



**METROPOLITAN**  
HEALTH INSURANCE FUND

**AGENDA AND REPORTS**

**JANUARY 18, 2024**

**ZOOM**

**CONFERENCE CALL**

**12:00 PM**

Zoom Meeting

<https://permainc.zoom.us/j/7737417209?omn=95174462522>

Meeting ID: 773 741 7209

One tap mobile

+13052241968,,7737417209# US

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**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 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.

**METROPOLITAN HEALTH INSURANCE FUND**  
**AGENDA MEETING: JANUARY 18, 2024**  
**CONFERENCE CALL**  
**12:00 PM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**PLEDGE OF ALLEGENCE**

**ROLL CALL OF 2023 STEERING COMMITTEE**

<b>Fund Commissioner</b>	<b>Group</b>
Jenny Mundell, Chair	Bloomfield Public Library
Kim Duva	Bloomfield Township
Musa A. Malik	Irvington Township
Jillian Barrick	Morristown Township
Christopher Hartwyk	Orange Township
Albert Lukin	Passaic Valley Sewerage Commission
Cameron Cox	Plainfield Public Schools
Margaret Heisey	Scotch Plains
Donald Travisano	Union Township
Nikole H. Baltycki	West Caldwell
John Gross	West Orange Township
Patrick Wherry	Maplewood Township
TBD	East Orange Township

**APPROVAL OF MINUTES:** October 11, 2023 Open – Steering Committee .. Appendix I

**ELECTION OF OFFICERS – EXECUTIVE COMMITTEE AND ALTERNATES**

Executive Director asks for nominations.

**RECOMMENDED SLATE**

<b><u>Fund Commissioner</u></b>	<b><u>Entity</u></b>
Jenny Mundell, Chairwoman	Bloomfield Public Schools
Kimberly Duva, Secretary	Bloomfield Township
Cameron Cox, Executive Committee Member	Plainfield Schools
Nicole Baltycki, Executive Committee Member	West Caldwell Township
Chris Hartwyk, Executive Committee Member	Orange Schools
Margaret Heisey, Executive Committee Member	Scotch Plains
Patrick Wherry, Executive Committee Member	Maplewood Township
Open – Executive Committee Alternate 1	

Open – Executive Committee Alternate 2	
Open – Executive Committee Alternate 3	
Open – Executive Committee Alternate 4	

**ROLL CALL OF 2024 FUND COMMISSIONERS TO ELECT OFFICERS AND EXECUTIVE COMMITTEE**

**OATH OF OFFICE**

**ROLL CALL OF 2024 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - Page 5**

**EXECUTIVE DIRECTOR - PERMA - Brandon Lodics**

Executive Director's Report ..... **Page 6**

**PROGRAM MANAGER - PERMA - Crystal Bailey**

Executive Director's Report ..... **Page 15**

**FUND COODINATOR - Eagle Rock Management Group - Joseph DiVincenzo**

Fund Coordinator’s Report ..... **No Report**

**ATTORNEY - Ramon Rivera .....No Report**

**TREASURER - Laracy Associates**

Voucher List January 2024 ..... **Page 17**

**THIRD PARTY ADMINISTRATOR - Aetna - Jason Silverstein**

Monthly Report ..... **Page 21**

**PRESCRIPTION PROVIDER - Express Scripts - Charles Yuk**

Monthly Report ..... **No Report**

**DENTAL ADMINISTRATOR - Delta Dental - Kim White**

Monthly Report ..... **No Report**

**CONSENT AGENDA ..... Page 26**

Resolution 1-24 Professional Contracts..... **Page 27**

Resolution 2-24: Designation of Service of Process..... **Page 30**

Resolution 3-24: Designation of Secretary as Custodian of Records ..... **Page 31**

Resolution 4-24: Designation of Official Newspaper ..... **Page 32**

Resolution 5-24: Designation of Regular Meeting Times and Place ..... **Page 33**

Resolution 6-24: Designation of Bank Depositories & CMP ..... **Page 34**

Resolution 7-24: Designation of Authorized Signatories..... **Page 38**

Resolution 8-24: Approval of Risk Management Plan ..... **Page 39**  
Resolution 9-24: Appointment of MRHIF Fund Commissioners..... **Page 49**  
Resolution 10-24: Establishing a plan for Compensating Producers..... Page 50  
Resolution 11-24: MRHIF Indemnity and Trust Agreement..... **Page 52**  
Resolution 12-24: Authorizing Treasurer to Process Contracted  
Payments and Expenses ..... **Page 54**  
Resolution 13-24: Approval of the January 2024 Bills List..... **Page 55**

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**



**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

**PHIL MURPHY**  
*Governor*

**TAHESHA L. WAY**  
*Lt. Governor*

**JUSTIN ZIMMERMAN**  
*Acting Commissioner*

November 16, 2023

Brandon Lodics, Executive Director  
 PERMA Risk Management Services  
 9 Campus Drive, Suite 216  
 Parsippany, NJ 07054

**RE: Approval of Application for Admission of Metropolitan Health Insurance Fund**

Dear Mr. Lodics:

The Department of Banking and Insurance has completed its review of the initial application submitted on behalf of Metropolitan Health Insurance Fund, in pursuit of the establishment of a joint insurance fund providing group health and term life benefits to member local units.

I am pleased to inform you that Metropolitan Health Insurance Fund is hereby approved and authorized to operate as a joint insurance fund under the provisions of N.J.S.A. 40A:10-36.1 et seq., and N.J.A.C. 11:15-3.1 et seq. Within 90 calendar days of this notification, the fund must complete the application by submitting the additional required documents pursuant to N.J.A.C. 11:15-3.6(e).

Regards,

**David Wolf**  
Digitally signed by David Wolf  
 DN: cn=David Wolf, o=DOBI, ou=DOBI, email=David.Wolf@dobi.nj.gov, c=US  
 Date: 2023.11.16 08:08:57 -0500

**David Wolf**  
 Acting Assistant Commissioner, Office of Solvency Regulation  
 New Jersey Department of Banking and Insurance

cc: Jacquelyn Suarez, Department of Community Affairs  
 Nick Bennett, Department of Community Affairs  
 Emily Koval, PERMA

**Metropolitan Health Insurance Fund  
Executive Director's Report  
January 18, 2024**

**FINANCES**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** - As of October 31, 2023 (page 9)
  - **Historical Income Statement**
  - **Consolidated Balance Sheet**
  - **Indices and Ratios Report**

**ADMINISTRATION**

**2024 ORGANIZATIONAL RESOLUTIONS**

A consent agenda has been included with the necessary resolutions for the Fund to operate for the year. The following resolutions are included:

**Resolution 1-24** awards the professional contracts and compensation, as per the approved budget and RFQ responses. This resolution will be advertised as per the public contracts law.

**Resolution 2-24:** Designation of Service Process elects PERMA

**Resolution 3-24** 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 4-24** Designates the Star Ledger as the Official Fund Newspaper.

**Resolution 5-24** sets meeting dates and times which will be posted on each entity's public bulletin board.

**Resolution 6-24** sets for the Cash Management Plan and bank depositories for 2024. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. This plan has been reviewed by the Treasurer. There is an additional Resolution this year to allow the banking manager to invest some available Fund money in a sweep account to earn interest.

**Resolution 7-24** In early December, the Committee was asked to accept this resolution to allow the Fund Treasurer to open the claim and operating accounts. We are asking for ratification. Additional signatories may be added at the pleasure of the Committee.

**Resolution 8-24** is the 2024 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc.

**Resolution 9-24:** The Fund will need to elect a Commissioner and Alternate to represent the Metro Fund at the Municipal Reinsurance Health Insurance Fund. Commissioner Hartwyk has offered to be the Commissioner. An alternate will be needed.

**Resolution 10-24** adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the fund. Each entity's rates reflect its arrangement only.

**Resolution 11-24:** Every 3 years, the Fund will need to approve an Indemnity and Trust agreement with the Municipal Reinsurance Health Insurance Fund, much like the agreement between the member entity and the Fund.

**Resolution 12-24** 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.

## **MUNICIPAL REINSURANCE HEALTH INSURANCE FUND** (*Appendix II*)

The MRHIF executive committee met on December 13, 2023.

The 2024 budget and assessments were adopted without amendment. The assessment included in the Metro 2024 budget was unchanged.

