196	34	\$104,407	\$3.35	280	41	\$141,167	\$3.95	-15.3 %
21	38	XARELTO	ANTICOAGULANT	N	204	22	\$103,653	\$3.32	249	28	\$119,582	\$3.35	-0.7 %
22	239	TAFINLAR	CANCER	Y	9	1	\$102,262	\$3.28	12	1	\$134,140	\$3.76	-12.7 %
23	415	DICLOFENAC SODIUM	PAIN/INFLAMMATION	N	101	41	\$78,847	\$2.53	81	40	\$28,024	\$0.78	222.2 %
24	59	SKYRIZI	INFLAMMATORY CONDITIONS	Y	12	1	\$76,753	\$2.46	7	2	\$41,692	\$1.17	110.8 %
25	12	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	12	1	\$75,867	\$2.43	15	2	\$79,860	\$2.24	8.8 %
Total Top 25					2,546		\$4,526,764	\$145.17	1,854		\$3,128,713	\$87.61	65.7 %

Reject Subsequent Fill Activity **Coverage Review Activity**

Reject Activity	Rejects	YTD Reject Patients	Omada Rule Rejects	YTD Omada Rule Reject Patients	PA Rule Rejects	YTD PA Rule Reject Patients	Reviews	
	231.0	58.00	0.00%	0	100.00%	58.00	73	
Post Reject Sub Fill Activity	Subfills	YTD Subfill Patients	Omada Subfills	YTD Omada Subfill Patients	Subfills PA Rule	YTD PA Rule Subfill Patients	Approvals	Denials
	51.08%	36.00		0	51.08%	36.00	61.64%	38.36%
Post Reject No Fill Activity	No Fills	YTD No Fill Patients	Omada No Fills	YTD Omada No Fill Patients	No Fills PA Rule	YTD PA Rule No Fill Patients		
	48.92%	22.00		0	48.92%	22.00		

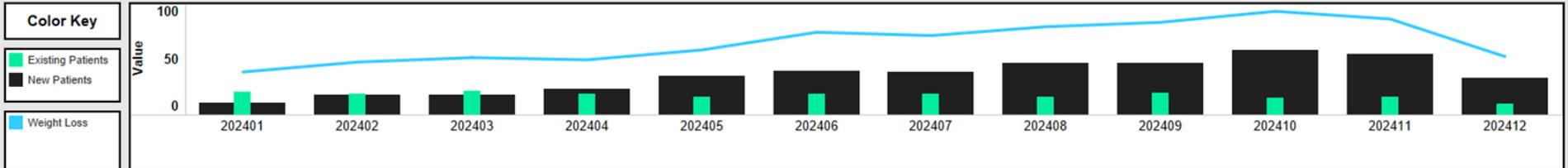
Omada Activity **Savings Activity**

Omada Members Engaged	YTD Members Engaged	Omada Members Not Engaged	YTD Members Not Engaged	PMPM Plancost Savings	
	0		0	\$3.96	

Color Key	Diabetes	Weight Loss	Grand Total
	\$8,491.01	\$25,168.83	\$33,659.84

Utilization Activity

YTD Total Patients	YTD New Patients	YTD Existing Patients	YTD Total Claims
217	71.43%	28.57%	793



**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPOINTING PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2025**

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

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

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

WHEREAS, the Fund resolved to award Professional Service Agreements in accordance with a fair and open process pursuant to NJSA 19:44A-20.4 et. seq.; and,

WHEREAS, a notice soliciting proposals was published on the Fund's website; and,

WHEREAS, responses were received from professional service providers and service organizations as listed below were received by December 17, 2024 and;

WHEREAS, the Fund recommended the award of contracts to the below listed Professional Service Providers and service organizations based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 (unless otherwise noted) at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **PERMA Risk Management Services as Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$11.36 per employee, per month will be expended to the Administrator. The estimated annual amount of \$477,783 has been appropriated in the Administrator Line Item of the 2025 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Benefits Consultant**. \$15.71 per employee, per month will be expended to the **Benefits Consultant**. In addition, the **Benefits Consultant** will be paid \$6,500 for plan documents. The estimated annual

amount of \$446,547 has been appropriated in the **Benefits Consultant** Line Item of the 2025 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following professional service appointments and contract awards be and are hereby made for 2025:

