Gateway
BMED FUND
GATEWAY REGIONAL HEALTH INSURANCE FUND

AGENDA AND REPORTS
APRIL 22, 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: APRIL 22, 2025
FRANKLIN LAKES BOROUGH HALL
12:00 PM

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
Tomas Padilla, Executive Committee Alternate
Joe Voytus, Executive Committee Alternate
Durene Ayer, Executive Committee Alternate

APPROVAL OF MINUTES: *February 25, 2025 & April 10, 2025, Open ..... Appendix I*

CORRESPONDENCE – None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE – Rich Kunze, Chair
April 16, 2025, Meeting .....Appendix II

FINANCE/ADMINISTRATION COMMITTEE – Robert Kakoleski, Chair

WELLNESS COMMITTEE – Tom Padilla, Chair

SMALL CLAIMS COMMITTEE – Donna Gambutti, Chair

NOMINATION COMMITTEE – Anthony Ciannamea, Chair

NEW MEMBERS COMMITTEE – Gregory Franz, Chair

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

Bergen Municipal Employee Benefits Fund
Executive Director's Report
April 22, 2025

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of January 31, 2025 (page 6)
  - **Historical Income Statement**
  - **Ratios and Indices Report**

SUPPLEMENTAL ASSESSMENT

Earlier this month, a memo was sent to all members including recommendations to alleviate Fund cash and surplus concerns that have been discussed at previous meetings. This memo was also sent as an attachment to the agenda.

At the April Special Meeting held on April 10, 2025, the Fund approved the Self-Insured Retention decrease at the MRHIF level which will increase reimbursements at the reinsured level.

At the recommendation of the Finance Committee, the Fund may consider the introduction of a $5 Million surplus transfer. A Surplus Transfer illustration is included reflecting Member's closed year balances from the surplus earned in closed years that would be allocated to the 2024 Fund Year. This will equate to a $3,000,000 immediate surplus position advance. The remaining $2,000,000 will need to be raised in cash by the newer members with closed year balances less than the requested assessment (those with negative ending balances). Based on the cash position of the Fund, the Fund can allow members without retained earnings to pay down their share of the shortfall over 36 months. Equal installments will be billed beginning in July 2025 over 36 months or until the Executive Committee decides the cash and surplus positions no longer require such action.

Resolution 18-25 introduces the Supplemental Assessment in the amount of $5 Million.

MEDICAL TPA AND PBM RPS

In the interest of time, the Fund should begin the process of developing the Medical TPA and Pharmacy Benefit Manager RFPs. The Cooperative Pricing System may still be an option, but due to the size of the contract, it may be more efficient to release these RFPs locally rather than with all cooperative members. Should the Co-op route work better, we will bring this back at the next meeting.

In the meantime, Resolution 19-25 allows PERMA and the QPA to start the procurement process.

2024 NEW MEMBER PHARMACY REBATES

In reviewing Year End financials, PERMA discovered an error with the Express Scripts rebate implementation on the new 2024 groups, therefore the Fund did not receive the guaranteed rebates for those groups. Appendix III contains a memo from Express Scripts detailing the timeline and estimated rebates.

We will be updating the year-end financials when the final number of the rebate impact is provided.

CONSIERGE ONSITE SERVICES

Some Commissioners, the Board Advisor, PERMA and Conner Strong attended a tour of the Baker Health onsite concierge health center, the only respondent to our RFP. On April 16, 2025, the Strategic Planning Committee met and recommends a motion to engage Baker Health. There is no additional fee to the Fund or contract to award since they are already a provider within Aetna's network. There is an optional $200 membership fee per year that the participant or entity can absorb.

MOTION: *Motion to engage Baker Health to market our members as an onsite concierge provider*

PERMA, LLC NOTICE AND DISCLOSURE

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC ("PERMA"), as administrator of the Bergen Municipal Employee Benefits Fund ("the Fund"), and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in Conner Strong & Buckelew Companies, LLC, which is a servicing organization for the Fund.

OPERATIONAL UPDATES

Based on feedback received, we will implement a new process to provide the Executive Committee with a summary of key items discussed during committee meetings.

FINANCIAL DISCLOSURE STATEMENTS

The Financial Disclosure notice emails were sent on April 1, 2025. The deadline for filing is April 30, 2025. Please file as soon as you get the email. If you did not receive the notice, contact Cait Perkins at cperkins@permainc.com.

Reminder: A separate filing will need to be done for each position – HIF Fund Commissioner, JIF Fund Commissioner, Local Elected Official, etc.

BROKER RESOLUTIONS

As a reminder, broker/town resolutions of appointments must be submitted to the Fund. Broker fees will be dependent upon these submissions.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF January 31, 2025

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**5,497,533**	**5,497,533**	**805,323,238**	**810,820,771**
2.	**CLAIM EXPENSES**					
	Paid Claims		5,217,738	5,217,738	668,908,171	**674,125,910**
	IBNR		(445,134)	(445,134)	7,293,000	**6,847,866**
	Less Specific Excess		-	-	(16,761,228)	**(16,761,228)**
	Less Aggregate Excess		-	-	(602,911)	**(602,911)**
	TOTAL CLAIMS		**4,772,604**	**4,772,604**	**658,837,033**	**663,609,637**
3.	**EXPENSES**					
	MA & HMO Premiums		257,783	257,783	31,857,919	**32,115,702**
	Excess Premiums		140,764	140,764	35,866,476	**36,007,240**
	Administrative		291,264	291,264	61,010,959	**61,302,222**
	TOTAL EXPENSES		**689,811**	**689,811**	**128,735,353**	**129,425,165**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		35,118	35,118	17,750,852	**17,785,970**
5.	**INVESTMENT INCOME**		9,650	9,650	4,019,596	**4,029,246**
6.	**DIVIDEND INCOME**		-	-	7,518,953	**7,518,953**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**44,767**	**44,767**	**29,289,401**	**29,334,168**
8.	**DIVIDEND**		-	-	29,523,154	**29,523,154**
9.	**Transferred Surplus IN**		-	-	-	-
10.	**Transferred Surplus OUT**		-	-	-	-
	STATUTORY SURPLUS (7-8+9)		**44,767**	**44,767**	**(233,753)**	**(188,986)**
			SURPLUS (DEFICITS) BY FUND YEAR			
	Closed	**Surplus**	8,037	8,037	9,230,129	**9,238,165**
		Cash	1,107,744	1,107,744	8,304,776	**9,412,520**
	2023	**Surplus**	1,664	1,664	(581,337)	**(579,673)**
		Cash	1,405	1,405	(699,710)	**(698,306)**
	2024	**Surplus**	3,484,365	3,484,365	(8,882,544)	**(5,398,179)**
		Cash	188,330	188,330	(4,191,217)	**(4,002,886)**
	2025	**Surplus**	(3,449,298)	(3,449,298)		**(3,449,298)**
		Cash	(99,253)	(99,253)		**(99,253)**
TOTAL SURPLUS (DEFICITS)			**44,767**	**44,767**	**(233,753)**	**(188,986)**
TOTAL CASH			**1,198,226**	**1,198,226**	**3,413,849**	**4,612,075**
			CLAIM ANALYSIS BY FUND YEAR			
	TOTAL CLOSED YEAR CLAIMS		**-**	**-**	**560,633,906**	**560,633,906**
	FUND YEAR 2023					
	Paid Claims		(288)	(288)	-	**(288)**
	IBNR		-	-	39,144,698	**39,144,698**
	Less Specific Excess		-	-	-	**-**
	Less Aggregate Excess		-	-	(177,752)	**(177,752)**
	TOTAL FY 2023 CLAIMS		**(288)**	**(288)**	**38,966,946**	**38,966,658**
	FUND YEAR 2024					
	Paid Claims		235,302	235,302	-	**235,302**
	IBNR		(3,719,430)	(3,719,430)	52,382,647	**48,663,217**
	Less Specific Excess		-	-	7,293,000	**7,293,000**
	Less Aggregate Excess		-	-	(439,467)	**(439,467)**
	TOTAL FY 2024 CLAIMS		**(3,484,128)**	**(3,484,128)**	**59,236,180**	**55,752,052**
	FUND YEAR 2025					
	Paid Claims		4,982,724	4,982,724		**4,982,724**
	IBNR		3,274,296	3,274,296		**3,274,296**
	Less Specific Excess		-	-		**-**
	Less Aggregate Excess		-	-		**-**
	TOTAL FY 2025 CLAIMS		**8,257,020**	**8,257,020**		**8,257,020**
COMBINED TOTAL CLAIMS			**4,772,604**	**4,772,604**	**658,837,033**	**663,609,637**

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		
		FY2025
INDICES	**2024**	**JAN**
Cash Position	3,413,849	$ 4,612,075
IBNR	7,293,000	$ 6,847,866
Assets	7,388,961	$ 6,998,857
Liabilities	7,622,713	$ 7,187,842
Surplus	(233,752)	$ (188,984)
Claims Paid -- Month	5,297,140	$ 5,217,738
Claims Budget -- Month	4,202,262	$ 4,769,000
Claims Paid -- YTD	57,475,987	$ 5,217,738
Claims Budget -- YTD	48,782,475	$ 4,769,000
RATIOS		
Cash Position to Claims Paid	0.64	0.88
Claims Paid to Claims Budget -- Month	1.26	1.09
Claims Paid to Claims Budget -- YTD	1.18	1.09
Cash Position to IBNR	0.47	0.67
Assets to Liabilities	0.97	0.97
Surplus as Months of Claims	(0.06)	(0.04)
IBNR to Claims Budget -- Month	1.74	1.44

Bergen Municipal Employee Benefits Fund
2025 Budget Report
as of January 31, 2025