The incumbent Benefits Administration system was approved for another one-year contract. A full review of the services promised in the RFP will occur next fall and the Fund will determine whether to extend another year or go back out to RFP.

Resolution 11-24 adopts the agreement between MRHIF and the METRO Fund.

## **COMMITTEE APPOINTMENTS**

Sub Committees are typically appointed by the Fund Chair, although may be appointed however the Executive Committee sees fit. The Fund would like to fill the following committees with no more than 3 Commissioners. The Chairperson will always sit Ex Officio:

1. Finance & Contracts

2. Operations & Nominations

3. Wellness & Claims

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The 2024 Budget was approved with \$100,000 for a Wellness Program. The Fund Coordinator’s office has agreed to develop and work with a wellness committee to develop a program(s) for the members.

### INDEMNITY AND TRUST AGREEMENTS

A very important part of the next filing is the Indemnity and Trust agreements. We will be releasing these documents to all intended members on January 1, 2024. We request these resolutions be added to your next BOE/Council meetings.

MEMBER	I&T Agreement Expiration
Bloomfield Twp	12/31/2026
Bloomfield Library	12/31/2026
Plainfield BOE	I&T Needed
West Caldwell	12/31/2026
Scotch Plains	12/31/2026
City of Orange	12/31/2026
West Orange	I&T Needed
Morristown	I&T Needed
East Orange	I&T Needed
Irvington	I&T Needed
Union Township	I&T Needed
Maplewood Township	12/31/2026
Passaic Valley Sewerage Commission	12/31/2025

### IMPORTANT FUND INFORMATION

**Website:** [www.metrohif.com](http://www.metrohif.com)

**W-9:** Appendix II

**Address:** 9 Campus Drive, Suite 216, Parsippany, NJ 07054

**EIN:** 93-4065414

**HIF Admin:** [hifadmin@permainc.com](mailto:hifadmin@permainc.com)



<b>METRO MUNICIPAL EMPLOYEE BENEFITS FUND</b>						
<b>FINANCIAL FAST TRACK REPORT</b>						
		<b>AS OF</b>	<b>October 31, 2023</b>			
		<b>THIS</b>	<b>YTD</b>	<b>PRIOR</b>	<b>FUND</b>	
		<b>MONTH</b>	<b>CHANGE</b>	<b>YEAR END</b>	<b>BALANCE</b>	
1.	<b>UNDERWRITING INCOME</b>	<b>5,869,150</b>	<b>58,347,958</b>	<b>58,805,814</b>	<b>117,153,772</b>	
2.	<b>CLAIM EXPENSES</b>					
	Paid Claims	6,389,442	48,446,485	47,559,179	96,005,664	
	IBNR	-	2,469,441	3,355,561	5,825,002	
	Less Specific Excess	(52,002)	(962,834)	-	(962,834)	
	Less Aggregate Excess	-	-	-	-	
	<b>TOTAL CLAIMS</b>	<b>6,337,440</b>	<b>49,953,092</b>	<b>50,914,740</b>	<b>100,867,832</b>	
3.	<b>EXPENSES</b>					
	MA & HMO Premiums	701,658	6,207,978	0	6,207,978	
	Excess Premiums	145,797	1,437,965	0	1,437,965	
	Administrative	486,780	4,390,607	169,288	4,559,895	
	<b>TOTAL EXPENSES</b>	<b>1,334,235</b>	<b>12,036,550</b>	<b>169,288</b>	<b>12,205,838</b>	
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	<b>(1,802,525)</b>	<b>(3,641,683)</b>	<b>7,721,786</b>	<b>4,080,103</b>	
5.	<b>INVESTMENT INCOME</b>	<b>12,217</b>	<b>155,974</b>	<b>(13,209)</b>	<b>142,765</b>	
6.	<b>DIVIDEND INCOME</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(1,790,308)</b>	<b>(3,485,709)</b>	<b>7,708,577</b>	<b>4,222,867</b>	
8.	<b>DIVIDEND</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
9.	<b>Transferred Surplus</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>(1,790,308)</b>	<b>(3,485,709)</b>	<b>7,708,577</b>	<b>4,222,867</b>	
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>						
<b>Closed</b>	<b>Surplus</b>	20,533	(81,619)	1,739,112	1,657,492	
	<b>Cash</b>	20,336	(81,757)	1,737,962	1,656,204	
<b>2022</b>	<b>Surplus</b>	1,198,824	(1,649,562)	5,969,465	4,319,902	
	<b>Cash</b>	1,195,704	190,318	4,134,787	4,325,104	
<b>2023</b>	<b>Surplus</b>	(3,009,665)	(1,754,528)		(1,754,528)	
	<b>Cash</b>	(1,353,043)	(117,360)		(117,360)	
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(1,790,308)</b>	<b>(3,485,709)</b>	<b>7,708,576</b>	<b>4,222,867</b>	
<b>TOTAL CASH</b>		<b>(137,003)</b>	<b>(8,800)</b>	<b>5,872,749</b>	<b>5,863,949</b>	
<b>CLAIM ANALYSIS BY FUND YEAR</b>						
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>(17,397)</b>	<b>114,017</b>	<b>19,959,256</b>	<b>20,073,273</b>	
<b>FUND YEAR 2022</b>						
	Paid Claims	(1,140,822)	5,428,009	27,599,923	33,027,932	
	IBNR	0	(3,283,417)	3,355,561	72,144	
	Less Specific Excess	(52,002)	(448,382)	0	(448,382)	
	Less Aggregate Excess	0	0	0	0	
	<b>TOTAL FY 2022 CLAIMS</b>	<b>(1,192,824)</b>	<b>1,696,210</b>	<b>30,955,484</b>	<b>32,651,694</b>	
<b>FUND YEAR 2023</b>						
	Paid Claims	7,547,661	42,904,459		42,904,459	
	IBNR	0	5,752,858		5,752,858	
	Less Specific Excess	0	(514,452)		(514,452)	
	Less Aggregate Excess	0	0		0	
	<b>TOTAL FY 2023 CLAIMS</b>	<b>7,547,661</b>	<b>48,142,865</b>		<b>48,142,865</b>	
<b>COMBINED TOTAL CLAIMS</b>		<b>6,337,440</b>	<b>49,953,092</b>	<b>50,914,740</b>	<b>100,867,832</b>	

METRO HEALTH INSURANCE FUND											
RATIOS											
INDICES	2022	FY2023									
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
Cash Position	5,872,749	\$ 7,775,420	\$ 6,998,547	\$ 12,025,440	\$ 10,235,218	\$ 9,959,139	\$ 8,580,585	\$ 7,851,557	\$ 4,345,358	\$ 6,000,952	\$ 5,863,949
IBNR	3,355,561	\$ 4,002,151	\$ 4,749,976	\$ 5,239,826	\$ 5,557,834	\$ 5,706,377	\$ 5,754,235	\$ 5,777,928	\$ 5,798,189	\$ 5,825,002	\$ 5,825,002
Assets	11,233,425	\$ 12,304,503	\$ 13,583,314	\$ 14,750,396	\$ 15,467,817	\$ 14,599,982	\$ 14,073,135	\$ 14,890,381	\$ 13,184,772	\$ 12,093,941	\$ 10,390,667
Liabilities	3,355,561	\$ 4,043,124	\$ 5,004,809	\$ 5,536,492	\$ 5,603,550	\$ 5,801,454	\$ 5,883,823	\$ 5,908,306	\$ 6,011,698	\$ 6,080,766	\$ 6,167,800
Surplus	7,877,864	\$ 8,261,379	\$ 8,578,505	\$ 9,213,905	\$ 9,864,267	\$ 8,798,529	\$ 8,189,312	\$ 8,982,076	\$ 7,173,074	\$ 6,013,175	\$ 4,222,867
Claims Paid -- Month	2,212,162	\$ 3,466,066	\$ 3,495,173	\$ 3,716,347	\$ 3,857,454	\$ 5,302,785	\$ 5,387,449	\$ 3,908,249	\$ 6,317,431	\$ 6,606,090	\$ 6,389,442
Claims Budget -- Month	3,207,286	\$ 4,542,183	\$ 4,551,013	\$ 4,591,409	\$ 4,620,942	\$ 4,650,450	\$ 4,663,718	\$ 4,690,336	\$ 4,692,190	\$ 4,706,558	\$ 4,882,366
Claims Paid -- YTD	31,844,170	\$ 3,466,066	\$ 6,961,239	\$ 10,677,586	\$ 14,535,039	\$ 19,837,825	\$ 25,225,274	\$ 29,133,522	\$ 35,450,953	\$ 42,057,043	\$ 48,446,485
Claims Budget -- YTD	35,217,325	\$ 4,542,183	\$ 9,096,225	\$ 13,687,635	\$ 18,318,157	\$ 22,968,697	\$ 27,647,737	\$ 32,294,661	\$ 36,979,492	\$ 41,705,702	\$ 46,588,068
<b>RATIOS</b>											
Cash Position to Claims Paid	2.65	2.24	2.00	3.24	2.65	1.88	1.59	2.01	0.69	0.91	0.92
Claims Paid to Claims Budget -- Month	0.69	0.76	0.77	0.81	0.83	1.14	1.16	0.83	1.35	1.40	1.31
Claims Paid to Claims Budget -- YTD	0.90	0.76	0.77	0.78	0.79	0.86	0.91	0.90	0.96	1.01	1.04
Cash Position to IBNR	1.75	1.94	1.47	2.3	1.84	1.75	1.49	1.36	0.75	1.03	1.01
Assets to Liabilities	3.35	3.04	2.71	2.66	2.76	2.52	2.39	2.52	2.19	1.99	1.68
Surplus as Months of Claims	2.46	1.82	1.88	2.01	2.13	1.89	1.76	1.92	1.53	1.28	0.86
IBNR to Claims Budget -- Month	1.05	0.88	1.04	1.14	1.2	1.23	1.23	1.23	1.24	1.24	1.19

