



AGENDA AND REPORTS
JANUARY 27, 2026
FRANKLIN LAKES BOROUGH HALL
12:00 PM

OPEN PUBLIC MEETINGS ACT - In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I.** sending sufficient notice to **The Record and The Star Ledger**
- II.** filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III.** posting notice on the Public Bulletin Board of all member municipalities.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
AGENDA MEETING: JANUARY 27, 2026
FRANKLIN LAKES BOROUGH HALL
12:00 PM

SINE DIE MEETING

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
Tomas Padilla, Executive Committee Alternate
Joe Voytus, Executive Committee Alternate
Erin Delaney, Executive Committee Alternate

APPROVAL OF MINUTES: *December 1, 2025, Open..... Appendix I*

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

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF 2026 FUND COMMISSIONERS

Recommended Slate

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

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2026 EXECUTIVE COMMITTEE

CORRESPONDENCE – *Department of Banking and Insurance (DOBI) –
Questionnaire and ResponseAppendix II*

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE – Rich Kunze, Chair

FINANCE/ADMINISTRATION COMMITTEE – Robert Kakoleski, Chair

WELLNESS COMMITTEE – Joe Voytus, Chair

SMALL CLAIMS COMMITTEE – Donna Gambutti, Chair

NOMINATION COMMITTEE – Anthony Ciannamea, Chair

NEW MEMBERS COMMITTEE – Gregory Franz, Chair

EXECUTIVE DIRECTOR – PERMA – James Rhodes
Executive Director's ReportPage 5

BENEFITS CONSULTANT REPORT – John Lajewski
Conner Strong & Buckelew.....Page 15

ATTORNEY – William Bailey, Esq.

TREASURER – Joseph Iannaconi
Voucher List November 2025, December 2025, and January 2026.....Page 18
Treasurers Report November 2025.....Page 24
Confirmation of Claims Paid/Certification of Transfers

BOARD ADVISOR – Clark LaMendola

WELLNESS COORDINATOR – Dina Robinson

THIRD PARTY ADMINISTRATOR – Aetna – Jason Silverstein
Monthly ReportPage 27

PRESCRIPTION PROVIDER – Express Scripts – Charles Yuk
Monthly Report.....Page 31

DENTAL ADMINISTRATOR – Delta Dental – Kim White
No Report

CONSENT AGENDAPage 35

Resolution 1-26: Awarding Professional Fees for 2026.....	Page 36
Resolution 2-26: Designation of Service of Process.....	Page 40
Resolution 3-26: Designation of Secretary as Custodian of Records	Page 41
Resolution 4-26: Designation of Official Newspaper	Page 42
Resolution 5-26: Designation of Regular Meeting Times and Place	Page 43
Resolution 6-26: Designation of Bank Depositories & CMP	Page 44
Resolution 7-26: Designation of Authorized Signatories.....	Page 49
Resolution 8-26: Approval of 2026 Risk Management Plan	Page 50
Resolution 9-26: Compensating Producers	Page 60
Resolution 10-26: Appointment of MRHIF Commissioners	Page 62
Resolution 11-26: Authorizing Treasurer to Process Payments and Expenses.....	Page 63
Resolution 12-26: Corrective Resolution	Page 64
Resolution 13-26: November 2025, December 2025, and January 2026 Bills Lists	Page 65

OLD BUSINESS

NEW BUSINESS

**PUBLIC COMMENT – *Motion to Open*
*Motion to Close***

RESOLUTION – EXECUTIVE SESSION FOR CERTAIN SPECIFIED – RESOLUTION 14-26

MEETING ADJOURNED

Bergen Municipal Employee Benefits Fund
Executive Director's Report
JANUARY 27, 2026

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of November 30, 2025 (page 9)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

2026 REORGANIZATION

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

Resolution 1-26 awards the 2026 contracts, all of which are consistent with the approved Requests for Proposals (RFPs) and the budget adopted last year. This resolution will be advertised in accordance with Public Contract Law.

Resolution 2-26 designates PERMA as the agent for the Fund to process of service.

Resolution 3-26 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary.

Resolution 4-26 designates The Star Ledger and The Record as the Official Fund Newspaper. As of March 1, 2026, all advertisements and legal notices will be available online at www.bmedhif.com and the Secretary of State's public notice webpage.

Resolution 5-26 sets meeting dates and times which will be posted on each entity's public bulletin board.

Resolution 6-26 sets for the Cash Management Plan and designates the bank depositories for 2026. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. The list of authorized depositories has been updated.

In addition, revisions have been made to the Cash Management Plan, transferring the Monthly Billing Policy from the Risk Management Plan. This plan has been reviewed by the Fund Treasurer and the Finance Committee.

Resolution 7-26 designates authorized signatories for Fund bank accounts.

Resolution 8-26 is the 2026 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. This plan has been reviewed by the Fund Attorney and the Strategic Planning Committee.

The revisions include clarification for the following sections:

- Methods of assessing contributions to members
- Initial and renewal rating methodologies
- Plan documentation information

The revisions include the following additions:

- Enrollment audits
- Qualifying and clinical plan management
- Out of Network fee schedule

Resolution 9-26 adopts the Producer fees for each entity. Producer commissions will be paid directly to the firm through the Fund. Each entity's rates reflect its arrangement only. All Risk Managers please submit the entity resolution appointing your contract to PERMA.

Resolution 10-26 appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. Current MRHIF representatives are Richard Kunze and Gregory Hart.

Resolution 11-26 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

CORRECTIVE RESOLUTION

It was identified that the resolution numbers from the December 1st meeting duplicated those from the October 29th meeting. All resolutions and related records will be updated to reflect the renumbering set forth in Resolution 12-26, which serves as a corrective resolution.

2026 COMMITTEE APPOINTMENTS

Below are the recommended subcommittee appointments for 2026. If a commissioner is interested in joining a committee, please reach out to Emily Koval and Chair Hart.

Small Claims Committee

Donna Gambutti, Chair
Anthony Ciannanea
James Gasparini

Wellness Committee

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

Strategic Planning Committee

Rich Kunze, Chair
Greg Franz
Greg Hart
John Arthur

Nominations Committee

Anthony Ciannanea, Chair
Erin Delaney
Bob Kakoleski

Administration & Finance Committee

Bob Kakoleski, Chair
Greg Hart
Rich Kunze

New Member Committee

Greg Franz, Chair
James Gasparini
Joe Voytus

Motion to approve the above subcommittees for Fund Year 2026

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND – MEETING REPORT

The MRHIF met on December 10. Commissioner Kunze was in attendance. Its major action item was to adopt its 2026 Budget as it was introduced in September.

The Express Scripts contract through the Level Pharmacy Coalition was extended for one final year due to the inability to issue a formal RFP. The Fund expects to begin that process in early spring for 2027.

The Commissioners were also provided an update on the Audit of Express Scripts claims from 2024 which should be starting shortly.

2026 BILLING UPDATES

1. **Direct Bills:** In July, WEX implemented changes to its direct bill service platform, and all direct-billed members were notified of these updates. The historical process previously used by WEX to generate files is no longer viable, requiring the development of a custom query. Once renewal information is provided, there is an estimated 20–30 business day processing period before updated coupons can be issued.

Members who are directly billed are encouraged to continue paying their 2025 rates at this time. We will provide a more definitive timeline as additional updates are received from WEX.

2. **Billing Invoices:** A new process has been implemented to send monthly billing invoices. Instead of being sent via email, invoices will now be provided through a secure OneDrive link. You will receive a separate email containing an authentication password to access the file; please note that this message may be directed to your spam or junk folder. Please reach out to your Client Services Team member if you have issues accessing the invoices.

NEW JERSEY HEALTH INSURANCE FUNDS MARKETING UPDATE

PERMA is pleased to unveil a new and refreshed online branding and marketing landing page for the NJ Health Insurance Funds, where our firm is privileged to serve as the appointed Executive Director. This replaces the Hi Fund website, providing an easy to navigate gateway to your Health Insurance Fund.

This new rebrand reflects PERMA's optimism for the future, showing our commitment to the on-going mission of delivering high value, affordable, and stable health benefit solutions.

2026 PERMA MANAGEMENT TEAM UPDATES

As we continue to prepare for the future, the Executive Director's office must continue to adapt and operate and achieve maximum productivity. As of January 1, 2026, Brandon Lodics transitioned into the role overseeing the financial strategy and performance of the Funds while also focusing on new products and services that can be implemented. Jim Rhodes has transitioned into the Executive Director's role, and he will oversee day-to-day management, regulatory, and governance.

We are excited as this update to the Executive Director's office will allow us to continue to operate at maximum capacity, focusing on financial management and governance while being mindful of the complexities of the business.

PERMA, LLC NOTICE AND DISCLOSURE

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC ("PERMA"), as administrator of the Bergen Municipal Employee Benefits Insurance 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.

GASB 75 REPORTING

The Fund is contracted with an actuary to prepare GASB 75 reports for its medical members. If your audit requires a complete report or an update to the previous year's report, please contact Jordyn Robinson at jrobinson@permainc.com. Please note that during peak periods, report turnaround time may be up to six weeks.

INDEMNITY AND TRUST (I&T) AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions for adoption by the governing bodies to renew membership with the Fund for an additional 3 years. An outreach will be made within the next month to brokers for those members who have an expired I&T Agreement.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	November 30, 2025			
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE	
1.	UNDERWRITING INCOME		5,728,924	66,729,410	805,323,238	872,052,648
2.	CLAIM EXPENSES					
	Paid Claims	4,365,641	56,571,648	668,908,171	725,479,819	
	IBNR	(52,675)	290,249	7,293,000	7,583,249	
	Less Specific Excess	(134,625)	(2,845,331)	(16,761,228)	(19,606,558)	
	Less Aggregate Excess	-	-	(602,911)	(602,911)	
	TOTAL CLAIMS	4,178,340	54,016,566	658,837,033	712,853,599	
3.	EXPENSES					
	MA & HMO Premiums	260,405	2,828,029	31,857,919	34,685,948	
	Excess Premiums	215,816	2,327,721	35,866,476	38,194,197	
	Administrative	198,575	2,946,760	61,010,959	63,957,718	
	TOTAL EXPENSES	674,796	8,102,510	128,735,353	136,837,863	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		875,788	4,610,333	17,750,852	22,361,185
5.	INVESTMENT INCOME		24,332	190,983	4,019,596	4,210,579
6.	DIVIDEND INCOME		-	667,904	7,518,953	8,186,857
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		900,120	5,469,220	29,289,401	34,758,622
8.	DIVIDEND		-	3,177,254	29,523,154	32,700,408
9.	Transferred Surplus IN		-	-	-	-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			900,120	2,291,966	(233,753)	2,058,213
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	31,193	(3,127,294)	8,648,792	5,521,497
		Cash	11,152	(1,996,157)	7,605,066	5,608,908
2024		Surplus	189,905	4,747,592	(8,882,544)	(4,134,952)
		Cash	196,343	(2,195,231)	(4,191,217)	(6,386,447)
2025		Surplus	679,023	671,668		671,668
		Cash	152,755	8,774,937		8,774,937
TOTAL SURPLUS (DEFICITS)			900,120	2,291,966	(233,753)	2,058,213
TOTAL CASH			360,250	4,583,548	3,413,849	7,997,397
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			(23,261)	720,572	599,600,852	600,321,424
FUND YEAR 2024						
	Paid Claims	96,013	9,273,710	52,382,647	61,656,357	
	IBNR	(54,698)	(7,249,243)	7,293,000	43,757	
	Less Specific Excess	(51,662)	(1,590,235)	(439,467)	(2,029,702)	
	Less Aggregate Excess	-	-	-	-	
TOTAL FY 2024 CLAIMS			(10,347)	434,232	59,236,180	59,670,412
FUND YEAR 2025						
	Paid Claims	4,292,888	46,514,119		46,514,119	
	IBNR	2,023	7,539,492		7,539,492	
	Less Specific Excess	(82,963)	(1,191,849)		(1,191,849)	
	Less Aggregate Excess	-	-		-	
TOTAL FY 2025 CLAIMS			4,211,948	52,861,762		52,861,762
COMBINED TOTAL CLAIMS			4,178,340	54,016,566	658,837,033	712,853,599

