



AGENDA AND REPORTS

JUNE 24, 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: JUNE 24, 2025
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGEANCE

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: *April 22, 2025, Open Appendix I*
April 22, 2025, Closed Provided to Executive Committee

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair

FINANCE/ADMINISTRATION COMMITTEE - Robert Kakoleski, Chair
June 18, 2025, Appendix II

WELLNESS COMMITTEE - Tom Padilla, Chair
June 11, 2025, Appendix III

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Anthony Ciannamea, Chair

NEW MEMBERS COMMITTEE - Gregory Franz, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics

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ATTORNEY – William Bailey, Esq.	
TREASURER – Joseph Iannaconi	
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Confirmation of Claims Paid/ Certification of Transfers	
BOARD ADVISOR – Clark LaMendola	
THIRD PARTY ADMINISTRATOR – Aetna – Jason Silverstein	
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OLD BUSINESS	
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PUBLIC COMMENT	
MEETING ADJOURNED	

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
JUNE 24, 2025**

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of April 30, 2025 (page 8)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

ADOPTION OF SUPPLEMENT ASSESSMENTS

At the April 22nd meeting, the Fund introduced the Supplemental Assessment in the amount of \$5 Million.

In recent discussions with the Fund Treasurer, cash flow has improved and if it continues on this trajectory, the cash influx may not be as pressing as it was presented in April. It is our recommendation that the collection of the supplemental assessment for the newer members that do not have retained earned surplus can begin on 1/1/2026 which allows those members to budget next year. We will continue to monitor the cash on a regular basis and advise the Committee.

Resolution 23-25 adopts the supplemental assessment. A public hearing is required.

MOTION: Motion to open the meeting to the public

DISCUSSION: Supplemental Assessment, as presented

MOTION: Motion to close the meeting to the public

MOTION: Motion to approve Resolution 23-25 adopting a \$5 million supplemental assessment for Fund Year 2025

2024 FUND YEAR AUDIT

A draft of the Fund Year 2024 Audit, performed by the Fund auditor, Lerch, Vinci & Bliss, LLP, is attached. A Finance Committee meeting was held on June 18th to review the audit. A representative from Lerch, Vinci & Bliss, LLP will be in attendance to present their findings. Should there be any comments, PERMA will be prepared to answer. Resolution 24-25 approving and authorization to file with the State is included in the consent agenda, along with the affidavit to be signed by all present Commissioners.

Once this audit is filed, PERMA recommends the closure of Fund Year 2023. All IBNR has been expenditure and there are no outstanding accounts receivable or payable. Resolution 25-25 allows for closing this year.

FUND QUALIFIED PURCHASING AGENT (QPA)

At the last meeting, the Fund was authorized to issue quotes for a QPA since the estimated contract was below the bid threshold. The incumbent QPA, the Canning Group, was the only responder to the deadline of May 21, 2025. The proposal included a fee of \$3,000 for all BMED related RFPs issued in the next Fund year.

We recommend issuing a contract to the Canning Group through the 2025 fund year via Resolution 26-25.

METRO RUN OUT - PARTIAL RECONCILIATION

When the Metropolitan HIF left on 1/1/2024, the BMED retained funds to allow for the run out of claims still coming out of the BMED operating account on behalf of the Metro members. Through March 2025, the Fund held about \$750,000 for this run out. By 18 months, the majority of run out should be complete and the additional funds may be released back to Metro.

In May, the Metro Fund requested \$200,000 which has been determined to be reasonable. An additional reconciliation will be completed soon which will likely result in an additional payment to Metro.

The \$200,000 is included in bills list for approval.

2025 WELLNESS

Three applications have been received for 2025 Wellness grants through the Fund, Montvale, Oakland, and Franklin Lakes. The Wellness Committee reviewed and is recommending Resolution 27-25, which approves the following applications. The applications include specific details regarding participation incentives for wellness programs which include annual screenings, dental cleanings, health and wellness challenges, and educational seminars.

1. Montvale – Requestion \$5,000
2. Oakland – Requesting \$10,000
3. Franklin Lakes – Requesting \$10,000

If you're interested in applying, please send a completed application to HIFAdmin@permainc.com.

COOPERATIVE PURCHASING SYSTEM - MEDICAL THIRD-PARTY ADMINISTRATOR (TPA) BID

After months of discussion with the Office of the State Comptroller, the Health Insurance Cooperative Purchasing System (HICPS) is preparing Medical TPA prequalification regulations that must be presented and adopted at a public hearing prior to bid release. On June 19th, the local Fund HICPS representatives held a meeting to review and discuss the regulations, which a BMED representative was in attendance.

A public hearing will be held on July 1st at 3:00 PM via Zoom. The Zoom link to attend the meeting is located at <https://www.snjrebf.com/meeting-information/>. This hearing will be specifically to allow

the opportunity to comment, review and adoption of the prequalification regulations which will be used to determine qualified bidders for the Medical TPA bid specification for all Funds within the HICPS.

Once the hearing is complete, the certified copy of the prequalification regulations must be filed with the Division of Local Government Services within ten days of the meeting. They then have 30 days to approve. Once approved, the pre-qualification regulations will be advertised, and prospective bidders will be invited to submit responses. The responses from the prospective bidders will be reviewed and those that are determined to be qualified bidders will receive the bid specifications for the TPA services.

The final evaluation will be reviewed by the Cooperative representatives from each local Fund then recommend the contract award in early Fall.

WEX DIRECT BILLED TERMINATION LETTERS

At the end of May, it was discovered that a small number of direct bill members with potential outstanding balances were mistakenly issued termination notices by WEX, our direct billing vendor. A reinstatement letter was sent to the members on June 2nd. The groups and risk managers were notified of the names of those members who received these notices, ensuring their coverage was not affected by this error.

These notices were the result of a system issue, which occurred as we work with WEX to implement a best-practice process for direct-billed members. This new process will support timely premium collection while incorporating a 60-day grace period policy, allowing additional time for late payments before any coverage termination occurs. Once finalized, we will provide the Executive Committee with a detailed overview of the new process.

DEPUTY TREASURER

Bids were released for a Deputy Treasurer and closes on June 30th. A recommendation will be made in July to the Administration & Finance Committee.

STRATEGIC PLANNING COMMITTEE UPDATE

Mr. John Arthur, the Fund Commissioner from Garwood Borough, has shown interest in joining the Strategic Planning Committee. Chair Hart is supportive of the addition.

PCORI AND A4 SURCHARGE FEES

The PCORI is an independent, nonprofit research organization that seeks to empower patients and others with actionable information about their health and healthcare choices.

As part of the Affordable Care Act (ACA) group health plans are required to pay an annual fee, which is a certain dollar amount per enrollee contributing to the PCORI effort. The fee is considered in the Fund's budget development and paid by the PERMA Accounting team on behalf of all our medical groups. This fee will be paid in July.

In addition, all School Board members that are not in the State Health Benefits Fund are surcharged for retiree benefits. The Fund has one School Board that the Fund will pay this fee in July on its behalf, which was included in its rates upon joining the Fund.

MEL/MRHIF EDUCATIONAL SEMINAR FOLLOW UP PRESENTATION

On June 5th, Joe DiBella and Tammy Brown, from Conner Strong & Buckelew, hosted a second webinar presentation following the MEL/MRHIF Education Seminar. The discussion focused on newer, material cost drivers for GLP-1 medications and the rising out of-of-network providers experienced by the public sectors. The presentation was sent out as an attachment to the agenda. If you were not able to attend, the recording can be viewed by clicking [here](#) or visiting the BMED website.