**Metro Municipal Employee Benefits Fund**  
**2023 Budget Report**  
as of October 31, 2023

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	45,306,083	54,903,655	36,767,919	46,764,157	(1,458,074)	-3%
Prescription Claims	543,291	652,175	4,581,287	512,757	(132,452)	-35%
Prescription Formulary Rebates	(162,987)	(195,651)	(1,374,386)	Included Above in Prescription Claims		
Dental Claims	869,032	1,062,334	3,019,001	865,951	3,081	0%
Subtotal	46,555,420	56,422,512	42,993,821	48,142,865	(1,587,445)	-3%
HMO/DMO Premiums	27,003	32,169	53,751	41,326	(14,323)	-53%
Medicare Advantage / EGWP	6,155,525	7,550,496	7,206,560	6,166,652	(11,127)	0%
Reinsurance						
Specific	1,441,720	1,745,629	2,190,656	1,437,965	3,756	0%
Total Loss Fund	54,179,668	65,750,806	52,444,788	55,788,807	(1,609,140)	-3%
Loss Fund Contingency	14,188	17,026	34,052	0	14,188	0%
Expenses						
Legal	10,625	12,750	25,500	6,375	4,250	40%
Treasurer	8,778	10,533	21,067	5,267	3,511	40%
Administrator	448,687	545,702	804,929	448,447	240	0%
Risk Management Consultants	1,416,510	1,707,851	1,938,973	1,423,090	(6,580)	0%
Fund Coordinator METRO	640,574	776,056	574,800	651,604	(11,030)	-2%
TPA - Claims Agent Aetna	925,869	1,121,038	1,442,413	923,457	2,412	0%
Dental TPA	48,691	59,275	145,958	48,478	213	0%
Actuary	7,708	9,250	18,500	4,625	3,083	40%
Auditor	7,917	9,500	19,000	7,916	1	0%
Benefits Consultant	297,396	361,877	574,681	299,053	426	0%
Board Advisor	7,803	9,364	18,727	0	7,803	100%
Claims Audit	0	0	40,000	0	-	#DIV/0!
Medicare Advantage Implementation	0	0	0	27,816	(27,816)	#DIV/0!
Subtotal Expenses	3,820,558	4,623,196	5,624,547	3,846,127	(23,486)	-1%
Miscellaneous and Special Services						
Misc/Cont	7,520	9,024	18,048	18,670	(11,150)	-148%
Wellness, Disease, Case Management	41,667	50,000	100,000	49,097	(7,430)	-18%
Affordable Care Act Taxes	12,592	15,246	19,133	11,547	1,045	8%
A4 Surcharge	406,965	498,831	480,735	448,102	(41,137)	-10%
Plan Documents	2,083	2,500	5,000	Benefits Consultant		
Subtotal Misc/Sp Svcs	470,827	575,601	622,916	527,416	(58,673)	-12%
Total Expenses	4,291,385	5,198,797	6,247,463	4,373,543	(82,158)	-2%
Total Budget	58,485,241	70,966,629	58,726,303	60,162,351	(1,677,110)	-3%

## Metro Municipal Employee Benefits Fund

### CONSOLIDATED BALANCE SHEET

AS OF OCTOBER 31, 2023

#### BY FUND YEAR

	METRO 2023	METRO 2022	CLOSED YEAR	FUND BALANCE	
<b>ASSETS</b>					
Cash & Cash Equivalents	(117,360)	4,325,104	1,656,204	5,863,949	0
Assesments Receivable (Prepaid)	3,741,519	2,542	-	3,744,061	
Interest Receivable	1,025	2,524	1,288	4,837	
Specific Excess Receivable	514,452	61,875	-	576,328	
Aggregate Excess Receivable	-	-	-	-	
Dividend Receivable	-	-	-	-	
Prepaid Admin Fees	-	-	-	-	
Other Assets	201,493	-	-	201,493	
<b>Total Assets</b>	<b>4,341,128</b>	<b>4,392,046</b>	<b>1,657,492</b>	<b>10,390,667</b>	
<b>LIABILITIES</b>					
Accounts Payable	-	-	-	-	
IBNR Reserve	5,752,858	72,144	-	5,825,002	-
A4 Retiree Surcharge	323,335	-	-	323,335	
Dividends Payable	-	-	-	-	
Retained Dividends	-	-	-	-	
Accrued/Other Liabilities	19,463	-	-	19,463	
<b>Total Liabilities</b>	<b>6,095,656</b>	<b>72,144</b>	<b>-</b>	<b>6,167,800</b>	
<b>EQUITY</b>					
Surplus / (Deficit)	(1,754,528)	4,319,902	1,657,492	4,222,867	0
<b>Total Equity</b>	<b>(1,754,528)</b>	<b>4,319,902</b>	<b>1,657,492</b>	<b>4,222,867</b>	
<b>Total Liabilities &amp; Equity</b>	<b>4,341,128</b>	<b>4,392,046</b>	<b>1,657,492</b>	<b>10,390,667</b>	
<b>BALANCE</b>	<b>-</b>	<b>-</b>		<b>-</b>	

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.