	Cumulative	Annualized	Latest filed	Cumulative	$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	4,191,014	50,249,657	51,400,571	7,372,518	(3,181,503)	-76%
Prescription Claims	567,462	6,854,355	7,049,884	708,544	(311,322)	-78%
Prescription Formulary Rebates	(170,239)	(2,056,305)	(2,114,965)	Included Above in Prescription Claims		
Dental Claims	180,763	2,172,905	2,169,015	175,958	4,805	3%
Subtotal	4,769,000	57,220,612	58,504,505	8,257,020	(3,488,020)	-73%
HMO/DMO Premiums	2,452	29,705	30,381	2,311	141	6%
Medicare Advantage / EGWP	251,121	3,031,537	3,110,050	255,473	(4,352)	-2%
Reinsurance						
Specific	140,044	1,683,406	1,682,445	140,764	(721)	-1%
Total Loss Fund	5,162,617	61,965,260	63,327,381	8,655,568	(3,492,951)	-68%
Loss Fund Contingency	20,958	251,492	220,516	0	20,958	0%
Expenses						
Legal	2,210	26,520	26,520	2,210	-	0%
Treasurer	1,827	21,918	21,918	1,827	0	0%
Administrator	39,781	478,578	477,783	40,134	(353)	-1%
Risk Management Consultants	102,175	1,197,174	1,183,821	102,175	-	0%
TPA - Claims Agent Aetna	69,155	831,289	872,355	69,511	(356)	-1%
Dental TPA	8,093	97,171	96,593	8,110	(17)	0%
Actuary	1,607	19,278	19,278	1,607	(0)	0%
Auditor	1,632	19,584	19,584	1,632	-	0%
Benefits Consultant	37,039	445,699	446,547	37,197	(157)	0%
Board Advisor	1,624	19,484	19,484	0	1,624	100%
Subtotal Expenses	265,142	3,156,694	3,183,883	264,401	741	0%
Miscelleneous and Special Services						
Misc/Cont	1,583	19,000	19,000	5,972	(4,389)	-277%
Wellness, Disease, Case Management	8,333	100,000	100,000	1,000	7,333	88%
Affordable Care Act Taxes	941	11,306	11,299	941	(0)	0%
A4 Surcharge	7,756	93,853	98,913	7,756	0	0%
Plan Documents	542	6,500	6,500	542	-	0%
Claims Audit	3,333	40,000	40,000	3,333	0	0%
Subtotal Misc/Sp Svcs	22,488	270,659	275,712	19,544	2,945	13%
Total Expenses	287,631	3,427,353	3,459,595	283,945	3,686	1%
Total Budget	5,471,205	65,644,106	67,007,492	8,939,513	(3,468,308)	-63%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF JANUARY 31, 2025
BY FUND YEAR

	BMED 2025	BMED 2024	BMED 2,023	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	(99,253)	(4,002,886)	(698,306)	9,412,520	4,612,075
Assesstments Receivable (Prepaid)	(226,772)	1,323,222	70,658	-	1,167,108
Interest Receivable	-	4,605	3,376	12,800	20,782
Specific Excess Receivable	-	292,511	12,695	-	305,206
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	3,213	-	-	-	3,213
Other Assets	161,471	692,652	31,902	4,448	890,474
Total Assets	(161,341)	(1,689,896)	(579,674)	9,429,767	6,998,857
LIABILITIES					
Accounts Payable	-	1,272	-	-	1,272
IBNR Reserve	3,274,296	3,573,570	-	-	6,847,866
A4 Retiree Surcharge	7,756	16,991	-	-	24,747
Dividends Payable	-	-	-	131,984	131,984
Retained Dividends	-	-	-	59,616	59,616
Accrued/Other Liabilities	5,906	116,450	-	-	122,356
Total Liabilities	3,287,958	3,708,283	-	191,600	7,187,842
EQUITY					
Surplus / (Deficit)	(3,449,298)	(5,398,179)	(579,674)	9,238,167	(188,984)
Total Equity	(3,449,298)	(5,398,179)	(579,674)	9,238,167	(188,984)
Total Liabilities & Equity	(161,341)	(1,689,896)	(579,674)	9,429,767	6,998,857
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

Yearly Items	Filing Status
Budget	2025 Filed
Assessments	2025 Filed
Actuarial Certification	2025 Filed
Reinsurance Policies	Filed
Fund Commissioners	2025 Filed
Fund Officers	2025 Filed
Renewal Resolutions	2025 Filed
Indemnity and Trust	In process
New Members (list)	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	2025 Filed
Cash Management Plan	2025 Filed
Unaudited Financials	9/30/2025 Filed
Annual Audit	2023 Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
Risk Management Plan Changes	N/A
Bylaw Amendments	N/A
Benefit Changes (list)	N/A
OSC Filings	N/A

Surplus Transfer Illustration

$5,000,000

Member Name	Closed Year Balance	Member Share of 5M in 2024 (Percent/Dollars)		Earned Surplus Balance
Fort Lee	$ 80,709.66	18.38%	$ (919,156.14)	**$ (838,446.48)**
Garfield	$ 48,576.04	11.93%	$ (596,301.05)	**$ (547,725.01)**
Woodcliff Lake	$ 2,181.78	2.48%	$ (123,913.88)	**$ (121,732.10)**
Fanwood Township	$ -	2.38%	$ (119,168.82)	**$ (119,168.82)**
Midland Park	$ -	2.01%	$ (100,521.83)	**$ (100,521.83)**
Garwood	$ -	1.90%	$ (95,151.54)	**$ (95,151.55)**
Saddle River	$ 313,187.48	1.90%	$ (95,075.31)	$ 218,112.17
Montvale	$ 302,404.89	1.65%	$ (82,667.42)	$ 219,737.47
Franklin Lakes	$ 418,317.93	3.75%	$ (187,411.72)	$ 230,906.21
VERONA	$ 513,776.02	5.39%	$ (269,456.32)	$ 244,319.70
FAIRFIELD BOE	$ 481,527.45	4.23%	$ (211,536.74)	$ 269,990.71
Moonachie	$ 445,185.98	3.31%	$ (165,431.42)	$ 279,754.56
Westwood	$ 516,389.55	3.14%	$ (156,819.45)	$ 359,570.10
Park Ridge	$ 541,498.94	3.63%	$ (181,255.54)	$ 360,243.40
South Hackensack	$ 465,883.48	2.09%	$ (104,350.38)	$ 361,533.10
EDGEWATER	$ 761,547.91	6.85%	$ (342,476.38)	$ 419,071.53
Oakland	$ 671,858.20	4.78%	$ (239,061.40)	$ 432,796.80
Wallington	$ 666,871.07	2.97%	$ (148,304.37)	$ 518,566.70
FAIRFIELD	$ 805,602.38	5.68%	$ (283,755.55)	$ 521,846.83
Ridgefield Park	$ 794,342.02	5.35%	$ (267,353.62)	$ 526,988.40
Rutherford	$ 1,046,713.78	6.22%	$ (310,831.11)	$ 735,882.67

**Dental Only members removed*

**Medicare Advantage and DMO premiums removed*

Closed Year Balance:
Member Share of surplus for all years combined since member joined the Fund

Member Share of 5M in 2024 (Percent/Dollars)
Member share of total billing in 2024 of 5M, in percent and dollars.

Earned Surplus Balances:
Shares of the surplus transfer are moved from Earned Surplus Balance to Fund Surplus.
If positive, closed year balance will cover entire surplus transfer, leaving member with a balance
If negative, member will owe amount listed above

Gateway-BMED Health Insurance Fund
Benefits Consultant Report

April 2025

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing/Brokers:

- Alexander Koch, akoch@permainc.com, 856-552-4778
- Victoria Friday, vfriday@permainc.com, 856-552-4748

Operational Updates:

Eligibility/Enrollment:

Please direct any eligibility, enrollment, or system related questions to your dedicated Client Service team.

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.

Notice and Disclosure

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the Bergen Municipal Employee Benefits Fund (the "Fund") and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in PERMA, LLC, which is the Administrator for the Fund.

Coverage Updates:

Express Scripts:

2025 Formulary and SaveOn Listings

National Preferred Formulary (NPF) and Exclusions list effective 7/1/25 were sent to the brokers the week of March 24th. There are 73 SHIF members impacted by the change in formulary. Impacted members receive notification prior to 7/1/25. The notification will include covered suggested alternative(s) medications. **See appendix for updated formulary listings.**

There are no SaveOn formulary changes effective 7/1/25, the current listing as of 1/1/25 will remain as the current listing through 12/31/25, unless otherwise notified.

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**

    - Impacted 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**
    - Impacted members **(33)** 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

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.

2025 Legislative Review:

Medical and Rx Reporting:

Consolidated Appropriation Act, 2021 (CAA)

Under Section 204 of Division BB, Title II (Section 204) of the Consolidated Appropriations Act, 2021 (CAA), group health plans and health insurance issuers offering group or individual health insurance coverage are required to submit information about prescription drugs and health care spending to the Department of Health and Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury. The center for Medicare & Medicaid Services (CMS) collects the data on behalf of the Departments and the Office of Personnel Management (OPM).

The data is due annually by June 1st. The BMED has provided all carriers with the information needed to submit on behalf of the Fund.

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:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date

12/30/2024	Aetna/Medical	BMED 2025-01-01	Lab Services	Upheld	02/11/2025
03/20/2025	Aetna/Medical	BMED 2025-03-01	Physical Therapy	Upheld	03/20/2025

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/30/2024	Aetna/Medical	BMED 2025-01-01	Lab Services	Upheld	02/11/2025

BMED Small Claims Committee Appeals: None

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST

Resolution No. _____ **MARCH 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 2025

VendorName	Comment	InvoiceAmount
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 02/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA- S. HACKENSACK 02/25	15.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 02/25	129.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 02/25	105.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 02/25	74.16
INSPIRA FINANCIAL HEALTH, INC	HAS- BOROUGH RUTHERFORD 02/25	6.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES - WOODLAND PARK 02/25	18.00
		350.16
PERMA	RETIREE FIRST 03012025	7,212.00
PERMA	ADMIN FEES 03/25	39,826.57
PERMA	POSTAGE 02/25	74.87
		47,113.44
THE CANNING GROUP	QPA SERVICES 03/25	166.67
		166.67
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 03/25	2,210.00
		2,210.00
SOUTHERN NJ REGL EMPLOYEE BENEFIT	COOP PICING SYS TPA RFP-LEGAL 03/25	100.03
		100.03
JOSEPH IANNACONI JR.	TREASURER FEE 03/25	1,826.50
		1,826.50
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 02/25	1,500.00
		1,500.00
CIVITAS NEW JERSEY, LLC	WELLNESS COORDINATOR 03/25	1,000.00
		1,000.00
VALLEY PHYSICIAN SERVICES PC	2025 WELLNESS WEB PKG INV 6370K5622	2,000.00
		2,000.00
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 03/25	1,076.46
		1,076.46
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 03/25	15,208.84
		15,208.84
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 03/25	13,308.33
		13,308.33
SADDLE RIVER DELI	LUNCH FOR MEETING 2/25/25	509.70
		509.70
GJEM INSURANCE AGENCY INC	BROKER FEES 03/25	6,161.38
		6,161.38
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 03/25	3,719.30
		3,719.30

WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 03/25	6,924.59
		6,924.59
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 03/25	139,483.15
		139,483.15
	CHECK TOTAL	**242,658.55**
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 03/25	250,757.57
		250,757.57
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604.- ID 16 03/25	1,622.01
FLAGSHIP DENTAL PLANS	DENT.-RUTHERFORD- A# 03604 ID 695 3/25	920.03
		2,542.04
AETNA	MEDICAL TPA FEES 03/25	68,878.68
		68,878.68
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 03/25	8,139.58
		8,139.58
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 03/25	35,930.16
		35,930.16
THE VOZZA AGENCY	BROKER FEES 03/25	7,546.26
		7,546.26
ALLEN ASSOCIATES	BROKER FEES 03/25	9,696.50
		9,696.50
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 03/25	36,898.09
CONNER STRONG & BUCKELEW	PLAN DOCS 03/25	541.67
		37,439.76
	ACH TOTAL	**420,930.55**
	Total Payments FY 2025	**663,589.10**
	TOTAL PAYMENTS ALL FUND YEARS	**663,589.10**