BROKER RESOLUTIONS AND INDEMNITY AND TRUST AGREEMENTS

As a reminder, Broker/Town Resolutions of Appointment and Indemnity & Trust (I&T) Agreements must be submitted to the Fund. Broker fees are based on the resolutions provided. We will be reaching out to those entities where we do not have a current Broker Resolution or I&T Agreement on file.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	April 30, 2025		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		5,453,930	21,799,303	805,323,238	827,122,541
2.	CLAIM EXPENSES					
	Paid Claims		5,699,654	20,782,638	668,908,171	689,690,810
	IBNR		144,429	(246,176)	7,293,000	7,046,824
	Less Specific Excess		(668,354)	(965,077)	(16,761,228)	(17,726,304)
	Less Aggregate Excess		-	-	(602,911)	(602,911)
	TOTAL CLAIMS		5,175,728	19,571,385	658,837,033	678,408,418
3.	EXPENSES					
	MA & HMO Premiums		255,884	1,018,539	31,857,919	32,876,458
	Excess Premiums		140,284	560,495	35,866,476	36,426,971
	Administrative		283,379	1,154,446	61,010,959	62,165,405
	TOTAL EXPENSES		679,546	2,733,480	128,735,353	131,468,834
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(401,345)	(505,563)	17,750,852	17,245,289
5.	INVESTMENT INCOME		7,110	47,860	4,019,596	4,067,456
6.	DIVIDEND INCOME		-	-	7,518,953	7,518,953
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(394,235)	(457,703)	29,289,401	28,831,698
8.	DIVIDEND		-	-	29,523,154	29,523,154
9.	Transferred Surplus IN		-	-	-	-
10.	Transferred Surplus OUT		-	-	-	-
	STATUTORY SURPLUS (7-8+9)		(394,235)	(457,703)	(233,753)	(691,456)
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	(4,063)	50,629	9,230,129	9,280,758
		Cash	(5,643)	1,158,605	8,304,776	9,463,381
	2023	Surplus	(49,841)	(330,098)	(581,337)	(911,435)
		Cash	(49,831)	(374,217)	(699,710)	(1,073,927)
	2024	Surplus	(22,407)	3,407,505	(8,882,544)	(5,475,039)
		Cash	(684,840)	(2,911,366)	(4,191,217)	(7,102,583)
	2025	Surplus	(317,924)	(3,585,740)		(3,585,740)
		Cash	(2,809,815)	837,528		837,528
	TOTAL SURPLUS (DEFICITS)		(394,235)	(457,703)	(233,753)	(691,456)
	TOTAL CASH		(3,550,129)	(1,289,450)	3,413,849	2,124,399
CLAIM ANALYSIS BY FUND YEAR						
	TOTAL CLOSED YEAR CLAIMS		8,415	(14,106)	560,633,906	560,619,800
	FUND YEAR 2023					
	Paid Claims		50,496	384,336	39,144,698	39,529,034
	IBNR		-	-	-	-
	Less Specific Excess		-	(48,567)	(177,752)	(226,319)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2023 CLAIMS		50,496	335,769	38,966,946	39,302,715
	FUND YEAR 2024					
	Paid Claims		1,054,875	4,071,185	52,382,647	56,453,833
	IBNR		(364,650)	(6,563,700)	7,293,000	729,300
	Less Specific Excess		(668,354)	(916,510)	(439,467)	(1,355,977)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2024 CLAIMS		21,871	(3,409,025)	59,236,180	55,827,156
	FUND YEAR 2025					
	Paid Claims		4,585,867	16,341,224		16,341,224
	IBNR		509,079	6,317,524		6,317,524
	Less Specific Excess		-	-		-
	Less Aggregate Excess		-	-		-
	TOTAL FY 2025 CLAIMS		5,094,946	22,658,747		22,658,747
	COMBINED TOTAL CLAIMS		5,175,728	19,571,385	658,837,033	678,408,418

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	FEB	MAR	APR
Cash Position	3,413,849	\$ 4,612,075	\$ 5,343,845	\$ 5,674,528	\$ 2,124,399
IBNR	7,293,000	\$ 6,847,866	\$ 6,783,395	\$ 6,902,395	\$ 7,046,824
Assets	7,388,961	\$ 6,998,857	\$ 7,403,671	\$ 6,967,993	\$ 6,726,999
Liabilities	7,622,713	\$ 7,187,842	\$ 7,134,145	\$ 7,265,213	\$ 7,418,453
Surplus	(233,752)	\$ (188,984)	\$ 269,525	\$ (297,220)	\$ (691,455)
Claims Paid -- Month	5,297,140	\$ 5,217,738	\$ 4,613,900	\$ 5,251,346	\$ 5,699,654
Claims Budget -- Month	4,202,262	\$ 4,769,000	\$ 4,756,989	\$ 4,753,162	\$ 4,758,109
Claims Paid -- YTD	57,475,987	\$ 5,217,738	\$ 9,831,639	\$ 15,082,985	\$ 20,782,638
Claims Budget -- YTD	48,782,475	\$ 4,769,000	\$ 9,520,328	\$ 14,273,610	\$ 19,031,719
RATIOS					
Cash Position to Claims Paid	0.64	0.88	1.16	1.08	0.37
Claims Paid to Claims Budget -- Month	1.26	1.09	0.97	1.1	1.2
Claims Paid to Claims Budget -- YTD	1.18	1.09	1.03	1.1	1.1
Cash Position to IBNR	0.47	0.67	0.79	0.82	0.3
Assets to Liabilities	0.97	0.97	1.04	0.96	0.91
Surplus as Months of Claims	(0.06)	(0.04)	0.06	-0.06	-0.15
IBNR to Claims Budget -- Month	1.74	1.44	1.43	1.45	1.48

Bergen Municipal Employee Benefits Fund
2025 Budget Report
as of April 30, 2025

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	16,726,258	51,425,000	51,400,571	19,865,756	(3,139,498)	-19%
Prescription Claims	2,266,477	6,842,453	7,049,884	2,071,720	(485,187)	-31%
Prescription Formulary Rebates	(679,944)	(2,052,734)	(2,114,965)	Included Above in Prescription Claims		
Dental Claims	718,928	2,157,668	2,169,015	721,271	(2,343)	0%
Subtotal	19,031,719	58,372,387	58,504,505	22,658,747	(3,627,029)	-19%
HMO/DMO Premiums	9,644	28,391	30,381	9,781	(138)	-1%
Medicare Advantage / EGWP	1,007,739	3,065,921	3,110,050	1,008,758	(1,019)	0%
Reinsurance						
Specific	844,424	2,535,325	1,682,445	560,495	283,929	34%
Total Loss Fund	20,893,524	64,002,024	63,327,381	24,237,781	(3,344,257)	-16%
Loss Fund Contingency	83,831	251,492	220,516	0	83,831	0%
Expenses						
Legal	8,840	26,520	26,520	8,940	(100)	-1%
Treasurer	7,306	21,918	21,918	7,306	0	0%
Administrator	158,966	478,283	477,783	166,829	(7,864)	-5%
Risk Management Consultants	399,462	1,202,607	1,183,821	399,462	-	0%
TPA - Claims Agent Aetna	276,464	830,063	872,355	277,677	(1,214)	0%
Dental TPA	32,154	96,516	96,593	32,375	(220)	-1%
Actuary	6,426	19,278	19,278	9,640	(3,214)	-50%
Auditor	6,528	19,584	19,584	4,896	1,632	25%
Benefits Consultant	148,221	446,830	446,547	148,378	(157)	0%
Board Advisor	6,495	19,484	19,484	4,500	1,995	31%
Subtotal Expenses	1,050,861	3,161,083	3,183,883	1,060,003	(9,142)	-1%
Miscellaneous and Special Services						
Misc/Cont	6,333	19,000	19,000	8,895	(2,562)	-40%
Wellness, Disease, Case Management	33,333	100,000	100,000	3,368	29,965	90%
Affordable Care Act Taxes	3,760	11,289	11,299	3,761	(1)	0%
A4 Surcharge	31,113	95,859	98,913	31,106	7	0%
Plan Documents	2,167	6,500	6,500	2,167	-	0%
Claims Audit	13,333	40,000	40,000	13,332	1	0%
Subtotal Misc/Sp Svcs	90,039	272,648	275,712	62,629	27,411	30%
Total Expenses	1,140,900	3,433,732	3,459,595	1,122,632	18,269	2%
Total Budget	22,118,256	67,687,248	67,007,492	25,360,413	(3,242,157)	-15%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
as of April 30, 2025
BY FUND YEAR

	BMED 2025	BMED 2024	BMED 2,023	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	837,528	(7,102,583)	(1,073,927)	9,463,381	2,124,399
Assesstments Receivable (Prepaid)	1,091,965	1,323,222	70,658	-	2,485,845
Interest Receivable	604	(161)	(1,330)	4,104	3,217
Spedific Excess Receivable	-	998,329	61,262	-	1,059,591
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	0	-	-	-	0
Other Assets	853,150	168,895	31,902	-	1,053,947
Total Assets	2,783,247	(4,612,298)	(911,435)	9,467,485	6,726,999
LIABILITIES					
Accounts Payable	-	-	-	-	-
IBNR Reserve	6,317,524	729,300	-	-	7,046,824
A4 Retiree Surcharge	31,106	16,991	-	-	48,097
Dividends Payable	-	-	-	131,984	131,984
Retained Dividends	-	-	-	54,741	54,741
Accrued/Other Liabilities	20,357	116,450	-	-	136,807
Total Liabilities	6,368,987	862,741	-	186,726	7,418,453
EQUITY					
Surplus / (Deficit)	(3,585,740)	(5,475,039)	(911,435)	9,280,759	(691,455)
Total Equity	(3,585,740)	(5,475,039)	(911,435)	9,280,759	(691,455)
Total Liabilities & Equity	2,783,247	(4,612,298)	(911,435)	9,467,485	6,726,999
BALANCE	-	-	-	-	-

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

REGULATORY

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND YEAR: 2025

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

Gateway-BMED Health Insurance Fund Benefits Consultant Report

June 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.

Out-of-Network Fee Schedule:

As a follow-up from the April meeting and in conjunction with the action taken to change the Out-Of-Network fee schedule, there was a member letter and Q&A document included as an attachment to the agenda. This will be discussed in more detail at the meeting.

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 4 BMED 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. **Updated formulary listings were sent out as an attachment with the agenda.**

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 **(3)** should share the covered preferred alternatives provided in the listing with their providers
- Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn – Effective 7/1/25

Brokers were sent the updated 2025 SaveOn List effective July 1, 2025, on May 7, 2025. Please note the following:

- Drugs highlighted in green (21) were added to the list effective July 1, 2025
- Drugs highlighted in red (5) were removed from the list effective July 1, 2025
 - There were no BMED members impacted by the drugs removed from the list

4Q2024 SaveOn Savings (1/1/2024 through 12/24/24)

In 4Q2024, BMED saved \$197,835 for members enrolled in SaveOn, an additional \$20,636 in savings from 3Q2024. There are currently 42 participants in the program, an increase of 6 members compared to 3Q2024. In 2024, BMED Fund members who used SaveOn saved a total of \$393 in copays. The average savings per prescription to date was \$903. See Appendix for the full report.