METRO Municipal Employee Benefits Fund		Print Date:			
2024 Proposed Budget		10/5/2023 15:45			
Census:		Monthly	Annual		
Medical Aetna	2,341	28,092			
Rx	145	1,740			
Rx Bloomfield	249	2,988			
Dental	1,540	18,480			
Medicare Advantage - Medical	1,825	21,900			
Rx No Medical (Incl in Rx above)	250	3,000			
Dental Only (Incl in Dental above)	143	1,716			
Medicare Advantage - Only (Incl above)	1,581	18,972			
DMO Only	-	-			
LINE ITEMS	Annualized Budget FY2023	Proposed Budget FY2024	\$ Change	% Change	
1 Medical Claims Aetna	\$ 53,315,510	\$ 55,284,076	\$ 1,968,566	3.69%	
2 Prescription Claims	\$ 658,769	\$ 721,377	\$ 62,608	9.50%	
3 Prescription Formulary Rebates	\$ (197,631)	\$ (216,413)	\$ (18,782)	9.50%	
4 Prescription- Vaccinations Only	\$ 79,182	\$ 81,104	\$ 1,922	2.43%	
5 Dental Claims	\$ 1,078,923	\$ 1,077,955	\$ (968)	-0.09%	
6					
7 Subtotal Claims	54,934,753	56,948,099	\$ 2,013,346	3.66%	
8					
9 HMO/DMO Premiums	\$ 30,257	\$ 30,257	\$ -	0.00%	
10					
11 Medicare Advantage / EGWP	\$ 8,373,625	\$ 8,565,939	\$ 192,314	2.30%	
12					
13 Reinsurance					
14 Specific	\$ 1,729,621	\$ 2,022,343	\$ 292,722	16.92%	
15					
16 Total Loss Fund	\$ 65,068,256	\$ 67,566,638	\$ 2,498,382	\$ 0	
17					
18 Loss Fund Contingency	\$ 46,128	\$ 215,347	\$ 169,219	366.85%	
19					
20 Expenses					
21 Legal	\$ 25,500	\$ 30,000	\$ 4,500	17.6%	
22 Treasurer	\$ 21,067	\$ 21,900	\$ 833	4.0%	
23 Administrator/Benefits Consultant	\$ 941,395	\$ 1,035,600	\$ 94,205	10.0%	
24 Risk Management Consultants	\$ 1,704,443	\$ 1,749,019	\$ 44,575	2.6%	
25 Fund Coordinator METRO	\$ 778,908	\$ 825,972	\$ 47,064	6.0%	
26 TPA - Claims Agent Aetna	\$ 1,110,758	\$ 1,110,758	\$ -	0.0%	
27 Dental TPA	\$ 58,811	\$ 61,723	\$ 2,912	5.0%	
28 Actuary	\$ 18,500	\$ 17,500	\$ (1,000)	-5.4%	
29 Auditor	\$ 19,000	\$ 22,000	\$ 3,000	15.8%	
30					
31 Subtotal Expenses	\$ 4,678,382	\$ 4,874,472	\$ 196,089	4.19%	
32					
33 Miscellaneous and Special Services					
34 Misc/Cont	\$ 18,048	\$ 18,048	\$ -	0.00%	
35 Wellness, Disease, Case Management	\$ 100,000	\$ 100,000	\$ -	0.00%	
36 Affordable Care Act Taxes	\$ 15,106	\$ 15,106	\$ -	0.00%	
37 A4 Surcharge	\$ 491,831	\$ 513,917	\$ 22,086	4.49%	
38 Plan Documents	\$ 5,000	\$ 10,000	\$ 5,000	100.00%	
39 Claims Audit	\$ 40,000	\$ 40,000	\$ -	0.00%	
40 Subtotal Misc/Sp Svcs	\$ 669,985	\$ 697,071	\$ 27,086	4.04%	
41					
42 Total Expenses	\$ 5,348,368	\$ 5,571,543	\$ 223,175	4.17%	
43	13				
44 Total Budget	\$ 70,462,752	\$ 73,353,528	\$ 2,890,776	4.10%	

<b>METRO Municipal Employee Benefits Fund</b>			
<b>ASSESSMENT COMPARISON FY2023 vs. FY2024</b>			
	<b>Annualized Assessment FY2023</b>	<b>Proposed Assessment FY2024</b>	<b>Difference %</b>
<b>Group Name</b>	<b>Total</b>	<b>Total</b>	<b>Total</b>
Bloomfield Township	\$ 14,694,720	\$ 15,342,780	4.41%
Bloomfield Library	\$ 433,344	\$ 458,268	5.75%
East Orange	\$ 861,924	\$ 861,924	0.00%
Irvington	\$ 1,621,128	\$ 1,654,008	2.03%
Town of Morristown	\$ 495,096	\$ 504,504	1.90%
Orange Township	\$ 12,851,076	\$ 13,414,956	4.39%
Passaic Valley Sewerage Comm	\$ 1,404,420	\$ 1,432,824	2.02%
Plainfield BOE	\$ 28,417,932	\$ 29,644,920	4.32%
Scotch Plains Township	\$ 3,159,492	\$ 3,330,000	5.40%
Union Township	\$ 2,207,724	\$ 2,253,192	2.06%
West Caldwell	\$ 2,226,528	\$ 2,326,392	4.49%
West Orange Township	\$ 2,089,368	\$ 2,129,760	1.93%
<b>Totals:</b>	\$ 70,462,752	\$ 73,353,528	4.10%

**Metropolitan Health Insurance Fund  
Program Manager Report**

January 2024

Program Manager: PERMA

Online Enrollment Training: [aflinn@permainc.com](mailto:aflinn@permainc.com)

Enrollments/Eligibility/Billing: [MetroEnrollments@permainc.com](mailto:MetroEnrollments@permainc.com)

Brokers: [brokerservice@permainc.com](mailto:brokerservice@permainc.com)

**ELIGIBILITY/ENROLLMENT:**

Please direct any eligibility, enrollment, or system related questions to our dedicated Metro enrollment team. To contact the team, email [MetroEnrollments@permainc.com](mailto:MetroEnrollments@permainc.com) or fax to 856-685-2248.

System training (new and refresher) is provided to all contacts with WEX access every 3rd Wednesday at 10AM. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@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: None**

**OPERATIONAL UPDATES: None**

**2024 LEGISLATIVE REVIEW:**

**FREE COVID-19 At-HomeTest** - Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. <https://www.covid.gov/tests>

**Medical and Rx Reporting: None**

**No Surprise Billing and Transparency Act- Continued Delays**

The Health Insurance Funds, including Metropolitan, 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 Metropolitan 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

**Appeals**

**Carrier Appeals: None**

**IRO Submissions: None**

**Metro Small Claims Committee Appeals: None**



**METROPOLITAN HEALTH INSURANCE FUND  
BILLS LIST**

**JANUARY 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

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

**FUND YEAR 2024**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001001			
001001	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 01/24	648,862.03
			<b>648,862.03</b>
001002			
001002	UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 01/24	67,685.01
			<b>67,685.01</b>
001003			
001003	DELTA DENTAL INSURANCE COMPANY	DENTAL- PLAINFIELD-F1-7871900000 01/24	4,348.67
001003	DELTA DENTAL INSURANCE COMPANY	DENTAL- ORANGE-# F1-7871700005 01/24	171.93
			<b>4,520.60</b>
001004			
001004	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/24	5,500.98
			<b>5,500.98</b>
001005			
001005	AETNA	MEDICAL TPA 01/24	102,962.16
			<b>102,962.16</b>
001006			
001006	PERMA	PROGRAM MANAGER FEES 01/24	50,435.00
001006	PERMA	ADMIN FEES 01/24	41,265.00
			<b>91,700.00</b>
001007			
001007	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES 01/24	4,375.00
			<b>4,375.00</b>
001008			
001008	EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR FEES 01/24	77,195.00
			<b>77,195.00</b>
001009			
001009	LARACY ASSOCIATES LLC	TREASURER FEE 01/24	1,825.00
			<b>1,825.00</b>
001010			
001010	FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 01/24	57,431.77
			<b>57,431.77</b>
001011			
001011	ACRISURE NJ PARTNERS INS. SERVICES, LLC	BROKER FEES 01/24	51,029.45
			<b>51,029.45</b>

001012			
001012	ACRISURE NJ PARTNERS INS. SERVICES, LLC	BROKER FEES 01/24	41,972.85
			<b>41,972.85</b>
001013			
001013	BROWN & BROWN METRO, LLC	BROKER FEES 01/24	8,470.92
			<b>8,470.92</b>
001014			
001014	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 01/24	187,461.96
			<b>187,461.96</b>
		<b>Total Payments FY 2024</b>	<b>1,350,992.73</b>
		<b>TOTAL PAYMENTS ALL FUND YEAR</b>	<b>1,350,992.73</b>

\_\_\_\_\_  
Chairperson

Attest:

\_\_\_\_\_  
Dated:

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

\_\_\_\_\_  
Treasurer

# METROPOLITAN HEALTH INSURANCE FUND

As you know, the Metropolitan Health Insurance fund will be breaking away from the BMED Fund and operating as an independent entity as of January 1<sup>st</sup>, 2024. We are excited to announce that we will be implementing direct debit payments as a new payment method. This change aims to streamline and optimize our payment processes, ensuring a smoother and more convenient experience for you. This will also be an essential tool to ensure the viability of the fund as it begins to operate outside of the umbrella of the BMED.

Direct debit payments offer several benefits, including:

1. **Convenience:** Say goodbye to manual payments and the hassle of remembering due dates. With direct debit, your payments will be automatically deducted from your chosen account on the scheduled date, ensuring timely transactions without the need for your intervention.
2. **Reliability:** By opting for direct debit, you eliminate the risk of missing payments or incurring late fees. Your payments will be processed seamlessly, giving you peace of mind.
3. **Enhanced Cash Flow Management:** For us, efficient cash flow management is crucial in providing uninterrupted services and maintaining the quality you expect. Direct debit payments assist us in achieving this goal, enabling us to focus on delivering exceptional service to you.

