



AGENDA AND REPORTS
AUGUST 27, 2024
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: AUGUST 27, 2024
FRANKLIN LAKES BOROUGH HALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

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

APPROVAL OF MINUTES: June 18, 2024 Open..... Appendix I

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

STRATEGIC PLANNING COMMITTEE - Rich Kunze, Chair

FINANCE/ADMINISTRATION COMMITTEE - Robert Kakoleski, Chair
- *August 19, 2024 Meeting Minutes - Appendix III*

WELLNESS COMMITTEE - Tom Padilla, Chair
- *July 31, 2024 Meeting Minutes - Appendix II*

SMALL CLAIMS COMMITTEE - Donna Gambutti, Chair

NOMINATION COMMITTEE - Anthony Ciannamea, Chair

NEW MEMBERS COMMITTEE - Gregory Franz, Chair

EXECUTIVE DIRECTOR - PERMA - Brandon Lodics

Executive Director's Report**Page 4**

BENEFITS CONSULTANT REPORT - Crystal Bailey
Conner Strong & Buckelew.....Page 10

ATTORNEY - Russell Huntington, Esq.

TREASURER - Joseph Iannaconi
Voucher List July and August 2024.....Page 14
Treasurers Report August 2024
Confirmation of Claims Paid/Certification of Transfers

BOARD ADVISOR - Clark LaMendola

THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein
Monthly ReportPage 22

PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk
Monthly Report.....Page 26

DENTAL ADMINISTRATOR - Delta Dental - Kim White
Monthly ReportPage 30

CONSENT AGENDAPage 31
Revised Resolution 8-24: 2024 Risk Management Plan.....Page 32
Resolution 26-24: Small Claims Decision Ratification.....Page 42
Resolution 27-24: July and August 2024 Bills List.....Page 43

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

MEETING ADJOURNED

**Bergen Municipal Employee Benefits Fund
Executive Director's Report
August 27, 2024**

FINANCE AND OPERATIONS

PRO FORMA REPORTS

- **Fast Track Financial Reports** as of June 30, 2024 (page 5)
 - **Historical Income Statement**
 - **Ratios and Indices Report**

MRHIF MEETING

The MRHIF met on August 14 primarily to approve the data warehouse RFP. The MRHIF Contracts Committee recommended Cedar Gate which had proven to be the best product of the three responses received. Among many features, this software will be able to provide reports that will help catch trends early, predictive modeling and actuarial renewal projections. The contract will begin April 1.

BUDGET UPDATE

The Fund's data through July has been sent to the Fund Actuary. The Finance Committee met last week to review claim trends impacting the financials. The Committee will meet again prior to the September meeting to review the 2025 budget projection and recommend introduction.

BILLING POLICY

At the last meeting, this billing policy was tabled for reconsideration of the late fee percentage. Since then, PERMA and the Attorney reviewed and are recommending reducing the fee from 10% to 2% which is closer to industry standards. Revised Resolution 8-24 is included in consent.

Since the last meeting, PERMA has connected with all the groups that voiced concern and are happy to report that the majority of the issues have been resolved and we are in the final stages of rectifying the last remaining issue.

RFP UPDATES

Health Cooperative System: The Medical TPA RFP remains in review with the OSC. The Medicare Advantage RFP will be released shortly.

Professional RFPs: The QPA recommends a shared service agreement between him and the MRHIF where his contract currently stands. Once this is passed and the agreement is signed, the professional RFPs will be released for a late September due date. Resolution -24 approves this shared service agreement.

Also, at the guidance of the QPA, the Fund Attorney will handle and receive the Executive Director and Benefits Consultant RFP responses.

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	June 30, 2024			
		THIS MONTH	YTD CHANGE	PRIOR YEAR END		FUND BALANCE
1.	UNDERWRITING INCOME	5,189,377	27,077,550	747,914,728		774,992,278
2.	CLAIM EXPENSES					
	Paid Claims	4,628,247	25,881,871	611,374,596		637,256,467
	IBNR	101,851	653,141	4,336,450		4,989,591
	Less Specific Excess	121,050	(65,164)	(16,263,655)		(16,328,819)
	Less Aggregate Excess	-	-	(602,911)		(602,911)
	TOTAL CLAIMS	4,851,147	26,469,848	598,844,480		625,314,328
3.	EXPENSES					
	MA & HMO Premiums	219,173	1,305,072	29,364,075		30,669,147
	Excess Premiums	126,589	700,033	34,417,793		35,117,826
	Administrative	251,271	1,405,864	57,893,549		59,299,413
	TOTAL EXPENSES	597,032	3,410,969	121,675,417		125,086,386
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(258,802)	(2,803,267)	27,394,831		24,591,564
5.	INVESTMENT INCOME	49,558	148,126	3,686,363		3,834,489
6.	DIVIDEND INCOME	-	-	7,518,953		7,518,953
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(209,243)	(2,655,140)	38,600,147		35,945,007
8.	DIVIDEND	-	-	29,523,154		29,523,154
STATUTORY SURPLUS (7-8+9)		(209,243)	(2,655,140)	9,076,993		6,421,853
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus	(89,704)	(239,018)	9,350,153		9,111,135
	Cash	(1,545)	396,809	7,872,931		8,269,740
2023	Surplus	(27,723)	(329,131)	(273,160)		(602,291)
	Cash	(93,336)	(3,061,976)	2,488,509		(573,467)
2024	Surplus	(91,816)	(2,086,991)			(2,086,991)
	Cash	(23,532)	3,054,424			3,054,424
TOTAL SURPLUS (DEFICITS)		(209,243)	(2,655,140)	9,076,993		6,421,853
TOTAL CASH		(118,414)	389,257	10,361,440		10,750,697
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS		117,994	329,043	560,330,952		560,659,995
FUND YEAR 2023						
	Paid Claims	101,623	4,694,938	34,177,078		38,872,016
	IBNR	(75,888)	(4,087,103)	4,336,450		249,347
	Less Specific Excess	12,128	(177,670)	-		(177,670)
	Less Aggregate Excess	-	-	-		-
TOTAL FY 2023 CLAIMS		37,863	430,165	38,513,528		38,943,693
FUND YEAR 2024						
	Paid Claims	4,517,551	20,970,397			20,970,397
	IBNR	177,739	4,740,244			4,740,244
	Less Specific Excess	-	-			-
	Less Aggregate Excess	-	-			-
TOTAL FY 2024 CLAIMS		4,695,290	25,710,641			25,710,641
COMBINED TOTAL CLAIMS		4,851,147	26,469,848	598,844,480		625,314,328

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							
		FY2024					
INDICES	2023	JAN	FEB	MAR	APR	MAY	JUN
Cash Position	10,361,441	\$ 10,755,617	\$ 10,233,547	\$ 9,963,433	\$ 10,628,533	\$ 10,869,111	\$ 10,750,697
IBNR	4,336,450	\$ 3,956,447	\$ 3,851,089	\$ 4,438,200	\$ 4,723,942	\$ 4,887,740	\$ 4,989,591
Assets	13,995,967	\$ 13,804,164	\$ 12,890,643	\$ 13,263,500	\$ 12,954,404	\$ 11,881,574	\$ 11,762,204
Liabilities	4,918,973	\$ 4,391,005	\$ 4,274,204	\$ 4,840,541	\$ 5,112,278	\$ 5,250,477	\$ 5,340,350
Surplus	9,076,994	\$ 9,413,159	\$ 8,616,439	\$ 8,422,959	\$ 7,842,127	\$ 6,631,097	\$ 6,421,854
Claims Paid -- Month	3,980,289	\$ 3,485,651	\$ 4,323,347	\$ 3,726,835	\$ 4,555,147	\$ 5,162,645	\$ 4,628,247
Claims Budget -- Month	3,160,967	\$ 3,375,529	\$ 3,365,898	\$ 4,214,827	\$ 4,224,158	\$ 4,230,490	\$ 4,246,102
Claims Paid -- YTD	38,370,902	\$ 3,485,651	\$ 7,808,998	\$ 11,535,833	\$ 16,090,980	\$ 21,253,625	\$ 25,881,871
Claims Budget -- YTD	37,095,915	\$ 3,375,529	\$ 6,741,428	\$ 10,956,254	\$ 15,180,413	\$ 19,448,044	\$ 23,694,146
RATIOS							
Cash Position to Claims Paid	2.60	3.09	2.37	2.67	2.33	2.11	2.32
Claims Paid to Claims Budget -- Month	1.26	1.03	1.28	0.88	1.08	1.22	1.09
Claims Paid to Claims Budget -- YTD	1.03	1.03	1.16	1.1	1.1	1.1	1.1
Cash Position to IBNR	2.39	2.72	2.66	2.24	2.25	2.22	2.15
Assets to Liabilities	2.85	3.14	3.02	2.74	2.53	2.26	2.2
Surplus as Months of Claims	2.87	2.79	2.56	2	1.86	1.57	1.51
IBNR to Claims Budget -- Month	1.37	1.17	1.14	1.05	1.12	1.16	1.18