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	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	3,413,849	\$ 4,612,075	\$ 5,343,845	\$ 5,674,528	\$ 2,124,399	\$ 3,957,688	\$ 5,824,563	\$ 5,408,515	\$ 7,314,747	\$ 7,330,372	\$ 7,637,147	\$ 7,997,397
IBNR	7,293,000	\$ 6,847,866	\$ 6,783,395	\$ 6,902,395	\$ 7,046,824	\$ 7,342,003	\$ 7,571,571	\$ 7,610,450	\$ 7,622,790	\$ 7,628,303	\$ 7,635,924	\$ 7,583,249
Assets	7,388,961	\$ 6,998,857	\$ 7,403,671	\$ 6,967,993	\$ 6,726,999	\$ 6,076,667	\$ 8,445,737	\$ 9,073,550	\$ 9,369,399	\$ 9,513,928	\$ 9,546,556	\$ 10,032,513
Liabilities	7,622,713	\$ 7,187,842	\$ 7,134,145	\$ 7,265,213	\$ 7,418,453	\$ 7,713,014	\$ 8,381,118	\$ 8,547,214	\$ 8,642,615	\$ 8,637,316	\$ 8,388,461	\$ 7,974,299
Surplus	(233,752)	\$ (188,984)	\$ 269,525	\$ (297,220)	\$ (691,455)	\$ (1,636,347)	\$ 64,619	\$ 526,336	\$ 726,784	\$ 876,613	\$ 1,158,095	\$ 2,058,215
Claims Paid -- Month	5,297,140	\$ 5,217,738	\$ 4,613,900	\$ 5,251,346	\$ 5,699,654	\$ 5,756,487	\$ 5,245,777	\$ 5,029,583	\$ 4,810,383	\$ 5,379,266	\$ 5,201,873	\$ 4,365,641
Claims Budget -- Month	4,202,262	\$ 4,769,000	\$ 4,756,989	\$ 4,753,162	\$ 4,758,109	\$ 4,896,423	\$ 4,903,366	\$ 4,927,673	\$ 4,910,953	\$ 4,945,000	\$ 4,887,497	\$ 4,887,669
Claims Paid -- YTD	57,475,987	\$ 5,217,738	\$ 9,831,639	\$ 15,082,985	\$ 20,782,638	\$ 26,539,125	\$ 31,784,902	\$ 36,814,485	\$ 41,624,869	\$ 47,004,134	\$ 52,206,007	\$ 56,571,648
Claims Budget -- YTD	48,782,475	\$ 4,769,000	\$ 9,520,328	\$ 14,273,610	\$ 19,031,719	\$ 23,924,559	\$ 28,827,925	\$ 33,765,912	\$ 38,676,865	\$ 43,611,353	\$ 47,906,599	\$ 52,794,268
RATIOS												
Cash Position to Claims Paid	0.64	0.88	1.16	1.08	0.37	0.69	1.11	1.08	1.52	1.36	1.47	1.83
Claims Paid to Claims Budget -- Month	1.26	1.09	0.97	1.1	1.2	1.18	1.07	1.02	0.98	1.09	1.06	0.89
Claims Paid to Claims Budget -- YTD	1.18	1.09	1.03	1.1	1.1	1.1	1.1	1.09	1.08	1.08	1.09	1.07
Cash Position to IBNR	0.47	0.67	0.79	0.82	0.3	0.54	0.77	0.71	0.96	0.96	1	1.05
Assets to Liabilities	0.97	0.97	1.04	0.96	0.91	0.79	1.01	1.06	1.08	1.1	1.14	1.26
Surplus as Months of Claims	(0.06)	(0.04)	0.06	-0.06	-0.15	-0.33	0.01	0.11	0.15	0.18	0.24	0.42
IBNR to Claims Budget -- Month	1.74	1.44	1.43	1.45	1.48	1.5	1.54	1.54	1.55	1.54	1.56	1.55

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

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	46,422,251	50,723,577	51,400,571	45,260,848	1,161,403	3%
Prescription Claims	6,262,709	6,837,997	7,049,884	5,698,622	(1,314,724)	-30%
Prescription Formulary Rebates	(1,878,811)	(2,051,397)	(2,114,965)	Included Above in Prescription Claims		
Dental Claims	1,988,119	2,171,193	2,169,015	1,902,292	85,827	4%
Subtotal	52,794,268	57,681,370	58,504,505	52,861,762	(67,494)	0%
HMO/DMO Premiums	26,275	28,651	30,381	26,464	(189)	-1%
Medicare Advantage / EGWP	2,801,228	3,059,961	3,110,050	2,801,565	(337)	0%
Reinsurance						
Specific	2,326,996	2,539,672	1,682,445	2,327,721	(725)	0%
Total Loss Fund	57,948,768	63,309,654	63,327,381	58,017,512	(68,744)	0%
Loss Fund Contingency	230,534	251,492	220,516	0	230,534	0%
Expenses						
Legal	24,310	26,520	26,520	25,376	(1,066)	-4%
Treasurer	20,092	21,918	21,918	20,092	0	0%
Administrator	439,422	479,840	477,783	446,922	(7,500)	-2%
Risk Management Consultants	1,103,305	1,203,955	1,183,821	1,103,305	-	0%
				79,992	(79,992)	-100%
				2,333	(2,333)	-100%
TPA - Claims Agent Aetna	761,857	831,487	872,355	763,827	(1,970)	0%
Dental TPA	89,051	97,291	96,593	88,978	73	0%
Actuary	17,672	19,278	19,278	19,280	(1,609)	-9%
Auditor	17,952	19,584	19,584	16,320	1,632	9%
Benefits Consultant	409,539	447,081	446,547	409,649	(110)	0%
Board Advisor	17,860	19,484	19,484	13,500	4,360	24%
Subtotal Expenses	2,901,059	3,166,437	3,183,883	2,989,573	(88,514)	-3%
Miscellaneous and Special Services						
Misc/Cont	17,417	19,000	19,000	20,303	(2,886)	-17%
Wellness, Disease, Case Management	91,667	100,000	100,000	4,868	86,799	95%
Affordable Care Act Taxes	10,361	11,308	11,299	14,074	(3,713)	-36%
A4 Surcharge	87,190	95,329	98,913	87,217	(27)	0%
Plan Documents	5,958	6,500	6,500	5,958	-	0%
Claims Audit	36,667	40,000	40,000	0	36,667	100%
Subtotal Misc/Sp Svcs	249,259	272,137	275,712	132,420	116,839	47%
Total Expenses	3,150,318	3,438,574	3,459,595	3,121,993	28,325	1%
Total Budget	61,329,621	66,999,721	67,007,492	61,139,506	190,115	0%

Bergen Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

as of November 30, 2025

BY FUND YEAR

	BMED 2025	BMED 2024	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	8,774,937	(6,386,447)	5,608,908	7,997,397
Assessments Receivable (Prepaid)	(2,174,077)	1,945,517	70,658	(157,902)
Interest Receivable	541	(181)	2,767	3,127
Specific Excess Receivable	1,108,919	269,270	-	1,378,189
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	0	-	-	0
Other Assets	797,102	(0)	14,600	811,702
Total Assets	8,507,421	(4,171,841)	5,696,934	10,032,513
LIABILITIES				
Accounts Payable	214,485	(177,896)	-	36,589
IBNR Reserve	7,539,492	43,757	-	7,583,249
A4 Retiree Surcharge	67,087	-	-	67,087
Dividends Payable	-	-	131,984	131,984
Retained Dividends	-	-	43,451	43,451
Accrued/Other Liabilities	14,688	97,250	-	111,938
Total Liabilities	7,835,753	(36,889)	175,435	7,974,299
EQUITY				
Surplus / (Deficit)	671,668	(4,134,952)	5,521,498	2,058,215
Total Equity	671,668	(4,134,952)	5,521,498	2,058,215
Total Liabilities & Equity	8,507,421	(4,171,841)	5,696,934	10,032,513
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
REGULATORY
YEAR: 2026**

FILING STATUS UPDATES

Items

Filing Status

Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Be Filed upon Re-organization
Fund Officers	Be Filed upon Re-organization
Renewal Resolutions	Be Filed upon Re-organization
Indemnity and Trust	Be Filed upon Re-organization
New Members	Filed as New Members are approved
Withdrawals	Filed as Members Withdrawal
Risk Management Plan and By Laws	Be Filed upon Re-organization
Cash Management Plan	Be Filed upon Re-organization
Unaudited Financials	Filed through Q3 2024
Annual Audit	12/31/2023 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Be Filed upon Re-organization
Benefit Changes	N/A

Position	Vendor	Contract	Insurance	Term
Attorney	Huntington Bailey	Y	Y	1/1/2026-12/31/2026
Auditor	Lerch Vinci Higgins	Y	Y	1/1/2026-12/31/2026
Actuary	Actuarial Solutions	Y	Y	1/1/2026 -12/31/2026
Treasurer	Joseph Iannaconi	Y	Y	1/1/2026 - 12/31/2026
TPA - Aetna	Aetna	Y	Y	1/1/2026 - 12/31/2026
Board Advisor	Clark LaMendola	Y	Y	1/1/2024 - 12/31/2026
Administration	PERMA	Y	Y	1/1/2025-12/31/2027
Benefits Consultant	Conner Strong & Buckelew	Y	Y	1/1/2025-12/31/2027

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONTACTS
YEAR: 2026

Executive Director Team: This team handles all the administrative and financial aspects of the Fund such as rates, state regulatory compliance, and Executive Committee and subcommittee meetings.

Role	Name	Email	Phone
Executive Director	Jim Rhodes	jrhodes@permainc.com	856-552-4920
Associate Executive Director	Emily Koval	emilyk@permainc.com	201-518-7028
Account Manager	Caitlin Perkins	cperkins@permainc.com	856-479-2192

Benefits Consultant Team: This team handles all the benefits aspects of the Fund such as plan design, claim issues, cost containment strategies, and Third-Party communications.

Role	Name	Email	Phone
Public Entity & HIF Business Leader	Tammy Brown	tbrown@connerstrong.com	856-552-4694
HIF Business Leader	John Lajewski	jlajewski@connerstrong.com	856-552-4922
Associate Consultant	Melissa Appleby	mappleby@connerstrong.com	732-736-5268
Senior Business Development Executive	Sean Critchley, Esq.	Scritchley@connerstrong.com	973-736-6511

Client Services Team: This team handles all the enrollment and billing aspects of the Fund such as sending monthly invoices, open enrollment, and adjustments throughout the year.