The Metropolitan Health Insurance fund will commit to providing invoices to the member entities by the 15<sup>th</sup> of each month. The direct debit payment will be taken by the fund on the 25<sup>th</sup> of each month. If the 25<sup>th</sup> falls on a weekend, the funds will be debited on the subsequent Monday. This will give each entity ample time to review the invoices and make any necessary corrections.

A strong cash flow is essential for the fund as we build up our surplus and strengthen the long-term viability of the fund while also maintaining attractive, yet responsible, premium rates.

A Direct Debit Authorization Form is included with this letter. Please fill out the form and return it to our offices at [Address or Secure Email]

We understand that changes in payment methods might raise questions or require clarification. Our dedicated customer support team is available to address any queries you may have regarding this transition. Feel free to reach out to us at [Contact Information] for assistance.

# METROPOLITAN HEALTH INSURANCE FUND

<p><b>FOR METRO HIF USE ONLY:</b></p> <p>Entered By: _____</p> <p>Date: _____</p>
--

## DIRECT DEBIT AUTHORIZATION FORM

ENTITY ACCOUNT INFORMATION			
<b>Entity Name:</b>			
<b>Entity Street:</b>			
<b>Entity City</b>	<b>Entity State</b>	<b>Entity Zip Code</b>	
Contact Information			
<b>Contact Name:</b>			
<b>Contact Title:</b>			
<b>Phone:</b>		<b>Email:</b>	
Authorizing Official (CFO, Business Administrator, or other responsibility party)			
<b>Authorizing Official Name and Title:</b>			
<b>Address (If Different from Above):</b>			
<b>Phone:</b>		<b>Email:</b>	
<b>Authorizing Official Signature &amp; Date of Signature:</b>			



**METRO CLAIMS**

**Monthly Claim Activity Report**

*January 18, 2024*



**METRO**

	<b>MEDICAL CLAIMS PAID 2022</b>			<b>MEDICAL CLAIMS PAID 2023</b>		
	<b># OF EES</b>	<b>PER EE</b>		<b># OF EES</b>	<b>PER EE</b>	
JANUARY				\$3,381,213	2,310	\$ 1,464
FEBRUARY				\$3,440,605	2,315	\$ 1,486
MARCH				\$3,645,653	2,311	\$ 1,578
APRIL				\$3,571,570	2,334	\$ 1,530
MAY				\$5,173,842	2,342	\$ 2,209
JUNE				\$5,256,054	2,338	\$ 2,248
JULY				\$3,820,544	2,350	\$ 1,626
AUGUST				\$6,193,858	2,353	\$ 2,632
SEPTEMBER	\$2,673,128	1,649	\$ 1,621	\$6,365,406	2,360	\$ 2,697
OCTOBER	\$2,504,540	1,694	\$ 1,478	\$6,221,692	2,442	\$ 2,548
NOVEMBER	\$2,715,123	1,706	\$ 1,592	\$5,693,518	2,478	\$ 2,298
DECEMBER	\$2,171,019	1,726	\$ 1,258			
<b>TOTALS</b>	<b>\$10,063,809</b>					
				<b>2023 Average</b>	<b>2,358</b>	<b>\$ 2,029</b>
				<b>2022 Average (4th Qtr)</b>	<b>1,694</b>	<b>\$ 1,487</b>

## Large Claimant Report (Drilldown) - Claims Over \$50000

**Plan Sponsor Unique ID :** All  
**Customer:** METRO  
**Group / Control:** 00169469 - BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

**Paid Dates:** 10/01/2023 - 10/31/2023  
**Service Dates:** 01/01/2011 - 10/31/2023  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$292,399.31	\$275,567.16
	\$236,440.00	\$215,090.00
	\$152,853.49	\$146,055.31
	\$352,547.38	\$120,122.54
	\$662,823.96	\$105,679.37
	\$160,973.48	\$101,222.18
	\$149,924.81	\$83,934.44
	\$180,663.33	\$72,748.17
	\$79,830.97	\$59,610.00
	\$342,561.12	\$55,728.75
	\$63,139.00	\$52,114.15
	\$93,109.34	\$50,260.00
<b>Total:</b>	<b>\$2,767,266.19</b>	<b>\$1,338,132.07</b>

### Large Claimant Report (Drilldown) - Claims Over \$50000

**Plan Sponsor Unique ID :** All  
**Customer:** METRO  
**Group / Control:** 00169469 - BERGEN MUNICIPAL EMPLOYEE BENEFIT FUND

**Paid Dates:** 11/01/2023 - 11/30/2023  
**Service Dates:** 01/01/2011 - 11/30/2023  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$538,243.00	\$179,030.05
	\$186,000.00	\$168,715.56
	\$162,965.00	\$126,344.48
	\$175,202.72	\$100,432.70
	\$151,499.00	\$91,990.00
	\$207,111.63	\$91,231.86
	\$192,330.03	\$90,163.65
	\$94,520.48	\$81,970.38
	\$125,320.80	\$81,855.07
	\$212,768.00	\$79,811.32
	\$147,855.40	\$70,271.14
	\$72,635.00	\$66,952.11
	\$115.96	\$66,608.40
	\$128,227.86	\$66,271.19
	\$70,185.82	\$64,612.83
	\$123,729.13	\$55,714.26
	\$17,903.71	\$53,315.15
	\$187,090.65	\$53,107.51
<b>Total:</b>	<b>\$2,793,704.19</b>	<b>\$1,588,397.66</b>





**Medical Claims Paid:**  
**January 2023 thru November 2023**  
Total Medical Paid per EE: **\$2,029**

**Network Discounts**

Inpatient:	<b>64.4%</b>
Ambulatory:	<b>68.5%</b>
Physician/Other:	<b>63.7%</b>
<b>TOTAL:</b>	<b>65.6%</b>

**Provider Network**

% Admissions In-Network:	<b>95.2%</b>
% Physician Office:	<b>90.7%</b>

**Aetna Book of Business:**  
Admissions 97.5%; Physician 91.8%

**Top Facilities Utilized**  
(by total Medical Spend)

- Cooperman Barnabas Medical
- JFK University Medical
- Morristown Medical Center
- Overlook Medical Center
- Hackensack University Medical

**Catastrophic Claim Impact**  
**January 2023 – November 2023**

Number of Claims Over \$50,000: **189**  
Claimants per 1000 members: **35.3**  
Avg. Paid per Claimant: **\$128,256**  
Percent of Total Paid: **48.9%**

- Aetna BOB- HCC account for an average of 44.5% of total Medical Cost

**Aetna One Flex Member Outreach:**  
**Through November 2023**

Total Members Identified: **1,478**  
Members Targeted for 1:1 Nurse Support : **446**  
Members Targeted for Digital Activity: **1,032**  
Member 1:1 outreach completed: **424**  
Member 1:1 Outreach in Progress: **22**

**Teladoc Activity**  
**January 2023 – November 2023**  
(\*BMED/Metro)

Total Registrations: **157**  
Total Online Visits: **417**  
Total Net Claims Savings: **\$217,419**  
Total Visits w/ Rx: **300**

Mental Health Visits: **170**  
Dermatology Visits: **32**

**Allentown Service Center**  
**Performance Goal Metrics YTD 2023**

**Customer Service Performance**

1 <sup>st</sup> Call Resolution:	<b>94.03%</b>
Abandonment Rate:	<b>0.61%</b>
Avg. Speed of Answer:	<b>18.0 sec</b>

**Claims Performance**

Financial Accuracy:	<b>98.25%</b>
90% processed w/in:	<b>7.8 days</b>
95% processed w/in:	<b>15.1 days</b>

\*\*\*\*\*

**Claims Performance (Monthly)**  
(November 2023)

90% processed w/in:	<b>5.8 days</b>
95% processed w/in:	<b>10.5 days</b>

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

1 <sup>st</sup> Call Resolution:	<b>90%</b>
Abandonment Rate less than:	<b>3.0%</b>
Average Speed of Answer:	<b>30 sec</b>

Financial Accuracy: **99%**

**Turnaround Time**

90% processed w/in:	<b>14 days</b>
95% processed w/in:	<b>30 days</b>

**METROPOLITAN HEALTH INSURANCE FUND  
 CONSENT AGENDA  
 JANUARY 18, 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.