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

	Cumulative	Annualized	Latest filed	Cumulative Expensed	\$ Variance	% Variance
Expected Losses						
Medical Claims Aetna	20,701,408	43,168,273	32,881,902	21,859,825	(1,158,417)	-6%
Prescription Claims	2,769,943	5,561,597	5,957,942	2,796,468	(857,508)	-44%
Prescription Formulary Rebates	(830,983)	(1,668,479)	(1,787,383)	Included Above in Prescription Claims		
Dental Claims	1,053,778	2,118,072	2,090,604	1,054,348	(569)	0%
Subtotal	23,694,146	49,179,463	39,143,065	25,710,641	(2,016,494)	-9%
HMO/DMO Premiums	15,240	30,431	46,598	10,466	4,775	31%
Medicare Advantage / EGWP	1,236,424	2,482,426	2,162,509	1,294,607	(58,182)	-5%
Reinsurance						
Specific	700,105	1,448,182	1,195,147	700,033	72	0%
Total Loss Fund	25,645,916	53,140,501	42,547,319	27,715,746	(2,069,830)	-8%
Loss Fund Contingency	64,471	128,942	128,942	0	64,471	0%
Expenses						
Legal	13,000	26,000	26,000	13,002	(2)	0%
Treasurer	10,744	21,488	21,488	10,740	4	0%
Administrator	230,509	464,059	448,496	230,308	201	0%
Risk Management Consultants	524,150	1,210,921	900,459	505,719	18,432	4%
TPA - Claims Agent Aetna	386,622	799,736	693,002	387,165	(543)	0%
Dental TPA	47,689	95,815	95,190	47,658	30	0%
Actuary	9,450	18,900	18,900	9,450	-	0%
Auditor	9,600	19,200	19,200	9,600	-	0%
Benefits Consultant	207,284	425,363	363,502	207,315	(31)	0%
Board Advisor	9,551	19,102	19,102	7,500	2,051	21%
Subtotal Expenses	1,448,599	3,100,584	2,605,339	1,428,457	20,142	1%
Miscellaneous and Special Services						
Misc/Cont	9,500	19,000	19,000	9,664	(164)	-2%
Wellness, Disease, Case Management	62,500	125,000	125,000	12,333	50,167	80%
Affordable Care Act Taxes	5,258	10,877	8,976	3,391	1,867	36%
A4 Surcharge	15,857	32,309	34,542	15,383	474	3%
Plan Documents	3,250	6,500	6,500	3,250	-	0%
Claims Audit	20,000	40,000	40,000	0	20,000	100%
Subtotal Misc/Sp Svcs	116,365	233,685	234,018	44,021	72,344	62%
Total Expenses	1,564,964	3,334,269	2,839,357	1,472,478	92,486	6%
Total Budget	27,275,351	56,603,712	45,515,618	29,188,224	(1,912,873)	-7%

Bergen Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2024
BY FUND YEAR

	BMED 2024	BMED 2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	3,054,424	(573,467)	8,269,740	10,750,697
Assesments Receivable (Prepaid)	(1,350,919)	70,658	-	(1,280,261)
Interest Receivable	7,285	6,328	19,587	33,201
Specific Excess Receivable	-	177,670	1,109,981	1,287,651
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	970,916	-	-	970,916
Total Assets	2,681,706	(318,810)	9,399,308	11,762,204
LIABILITIES				
Accounts Payable	-	0	-	0
IBNR Reserve	4,740,244	249,347	-	4,989,591
A4 Retiree Surcharge	15,463	30,634	-	46,097
Dividends Payable	-	-	227,631	227,631
Retained Dividends	-	-	60,541	60,541
Accrued/Other Liabilities	12,991	3,500	-	16,491
Total Liabilities	4,768,698	283,481	288,172	5,340,350
EQUITY				
Surplus / (Deficit)	(2,086,991)	(602,291)	9,111,136	6,421,854
Total Equity	(2,086,991)	(602,291)	9,111,136	6,421,854
Total Liabilities & Equity	2,681,706	(318,810)	9,399,308	11,762,204
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.

16-Aug-24

REGULATORY

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
YEAR: 2024**

<u>Yearly Items</u>	<u>Filing Status</u>
<input type="checkbox"/> Budget	2024 Filed
<input type="checkbox"/> Assessments	2024 Filed
<input type="checkbox"/> Actuarial Certification	2024 Filed
<input type="checkbox"/> Reinsurance Policies	Filed
<input type="checkbox"/> Fund Commissioners	Filed at Reorg
<input type="checkbox"/> Fund Officers	Filed at Reorg
<input type="checkbox"/> Renewal Resolutions	Filed at Reorg
<input type="checkbox"/> Indemnity and Trust	In process
<input type="checkbox"/> New Members (list)	N/A
<input type="checkbox"/> Withdrawals	N/A
<input type="checkbox"/> Risk Management Plan and By Laws	Filed at Reorg
<input type="checkbox"/> Cash Management Plan	Filed at Reorg
<input type="checkbox"/> Unaudited Financials	3/31/2024 Filed
<input type="checkbox"/> Annual Audit	Pending approval
<input type="checkbox"/> Budget Changes	N/A
<input type="checkbox"/> Transfers	N/A
<input type="checkbox"/> Additional Assessments	N/A
<input type="checkbox"/> Professional Changes	N/A
<input type="checkbox"/> Officer Changes	N/A
<input type="checkbox"/> Risk Management Plan Changes	N/A
<input type="checkbox"/> Bylaw Amendments	N/A
<input type="checkbox"/> Benefit Changes (list)	N/A
<input type="checkbox"/> Other	N/A

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

August 2024

Benefits Consultant: Conner Strong & Buckelew

Online Enrollment Training: aflinn@permainc.com

Enrollments/Eligibility/Billing: bmedenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

In the subject line of the email, please include *Training – Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE:

Mail Order Drug Removal

Effective August 19th, 2024, ESI will no longer dispense the drugs on the list on page 13 at their mail order facilities. Member communications have been sent to impacted members.

Please note the following:

- If a patient sends in a new prescription or requests a refill or renewal for a medication that is no longer stocked, the order will not be processed and the patient will receive a cancellation communication via their existing communication preference, to do one of the following:
 - Consult with their provider on whether an alternative medication available at home delivery is appropriate
 - Fill their prescription from an alternative pharmacy, such as a retail location in their community
- Only the drugs with the specific NDC noted on the attached are impacted
- ESI will continue to fill the drugs on the list through mail order until they no longer have the stock

Please note the impacted members at the MRHIF level is very small and should have little to no impact to members if following the above guidelines.

Notice of Creditable Coverage (NOCC)

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

HIFs. The Benefit Consultant team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

Effective September 1, 2024:

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

Effective January 1, 2025:

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

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

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

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

OPERATIONAL UPDATES: None

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

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

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

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

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

2023 Specialized Audits

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

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

Appeals

Carrier Appeals: None

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/27/2024	Medical/Aetna	BMED 2024 06 02	Anesthesia	Upheld	07/23/2024

IRO Submissions: None

BMED Small Claims Committee Appeals: None

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/27/2024	Medical/Aetna	BMED 2024 06 02	Anesthesia	Upheld	07/23/2024

ESI Mail Order Removed Drug Listing as of 8-19-2024

Drug Name	NDC
ACIPHEX	69784024330
ACIPHEX	80725024330
AMBIEN	00024540131
AMBIEN	00024542131
AUVELITY	81968004530
AVAR	00178048008
AVAR LS	00178047508
CELEBREX	00025152031
CELEBREX	00025152051
CELEBREX	00025152531
CELEBREX	00025152551
CELEBREX	00025153002
CELEBREX	58151008591
CIALIS	00002446230
CIALIS	00002446330
CIALIS	00002446430
CLINDACIN P	43538017069
EFFEXOR XR	00008083322
EFFEXOR XR	00008083622
EFFEXOR XR	00008083722
ENDOCET	60951070070
ENDOCET	60951070170
ENDOCET	60951071270
FETZIMA	00456221230
FETZIMA	00456222030
FETZIMA	00456224030
FETZIMA	00456228030
IBSRELA	73154005060
ISRADIPINE	16252053901
ISRADIPINE	16252054001
ISRADIPINE	64850091001
JUBLIA	00187540004
JUBLIA	00187540008
KARIVA	00555905058
LEXAPRO	00456200501
LEXAPRO	00456201001
LEXAPRO	00456202001
LIALDA	54092047612
MILLIPRED	73534050501
MOTTEGRITY	54092054601
MOTTEGRITY	54092054701
NORVASC	00069152068
NORVASC	00069153072
NORVASC	00069154068
OCELLA	00555913167