Role	Name	Email	Phone
Director of Client Services	Crystal Bailey	cbailey@connerstrong.com	856-552-4914
Director of Benefits Operations	Karen Kidd	kkidd@connerstrong.com	856-552-4644
Client Service Specialist	Peter Moore	pmoore@permainc.com	856-479-2158

Gateway-BMED Health Insurance Fund Benefits Consultant Report

Agenda

- Industry Update
- Fund Performance/Observations
- New Fund Member Activity
- Client Services/Eligibility/Enrollment
- Previously Reported Information

Industry Updates

- Food and Drug Administration approved the first oral version of Wegovy, Novo Nordisk's blockbuster GLP-1 weight-loss drug. This marks the first GLP-1 approved for weight loss in pill form. A competing oral GLP-1 from Eli Lilly is expected to receive approval in the coming months

Fund Performance/Observations

Medical - Aetna

- Effective July 1, 2025, the Metro Fund Executive Committee passed a resolution to unilaterally amend the out of network provider reimbursement schedules for all Fund member plans to 150%-provider & 175%-facility of Medicare. This action was taken to address the escalating out of network provider utilization and their disproportionate reimbursement levels. Early results of the schedule change suggest reduced levels of out-of-net network reimbursements. Out-of-net network utilization & payments will continue to be monitored monthly and reported to the Executive Committee.

Pharmacy - Express Scripts (ESI)

- Absent plan changes, it is clear the Fund needs to address the rising utilization and associated costs with GLP-1 medications used specifically for weight loss. The following strategies are being evaluated for their efficacy and will be presented formally upon the conclusion of the evaluation
 - Implement tighter, clinically grounded utilization management protocols for GLP-1 medications used specifically for weight loss
 - Plan design options to exclude GLP-1 medications for weight loss on the Fund member level
 - Plan design options for increased member cost share for GLP-1 medications for weight loss on the Fund member level
 - Direct to consumer GLP-1 acquisition channel options

New Fund Member Activity

Prospective Employer	Current Carrier	Enrolled Lives	Proposed Effective Date	LOB (line of business)	Status	Fund	Broker/Consultant
Borough of Fairview	SHBP	54	4/1/2026	Medical/Rx	Proposal Released	BMED	CSB

- All requests for new Fund member participation are coordinated by Sean Critchley, Senior Business Development Executive

Client Services/Eligibility/Enrollment Team

- Please direct all service requests to both Peter Moore and Crystal Bailey
- All outstanding service requests will be addressed and resolved by Peter and Crystal
- 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
- **2026 WEX Coupon Book Mailing** - As a result of a technical issue related to enhancements to the WEX coupon generation process, we have been advised there will be delays in the distribution of the 2026 coupons. The following steps have been taken to address the coupon delay:
 - Ongoing communications with WEX senior leadership to receive updates on the progress coupon distribution for the 2026 program year
 - Communication to all Fund brokers to advise their respective clients of the expected delays
 - Fund service team prepped to address questions from Fund members
 - Members should continue to pay based on 2025 coupons which will be reconciled once the 2026 coupons are issued
 - Members coverage will not be impacted

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/31/2025	Aetna/Medical	BMED 2025-11-01	Infant Formula	Overtured	11/04/2025
12/05/2025	Aetna/Medical	BMED 2025-12-01	Surgery	Upheld	12/20/2025

IRO Submissions: None

BMED Small Claims Committee Appeals: None

Previously Reported Information

Express Scripts

- 2026 National Preferred Formulary (NPF) – Effective 1/1/2026
- NPF Exclusions list- Effective 1/1/2026
- SaveOn List – Effective 1/1/2026

All impacted members were sent communications from ESI letting them know about the upcoming change(s) to their medications. The communications also include preferred alternatives medication(s). We recommend impacted members share communication with their provider to discuss next steps. Those that are unable to take the preferred alternative medication(s) will need an approved PA to continue to take their current medication(s).

No Surprise Billing and Transparency Act

- Transition to State Arbitration - Effective January 1, 2026:
- As a result of the transition, enrolled members will be receiving new ID cards from Aetna prior to January 1st. subscriber ID numbers and Fund member group numbers will not be changing.

TO ALL FUND COMMISSIONERS

January 2026

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the **Gateway - BMED Health Insurance 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.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

NOVEMBER 2025

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

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

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

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 10/10/25	64.89
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 10/10/25	111.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 10/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA- S. HACKENSACK 10/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	HSA-BOROUGH RUTHERFORD 10/10/25	9.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 10/10/25	132.00
		334.89
PERMA	RETIREE FIRST INV 12012025	7,380.00
PERMA	ADMIN FEES 11/25	40,951.50
PERMA	POSTAGE 10/25	2,013.39
		50,344.89
THE CANNING GROUP LLC	QPA INV BMED 2025-11 11/25	250.00
		250.00
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 11/25	2,210.00
		2,210.00
JOSEPH IANNAONI JR.	TREASURER FEE 11/25	1,826.50
		1,826.50
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 11/25	1,118.40
		1,118.40
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 11/25	16,470.46
		16,470.46
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 11/25	13,306.33
		13,306.33
GJEM INSURANCE AGENCY INC	BROKER FEES 11/25	6,117.99
		6,117.99
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 11/25	4,005.40
		4,005.40
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 11/25	6,837.50
		6,837.50
MUNICIPAL REINSURANCE H.I.F.	0525-0825 RECEIVABLE 11/25	285,057.92
MUNICIPAL REINSURANCE H.I.F.	DEFERRED PAYMENT SIR CHARGE 11/25	-72,729.68
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/25	215,815.99
		428,144.23
	TOTAL CHECKS	530,966.59

AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 11/25	258,029.23 258,029.23
FLAGSHIP DENTAL PLANS	BOR. RUTHERFORD A# 03604 ID 695 11/25	855.19
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604 - ID 16 11/25	1,520.82 2,376.01
AETNA	MEDICAL TPA FEES 11/25	70,657.98
AETNA	OCT HOLI CRED REMAINING BALANCE 10/25	-20,573.94 50,084.04
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 11/25	8,406.78 8,406.78
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 11/25	37,919.11
CONNER STRONG & BUCKELEW	PLAN DOCS 11/25	541.67 38,460.78
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 11/25	39,126.41 39,126.41
JOSEPH L VOZZA AGENCY INC	BROKER FEES 11/25	7,817.04 7,817.04
ALLEN ASSOCIATES	BROKER FEES 11/25	10,074.90 10,074.90
	TOTAL ACH/WIRES	414,375.19
	Total Payments FY 2025	945,341.78
	TOTAL PAYMENTS ALL FUND YEARS	945,341.78

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

DECEMBER 2025

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

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

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

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 11/10/25	111.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 11/10/25	64.89
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 11/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA- S. HACKENSACK 11/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	HSA-BOROUGH RUTHERFORD 11/10/25	9.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 11/10/25	132.00
		334.89
PERMA	ADMIN FEES 12/25	40,417.47
PERMA	POSTAGE 11/25	62.92
		40,480.39
THE CANNING GROUP LLC	QPA INV BMED 2025-12 12/25	250.00
		250.00
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 12/25	2,210.00
		2,210.00
SOUTHERN NJ REGL EMPLOYEE BENEFIT	REIMB OSC REVIEW 12/25	1,282.03
		1,282.03
JOSEPH IANNACONI JR.	TREASURER FEE 12/25	1,826.50
		1,826.50
GANNETT NEW YORK NJ LOCALIQ	ORDER # 11872781 A# 1184295 12/2/25	44.52
		44.52
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR FOR 10/25	1,500.00
		1,500.00
ACCESS	INV 11902905 DEPT 418 11/30/25	695.65
ACCESS	INV 11850565 DEPT 418 10/31/25	472.28
		1,167.93
EBIX, INC.	NEWSLETTER FOR 2026/LOGO/COLUMN 12/25	5,400.00
		5,400.00
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 12/25	1,160.34
		1,160.34
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 12/25	14,761.64
		14,761.64
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 12/25	13,505.11
		13,505.11
SADDLE RIVER DELI	LUNCH FOR 10/29/25 MEETING	509.70
		509.70
GJEM INSURANCE AGENCY INC	BROKER FEES 12/25	6,378.33
		6,378.33
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 12/25	4,005.40
		4,005.40

WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 12/25	7,253.35 7,253.35
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/25	211,951.35
MUNICIPAL REINSURANCE H.I.F.	0925-1225 RECEIVABLE 12/25	214,485.35 426,436.70
	TOTAL CHECKS	528,506.83
AETNA	MEDICAL TPA FEES 12/25	69,392.70
AETNA	DECEMBER HOLIDAY CREDIT 12/25	-69,392.70 0.00
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 12/25	258,395.47 258,395.47
FLAGSHIP DENTAL PLANS	E. RUTHER. DENTAL A# 03604 - ID 16 12/25	1,470.14
FLAGSHIP DENTAL PLANS	BOR. RUTHERFORD A# 03604 ID 695 12/25	855.19 2,325.33
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 12/25	8,313.26 8,313.26
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 12/25	37,432.16
CONNER STRONG & BUCKELEW	PLAN DOCS 12/25	541.67 37,973.83
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 12/25	36,111.83 36,111.83
JOSEPH L VOZZA AGENCY INC	BROKER FEES 12/25	7,635.28 7,635.28
ALLEN ASSOCIATES	BROKER FEES 12/25	9,838.40 9,838.40
	TOTAL ACH/WIRES	360,593.40
	Total Payments FY 2025	889,100.23
	TOTAL PAYMENTS ALL FUND YEARS	889,100.23

Chairperson

Attest:

Dated: _____

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

Treasurer

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. _____

JANUARY 2026

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

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

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

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- BOR. WESTWOOD 12/10/25	132.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES- WALLINGTON 12/10/25	64.89
INSPIRA FINANCIAL HEALTH, INC	HSA- BOROUGH RUTHERFORD 12/10/25	9.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 12/10/25	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA- S. HACKENSACK 12/10/25	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 12/10/25	111.00
		334.89
PERMA	POSTAGE 12/25	427.02
		427.02
SOUTHERN NJ REGL EMPLOYEE BENEFIT	REIMB OSC REVIEW 12/25	182.12
		182.12
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR FOR 12/25	1,500.00
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR FOR 11/25	1,500.00
		3,000.00
	Total Payments FY 2025	3,944.03

FUND YEAR 2026

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	RETIREE FIRST INV 01012026	7,416.00
PERMA	RETIREE FIRST INV 02012026	7,440.00
PERMA	ADMIN FEES 01/26	44,508.48
		59,364.48
THE CANNING GROUP LLC	QPA INV 2026-01 01/26	250.00
		250.00
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 01/26	2,254.17
		2,254.17
JOSEPH IANNAONI JR.	TREASURER FEE 01/26	1,863.00
		1,863.00
ACCESS	INV 11949065 12/31/25 FOR 01/26	241.76
		241.76
EIFORT, FRENCH & COMPANY	BROKER FEES 01/26	2,312.55
		2,312.55
ACRISURE NJ PARTNERS INS SERVICES LLC	BROKER FEES 01/26	1,140.77
		1,140.77
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 01/26	15,855.84
		15,855.84
KAI STRATEGIC INSURANCE PARTNERS LLC	BROKER FEES 01/26	7,745.76
		7,745.76
ACRISURE NJ PARTNERS INS. SERVICES LLC	BROKER FEES 01/26	13,874.21
		13,874.21