<b>Resolutions</b>	<b>Subject Matter</b>
Resolution 1-24 Professional Contracts.....	<b>Page 27</b>
Resolution 2-24: Designation of Service of Process.....	<b>Page 30</b>
Resolution 3-24: Designation of Secretary as Custodian of Records .....	<b>Page 31</b>
Resolution 4-24: Designation of Official Newspaper .....	<b>Page 32</b>
Resolution 5-24: Designation of Regular Meeting Times and Place .....	<b>Page 33</b>
Resolution 6-24: Designation of Bank Depositories & CMP .....	<b>Page 34</b>
Resolution 7-24: Designation of Authorized Signatories.....	<b>Page 38</b>
Resolution 8-24: Approval of Risk Management Plan .....	<b>Page 39</b>
Resolution 9-24: Appointment of MRHIF Fund Commissioners.....	<b>Page 49</b>
Resolution 10-24: Establishing a plan for Compensating Producers.....	Page 50
Resolution 11-24: MRHIF Indemnity and Trust Agreement.....	<b>Page 52</b>
Resolution 12-24: Authorizing Treasurer to Process Contracted Payments and Expenses .....	<b>Page 54</b>
Resolution 13-24: Approval of the January 2024 Bills List.....	<b>Page 55</b>

**RESOLUTION NO. 1-24**

**METROPOLITAN HEALTH INSURANCE FUND  
APPOINTING PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2024**

**WHEREAS**, the Metropolitan Health Insurance 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**, 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:11-4.1 et seq.) for the 2024 Fund year; and,

**WHEREAS**, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 23-07 in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

**WHEREAS**, the Fund received competitive contracts for professionals on July 20, 2023, and August 15, 2023 (Fund Coordinator)

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

**WHEREAS**, the 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 Publics Contract Law (N.J.S.A. 40A:11-1 et seq.); and

**WHEREAS**, the term of contract is allowable for up to five (5) years as authorized under N.J.S.A.40A:11-4.1 et. Seq.

**WHEREAS**, the Fund resolves to appoint the Professionals - noted below -commencing on January 1, 2024 and ending on December 31, 2024 (unless otherwise noted) with four option additional one year extensions at its January 2024 Organization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following professional service appointments and contract awards be and are hereby made for 2024:

- I. **Actuarial Solutions LLC (John Vataha)** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$17,500 has been appropriated in the **Actuary** Line Item of the 2024 budget.
- II. **Antonelli Kantor Rivera** is hereby appointed to serve as the FUND's **Attorney**. The Fund Attorney will be paid \$200/hourly for partners, \$175/hourly for associate attorneys and \$80/hourly for paralegals/clerks. The annual amount not exceeding \$30,000 has been appropriated in the **Attorney** Line Item of the 2024 budget.
- III. **Donohue, Gironda, Doria & Tomkins** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$22,000 has been appropriated in the **Auditor** Line Item of the 2024 budget.
- IV. **Point Accounting Group (Formerly Laracy Associates)** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$21,900 has been appropriated in the **Treasurer** Line Item of the 2024 budget.
- V. **PERMA Risk Management Services** as **Administrator and Program Manager** is hereby appointed as **Executive Director, agent for process of service and Program Manager**. \$20.00 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,035,600 has been appropriated in the **Administrator** Line Item of the 2024 budget.
- VI. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.54 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,110,758 has been appropriated in the **Medical TPA** Line Item of the 2024 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 \$61,723 has been appropriated in the **Dental TPA** Line Item of the 2024 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	Monthly DMO Premium
Aetna Medicare Advantage \$10 w/ Rx (Passaic Valley Sewerage Commission)	\$ 412.47
Aetna Medicare Advantage PPO ESA w/ Rx 10% (Town of Morristown)	\$ 377.11
Aetna Medicare Advantage PPO ESA (Township of Bloomfield)	\$ 262.59
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 446.46
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 446.46
Aetna Medicare Advantage PPO ESA w \$9/\$21/\$41 Rx " MAPDP (Township of West Orange)	\$ 478.18
Aetna Medicare Advantage \$10 w/\$6/\$125/24 Rx (Union Township)	\$ 394.74

The annual amount of \$8,598,564 has been appropriated for this Line Item of the 2024 budget.

- IX. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$317 per member, per month.
- X. **Eagle Rock Management Group**, is hereby appointed to serve as the FUND's Fund Coordinator for the Metro subgroup lives only at \$11 per Medicare Advantage life per month; \$20 per Active medical life per month; and \$3 per dental only life, per month. The annual amount of \$825,972 has been appropriated for this Line Item of the 2024 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;

**METROPOLITAN HEALTH INSURNACE FUND**

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2-24**

**METROPOLITAN HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2024**

**BE IT RESOLVED** by the Executive Committee of the Metropolitan Health Insurance 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 2024 or until its successor has be appointed and qualified.

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 3-24**

**METROPOLITAN HEALTH INSURANCE FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that \_\_\_\_\_, the Secretary of the Metropolitan Health Insurance 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 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 4-23**

**METROPOLITAN HEALTH INSURANCE FUND  
DESIGNATING  
THE RECORD  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2024**

**BE IT RESOLVED** by the Executive Committee of the Metropolitan Health Insurance Fund that The Star Ledger is hereby designated as the official newspaper for Metropolitan Health Insurance Fund for the year 2024 and that all official notices required to be published shall be published in The Record.

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Metropolitan Health Insurance Fund shall give notice of said meetings to The Record.

**BE IT FURTHER RESOLVED** that the Metropolitan Health Insurance Fund website be designated as the official electronic media site for the Metropolitan Health Insurance Fund at [www.metrohif.com](http://www.metrohif.com).

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 5-24**

**METROPOLITAN HEALTH INSURNACE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2024**

**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;

**WHEREAS** by the Executive Committee of the Metropolitan Health Insurance Fund that the Fund hereby approves the following 2024 meeting dates, times and location for the Metropolitan Health Insurance Fund:

<b>Date</b>	<b>Location</b>	<b>Time</b>
March 21, 2024	Bloomfield Twp	12:00pm
May 16, 2024	Bloomfield Twp/ZOOM	12:00pm
July 18, 2024	Bloomfield Twp	12:00pm
September 19, 2024	Bloomfield Twp/ZOOM	12:00pm
October 17, 2024	Bloomfield Twp	12:00pm
December 19, 2024	Bloomfield Twp/ZOOM	12:00pm
January 16, 2025	Bloomfield Twp/ZOOM	12:00pm

**BE IT FURTHER RESOLVED** that the meetings will be conducted in a hybrid format and the public can find information about how to access the public meeting remotely at the following link: <https://www.metrohif.com/> Please be advised that in the event that technology does not provide adequate service to the meeting, members of the public should be made aware that they can attend in public or request an audio portion of the meeting in the event of a technology failure. The remote access is an additional benefit for members of the public. In the event remote access is terminated due to power outage, information technology deficiency, the public meeting will continue.

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

**METROPOLITAN HEALTH INSURNACE FUND**

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
  
\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 6-24**

**METROPOLITAN HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2024**

**BE IT RESOLVED** that the following Cash and Investment Management Plan be and is hereby adopted.

b.) *Cash Management and Investment Objectives*

The Metropolitan Health Insurance Fund (hereinafter referred to as the FUND) objectives in this area are:

- b.) 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 investments authorized under N.J.S.A. 40A:5-15.1 Joint Insurance Funds and Chapter 38, Joint Insurance Funds, Subchapter 1. Investments 5:38-1.1, 5:38-1.2 and 5:38-1.3 of the New Jersey Administrative Code.

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:

Citizens Bank  
Kearny Bank  
Bogota Savings Bank  
Blue Foundry Bank

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.

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:

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

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

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

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

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

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

To assure timely payment of monthly assessments, the Fund shall implement a process of automatically initiating transfers from member entity bank accounts into the Fund accounts after detailed monthly assessment invoices are supplied to the member entities.

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 7-24**

**METROPOLITAN HEALTH INSURANCE FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

**BE IT RESOLVED** by the Metropolitan Health Insurance Fund that all funds of the Metropolitan Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized for the following bank accounts, pursuant to this Resolution.