PREVACID	64764004613
PREVACID	64764054311
PREVACID	64764054411
PREVACID 24HR	00113600203
PROTONIX	00008084181
PROTONIX	00008084381
PROZAC	00777310402
PROZAC	00777310502
PROZAC	00777310730
QELBREE	17772013130
QELBREE	17772013230
QELBREE	17772013330
QNASL	59310041012
QNASL CHILDREN	59310040606
SINGULAIR	78206017202
SINGULAIR	78206017301
SUNOSI	81968035001
SUNOSI	81968035101
VIAGRA	00069420030
VIAGRA	00069421066
VIAGRA	00069422066
WELLBUTRIN SR	00173013555
WELLBUTRIN SR	00173072200
WELLBUTRIN SR	00173094755
WELLBUTRIN XL	00187073090
WELLBUTRIN XL	00187073130
XULANE	00378334053
YUVAFEM	65162022621
ZOLOFT	00049490030
ZOLOFT	00049491030
ZOLOFT	00049496030

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
BILLS LIST**

Resolution No. _____

JULY 2024

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

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

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

FUND YEAR CLOSED

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND	XS CLAIM OVERPAY- MR HIF TO BMED	1,994.68
		1,994.68
	Total Payments FY CLOSED	1,994.68

FUND YEAR 2023

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
STATE OF NJ HEALTH BENFTS FUND	2023 SURCHARGE-ACTUAL 7/22-6/23	30,634.00
		30,634.00
LERCH,VINCI & BLISS, LLP	B MED PORTION OF Y/E AUDIT 2023	2,000.00
		2,000.00
	Total Payments FY 2023	32,634.00

FUND YEAR 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
STATE OF NJ HEALTH BENEFITS FUND	2024 ESTIMATED SURCHARGE	15,463.00
		15,463.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEE- S HACKENSACK 05/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEE- S HACKENSACK 06/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEE- S HACKENSACK 04/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 06/24	3.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 06/24	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 04/24	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 05/24	105.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 4/24	71.07
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 06/24	71.07
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 05/24	71.07
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 05/24	3.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 04/24	3.00
		582.21
PERMA	POSTAGE 06/24	64.66
PERMA	ADMIN FEES 07/24	39,001.14
		39,065.80
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 07/24	2,083.33
		2,083.33
JOSEPH IANNAONI JR.	TREASURER FEE 07/24	1,790.00
		1,790.00
LAMENDOLA ASSOCIATES, INC.	FUND ADVISOR RETAINER 06/24	1,500.00
		1,500.00
NJ ADVANCE MEDIA	ACCT 52759 AD 10883507 6/27/24	9.46
		9.46
ACCESS	INV 10978737 DEPT 418 06/30/24	210.59
		210.59

Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- 04/24	1,178.32
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 07/24	1,096.12
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES-05/24	1,055.02
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- 06/24	1,096.12
		4,425.58
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES IMAC 06/24	15,096.48
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- IMAC 07/24	15,038.19
		30,134.67
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- 07/24	44,259.60
		44,259.60
SADDLE RIVER DELI	LUNCH FOR MEETING 04/24	509.70
SADDLE RIVER DELI	LUNCH FOR MEETING 06/24	509.70
		1,019.40
GJEM INSURANCE AGENCY INC	BROKER FEES 07/24	5,955.00
		5,955.00
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 07/24	4,263.60
		4,263.60
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 07/24	6,581.17
		6,581.17
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 07/24	124,798.80
		124,798.80
	CHECK TOTALS- CLOSED 23 & 24	316,770.89
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE	215,548.63
		215,548.63
FLAGSHIP DENTAL PLANS	E. RUTHER. DENT. PREM.- ID 16- 7/1/24	1,848.67
FLAGSHIP DENTAL PLANS	DENT. PREM. -RUTHERFORD- ID 695 7/1/24	1,074.79
		2,923.46
CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 07/24	36,297.80
CONNER STRONG & BUCKELEW	PLAN DOCS	541.67
		36,839.47
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 07/24	4,411.51
		4,411.51
THE VOZZA AGENCY	BROKER FEES 07/24	7,326.84
		7,326.84
ALLEN ASSOCIATES	BROKER FEES 07/24	9,645.96
		9,645.96
AETNA	MEDICAL TPA 07/24	68,918.22
		68,918.22
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 07/24	8,029.36
		8,029.36
	ACH TOTALS	353,643.45
	Total Payments FY 2024	635,785.66
	TOTAL PAYMENTS ALL FUND YEARS	670,414.34

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

BILLS LIST

Resolution No. _____

AUGUST 2024

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

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

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

FUND YEAR 2024

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA FEE- S HACKENSACK 07/24	15.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO MONTVALE 07/24	105.00
INSPIRA FINANCIAL HEALTH, INC	MONTHLY HSA-BORO OAKLAND 07/24	3.00
INSPIRA FINANCIAL HEALTH, INC	HSA FEES-BOR WALLINGTON 07/24	71.07
		194.07
PERMA	ADMIN FEES 08/24	39,056.84
PERMA	POSTAGE 07/24	128.51
		39,185.35
HUNTINGTON BAILEY, LLP	ATTORNEY FEES 08/24	2,167.00
		2,167.00
JOSEPH IANNAICONI JR.	TREASURER FEE 08/24	1,790.00
		1,790.00
ACCESS	INV 10928949 DEPT 418 5/31/24	203.54
		203.54
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 08/24	1,096.12
		1,096.12
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES- 08/24	14,409.70
		14,409.70
Acrisure NJ Partners Ins. Services, LLC	BROKER FEES 08/24	44,301.21
		44,301.21
GJEM INSURANCE AGENCY INC	BROKER FEES 08/24	5,955.00
		5,955.00
COMPETITIVE ADVANTAGE BENEFITS LLC	BROKER FEES 08/24	3,646.50
		3,646.50
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEES 08/24	6,798.50
		6,798.50
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 08/24	124,727.20
		124,727.20
	CHECK TOTAL	244,474.19
AETNA HEALTH MANAGMENT, LLC	MEDICARE ADVANTAGE 08/24	141,348.01
		141,348.01
FLAGSHIP DENTAL PLANS	E. RUTHER. DENT. PREM.- ID 16- 8/1/24	1,456.95
FLAGSHIP DENTAL PLANS	DENT. PREM. -RUTHERFORD- ID 695 8/1/24	1,074.79
		2,531.74
AETNA	MEDICAL TPA 08/24	68,878.68
		68,878.68
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 08/24	8,049.40
		8,049.40

CONNER STRONG & BUCKELEW	BENEFITS CONSULTANT FEES 08/24	36,374.80
CONNER STRONG & BUCKELEW	PLAN DOCS 08/24	541.67
		36,916.47
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 08/24	4,397.16
		4,397.16
THE VOZZA AGENCY	BROKER FEES 08/24	7,443.78
		7,443.78
ALLEN ASSOCIATES	BROKER FEES 08/24	9,785.08
		9,785.08
	ACH TOTAL	279,350.32
	Total Payments FY 2024	523,824.51
	TOTAL PAYMENTS ALL FUND YEARS	523,824.51

Chairperson

Attest:

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

Treasurer

Bergen Municipal Employee Benefits Fund

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024												
Month Ending: July												
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend	Retained	Metro Interfunc	TOTAL
OPEN BALANCE	7,568,615.70	291,719.80	(3,530,264.82)	0.00	0.00	30,142.93	102,518.84	5,525,354.50	60,410.18	1,396,817.54		11,445,314.67
RECEIPTS												
Assessments	5,331,784.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,331,784.73
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	50,577.68	2,656.04	0.00	0.00	0.00	136.61	258.25	13,925.56	152.18	0.00	0.00	67,706.32
Invest Adj	30.36	1.60	0.00	0.00	0.00	0.08	0.16	8.36	0.09	0.00	0.00	40.65
Subtotal Invest	50,608.04	2,657.64	0.00	0.00	0.00	136.69	258.41	13,933.92	152.27	0.00	0.00	67,746.97
Other *	26,756.22	770.67	190,237.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	217,764.50
TOTAL	5,409,148.99	3,428.31	190,237.61	0.00	0.00	136.69	258.41	13,933.92	152.27	0.00	0.00	5,617,296.20
EXPENSES												
Claims Transfers	4,341,442.74	183,550.88	672,895.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,197,889.06
Expenses	0.00	0.00	0.00	0.00	0.00	124,798.80	0.00	820,745.14	0.00	0.00	0.00	945,543.94
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	786.70	0.00	0.00	0.00	786.70
TOTAL	4,341,442.74	183,550.88	672,895.44	0.00	0.00	124,798.80	0.00	821,531.84	0.00	0.00	0.00	6,144,219.70
END BALANCE	8,636,321.95	111,597.23	(4,012,922.65)	0.00	0.00	(94,519.18)	102,777.25	4,717,756.58	60,562.45	1,396,817.54		10,918,391.17

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
Bergen Municipal Employee Benefits Fund								
ALL FUND YEARS COMBINED								
CURRENT MONTH	July							
CURRENT FUND YEAR	2024							
	Description:	CHECKING	JCMI	CLAIMS	UHC CLAIMS	ID Invest	Investors	
	ID Number:							
	Maturity (Yrs)							
	Purchase Yield:							
	TOTAL for All Accts & instruments							
Opening Cash & Investment Balance	\$11,445,314.74	4,990,935.41	2,913,791.01	-	0	3540588.32	3.7835E-10	
Opening Interest Accrual Balance	\$46,513.33	-	-	-	0	46513.33	0	
1	Interest Accrued and/or Interest Cost	\$12,472.65	\$0.00	\$0.00	\$0.00	\$0.00	\$12,472.65	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$40.64	\$0.00	\$40.64	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$38,474.97	\$29,996.63	\$6,088.70	\$0.00	\$0.00	\$2,389.64	\$0.00
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$29,231.38	\$0.00	\$27,898.61	\$0.00	\$0.00	\$1,332.77	\$0.00
8	Net Investment Income	\$80,219.64	\$29,996.63	\$34,027.95	\$0.00	\$0.00	\$16,195.06	\$0.00
9	Deposits - Purchases	\$5,549,549.23	\$5,549,549.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$6,144,219.70	-\$6,143,433.00	-\$319.36	\$0.00	\$0.00	-\$467.34	\$0.00
	Ending Cash & Investment Balance	\$10,918,391.26	\$4,427,048.27	\$2,947,499.60	\$0.00	\$0.00	\$3,543,843.39	\$0.00
	Ending Interest Accrual Balance	\$58,985.98	\$0.00	\$0.00	\$0.00	\$0.00	\$58,985.98	\$0.00
	Plus Outstanding Checks	\$449,529.50	\$449,529.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$11,367,920.76	\$4,876,577.77	\$2,947,499.60	\$0.00	\$0.00	\$3,543,843.39	\$0.00

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

Bergen Municipal Employee Benefits Fund

Month	July									
Current Fund Year	2024									
	1.	2.	3.	4.	5.	6.	7.	8.		
Policy Year	Calc. Net Paid Thru Last Month	Monthly Net Paid July	Monthly Recoveries July	Calc. Net Paid Thru July	TPA Net Paid Thru July	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month		
2024	Medical	17,399,776.77	4,341,442.74	0.00	21,741,219.51	0.00	17,399,776.77	4,341,442.74		
	Dental	936,711.95	183,550.88	0.00	1,120,262.83	0.00	936,711.95	183,550.88		
	Rx	3,990,969.96	672,895.44	0.00	4,663,865.40	0.00	3,990,969.96	672,895.44		
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total	22,327,458.68	5,197,889.06	0.00	27,525,347.74	0.00	22,327,458.68	5,197,889.06		
2023	Medical	38,049,099.83	0.00	0.00	38,049,099.83	0.00	38,049,099.83	0.00		
	Dental	1,977,048.44	0.00	0.00	1,977,048.44	0.00	1,977,048.44	0.00		
	Rx	7,147,359.23	0.00	0.00	7,147,359.23	0.00	7,147,359.23	0.00		
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total	47,173,507.50	0.00	0.00	47,173,507.50	0.00	47,173,507.50	0.00		
2022	Medical	3,937,862.57	0.00	0.00	3,937,862.57	0.00	3,937,862.57	0.00		
	Dental	99,631.56	0.00	0.00	99,631.56	0.00	99,631.56	0.00		
	Rx	166,527.52	0.00	0.00	166,527.52	0.00	166,527.52	0.00		
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total	4,204,021.65	0.00	0.00	4,204,021.65	0.00	4,204,021.65	0.00		
Closed Year	Medical	536,128.42	0.00	0.00	536,128.42	0.00	536,128.42	0.00		
	Dental	1,393.21	0.00	0.00	1,393.21	0.00	1,393.21	0.00		
	Rx	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		
	Total	537,521.63	0.00	0.00	537,521.63	0.00	537,521.63	0.00		
Metro 2021	Medical	29,786,648.93	0.00	0.00	29,786,648.93	0.00	29,786,648.93	0.00		
	Dental	448,449.83	0.00	0.00	448,449.83	0.00	448,449.83	0.00		
	Rx	394,254.07	0.00	0.00	394,254.07	0.00	394,254.07	0.00		
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total	30,629,352.83	0.00	0.00	30,629,352.83	0.00	30,629,352.83	0.00		
Metro 2020	Medical	(793,714.35)	0.00	0.00	(793,714.35)	0.00	(793,714.35)	0.00		
	Dental	2,727.45	0.00	0.00	2,727.45	0.00	2,727.45	0.00		
	Rx	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		
	Total	(790,986.90)	0.00	0.00	(790,986.90)	0.00	(790,986.90)	0.00		
Metro Clos	Medical	(57,245.00)	0.00	0.00	(57,245.00)	0.00	(57,245.00)	0.00		
	Dental	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		
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total	(57,245.00)	0.00	0.00	(57,245.00)	0.00	(57,245.00)	0.00		
0	Medical	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		
	Rx	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		
	Total	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		
	Dental	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		
	Vision	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		
TOTAL		104,023,630.39	5,197,889.06	0.00	109,221,519.45	0.00	104,023,630.39	5,197,889.06		

BMED Delinquency Report

		Bills sent 7/10/24	Bills sent 8/12/24	AS OF Aug 20 2024
	July	Aug	Sept	BALANCE DUE 2024 assessments
Alpine			2,930.00	2,930.00
Carlstadt			17,521.00	505.00
Carlstadt Board of Education			5,113.00	5,113.00
East Rutherford			10,623.00	10,623.00
East Rutherford Board of Education		13,096.00	13,096.00	26,192.00
Edgewater		317,966.00	315,164.00	633,130.00
Emerson			6,327.00	6,327.00
Fairfield				-
Fairfield BOE			198,610.00	198,610.00
Fanwood		116,354.00	108,731.00	225,085.00
Franklin Lakes			167,308.38	167,308.38
Ft. Lee				-
Garfield City			496,326.00	496,326.00
Garwood			97,484.76	97,484.76
Hillsdale			4,127.00	4,127.00
Lodi			14,561.00	14,561.00
Maywood Borough			6,065.00	6,065.00
Midland Park			91,735.00	91,735.00
Mine Hill			1,195.00	1,195.00
Montvale			72,241.00	72,241.00
Moonachie		-	146,362.00	146,362.00
North Arlington			6,537.00	(506.44)
Oakland		-	227,509.00	227,509.00
Park Ridge		195,072.00	197,341.00	424,134.34
Ridgefield Park			235,738.00	235,738.00
Rochelle Park			6,175.00	6,175.00
Rutherford		296,945.00	297,682.00	594,627.00
Saddle River	86,304.00	87,994.00	85,727.00	260,025.00
South Hackensack		82,282.00	91,215.00	173,497.00
Verona		251,872.75	252,401.75	504,274.50
Wallington		-	145,524.00	145,524.00
Wanaque Valley Regional S.A.			1,077.00	1,170.00
Westwood				-
Woodcliff Lake			120,579.47	120,579.47
Wood-Ridge			6,773.00	6,773.00
		-	-	-
		21 -	-	-
	86,304.00	1,361,581.75	3,449,799.36	4,905,440.01