GJEM INSURANCE AGENCY INC	BROKER FEES 01/26	19,733.73 19,733.73
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 01/26	3,910.41 3,910.41
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 01/26	6,024.14 6,024.14
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 01/26	302,368.28 302,368.28
TOTAL CHECKS		440,883.13
AETNA	TO APPLY NAPCRED 08/25 TO TPA 01/26	69,114.50
AETNA	NAP CRED 08/25	-69,114.50 0.00
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 01/26	368,062.87 368,062.87
DELTA DENTAL INSURANCE CO (DELTACARE USA)	BOR. & E. RUTHERFORD BE00867206 01/26	1,353.04 1,353.04
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 01/26	8,236.44 8,236.44
CONNER STRONG & BUCKELEW	BENEFIT CONSULTANT FEES 01/26	44,349.34
CONNER STRONG & BUCKELEW	PLAN DOCS 01/26	541.67 44,891.01
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 01/26	33,216.25 33,216.25
JOSEPH L VOZZA AGENCY INC	BROKER FEES 01/26	7,712.71 7,712.71
ALLEN ASSOCIATES	BROKER FEES 01/26	10,372.89 10,372.89
TOTAL ACH/WIRES		473,845.21
Total Payments FY 2026		910,784.31
TOTAL PAYMENTS ALL FUND YEARS		914,728.34

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: October											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Retained	Metro Interfund	TOTAL
OPEN BALANCE	9,614,519.56	(86,562.69)	(3,723,830.24)	0.00	0.00	552,917.38	329,402.84	602,284.07	41,643.38	0.00	7,330,374.30
RECEIPTS											
Assessments	5,068,995.43	192,192.99	443,050.03	0.00	0.00	229,896.36	23,114.03	246,446.06	0.00	0.00	6,203,694.90
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	23,639.95	72.91	0.00	0.00	0.00	912.73	525.47	1,604.43	66.43	0.00	26,821.92
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	23,639.95	72.91	0.00	0.00	0.00	912.73	525.47	1,604.43	66.43	0.00	26,821.92
Other *	1,620.76	0.00	221,027.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	222,648.18
TOTAL	5,094,256.14	192,265.90	664,077.45	0.00	0.00	230,809.09	23,639.50	248,050.49	66.43	0.00	6,453,165.00
EXPENSES											
Claims Transfers	4,325,653.83	160,398.42	773,793.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,259,845.83
Expenses	255,991.48	2,350.67	0.00	0.00	0.00	424,138.18	0.00	204,135.31	0.00	0.00	886,615.64
Other *	(287.71)	0.00	0.00	0.00	0.00	0.00	0.00	215.55	0.00	0.00	(72.16)
TOTAL	4,581,357.60	162,749.09	773,793.58	0.00	0.00	424,138.18	0.00	204,350.86	0.00	0.00	6,146,389.31
END BALANCE	10,127,418.10	(57,045.88)	(3,833,546.37)	0.00	0.00	359,588.29	353,042.34	645,983.70	41,709.81	0.00	7,637,149.99

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS						
Bergen Municipal Employee Benefits Fund						
ALL FUND YEARS COMBINED						
CURRENT MONTH	October					
CURRENT FUND YEAR	2025					
Description:		CHECKING	JCMI	CLAIMS	UHC CLAIMS	TD Invest
ID Number:						
Maturity (Yrs)						
Purchase Yield:						
TOTAL for All						
Accts & instruments						
Opening Cash & Investment Balance	\$7,330,374.41	5,614,221.10	-	0	0	1,716,153.31
Opening Interest Accrual Balance	\$5,552.53	-	0	0	0	5,552.53
1	Interest Accrued and/or Interest Cost	-\$3.93	\$0.00	\$0.00	\$0.00	-\$3.93
2	Interest Accrued - discounted Instr.s	\$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
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$26,821.92	\$21,269.39	\$0.00	\$0.00	\$5,552.53
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$26,817.99	\$21,269.39	\$0.00	\$0.00	\$5,548.60
9	Deposits - Purchases	\$6,424,676.41	\$6,424,676.41	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$6,144,722.64	-\$6,144,507.09	\$0.00	\$0.00	-\$215.55
Ending Cash & Investment Balance		\$7,637,150.10	\$5,915,659.81	\$0.00	\$0.00	\$1,721,490.29
Ending Interest Accrual Balance		\$5,548.60	\$0.00	\$0.00	\$0.00	\$5,548.60
Plus Outstanding Checks		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$7,637,150.10	\$5,915,659.81	\$0.00	\$0.00	\$1,721,490.29
			- 2,977,346.03			

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Bergen Municipal Employee Benefits Fund									
Month		October							
Current Fund Year		2025							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid October	3. Monthly Recoveries October	4. Calc. Net Paid Thru October	5. TPA Net Paid Thru October	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2025	Medical	31,494,599.00	4,105,998.51	0.00	35,600,597.51	0.00	35,600,597.51	31,494,599.00	4,105,998.51
	Dental	1,465,240.60	159,130.67	0.00	1,624,371.27	0.00	1,624,371.27	1,465,240.60	159,130.67
	Rx	6,209,772.82	773,793.58	0.00	6,983,566.40	0.00	6,983,566.40	6,209,772.82	773,793.58
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	39,169,612.42	5,038,922.76	0.00	44,208,535.18	0.00	44,208,535.18	39,169,612.42	5,038,922.76
2024	Medical	8,665,569.53	214,661.97	0.00	8,880,231.50	0.00	8,880,231.50	8,665,569.53	214,661.97
	Dental	75,347.67	1,267.75	0.00	76,615.42	0.00	76,615.42	75,347.67	1,267.75
	Rx	183,981.55	0.00	0.00	183,981.55	0.00	183,981.55	183,981.55	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	8,924,898.75	215,929.72	0.00	9,140,828.47	0.00	9,140,828.47	8,924,898.75	215,929.72
2023	Medical	577,274.21	0.00	0.00	577,274.21	0.00	577,274.21	577,274.21	0.00
	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	577,458.21	0.00	0.00	577,458.21	0.00	577,458.21	577,458.21	0.00
Closed Year	Medical	194,811.14	4,993.35	0.00	199,804.49	0.00	199,804.49	194,811.14	4,993.35
	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	194,811.14	4,993.35	0.00	199,804.49	0.00	199,804.49	194,811.14	4,993.35
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	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 Closed	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
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		48,866,780.52	5,259,845.83	0.00	54,126,626.35	0.00	54,126,626.35	48,866,780.52	5,259,845.83



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

JANUARY 27, 2026



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	\$ 4,717,063	1,752	\$ 2,692
JUNE	\$ 3,857,794	1,742	\$ 2,215	\$ 4,492,451	1,754	\$ 2,561
JULY	\$ 4,593,550	1,740	\$ 2,640	\$ 4,308,401	1,749	\$ 2,463
AUGUST	\$ 4,505,579	1,737	\$ 2,594	\$ 4,554,758	1,746	\$ 2,609
SEPTEMBER	\$ 3,700,390	1,738	\$ 2,129	\$ 4,660,057	1,760	\$ 2,648
OCTOBER	\$ 4,683,654	1,746	\$ 2,683	\$ 3,994,316	1,759	\$ 2,271
NOVEMBER	\$ 5,554,685	1,752	\$ 3,170	\$ 3,870,964	1,758	\$ 2,202
DECEMBER	\$ 4,989,355	1,748	\$ 2,854			
TOTALS	\$49,823,330			\$48,638,938		
				2025 Average	1,752	\$ 2,524
				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: 09/01/2025 - 09/30/2025
Service Dates: 01/01/2011 - 09/30/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$342,769.18	PATHOLOGICAL FRACTURE, OTHER SITE, INITIAL
	\$295,980.05	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED
	\$181,441.28	OTHER INTERVERTEBRAL DISC DISPLACEMENT
	\$102,617.41	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF
Total:	\$922,807.92	

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

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

Paid Dates: 10/01/2025 - 10/31/2025
Service Dates: 01/01/2011 - 10/31/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$110,871.96	ENCOUNTER FOR ANTINEOPLASTIC
	\$109,406.90	ENCOUNTER FOR ANTINEOPLASTIC
Total:	\$220,278.86	

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

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

Paid Dates: 11/01/2025 - 11/30/2025
Service Dates: 01/01/2011 - 11/30/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$285,352.35	SPINAL STENOSIS, CERVICAL REGION
	\$102,063.92	OTHER SPRAIN OF RIGHT SHOULDER JOINT, INITIAL
Total:	\$387,416.27	



Bergen Municipal Employee Benefit Fund

12/1/2024 thru 11/30/25 (unless otherwise noted)

Dashboard

Medical Claims Paid:

January 2025 – November 2025

Total Medical Paid per EE: **\$2,524**

Network Discounts

Inpatient: **646.4%**
Ambulatory: **63.2**
Physician/Other: **65.1%**
TOTAL: 64.7%

Provider Network

% Admissions In-Network: **97.2%**
% Physician Office: **88.1%**

Aetna Book of Business:

Admissions 97.8%; Physician 91.8%

Top Facilities Utilized (by total Medical Spend)

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

Catastrophic Claim Impact

January 2025- November 2025

Number of Claims Over \$50,000: **155**
Claimants per 1000 members: **38.0**
Avg. Paid per Claimant: **\$147,994**
Percent of Total Paid: **49.6%**

- Aetna BOB- HCC account for an average of 47.3% of total Medical Cost

Aetna One Flex Care Mgmt Member Outreach:

Total Members Identified: **1,191** (26.5%)
Members Targeted for 1:1 Nurse Support : **292** (13.3% engaged)
Members identified for Digital Activity: **899** (77.9%)
Members receiving Aetna Advice: **1,084** (25.7%)
Average Aetna Advice outreaches per member: **1.4**



CVS Virtual Care

January 2025 – November 2025

Completed Visits : **8**
Unique Patients : **8**
Completed Visits in 2025 : **92**
Unique Patients in 2025: **66**
Total Scheduled Visits in 2025: **111**

Average visit duration: **9** Minutes
BoB Average First Available: **29** minutes
BoB Average First Available (6am-6pm): **25** Minutes

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution: **93.68%**
Abandonment Rate: **0.46%**
Avg. Speed of Answer: **12.6 sec**

Claims Performance

Financial Accuracy: **97.76%***
*Q3 2025

90% processed w/in: **7.4 days**
95% processed w/in: **15.4 days**

Claims Performance (Monthly) (November 2025)

90% processed w/in: **6.6 days**
95% processed w/in: **13.4 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