- III. **Actuarial Solutions LLC (John Vataha)** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$19,278 has been appropriated in the **Actuary** Line Item of the 2025 budget.
- IV. **Huntington & Bailey** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$26,520 has been appropriated in the Attorney Line Item of the 2025 budget. In addition, Fund Attorney will be paid \$175/hourly for services outside of the scope of the retainer.
- V. **Lerch, Vinci, and Bliss** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$19,584 has been appropriated in the Auditor Line Item of the 2025 budget.
- VI. **Joseph Iannaconi** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$21,918 has been appropriated in the Treasurer Line Item of the 2025 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services (insurance) and are hereby made for 2025:

- VII. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.54 per employee, per month will be expended to the Administrator. The estimated annual amount of \$693,002 has been appropriated in the **Medical TPA** Line Item of the 2025 budget.
- VIII. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$96,593 has been appropriated in the Dental TPA Line Item of the 2025 budget.
- IX. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at the following per member, per month fee:

PlanName	Monthly Premium
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Moonachie)	\$ 445.28
Aetna Medicare Advantage w/ 10 Rx - MAPDP (Borough of Park Ridge)	\$ 477.98
Aetna Medicare Advantage (Village of Ridgefield Park)	\$ 171.96
Aetna Medicare Advantage w/ 10% Rx -MAPDP (Village of Ridgefield Park)	\$ 445.28
Aetna Medicare Advantage \$0 w/ \$1/\$1 Rx (Borough of Rutherford)	\$ 428.76
Aetna Medicare Advantage \$0 w/ \$6/\$12/\$24 Rx (Borough of Rutherford)	\$ 374.75
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Saddle River)	\$ 445.28
Aetna Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Wallington)	\$ 428.76
Aetna Medicare Advantage (Borough of Oakland)	\$ 171.96
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of Oakland)	\$ 374.75
Aetna Medicare Advantage \$0 w/ \$5/\$5 Rx (Borough of Franklin Lakes)	\$ 409.84
Aetna Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Fairfield)	\$ 409.84
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Edgewater)	\$ 445.28
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Township of Verona)	\$ 374.75
Aetna Medicare Advantage \$0 w \$6/\$12/\$324 Rx (Borough of Woodcliff Lake)	\$ 374.75
Aetna Medicare Advantage \$10 w/ Rx (Borough of Fanwood)	\$ 493.64
Aetna Medicare Advantage \$10 w/\$6/\$12/\$24 Rx (Borough of Garwood)	\$ 493.64
Aetna Medicare Advantage \$0 w/ \$6/\$12/\$24 Rx (Borough of Midland Park)	\$ 374.75

The annual amount of \$3,100,050 has been appropriated for this Line Item of the 2025 budget.

- X. **Civitas (Marianne Smith)** is hereby appointed to serve as the FUND's Wellness Coordinator from January 1, 2025 through March 31, 2025 at an amount of \$1,000 per month. This amount has been appropriated in the Wellness Expense line item of the 2025 Budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts through competitive contracting and are hereby made for 2025:

- XI. **Clark LaMendola** is hereby appointed to serve as the FUND's **Board Advisor**. The annual amount of \$19,484 has been appropriated in the Board Advisor Line Item of the 2025 budget.

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 2-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2025**

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2025 or until its successor has be appointed and qualified.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-25

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

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

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE RECORD & STAR LEDGER
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2025**

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund that The Record is hereby designated as the official newspaper for the Bergen Municipal Employee Benefits Fund for the year 2025 and that all official notices required to be published shall be published in The Record and The Star Ledger.