_____
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
SUPPLEMENTAL BILLS LIST

Resolution No. _____ **MARCH 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 2025

VendorName	Comment	InvoiceAmount
DELTA DENTAL OF NEW JERSEY INC.	REPL WIRE W01253-ERROR WIRED TO METRO	8,109.52
		8,109.52
	Total Payments FY 2025	**8,109.52**
	TOTAL PAYMENTS ALL FUND YEARS	**8,109.52**

_____
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. _____ **APRIL 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

VendorName	Comment	InvoiceAmount
HQSI, INC	REVIEW CASE 3813547 10/21/24	625.00
		625.00
	Total Payments FY 2024	**625.00**
	TOTAL CHECKS 2024	**625.00**

FUND YEAR 2025

VendorName	Comment	InvoiceAmount
INSPIRA FINANCIAL HEALTH, INC	HSA- S. HACKENSACK 03/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 03/10/25	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 03/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 03/10/25	132.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 03/10/25	74.16
INSPIRA FINANCIAL HEALTH, INC	HSA- BOROUGH RUTHERFORD 03/10/25	6.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES - WOODLAND PARK 03/10/25	18.00
		353.16
PERMA	RETIREE FIRST 0501205 04/25	7,272.00
PERMA	RETIREE FIRST 04012025 04/25	7,212.00
PERMA	ADMIN FEES 04/25	39,690.26
PERMA	POSTAGE 03/25	75.95
		54,250.21
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q2 2025	4,820.00
		4,820.00
THE CANNING GROUP	QPA INV BMED 2025-04 04/25	166.67
		166.67
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 04/25	2,210.00
		2,210.00
JOSEPH IANNACONI JR.	TREASURER FEE 04/25	1,826.50
		1,826.50
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 7012360-11160023 3/27/25	61.68
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 INV 7012380-11160023 3/27/25	69.60
		131.28
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR 03/25	1,500.00
		1,500.00
ACCESS	INV 114240432 DEPT 418 2/28/25	217.27
		217.27
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 04/25	1,090.44
		1,090.44
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 04/25	15,137.73
		15,137.73

ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 04/25	13,699.85
		13,699.85
GJEM INSURANCE AGENCY INC	BROKER FEES 04/25	5,597.31
		5,597.31
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 04/25	3,833.74
		3,833.74
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 04/25	6,907.08
		6,907.08
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 04/25	140,283.87
		140,283.87
	TOTAL CHECKS 2025	**252,025.11**
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 04/25	253,587.02
		253,587.02
FLAGSHIP DENTAL PLANS	DENT.-RUTHERFORD- A# 03604 ID 695 04/25	699.82
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604.- ID 16 04/25	1,596.67
		2,296.49
AETNA	MEDICAL TPA FEES 04/25	69,274.08
		69,274.08
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 04/25	8,009.32
		8,009.32
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 04/25	37,180.84
CONNER STRONG & BUCKELEW	PLAN DOCS 04/25	541.67
		37,722.51
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 04/25	35,724.08
		35,724.08
THE VOZZA AGENCY	BROKER FEES 04/25	7,506.90
		7,506.90
ALLEN ASSOCIATES	BROKER FEES 04/25	10,216.80
		10,216.80
	TOTAL ACH	**424,337.20**
	Total Payments FY 2025	**676,362.31**
	TOTAL PAYMENTS ALL FUND YEARS	**676,987.31**

_____
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: 2025 **Month Ending: February**	**Medical**	**Dental**	**Rx**	**Vision**	**Run-In**	**Reinsurance**	**RSR**	**Admin**	**Dividend Retained**	**Metro Interfund**	**TOTAL**
OPEN BALANCE	7,590,161.57	247,007.01	(4,275,828.85)	0.00	0.00	(2,458.47)	187,537.84	1,693,285.86	41,188.41	0.00	5,480,893.37
RECEIPTS											
Assessments	4,805,836.79	188,114.02	432,096.56	0.00	0.00	150,471.68	22,871.31	304,911.86	0.00	0.00	5,904,302.22
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	48,542.72	683.64	0.00	0.00	0.00	140.42	479.02	8,175.55	152.34	0.00	58,173.69
Invest Adj	47.84	0.75	0.00	0.00	0.00	0.10	0.57	5.68	0.13	0.00	55.07
Subtotal Invest	48,590.56	684.39	0.00	0.00	0.00	140.52	479.59	8,181.23	152.47	0.00	58,228.76
Other *	90,638.68	0.00	187,021.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	277,660.14
TOTAL	4,945,066.03	188,798.41	619,118.02	0.00	0.00	150,612.20	23,350.90	313,093.09	152.47	0.00	6,240,191.12
EXPENSES											
Claims Transfers	3,977,883.49	157,190.46	760,775.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,895,849.38
Expenses	248,940.25	2,632.13	0.00	0.00	0.00	139,963.55	0.00	270,985.48	0.00	0.00	662,521.41
Other *	1,666.67	0.00	0.00	0.00	0.00	0.00	0.00	465.22	0.00	0.00	2,131.89
TOTAL	4,228,490.41	159,822.59	760,775.43	0.00	0.00	139,963.55	0.00	271,450.70	0.00	0.00	5,560,502.68
END BALANCE	**8,306,737.19**	**275,982.83**	**(4,417,486.26)**	**0.00**	**0.00**	**8,190.18**	**210,888.74**	**1,734,928.25**	**41,340.88**	**0.00**	**6,160,581.81**

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Bergen Municipal Employee Benefits Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH	**February**						
CURRENT FUND YEAR	**2025**						
	Description:	**CHECKING**	**JCMI**	**CLAIMS**	**UHC CLAIMS**	**TD Invest**
	ID Number:					
	Maturity (Yrs)					
	Purchase Yield:					
	TOTAL for All Accts & instruments					
Opening Cash & Investment Balance	**$5,480,893.36**	**2,844,259.00**	**989,462.96**	**-**	**-**	**1,647,171.40**
Opening Interest Accrual Balance	**$30,653.67**	**-**	**-**	**-**	**-**	**30,653.67**
1	Interest Accrued and/or Interest C	$5,287.94	$0.00	$0.00	$0.00	$0.00	$5,287.94
2	Interest Accrued - discounted Inst	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3	mortization and/or Interest Cost)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4	Accretion	$55.07	$0.00	$55.07	$0.00	$0.00	$0.00
5	Interest Paid - Cash Instr.s	$14,214.43	$11,594.41	$1,997.60	$0.00	$0.00	$622.42
6	Interest Paid - Term Instr.s	$35,068.75	$0.00	$0.00	$0.00	$0.00	$35,068.75
7	Realized Gain (Loss)	$8,890.51	$0.00	$9,698.01	$0.00	$0.00	-$807.50
8	Net Investment Income	$28,447.95	$11,594.41	$11,750.68	$0.00	$0.00	$5,102.86
9	Deposits - Purchases	$6,180,295.69	$6,180,295.69	$0.00	$0.00	$0.00	$0.00
10	(Withdrawals - Sales)	-$5,558,836.01	-$5,558,370.79	-$465.22	$0.00	$0.00	$0.00
Ending Cash & Investment Balance		$6,160,581.80	$3,477,778.31	$1,000,748.42	$0.00	$0.00	$1,682,055.07
Ending Interest Accrual Balance		$872.86	$0.00	$0.00	$0.00	$0.00	$872.86
Plus Outstanding Checks		$211,115.45	$211,115.45	$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		$6,371,697.25	**$3,688,893.76**	**$1,000,748.42**	**$0.00**	$0.00	$1,682,055.07

Month		February							
Current Fund Year		2025							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Year	Coverage	Last Month	February	February	February	February	Reconciled	Variance From	Month
2025	Medical	4,522,627.68	2,075,617.29	0.00	6,598,244.97	0.00	6,598,244.97	4,522,627.68	2,075,617.29
	Dental	89,192.08	148,232.16	0.00	237,424.24	0.00	237,424.24	89,192.08	148,232.16
	Rx	481,694.42	762,806.89	0.00	1,244,501.31	0.00	1,244,501.31	481,694.42	762,806.89
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**5,093,514.18**	**2,986,656.34**	**0.00**	**8,080,170.52**	**0.00**	**8,080,170.52**	**5,093,514.18**	**2,986,656.34**
2024	Medical	0.00	1,574,288.98	0.00	1,574,288.98	0.00	1,574,288.98	0.00	1,574,288.98
	Dental	46,842.67	8,958.30	0.00	55,800.97	0.00	55,800.97	46,842.67	8,958.30
	Rx	188,459.35	(2,031.46)	0.00	186,427.89	0.00	186,427.89	188,459.35	(2,031.46)
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**235,302.02**	**1,581,215.82**	**0.00**	**1,816,517.84**	**0.00**	**1,816,517.84**	**235,302.02**	**1,581,215.82**
2023	Medical	0.00	225,086.31	0.00	225,086.31	0.00	225,086.31	0.00	225,086.31
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	(288.00)	0.00	0.00	(288.00)	0.00	(288.00)	(288.00)	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**(288.00)**	**225,086.31**	**0.00**	**224,798.31**	**0.00**	**224,798.31**	**(288.00)**	**225,086.31**
Closed Year	Medical	0.00	(3,612.76)	0.00	(3,612.76)	0.00	(3,612.76)	0.00	(3,612.76)
	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**	**(3,612.76)**	**0.00**	**(3,612.76)**	**0.00**	**(3,612.76)**	**0.00**	**(3,612.76)**
Metro 202	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**
Metro 202	Medical	156,422.14	132,345.71	0.00	288,767.85	0.00	288,767.85	156,422.14	132,345.71
	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	**156,422.14**	**132,345.71**	**0.00**	**288,767.85**	**0.00**	**288,767.85**	**156,422.14**	**132,345.71**
Metro Clos	Medical	38,200.37	(25,842.04)	0.00	12,358.33	0.00	12,358.33	38,200.37	(25,842.04)
	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	**38,200.37**	**(25,842.04)**	**0.00**	**12,358.33**	**0.00**	**12,358.33**	**38,200.37**	**(25,842.04)**
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	**5,523,150.71**	**4,895,849.38**	**0.00**	**10,419,000.09**	**0.00**	**10,419,000.09**	**5,523,150.71**	**4,895,849.38**