Top Therapeutic 5 Categories:

- Inflammatory Conditions
 - 19 members, totaling \$83,863 in savings (increase of 2 members from the prior period)
- Asthma & Allergy
 - 10 members, totaling \$53,299 in savings (no change in members from the prior period)
- Cancer
 - 4 members, totaling \$36,573 in savings (increase of 2 members from the prior period)
- Growth Deficiency
 - 3 members, totaling \$8,165 in savings (no change in members from the prior period, however moved from #6 to #4 of top therapeutic categories from the prior period)
- Cystic Fibrosis
 - 1 member, totaling \$10,219 in savings (no change in members, however, moved from #4 to #5 of top therapeutic categories from the prior period)

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 ≥ 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: None

No Surprise Billing and Transparency Act- Continued Delays

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

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

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

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

2023 Specialized Audits

As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for BMED Fund. AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act. **BMED audit began April 22, 2024.**

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

Appeals

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
04/15/2025	Aetna/Medical	BMED 2025-04-01	Surgery	Upheld	06/13/2025
05/23/2025	Aetna/Medical	BMED 2025-06-01	Anesthesia	Upheld	06/13/2025

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/13/2025	Aetna/Medical	BMED 2025-04-01	Surgery	Under Review	

BMED Small Claims Committee Appeals: None

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

MAY 2025

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
LERCH,VINCI & BLISS, LLP	PROF. SERVICES FOR 2024 AUDIT 04/25	565.00
LERCH,VINCI & BLISS, LLP	PROGRESS BILL FOR 2024 Y/E AUDIT 04/25	8,000.00
		8,565.00

Total Payments FY 2024	8,565.00
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FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	HSA - S. HACKENSACK 04/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 4/10/25	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 4/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 04/10/25	74.16
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 04/10/25	132.00
INSPIRA FINANCIAL HEALTH, INC	HSA- BOROUGH RUTHERFORD 04/10/25	6.00
		335.16
PERMA	POSTAGE 04/25	140.00
PERMA	RETIREE FIRST INV 06012025	7,140.00
PERMA	ADMIN FEES 05/25	39,463.00
		46,743.00
THE CANNING GROUP	QPA INV BMED 2025-05 05/25	166.67
		166.67
HUNTINGTON BAILEY, LLP	ATTORNEY FEES FOR 05/25	2,210.00
		2,210.00
SOUTHERN NJ REGL EMPLOYEE BENEFIT	REIMB.4/25 OSC REVIEW AETNA/AMERI RPF	458.97
		458.97
JOSEPH IANNACONI JR.	TREASURER FEES 05/25	1,826.50
		1,826.50
GANNETT NEW YORK NJ LOCALIQ	A# 1184295 AD 11198379 4/6/25	42.76
		42.76
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR FOR 04/25	1,500.00
		1,500.00
CIVITAS NEW JERSEY, LLC	WELLNESS COORDINATOR 1/2 OF 5/25	500.00
CIVITAS NEW JERSEY, LLC	WELLNESS COORDINATOR 04/25	1,000.00
		1,500.00
ACCESS	INV 11475328 DEPT 418 3/31/25	206.82
		206.82
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 05/25	1,090.44
		1,090.44
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 05/25	15,141.62
		15,141.62
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 05/25	13,630.76
		13,630.76

SADDLE RIVER DELI	APRIL LUNCH MEETING 30@16.99	509.70 509.70
GJEM INSURANCE AGENCY INC	BROKER FEES 05/25	5,857.65 5,857.65
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 05/25	3,833.74 3,833.74
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 05/25	6,832.42 6,832.42
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 05/25	139,883.49 139,883.49
	TOTAL CHECKS 24-25	250,334.70
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 05/25	252,552.56 252,552.56
FLAGSHIP DENTAL PLANS	DENT.-RUTHERFORD- A# 03604 ID 695 05/25	880.88
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604.- ID 16 05/25	1,520.65 2,401.53
AETNA	MEDICAL TPA FEES 05/25	69,076.38 69,076.38
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 05/25	7,825.62 7,825.62
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 05/25	37,070.88
CONNER STRONG & BUCKELEW	PLAN DOCS	541.67 37,612.55
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 05/25	35,884.06 35,884.06
THE VOZZA AGENCY	BROKER FEES 05/25	7,413.42 7,413.42
ALLEN ASSOCIATES	BROKER FEES 05/25	10,216.80 10,216.80
	TOTAL ACH	422,982.92
	Total Payments FY 2025	664,752.62
	TOTAL PAYMENTS ALL FUND YEARS	673,317.62

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

JUNE 2025

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

BE IT RESOLVED that the Bergen Municipal Employee Benefit Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
BOROUGH OF MONTVALE	2024 WELLNESS REIMBURSEMENT	4,778.87
		4,778.87
	Total Payments FY 2024	4,778.87
	TOTAL CHECKS 2024	4,778.87

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 5/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA - S. HACKENSACK 05/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 05/10/25	132.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 5/10/25	105.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 05/10/25	61.80
INSPIRA FINANCIAL HEALTH, INC	HSA- BOROUGH RUTHERFORD 05/10/25	9.00
		325.80
PERMA	ADMIN FEES 06/25	39,724.33
PERMA	RETIREE FIRST INV 07012025	7,320.00
PERMA	POSTAGE 05/25	80.75
		47,125.08
THE CANNING GROUP LLC	QPA INV BMED 2025-06 06/25	250.00
		250.00
HUNTINGTON BAILEY, LLP	ATTORNEY FEES FOR 06/25	2,210.00
		2,210.00
SOUTHERN NJ REGL EMPLOYEE BENEFIT	REIMB 5/25 LEGAL BILL-OSC REVIEW RFP'S	218.54
		218.54
JOSEPH IANNAONI JR.	TREASURER FEE 06/25	1,826.50
		1,826.50
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR FOR 05/25	1,500.00
		1,500.00
NJ ADVANCE MEDIA	A# 52759 INV 3058731-10979199 3/31/25	129.60
NJ ADVANCE MEDIA	A# 52759 INV 3058731 AD 10979201 3/31/25	118.80
NJ ADVANCE MEDIA	A# 52759 INV 3083526-10982051 4/7/25	38.27
		286.67
ACCESS	INV 11526791 DEPT 418 4/30/25	213.43
		213.43
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 06/25	1,090.44
		1,090.44
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 06/25	14,943.85
		14,943.85
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 06/25	13,449.89
		13,449.89

GJEM INSURANCE AGENCY INC	BROKER FEES 06/25	5,944.43 5,944.43
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 06/25	3,890.96 3,890.96
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 06/25	6,706.96 6,706.96
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 06/25	140,444.00 140,444.00
TOTAL CHECKS 2025		240,426.55
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 06/25	253,069.79 253,069.79
FLAGSHIP DENTAL PLANS	BOR.RUTHERFORD A# 03604 ID 695 06/25	880.88
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604.- ID 16 06/25	1,444.27 2,325.15
CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 06/25	37,196.54
CONNER STRONG & BUCKELEW	PLAN DOCS 06/25	541.67 37,738.21
AETNA	MEDICAL TPA FEES 06/25	69,353.16 69,353.16
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 06/25	7,985.94 7,985.94
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 06/25	35,862.64 35,862.64
JOSEPH L VOZZA AGENCY INC	BROKER FEES 06/25	7,541.34 7,541.34
ALLEN ASSOCIATES	BROKER FEES 06/25	10,216.80 10,216.80
TOTAL ACH		424,093.03
Total Payments FY 2025		664,519.58
TOTAL PAYMENTS ALL FUND YEARS		669,298.45

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: April											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Retained	Metro Interfund	TOTAL
OPEN BALANCE	8,721,850.35	265,928.11	(4,402,767.67)	0.00	0.00	32,616.67	235,945.87	1,534,674.59	41,372.80	0.00	6,429,620.72
RECEIPTS											
Assessments	2,063,805.63	80,608.62	184,675.64	0.00	0.00	64,803.44	9,810.08	130,385.97	0.00	0.00	2,534,089.38
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	9,369.20	124.66	0.00	0.00	0.00	31.81	110.60	875.37	19.39	0.00	10,531.03
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	9,369.20	124.66	0.00	0.00	0.00	31.81	110.60	875.37	19.39	0.00	10,531.03
Other *	459,025.47	0.00	160,333.96	0.00	0.00	0.00	0.00	8,109.52	0.00	0.00	627,468.95
TOTAL	2,532,200.30	80,733.28	345,009.60	0.00	0.00	64,835.25	9,920.68	139,370.86	19.39	0.00	3,172,089.36
EXPENSES											
Claims Transfers	5,098,994.28	176,445.61	648,480.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,923,920.01
Expenses	253,587.02	2,296.49	0.00	0.00	0.00	140,283.87	0.00	280,819.93	0.00	0.00	676,987.31
Other *	1,666.67	0.00	0.00	0.00	0.00	0.00	0.00	209.31	0.00	0.00	1,875.98
TOTAL	5,354,247.97	178,742.10	648,480.12	0.00	0.00	140,283.87	0.00	281,029.24	0.00	0.00	6,602,783.30
END BALANCE	5,899,802.68	167,919.29	(4,706,238.19)	0.00	0.00	(42,831.95)	245,866.55	1,393,016.21	41,392.19	0.00	2,998,926.78