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

BE IT FURTHER RESOLVED that the Bergen Municipal Employee Benefits Fund website be designated as the official electronic media site for the Bergen Municipal Employee Benefits Fund at www.bmedhif.com.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2025**

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

by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund shall hold public meetings during the year 2025 on the Fourth Tuesday of every other month, except otherwise noted at 12:00 P.M.: Meetings will be held at Franklin Lakes Borough unless otherwise noted:

Date	Location	Time
February 25, 2025	Franklin Lakes Borough	12:00pm
April 22, 2025	Franklin Lakes Borough	12:00pm
June 24, 2025	Franklin Lakes Borough	12:00pm
August 26, 2025	Franklin Lakes Borough	12:00pm
September 23, 2025	Franklin Lakes Borough	12:00pm
October 21, 2025	Franklin Lakes Borough	12:00pm
January 27, 2026	Franklin Lakes Borough	12:00pm

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2025**

1.) *Cash Management and Investment Objectives*

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

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

2.) *Permissible Investments*

Investments shall be limited to the following:

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

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

3.) *Authorized Depositories*

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

TD Wealth Management
JCMI

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

4.) *Authority for Investment Management*

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

5.) *Preservation of Capital*

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

6.) *Safekeeping*

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

7.) *Selection of Custodial and Operating Banks*

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

8.) **Reporting**

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

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

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

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

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-25

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

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

Gregory Hart	- Chairman
Richard Kunze	- Secretary
Gregory Franz	- Alternate
Joseph Iannaconi	- Treasurer

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-25

BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2025

Adopted: JANUARY 28, 2025

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND
2025 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2025 Fund year:

1.) COVERAGE OFFERED

- Medical

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offered “low cost plans” to allow members options to comply with contribution requirements under Chapter 78 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, an HMO plan and the plans for those covered under Chapter 44. The Fund also offers Medicare Advantage plans for Medicare eligible retirees.

- Dental

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

- Prescription

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

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

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

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

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$425,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).

- Specific Limit Unlimited

- Basis: Incurred 12 months, paid 24 months.

Extra contractual claims are excluded from reinsurance coverage.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

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

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

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

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

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

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

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

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

8.) RATING PERIODS

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

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

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

10.) PROVISION FOR PPOs, etc.

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

11.) OPEN ENROLLMENT PROCEDURES

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

12.) COBRA AND CONVERSION OPTIONS

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

13.) DISCLOSURE OF BENEFIT LIMITS

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

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

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

15.) RETIREES

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

16.) NEWBORN CHILDREN

All plan documents will have the following language:

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

17.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.

Deductibles and co-payments.

Examples as needed.

Exclusions.

Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

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

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

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

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

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

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

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

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in

claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

20.) CLAIMS AND OPERATIONS AUDITS

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

21.) CLAIM APPEALS

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

The Small Claims Committee shall consist of the following persons:

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

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

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

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

22.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims

Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

23.) PARTIAL MONTH ENROLLMENTS

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

24.) MEDICARE ADVANTAGE/EGWP ONLY

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

25.) MEMBER MONTHLY BILLING POLICY

To assure timely billing and preservation of cashflow the Fund has developed the following timeline and protocols as it relates to monthly invoices.

30th of the month – PERMA’s Operations team will run and review all pre-bill audits.

1st of the month – PERMA’s Operations team will generate all invoices and associated billing reports.

Please note, all changes must be entered in the system by the last day of the month to reflect on the bill.

2nd of the month -PERMA’s Operations team will review all invoices by the enrollment team and any corrections made by 6th of the month.

6th of the month – PERMA Operations team will notify PERMA’s accounting team to review and audit the invoices.

9th of the month - PERMA’s accounting will provide approval of the invoices so they can be distributed.

10th of the month -PERMA’s enrollment team will send out the bills electronically.

Bills are due 45 days of receipt. Payments not received within 45 days are subject to a 2% interest penalty. If any of the dates outlined above fall on a weekend or holiday, the due date will be the next business day.