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

August 27, 2024



BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

	<u>MEDICAL CLAIMS PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2024</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$ 2,471,010	1,287	\$ 1,920	\$ 3,482,808	1,435	\$ 2,427
FEBRUARY	\$ 1,815,151	1,338	\$ 1,357	\$ 2,807,632	1,438	\$ 1,952
MARCH	\$ 2,146,796	1,317	\$ 1,630	\$ 3,552,020	1,738	\$ 2,044
APRIL	\$ 1,983,801	1,313	\$ 1,511	\$ 4,109,194	1,733	\$ 2,371
MAY	\$ 2,885,649	1,346	\$ 2,144	\$ 3,986,669	1,734	\$ 2,299
JUNE	\$ 2,581,178	1,339	\$ 1,928	\$ 3,857,794	1,742	\$ 2,215
JULY	\$ 2,438,426	1,398	\$ 1,744			
AUGUST	\$ 3,262,140	1,383	\$ 2,359			
SEPTEMBER	\$ 2,276,634	1,382	\$ 1,647			
OCTOBER	\$ 3,163,584	1,382	\$ 2,289			
NOVEMBER	\$ 2,649,809	1,381	\$ 1,919			
DECEMBER	\$ 3,149,926	1,389	\$ 2,268			
TOTALS	\$30,824,102					
				2024 Average	1,637	\$ 2,218
				2023 Average	1,355	\$ 1,893

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

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

Paid Dates: 05/01/2024 - 05/31/2024
Service Dates: 01/01/2011 - 05/31/2024
Line of Business: All

	Paid Amt
	\$256,537.21
	\$170,465.73
Total:	\$427,002.94

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

Plan Sponsor Unique ID : All
Customer: BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
Group / Control: 00866353,00880725,S1283129

Paid Dates: 06/01/2024 - 06/30/2024
Service Dates: 01/01/2011 - 06/30/2024
Line of Business: All

	Paid Amt
	\$106,728.68
Total:	\$106,728.68



EXPRESS SCRIPTS®

Bergen Municipal Employee Benefits Fund - Monthly Utilization Tracking Report

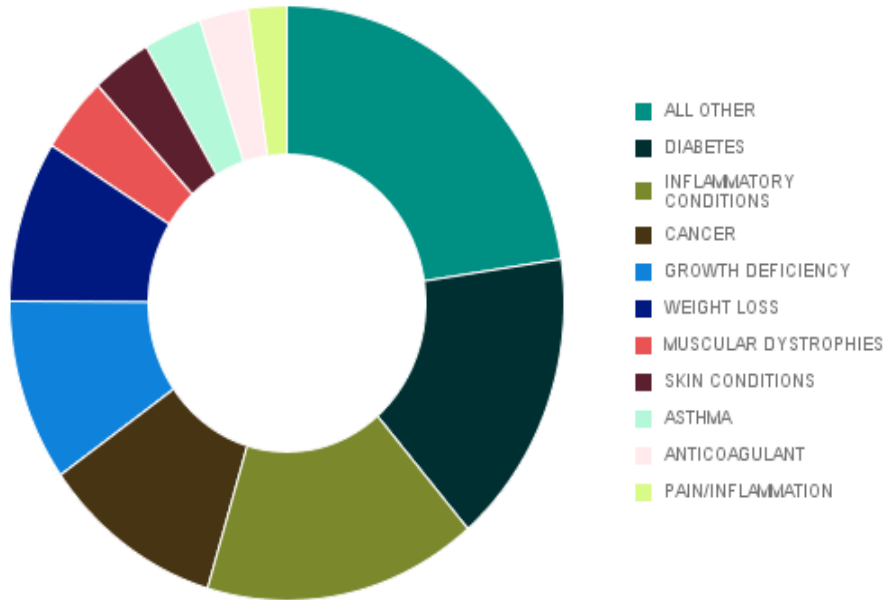
Total Component/ Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,899	2,996	2,995	2,963	2,989	3,101	3,350	3,147	3,499	3,483	3,487	3,490	3,463	3,451	3,459	3,458	3,264
Total Days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

Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	2,842	2,836	2,826	2,835	2,835	2,833	2,839	2,836									
Total Days	116,437	100,707	111,469	328,613	112,091	109,241	107,369	328,701									
Total Patients	1,201	1,157	1,174	1,804	1,160	1,144	1,122	1,741									
Total Plan Cost	\$629,932	\$657,588	\$563,768	\$1,851,288	\$852,154	\$671,419	\$698,012	\$2,221,585									
Generic Fill Rate (GFR) - Total	86.7%	85.8%	87.0%	86.5%	84.9%	85.5%	85.7%	85.3%									
Plan Cost PMPM	\$221.65	\$231.87	\$199.49	\$217.70	\$300.58	\$237.00	\$245.87	\$261.15									
% Change Plan Cost PMPM	13.9%	44.2%	-0.5%	17.6%	42.1%	16.7%	44.6%	34.6%									
Total Specialty Plan Cost	\$325,080	\$342,746	\$251,147	\$918,973	\$498,617	\$274,672	\$333,084	\$1,106,373									
Specialty % of Total Specialty Plan Cost	51.6%	52.1%	44.5%	49.6%	58.5%	40.9%	47.7%	49.8%									

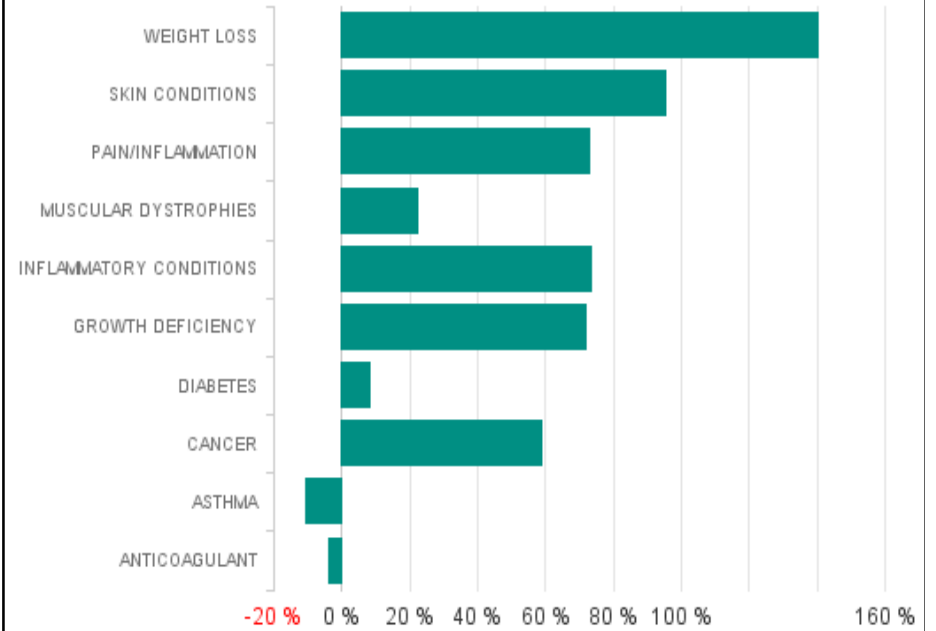
Top Indications

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 06/2024 vs. Previous Period 01/2023 - 06/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	1	DIABETES	20.7 %	1,831	\$653,789	\$38.43	30.7 %	25.9 %	27.9 %	2,102	\$652,797	\$35.61	32.4 %	28.9 %	7.9 %
2	2	INFLAMMATORY CONDITIONS	20.6 %	174	\$648,972	\$38.15	41.4 %	34.0 %	17.2 %	198	\$403,520	\$22.01	56.6 %	39.6 %	73.3 %
3	3	CANCER	13.7 %	113	\$430,907	\$25.33	77.9 %	76.1 %	12.5 %	127	\$292,319	\$15.95	78.0 %	77.8 %	58.8 %
4	8	GROWTH DEFICIENCY	12.8 %	50	\$403,366	\$23.71	0.0 %	0.0 %	10.8 %	45	\$253,123	\$13.81	0.0 %	0.0 %	71.7 %
5	4	WEIGHT LOSS	11.3 %	338	\$357,147	\$21.00	3.6 %	5.4 %	6.8 %	152	\$160,107	\$8.73	9.9 %	10.4 %	140.4 %
6	10	MUSCULAR DYSTROPHIES	5.4 %	10	\$169,567	\$9.97	20.0 %	32.5 %	6.4 %	9	\$149,445	\$8.15	0.0 %	0.8 %	22.3 %
7	5	SKIN CONDITIONS	4.5 %	373	\$141,384	\$8.31	82.6 %	85.7 %	3.3 %	347	\$77,967	\$4.25	83.9 %	88.1 %	95.4 %
8	6	ASTHMA	4.4 %	860	\$138,529	\$8.14	77.9 %	87.9 %	7.1 %	1,123	\$167,428	\$9.13	74.9 %	79.0 %	-10.8 %
9	7	ANTICOAGULANT	3.6 %	262	\$114,962	\$6.76	15.6 %	19.3 %	5.5 %	305	\$128,638	\$7.02	14.4 %	22.1 %	-3.7 %
10	9	PAIN/INFLAMMATION	2.9 %	1,199	\$92,283	\$5.42	98.2 %	99.0 %	2.5 %	1,341	\$57,447	\$3.13	97.3 %	98.8 %	73.1 %
Total Top 10				5,210	\$3,150,906	\$185.23	56.3 %	62.7 %		5,749	\$2,342,790	\$127.81	58.9 %	64.5 %	44.9 %

