



**AGENDA AND REPORTS**

**JANUARY 16, 2025**

**ZOOM**

**CONFERENCE CALL**

**12:00 PM**

Zoom Meeting

<https://permainc.zoom.us/j/93501957263>

Meeting ID: 935 0195 7263

One tap mobile

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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 16, 2025**

**CONFERENCE CALL - ZOOM**

**12:00 PM**

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

**PLEDGE OF ALLEGEANCE**

**ROLL CALL OF 2024 EXECUTIVE COMMITTEE**

<b><u>Fund Commissioner</u></b>	<b><u>Entity</u></b>
Jenny Mundell, Chairwoman	Bloomfield Public Library
Kimberly Duva, Secretary	Bloomfield Township
Cameron Cox, Executive Committee Member	Plainfield Public Schools
Nikole Baltycki, Executive Committee Member	West Caldwell Township
Chris Hartwyk, Executive Committee Member	City of Orange
Margaret Heisey, Executive Committee Member	Scotch Plains Twp
Patrick Wherry, Executive Committee Member	Maplewood Township

**APPROVAL OF MINUTES:** December 19, 2024 Open..... Appendix I

**CORRESPONDENCE** - None

**ADJOURN SINE DIE MEETING**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF ALL 2025 FUND COMMISSIONERS**

**ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES**

Executive Director asks for nominations.

**RECOMMENDED SLATE**

<b><u>Fund Commissioner</u></b>	<b><u>Entity</u></b>
Jenny Mundell, Chairwoman	Bloomfield Public Library
Kimberly Duva, Secretary	Bloomfield Township
Cameron Cox, Executive Committee Member	Plainfield Public Schools
Nikole Baltycki, Executive Committee Member	West Caldwell Township
Chris Hartwyk, Executive Committee Member	City of Orange
Margaret Heisey, Executive Committee Member	Scotch Plains Twp
Patrick Wherry, Executive Committee Member	Maplewood Township

**ROLL CALL OF 2025 FUND COMMISSIONERS TO ELECT OFFICERS AND EXECUTIVE COMMITTEE**

**OATH OF OFFICE**

**ROLL CALL OF 2025 EXECUTIVE COMMITTEE**

**CORRESPONDENCE – None**

**EXECUTIVE DIRECTOR – PERMA – Brandon Lodics**

Executive Director's Report ..... **Page 5**

**PROGRAM MANAGER – PERMA – Crystal Bailey**

Executive Director's Report ..... **Page 14**

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

Fund Coordinator's Report

**ATTORNEY – Ramon Rivera**

**TREASURER – Laracy Associates**

Voucher List December 2024 ..... **Page 18**

**THIRD PARTY ADMINISTRATOR – Aetna – Jason Silverstein**

Monthly Report ..... **Page 23**

**PRESCRIPTION PROVIDER – Express Scripts – Charles Yuk**

Monthly Report ..... **Page 28**

**DENTAL ADMINISTRATOR – Delta Dental – Crista O'Donnell**

No Report

**CONSENT AGENDA ..... Page 33**

Resolution 1-25 Professional Contracts..... **Page 34**

Resolution 2-25: Designation of Service of Process ..... **Page 38**

Resolution 3-25: Designation of Secretary as Custodian of Records ..... **Page 39**

Resolution 4-25: Designation of Official Newspaper ..... **Page 40**

Resolution 5-25: Designation of Regular Meeting Times and Place..... **Page 41**

Resolution 6-25: Designation of Bank Depositories & CMP..... **Page 42**

Resolution 7-25: Designation of Authorized Signatories..... **Page 46**

Resolution 8-25: Approval of Risk Management Plan..... **Page 50**

Resolution 9-25: Appointment of MRHIF Fund Commissioners ..... **Page 59**

Resolution 10-25: Establishing a plan for Compensating Producers..... **Page 60**