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Bergen Municipal Employee Benefits Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH	April						
CURRENT FUND YEAR	2025						
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest	
ID Number:							
Maturity (Yrs)							
Purchase Yield:		0.7					
TOTAL for All							
Accts & instruments							
Opening Cash & Investment Balance	\$6,429,620.70	3743370.95	\$ 1,003,321.82	\$ -	\$ -	\$ 1,682,927.93	
Opening Interest Accrual Balance	\$5,622.07	0	\$ -	\$ -	\$ -	\$ 5,622.07	
1	Interest Accrued and/or Interest Cost	-\$159.69	\$0.00	\$0.00	\$0.00	\$0.00	-\$159.69
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$10,531.03	\$4,908.96	\$0.00	\$0.00	\$0.00	\$5,622.07
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$10,371.34	\$4,908.96	\$0.00	\$0.00	\$0.00	\$5,462.38
9	Deposits - Purchases	\$4,163,213.48	\$4,163,213.48	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$7,604,438.45	-\$6,600,907.32	-\$1,003,321.82	\$0.00	\$0.00	-\$209.31
		ok	ok	ok	ok	ok	ok
	Ending Cash & Investment Balance	\$2,998,926.76	\$1,310,586.07	\$0.00	\$0.00	\$0.00	\$1,688,340.69
	Ending Interest Accrual Balance	\$5,462.38	\$0.00	\$0.00	\$0.00	\$0.00	\$5,462.38
	Plus Outstanding Checks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$2,998,926.76	\$1,310,586.07	\$0.00	\$0.00	\$0.00	\$1,688,340.69

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Bergen Municipal Employee Benefits Fund									
Month		April							
Current Fund Year		2025							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid April	3. Monthly Recoveries April	4. Calc. Net Paid Thru April	5. TPA Net Paid Thru April	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2025	Medical	10,094,459.98	3,918,149.41	0.00	14,012,609.39	0.00	14,012,609.39	10,094,459.98	3,918,149.41
	Dental	447,339.09	168,388.26	0.00	615,727.35	0.00	615,727.35	447,339.09	168,388.26
	Rx	1,876,081.29	648,480.12	0.00	2,524,561.41	0.00	2,524,561.41	1,876,081.29	648,480.12
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	12,417,880.36	4,735,017.79	0.00	17,152,898.15	0.00	17,152,898.15	12,417,880.36	4,735,017.79
2024	Medical	2,769,191.60	1,046,817.22	0.00	3,816,008.82	0.00	3,816,008.82	2,769,191.60	1,046,817.22
	Dental	60,569.12	8,057.35	0.00	68,626.47	0.00	68,626.47	60,569.12	8,057.35
	Rx	186,550.16	0.00	0.00	186,550.16	0.00	186,550.16	186,550.16	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	3,016,310.88	1,054,874.57	0.00	4,071,185.45	0.00	4,071,185.45	3,016,310.88	1,054,874.57
2023	Medical	333,655.35	50,496.39	0.00	384,151.74	0.00	384,151.74	333,655.35	50,496.39
	Dental	472.00	0.00	0.00	472.00	0.00	472.00	472.00	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	333,839.35	50,496.39	0.00	384,335.74	0.00	384,335.74	333,839.35	50,496.39
Closed Year	Medical	(22,521.59)	8,415.22	0.00	(14,106.37)	0.00	(14,106.37)	(22,521.59)	8,415.22
	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	(22,521.59)	8,415.22	0.00	(14,106.37)	0.00	(14,106.37)	(22,521.59)	8,415.22
Metro 2024	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 2023	Medical	331,582.75	73,162.90	0.00	404,745.65	0.00	404,745.65	331,582.75	73,162.90
	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	331,582.75	73,162.90	0.00	404,745.65	0.00	404,745.65	331,582.75	73,162.90
Metro Closed	Medical	36,624.29	1,953.14	0.00	38,577.43	0.00	38,577.43	36,624.29	1,953.14
	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	36,624.29	1,953.14	0.00	38,577.43	0.00	38,577.43	36,624.29	1,953.14
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		16,113,716.04	5,923,920.01	0.00	22,037,636.05	0.00	22,037,636.05	16,113,716.04	5,923,920.01



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

JUNE 24, 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	\$ 5,057,377	1,750	\$ 2,890
APRIL	\$ 4,109,194	1,733	\$ 2,371	\$ 5,001,542	1,748	\$ 2,861
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			\$18,040,928		
				2025 Average	1,749	\$ 2,579
				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: 03/01/2025 - 03/31/2025
 Service Dates: 01/01/2011 - 03/31/2025
 Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$232,860.99	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$180,805.27	SECONDARY MALIGNANT NEOPLASM OF BRAIN
	\$104,715.64	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED
	\$101,593.87	ENCOUNTER FOR ANTINEOPLASTIC
Total:	\$619,975.77	

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: 04/01/2025 - 04/30/2025
 Service Dates: 01/01/2011 - 04/30/2025
 Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$193,164.53	SEPSIS, UNSPECIFIED ORGANISM
	\$183,503.45	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT
	\$174,916.87	PAIN IN RIGHT LEG
	\$136,050.60	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
	\$134,956.76	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
Total:	\$822,592.21	



Bergen Municipal Employee Benefit Fund

5/1/2024 thru 4/30/25 (unless otherwise noted)

Dashboard

Medical Claims Paid: January 2025 – April 2025

Total Medical Paid per EE: **\$2,579**

Network Discounts

Inpatient: **63.0%**
Ambulatory: **65.2%**
Physician/Other: **65.9%**
TOTAL: 64.9%

Provider Network

% Admissions In-Network: **96.5%**
% Physician Office: **87.1%**

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

Top Facilities Utilized (by total Medical Spend)

- Hackensack University
- Valley Hospital
- MSK
- Englewood Hospital
- Cooperman Barnabas Medical Cntr

Catastrophic Claim Impact January 2025- April 2025

Number of Claims Over \$50,000: **56**
Claimants per 1000 members: **13.8**
Avg. Paid per Claimant: **\$117,886**
Percent of Total Paid: **39.0%**

- Aetna BOB- HCC account for an average of 46.6% of total Medical Cost

Aetna One Flex Member Outreach: Through April 2025

Total Members Identified: **1,147**
Members Targeted for 1:1 Nurse Support : **294**
Members Targeted for Digital Activity: **853**
Member 1:1 outreach completed: **280**
Member 1:1 Outreach in Progress: **14**



CVS Virtual Care

January 2025 – April 2025

Completed Visits in April: **13**
Unique Patients in April: **13**
Completed Visits in 2025 : **63**
Unique Patients in 2025: **52**
Total Scheduled Visits in 2025: **75**

Average visit duration: **10 Minutes**
BoB Average First Available: **42 minutes**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution: **93.88%**
Abandonment Rate: **0.45%**
Avg. Speed of Answer: **15.2 sec**

Claims Performance

Financial Accuracy: **98.68%***
*Q1 2025

90% processed w/in: **7.2 days**
95% processed w/in: **14.9 days**

Claims Performance (Monthly) (March 2025)

90% processed w/in: **8.4 days**
95% processed w/in: **16.8 days**
(Note: This is not a PG metric)

Performance Goals

1st Call Resolution: **90%**
Abandonment Rate less than: **3.0%**
Average Speed of Answer: **30 sec**