If there is a delay on one client's bill, this will not hold up the distribution of any other of the Fund's bills.

All clients should review their bills immediately and report any discrepancies so they can be addressed before the next invoice is generated.

The Fund's policy is to pay as billed and necessary adjustments will be reflected on a future invoice.

The client will receive a delinquent notice via email if payment is not made within a reasonable amount of time.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-25

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

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

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

NOW THEREFORE BE IT RESOLVED, that the Bergen Municipal Employee Benefits Fund establishes the following producer plan for 2025;

1. The Fund will include producer compensation in each entity’s assessments using the compensation levels as disclosed to and approved by the member entity.
2. The following sub-producers with the designated compensation levels are approved for 2025:

Group Name	Broker Name	Broker Rate PEPM	PEPM Rate Dental
Carlstadt	World Insurance Associates LLC	\$ 3.62	\$ -
Carlstadt Board of Education	World Insurance Associates LLC	\$ 3.29	\$ -
East Rutherford	World Insurance Associates LLC	\$ 2.92	\$ -
East Rutherford Board of Education	World Insurance Associates LLC	\$ 3.14	\$ -
Edgewater	Reliance Insurance Group	\$ 40.77	\$ -
Fairfield	IMAC	\$ 67.22	\$ -
Fairfield BOE	IMAC	\$ 63.33	\$ -
Fanwood Township	Fairview Insurance	\$ 42.42	\$ -
Ft. Lee	Vozza Agency	\$ -	\$ 4.92
Ft. Lee	Fairview Insurance	\$ 95.72	\$ -
Garfield City	Allen Associates	\$ 47.30	\$ -
Garwood	Competitive Advantage Companies	\$ 57.22	\$ -
Lodi	World Insurance Associates LLC	\$ 2.92	\$ -
Maywood Borough	World Insurance Associates LLC	\$ 3.73	\$ -
Mine Hill	Fairview Insurance	\$ 2.99	\$ -
Moonachie	World Insurance Associates LLC	\$ 26.52	\$ -
North Arlington	World Insurance Associates LLC	\$ 2.92	\$ -
Oakland	Reliance Insurance Group	\$ 42.46	\$ 5.38
Park Ridge	Vozza Agency	\$ 38.76	\$ 5.38
Ridgefield Park	Otterstedt	\$ 43.39	\$ -
Rochelle Park	World Insurance Associates LLC	\$ 2.92	\$ -

Saddle River	World Insurance Associates LLC	\$	17.57	\$	-
South Hackensack	World Insurance Associates LLC	\$	23.35	\$	-
Verona	Fairview Insurance	\$	7.14	\$	-
Wallington	Acrisure	\$	13.98	\$	-
Westwood	World Insurance Associates LLC	\$	13.57	\$	-
Wood-Ridge	World Insurance Associates LLC	\$	2.21	\$	-

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 10-25

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

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

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

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

1. That _____ is hereby appointed as Fund Commissioner.

2. That _____ is hereby appointed as Alternate Fund Commissioner.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-25

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

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

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

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2025.

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

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 12-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND RESOLUTION AUTHORIZING THE
HIRING OF AN E- PROCUREMENT SOFTWARE VENDOR THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Bergen Municipal Employee Benefits Fund (Hereinafter the "Fund") has a need for electronic platform procurement services for its daily operations; and

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. 40A:11-4.1 et. Seq.,, to wit:

- a. The purchase or licensing of proprietary computer software designed for contracting unit purposes, which may include hardware intended for use with the proprietary software. This subsection shall not be utilized for the purpose of acquiring general purpose computer hardware or software; 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. 40A:11-4.1 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. 40A:11-4.1 et. Seq.),

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Bergen Municipal Employee Benefits Fund resolve to authorize the Qualified Purchasing Agent to procure the electronic procurement proprietary software offerings through the competitive contacting process in accord with (N.J.S.A. 40A:11-4.1 et. Seq.),

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 13-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2024, DECEMBER 2024 AND JANUARY 2025 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **JANUARY 28, 2025** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2024, December 2024, and January 2025 for consideration and approval of the Executive Committee; and

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

NOW THEREFORE BE IT RESOLVED the Commissioners of the Executive Committee of the **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for November 2024, December 2024, and January 2025 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: October 22, 2024

FRANKLIN LAKES BOROUGH

12:00 P.M.