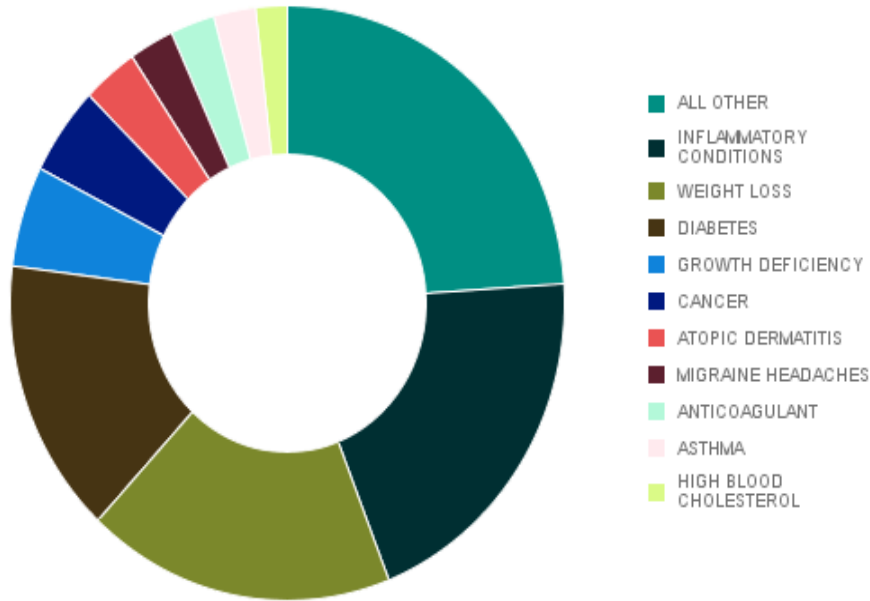
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835	2,833	2,839	2,836	2,838	2,824	2,826	2,829	2,846	2,837	2,806	2,830	2,832
Total Days	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	2,755	2,757	2,756	2,738	2,765	2,753	2,773	2,785			
Total Days	113,300	101,292	114,769	329,361	110,394	110,779	109,835	331,008	110,642	103,564	110,735	324,941	112,997	103,653			
Total Patients	1,187	1,089	1,126	1,747	1,097	1,093	1,040	1,631	1,060	1,045	1,075	1,632	1,101	1,087			
Total Plan Cost	\$728,711	\$520,663	\$712,375	\$1,961,749	\$710,966	\$723,279	\$721,647	\$2,155,893	\$721,480	\$638,075	\$756,172	\$2,115,726	\$725,826	\$635,673			
Generic Fill Rate (GFR) - Total	86.7%	85.8%	84.6%	85.7%	85.1%	83.8%	84.5%	84.5%	84.7%	82.6%	81.0%	82.8%	79.1%	82.2%			
Plan Cost PMPM	\$262.88	\$187.29	\$258.48	\$236.13	\$257.88	\$262.25	\$261.94	\$260.69	\$261.79	\$233.04	\$273.48	\$256.17	\$261.75	\$228.25			
% Change Plan Cost PMPM	18.6%	-19.4%	29.2%	8.3%	-14.4%	10.7%	6.5%	-0.2%	4.0%	-3.4%	10.5%	3.8%	1.3%	-19.7%			
Total Specialty Plan Cost	\$387,411	\$179,596	\$302,552	\$869,558	\$337,083	\$299,700	\$335,841	\$972,624	\$322,230	\$221,699	\$315,824	\$859,752	\$266,314	\$215,034			
Specialty % of Total Specialty Plan Cost	53.2%	34.5%	42.5%	44.3%	47.4%	41.4%	46.5%	45.1%	44.7%	34.7%	41.8%	40.6%	36.7%	33.8%			

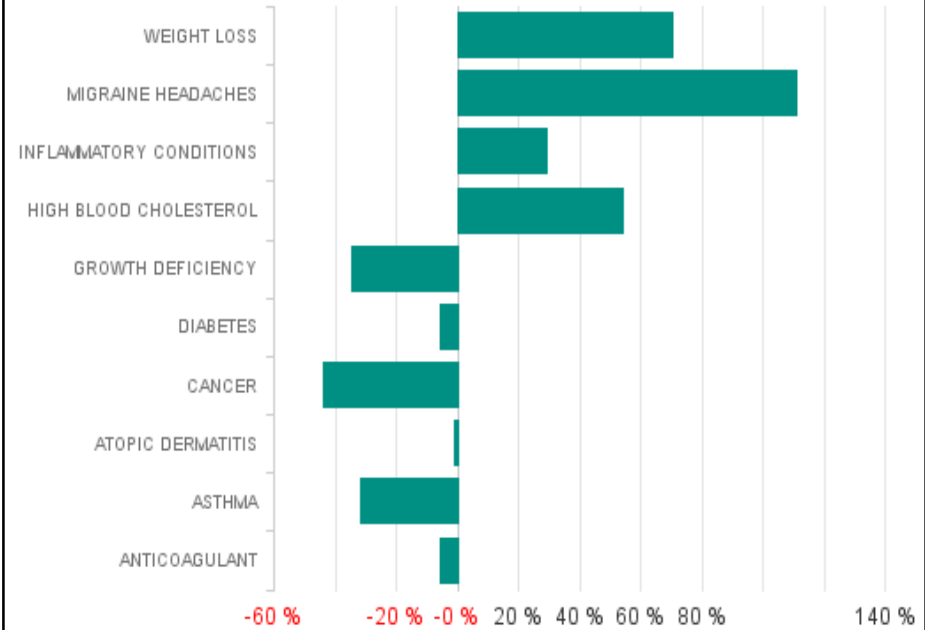
Top Indications

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

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	26.4 %	314	\$1,524,185	\$50.15	28.7 %	28.7 %	22.0 %	312	\$1,211,164	\$38.84	41.3 %	32.4 %	29.1 %
2	4	WEIGHT LOSS	23.6 %	1,273	\$1,362,488	\$44.83	3.3 %	3.8 %	14.8 %	779	\$818,981	\$26.26	4.0 %	5.1 %	70.7 %
3	1	DIABETES	19.8 %	3,227	\$1,140,810	\$37.53	30.1 %	23.4 %	22.4 %	3,376	\$1,236,218	\$39.65	30.1 %	25.5 %	-5.3 %
4	10	GROWTH DEFICIENCY	7.2 %	57	\$415,807	\$13.68	0.0 %	0.0 %	11.8 %	82	\$649,275	\$20.82	0.0 %	0.0 %	-34.3 %
5	3	CANCER	6.4 %	213	\$366,761	\$12.07	90.1 %	75.1 %	12.1 %	190	\$666,299	\$21.37	79.5 %	75.7 %	-43.5 %
6	5	ATOPIC DERMATITIS	4.2 %	544	\$245,383	\$8.07	83.8 %	79.1 %	4.6 %	515	\$253,985	\$8.15	84.1 %	83.1 %	-0.9 %
7	6	MIGRAINE HEADACHES	3.4 %	305	\$197,876	\$6.51	32.8 %	51.0 %	1.7 %	222	\$96,106	\$3.08	52.3 %	52.8 %	111.2 %
8	8	ANTICOAGULANT	3.4 %	424	\$195,785	\$6.44	18.2 %	18.3 %	3.8 %	473	\$212,132	\$6.80	15.4 %	18.7 %	-5.3 %
9	7	ASTHMA	3.2 %	1,290	\$185,819	\$6.11	83.6 %	88.0 %	5.0 %	1,542	\$278,511	\$8.93	79.2 %	88.1 %	-31.6 %
10	9	HIGH BLOOD CHOLESTEROL	2.4 %	4,661	\$139,965	\$4.60	95.6 %	96.2 %	1.7 %	4,636	\$93,207	\$2.99	97.6 %	97.1 %	54.1 %
Total Top 10				12,308	\$5,774,878	\$189.99	60.6 %	54.7 %		12,127	\$5,515,879	\$176.89	63.4 %	57.6 %	7.4 %

Top Drugs

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

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rx's	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rx's	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	6	ZEPBOUND	WEIGHT LOSS	N	777	114	\$795,029	\$26.16	347	64	\$333,358	\$10.69	144.7 %
2	13	WEGOVY	WEIGHT LOSS	N	444	63	\$563,423	\$18.54	386	70	\$476,025	\$15.27	21.4 %
3	10	STELARA	INFLAMMATORY CONDITIONS	Y	22	3	\$383,470	\$12.62	22	2	\$285,801	\$9.17	37.6 %
4	1	MOUNJARO	DIABETES	N	358	47	\$360,106	\$11.85	295	36	\$289,835	\$9.29	27.5 %
5	9	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	47	5	\$337,962	\$11.12	12	1	\$75,867	\$2.43	357.0 %
6	4	OZEMPIC	DIABETES	N	312	36	\$286,763	\$9.43	505	59	\$436,229	\$13.99	-32.6 %
7	18	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	28	3	\$184,036	\$6.05	33	3	\$208,276	\$6.68	-9.4 %
8	8	DUPIXENT PEN	ATOPIC DERMATITIS	Y	44	4	\$162,259	\$5.34	37	4	\$155,144	\$4.98	7.3 %
9	11	JARDIANCE	DIABETES	N	208	23	\$120,852	\$3.98	196	21	\$107,683	\$3.45	15.1 %
10	107	DASATINIB	CANCER	Y	13	1	\$119,390	\$3.93	NA	NA	NA	NA	NA
11	12	RINVOQ	INFLAMMATORY CONDITIONS	Y	17	2	\$114,164	\$3.76	6	1	\$27,292	\$0.88	329.1 %
12	173	OMNITROPE	GROWTH DEFICIENCY	Y	17	2	\$113,568	\$3.74	28	3	\$191,680	\$6.15	-39.2 %
13	22	ELIQUIS	ANTICOAGULANT	N	208	29	\$112,303	\$3.69	196	34	\$104,407	\$3.35	10.3 %
14	661	SOGROYA	GROWTH DEFICIENCY	Y	6	1	\$106,778	\$3.51	10	1	\$131,985	\$4.23	-17.0 %
15	258	TAFINLAR	CANCER	Y	8	1	\$103,345	\$3.40	9	1	\$102,262	\$3.28	3.7 %
16	65	NGENLA	GROWTH DEFICIENCY	Y	12	1	\$102,544	\$3.37	15	1	\$143,808	\$4.61	-26.8 %
17	236	MEKINIST	CANCER	Y	8	1	\$102,304	\$3.37	12	1	\$157,291	\$5.04	-33.3 %
18	89	GENOTROPIN	GROWTH DEFICIENCY	Y	22	3	\$92,917	\$3.06	29	3	\$181,801	\$5.83	-47.6 %
19	71	SKYRIZI	INFLAMMATORY CONDITIONS	Y	12	1	\$80,699	\$2.66	12	1	\$76,753	\$2.46	7.9 %
20	54	REPATHA SURECLICK	HIGH BLOOD CHOLESTEROL	N	153	19	\$80,533	\$2.65	59	6	\$30,163	\$0.97	173.9 %
21	51	XARELTO	ANTICOAGULANT	N	139	20	\$74,992	\$2.47	204	22	\$103,653	\$3.32	-25.8 %
22	26	FARXIGA	DIABETES	N	129	16	\$71,804	\$2.36	138	15	\$72,865	\$2.34	1.1 %
23	82	COSENTYX SENSOREADY (2	INFLAMMATORY CONDITIONS	Y	12	1	\$71,384	\$2.35	3	1	\$15,357	\$0.49	376.9 %
24	62	TREMFYA	INFLAMMATORY CONDITIONS	Y	14	2	\$69,548	\$2.29	22	2	\$121,406	\$3.89	-41.2 %
25	49	XOLAIR	ASTHMA	Y	18	2	\$57,827	\$1.90	9	1	\$16,805	\$0.54	253.0 %
Total Top 25					3,028		\$4,667,999	\$153.58	2,585		\$3,845,746	\$123.33	24.5 %

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 27, 2026**

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
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Resolution 1-26: Awarding Professional Fees for 2026.....	Page 36
Resolution 2-26: Designation of Service of Process.....	Page 40
Resolution 3-26: Designation of Secretary as Custodian of Records	Page 41
Resolution 4-26: Designation of Official Newspaper	Page 42
Resolution 5-26: Designation of Regular Meeting Times and Place	Page 43
Resolution 6-26: Designation of Bank Depositories & CMP	Page 44
Resolution 7-26: Designation of Authorized Signatories.....	Page 49
Resolution 8-26: Approval of 2026 Risk Management Plan	Page 50
Resolution 9-26: Compensating Producers	Page 60
Resolution 10-26: Appointment of MRHIF Commissioners	Page 62
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RESOLUTION NO. 1--26

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPOINTING PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2026**

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

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

WHEREAS, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A:11-4.1et seq.) for the 2026 Fund year; and,

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required twenty (20) days prior to receipt for CC#25-02 in a fair and open manner, consistent with Local Unit Pay-to-Play Law., and

WHEREAS, the Fund received competitive contracts for professionals on October 15, 2025,

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

WHEREAS, the process was administered as required by law by the Qualified Purchasing Agent who has concurred with the legality of the purchase in accord with the New Jersey Local Public Contract Law (N.J.S.A. 40A:11-1 et seq.); and

WHEREAS, the Fund resolves to appoint the Professionals - noted below - commencing on January 1, 2026, and ending on December 31, 2028, at its January 2026 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. seq. with the fees reflecting year one of the contract, as outlined below;

- I. **Actuarial Solutions LLC (John Vataha)** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$19,664 has been appropriated in the **Actuary** Line Item of the 2026 budget.
- II. **Huntington & Bailey** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$27,050 has been appropriated in the Attorney Line Item of the 2026 budget. In addition, Fund Attorney will be paid \$175/hourly for services outside of the scope of the retainer.