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

APRIL 22, 2025

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS PAID 2024	# OF EES	PER EE	MEDICAL CLAIMS PAID 2025	# OF EES	PER EE
JANUARY	$ 3,482,808	1,435	**$ 2,427**	$ 3,860,962	1,750	**$ 2,206**
FEBRUARY	$ 2,807,632	1,438	**$ 1,952**	$ 4,121,048	1,747	**$ 2,359**
MARCH	$ 3,552,020	1,738	**$ 2,044**			
APRIL	$ 4,109,194	1,733	**$ 2,371**			
MAY	$ 3,986,669	1,734	**$ 2,299**			
JUNE	$ 3,857,794	1,742	**$ 2,215**			
JULY	$ 4,593,550	1,740	**$ 2,640**			
AUGUST	$ 4,505,579	1,737	**$ 2,594**			
SEPTEMBER	$ 3,700,390	1,738	**$ 2,129**			
OCTOBER	$ 4,683,654	1,746	**$ 2,683**			
NOVEMBER	$ 5,554,685	1,752	**$ 3,170**			
DECEMBER	$ 4,989,355	1,748	**$ 2,854**			
TOTALS	**$49,823,330**			**$7,982,010**		
				2025 Average	**1,749**	**$ 2,283**
				2024 Average	**1,690**	**$ 2,448**

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: 01/01/2025 - 01/31/2025
Service Dates: 01/01/2011 - 01/31/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	$240,221.22	NON-PRESSURE CHRONIC ULCER OF UNSPECIFIED
	$138,987.97	SPINAL STENOSIS, CERVICAL REGION
	$127,741.85	SECONDARY MALIGNANT NEOPLASM OF BRAIN
	$108,969.97	OTHER IDIOPATHIC SCOLIOSIS, LUMBAR REGION
Total:	**$615,921.01**	

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: 02/01/2025 - 02/28/2025
Service Dates: 01/01/2011 - 02/28/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	$132,898.27	OTHER CERVICAL DISC DISPLACEMENT
	$110,573.29	ENCOUNTER FOR BREAST RECONSTRUCTION
Total:	**$243,471.56**	

aetna™

Bergen Municipal Employee Benefit Fund

3/1/2024 thru 2/28/25 (unless otherwise noted)

Dashboard

Medical Claims Paid: January 2025 – February 2025

Total Medical Paid per EE: **$2,283**

Network Discounts

Inpatient:	**61.8%**
Ambulatory:	**65.9%**
Physician/Other:	**66.5%**
TOTAL:	**65.2%**

Provider Network

% Admissions In-Network:	**96.8%**
% Physician Office:	**86.3%**

Aetna Book of Business:
Admissions 98.1%; Physician 91.1%

Top Facilities Utilized (by total Medical Spend)

- Hackensack University
- Valley Hospital
- Englewood Hospital
- MSK
- Morristown Medical Center

Catastrophic Claim Impact January 2025- February 2025

Number of Claims Over $50,000: **28**
Claimants per 1000 members: **6.9**
Avg. Paid per Claimant: **$93,453**
Percent of Total Paid: **38.8%**

- **Aetna BOB- HCC account for an average of 46.8% of total Medical Cost**

Aetna One Flex Member Outreach: Through February 2025

Total Members Identified: **1,077**
Members Targeted for 1:1 Nurse Support : **289**
Members Targeted for Digital Activity: **788**
Member 1:1 outreach completed: **277**
Member 1:1 Outreach in Progress: **12**

CVSHealth. **CVS Virtual Care™**

9	Completed Visits February
9	Unique Members With Completed Visits February
23	Completed Visits 2025
22	Unique Members With Completed Visits 2025
21	Total Registrations since inception

Top 10 Diagnosis - 2025	Visits
Acute non-recurrent pansinusitis	7
Acute cough	6
Acute pharyngitis, unspecified etiology	4
Cough, unspecified type	4
Acute maxillary sinusitis, recurrence not specified	2
Mucopurulent conjunctivitis, left	2
Upper respiratory infection, acute	2
Acute diarrhea	1
Acute nasopharyngitis [common cold]	1
Acute non-recurrent maxillary sinusitis	1

State	Visits- February
New Jersey	8
Florida	1

Service Center Performance Goal Metrics YTD 2025

Customer Service Performance

1st Call Resolution:	**93.68%**
Abandonment Rate:	**0.33%**
Avg. Speed of Answer:	**12.6 sec**

Claims Performance

Financial Accuracy: **98.68%***
*Q2 2024
-
90% processed w/in: **6.9 days**
95% processed w/in: **12.7 days**

****

Claims Performance (Monthly)

(January 2025)
90% processed w/in: **6.9 days**
95% processed w/in: **12.7 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®

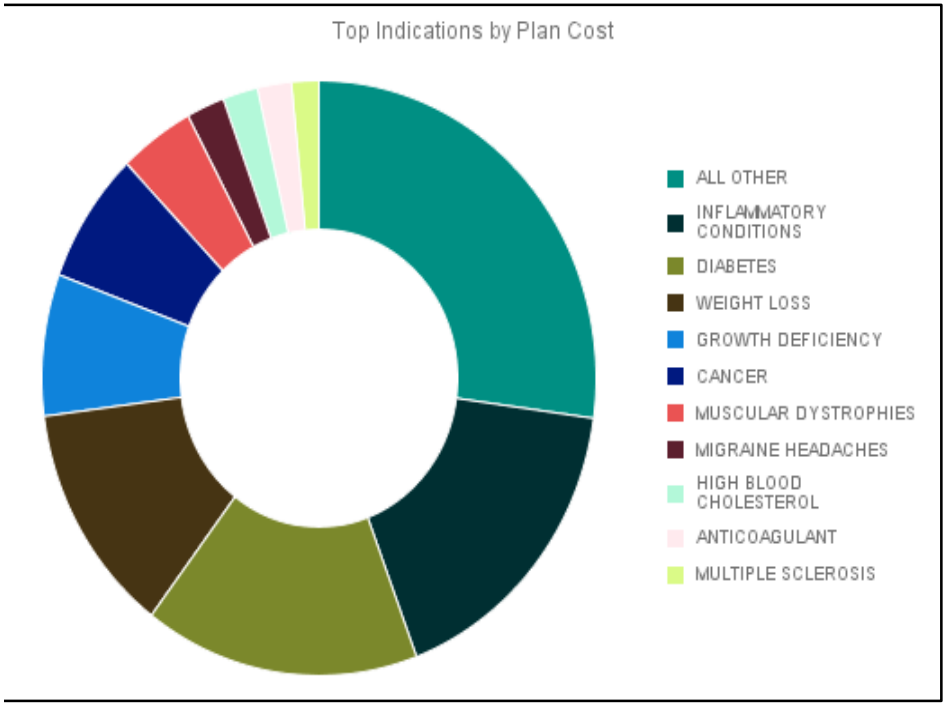
Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

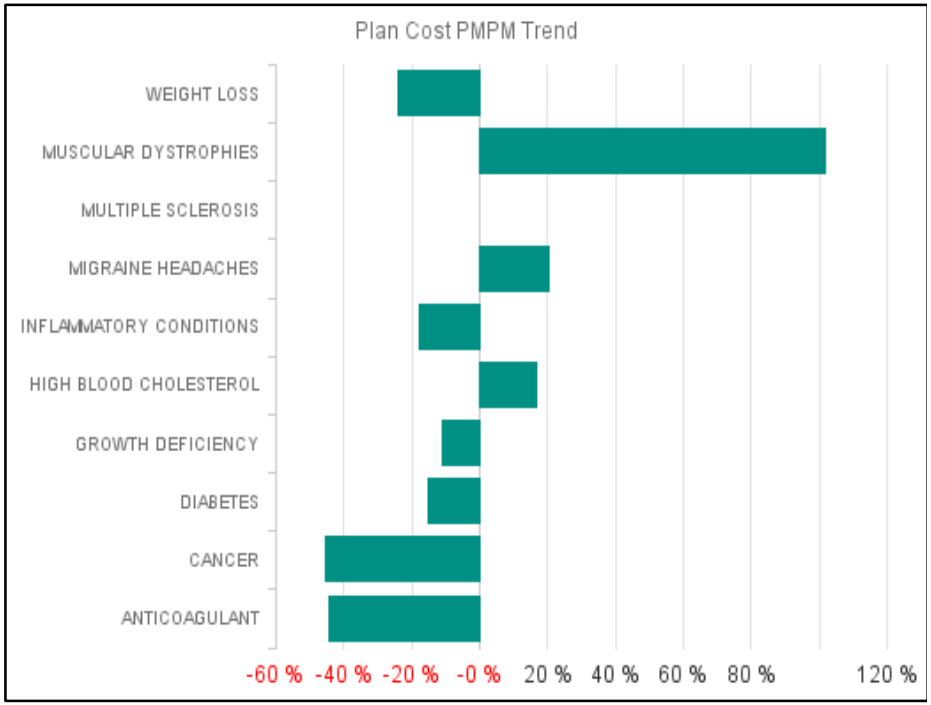
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835	2,833	2,839	2,836	2,838	2,824	2,826	2,829	2,846	2,837	2,806	2,830	2,832
Total Days	116,397	100,707	111,469	328,573	112,096	109,271	107,376	328,743	115,479	109,504	107,955	332,938	116,419	105,362	115,960	337,741	1,327,995
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	1,196	1,784	2,410
Total Plan Cost	$629,747	$657,588	$563,768	$1,851,103	$852,206	$671,429	$698,012	$2,221,647	$714,545	$681,505	$700,409	$2,096,459	$738,406	$807,888	$755,840	$2,302,134	$8,471,344
Generic Fill Rate (GFR) - Total	86.7%	85.8%	87.0%	86.6%	84.9%	85.5%	85.7%	85.4%	84.6%	84.7%	81.3%	83.6%	80.8%	81.5%	84.6%	82.3%	84.4%
Plan Cost PMPM	$221.59	$231.87	$199.49	$217.67	$300.60	$237.00	$245.87	$261.16	$251.78	$241.33	$247.84	$246.99	$259.45	$284.77	$269.37	$271.19	$249.25
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	$407,131	$320,718	$1,061,869	$3,981,680
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%	50.4%	42.4%	46.1%	47.0%

Total Component/Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 YTD
Membership	2,772	2,780															
Total Days	113,225	101,175															
Total Patients	1,240	1,132															
Total Plan Cost	$728,661	$520,648															
Generic Fill Rate (GFR) - Total	86.7%	85.8%															
Plan Cost PMPM	$262.86	$187.28															
% Change Plan Cost PMPM	18.6%	-19.2%															
Total Specialty Plan Cost	$387,411	$179,596															
Specialty % of Total Specialty Plan Cost	53.2%	34.5%															

Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2025 - 02/2025 vs. Previous Period 11/2024 - 12/2024) Peer = Employer - National Preferred Formulary