Top Drugs

BERGEN MUNICIPAL EMP BENEFITS (Current Period 01/2024 - 06/2024 vs. Previous Period 01/2023 - 06/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	1	OZEMPIC	DIABETES	N	271	51	\$232,446	\$13.66	187	39	\$157,714	\$8.60	58.8 %
2	11	WEGOVY	WEIGHT LOSS	N	179	47	\$220,352	\$12.95	106	31	\$129,048	\$7.04	84.0 %
3	6	STELARA	INFLAMMATORY CONDITIONS	Y	14	2	\$175,878	\$10.34	8	2	\$62,574	\$3.41	202.9 %
4	279	EMFLAZA	MUSCULAR DYSTROPHIES	Y	10	1	\$169,567	\$9.97	9	1	\$149,445	\$8.15	22.3 %
5	104	POMALYST	CANCER	Y	7	1	\$156,510	\$9.20	6	1	\$123,468	\$6.74	36.6 %
6	3	MOUNJARO	DIABETES	N	153	29	\$149,369	\$8.78	57	12	\$53,143	\$2.90	202.9 %
7	17	ZEPBOUND	WEIGHT LOSS	N	140	40	\$131,943	\$7.76	NA	NA	NA	NA	NA
8	152	OMNITROPE	GROWTH DEFICIENCY	Y	18	3	\$126,456	\$7.43	3	1	\$25,528	\$1.39	433.8 %
9	208	MEKINIST	CANCER	Y	9	1	\$111,029	\$6.53	6	1	\$68,536	\$3.74	74.6 %
10	79	GENOTROPIN	GROWTH DEFICIENCY	Y	16	3	\$109,786	\$6.45	23	4	\$115,415	\$6.30	2.5 %
11	15	TREMFYA	INFLAMMATORY CONDITIONS	Y	18	3	\$93,565	\$5.50	3	1	\$18,257	\$1.00	452.2 %
12	26	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	17	3	\$92,420	\$5.43	12	2	\$56,696	\$3.09	75.6 %
13	149	NGENLA	GROWTH DEFICIENCY	Y	9	1	\$87,933	\$5.17	NA	NA	NA	NA	NA
14	600	SOGROYA	GROWTH DEFICIENCY	Y	7	1	\$79,191	\$4.66	NA	NA	NA	NA	NA
15	12	DUPIXENT PEN	SKIN CONDITIONS	Y	23	4	\$74,203	\$4.36	13	3	\$31,442	\$1.72	154.3 %
16	28	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	13	2	\$64,163	\$3.77	6	1	\$27,303	\$1.49	153.2 %
17	121	NUCALA	ASTHMA	Y	12	2	\$59,679	\$3.51	13	2	\$60,355	\$3.29	6.5 %
18	226	TAFINLAR	CANCER	Y	6	1	\$59,653	\$3.51	6	1	\$55,234	\$3.01	16.4 %
19	24	ELIQUIS	ANTICOAGULANT	N	113	26	\$59,240	\$3.48	132	28	\$65,600	\$3.58	-2.7 %
20	10	JARDIANCE	DIABETES	N	103	20	\$56,069	\$3.30	99	19	\$52,928	\$2.89	14.1 %
21	64	SKYRIZI	INFLAMMATORY CONDITIONS	Y	9	1	\$56,009	\$3.29	NA	NA	NA	NA	NA
22	42	XARELTO	ANTICOAGULANT	N	108	20	\$53,981	\$3.17	129	24	\$61,413	\$3.35	-5.3 %
23	428	DICLOFENAC SODIUM	PAIN/INFLAMMATION	N	58	24	\$50,556	\$2.97	45	25	\$9,376	\$0.51	481.0 %
24	205	WELIREG	CANCER	Y	2	1	\$43,353	\$2.55	NA	NA	NA	NA	NA
25	20	FARXIGA	DIABETES	N	77	13	\$40,331	\$2.37	105	16	\$53,360	\$2.91	-18.6 %
Total Top 25					1,392		\$2,553,682	\$150.12	968		\$1,376,836	\$75.11	99.9 %

Cost Containment

Claims	Dollars	Definition
Submitted Claims	\$8,792,970	Claims submitted by participating and non-participating dentists
(-) Savings		
(-)Network Discount	\$2,615,957	Savings from network participating dentist discounts
(-)Administrative	\$1,289,764	Contract limits, non-covered, non-billable services, optional services
(-)Dental Consultant	\$45,292	Clinical claim review by dental consultants
(-)Eligibility Verification	\$61,919	Claims for in-eligible members
(-)COB	\$285,653	Coordination of benefits
(-)Other	\$1,546,566	Deductibles, patient coinsurance
(=)Total Savings	\$5,845,151	
Delta Dental Paid	\$2,947,819	Amount paid by Delta Dental

Network Discount

Network	Submitted Claims	Paid Claims	Network Discount	Network Discount / Submitted Claims
Total Network Discount	\$8,134,666	\$2,772,920	\$2,615,957	32.16%
Out of Network	\$658,304	\$174,899		
Total	\$8,792,970	\$2,947,819	\$2,615,957	

Everyone Deserves a Healthy Smile

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
AUGUST 27, 2024**

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

Resolutions

Subject Matter

Revised Resolution 8-24: 2024 Risk Management Plan.....Page 32
Resolution 26-24: Small Claims Decision Ratification.....Page 42
Resolution 27-24: July and August 2024 Bills List.....Page 43

Motion _____

Second _____

BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND

RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2024

Adopted: JANUARY 23, 2024

Revised: AUGUST 27, 2024

**BERGEN MUNICIPAL EMPLOYEES BENEFITS FUND
2024 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2024 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 \$400,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).

- Specific Limit Unlimited

- Basis: Incurred 12 months, paid 24 months.

Extra contractual claims are excluded from reinsurance coverage.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

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

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

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

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

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

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

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

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

8.) RATING PERIODS

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

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

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

10.) PROVISION FOR PPOs, etc.

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional

material to assist members in employee communication programs concerning optional plan designs.

11.) OPEN ENROLLMENT PROCEDURES

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

12.) COBRA AND CONVERSION OPTIONS

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

13.) DISCLOSURE OF BENEFIT LIMITS

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

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

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

15.) RETIREES

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

16.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding

change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for sixty (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

17.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.
 - Eligible services and supplies.
 - Deductibles and co-payments.
 - Examples as needed.
 - Exclusions.
 - Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

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

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

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

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

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

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

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

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

20.) CLAIMS AND OPERATIONS AUDITS

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

21.) CLAIM APPEALS

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

The Small Claims Committee shall consist of the following persons:

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

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

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

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

22.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

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

23.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the

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

24.) **MEDICARE ADVANTAGE/EGWP ONLY**

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

25.) **MEMBER MONTHLY BILLING POLICY**

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

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

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

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

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

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

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

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

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

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

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

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

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

ADOPTED: August 27, 2024

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 26-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
SMALL CLAIMS DECISION RATIFICATION**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** designated all second level claim appeals to be reviewed by the Small Claims Committee to provide a recommendation to the Executive Committee;

WHEREAS, the Small Claims Committee reviewed a claim appeal #2024060600226;

WHEREAS, the Committee previously approved the recommendation of the Benefits Consultant to reimburse the member's claim for \$41,889.99. Separate from the initial approved amount, the member's claim for anesthesia is \$4,600. It is the Benefits Consultant's recommendation to consider the additional claim amount to consider the claim paid in full with no balance billing.

WHEREAS, funding is available for this purpose; now, therefore,

BE IT RESOLVED, by the Bergen Municipal Employee Fund approves payment of claims #2024060600226 in the total amount of \$46,489.99.