- III. **Lerch, Vinci, and Bliss** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$19,976 has been appropriated in the Auditor Line Item of the 2026 budget.
- IV. **Joseph Iannaconi** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$22,356 has been appropriated in the Treasurer Line Item of the 2026 budget.

WHEREAS, as approved by Resolution 1-25, the Fund resolved to appoint the extraordinary unspecifiable services contracts January 1, 2025, and ending on December 31, 2027, at its January Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. seq. with the fees reflecting year two of the three-year contract, as outlined below:

- V. **PERMA Risk Management Services** as **Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$11.36 per employee, per month will be expended to the Administrator. The estimated annual amount of \$478,620 has been appropriated in the Administrator Line Item of the 2026 budget.
- VI. **Conner Strong and Buckelew** is hereby appointed as **Benefits Consultant**. \$16.02 per employee, per month will be expended to the **Benefits Consultant**. In addition, the **Benefits Consultant** will be paid \$6,500 for plan documents. The estimated annual amount of \$456,632 has been appropriated in the **Benefits Consultant** Line Item of the 2026 budget.
- VII. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$96,713 has been appropriated in the Dental TPA Line Item of the 2026 budget.
- VIII. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at the following per member, per month fee:

PlanName	Carrier	Renewal Premium
Aetna Medicare Advantage - (Borough of Rutherford)	AETNA - MA	216.74
Aetna Medicare Advantage \$0 w \$6/\$12/\$324 Rx (Borough of Woodcliff Lake)	AETNA - MAPDP	427.79
Aetna Medicare Advantage \$0 w/ \$1/\$1 Rx (Borough of Rutherford)	AETNA - MAPDP	484
Aetna Medicare Advantage \$0 w/ \$5/\$5 Rx (Borough of Franklin Lakes)	AETNA - MAPDP	464.31
Aetna Medicare Advantage \$0 w/ \$6/\$12/\$24 Rx (Borough of Midland Park)	AETNA - MAPDP	427.79
Aetna Medicare Advantage \$0 w/ \$6/\$12/\$24 Rx (Borough of Rutherford)	AETNA - MAPDP	427.79
Aetna Medicare Advantage \$10 w/ Rx (Borough of Fanwood)	AETNA - RXMAPDP	560.02
Aetna Medicare Advantage \$10 w/\$6/\$12/\$24 Rx (Borough of Garwood)	AETNA - RXMAPDP	560.02
Aetna Medicare Advantage (Borough of Franklin Lakes)	AETNA - MA	216.74
Aetna Medicare Advantage (Borough of Moonachie)	AETNA - MA	216.74
Aetna Medicare Advantage (Borough of Oakland)	AETNA - MAPDP	216.74
Aetna Medicare Advantage (Borough of Wallington)	AETNA - MA	216.74

PlanName	Carrier	Renewal Premium
Aetna Medicare Advantage (Township of Fairfield)	AETNA - MA	216.74
Aetna Medicare Advantage (Village of Ridgefield Park)	AETNA - MA	216.74
Aetna Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Oakland)	AETNA - MAPDP	484
Aetna Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Wallington)	AETNA - MAPDP	484
Aetna Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Borough of Oakland)	AETNA - MAPDP	464.31
Aetna Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Fairfield)	AETNA - MAPDP	464.31
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of Oakland)	AETNA - MAPDP	427.79
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of Saddle River)	AETNA - MAPDP	427.79
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Township of Verona)	AETNA - MAPDP	427.79
Aetna Medicare Advantage w/ 10 Rx - MAPDP (Borough of Park Ridge)	AETNA - MAPDP	546.02
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Edgewater)	AETNA - MAPDP	501.18
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Moonachie)	AETNA - MAPDP	501.18
Aetna Medicare Advantage w/ 10% Rx - MAPDP (Borough of Saddle River)	AETNA - MAPDP	501.18
Aetna Medicare Advantage w/ 10% Rx -MAPDP (Village of Ridgefield Park)	AETNA - MAPDP	501.18

The annual amount of \$3,564,224 has been appropriated for this Line Item of the 2026 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts through competitive contracting and are hereby made for 2026:

- IX. **The Canning Group, LLC** is hereby appointed to serve as the FUND's Qualified Purchasing Agent (QPA) for an annual amount of \$3,000 has been approved in the QPA line item of the 2026 budget.
- X. **Dina Robinson** is hereby appointed to serve as the FUND's Wellness Coordinator from January 1, 2026, through December 31, 2026, at an amount of \$1,000 per month. This amount has been appropriated in the Wellness Expense line item of the 2026 Budget.

WHEREAS, as approved by Resolution 47-23, the Fund resolved to appoint the extraordinary unspecifiable services contracts January 1, 2024, and ending on December 31, 2026, with the option of two additional one-year terms, at its January Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. seq. with the fees reflecting year three of the five-year contract, as outlined below:

- XI. **Clark LaMendola** is hereby appointed to serve as the FUND's **Board Advisor**. The annual amount of \$19,484 has been appropriated in the Board Advisor Line Item of the 2026 budget.

WHEREAS, at the October 29, 2025, Fund Executive Committee meeting, the Fund approved Resolution 41-25, awarding the appointment of the Medical TPA via an emergency procurement process, commencing on January 1, 2026, and ending on December 31, 2026, at its January 2026 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 40A:11-5(1)(m) et. Seq.;

- I. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$34.30 per employee, per month will be expended to the Administrator. The estimated annual amount of \$719,888 has been appropriated in the **Medical TPA** Line Item of the 2026 budget.

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 2-26

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPOINTING PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2026**

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2026 or until its successor has be appointed and qualified.

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-26

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

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

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-26

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

WHEREAS, the Executive Committee of the Bergen Municipal Employee Benefits Fund designates The Record and Star Ledger as the official newspaper for the Bergen Municipal Employee Benefits Fund for the year 2026; and

WHEREAS, in the case of special meetings or emergency meetings, the Secretary of the Bergen Municipal Employee Benefits Fund shall provide notice of said meetings to The Record and Star Ledger; and

WHEREAS, pursuant to P.L. 2025, c. 72, effective March 1, 2026, public entities are required to publish all legal notices on their official websites, displaying the hyperlink on the homepage; and

WHEREAS, said law further requires public entities to advertise the hyperlink to the webpage for official notices on the Secretary of State's public notice webpage, when available, twice a month for Fund Year 2026.

NOW, THEREFORE, BE IT RESOLVED that the Bergen Municipal Employee Benefits Fund public notice will be available at www.bmedhif.com starting March 1, 2026, in compliance with P.L. 2025, c. 72.

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-26

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2026**

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

by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund shall hold public meetings during the year 2026 on the Fourth Tuesday of every other month, except otherwise noted at 12:00 P.M.: Meetings will be held at Franklin Lakes Borough unless otherwise noted:

Date	Location	Time
February 24, 2026	Franklin Lakes Borough	12:00pm
April 28, 2026	Franklin Lakes Borough	12:00pm
June 23, 2026	Franklin Lakes Borough	12:00pm
August 25, 2026	Franklin Lakes Borough	12:00pm
*September 29, 2026	Franklin Lakes Borough	12:00pm
October 27, 2026	Franklin Lakes Borough	12:00pm
January 26, 2027	Franklin Lakes Borough	12:00pm

**September meeting will be held on the fifth Tuesday of the month.*

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2026**

1.) **Cash Management and Investment Objectives**

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

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

2.) **Permissible Investments**

Investments shall be limited to the following:

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

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

3.) **Authorized Depositories**

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

TD Wealth Management
JCMI

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

4.) **Authority for Investment Management**

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

7.) **Selection of Custodial and Operating Banks**

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

8.) **Reporting**

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 2% per annum from the due date for any such assessment.

12.) **Member Monthly Billing Policy**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-26

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

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

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

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
RISK MANAGEMENT PLAN 2026**

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

1.) COVERAGE OFFERED

- Medical

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

- Dental

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

- Prescription

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

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

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

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

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$325,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- Specific Limit Unlimited
- Basis: Incurred 12 months, paid 24 months.

Extra contractual claims are excluded from reinsurance coverage.

4.) **ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

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

5.) **METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

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

Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the fiscal impact to the Fund. The Committee will approve/deny the request within 45 days.

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

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

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

Unless otherwise authorized as part of the offer of membership, when a member joins during a FUND year, the member's initial rates are only valid through the end of the then current FUND year at which time the rates are adjusted for all members to reflect the new budget. Prospective members may be offered entry rates of up to eighteen (18) months to allow for the alignment of renewals with the fiscal years of the FUND or of the entity.

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

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

extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs.

8.) RATING PERIODS

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

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

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

10.) PROVISION FOR PPOs, etc.

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

11.) OPEN ENROLLMENT PROCEDURES

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

12.) COBRA AND CONVERSION OPTIONS

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

13.) DISCLOSURE OF BENEFIT LIMITS

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

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

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

15.) RETIREES

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

16.) NEWBORN CHILDREN

All plan documents will have the following language:

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

17.) PLAN DOCUMENT

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

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.

- When can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege.
- Enrollment forms and instructions.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.

Deductibles and co-payments.

Examples as needed.

Exclusions.

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

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures. This shall be in accordance with applicable governing law. See also Plan Document and FUND Risk Management Plan and Bylaws

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

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

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

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

- A reserve is established by the actuary to cover any unpaid claims or IBNR

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

19.) “RUN-IN” or “RUN-OUT” LIABILITY

The Fund covers the “run-out” liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund’s actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

20.) CLAIMS AND OPERATIONS AND ENROLLMENT AUDITS

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

The FUND may require enrollment audits for new and existing members to ensure that benefits are paid only for persons meeting eligibility requirements.

21.) CLAIM APPEALS

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

The Small Claims Committee shall consist of the following persons:

- A. Representative from the T.P.A.

B. Three fund commissioners as designated by the Fund chairman.

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

All Small Claims Committee decisions to pay claims shall be unanimous (except in the case of unavailability of a member of the Committee) in which case it will be required that the remaining members be unanimous and that no less than __3__ people on the Committee have reviewed the claim.

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

22.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

23.) PARTIAL MONTH ENROLLMENTS

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

24.) MEDICARE ADVANTAGE/EGWP ONLY

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

25.) QUALITY AND CLINICAL PLAN MANAGEMENT

The FUND shall have right to review, evaluate, and then implement certain Quality and Clinical Management programs related to the Medical, Pharmacy and Dental plans, as may be warranted from time to time, to address new and emerging issues related to the effective administration of the FUND. None of the programs shall constitute a change in benefit and shall not increase participant cost sharing. These programs may include, but are not limited to, Pharmacy and Medical quality and utilization programs that require a plan member to participate in a program intended to manage quality and improve outcome. If adopted by the FUND, such programs shall apply to all members of the FUND. The FUND shall utilize a formulary of preferred medications. The formulary will change from time to time as managed by the FUND's contracted Pharmacy Benefit Manager. Any changes to the formulary impacting a plan member will be addressed through advance notice to plan members. There will always be alternative medications available in each therapeutic class.