Administrative Account:

Jenny Mundell	- Chairman
Kimberley Duva	- Secretary
Matthew Laracy	- Treasurer

Claims Payment Account:

Jenny Mundell	- Chairman
Kimberley Duva	- Secretary
Matthew Laracy	- Treasurer

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_

**RESOLUTION NO. 8-24**

**METROPOLITAN HEALTH INSURANCE FUND**

**RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2024**

**Adopted: JANUARY 24, 2024**

**METROPOLITAN HEALTH INSURANCE 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:





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 and estimated assessment for the entity. 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 adjustments of up to -2.5% may be considered. 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 prospective 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 auditor experienced in auditing self-insured claims and operations. Claims and/or operational audits will be performed after the first year of operation and at least every three (3) years thereafter.

## 21.) CLAIM APPEALS

- The third party administrator (TPA) shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
- The TPA, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
  - (a) In an amount not greater than \$5,000.00 and/or
  - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant..
- If the decision of the TPA, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Executive Committee of the Fund shall formally confirm the decision of the TPA, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.
- If the decision of the TPA, Executive Director and Fund Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Executive Director.
  - a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Executive Director to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request, shall be accompanied by a copy of the determination letter issued by the TPA.
    - 1. The Executive Director will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not

eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Executive Director shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Executive Director shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Executive Director, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Executive Director does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Executive Director for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

- (ii) the date the IRO was assigned and date of the IRO's decision;
- (iii) references to the documentation/information considered;
- (iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;
- (v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and
- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

**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 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> 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.

**ADOPTED: January 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 9-24**

**METROPOLITAN HEALTH INSURANCE FUND  
APPOINTING OF FUND COMMISSIONER, AND ALTERNATE FUND  
COMMISSIONER TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE  
FUND**

**WHEREAS,** The Metropolitan Health Insurance 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 Metropolitan Health Insurance 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 24, 2023**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 10-23**

**METROPOLITAN HEALTH INSURANCE FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED  
PURSUANT TO N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER  
ENTITIES**

**WHEREAS**, The Metropolitan Health Insurance 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 Metropolitan Health Insurance Fund establishes the following producer plan for 2024;

1. The Fund will include producer compensation in each entity’s assessments using the compensation levels as disclosed to and approved by the member entity.
2. The following sub-producers with the designated compensation levels are approved for 2024:

<b>Group Name</b>	<b>Sub-producer Name</b>	<b>Sub-producer Rate</b>	<b>Sub-producer Rate Dental</b>
Bloomfield Township	IMAC	\$ 62.68	
Bloomfield Library	IMAC	\$ 62.68	
Irvington	Fairview Insurance	\$ 7.66	
Maplewood	Brown & Brown	\$ 58.02	
Town of Morristown	Fairview Insurance	\$ 20.81	
Orange Township	Fairview Insurance	\$ 54.25	\$ 1.34
Plainfield BOE	Reliance Insurance Group	\$ 27.35	
Scotch Plains Township	Reliance Insurance Group	\$ 56.88	
Union Township	Fairview Insurance	\$ 10.20	
West Caldwell	IMAC	\$ 45.01	
West Orange Township	Fairview Insurance	\$ 50.94	

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

**METROPOLITAN HEALTH INSURANCE FUND**

**ADOPTED: January 18, 2024**

**BY: \_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST: \_\_\_\_\_**  
**SECRETARY**

**RESOLUTION NO. 11-24**

**METROPOLITAN HEALTH INSURANCE FUND  
MUNICIPAL REINSURANCE HEALTH INSURANCE FUND  
INDEMNITY and TRUST AGREEMENT**

**THIS AGREEMENT** made this 18<sup>th</sup> day of January, 2024, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the Metropolitan Health Insurance Fund, hereinafter referred to as the "FUND".

**WITNESSETH:**

**WHEREAS**, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

**WHEREAS**, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

**NOW, THEREFORE**, be it agreed as follows:

- 1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.
- 2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.
- 3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, the commencement of which shall commence effective January 1, 2024.
- 4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.
- 5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE

FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.

- 6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.
- 7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as fiduciaries for the benefit of REINSURANCE FUND claimants, all in accordance with administrative regulations.
- 8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.
- 9.) Each FUND who shall become a member of the REINSURANCE FUND shall be obligated to execute this agreement.

**METROPOLITAN HEALTH INSURANCE FUND**

\_\_\_\_\_  
Chairman

Attest:

\_\_\_\_\_  
Secretary

**RESOLUTION NO. 12-24**

**METROPOLITAN HEALTH INSURANCE 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 Metropolitan Health Insurance 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 2024.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Metropolitan Health Insurance 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 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 13-24**

**METROPOLITAN HEALTH INSURANCE FUND  
APPROVAL OF THE JANUARY 2024 BILLS LIST**

**WHEREAS**, the **Metropolitan Health Insurance Fund** held a Public Meeting on **January 18, 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 month of January 2024 for consideration and approval of the Executive Committee and

**WHEREAS**, a quorum of the Commissioners was present thereby conforming with the Policies and Procedures of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the of the Metropolitan Health Insurance Fund hereby approve the Bills List for January 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 Insurance Funds.

**ADOPTED: January 18, 2024**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

# APPENDIX I



## Steering Committee Minutes October 11, 2023 - Zoom

Attendance (in no specific order):

### 1. Roll Call of Commissioners

<u>Group</u>	<u>Fund Commissioner</u>	<u>Attendance</u>
Bloomfield Public Library	Jenny Mundell, Chair	Present
Bloomfield Township	Kim Duva	Absent
East Orange Township	TBD	N/A
Irvington Township	Musa A. Malik	Absent
Morristown Township	Jillian Barrick	Absent
Orange Township	Christopher Hartwyk	Absent
Passaic Valley Sewerage Commission	Albert Lukin	Absent
Plainfield Public Schools	Cameron Cox	Absent
Sayreville Township	TBD	N/A
Scotch Plains	Margaret Heisey	Present
Union Township	Donald Travisano	Absent
West Caldwell	Nikole H. Baltycki	Absent
West Orange Township	John Gross	Absent

### Minutes

Approval of August 23, 2023 Minutes (Appendix I)

### **MOTION TO APPROVE AND ACCEPT THE MINUTES OF THE AUGUST 23, 2023 METRO STEERING COMMITTEE.**

Motion: Commissioner Heisey

Second: Chair Mundell

Vote: All in Favor

### **FUND COORDINATOR, EAGLE ROCK, LLC REPORT:**

Mr. DiVincenzo stated that the METRO fund is growing. He stated that Maplewood and Hillside BOE will possibly be joining the fund 1/1/2024.

**Run out offer:**

Based on Hillside BOE’s two-year medical claims history, the Metro Fund’s Actuary has developed an estimate of run-in claims of \$1,700,000 to close out the current policy. If the BOE agrees to join the Metro Fund and would like to take advantage of this option, the above estimate will be broken out into monthly installments with the final payment being the last month of the Fund year, December. The monthly installments will be billed as an additional line item on the BOE’s monthly invoice.

Following the final installment, a reconciliation will be performed after the close of the Fund year:

- 1) Should the run-in claims paid by the Metro Fund on behalf of Hillside BOE be greater than the above estimate, a line of the difference will be applied to the next applicable Fund invoice.
- 2) Should the run-in claims paid by the Metro Fund on behalf of Hillside BOE be less than the Actuary’s estimate, a credit of the difference will be applied to the next applicable invoice.
- 3) If at anytime Hillside BOE should become over 45 days delinquent on their premium obligation (including the monthly line item), the Metro Fund will cease paying run in claims immediately and the reconciliation will be performed immediately.

Please note that the Metro Fund does not have a current arrangement with BOE’s current Third-Party Administrator (TPA). The Fund is willing to pay the run-in claims directly as outlined above, this assumes the current TPA is willing to work the Fund in this capacity.

Mrs. Koval added that the Actuary also reviewed this and is comfortable with this.

**MOTION TO OFFER MEMBERSHIP TO THE MAPLEWOOD TWP, HILLSIDE BOE AND ITS OFFER OF RUN-IN CLAIMS FINANCING, AS PRESENTED.**

Motion: Commissioner Heisey  
 Second: Chair Mundell  
 Vote: 2 Yes, 0 Nays

**EXECUTIVE DIRECTOR, PERMA REPORT:**

Mrs. Koval reviewed the financial fast track through August. She stated that there was a slight loss in August, but they are seeing this across the state. She stated that she is looking at it with Aetna. The last three months claims have been a little higher so that could be why. She stated that having a solid surplus is good news for a brand-new fund.