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

ROLL CALL OF 2024 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	Absent
Erin Delaney	Executive Committee Alternate	Absent
James Gasparini	Executive Committee Alternate	Present
Thomas Padilla	Executive Committee Alternate	Present
Joseph Voytus	Executive Committee Alternate	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Caitlin Perkins
Attorney	Huntington Bailey, LLP	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
RX Administrator	Express Scripts	Charles Yuk
Wellness Coordinator	Civitas	Absent

OTHERS PRESENT:

Frank Covelli, World Insurance Laurie Ohanlon, Midland Park
Renee Gear, World Cindy Kirpatrick, Saddle River
Nicholas Prochilo, Garfield City Matthew McArrow, RMC

Robert Hermanson, Emerson
Evelyn Scott, S. Hackensack

Dave Vozza, Vozza Agency
Maja Meighan, The Competitive Advantage

APPROVAL OF MINUTES: September 24, 2024

MOTION: Commissioner Gambutti

SECOND: Commissioner Kakoleski

ROLL CALL VOTE: All in favor

CORRESPONDENCE - Mr. Lodics mentioned that the next agenda will include a correspondence featuring a memo regarding the 2023 surplus and the associated reduction. He noted that the auditor identified some challenges with Metro as part of the 2023 audit.

COMMITTEE REPORTS:

Strategic Planning - No report. Chair Hart shared that a strategic planning committee was held, and its outcomes will be included in the Executive Director's report.

Administration and Finance Committee - Commissioner Kakoleski highlighted that the budget will be adopted during this meeting. He acknowledged the challenges in preparing the budget, which aligns with the broader market trends across the state. He expressed gratitude to the Finance Committee, Executive Director team, and Benefits Consultant team for their efforts in reviewing and compiling the necessary information. Commissioner Kakoleski outlined the primary factors driving the budget, including the rising trend in claims, increased costs of prescription drugs (particularly weight loss and cancer), increased utilization, and the contract agreement between Aetna and Hackensack Meridian. He noted that given the challenging budget environment, a dividend is not being recommended.

Wellness Committee - Commissioner Padilla reported on a recent committee meeting focused on the possibility to partner with Aetna to gather data on members completing annual wellness appointments, such as physicals, to help reduce claims. Additionally, the wellness initiative is expanding to involve risk managers more actively in the process. He thanked Commissioner Voytus for facilitating a meeting with groups that have wellness coordinators to share and brainstorm ideas to increase participation.

Chair Hart added that the program is being re-evaluated to incorporate fresh perspectives and brainstorm ideas with those directly involved in wellness activities.

Small Claims Committee - No Report

Nominations Committee - No report.

New Members Committee - No report.

EXECUTIVE DIRECTOR'S REPORT

Executive Director thanked the Finance and Administration Committee, and comments stated.

FAST TRACK FINANCIAL REPORT - Associate Executive Director, Ms. Koval, reviewed the Financial Fast Track through August 2024, stating there is a large surplus deficit. She noted that Commissioner Kakoleski summarized what we have been seeing and is apparent in the financials, stating the claims are in just under the SPIC, so little receivables are being provided from the reinsurance. She also noted there continues to be out-of-network utilization that may be affecting the financials. Additionally, Guardian Nurses, a nurse advocacy program that works directly with Conner Strong, will be providing their assistance with researching the high claimants to see if there are any concerning trends to address. This will be at no cost to the Fund. Ms. Koval stated it is hopeful that this will start leveling out, and the higher-than-expected budget will help as these trends continue.