- Drug Utilization Management - The FUND may adopt or amend drug utilization management programs intended to impact the appropriate use of medications. These may include and are not limited to step therapy, generics preferred, formulary, retail network, prior authorization, and other programs provided for by the FUND's contracted Pharmacy Benefit Manager.
- Medical Care Management - The FUND may adopt or amend medical management plans intended to ensure member safety and efficacy of the health care program. This may include and not be limited to programs provided by the FUND's contracted Third-Party Administrator or others that can administer such programs.
- Out of Network Fee Schedules - The FUND shall adopt and amend the out of network fee schedule("the schedule") used from time to time. The schedule shall be based on an independent methodology, generally Medicare plus a markup (i.e., 150% of Medicare) that ensures fairness and reasonableness related to the provider type, type of procedure and geography. If adopted by the FUND such programs shall apply to all members of the FUND. Individual members may separately be exempted from the application of such programs only with the express approval of the Executive Committee and after agreeing to an appropriate rate adjustment.

26). OUT OF NETWORK MEDICARE SCHEDULE APPEAL PROCESS

Once the member appeal has been submitted, the Program Manager and the Executive Director's Office shall initially review all OON payment appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.

An Out of Network benefit appeal must be filed by the claimant within 30 days from the date of receipt of the Explanation of Benefits (EOB) reflecting the 150% of Medicare for providers and 175% of Medicare for facilities.

The Program Manager will conduct a preliminary review within five (5) business days of receipt of the request for a Third-party review and notify the member and/or representing broker, the request is being forwarded to a Third-Party Review Organization solely responsible for reviewing Out of Network claims reimbursement.

The Program Manager shall then forward an eligible, complete request for external review to the Out of Network Third Party Review Organization.

The Third-Party Review Organization designated by the FUND will be required to conduct its review in an impartial, independent, and unbiased manner and in accordance with applicable law within thirty (30) business days after receipt.

If the decision of the Third-Party Review Organization responsible for the final determination is to pay the additional reimbursement at a level above the FUND approved 150% of Medicare for providers and 175% of Medicare for facilities, then the TPA is hereby authorized to issue the adjusted payment to the provider.

If the decision of the Third-Party Review Organization responsible for the final determination is to NOT pay the additional reimbursement in excess of the FUND approved 150% of Medicare for providers and 175% of Medicare for facilities, then the Program Manager will notify the member and/or representing broker within five (5) business days.

Regardless of the determination, the Third-Party Review Organization will provide on their letterhead the reason for the determination in addition to any specific data and metrics supporting that determination.

ADOPTED: JANUARY 28, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-26

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

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

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

NOW THEREFORE BE IT RESOLVED, that the Bergen Municipal Employee Benefits Fund establishes the following producer plan for 2026;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by each member entity.
2. Each producer will contract directly with the group and will provide the Broker of Record (BOR) letter to the Fund.
3. The following producers with the designated compensation levels, stated in per employee per month contractual amounts, are approved for 2026:

Group Name	RMC Name	Medical Rate PEPM	Dental Rate PEPM
Alpine	Eifert, French & Co	\$ 85.65	\$ -
Bergenfield	Otterstedt	\$ 46.09	\$ -
Carlstadt	World Insurance Associates LLC		\$ 3.69
Carlstadt Board of Education	World Insurance Associates LLC		\$ 3.36
East Rutherford	World Insurance Associates LLC		\$ 2.98
East Rutherford BOE	World Insurance Associates LLC		\$ 3.20
Edgewater	Reliance Insurance Group	\$ 41.59	\$ -
Emerson	World Insurance Associates LLC		\$ 0.82
Fairfield	IMAC	\$ 68.56	\$ -
Fairfield BOE	IMAC	\$ 64.60	\$ -
Ft. Lee	Vozza (dental lives)		\$ 5.02
Ft. Lee	Fairview Insurance	\$ 97.63	\$ -
Garfield City	Allen Associates	\$ 48.25	\$ -
Garwood	Competitive Advantage Companies	\$ 58.36	\$ -
Lodi	World Insurance Associates LLC		\$ 2.98
Maywood Borough	World Insurance Associates LLC		\$ 3.80
Mine Hill	Fairview Insurance		\$ 3.05
Moonachie	World Insurance Associates LLC	\$ 27.05	\$ -
North Arlington	World Insurance Associates LLC		\$ 2.98

Oakland	Reliance Insurance Group	\$ 43.31	\$ 5.49
Park Ridge	Vozza	\$ 39.54	\$ 5.49
Ridgefield Park	World Insurance Associates LLC	\$ 44.26	\$ -
Rochelle Park	Acrisure		\$ 2.98
Saddle River	World Insurance Associates LLC	\$ 17.92	\$ -
South Hackensack	World Insurance Associates LLC	\$ 23.82	\$ -
Totowa	Strategic Insurance Partners	\$ 107.58	\$ -
Verona	Fairview Insurance	\$ 7.28	\$ -
Wallington	Acrisure	\$ 14.26	\$ -
Wood-Ridge	World Insurance Associates LLC		\$ 2.25

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

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 10-26

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

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

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

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

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

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-26

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

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

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

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2026.

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

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 12-26

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

CORRECTIVE RESOLUTION

AUTHORIZING THE RENUMBERING OF DECEMBER AGENDA RESOLUTIONS

WHEREAS, the Bergen Municipal Employee Benefits Fund (the “Fund”) adopted certain resolutions at its duly noticed public meeting held on October 29, 2025, each of which was assigned a unique resolution number; and

WHEREAS, resolutions listed on the agenda for the public meeting held on December 1, 2025, were inadvertently assigned resolution numbers identical to those used in October 29, 2025, agenda; and

WHEREAS, it is necessary for purposes of accuracy, recordkeeping, transparency, and compliance with public record requirements to ensure that all resolutions adopted by the Fund are uniquely numbered; and

WHEREAS, the Fund desires to formally renumber the resolutions appearing on December 1, 2025, agenda to eliminate any duplication in the official records of the Fund.

NOW, THEREFORE, BE IT RESOLVED, by the Executive Committee of the Bergen Municipal Employee Benefits Fund, all resolutions listed on December 1, 2025, agenda that duplicate resolution numbers previously used on October 29, 2025, agenda are hereby renumbered effective retroactively to the date of the December meeting, as follows:

Resolution 41-25: Awarding the 2026 TPA Contract

Resolution 42-25: Professional Contract Awards

Resolution 43-25: Approving the Wellness Coordinator Contract

Resolution 44-25: Approving the November bills list

BE IT FURTHER RESOLVED that this correction is administrative in nature and does not amend, modify, or alter the action taken in the original resolution, which remains unchanged and in full force and effect; and

BE IT FURTHER RESOLVED that the Secretary is directed to update all official records, including the prior meeting’s minutes, to reflect this correction.

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 13-26

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2025, DECEMBER 2025 AND JANUARY 2026 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **JANUARY 27, 2026** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2025, December 2025, and January 2026 for consideration and approval of the Executive Committee; and

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

NOW THEREFORE BE IT RESOLVED the Commissioners of the Executive Committee of the **Bergen Municipal Employee Benefits Fund** hereby approve the Bills List for November 2025, December 2025, and January 2026 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-26

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
(THE "FUND") RESOLUTION TO ENTER INTO CLOSED SESSION**

BE IT RESOLVED by the Executive Committee of the Bergen Municipal Employee Benefits Fund, pursuant to the provisions of the Open Public Meetings Act, that it meet in closed session to discuss the following subject matter:

- Procurement Process/State Comptroller Report
- Matters within the Attorney Client Privilege

AND BE IT FURTHER RESOLVED that, as precisely as can be determined at this time, the discussion conducted in the said closed session can be disclosed to the public upon taking final action thereon, provided disclosure shall not violate the attorney-client privilege or constitute an undue invasion of privacy; and

BE IT FURTHER RESOLVED that, the Executive Committee will return to open session after this meeting and may take formal action.

ADOPTED: JANUARY 27, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: DECEMBER 1, 2025

ZOOM

11:30 A.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	Absent
Bob Kakoleski, Executive Committee	Present
Anthony Ciannanea, Executive Committee	Present
James Gasparini, Executive Committee	Present
Erin Delaney, Executive Committee Alternate	Absent
Tomas Padilla, Executive Committee Alternate	Present
Joe Voytus, Executive Committee Alternate	Absent
Durene Ayer, Executive Committee Alternate	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Caitlin Perkins Jordyn Robinson
Attorney	Huntington Bailey, LLP	Bill Bailey
Treasurer	Joseph Iannaconi	Present
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Crista O'Donnell
Auditor	Lerch, Vinci & Higgins	Absent
Actuary	John Vataha	Absent
Board Advisor	LaMendola Associates	Clark LaMendola
Benefits Consultant	Conner Strong	John Lajewski
RX Administrator	Express Scripts	Absent

OTHERS PRESENT:

Dave Vozza	Vozza Agency
Jesse Moehlman	Borough of Fanwood

Nicholas Prochilo	City of Garfield
Matthew McArrow Sr	GJEM RMC
Renee Geer	World Insurance
Frank Covelli	World Insurance
Laurie O'Hanlon	Midland Park
Marc Schrieke	Lodi Borough
Brittany Voza	Voza Agency
Jennifer Appice	Wallington Borough

MOTION TO APPROVE OCTOBER 29, 2025, MINUTES:

MOTION:	Commissioner Franz
SECOND:	Commissioner Padilla
ROLL CALL VOTE:	5 ayes, 0 nay, 2 abstained

CORRESPONDENCE – None

COMMITTEE REPORTS:

Strategic Planning – No Reports

Administration and Finance Committee – Commissioner Kakoleski did review the RFP professional contracts and the recommendations are included in the agenda. He noted further discussion will be discussed during the Executive Director report.

Wellness Committee – Commissioner Padilla reported that a resolution is included in the agenda to appoint a new Wellness Coordinator. He noted the committee met with the new coordinator to discuss the transition period. Chair Hart noted that there is meeting notes attached to the agenda if for further information.

Small Claims Committee – No Report

Nominations Committee – No Report.

New Members Committee – Commissioner Franz noted that the Executive Committee level emailed the Commissioners and provided the list of entities that inquired to join the Fund. Chair Hart noted that the information is included in the agenda and noted two entities that may join in the future. Mr. Lajewski stated that proposals were released but have not heard any information and noted additional entities that were declined to quote and will be released with these additions. Chair Hart confirmed the process of when new entities inquire about joining the Fund.

EXECUTIVE DIRECTOR'S REPORT

EMERGENCY PROCUREMENT RESULTS - TPA - Executive Director noted that the recommendation from the Fund Attorney and QPA was to proceed with an emergency procurement for Medical TPA. She noted that the proposal has been reviewed and recommended in Resolution 37-25 for a one-year contract.

Chair Hart noted that there were some favorable terms that were negotiated within the contract. Mr. Lodics stated that there was a lot of focus on the National Advantage Plan (NAP), which is the out-of-network negotiation where shared savings is associated. Mr. Lodics went into specifics on the per employee per month cap and Ms. Koval noted that these were not included in the budget there would be additional surplus earnings.

COMPETITIVE CONTRACTING - PROFESSIONALS - Executive Director noted that there were two responses per each proposal, the incumbent and another group that applied to all RFPs. The Committee reviewed the proposals and recommended Resolution 38-25. She thanked the Fund Attorney and QPA for handling the process.