ADOPTED: August 27, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 27-24

**BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE JULY AND AUGUST 2024 BILLS LISTS**

WHEREAS, the **Bergen Municipal Employee Benefits Fund** held a Public Meeting on **August 27, 2024** 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 July and August 2024 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 July and August 2024 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: August 27, 2024

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

BERGEN MUNICIPAL EMPLOYEE BENEFITS FUND

OPEN MEETING: JUNE 18, 2024

FRANKLIN LAKES BOROUGH

12:00 P.M.

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

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

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Emily Koval
Attorney	Huntington Bailey, LLP	Absent
Treasurer	Joseph Iannaconi	Present
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Amy Lehrer
Auditor	Lerch, Vinci & Higgins	Liz Schick
Actuary	John Vataha	Absent
Independent Consultant	LaMendola Associates	Absent
Benefits Consultant	Conner Strong	Peter Mina
RX Administrator	Express Scripts	Charles Yuk
Wellness Coordinator	Civitas	Absent

OTHERS PRESENT:

Frank Covelli, World Insurance
Nicholas Prochilo, Garfield
Lisa Sabato, World
Renee Gear, World

Julie Servidio, IMAC
Cindy Kirpatrick, Saddle River
Matthew McArrow, Otterstedt

APPROVAL OF MINUTES: April 23, 2024

MOTION: Commissioner Kunze
SECOND: Commissioner Franz
ROLL CALL VOTE: All in Favor

CORRESPONDENCE - Chair Hart reviewed the correspondence that was included in the agenda which was written by him to Hackensack Meridian regarding the contract finalization. Since this was written, the contract was finalized.

Mr. Silverstein said that a 2-year deal was signed. He said he has no details of the financials of the deal but there will be no disruption. Letters will be sent retracting the original notice. He said he did appreciate the letter. In response to Chair Hart, Mr. Silverstien said it is likely there are higher costs but will know soon.

COMMITTEE REPORTS:

Strategic Planning - Commissioner Kunze reviewed the minutes from the Strategic Planning on May 24.

Administration and Finance Committee - Commissioner Kunze said the Committee met to review the 2023 Audit which will be presented today.

Wellness Committee - Commissioner Kakoleski said Marianne has agreed to stay on at a lesser capacity until we find a new coordinator. The reduction and extension of her contract is in the agenda.

Small Claims Committee - No Report

Nominations Committee - No Report.

Chair Hart reminded the Committees that the Chairs and members were changed so the Commissioners were only Chair of one Committee.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT - Executive Director would like to have a meeting for the financials as the Fund is experiencing an increase. We did have a new member which jumped the I BNR. Then we will have a budget workshop meeting before introduction.

AUDITOR AND ACTUARY YEAR-END REPORTS - A copy of the Annual Financial Audit for the period ending December 31, 2023 is included with the agenda. A representative from Lerch & Vinci is expected to present the report, as they will for the Finance Committee prior to the meeting. Once approved, we will make a filing with the Departments of Insurance and Community Affairs to meet their deadline. The Affidavit of Certification and Resolution approving the 2023 Audit is included in consent.

With this approval, the Fund may also consider closing out Fund Year 2022 as all receivables and payables have been resolved. Resolution -24 was in consent.

Fund Auditor reviewed the audit distributed to the Committee. She said there was a prepaid amount that was \$4.4 million which was for the tail of the run out for the Metro subgroup. She said the biggest liability is the IBNR which was unaudited. The Fund ended in a \$11.1 million net position, of which \$9.1 is BMED. She clarified that \$9.7 million closed year is accounted to BMED, while \$2.5 million for Metro.

Fund Auditor said the recommendation included in the audit is for deficits. Metro subgroup had significant claims. In response to Commissioner Kakoleski, Fund Auditor agreed that next year's audit will be skewed because we still have to compare year end, but the Metro Fund will not be included.

In response to Commissioner Ciannanea, Fund Auditor said if you were to pull out Metro, the operating loss would be \$223k strictly for BMED. Chair Hart said the Fund probably would not have a comment if it was just BMED, which is still something to watch. Executive director said the prescription was a loss leader and the medical made up from it. There are new prescribing patterns that are causing a deficit. The State is also having similar issues.

Chair Hart said if we have a small deficit and issuing dividends that would bring this to not a deficit. He said a closed year dividend may be a different conversation this year.

Commissioner Kunze said Metro had a loss of \$4.3, majority of the varicose vein charges. Executive Director reviewed the issue regarding an out of network provider that brings in 'free services' and brings them in for large claims at their facilities. He said for only 10 patients, over \$3 Million. We made changes with the Metro Fund to try and cap, but all Funds across the State should be aware of these providers coming into the member's locations. He said this particular provider had no claims with this Fund at that time of renewal. Commissioner Padilla said he received calls about wellness events. Commissioner Kakoleski said he received something similar recently. Executive Director suggested to use your broker before you accept an invitation.

FINANCIAL DISCLOSURES - All Fund Commissioners should have received their financial disclosure statements the first week of April. As a reminder, the role of Fund Commissioner is a separate filing from that of your municipality obligation. A report of filings through 4/15/2024 is included in the agenda.

The below list is outstanding as of June 10, 2024. All individuals have been notified.

2024 Local Government Officer - Roster

tion Criteria <input type="checkbox"/> Status: ALL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Last Name	First Name	Middle Name	Status	Updated ON	Filed
Giandomenico	Magdalena		ACTIVE	03/30/2023	No
Olmo	Hector		ACTIVE	03/21/2024	No
Tietjen	Christopher		ACTIVE	03/25/2020	No

CONTRACTS - At the last meeting, the Administration Committee recommended that the professional contracts be extended one final year in 2025. Resolution -24 formalizes this decision.

In addition, Civitas has notified the Wellness Committee that they are willing to extend their contract through the end of the year for \$1,000 a month to handle the administrative needs of the program. The Fund Attorney has agreed to waive the insurance requirement. Resolution -24 extends the contract and changes the fee term. The Committee is recommending this extension as a new Coordinator is found.

The Administrator and Benefits Consultant RFPs are expected to be released the first week of July.

BILLING POLICY - Over the course of the past few months, the Committee developed the billing policy to be included in the Risk Management Plan. At the last meeting, there were a few dates missing which we have included in this version. If approved, Revised Resolution 6-24 is included in consent.

In addition, the Committee has asked for a delinquency report. This has been included in the Treasurer's report - any suggestions/changes to the report are welcomed.

Commissioner Kakoleski said he believes the 10% late fee is too high. He his bill continues to have errors back to January and he does not expect to be paying June in time. The 10% fee would cost Rutherford about \$30,000. Commissioner Kunze said the intent for the charge was to get a member's attention and not impose on those who are trying to pay timely. Executive Director said the Fund could decide to choose a lower fee. We can research the industry standard and review the language with the Fund Attorney.

IN response to Chair Hart, Commissioner Kakoleski reviewed the existing billing issues with Rutherford.

HIF COOPERATIVE PRICING SYSTEM - The Health Insurance Cooperating Pricing System has been approved on May 6, 2024 - **297HCIPS**.

The first RFPs that will be issued are for the Medical TPA services. The documents are with the OSC for pre-advertised approval. The goal is to have all RFPs issued by July 1. Commissioner Kunze will report on the HCIPS meetings and RFP results.

MRHIF MEETING - The MRHIF met on June 12. Commissioner Kunze was in attendance and can report on the action items made:

1. 2023 Internal Audit review and approval
2. Data Warehouse results were provided - the Committee and Professionals will be meeting to demo the products and a recommendation will be made at the next meeting.
3. An additional year extension was awarded to the Level Care Express Scripts Contract

PCORI AND A4 SURCHARGE FEES - The PCORI is an independent, nonprofit research organization that seeks to empower patients and others with actionable information about their health and healthcare choices.

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

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

PROGRAM MANAGER REPORT: Mr. Mina reviewed the following report items covered in the agenda.

ELIGIBILITY/ENROLLMENT: Please direct any eligibility, enrollment, or system related questions to our dedicated BMED enrollment team. To contact the team, email BMEDenrollments@permainc.com or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM (except June's training will be held Tuesday June 18th)**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

In the subject line of the email, please include *Training – Fund Name and Client Name*. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

COVERAGE UPDATES: None

EXPRESS-SCRIPTS UPDATE:

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

GLP-1 Weight Loss Program (Encircle) Recommendation Effective 9/1/24 - The Benefit Consultant has consulted with the MRHIF Pharmacy Benefit Manager (PBM) Express Scripts (ESI) in determining a program to assist with the increasing cost of GLP-1 medications being used for weight loss. The Encircle Program encompasses the criteria recommended for the drugs intended use; lifestyle modification, member engagement, overall adherence. As a result, the Benefit Consultant is recommending the Encircle Program for BMED participants who are approved for weight loss medications using the following criteria:

- BMI \geq 32 **OR**
- BMI between $27 \leq$ 32 **WITH** 2 or more documented comorbidities

In addition to receiving an approved prior authorization (PA), below are the mandatory guidelines of the program:

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

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

Members who have a current PA on file will be grandfathered until their PA on file has expired with ESI. Upon renewal of their PA they will be need to meet the above BMI requirements to be considered for approval. If approved, they will receive the Omada welcome kit and will need to adhere to the Encircle program requirements as outlined.