			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	2	INFLAMMATORY CONDITIONS	23.5 %	53	$212,979	$38.36	26.4 %	37.0 %	23.8 %	61	$262,862	$46.58	34.4 %	35.1 %	-17.6 %
2	1	DIABETES	22.0 %	576	$199,676	$35.96	30.7 %	33.4 %	21.6 %	610	$238,612	$42.28	29.2 %	33.0 %	-14.9 %
3	3	WEIGHT LOSS	17.3 %	153	$157,034	$28.28	4.6 %	2.7 %	19.0 %	197	$209,643	$37.15	4.1 %	2.5 %	-23.9 %
4	8	GROWTH DEFICIENCY	10.6 %	14	$95,700	$17.24	0.0 %	0.0 %	9.9 %	12	$109,205	$19.35	0.0 %	0.0 %	-10.9 %
5	4	CANCER	9.8 %	37	$89,053	$16.04	89.2 %	78.4 %	15.0 %	41	$165,183	$29.27	78.0 %	77.2 %	-45.2 %
6	10	MUSCULAR DYSTROPHIES	6.0 %	4	$54,303	$9.78	100.0 %	39.5 %	2.5 %	2	$27,352	$4.85	100.0 %	35.9 %	101.8 %
7	5	MIGRAINE HEADACHES	3.1 %	58	$27,650	$4.98	44.8 %	52.1 %	2.1 %	45	$23,393	$4.15	51.1 %	51.5 %	20.1 %
8	9	HIGH BLOOD CHOLESTEROL	2.8 %	750	$25,414	$4.58	95.5 %	97.2 %	2.0 %	861	$22,139	$3.92	96.7 %	97.3 %	16.7 %
9	7	ANTICOAGULANT	2.7 %	54	$24,630	$4.44	13.0 %	22.9 %	4.1 %	93	$45,058	$7.98	11.8 %	23.2 %	-44.4 %
10	6	MULTIPLE SCLEROSIS	2.2 %	6	$19,815	$3.57	50.0 %	39.8 %	NA		NA	NA	NA	40.7 %	NA
		Total Top 10		**1,705**	**$906,256**	**$163.23**	**57.9 %**	**54.1 %**		**1,922**	**$1,103,447**	**$195.54**	**57.6 %**	**53.7 %**	**-16.5 %**

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2025 - 02/2025 vs. Previous Period 11/2024 - 12/2024) Peer = Employer - 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	2	ZEPBOUND	WEIGHT LOSS	N	83	45	$82,025	$14.77	96	50	$94,722	$16.79	-12.0 %
2	8	WEGOVY	WEIGHT LOSS	N	60	38	$74,266	$13.38	91	45	$114,503	$20.29	-34.1 %
3	1	MOUNJARO	DIABETES	N	65	32	$63,132	$11.37	68	33	$67,361	$11.94	-4.7 %
4	7	OZEMPIC	DIABETES	N	63	26	$56,037	$10.09	89	34	$77,923	$13.81	-26.9 %
5	333	DEFLAZACORT	MUSCULAR DYSTROPHIES	Y	4	1	$54,303	$9.78	2	1	$27,352	$4.85	101.8 %
6	11	STELARA	INFLAMMATORY CONDITIONS	Y	4	2	$48,289	$8.70	2	1	$27,481	$4.87	78.6 %
7	96	DASATINIB	CANCER	Y	4	1	$41,528	$7.48	2	1	$31,201	$5.53	35.3 %
8	251	MEKINIST	CANCER	Y	3	1	$34,651	$6.24	3	1	$46,262	$8.20	-23.9 %
9	62	GENOTROPIN	GROWTH DEFICIENCY	Y	6	3	$32,050	$5.77	4	3	$27,910	$4.95	16.7 %
10	13	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	6	2	$30,535	$5.50	4	2	$35,265	$6.25	-12.0 %
11	19	RINVOQ	INFLAMMATORY CONDITIONS	Y	4	2	$26,743	$4.82	NA	NA	NA	NA	NA
12	14	JARDIANCE	DIABETES	N	43	17	$24,458	$4.41	31	13	$17,171	$3.04	44.8 %
13	123	NGENLA	GROWTH DEFICIENCY	Y	3	1	$23,011	$4.14	3	1	$25,398	$4.50	-7.9 %
14	99	OMNITROPE	GROWTH DEFICIENCY	Y	4	2	$22,843	$4.11	3	2	$20,701	$3.67	12.2 %
15	25	TREMFYA	INFLAMMATORY CONDITIONS	Y	4	2	$19,871	$3.58	6	2	$41,077	$7.28	-50.8 %
16	118	VUMERITY	MULTIPLE SCLEROSIS	Y	3	1	$18,988	$3.42	NA	NA	NA	NA	NA
17	589	SOGROYA	GROWTH DEFICIENCY	Y	1	1	$17,796	$3.21	2	1	$35,196	$6.24	-48.6 %
18	23	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	3	2	$16,446	$2.96	4	2	$29,802	$5.28	-43.9 %
19	69	SKYRIZI	INFLAMMATORY CONDITIONS	Y	3	1	$15,267	$2.75	3	1	$20,744	$3.68	-25.2 %
20	27	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	3	1	$14,859	$2.68	3	1	$20,477	$3.63	-26.2 %
21	24	ELIQUIS	ANTICOAGULANT	N	28	13	$14,297	$2.58	37	17	$20,764	$3.68	-30.0 %
22	59	REPATHA SURECLICK	HIGH BLOOD CHOLESTEROL	N	25	9	$12,536	$2.26	16	6	$8,199	$1.45	55.4 %
23	181	ACTEMRA ACTPEN	INFLAMMATORY CONDITIONS	Y	3	1	$11,639	$2.10	2	1	$6,868	$1.22	72.2 %
24	183	VENCLEXTA	CANCER	Y	1	1	$10,738	$1.93	NA	NA	NA	NA	NA
25	78	COSENTYX SENSOREADY (2	INFLAMMATORY CONDITIONS	Y	2	1	$10,410	$1.88	2	1	$10,238	$1.81	3.4 %
			Total Top 25		**428**		**$776,718**	**$139.90**	**473**		**$806,616**	**$142.94**	**-2.1 %**


DELTA DENTAL®

DELTA DENTAL

Claims Summary

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND - 03604

January 2024 - December 2024

Paid Claims by Procedure Category

Procedure Category	2022	2023	2024	Book of Business
Diagnostic	24.5%	25.6%	25.6%	25.8%
Preventive	21.3%	21.4%	22.2%	21.5%
Restorative	13.1%	12.4%	11.6%	12.1%
Crowns/Inlays	14.8%	13.4%	15.5%	11.4%
Endodontic	7.0%	7.0%	5.7%	5.3%
Periodontal	3.0%	3.9%	2.9%	4.4%
Prosthodontics (removable)	1.1%	1.0%	0.8%	0.9%
Prosthodontics (fixed)	2.9%	3.5%	3.5%	3.8%
Oral Surgery	5.9%	5.2%	5.2%	6.1%
Orthodontic	3.9%	4.3%	4.2%	6.0%
Miscellaneous	2.5%	2.3%	2.7%	2.5%

Definitions for each 'Procedure Category' are in the Glossary.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
APRIL 22, 2025

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

Motion_____ **Second**_____

Resolutions **Subject Matter**

RESOLUTION NO. 18-25

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION ESTABLISHING SUPPLEMENTAL ASSESSMENTS FOR THE 2025 FUND YEAR

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **April 22, 2025** for the purpose of conducting the official business of the Fund; and

WHEREAS, supplemental assessments are needed to assure the timely and complete payment of claims that have resulted from the higher than budgeted claims expenses; and

WHEREAS, a hearing on this supplemental assessment will be held at the Fund's regularly scheduled and advertised meeting of June 24, 2025, at the Franklin Lakes Borough Hall, 480 DeKorte Drive, Franklin Lakes, NJ 07417 at 12:00PM.

NOW, THEREFORE, BE IT RESOLVED that the following supplemental assessment and financial plan be and is hereby introduced:

1. Supplemental assessments for the 2025 fund year for the Fund be and are hereby declared in an amount of $5,000,000 to reduce projected deficiencies in the claims account.

2. The allocation of supplemental assessments by member shall be pro rata as illustrated below and is based upon proportional and cumulative assessments by member for the 2025 fund year.

3. Member entities with balances in the Closed Year Account are authorized to apply those balances against the supplemental assessment.

4. This supplemental assessment may be amended depending upon maturation of claims incurred in 2025 and paid in subsequent periods, reinsurance recoveries, and the financial need of the Fund. Amendments to this supplemental assessment may occur after completion of the public hearing, after close out of the 2025 fund year, or upon material reappraisal of the status of the 2025 fund year by the Fund. All amendments shall be made with appropriate notice to Fund members and the opportunity for a public hearing.

5. Supplemental assessments shall be due and payable in accordance with the following provisions:

    a. For entities (if any) that terminate membership in the Fund or terminate coverage in the medical line of coverage prior to full payment of their supplemental assessment: The remaining unpaid balance of the supplemental assessment and the unpaid balance, if any, in the Closed Year Account and in any open Fund Years, shall be paid, either upon termination or over a period not to exceed three years starting with the first month of the date of termination of membership or medical coverage. In order to qualify to pay the supplemental assessment over three years, the entity shall adopt a resolution agreeing to pay the unpaid balance, along with any administrative or interest charges, by resolution. The resolution shall be the form approved by the Fund. Failure to pay the balance or any term payments in full shall cause the Fund to assess a

late payment interest charge and to withhold payment of claims.

b. For members that continue to maintain membership in the Fund and in the medical line of coverage, the total net supplemental assessment of such members shall be payable in equal monthly installments over a three-year period beginning on July 1, 2025, and ending on June 30, 2028. However, payment may be expedited by the Fund when and if the cash balance falls below a half a month's claims exposure.

c. The rate of interest on delinquent supplemental assessments is 2% per annum payable from the due date for any such assessment or term payment.