In response to Chair Hart, Ms. Koval stated that is fair to say the 2025 budget is anticipated to help address the decreasing surplus. Chair Hart stated that the 2024 budget did not anticipate some of the high claim trends and the Executive Director agreed.

2025 BMED BUDGET - INTRODUCTION - Ms. Koval noted the only change from the introduction is a minor change with the MRHIF line based on the MRHIF budget introduction. With this, there has been no assessment changes so the rate sheets that were sent out are now considered final.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION:	Commissioner Kakoleski
SECOND:	Commissioner Franz
ROLL CALL:	All in favor

MOTION TO CLOSE THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Kakoleski
ROLL CALL:	All in favor

MOTION TO APPROVE RESOLUTION 30-24, THE ADOPTION OF THE 2025 BUDGET

MOTION:	Commissioner Kakoleski
SECOND:	Commissioner Kunze
ROLL CALL:	All in favor

QPA APPROVAL - Ms. Koval reviewed the QPA RFP and noted the recommendation for a QPA to establish a direct contract with the individual Funds. The sole response came from The Canning Group, which currently serves as the MRHIF QPA. She mentioned that several QPA agreements need to be finalized before the end of the year. The Canning Group has provided a proposal for the remainder of 2024, and the Fund can issue a new RFP for 2025.

MRHIF REPORT – Ms. Koval noted that MRHIF met on October 2, 2024, with the primary action being the introduction of the 2025 budget and the contract for the reinsurance contract. Ms. Koval thanked Vozza Agency for spearheading the reinsurance contract and stated the contract will stay with Starline.

Commissioner Kunze, the BMED representative for MRHIF, noted that there was a 20% increase programmed in the introduced budget and since it came in lower, the funding will be moved over to the contingency line.

SPLIT BILLS AND DECEMBER BILLS - Associate Executive Director shared that groups with split bill arrangements should inform the enrollment team of any changes to ensure accurate coupon distribution. Additionally, if the January bills are delayed, members may receive a bill reflecting the 2024 rates to maintain cash flow. Ms. Koval clarified that the February bills will include the 2025 rates, along with any adjustments from the January bill, and updates will be provided accordingly.

In response to Commissioner Gambutti, Ms. Koval clarified that the January bill may be an estimation based on any enrollment changes that may have occurred. She noted that this proactive approach is necessary for cash flow purposes and the updated billing policy.

In response to Commissioner Kunze, Ms. Koval noted a notification would be sent by mid-December if this approach needs to be implemented.

Chair Hart acknowledged ongoing billing challenges, particularly those stemming from the transition into the new year last January. He encouraged members to bring any further billing issues to his or PERMA's attention.

STRATEGIC PLANNING COMMITTEE – Ms. Koval reported that the Strategic Planning Committee met on Friday afternoon to discuss the potential release of an RFP for an on-site concierge service. She emphasized this service would be optional for members and treated as an add-on, with funding available. At this stage, it is an exploratory effort, and Ms. Koval requested a motion to issue the RFP to evaluate potential responses.

Chair Hart elaborated on the concept, noting that the service aims to provide a heightened level of personalized managed care to guide members toward more efficient health solutions. While the initiative seeks to reduce care costs, Chair Hart acknowledged concerns about the financial implications and the lack of prior experience implementing such a program within the HIF. He also mentioned the need for a clearer understanding how the services would operate and its potential impact on the budget, which will all be provided after the RFP responses are received.

In response to Commissioner Kakoleski, Ms. Koval noted the service could potentially replace a primary care provider.

Commissioner Voytus asked about the logistics of the service, to which Ms. Koval explained that members would visit a designated location rather than having providers visit the group. Mr. Lodics added that some providers might agree to go on-site, and the extended hours offered by such facilities could encourage members to address health concerns sooner, helping to mitigate large claim spikes. He

also noted that these facilities often include additional features that could incentivize members to complete annual physicals. Commissioner Kakoleski pointed out that there is already an incentive for members to see their providers, which Mr. Lodics confirmed.