Communications will be sent to all impacted members with registration information. Once registered members will receive an access code to sign up for the Omada welcome kit.

Mr. Mina said will not affect diabetics, strictly for weight loss only usage. The BMI requirement is changing. Members will need an Omada welcome kit. He said the weigh - in minimum is 4 times a month. He said the intent is to keep members accountable. In response to Commissioner Kakoleski, Mr. Mina said that this will across all members and are opting in with all funds across the state. He emphasized that members that are currently in a PA will be grandfathered in.

OPERATIONAL UPDATES:

2024 PCORI Fees - Due July 31, 2024 - Form 720 Reporting – Plan sponsors of applicable self-insured health plans are responsible for reporting and paying the PCORI annual fee by filing Form 720, Quarterly Federal Excise Tax Return. The Form 720 is due on July 31 of the year following the last day of the plan year.

The HIFs will handle the submission of the form and payment for all groups with medical coverage in the HIFs.

2024 LEGISLATIVE REVIEW: None

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act- Continued Delays

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

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

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

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

2023 Specialized Audits - As approved through an RFP through the Executive Director's contract, the HIFs has acquired the services of AIM to conduct specialized audits for BMED Fund. AIM will begin to complete audits for the Mental Health Parity and Addiction Equity Act (MHPAEA) and No Surprises Act (NSA) requirements. Aim will review plan language and Aetna's NQTL analysis performed for the BMED to determine compliance with the MHPAEA. Aim will review BMED claims to determine if Aetna is adjudicating claims in accordance with the requirements and mandates of the No Surprises Act. **BMED audit began April 22, 2024. See Appendix.**

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

Appeals

Carrier Appeals: None

IRO Submissions: None

BMED Small Claims Committee Appeals: None

FUND ATTORNEY - No report

TREASURER - Report included in the agenda.

BOARD ADVISOR- No report

AETNA - Jason Silverstien reviewed the claims through April. In response to Commissioner Kakoleski, Mr. Silverstein said that the increase was primarily due to one new patient. He said Aetna is anticipating medical to come down with weight loss medication being higher. Mr. Silverstein said that the Hackensack retraction letters will be sent shortly.

EXPRESS SCRIPTS – Mr. Yuk reviewed the report included in the agenda.

DELTA DENTAL – Ms. Lehrer reviewed the post COVID report.

CONSENT AGENDA:

MOTION TO APPROVE CONSENT AGENDA, WITH TABLING REVISED RESOLUTION 8-24, INCLUDING THE FOLLOWING RESOLUTIONS:

Resolution 22-24: Fund Year 2023 Audit Approval

Resolution 23-24: Closure of Fund Year 2022

Resolution 24-24: Extension of Professional Service Contracts

Resolution 25-24: May & June 2024 Bills Lists

MOTION:	Commissioner Gambutti
SECOND:	Commissioner Ciannamea
VOTE:	8 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Ms. Koval welcome Caitlin Perkins to the PERMA team.

Executive Director said he wanted to comment on the claims in the Aetna report which has no stop loss reimbursements.

Chair Hart Encourage chairs to reach out to committee members.

MOTION TO ENTER PUBLIC COMMENT:

Evelyn Scott said South Hackensack had requested a new bill with a credit from January. There was also a new issue in May. She said once we receive confirmation, they will pay the Fund. She requested to get a draft of the bill prior to it being released. She said the town will need the credits back before we make a payment. She said her staff is willing to take the time to help.

In response to Commissioner Franz, Ms. Scott said that there is no name to the enrollment box.

Commissioner Padilla said that there are issues going out a year and continue to pay because the town has been advised to but it shouldn't take this long to get the correction.

Commissioner Franz said the board should be aware of the issues.

Ms. Scott confirmed she was using the system to submit changes.

Chair Hart said there was a meeting of the extensive list of the issues. The approach to address were laid out. We need the information of the specific issues. He said non responsiveness is not acceptable. Not knowing who you are talking to is not acceptable either.

Commissioner Franz said the Executive Directors office to go to the south hack and go through the issues individually.

Executive Director said he will report back with the visits.

MOTION TO ADJORN:

MOTION:

Commissioner Padilla

SECOND:

Commissioner Franz

VOTE:

Unanimous

MEETING ADJOURNED: 1:07 pm

NEXT MEETING: AUGUST 27, 2024

Emily Koval, Associate Executive Director

APPENDIX II

BMED – WELLNESS COMMITTEE

DATE: August 1, 2024
TO: Emily Koval
FROM: Tomas J. Padilla
RE: Committee Meeting Notes from July 31, 2024

The Wellness Committee met via Zoom on July 31, 2024 at 11:00AM.

Present were:

- Greg Hart
- Joe Voytus
- Laurie O'Hanlon
- Clark LaMendola and
- Tom Padilla

Recently the sub-committees were restructured. Although we have made some really good progress in wellness awareness, we are looking to increase and do more.

Among the items/topics discussed were the following:

- Find a successor to our Wellness Coordinator
- Continue to work with Marianne, who has graciously agreed to stay on a bit longer to find a suitable replacement
- We believe our Risk Managers can/should be more involved and have reached out to them inviting them to do so. Although they will not have voting powers, they can provide some recommendations to make our program better.
- We intend to outline where the BMED can provide assistance and create ways/paths for each town to also find best individual way for them to promote wellness.
- The Wellness Committee is looking forward to our next meeting when some of our risk managers will join us and we will be providing updates as we move forward.

APPENDIX III

BMED Financial Committee Meeting

August 19, 2024

Microsoft Teams

12:30pm

Richard Kunze, Committee Chair

Greg Hart, Fund Chair

Robert Kakoleski, Executive Committee Member

Emily Koval, Associate Executive Director

Crystal Bailey, Program Manager

Caitlin Perkins, Account Manager

Ms. Bailey reviewed medical claims data, comparing 2023 to the first half of 2024, noting that METRO groups were excluded. She highlighted steady enrollment with a 23.4% increase in 2024 and observed consistency in the number of high claimants and top five conditions, which often involve comorbidities. Increased claims were noted at Englewood and Memorial Sloan Kettering, with Hackensack University Medical Center remaining the top hospital. She stated it is possible to expect cost increases due to tough negotiations with Aetna that are not reflected in these numbers because the contract started 7/1/24.

Ms. Bailey reviewed the in-network utilization, which showed a decrease in admissions and PCP visits, which she emphasized needs to improve to reduce high claims. Mental health visits have risen, which she views positively. She stressed the importance of ongoing communication to educate employees about in-network vs. out-of-network providers and is working on providing resources for brokers to support continuous education. Ms. Bailey also reviewed pharmacy claims, noting that Express Scripts did not exclude METRO data in 2023. She pointed out increased plan costs, particularly for specialty drugs like GLP-1s. She noted that the new requirements (effective on 9/1/2024) are anticipating a reduce RX spending, though the impact will take time to appear. Additionally, many drugs, such as key cancer medications have been added to the "save on" lists, which are regularly updated and shared with brokers.

Chair Hart noted that the 2024 growth percentage aligns with increased utilization of medical and RX services. Commissioner Kunze suggested analyzing data on a PEPM basis to confirm this trend in line with enrollment growth. Ms. Bailey agreed, acknowledging that rising membership is driving costs and plans to continue analyzing data using PEPM.

Chair Hart emphasized that this analysis is crucial for next year's budget planning and requested the data be broken down by PEPM to better understand and address emerging trends. Ms. Koval mentioned that actuary has just received the data for 2024, proposing an early September meeting to refine the numbers with the actuary's input. She also suggested the strategic planning committee helping with communications if any trends are higher this year.

Ms. Bailey agreed on the importance of effective communication, particularly for managing non-controllable conditions, and stressed the need to keep employees informed and engaged throughout the year. Commissioner Kunze suggested incorporating early indications, with a disclaimer, if actuary data is available before the August meeting.