NEW MEMBER REPORT - Executive Director noted as previously discussed, this report will be included in agendas moving forward.

WELLNESS COORDINATOR - Executive Director added from Commissioner Padilla's report that a monthly meeting will occur with Dina Robinson moving forward to ensure that the wellness program continues to be developed and stated that the per month fee has not changed from the previous wellness coordinator contracts. Chair Hart commented that the committee is looking forward to working with Dina

PERMA PERSONNEL UPDATES - Mr. Lodics provided an oversight on the PERMA changes throughout the Funds which provides more attention in the areas of the financials and Mr. Jim Rhodes, who has worked with the NSA and legislation piece, will bring forth his experience as the Executive Director. Mr. Lodics thanked everyone for their support, noting that there has been some tough budgets and challenges in the market. He confirmed that he will still be working with the Fund but in a different capacity. Mr. Rhodes stated he is excited about the new role and working with the team. He commented that if there are any additional services or information you believe that the Executive Director team can help with to reach out to him.

TREASURER'S REPORT - No questions or discussion regarding the bills list.

CONSENT AGENDA:

MOTION TO APPROVE THE CONSTANT AGENDA:

Resolution 41-25: Award of Contract – Medical TPA

Resolution 42-25: Hiring of Professional Services

Resolution 43-25: Appointment of Wellness Coordinator

Resolution 44-25: November 2025 Bills List

MOTION:	Commissioner Gasparini
SECOND:	Commissioner Kakoleski
VOTE:	All in favor

OLD BUSINESS: Chair Hart noted that Franklin Lakes sent out a letter to support the efforts with the reforming the No Surprises Act. He stated a copy should have been received and would appreciate the continued support from entities. He thanked Mr. Rhodes for his assistance with generating the letter.

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO OPEN PUBLIC COMMENT:

MOTION:	Commissioner Gasparini
SECOND:	Commissioner Kakoleski
VOTE:	Unanimous

MOTION TO CLOSE PUBLIC COMMENT:

MOTION:	Commissioner Gasparini
SECOND:	Commissioner Kakoleski
VOTE:	Unanimous

MOTION TO ADJORN:

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

MEETING ADJOURNED: 12:00 pm

NEXT MEETING: JANUARY 27, 2026

Caitlin Perkins, Account Manager

APPENDIX II



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO BOX 325
TRENTON, NJ 08625-0325
TEL (609) 292-7272
FAX (609) 292-6765

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

JUSTIN ZIMMERMAN
Commissioner

November 19, 2025

TO: Bergen Municipal Employee Joint Insurance Fund (aka Gateway BMED Fund)
Attn: Gregory Hart, Chairman (in care of Brandon Lodics)
Brandon Lodics, Executive Director

FROM: Carolina Chong
Insurance Examiner

RE: 2025 Health Insurance Joint Insurance Fund Questionnaire

The Department of Banking and Insurance ("DOBI") has reviewed the Fund's 2024 audit report.

Please provide responses to the following questions.

Financial:

1. If the fund has a decrease in net position from the prior year or a negative net position in the current year, please explain the cause(s).
 - a) Pursuant to N.J.A.C. 11:15-3.16(b), if the fund has a negative net position, the fund commissioners shall submit to the Commissioner and the Commissioner of the Department of Community Affairs a report of the causes of the account's insufficiency, the assessments necessary to replenish it and the steps taken to prevent a recurrence of such circumstances. As such, please detail the plan to address the cause(s) of the fund's net position and any steps the fund intends to take to prevent the circumstances that resulted in the negative net position.
 - b) If the fund is in a negative net position and intends to increase the annual assessment, please explain the actuarial methodology that was used to develop the rate increase.
 - c) If the plan does not include any planned supplemental assessments or interfund year transfer, please explain the rationale for this position.
2. If the plan does not include an increase for the subsequent annual assessment, please explain the rationale for this position.

3. Has the fund returned dividends/refunds to members in the past three years? If so, please detail.
4. If a member has not paid an assessment, what are the fund's process to follow up with the member?
5. Do the fund's bylaws include requirements for payment of supplemental assessments for departing members? If so, please detail.
6. How does a fund's supplemental assessment or interfund year transfer impact the ability of the fund to compare rates for the subsequent policy year? Are the fund commissioners and members aware of the fund's net position in time to appropriately analyze proposed rates for the subsequent policy year?

Governance:

1. A. Pursuant to N.J.A.C. 11:15-3.6(e)3, please provide the applicable documentation as of January 1, 2025. Copies of the fund's prospective and executed agreements or contracts, and any renewal or new agreements or contracts with any administrator, servicing organization or program manager. Such agreements or contracts shall specify the duties of, and the compensation to be paid to, each such entity. Copies of the above shall be accompanied by a list of all parties having or deriving any interest, right or benefit in the servicing organization, program manager or administrator, as well as any services to be performed which are subcontracted. **Provide current agreements or contracts – do not provide Exhibit A.**

B. In addition to A above, to the extent the terms and conditions of any renewal agreement or contract and the parties thereto remained unchanged from prior years, please indicate when the original agreement(s) or contract(s) were established.
2. A. Pursuant to N.J.A.C. 11:15-3.6(e)10, please provide a completed and updated Exhibit B for all senior officers and directors of the administrator and servicing organizations providing services to the fund in 2025. **Do not provide Exhibit C.**

B. In addition to A above, to the extent the information contained in the data forms remained unchanged from prior years, please indicate when the original data form(s) were completed.

Please email the Fund's responses to carolina.chong@dobi.nj.gov by December 5, 2025. If there are any questions, please feel free to contact me. Thank you.

Copies to: David Wolf, Aileen Egan, William Leach [DOBI]
Michael Rogers, Nick Bennett [DCA]



Date: December 12, 2025

To: Ms. Carolina Chong, Department of Banking and Insurance, Insurance Examiner

Re: Inquiry of November 19, 2025, on the Bergen Municipal Employee Benefits Fund financial position through 12/31/24

Dear Ms. Chong,

The Bergen Municipal Employee Benefits Fund (the "Fund" or "BMED") is in receipt of your November 19, 2025 correspondence inquiring into the Fund's financial position through December 31, 2024. Below are the Fund's responses to your inquiry.

1. a) As of September 30, 2025, Fund Year (FY) 2024 is running at surplus deficit of \$2,185,433.. The Executive Committee has reviewed the challenges that the Fund saw in 2024, some of which occurred in 2025, affecting the 2024 surplus position.

The following challenges surfaced, particularly in the second half of 2024:

The Hackensack-Meridian Health System's Contract – in July 2024, there was a revised hospital pricing deal with Aetna. HMHS is the Fund's top utilized facility. This was a public and challenging negotiation for both HMHS and Aetna. These hospital negotiations are intensifying statewide. In the end, HMHS secured a material increase in reimbursement which is having a direct and immediate impact on the Fund's claim costs. Subsequently, the contract included a fee escalator effective July 1, 2025 that was unknown to the Fund as these contract negotiations are proprietary to our Third-Party Administrators.

The number of high-cost claimants exceeding \$100,000 (but under the specific retention MRHIF level) were greater than what has been realized in prior years. These claim costs are borne solely by the Fund with no reimbursement from the MRHIF. In April 2025, the BMED took action to reduce its SIR to \$325,000, allowing additional exposure to move from the BMED to the Municipal Reinsurance Health Insurance

Fund. The Executive Committee evaluated the risk vs. additional premium and felt it the Fund would benefit from a lower self insured retention.

Inpatient Hospital Stays increased substantially and contributed to 22% of the medical spend in 2024. The frequency and costs are up dramatically from prior years. Some of this is related to the large claims noted.

Out of Network utilization increased year over year for the past several years, although the Aetna network exceeds access requirements across the region. In July 2025, to address out of network utilization the Fund universally lowered the out of network fee schedule from FAIR to a percent of the Medicare Schedule.

GLP-1 Utilization (weight loss drug) for non-type II diabetic care has increased dramatically over the past year(s). The impact of GLP-1s for weight loss has contributed to an estimated 50% of the 2025 prescription increase. These drugs are expected to be approved for additional indications, which will likely continue to drive increased prescription costs. Although a cost containment program was adopted in 2024 which should help reduce pharmacy spend, it will not significantly reduce utilization and cost.

No Surprises Act Claims - In addition to utilization and unit cost increases, claims resulting from the Federal Government's No Surprises Act (NSA) had a significant impact on the Fund's financials in the second quarter of 2025, for claims that were incurred in 2022-2024. Out of Network claims originally processed and included in the Fund's experience used by the Actuary to project the 2023, 2024 and 2025 budgets did not include the unforeseen NSA awards. NSA awards arbitrated years after they were incurred, were reprocessed at a much higher amount in 2025. The additional awards that the out-of-net network providers received were not considered or trended forward in these budgets. Starting in 2026 the Fund will be subject to New Jersey surprise billing system to mitigate the impact of the significant arbitration awards resulting from the federal system.

b) In June 2025, the Fund adopted a \$5 million supplemental assessment to address the deficits. The Fund will begin collecting those funds in January 2026 over a 3 year period. This was filed with the appropriate State agencies on July 23, 2025.

c) In addition to the above assessment, the 2026 Budget includes a surplus regeneration line to help offset prior deficits.

2. To determine the FY 2024 budget, the Fund Actuary used data through June 30, 2023, and recommended a medical increase of 7.2% and prescription of 19.7%. Claims increases

began to surface in the second half of 2024, after the budget had been adopted. The Fund did not elect to do a subsequent annual assessment and included surplus regeneration in the 2025 and 2026 budgets.

3. The Fund has not returned a dividend or refund in the past 3 years.

4. The Treasurer would be responsible for following up and recovering the outstanding assessments from the member entities. The Risk Management Plan outlines a policy for premium collection, including a late fee.

5. Yes, the below excerpt has been pulled from the Fund bylaws to address surplus/deficits for terminated members:

A member that has been terminated or does not continue as a member of the Fund shall nevertheless share in any surplus in the appropriate trust accounts for that Fund Year pro rata according to its participation and remain jointly and severally liable for claims incurred by the Fund and its members during the period of its membership, including, but not limited to, being subject to and liable for supplemental assessments.

Prior to the conclusion of the Fund's current fiscal year, the Fund shall provide written notification to a member that has been terminated by or withdrawn from the Fund, of the estimated surplus or estimated supplemental assessment for which the member may share or be liable pursuant to 4 above.

6. The Fund instituted a supplemental assessment in 1999. The Fund Commissioners and members are aware of the Fund's net position through monthly financial reports delivered in the Fund meetings and distributed to all members. The Financial reports include cash and surplus positions for all Fund Year.

We continue to closely monitor the Fund's financial position and will escalate efforts if necessary to ensure the continued strength and liquidity of this HIF.

As for the governance, attached with this letter is a listing of the Fund professionals and their contract and bio form status. The completed documents are also included in a zip file. If there is a missing document due to a delay in a signature or legal review with the vendor, we will be diligently following up and expect to have all outstanding documents filed with DOBI by January 31, 2026.

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

Respectfully submitted,

Emily Koval

Associate Executive Director

Cc: Aileen Egan, Manager
William Leach, Supervising Insurance Examiner
Nick Bennett, Regulatory Office
Gregory Hart, Fund Chair
William J. Bailey, Fund Attorney

APPENDIX III

OATH OF OFFICE

State of New Jersey

County of Bergen

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

Sworn and subscribed to

before me this (27th day of January 2026)

_____, Esquire

Attorney-at-law of New Jersey