Commissioner Gambutti inquired about member outreach for this service. Mr. Lodics responded that the first step is to secure approval to issue the RFP and assess potential providers. He explained that BMED was approached initially due to the availability of multiple providers offering similar services in the area. After reviewing responses, the next step would involve launching a pilot program, with member outreach coming later in the process.

A discussion followed among Executive Committee members regarding local providers that offer similar services. Chair Hart remarked that this initiative aligns with the broader trend in healthcare toward more personalized and proactive care models.

Motion to allow PERMA to go out for RFP for an On-Site Concierge program.

MOTION:	Commissioner Franz
SECOND:	Commissioner Padilla
ROLL CALL:	All in favor

BENEFIT CONSULTANTS REPORT: Mr. Lodics reviewed the following report items covered in the agenda on behalf of Ms. Bailey’s absence.

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 (except June’s training will be held Tuesday June 18th)**. Please contact HIFtraining@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.

OPERATIONAL UPDATES:

Open Enrollment – 1/1/25 (Passive)

- BMED OE will be held October 21st through November 1st
- All OE updates should be completed in WEX by November 8th to allow time for ID cards to be delivered to members by 1/1/25
- 2025 Qualified HDHP Minimums will be updated as follows:
 - Deductible - \$1,650 single/ \$3,300 family
 - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600 family
- OE materials were sent to brokers on October 7th

**** Subject to change pending approval of the 2025 Budget****

Direct Bill Enrollees: Dependent to 31, COBRA and Retirees:

On behalf of the Fund, WEX will be sending out notices to self-pay enrollees notifying them that their 2025 coupons will likely be received after January 1st. For your reference those notices are included in Appendix II of your agenda.

COVERAGE UPDATES:

Onsite Flu Vaccine Clinic Vendor List

Approved onsite flu vaccine clinic vendors list are included as an attachment to this agenda. BMED does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

Aetna UPDATES

CVS Health Virtual Care - Effective 1/1/25 - Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care - Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services - counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix III for additional information including instructions for to activate the benefit and create an account.

EXPRESS-SCRIPTS UPDATE:

Mail Order - Less than 35-day supply

Beginning October 22, 2024, ESI will no longer dispense prescriptions written for less than 35-day supply for most medications at their mail order facilities. Members who want or need to continue filling prescriptions written for less than a 35-day supply, rather than moving to an extended day supply will be required to fill at one of ESI retail participating pharmacies.

There will be a limited number of drug categories where ESI will continue to dispense less than a 35-day supply. These drug categories are limited to drug classes where consolidation or a longer supply is not appropriate, such as the following:

- State and federally controlled drugs
- Over-the-counter medications
- Diabetic supplies
- Some maintenance medications

- Mood altering medications
- Sublingual nitroglycerin
- Warfarin

Members currently receiving less than a 35-day supply from ESI were notified the week of October 8th. The communication will inform the member to contact their physician to confirm if a longer day supply is appropriate, and if not, advise them they will need to transfer their existing prescription to a participating retail pharmacy.

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2025 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs. The Benefit Consultant team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI \geq 32 OR
 - BMI between $27 \leq$ 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill

their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

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. **BMED audit began April 22, 2024.**

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: None

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/02/2024	Aetna/Medical	BMED 2024-10-01	Anesthesia	Under Review	N/A

10/04/2024	Aetna/Medical	BMED 2024-10-02	Anesthesia	Under Review	N/A
10/04/2024	Aetna/Medical	BMED 2024-10-03	Anesthesia	Under Review	N/A

IRO Submissions: None

BMED Small Claims Committee Appeals: None

FUND ATTORNEY - Fund Attorney briefly noted that the correspondence that Mr. Lodics discussed early, a various number of insurance Funds have received this letter as well. Additionally, as respect for the QPA, his responses did include all the legal requirements.

TREASURER - Report included in the agenda.