BE IT FURTHER RESOLVED that copies of this resolution shall be sent to each Fund Commissioner, each Governing Body or School Board, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

INTRODUCED: April 22, 2025

SCHEDULED PUBLIC HEARING AND ADOPTION: June 24, 2025

BY:

_____

CHAIRPERSON

ATTEST:

_____

SECRETARY

Surplus Transfer Illustration

$5,000,000

Member Name	Closed Year Balance	Member Share of 5M in 2024 (Percent/Dollars)		Earned Surplus Balance
Fort Lee	$ 80,709.66	18.38%	$ (919,156.14)	**$ (838,446.48)**
Garfield	$ 48,576.04	11.93%	$ (596,301.05)	**$ (547,725.01)**
Woodcliff Lake	$ 2,181.78	2.48%	$ (123,913.88)	**$ (121,732.10)**
Fanwood Township	$ -	2.38%	$ (119,168.82)	**$ (119,168.82)**
Midland Park	$ -	2.01%	$ (100,521.83)	**$ (100,521.83)**
Garwood	$ -	1.90%	$ (95,151.54)	**$ (95,151.55)**
Saddle River	$ 313,187.48	1.90%	$ (95,075.31)	$ 218,112.17
Montvale	$ 302,404.89	1.65%	$ (82,667.42)	$ 219,737.47
Franklin Lakes	$ 418,317.93	3.75%	$ (187,411.72)	$ 230,906.21
VERONA	$ 513,776.02	5.39%	$ (269,456.32)	$ 244,319.70
FAIRFIELD BOE	$ 481,527.45	4.23%	$ (211,536.74)	$ 269,990.71
Moonachie	$ 445,185.98	3.31%	$ (165,431.42)	$ 279,754.56
Westwood	$ 516,389.55	3.14%	$ (156,819.45)	$ 359,570.10
Park Ridge	$ 541,498.94	3.63%	$ (181,255.54)	$ 360,243.40
South Hackensack	$ 465,883.48	2.09%	$ (104,350.38)	$ 361,533.10
EDGEWATER	$ 761,547.91	6.85%	$ (342,476.38)	$ 419,071.53
Oakland	$ 671,858.20	4.78%	$ (239,061.40)	$ 432,796.80
Wallington	$ 666,871.07	2.97%	$ (148,304.37)	$ 518,566.70
FAIRFIELD	$ 805,602.38	5.68%	$ (283,755.55)	$ 521,846.83
Ridgefield Park	$ 794,342.02	5.35%	$ (267,353.62)	$ 526,988.40
Rutherford	$ 1,046,713.78	6.22%	$ (310,831.11)	$ 735,882.67

**Dental Only members removed*

**Medicare Advantage and DMO premiums removed*

Closed Year Balance:
Member Share of surplus for all years combined since member joined the Fund

Member Share of 5M in 2024 (Percent/Dollars)
Member share of total billing in 2024 of 5M, in percent and dollars.

Earned Surplus Balances:
Shares of the assessment are moved from Earned Surplus Balance to Fund Surplus.
If positive, closed year balance will cover entire supplement assessment, leaving member with a balance
If negative, member will owe amount listed above

RESOLUTION NO. 19-25

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION AUTHORIZING THE HIRING
OF INSURANCE THROUGH THE EXTORDINARY UNSPECIFIED SERVICES PROCESS

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

Medical TPA
Pharmacy Benefit Manager

WHEREAS, the Fund wishes to initiate an Extraordinary Unspecified Service RFP which satisfies the fair and open requirement as established under (N.J.S.A. 40A: 11-4.1 et. Seq.), 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 Executive Committee of the Bergen Municipal Employee Benefits Fund resolves to authorize to release an RFP for:

Medical TPA
Pharmacy Benefit Manager

ADOPTED: APRIL 22, 2025

BY:

_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 20-25

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE MARCH AND APRIL 2025 BILLS LISTS

WHEREAS, the Bergen Municipal Employee Benefits Fund held a Public Meeting on April 22, 2025, for the purpose 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 March and April 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 March and April 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: APRIL 22, 2025

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: January 28, 2025
FRANKLIN LAKES BOROUGH
12:00 P.M.

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

ROLL CALL OF 2025 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
James Gasparini, Executive Committee	Present
Erin Delaney, Executive Committee Alternate	Absent
Thomas Padilla, Executive Committee Alternate	Present
Joe Voytus, Executive Committee Alternate	Present
Durene Ayer, Executive Committee Alternate	Absent

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
Board Advisor	**LaMendola Associates**	Clark LaMendola
Benefits Consultant	**Conner Strong**	John Lajewski
RX Administrator	**Express Scripts**	Absent
Wellness Coordinator	**Civitas**	Absent

OTHERS PRESENT:

Cindy Kirkpatrick	Matt Rudman	Renee Gear	Julie Servidio
David Vozza	Paige Cicalese	Lisa Sabato	Maureen Fennell
Matt McArow	Nicholas Prochilo	Wally Lindsley	

APPROVAL OF MINUTES: January 28, 2025
MOTION: Commissioner Franz
SECOND: Commissioner Kakoleski
ROLL CALL VOTE: All in favor

CORRESPONDENCE – None

COMMITTEE REPORTS:

Strategic Planning – Commissioner Kunze stated that an in-depth discussion will be held later this meeting in regard to financial status and defers the full extent of the report to the Fund professionals.

Administration and Finance Committee – Commissioner Kakoleski echoed Commissioner Kunze report, noting that the Fund professionals will review what was discussed during the Finance meeting that occurred on February 18, 2025.

Wellness Committee – Commissioner Padilla reported that a meeting will be held soon with the Committee and there will be a recommendation at the next meeting.

Small Claims Committee – No Report

Nominations Committee – No Report.

New Members Committee – No Report.

EXECUTIVE DIRECTOR'S REPORT

Ms. Koval opened the report by welcoming Mr. John Lajewski and Mr. Matthew Rudman, who was introduced during the Executive Director agenda in the January meeting.

FAST TRACK FINANCIAL REPORT – Ms. Koval reviewed the Financial Fast Track report for December, providing a high-level overview noting that the end of the year had a large deficit, with majority of it occurring in the 2024 Fund year. She noted that this will be discussed in more detail during the closed Executive Session.

QPA RFP – Ms. Koval requested motion for PERMA to go out for quotes for QPA services, as the contract was expired at the end of 2024. She stated there are a few RFP's that will be going out for 2025 and will need QPA services.

MOTION TO ALLOW PERMA TO GO OUT FOR QUOTES FOR QPA SERVICES

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

E-PROCUREMENT RFP RESULTS – Ms. Koval reported that the responses to the E-Procurement platform RFP have been opened, noting that all submissions included associated costs and that there is currently no budget allocated for such a platform. The Fund QPA recommends rejecting the bids due to cost and proceeding with live openings instead.

SCHOOL BOARD COVID-19 GRANT AWARD – Ms. Koval reported that the MRHIF Lobbyist successfully advocated at the State level for the return of misallocated COVID-19 screening funds. As a result, a $1 million grant will be reimbursed, with each Fund receiving a portion based on the number of School Boards it represents.

FINANCE COMMITTEE – Ms. Koval noted the meeting minutes are in Appendix II of the agenda and will be discussed in more depth later at the meeting.

HI FUND MARKETING UPDATE – Ms. Koval provided an update on the Hi Fund marketing efforts, highlighting recent enhancements to the Fund's website designed to improve education and awareness around the Hi Fund's purpose and offerings.

PHARMACY BENEFIT MANAGER (PBM_RFP) – Ms. Koval noted that we will be going out of RFP for the Pharmacy Benefit Manager and a resolution will be included in the April meeting to allow the RFP to be released.

COOPERATIVE PRICING SYSTEM TPA RFP – LEGAL BILLING – Ms. Koval reported that the Southern New Jersey Regional Employee Benefits Fund Attorney has submitted invoices for work he has been doing for the Co-Op. The BMED share is listed on the current bills list.

VOUCHERS - Starting with the April vouchers, PERMA will be sending both vouchers and backup exclusively through DocuSign. Please reach out to HIFfinance@permainc.com to confirm the current email address that vouchers are sent to can continue to be used to send via DocuSign.

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

BROKER RESOLUTIONS - As a reminder, broker/town resolutions of appointments must be submitted to the Fund. Broker fees will be dependent upon these submissions.

2025 MEL, MR HIF & NJCE JIF EDUCATIONAL SEMINAR – Ms. Koval provided a reminder of the annual seminar and referred to Appendix IV for the flyer.

Ms. Koval ended the report by mentioning a tour for the Baker Health facility will be scheduled and that the RFP was shared with the Executive Committee for review at the meeting.

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

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 856-685-2248. 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.

End of Year/Wellness Incentive Program Reporting

End of Year Reporting was sent to all BMED group billing contacts the week of December 30th.

Wellness Incentive Program reports reflecting employees who received a gym reimbursement in 2024 were sent to all groups. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2024
  - Aetna - up to $240 per eligible participant
- Initial report will be for reimbursements issued for the time period of January 1, 2024 through November 30, 2024
  - Reports were sent to group billing contacts the week of January 6th
- Reporting for December 2024 was sent in late January
  - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
  - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

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

Coverage Updates:

Express Scripts:

2025 Formulary

Brokers were sent the 2025 Formulary on November 11, 2024. 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

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.

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, 2024. This was sent as an attachment with the Agenda.

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
12/30/2024	Aetna/Medical	BMED 2025-01-01	Lab Services	In Review	N/A

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/30/2024	Aetna/Medical	BMED 2025-01-01	Lab Services	In Review	N/A

BMED Small Claims Committee Appeals: None

In response to Chair Hart, Mr. Lajewski noted that Express Scripts does have a report for the Encircle program and as more data is provided, it will be reviewed to determine the success of the program itself.

FUND ATTORNEY – Fund Attorney noted a follow up was sent to the OSC, as there was no response for the proposals for the TPA's. He stated this was submitted in May and June 2024, which they only have thirty days for a response.

TREASURER – Report included in the agenda, reviewing the February 2025 bills list. Additionally, he noted that he delivered a delinquency report to the Executive Committee at the meeting for review.

BOARD ADVISOR- Mr. LaMendola mentioned he has been collaborating with PERMA on the review of the Onsite Concierge RFP and will continue to provide consultation support to them as they finalize and present the review.

In response to Chair Hart, Ms. Koval noted the Strategic Planning Committee will meet to discuss after the tour to provide more insight into the full evaluation.

AETNA – Mr. Silverstein provided a review of claims through December 2024, noting four high-cost claims during December. He reported that dashboard metrics continue to perform well. Additionally, he commented that the hospital negotiation with Atlantic Health Systems is ongoing, with an extension through April 14th. Mr. Silverstein noted that Aetna is cautiously optimistic that reaching a deal is close. He also noted that Aetna is in negotiations with New York Presbyterian as well, where the contract expires on April 1, 2025.

EXPRESS SCRIPTS – Ms. Koval noted there is no representative in attendance today, and the report is in the agenda for review.

DELTA DENTAL – Ms. White noted that there was a small decrease for Out-Of-Network providers, as 1% of network providers left the Delta Advantage plan, but noted it continues to be strong.