Financial Accuracy: **99%**

Turnaround Time

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



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

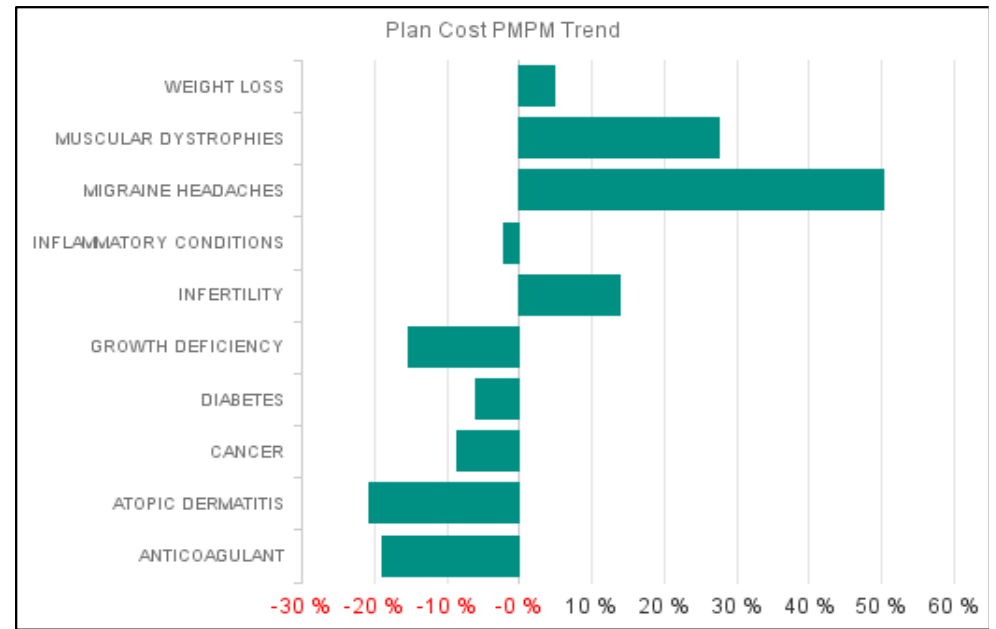
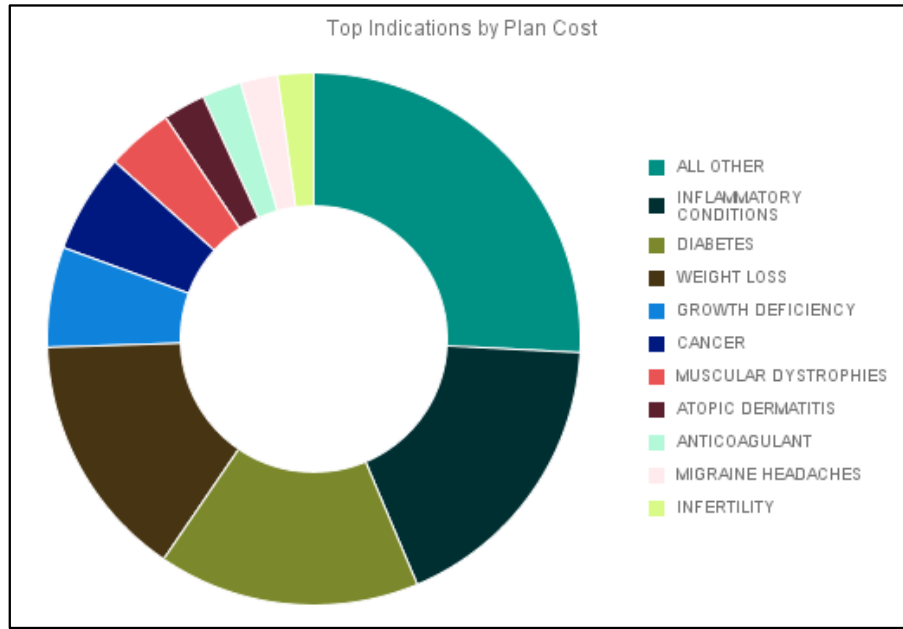
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835	2,833	2,839	2,836	2,838	2,824	2,826	2,829	2,846	2,837	2,806	2,830	2,832
Total Days	116,407	100,707	111,469	328,583	112,096	109,271	107,376	328,743	115,479	109,504	107,955	332,938	116,419	105,362	116,018	337,799	1,328,063
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	\$629,751	\$657,588	\$563,768	\$1,851,107	\$852,206	\$671,429	\$698,012	\$2,221,647	\$714,545	\$681,505	\$700,409	\$2,096,459	\$738,406	\$807,888	\$757,745	\$2,304,040	\$8,473,253
Generic Fill Rate (GFR) - Total	86.8%	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%	84.5%	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	\$270.04	\$271.41	\$249.30
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%	42.3%	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	2,756	2,769	2,757	2,758											
Total Days	113,300	101,292	114,741	329,333	110,333	112,704											
Total Patients	1,242	1,133	1,165	1,787	1,145	1,155											
Total Plan Cost	\$728,711	\$520,663	\$712,365	\$1,961,739	\$710,939	\$710,856											
Generic Fill Rate (GFR) - Total	86.7%	85.8%	84.7%	85.7%	85.1%	84.1%											
Plan Cost PMPM	\$262.88	\$187.29	\$258.48	\$236.13	\$257.87	\$257.74											
% Change Plan Cost PMPM	18.6%	-19.4%	29.2%	8.3%	-14.4%	8.8%											
Total Specialty Plan Cost	\$387,411	\$179,596	\$302,552	\$869,558	\$337,083	\$277,513											
Specialty % of Total Specialty Plan Cost	53.2%	34.5%	42.5%	44.3%	47.4%	39.0%											

PMPM	
Q1-24	\$217.67
Q1-25	\$236.12
Q1 23-24	8.5%

Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2025 - 05/2025 vs. Previous Period 08/2024 - 12/2024) Peer = Government - 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	24.2 %	126	\$609,191	\$44.07	28.6 %	30.5 %	24.2 %	146	\$637,503	\$45.09	39.0 %	30.9 %	-2.3 %
2	1	DIABETES	21.3 %	1,538	\$536,672	\$38.82	30.8 %	24.1 %	22.2 %	1,536	\$584,253	\$41.32	29.6 %	25.1 %	-6.0 %
3	4	WEIGHT LOSS	20.1 %	477	\$506,620	\$36.65	3.4 %	4.3 %	18.8 %	470	\$494,363	\$34.96	4.3 %	4.3 %	4.8 %
4	8	GROWTH DEFICIENCY	8.2 %	29	\$205,696	\$14.88	0.0 %	0.0 %	9.4 %	29	\$248,133	\$17.55	0.0 %	0.0 %	-15.2 %
5	3	CANCER	8.1 %	105	\$203,477	\$14.72	86.7 %	75.8 %	8.7 %	85	\$228,005	\$16.13	85.9 %	75.5 %	-8.7 %
6	10	MUSCULAR DYSTROPHIES	5.4 %	10	\$136,358	\$9.86	100.0 %	50.0 %	4.2 %	8	\$109,407	\$7.74	100.0 %	50.5 %	27.5 %
7	5	ATOPIC DERMATITIS	3.4 %	229	\$86,649	\$6.27	87.8 %	80.4 %	4.2 %	206	\$111,773	\$7.91	82.5 %	81.1 %	-20.7 %
8	7	ANTICOAGULANT	3.2 %	174	\$80,864	\$5.85	14.9 %	18.4 %	3.9 %	217	\$102,138	\$7.22	13.8 %	18.0 %	-19.0 %
9	6	MIGRAINE HEADACHES	3.0 %	132	\$75,954	\$5.49	36.4 %	51.5 %	2.0 %	106	\$51,758	\$3.66	51.9 %	52.6 %	50.1 %
10	9	INFERTILITY	2.9 %	47	\$74,023	\$5.36	55.3 %	64.4 %	2.5 %	38	\$66,527	\$4.71	55.3 %	63.8 %	13.8 %
Total Top 10				2,867	\$2,515,505	\$181.98	32.4 %	32.4 %		2,841	\$2,633,858	\$186.28	31.3 %	33.1 %	-2.3 %

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2025 - 05/2025 vs. Previous Period 08/2024 - 12/2024) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	8	ZEPBOUND	WEIGHT LOSS	N	263	75	\$265,057	\$19.18	214	57	\$206,809	\$14.63	31.1 %
2	16	WEGOVY	WEIGHT LOSS	N	192	52	\$240,387	\$17.39	228	60	\$282,794	\$20.00	-13.1 %
3	1	MOUNJARO	DIABETES	N	163	42	\$161,684	\$11.70	158	38	\$156,352	\$11.06	5.8 %
4	7	STELARA	INFLAMMATORY CONDITIONS	Y	11	3	\$156,229	\$11.30	10	2	\$137,404	\$9.72	16.3 %
5	4	OZEMPIC	DIABETES	N	159	33	\$141,636	\$10.25	225	48	\$195,113	\$13.80	-25.7 %
6	293	DEFLAZACORT	MUSCULAR DYSTROPHIES	Y	10	1	\$136,358	\$9.86	8	1	\$109,407	\$7.74	27.5 %
7	14	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	16	4	\$111,133	\$8.04	7	2	\$56,009	\$3.96	103.0 %
8	254	MEKINIST	CANCER	Y	6	1	\$69,302	\$5.01	3	1	\$46,262	\$3.27	53.2 %
9	108	DASATINIB	CANCER	Y	7	1	\$67,475	\$4.88	2	1	\$31,201	\$2.21	121.2 %
10	18	RINVOQ	INFLAMMATORY CONDITIONS	Y	10	2	\$66,970	\$4.84	5	1	\$22,743	\$1.61	201.2 %
11	11	JARDIANCE	DIABETES	N	113	22	\$65,017	\$4.70	85	19	\$47,189	\$3.34	40.9 %
12	9	DUPIXENT PEN	ATOPIC DERMATITIS	Y	17	4	\$62,704	\$4.54	12	2	\$63,727	\$4.51	0.6 %
13	178	OMNITROPE	GROWTH DEFICIENCY	Y	10	2	\$62,581	\$4.53	8	3	\$52,838	\$3.74	21.1 %
14	84	GENOTROPIN	GROWTH DEFICIENCY	Y	11	3	\$58,000	\$4.20	11	3	\$69,027	\$4.88	-14.1 %
15	20	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	10	2	\$57,168	\$4.14	14	3	\$104,305	\$7.38	-43.9 %
16	71	NGENLA	GROWTH DEFICIENCY	Y	6	1	\$49,522	\$3.58	6	1	\$55,876	\$3.95	-9.3 %
17	26	ELIQUIS	ANTICOAGULANT	N	89	21	\$47,102	\$3.41	85	21	\$46,777	\$3.31	3.0 %
18	78	SKYRIZI	INFLAMMATORY CONDITIONS	Y	6	1	\$37,078	\$2.68	6	1	\$41,488	\$2.93	-8.6 %
19	591	SOGROYA	GROWTH DEFICIENCY	Y	2	1	\$35,593	\$2.57	4	1	\$70,392	\$4.98	-48.3 %
20	201	MENOPUR	INFERTILITY	Y	5	3	\$33,351	\$2.41	11	3	\$51,719	\$3.66	-34.0 %
21	24	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	7	1	\$32,564	\$2.36	7	2	\$40,666	\$2.88	-18.1 %
22	291	TAFINLAR	CANCER	Y	3	1	\$31,915	\$2.31	3	1	\$42,609	\$3.01	-23.4 %
23	49	XARELTO	ANTICOAGULANT	N	59	18	\$31,365	\$2.27	102	21	\$52,639	\$3.72	-39.1 %
24	81	COSENTYX SENSOREADY (2 PENS)	INFLAMMATORY CONDITIONS	Y	6	1	\$31,231	\$2.26	4	1	\$20,475	\$1.45	56.0 %
25	139	GONAL-F RFF REDJ-JECT	INFERTILITY	Y	6	3	\$30,735	\$2.22	1	1	\$9,394	\$0.66	234.7 %
Total Top 25					1,187		\$2,082,159	\$150.63	1,219		\$2,013,216	\$142.39	5.8 %