BOARD ADVISOR- Mr. LaMendola thanked the Executive Committee for approving the motion to issue the RFP for an on-site concierge service. He highlighted that beyond the location of care, timely access to medical services is a critical issue. He emphasized the importance of focusing on member wellness, acknowledging that while costs may increase in the short term, such efforts are ultimately beneficial. Mr. LaMendola also commended PERMA for introducing this innovative concept.

AETNA - Mr. Silverstein provided a review of claims through August, noting five high-cost claims during the month. He reported that dashboard metrics continue to perform well. Applauding the ongoing discussions around cost management, he offered Aetna's support and collaboration, emphasizing that Aetna has various services to enhance both performance and cost efficiency. Chair Hart acknowledged the connection between these discussions and the Wellness Committee's initiatives.

EXPRESS SCRIPTS - Mr. Yuk reviewed the report included the agenda, highlighting diabetes as the top indication and the four out of the top five drugs are for weight loss and diabetes. Chair Hart observed that if the weight loss drugs are working, in theory, the claims in long term will be decreased as well.

DELTA DENTAL - Ms. White reviewed the special healthcare needs benefit, which has been implemented for members with intellectual or developmental disabilities to support their oral health care. This benefit includes additional cleanings and treatment delivery modifications. This information is included in the open enrollment packet.

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA INCLUDING THE FOLLOWING RESOLUTIONS:

Resolution 31-24: Appointing QPA

Resolution 29-24: October 2024 Bills List

MOTION: Commissioner Franz

SECOND: Commissioner Kunz

VOTE: 8 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: Mr. Covelli commented on the growing number of wellness and pain management providers and noted that multiple firms are offering these services. He recommended that the Fund notify risk managers to share this information with their municipalities to increase awareness of these providers. Mr. Lodics added that a communication directed at union leadership is available and can be shared with brokers.

Ms. Meighan introduced herself as a new broker for the BMED Fund and commended the committee for proactively engaging with members and providing a variety of vendors and opportunities. She noted that, statewide, mental health vendors are increasingly targeting police officers and PBAs due to the high demand for such services within this profession. The firm, Competitive Advantages, has been able to help with this demand.

MOTION TO ADJORN:

MOTION:

Commissioner Gambutti

SECOND:

Commissioner Kunze

VOTE:

Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: JANUARY 28, 2025

Caitlin Perkins, Account Manager

APPENDIX II

OATH OF OFFICE

State of New Jersey

County of Bergen

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the state of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this state, under the authority of the people and that I will faithfully, impartially, and justly perform all the duties as a member of the Executive Committee of the Bergen Municipal Employee Benefits Fund, according to the best of my ability. (so help me God).

Sworn and subscribed to

before me this (28th day of January 2025)

_____, **Esquire**

Attorney-at-law of New Jersey

APPENDIX III

**BMED
24-15 BMED Exec Director**

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
PERMA LLC	32.89	34.63	13.76	81.28
Priority Groups	16.89	9.77	4.88	31.54

Reason for selection: PERMA LLC has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	PERMA LLC	Priority Groups
Technical criteria:		
(Max Points 40)		
SUB TOTAL TECHNICAL	32.89	16.89
Management criteria:		
(Max Points 40)		
SUB TOTAL MANAGERIAL	34.63	9.77
Cost criteria:		
(Max Points 20)		
SUB TOTAL COST	13.76	4.88
RANKINGS POINTS	81.28	31.54

**BMED
24-16 BMED Program Manager**

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Conner Strong & Buckelew Priority Groups	34.67 20.44	34.63 15.10	7.55 11.10	76.85 46.64

Reason for selection: Conner Strong & Buckelew has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Conner Strong & Buckelew	Priority Groups
Technical criteria:		
(Max Points 40)		
SUB TOTAL TECHNICAL	34.67	20.44
Management criteria:		
(Max Points 40)		
SUB TOTAL MANAGERIAL	34.63	15.10
Cost criteria:		
(Max Points 20)		
SUB TOTAL MANAGERIAL	7.55	11.10
RANKINGS POINTS	76.85	46.64