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA INCLUDING THE FOLLOWING RESOLUTIONS:
Resolution 15-25: February 2025 Bills List

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Kakoleski
VOTE:	All in Favor

OLD BUSINESS: None

NEW BUSINESS: Mr. Lodics reviewed the finance committee presentation, which was included as an attachment to the agenda. He explained that the presentation comprised three main components. The first, "State of the State," reflected data through November 2024 and provided a snapshot of the Fund's current financial position. The second component, presented by Mr. Rudman, analyzed the key cost drivers. The third, led by Mr. Lajewski, outlined strategic considerations and potential actions. Mr. Lodics emphasized that while these challenges align with broader market trends, this Fund has been uniquely affected by Out-of-Network utilization and recent hospital contract negotiations.

He then provided a high-level overview of the Fund's financial status, noting that it has operated at a deficit for the past several years. He attributed a significant portion of the 2023 deficit to the METRO Fund. Mr. Lodics also reviewed claim performance by loss ratio, pointing out that entities performing on the higher end continue to do so. He added that no distinct pattern has emerged based on when an entity joined the Fund. He highlighted the importance of stop-loss reimbursements, expressing concern over claims that fall just below the Self-Insured Retention (SIR) threshold, which therefore do not qualify for reimbursement.

Mr. Rudman presented an overview of medical trends, stating that Out-of-Network claims accounted for approximately half of the increase in medical trend from 2023 to 2024. He also noted that hospital contract negotiations had a measurable impact on costs. Turning to pharmacy trends, Mr. Rudman explained that around half of the trend is driven by greater utilization of GLP-1 medications, which are new therapies used to treat diabetes and obesity. In response to a question from Commissioner Kunze, who asked whether patient utilization is beginning to level off due to success or if usage will continue to rise, Mr. Lajewski acknowledged the uncertainty in forecasting future trends. He added that drug manufacturers are actively working to expand indications for these medications. Mr. Lodics noted that, in response to this growing utilization, the Fund Actuary has increased the projected pharmacy trend by 3%. Mr. Lajewski concurred, adding that this is a trend affecting both public and private markets. He observed that some private sector plans have started excluding GLP-1 drugs, which may prompt manufacturers to reconsider pricing strategies.

Mr. Lodics concluded by sharing that early January data suggests claims have begun to stabilize and that the Fund's cash position remains strong. As a result, he expressed optimism for a favorable January Fast Track report.

PUBLIC COMMENT: None

MOTION TO OPEN EXECUTIVE SESSION:

MOTION:	Commissioner Padilla
SECOND:	Commissioner Franz
VOTE:	**Unanimous**

EXECUTIVE SESSION: A discussion occurred between the Executive Committee, Risk Managers, and Fund Professionals to discuss strategic considerations and potential actions about the current financial state of the Fund.

MOTION TO ADJORN:

MOTION:	Commissioner Padilla
SECOND:	Commissioner Franz
VOTE:	**Unanimous**

MEETING ADJOURNED: 1:53 pm

NEXT MEETING: APRIL 22, 2025

Caitlin Perkins, Account Manager

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: April 10, 2025

Zoom

3:00 P.M.

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

ROLL CALL OF 2025 EXECUTIVE COMMITTEE:

Gregory Hart, Chair	Present
Richard Kunze, Secretary	Present
Gregory Franz, Executive Committee	Present
Donna Gambutti, Executive Committee	Present
Bob Kakoleski, Executive Committee	Present
Anthony Ciannamea, Executive Committee	Present
James Gasparini, Executive Committee	Present
Erin Delaney, Executive Committee Alternate	Absent
Thomas Padilla, Executive Committee Alternate	Present
Joe Voytus, Executive Committee Alternate	Present
Durene Ayer, 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
Board Advisor	**LaMendola Associates**	Clark LaMendola
Benefits Consultant	**Conner Strong**	Crystal Bailey John Lajewski

OTHERS PRESENT:

Tom Ucko	Dave Vozza	Maureen Fennel
Lisa Sabato	Frank Covelli	Connie Carpenter
Matt McArow	Jason Silverstein	Clark LaMendola
John Arthur	Julie Servidio	Wanda Portorreal
Renee Gear	Jacki Ortiz	Alex Verace

CORRESPONDENCE – None

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL COMMITTEE MEETING – Mr. Lodics provided a follow-up from the February meeting regarding the finances for 2024, highlighting ongoing market challenges including increased utilization, the emergence of high-cost claimants, and a rise in out-of-network usage. He referenced the March 12th Finance Committee meeting minutes and memo that was sent to Risk Managers and Fund Commissioners, which outlined strategic considerations related to surplus transfer. He noted these strategies will be revisited at the upcoming April 22nd meeting.

RETRO ACTIVE DEDUCTIBLE ADJUSTMENT – Mr. Lodics introduced one of the recommended strategies to help stabilize the 2025 medical claims budget, a retroactive deductible adjustment. The Fund Actuary reviewed the second half of 2024 claims and confirmed an apparent rise in utilization and per-employee-per-month costs, consistent with Aetna's data. One of the main drivers is a spike in high claimants that was experienced in the second half of 2024. He reviewed specific statistics, that was also presented at the February meeting, claims above $100,000 increased by 92% and claims that were at half of the SIR increased by 115%, which means this is all being absorbed by the Fund. These trends place added pressure on the Fund's financial stability. Traditionally, local Funds increase the SIR by $25,000 each year. However, due to the Actuary's observations, this standard increase may be insufficient to protect against current claims trends. With support from the MRHIF Program Manager, it was proposed and authorized at the MRHIF April 1st meeting to reduce the BMED Fund's SIR by $100,00, lowering it from $425,000 to $325,000, effective January 1, 2025. While this change will result in an increased fixed cost and increasing the MRHIF premium, it reduces risk exposure. The Fund will continue paying the budget premium while carrying a payable for additional cost, to be settled in 2026. Additionally, the reinsurer, US FIRE, agreed to reduce MRHIF's exposure retroactively by $50,000, further supporting the proposed strategy. An analysis that was conducted suggested that had this lower deductible been in place during 2024, the Fund could have received an estimated $1.2 million in additional reimbursements. While this is not guaranteed and ideally, 2025 will not mirror the high claims levels of 2024, this will help provide extra protection a bit more.

The MRHIF Program Manager, Mr. Vozza, confirmed that MRHIF is providing the BMED Fund a loan of the extra premium to help meet the current budget, deferring repaying to the following year. Mr. Lodics noted that PERMA will be tracking the payable on behalf of the Fund. Chair Hart, who was unable to attend the March Finance Committee meeting, remarked that while the exact costs were not included at that time, this approach does offer budget relief for 2025 and lowers potential claim exposure. Mr. Lodics emphasized this strategy provided enhanced protection and short-term cash flow benefits. In response to Commissioner Kakoleski, Mr. Lodics clarified that other local Funds are not currently considering this approach. Responding to Mr. LaMendola, he confirmed that additional strategies outlined in the memo will be reviewed at the April 22nd meeting. Mr. Lodics also thanked the MRHIF Program Manager for coordinator with US Fire, whose offer carried a limited window, prompting the need for this special meeting. The Fund Attorney advised that a closed session will be required at the next meeting to discuss some further strategies not yet ready for public disclosure. In response to Commissioner Kakoleski, Mr. Lodics stated that January showed a small surplus, but the Quarter 1 performance is aligning with the budget.

Commissioner Franz noted the number of pending strategies and asked about potential outcomes if claims remain high throughout 2025. Mr. Lodics acknowledged the uncertainty and reiterated that this retroactive deductible adjustment offers additional protection if the claims are like 2024. Mr. Vozza added that along with reducing the SIR, MRHIF's premium loan strengthens the Fund's surplus position for 2025. Chair Hart and Commissioner Kunze agreed the measures buys time and mitigates risk, though its benefits are limited to the 2025 budget year. Mr. Lodics also mentioned a recommendation of a legislation allowing emergency funding repaying over three to five years, but the deficit of the Fund must exceed 10%. However, this must be adopted within 30 days of the plan year's end which poses timing challenges. The MRHIF Lobbyist is working to advocate for more flexible legislation and better define these items.

In response to Commissioner Franz, Mr. Lodics confirmed that if the Executive Committee votes down the proposal, operations will continue without the floated payable. Commissioner Voytus noted the absence of this adjustment in the 2025 budget and emphasized that today's decision introduces a significant future liability. Mr. Lodics questioned whether US Fire would accept an decision to be made at the April 22nd meeting, to which Mr. Vozza responded that further confirmation would be needed. Chair Hart stressed that while costs were not finalized at the time of the March Finance Committee meeting, the core concept was thoroughly discussed. He believes this approach prudently mitigates risk, which is a major concern. Commissioner Kakoleski reference the February meeting discussions on special assessments and highlighted that this was one strategy developed to avoid such measures. Commissioner Kunze raised concerned about the Fund's cash position if trends persist, noting this strategy arose out of the context to mitigate risk to preserve cash knowing that there's a downstream impact. Mr. LaMendola acknowledged that his impression is there will not be a lot of new data before April 22nd to note if another course of action is necessary, it is prudent to take steps to protect the members and the Fund.

Mr. Lodics summarized that this strategy can be implemented immediately and does not require collective bargaining adjustments. Since claims have not spiked this year, it's a time action to protect the Fund. Chair Hart noted if we have a year like we had a year last year, the consequences could be significant if this action is not taken. Commissioner Franz recommended given the scope of this issue, the full Executive Committee should be involved in future discussions.

MOTION TO APPROVE RESOLUTION 16-25, ACCEPTING THE RETRO ACTIVE ADJUSTMENT:

MOTION:	Commissioner Kunze
SECOND:	Commissioner Kakoleski
ROLL CALL:	9 ayes, 0 nays

WELLNESS COMMITTEE – Ms. Koval shared that Marianne had originally retired last year but agreed to remain on a month-to-month basis at a rate of $1,000 per month, initially through March 2025. This arrangement was later extended through the end of April. Christine Baker, the newly selected Wellness Coordinator, is scheduled to begin May 1, 2025.

Commissioner Padilla noted that during discussions, there was a recommendation to implement a one-month overlap between Marianne and Christine, with both receiving payment during this transition

period to ensure a smooth handoff. Chair Hart expressed support for the overlap, agreeing that it was a fair and reasonable approach.

In response to Commissioner Franz, Commissioner Padilla noted that Christine has been leading the wellness program in Montville, an active participant in the initiative. Commissioner Voytus added that Christine has worked for the Borough for several years, developed the current wellness plan, and brings strong organizational skills and passion for wellness. Commissioner Padilla expressed appreciation for Marianne's contributions and emphasized that the Wellness Committee is aiming to evolve the program, including more integration with Risk Managers. He also highlighted the value of having a Wellness Coordinator employed by a Fund entity, which will allow Christine to attend BMED meetings, a key consideration moving forward. In response to Commissioner Franz, Ms. Koval noted she would circulate Christine's resume.