Claims Summary

Cost Containment

Claims	Dollars	Definition
Submitted Claims	\$6,164,149	Claims submitted by participating and non-participating dentists
(-) Savings		
(-)Network Discount	\$1,895,869	Savings from network participating dentist discounts
(-)Administrative	\$949,110	Contract limits, non-covered, non-billable services, optional services
(-)Dental Consultant	\$38,296	Clinical claim review by dental consultants
(-)Eligibility Verification	\$34,938	Claims for in-eligible members
(-)COB	\$226,056	Coordination of benefits
(-)Other	\$998,006	Deductibles, patient coinsurance
(=)Total Savings	\$4,142,275	
Delta Dental Paid	\$2,021,875	Amount paid by Delta Dental

Network Discount

Network	Submitted Claims	Paid Claims	Network Discount	Network Discount / Submitted Claims
Total Network Discount	\$5,607,687	\$1,870,779	\$1,895,869	33.81%
Out of Network	\$556,462	\$151,095		
Total	\$6,164,149	\$2,021,875	\$1,895,869	

Everyone Deserves a Healthy Smile

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JUNE 24, 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 23-25: Adoption of Supplement Assessments	Page 35
Resolution 24-25: Approving 2024 Annual Audit.....	Page 38
Resolution 25-25: Closing Fund Year 2023	Page 41
Resolution 26-25: Fund QPA 2025 Contract	Page 42
Resolution 27-25: 2025 Wellness Grant Approval.....	Page 43
Resolution 28-25: May and June 2025 Bills List	Page 44

RESOLUTION NO. 23-25

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 **JUNE 24, 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 was 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 adopted:

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. Effective January 1, 2026, 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 January 1, 2026, and ending on December 31, 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.
- d. While it is not anticipated, in the event of a shortfall the Fund reserves the right to collect the assessments prior to January 1, 2026, upon adequate notice to the Fund membership.

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: JUNE 24, 2025

BY:

CHAIRPERSON

ATTEST:

SECRETARY

[illegible]

RESOLUTION NO. 24-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2024**

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

WHEREAS, the Annual Report of Audit for the year 2024 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments
and
Recommendations

, and

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

General Comments
and
Recommendations

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

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

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

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

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local

Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

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

ADOPTED: JUNE 24, 2025

BY:

CHAIRPERSON

ATTEST:

SECRETARY

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

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

1. We are duly elected members Fund Commissioners of the Bergen Municipal Employee Benefits Fund.
2. In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2024
3. We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

_____(L.S.)

Attest:

Secretary to the Fund

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

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

RESOLUTION NO. 25-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL TO CLOSE FUND YEAR 2023**

WHEREAS, the Bergen Municipal Employee Benefits Fund held a Public Meeting on June 24, 2025, for the purposes of conducting the official business of the Fund; and

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

WHEREAS, the Annual Report of Audit for the year 2023 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

WHEREAS, the Fund Treasurer confirmed that the Fund outstanding receivables and payables of Fund Year 2023 have been satisfied;

NOW THEREFORE BE IT RESOLVED the of the Bergen Health Insurance Fund hereby close Fund Year 2023 into its Closed Year Accounting.

ADOPTED: JUNE 24, 2025

BY:

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 26-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RESOLUTION APPOINTING A QUALIFIED PURCHASING AGENT FOR CONTRACT
PROCUREMENT FOR THE BALANCE OF FUND YEAR 2025**

WHEREAS, the Bergen Municipal Employee Benefits Fund ("Fund") requires the services of a Qualified Purchasing Agent ("QPA") as a non-fair and open contract pursuant to the provisions of NJSA 19:44A-20.4-20.5; and

WHEREAS the QPA position will not exceed the bidding threshold of \$17,500; and

WHEREAS the anticipated term of this contract will terminate on December 31, 2025; and

WHEREAS, Sean P. Canning of The Canning Group, LLC has provided the Fund with a proposed Services Agreement to perform such QPA services at a total cost not to exceed \$3,000.00; and

WHEREAS, the Fund has determined that Sean P. Canning of the Canning Group possesses the required qualifications and experience necessary to perform the needed QPA services; and

WHEREAS, the Fund desires to approve a services contract with Sean P. Canning of The Canning Group to perform QPA services for the Fund in accordance with N.J.S.A. 40A:11-9; and

WHEREAS requests for quotes were sent to multiple known QPAs, and one response was received in accordance with N.J.S.A. 40A:11-6.11 and

WHEREAS the Fund Treasurer hereby certifies that funds are available in the amount of \$3,000.00 for the QPA services in the Fund's 2025 Budget;

NOW THEREFORE BE IT RESOLVED that the Bergen Municipal Employee Benefits Fund hereby appoints The Canning Group, 45 S Park Place 183 Morristown, NJ 07960 as Qualified Purchasing Agent for the balance of Fund Year 2025 in accordance with N.J.S.A. 40A:11-9; and

BE IT FURTHER RESOLVED that the Fund Administrator is hereby authorized to execute the Services Agreement; and

BE IT FURTHER RESOLVED that a copy of this Resolution, together with the executed Services Agreement, shall be forwarded to the Fund Administrator and The Canning Group, LLC

ADOPTED: JUNE 24, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 27-25

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
ADOPTING 2025 WELLNESS GRANT APPLICATIONS**

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

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2025, through December 31, 2025. This budget includes \$100,000 for individual member wellness grants;

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

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

- Franklin Lakes - \$10,000
- Oakland - \$10,000
- Montvale - \$5,000

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

NOW THEREFORE BE IT RESOLVED, on June 24, 2025, the Executive Committee of the Bergen Municipal Employee Benefits Fund approved Wellness Grant awards for the above-mentioned members which will be reimbursed upon the receipt of services and change the calendar policy for members of the Wellness Program.

ADOPTED: JUNE 24, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 28-25

**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 June 24, 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 May and June 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 May and June 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: JUNE 24, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: APRIL 22, 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	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
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	Crystal Bailey
RX Administrator	Express Scripts	Charles Yuk

OTHERS PRESENT:

John Lajewski	Lisa Narcise	Dave Vozza	Renee Gear
Maja Meighan	Matt McArrow	Laurie O'Hanlon	John Arthur
Jesse Moehlman	Nicholas Prochilo	Lisa Sabato	Frank Covelli

MOTION TO APPROVE CORRECTED FEBRUARY 25, 2025, OPEN AND CLOSED MINUTES AND APRIL 10, 2025, OPEN MINUTES:

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

CORRESPONDENCE – None

COMMITTEE REPORTS:

Strategic Planning – Commissioner Kunze reported that there were minutes in the agenda regarding the topic of conversation during the Strategic Planning meeting, highlighting the Baker Health Tour, who responded to the Onsite Concierge Services RFP. Commissioner Kunze stated he was not able to join the tour but did state that everyone who attended, had positive feedback on the facility and the model they provide. Additionally, he noted an overview was provided for the surplus transfer and Out of Network fee schedule, but these will both be discussed in more detail later in this meeting. In response to Commissioner Gambutti, Ms. Koval noted she has not heard back regarding the fee that Baker Health proposed.

Administration and Finance Committee – Commissioner Kakoleski reported there are no further updates since the April 10th meeting.

Wellness Committee – Commissioner Padilla introduced and welcomed Ms. Christine Baker, reporting that resume copies were provided as requested during the April 10th meeting.

Small Claims Committee – No Report

Nominations Committee – No Report.