**2024 BUDGET** - Mrs. Koval reviewed the 2024 Budget is included in the agenda for introduction and recommendation to the BMED Executive Committee on their October 24, 2023 meeting. The overall budget is increasing 4.10%. Details are included in the presentation.

**MOTION TO RECOMMEND THE INTRODUCTION OF THE 2024 METROPOLITAN HEALTH INSURANCE FUND IN THE AMOUNT OF \$73,353,528 TO BE ADOPTED AT A PUBLIC HEARING ON NOVEMBER 28, 2023.**

Motion: Commissioner Heisey  
 Second: Chair Mundell

Vote: 2 Yes, 0 Nays

### C. SEPARATION PROCESS OF METRO FUND

On September 7, 2023 the Fund received a follow up request from the initial filing. All requests were satisfied and we have moved onto the second filing. This filing requires mostly proof of contracts and insurance documents for the professionals.

**Timeline:**

	<b>Description</b>	<b>Status- Updated 8/22/2023</b>
1	Bylaws – review, discuss changes	Draft 1 complete
2	Select a name for new entity	Completed
3	Determine membership of Fund	Completed
4	2 members pass resolution of intent to join new Fund	Completed
5	Approve PERMA & Attorney (to be determined) to start filing submission	Completed
6	RFPs: Executive Director Fund Coordinator Actuary Auditor Attorney Treasurer Medical TPA (through MRHIF) Dental TPA (through MRHIF) Benefits Enrollment System (through MRHIF)	Complete
7	Determine 2024 Reinsurance	Included in Budget
8	Submit First Filing with State Submit Second Filing with State	Complete In process
9	All members pass resolution to join new Fund	November
10	Preliminary Budget	Introduction expected today
11	Organization Meeting to elect Executive Committee, approve bylaws, adopt	November

budget and other standard organizing resolutions	
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**D. EXECUTIVE COMMITTEE**

One condition to the State approval letter is to submit a listing of the Executive Committee Chairperson, Secretary, 5 Executive Committee members and up to 4 alternate Executive Committee Members. Fund Commissioners may want to develop a slate or hold an election at the next meeting for filing purposes. An official ballot/vote will also be needed during the January Organization meeting.

Officers

Jenny Mundell -Chairman  
-Secretary

Five Member Executive Committee


Alternate Executive Committee

OPEN

**E. FINANCIAL TRANSITON**

PERMA, the BMED Treasurer and the to-be-contracted Metro Treasurer are meeting the day before this meeting. A report on the process and expectations will be delivered at the meeting.

**MOTION TO APPROVE THE PROCESS OF SERVICE FOR THE 2024 YEAR & CASH MANAGEMENT PLAN AS PRESENTED**

Motion: Commissioner Heisey  
Second: Chair Mundell  
Vote: 2 Yes, 0 Nays

**F. INDEMNITY AND TRUST AGREEMENTS**

A very important part of the next filing is the Indemnity and Trust agreements. We will be releasing these documents to all intended members on January 1,

2024. We request these resolutions be added to your next BOE/Council meetings.

## **G. FUND WEBSITE**

We are working with the MRHIF Marketing Consultant to develop a website for our regulatory documents, agendas, minutes, etc. The address will be shared as soon as possible.

## **H. MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

Inclusive of the budget being introduced today is a line for the Municipal Reinsurance Health Insurance Fund (MRHIF). Not only does the MRHIF provide the reinsurance for each local Fund, it also provides contracting for all 9 Funds within its umbrella for state wide services, such as the Pharmacy Benefits Manager and Fund Lobbyist. The MRHIF handles all individual claim over \$425,000.

The MRHIF held a formal RFP for its reinsurance (claims above \$800,000-\$1,050,000 depending on the Fund). The claims experience strongly impacted each Fund's renewal. The Metro Fund is receiving a 16.92% increase over 2023.

The Fund will need to pass a resolution to become a member of the MRHIF at its Organization meeting.

## **I. AGENT OF PROCESS OF SERVICE - PERMA**

One additional important resolution to be filed is to approve a Agent of Process of Service. In the Funds Statewide, this is PERMA as the Executive Director. A resolution is included in this agenda for filing.

## **I. RFPs AND CONTRACT AWARDS**

### *i. Fund Professionals*

As part of the development for the METRO HIF RFPs for professionals were released. At the meeting of the Steering Committee on August 23, 2023, the results were reviewed. Electronic vote was provided by members of the Steering Committee. The Following contracts awards will be approved by the BMED on behalf of the METRO at the October 23, 2023 meeting.

The Acting Metro Fund Attorney is in the process of reviewing the contracts. The Fees below are incorporated in the 2024 introduced budget.

<b>Position</b>	<b>Vendor</b>	<b>Awarded Fee</b>
<b>Auditor</b>	<b>Donohue, Gironda, Doria &amp; Tomkins, LLC</b>	2024: \$22,000 2025: \$22,000 2026: \$22,000
<b>Attorney</b>	<b>Antonelli Kantor Rivera</b>	2024: \$200 per hour for partners \$175 per hour for associate attorneys \$80 per hour for paralegals/clerks Not to exceed \$35,000
<b>Actuary</b>	<b>Actuarial Solutions</b>	2024: \$17,500 2025: \$18,000 2026: \$18,500
<b>Treasurer</b>	<b>Laracy Associates LLC</b>	2024: \$1,825 per month 2025: \$1,870 per month 2026: \$1,925 per month
<b>Administrator &amp; Benefits Consultant</b>	<b>PERMA</b>	2024: \$20.00 pepm 2025: \$20.40 pepm 2026: \$20.81 pepm
<b>Fund Coordinator</b>	<b>Eagle Rock Management Group</b>	All years: Medical/RX: \$20 pepm MA: \$11 pepm Dental: \$3 pepm Vision: \$1 pepm

**MOTION TO APPROVE THE PROFESSIONAL CONTRACTS AS PRESENTED:**

Motion: Commissioner Heisey  
Second: Chair Mundell  
Vote: 2 Yes, 0 Nays

ii. *Medical Third-Party Administrator (TPA)*

The METRO HIF released a Medical TPA RFP for claims and network administration. Responses were due on 9/21/2023. The RFP was for a 1 year contract, January 1, 2024-December 31, 2024.

The Fund received 3 competitive bids- Aetna, UMR, and AmeriHealth Administrators.

	2023 PEPM	2024 PEPM	Equal to Or Better Than
Aetna (incumbent)	\$39.54	\$ 39.54	Incumbent
UMR (United HealthCare)		\$ 36.10	Letter Provided
AmeriHealth Administrators		\$ 37.11	Letter Provided

As the METRO HIF is in the process of becoming its own Fund, we would recommend retaining Aetna as the Medical TPA to limit the disruption during this transitional period. Both AmeriHealth and UMR have provided competitive proposals, but the implementation risks may not be worth undertaking for a 1-year contract.

The Funds will be conducting a 3-year RFP for medical TPA with contracting beginning January 1, 2025.

MOTION TO APPROVE THE MEDICAL TPA/ EUS CONTRACTS AS PRESENTED:

Motion: Commissioner Heisey

Second: Chair Mundell

Vote: 2 Yes, 0 Nays

**AETNA CLAIMS PERFORMANCE REVIEW**

Mrs. Koval stated that the Aetna medical claims are in the agenda showing claims through the month of June.

**Coverage Updates:**

Mr. Lodics reviewed the below information.

**Aetna Medicare Advantage** - Effective January 1, 2024, Aetna Medicare Advantage PPO plans will transition to a new CMS contract. Retirees will automatically be moved to the new contract, there is nothing employers needs to do for the transition. As a result, retirees will receive new ID cards prior to January 1, 2024. **Aetna ID numbers and the service center information currently listed on retiree ID cards will not change.** The only change to the ID card will be the contract number, located under the ID number. All age ins for December 2023 will receive the new ID card. Aetna will send notification to retirees the 1st week of December 2023. The Program Manager sent all brokers information which included the letter that will be sent to all retirees enrolled in the Medicare Advantage PPO plan on August 18th.

**EXPRESS-SCRIPTS UPDATE**

CMS Annual Open Enrollment period for the 2024 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2024 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 18th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

**MEETING ADJOURNED**

Motion: Commissioner Heisey

Second: Chair Mundell