Commissioner Padilla responded to Commissioner Kunze's inquiry by stating that while there was another candidate considered, they did not align with the future goals of the wellness program. Responding to Mr. Vozza, Commissioner Padilla acknowledged that currently only four to five towns are actively participating in the wellness program, which presents a challenge. Chair Hart noted that Christine will assume Marianne's responsibilities during the transition and, while it may take time to evolve the program, there is enthusiasm about Christine's upcoming role.

To reflect this transition, Chair Hart recommended that Resolution 17-25 be amended to include updated language: Civitas New Jersey LLC will remain under contract through May 15, with Christine Baker's contract beginning effective April 15, to allow for the proposed transition period.

MOTION TO AMEND RESOLUTION 17-25 APPOINTING A NEW WELLNESS COORDINATOR:

MOTION:	Commissioner Padilla
SECOND:	Commissioner Gambutti
ROLL CALL:	All in Favor

MOTION TO ADOPT RESOLUTION 17-25 AS AMENDED APPOINTING A WELLNESS COORDINATOR:

MOTION:	Commissioner Padilla
SECOND:	Commissioner Voytus
ROLL CALL:	All in Favor

Ms. Koval reminded everyone the tour for Baker Health will be tomorrow at 10am at the Paramus location and she hopes to see everyone there.

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJORN:

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Padilla
VOTE:	All in Favor

MEETING ADJOURNED: 3:53 pm
NEXT MEETING: APRIL 22, 2025

Caitlin Perkins, Account Manager

APPENDIX II

BMED Strategic Planning Committee
April 16, 2025, 3:00PM via Teams

Rich Kunze, Committee Chair
Greg Hart, Executive Committee Chair
Greg Franz, Executive Committee Member
Durene Ayer, Executive Committee Member
Clark LaMendola, Board Advisor
John Lajewski, HIF Consulting Leader
Emily Koval, Associate Executive Director
Caitlin Perkins, Account Manager
Jordy Robinson, Assistant Account Manager

1. **Baker Health**

Ms. Koval opened the discussion by noting that the RFP was sent out at the end of last year, and only one response was received from Baker Health. The proposal was reviewed during the last meeting, and a site visit was scheduled. Ms. Koval shared that she was impressed with the doctor and his wife, who are the primary owners of the practice. She also noted that after sharing relevant data with Baker Health, they provided a presentation outlining potential strategies to assist with the Fund's current financial challenges. Ms. Koval said that this partnership could be a valuable addition for members, with several conveniently located offices that would be accessible to many.

Chair Hart echoed Ms. Koval's comments, stating that Baker Health presents a strong and innovative model. While relatively new to the industry, the organization continues to expand across all its locations. He described the facility as impressive and highlighted their ability to deliver an elevated level of care, including a thorough vetting process for specialists and expedited appointment scheduling. He also noted that their mobile application offers a variety of features, such as educational videos and a convenient scheduling platform. Ms. Koval added that members who utilize the mobile app are not required to pay a copay, as they are only applied when visiting the office in person. Chair Hart reminded the committee that the Baker Health program is expected to generate cost savings for both members and the Fund, as outlined in the PowerPoint presentation provided. He also confirmed that Baker Health is currently an in-network provider.

Mr. LaMendola emphasized that this is a primary care program thoughtfully designed to be responsive to the needs of its clients. He described the facility as top-tier and noted that the locations are easily accessible. He also highlighted the affordability of their services, the absence of conflicts of interest, and the inclusion of extended mental health support, along with a range of physical fitness and wellness activities. After visiting several locations, Mr. LaMendola observed that each facility is consistently designed, mirroring the layout of the Paramus office.

Commissioner Franz shared that his family is currently enrolled with Baker Health and pays $10 per month for the concierge services, noting that at the time of enrollment, the fourth

family member was included at no additional cost. While he personally has not used the program, as he continues to see his long-time primary care physician, he stated that his family members have been very satisfied with the care they've received from Baker Health. Ms. Koval noted that the RFP response indicated a cost of $200 per year for an entire family and confirmed that the fee would be paid directly by the members, adding there may be opportunities to incorporate incentives, such as reimbursement through the wellness budget. Chair Hart clarified that when Baker Health refers members to specialists, they are exclusively referring to in-network providers.

Mr. Lajewski agreed with Chair Hart that Baker Health prioritizes vetting and referring patients to in-network providers. They have established relationships with specialists who deliver a high standard of clinical care, which supports cost containment efforts. He also highlighted that various services can be provided in outpatient departments, hospitals, freestanding facilities, or even physician offices, depending on what is most efficient and cost-effective. He shared that two rollout strategies were discussed. The first involves using heat maps to identify concentrations of members within the Funds and target those populations initially. The second, more in-depth approach, would involve developing a customized plan to actively promote Baker Health to members. Mr. Lajewski agreed with Commissioner Franz's observation that some individuals have strong, long-standing relationships with their primary care providers, which may be challenging to change. However, the goal is to encourage members to explore and benefit from the services offered by Baker Health. The promotion of only Baker Health is a bit different in this case, as it stemmed from an open public RFP process in which all qualified vendors had an equal opportunity to submit proposals.

Commissioner Auyer agreed that Baker Health appears to be a strong option but expressed concerns about the accessibility of their facilities. She requested that heat maps be provided to better understand member proximity to available locations. While she acknowledged the benefit of telehealth, she pointed out that unlike some other vendors, Baker Health offers continuity by allowing patients to consistently see the same doctor, which she views as a valuable distinction.

Commissioner Kunze expressed that he is comfortable moving forward with a resolution given that the process followed a formal RFP and was reviewed by the Fund Attorney. He suggested that a documentation like "Attachment A" that Baker Health developed be shared with the Executive Committee to assist with comparison and provide additional data. Ms. Koval will follow up with Baker Health. Mr. LaMendola recommended that Baker Health be integrated into the Wellness Committee. Ms. Koval agreed and noted that she would connect the new Wellness Coordinator with Baker Health to explore potential opportunities for collaboration.

2. Surplus Transfer

Ms. Koval mentioned that a memo was sent to both Risk Managers and Fund Commissioners, introducing the surplus transfer. She also noted that PERMA is in discussions with all

relevant groups who will need to allocate funds, ensuring they are aware of the implications and potential cost-saving options.
Commissioner Kunze expressed hope that Risk Managers had shared this information with the leaders of their respective groups and inquired if any calls had been received on the matter. Ms. Koval responded that most groups had not noticed any impact on their budgets. She confirmed, however, that the brokers for the affected groups are aware of the situation and are in communication with the leaders of those entities. Mr. LaMendola suggested confirming that Risk Managers are actively communicating with their groups. Chair Hart mentioned that he had received a call from one group, which he directed to Ms. Koval for further discussion. A discussion ensued about the newer members that are being impacted the most and there is the possibility of members leaving the Fund.
Ms. Koval noted that the resolution states that the current public hearing is June 24th as the Fund financials are still being evaluated and in constant communication with the Fund Treasurer.

3. Out of Network Fee Schedule

Ms. Koval noted she reviewed the Quarter 1 high claimants and there are a handful of claims that hit the new SIR that was passed at the April special meeting, so we should be receiving some reimbursements shortly. For the fee schedule, we are not asking for a rate reduction but are recommending them change their Medicare or out of network fee schedule to gain some extra claims. The Fund Attorney noted there will be a need to take each individual situation and appeal. Mr. Lajewski noted that the approach is that there is no reference in the collective bargaining agreement with respect for the fee schedule and the language is up for interpretation. The most accepted fee schedule is Medicare, so this is the one this is why we defer to this fee schedule since 93% of all physicians licensed in USA accept Medicare as payment in full. He stated a few things were reviewed such as access to network, which showed there is a 98% or above access to network, including hospitals and general practitioners. Reviewing each claim individually will allow us to reach directly to the provider to negotiate and loop Aetna into the conversation to try and have them recruit the provider in network. Mr. Lajewski confirmed that this affects a small portion of the entire Fund membership. Commissioner Kunze confirmed that this will be changing for newer members and Mr. Lajewski confirmed since everyone is essentially at that level. In response to Commissioner Kunze, Ms. Koval noted that in the past, this used to be charged up but are seeing an uptick in out of network providers targeting these newer groups with their current fee schedule. A discussion ensued regarding entities paying for a richer out of network benefit levels and how this issue should be referred to their labor counsels under their specific contract. Ms. Koval noted that this will be discussed during a closed Executive Session at the meeting with the Fund Attorney, who is aware this is contract specific. Commissioner Kunze requested a list of the members that are being affected and communicate this with them to get feedback before any decisions are made.

APPENDIX III

EVERNORTH
HEALTH SERVICES

Express Scripts, Inc
Evernorth Health Services

March 25, 2025

TO: Executive Director PERMA, Health Insurance Funds
TRIAD1828 CENTRE | 2 Cooper Street | Camden, NJ 08102

Summary: In early February, upon PERMA's review of 2024 pharmacy trend reports for MRHIF, reductions in the Rebate PMPM were identified for several funds (-32.4% for Southern NJ and -9% for SHIF from 2023 to 2024). This prompted ESI to conduct an internal investigation, which resulted in finding a rebate setup issue for capturing the new groups implemented in 2024. The new groups implemented in 2024, were not included in 2024 rebate invoicing. ESI discovered that the rebating effective dates for these new groups, created in 2024, defaulted to January 2025. ESI confirmed that 2025 rebate invoicing with manufacturers and current set-up is correct.

Upon uncovering this setup issue, ESI immediately took action and identified all the incorrect rebate set-ups, corrected them, and is currently processing the claims for rebates via the ESI Rebate team.

An extensive internal review was conducted to reassess all MRHIF current and 2024 rebate setups involving all associated functional areas: ESI Account team, Pricing, and Rebates team. Moving forward, this extensive review has been added to their process for new group implementation to ensure all pricing is setup correctly and all rebates are correctly invoiced. Plans to conduct an independent rebate audit for all groups will be coordinated with MRHIF.

ESI will have the pricing correction for all impacted groups completed by April 11th, as well as payment amounts. Rebate payments for all impacted funds is targeted to be sent out by end of month April (latest end of May), via each fund's current payment method (check or EFT). Note that annual rebate guarantee reconciliations for Level Care clients are paid out 150 days after end of each contract year which is end of May.

Estimates for impacted funds based on 2024 guarantees are noted below. Note that these estimates are based on available claims and have not been processed within the ESI rebate and pharma systems, and are subject to change.

EVERNORTH
HEALTH SERVICES

CARRIER ID	Fund	Additional 2024 rebates
8967	Skyland	$457K
CJHA	Central Jersey	$108K
JUTA	BMED	$120K
K6FA	Coastal	$105K
K8CA	SHIF	$2.8M
NJMA	North Jersey	$418K
NJRA	Southern NJ	$3.1M

Best Regards,

Charles Yuk, PharmD, MBA
Director, Account Management – Public Sector Division
Express Scripts by Evernorth