New Members Committee – No Report.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT – Ms. Koval reviewed the Financial Fast Track report for January 2025, providing a high-level overview noting that it was a profitable month, and the prior year end had changed significantly compared to the February meeting. Some items that impacted the prior year end was the Express Script rebates that were missed for new 2024 members, a larger IBNR adjustment, and some December rebates that were processed. She noted February was also a positive month but still in the process of auditing it.

SUPPLEMENTAL ASSESSMENT – At the February meeting, Ms. Koval reported that a discussion took place following the review of the 2024 year-end financials and at the April meeting, a resolution was approved to reduce the Self-Insured Retention at the MRHIF level. Ms. Koval also noted that a detailed memo outlining the trends impacting the current financial condition was sent to risk managers and Fund Commissioners.

The Finance and Strategic Planning Committee met to evaluate and discuss the proposed Supplemental Assessment. Ms. Koval reviewed the breakdown of the assessment, which is included in the agenda, emphasizing that the Fund is working closely with the Fund Treasurer daily to monitor cash flow. She stated that both an introduction and adoption resolution would be required to formally approve the Supplement Assessment.

Chair Hart acknowledged that this has been the subject of ongoing discussions in recent months. In response to Chair Hart, Ms. Koval did confirm that the six towns that have a negative Earned Surplus Balance have been notified. Chair Hart stated that the resolution will authorize the \$5 million transfer if needed. Ms. Koval added that all groups would have the option to spread the payments over 36 months or make a lump-sum payment, which could be held until needed.

Responding to Commissioner Gambutti, Ms. Koval explained that under Indemnity and Trust Agreements, a 90-day notice is required for a group to exit the Fund. However, any outstanding balance from the Supplement Assessment would be considered a receivable and must be paid prior to them exiting. In response to Commissioner Franz, Ms. Koval clarified that the towns with a negative Earned Surplus Balance would repay the amount owed over a 36-month period. Mr. Lodics noted the distribution of the assessment is based on each group's size. Ms. Koval confirmed that a specific payment amount can be included as a line item on the monthly invoices and emphasized that the assessment was not calculated based on individual claims or experience. Mr. Lodics added that in a more favorable year, the larger entities would gain a proportionate share of any surplus and receive a higher dividend if dividends were issued.

In response to Commissioner Franz, Ms. Koval provided an example: if, after eighteen months, the Fund's surplus and cash improve to a comfortable position, the payment plan could be canceled. Any surplus funds could then be returned, with half allocated back to the close year balances of contributing groups. Ms. Koval stressed that if the Fund performs well in the future, the financial outlook will differ from the current projection. Mr. Lodics supported this by referencing a similar situation in another Fund in 2012, where a Supplemental Assessment was canceled after 18 months. Chair Hart reiterated that this represents the maximum assessment and reflects strategic planning steps to improve the Fund's position and address the specific issues that have caused the Fund to be in this position.

In response to Commissioner Franz, Ms. Koval confirmed that even groups with a positive Earned Surplus Balance are contributing a proportional share, as shown in the middle column of the chart. When Commissioner Gambutti asked whether groups could share their Earned Surplus Balances, it was clarified that current regulations do not allow that option. Mr. LaMendola suggested defining a best practice standard for surplus balance levels and payment duration to avoid the appearance of moving targets. The Fund Attorney agreed that this guidance could be included in the resolution adopting the Supplemental Assessment.

MEDICAL TPA AND PBM RFPS – Ms. Koval noted that we are continuing to work with the OSC for pre-approval for the Medical TPA. At this point, we are asking for a request to allow the RFP’s to be released at the local Fund level incase if the Co-Op route does not work out. Mr. Lodics commented that the third-party counsel is not recommending the Funds to process their own RFP’s but get approval incase if it needs to pivot to the local Fund level. In response to Commissioner Kunze, Ms. Koval noted that deadline would be ideally July 1st, and this process needs to start as soon as possible. Mr. Lodics agreed, noting that this has been identified.

2024 NEW MEMBER PHARMACY REBATES – Ms. Koval reported that the \$120,000 of rebates was included in the prior year end, which was reviewed during the financial reports and noted the official memo is included in Appendix III of this agenda with more information.

CONSIERGE ONSITE SERVICES – Ms. Koval commented that in addition to Commissioner Kunze’s comments during the Strategic Planning Committee report, that the tour of the facility was impressive. She noted that in discussion with the Fund Attorney, there is no reason to go into contract with Baker Health as their facility is no different than any other provider. Ms. Koval noted that we can request them to come to a meeting and they can assist with future discussions on enhancing the wellness program.

Chair Hart, who attended the tour, commented that he was very impressed with the facility. He stated that the model of their facility with the mobile application, access to a physician 24/7, 365 days a week is something that important. He did state they do not have specialists as they have more of a primary care model, but they do only refer out to in-network specialists. On top of the information above, they have a holistic approach to wellness and healthcare, which should have results over time.

In response to Chair Hart, Ms. Koval noted that the motion will provide Baker Health with access to market such as attending Fund meetings and contact entities directly. Commissioner Voytus commented if there was any leverage with the membership fee, which Ms. Koval stated she will continue to connect with Baker Health regarding the membership fee.

**MOTION TO ENGAGE BAKER HEALTH TO MARKET OUR MEMBERS AS AN ONSITE
CONCIERGE PROVIDER**

MOTION:	Commissioner Kunze
SECOND:	Commissioner Padilla
ROLL CALL VOTE:	9 ayes, 1 nay

PERMA, LLC NOTICE AND DISCLOSURE - Ms. Koval reviewed the following 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 – Ms. Koval noted that moving forward, the Executive Committee will be provided with a summary of key items discussed during committee meetings.

FINANCIAL DISCLOSURE STATEMENTS - Ms. Koval reminded all Fund Commissioners that their Financial Disclosure Statements are due at the end of the month.

BROKER RESOLUTIONS - Ms. Koval emphasized that broker/town resolutions of appointments must be submitted to the Fund, as broker fees are dependent on these submissions.

BENEFIT CONSULTANTS REPORT: Ms. Bailey reviewed the following report items covered in the agenda:

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 ≥ 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

In response to Chair Hart, Ms. Bailey stated that future meetings should have impact report that supports the Omada program that was implemented in the beginning of the year.

FUND ATTORNEY - Fund Attorney noted there is no report but will have information for closed session.

TREASURER - Report included in the agenda, reviewing the March and April 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 agreed with Commissioner Kunze comments and meeting minutes relating to the Strategic Planning Committee meeting. He added the fact that there is a direct relationship between physical and medical health, which Baker Health can help address both.

AETNA - Mr. Silverstein provided a review of claims through February 2025, noting four high-cost claims for the month January and two high-cost claims for the month of February. He reported that dashboard metrics continue to perform well.

EXPRESS SCRIPTS - Mr. Yuk reviewed the reports in the agenda, highlighting the decrease percent change plan cost per member per month compared to 2024 Quarter 2. He stated this decrease is due to Humira and other specialty drugs that have biosimilars now available. He went through the top indications as well as the top drugs, stating that the weight loss and diabetes drugs have shown a decrease comparing the last two months of 2024 and the first two months of 2025. This data can be in response to the Omada program that was implemented on January 1, 2025.

DELTA DENTAL - Ms. White reviewed the paid claims by procedure category, highlighting preventative category is higher than the average book of business which is a positive for the Fund.

PUBLIC COMMENT:

Mr. Nick Prochilo from Garfield questioned if this Earned Surplus is tied to each groups claims and experience, which Ms. Koval noted the calculation is based on the closed year balance and relative size of each group. In response to Mr. Prochilo follow-up question, Ms. Koval explained that prior assessments were appropriate at the time they were issued; however, several unforeseen trends, such as increased out-of-network usage and an influx of claims, have since emerged.

Mr. John Arthur from Garwood requested updates on proactive measures being implemented to prevent similar issues in the future, as well as updates on their effectiveness. He supported Mr. LaMendola's suggestion to clearly defined best practices to help address concerns from elected officials. Mr. Lodics acknowledged that these were valid points and noted that a new program that was implemented from the prescription vendor has begun to curb prescription utilization. He added there are some other solutions that will be discussed during closed session that may help, but the increase of utilization is a market trend that everyone is dealing with. Chair Hart agreed and suggestion regular updates be shared with all member groups outlining how these challenges are being addressed.

Ms. Maja Meighan, broker for Garwood, acknowledge that while some high-cost claims were unavoidable, she agreed that updates would be helpful. She mentioned that Garwood officials have asked whether there is any foresight into the next major high-cost drug, similar to the GLP-1's, and what strategies could be employed to proactively manage its impact. Chair Hart acknowledged that a lot of these strategies are reactive to the market, and this can be discussed during a Strategic Planning Committee meeting.

Ms. Lisa Narcise, a broker who represents multiple groups, recommended conducting reevaluations every six months, particularly as several 2024 claims are only now being processed. She also inquired about the appeal process related to balance billing. Chair Hart responded that the appeal process will have to be shared with risk managers and members, so it is clearly defined. Ms. Narcise suggested if there is an option for the municipalities to add this into their premium structure, which Mr. Lodics responded that such a step would require consultation with local council.

In response to a question from Mr. Jesse Moehlman of Fanwood, Mr. Lodics stated that while no other Funds are currently in an active resolution phase, 2024 has been a difficult year across the entire market and several Funds are also running deficits. He emphasized that rising out-of-network claims and overall claim volume necessitated immediate action for this Fund.

Mr. Frank Covelli, a broker for multiple groups, asked if Chapter 78 had been factored into the resolution process and whether there are other potential impacts on municipalities. Mr. Lodics responded that Chapter 78 implications have not been addressed. He added that during the 2026 budget cycle, additional solutions can be explored by the six affected groups. Mr. Covelli stressed the importance of how this information is being communicated, noting that although no other Fund has formally adopted a Supplement Assessment this year, the issue is market-wide, including at the State level.

The Fund Treasurer, Mr. Joseph Iannaconi, proposed offering a discount for groups that choose to pay the assessment in full. Mr. Lodics noted that this will be taken under consideration. Commissioner

Kunze commented that the timeline for adopting the resolution has been deliberately accelerated to align with local budget planning. While some groups have been able to include this cost in their budgets, most are planning to utilize the 36-month payment option.

Mr. Vozza remarked that while surpluses are occasionally reported, employees rarely see the benefits directly. Commissioner Gasparini added that his group has historically returned dividends to employees, but expressed concern that if the financial direct shifts, employees may raise objections, especially if they are required to absorb any portion of the cost.

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA INCLUDING THE FOLLOWING RESOLUTIONS:

Resolution 18-25: 2025 Supplement Assessments

Resolution 19-25: Medical & PBM Approval to Release RFP

Resolution 20-25: March and April 2025 Bills Lists

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

Commissioner Franz commented that the six towns affected by this supplement assessment has been gracious and understanding. He noted that collectively, the Board has worked diligently to help maintain these issues that pop up, such as the GLP-1s, the out-of-network usage, and address these items but it is a global issue. He reminded them that the Fund provides a long-term stability which will be apparent once the Funds get out of this rut.

OLD BUSINESS: None

NEW BUSINESS: None

MOTION TO APPROVE RESOLUTION 21-25 TO MOVE INTO CLOSED EXECUTIVE SESSION:

MOTION:	Commissioner Gasparini
SECOND:	Commissioner Padilla
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 MOVE INTO OPEN SESSION:

MOTION:	Commissioner Padilla
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SECOND:
VOTE:

Commissioner Kakoleski
Unanimous

**MOTION TO APPROVE RESOLUTION 22-25 REVISING OUT OF NETWORK FEE
SCHEDULE:**

MOTION:
SECOND:
VOTE:

Commissioner Kunze
Commissioner Voytus
Unanimous

MOTION TO ADJORN:

MOTION:
SECOND:
VOTE:

Commissioner Gambutti
Commissioner Kakoleski
Unanimous

MEETING ADJOURNED: 2:45 pm

NEXT MEETING: JUNE 24, 2025

Caitlin Perkins, Account Manager

APPENDIX II

BMED Finance Committee Call
June 18, 2025, at 2:00pm via Teams

Robert Kakoleski, Committee Chair
Greg Hart, Executive Committee Chair
Rich Kunze, Executive Committee Member
Liz Shick, Auditor
Brandon Lodics, Executive Director
Emily Koval, Associate Executive Director
Matthew Rudman, HIF Data Leader
Caitlin Perkins, Account Manager
Pauline Kontomanolis
Jenna Bauer, PERMA Assistant Controller

Ms. Shick, the Fund Auditor, began by reviewing the balance sheet for Fund Year 2024, which breaks down the lines of coverage and currently reflects a deficit. She noted that 2023 still included the METRO subgroup in the financials and explained that the total liabilities for 2023 represent what is owed to the METRO Fund. Mr. Hart clarified that this amount is essentially a loan to the METRO Fund and Mr. Lodics added that this figure has decreased significantly since the end of 2023. He noted METRO has been using the cash held on their behalf to fund their claims liability and their claims are still being paid through the BMED Fund. Ms. Shick also reviewed the Closed Years Contingency Fund, which currently shows a positive surplus for the total assets. In response to Mr. Hart, she explained, after two years, everything in the contingency fund gets attributable to the members that participated in those years. Mr. Hart questioned where we stand in 2025 and if this closed year contingency fund would be less since we are utilizing some of these funds. Mr. Lodics confirmed that is correct and the supplement assessments will be adopted at the Fund meeting next week. Ms. Shick then reviewed the overall balance sheet with the 2023, 2024, and the close year contingency. She noted the one comment is the need to continue to monitor the deficit and the recommendation is taking corrective action, which is already occurring. Mr. Lodics noted that a memo will be submitted to the Department of Banking and Insurance describing all the actions that are being taken regarding the deficit. In response to Mr. Kakoleski, Mr. Lodics acknowledges there are other Funds are in fact facing similar challenges, particularly benefits across the public sector. Mr. Lodics recognized Ms. Schick, Ms. Bauer, and Ms. Kontomanolis for their work on the 2024 audit.

Mr. Lodics then transitioned to the presentation that has been updated with the financials as of April 2025, noting that a new issue of older claims (2022/2023) being reprocessed unexpectedly late due to the No Surprises Act. These claims were not the intention for the law and end up being a balance bill, which oftentimes expose the plan to the full balance. In response to Mr. Kakoleski question about the delayed processing, Mr. Lodics explained that these claims are being sent to arbitration because the providers fit in a box of what the law says, such as a hidden provider, limiting the opportunity for intervention. He mentioned the potential for stop-loss reimbursements but expressed concern about the volume of claims being reprocessed.

Mr. Rudman provided context on recent challenges discussed in prior meetings, including the Omada program, Fund financials, surplus and hospital contract negotiations. He noted that more details are emerging from some renegotiated contracts and further analysis is needed to determine

their impact. He explained that the No Surprises Act Claims and the impact of the BMED Fund as of 2022 would incorporate METRO until 2024. He noted that the difficulty is that Aetna is not always aware of these claims. PERMA will be meeting with Aetna next week to better understand the situation, which is still evolving. Mr. Rudman presented a high-level overview of the Financial Performance through April 2025, by location through Q1 2025, and the status of Stop Loss Reimbursements. He highlighted the biggest change was lowering the deductible level in April, which is intended to capture more claims that were not previously eligible for reimbursements.

Mr. Lodics addressed the Fund's cash position, noting that entities are making timely payments and the Fund Treasurer has been doing a great job managing cash flow. Ms. Koval added that the Treasurer stated he feels more confident than earlier in the year, having now seen the past two months of claims data. Mr. Lodics pointed out that while May included an extra week of claims pull and showed higher payments, particularly due to No Surprises Act claims, June is tending to be more stable so far. He also noted that the Out-of-Network fee schedule should provide some relief moving forward.

In response to Mr. Kakoleski, Mr. Lodics said that while some high-dollar claims may be linked to the No Surprises Act, they likely would not have been processed under normal timelines in 2025. The biggest challenge is that neither the Fund nor Aetna is always aware of when claims are going to arbitration, as this process is being handled by third parties. Mr. Lodics emphasized that PERMA is working with Aetna to develop budgeting strategies to address this uncertainty. When asked about a processing deadline for these claims, Mr. Lodics noted that there is not one, to his knowledge. He stated PERMA will be consulting with the Lobbyist for further clarification, as this outcome was not the intent of the law.

Mr. Lodics concluded the meeting by stating that the supplement assessment will be formally adopted at the June BMED Meeting and will continue to be monitored. In response to Mr. Hart, he explained that delaying assessment payments until January may help towns with their budgets but may not change the Fund's financial outcome. The committee expressed their appreciation for PERMA for their diligence and support during what is acknowledged as a particularly challenging time for the Fund.

APPENDIX III

Wellness Committee Meeting
Teams Meeting 6/11/2025 at 9am

Tom Padilla, Committee Chair
Greg Hart, Executive Committee Chair
Joe Voytus, Executive Committee Member
Laurie O'Hanlon, Fund Commissioner
Clark LaMendola, Board Advisor
Emily Koval, Associate Executive Director
Caitlin Perkins, Account Manager

Mr. Padilla opened the meeting by recapping that the previous wellness coordinator recently stepped down from the position but noted that a positive from this is that a more detailed job description and responsibilities will be developed by the committee before reviewing new candidates. Mr. Hart stated he has a candidate in mind who may be interested but would like to finalize the job description beforehand.

Mr. Padilla requested during this time if assistance can be provided during the interim from PERMA and Conner Strong & Buckelew. Majority of the functions that the wellness coordinator currently handled was administrative such as wellness applications, reimbursements, and working with vendors.

A discussion occurred regarding meeting with risk managers to allow brainstorming and transparent communication on the current wellness program and what are some future ideas that groups are interested in to help evolve the wellness program. Ms. Koval commented that this could take place after the June meeting. In response to the timeline of hiring a wellness coordinator, all committee members agreed that ideally sooner than January 1, 2026, but that would be the latest date for a wellness coordinator to start.

Ms. Koval mentioned how Baker Health is interested in an incentive to come to the June meeting and confirmed that the price is \$200. She noted that this could possibly be supported by the wellness program and be a point discussed during the risk managers meeting. Mr. LaMendola noted that it is an item to think about, but it does raise the issue with the risk managers and Executive Committee because. Mr. Hart commented that it is important to think about as it could be significant exposure.