Resolution 11-25: Authorizing Treasurer to Process Contracted

Payments and Expenses ..... **Page 62**

Resolution 12-25: New Membership: Chester ..... **Page 63**

Resolution 13-25: Approval of the December 2024 Bills List ..... **Page 64**

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**

**Metropolitan Health Insurance Fund  
Executive Director's Report  
January 16, 2025**

**FINANCES**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** – As of November 30, 2024 (page 9)
  - **Historical Income Statement**
  - **Consolidated Balance Sheet**
  - **Indices and Ratios Report**

**ADMINISTRATION**

**2025 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 1-25** 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. Professional RFP response evaluations performed by the Contracts Committee are in Appendix II.

**Resolution 2-25:** Designation of Service Process elects PERMA

**Resolution 3-25** 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 4-25** Designates the Star Ledger and the Record as the Official Fund Newspaper. Per recent legislation, the Fund may use the Star Ledger for online publications only through the end of March. Should that change, the Fund may consider another print newspaper.

**Resolution 5-25** sets meeting dates and times which will be posted on each entity's public bulletin board. Please note that on dates where there is a location and zoom, the Fund will meet in person.

**Resolution 6-25** sets for the Cash Management Plan and bank depositories for 2025. 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.

**Resolution 7-25** Unless the Committee decides otherwise, the same signatories will continue for 2025 for the Fund operating account checks.

**Resolution 8-25** is the 2025 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. The only update this year is the specific retention limit to the MRHIF.

**Resolution 9-25:** The Fund will need to elect a Commissioner and Alternate to represent the Metro Fund at the Municipal Reinsurance Health Insurance Fund. Commissioner Cox had previously expressed interest in staying on the MRHIF Executive Committee.

**Resolution 10-25** 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 11-25** 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.

### **AETNA THIRD PARTY ADMINISTRATOR 2025 CONTRACT IMPROVEMENT-NATIONAL ADVANTAGE PROGRAM (NAP)**

The Health Insurance Funds within their contract with Aetna have the inclusion of the National Advantage Program (NAP). Aetna's NAP helps the Funds manage out of network claims spend by 1) accessing a "wrap" network of providers beyond the traditional Aetna network and 2) negotiating one-off discounts with out of network providers off billed charges.

As we saw in 2024, the Funds have experienced in uptick in out of network claims exposure for which the NAP program offers some protection and assistance. When Aetna is successful in negotiating a discount on behalf of the Funds, there is a shared savings. The Fund receives 60% and Aetna, 40%.

To assist the Funds financially in 2025, PERMA was successful in negotiating improved terms on the NAP shared savings fee beginning on January 1, 2025. The value of the NAP program cannot be understated, but with out of network use on the rise, improving the shared savings terms will result in reduced spend statewide.

#### Agreement Terms:

- 1) *Aetna has offered to provide a one-time fee reduction to the Funds \$360,000 statewide for higher-than-average NAP collections in 2024. Funds will be distributed on a prorated basis based on the NAP Collections of each Fund. We will provide updated figures by Fund in the upcoming meetings.*
- 2) *Aetna is reducing the per claim fee cap to \$50,000 from \$100,000*
- 3) *Aetna will implement a \$20 per enrollee per month cap to be reconciled at the end of each Calendar Year.*

Improved NAP Fee Agreement		
Term	2024 Agreement	2025 Amended Agreement
Shared Savings Fee	40%	40%
Per Claim Fee Cap	\$100,000	\$50,000
Per Enrollee Per Month Cap	N/A	\$20

## NEW MEMBER APPROVAL

The Fund Coordinator and local broker partners have offered membership to the Township of Chester. Below includes the underwriting details for review which the Actuary has fully certified. Approval of membership is included in Resolution 12-25.

New Member Overview	
<b>Fund</b>	Metropolitan Health Insurance Fund
<b>Entity</b>	Chester
<b>County</b>	Morris
<b>Effective Date</b>	2/1/2025 -12/31/2025
<b>Lines of Coverage</b>	Medical & Rx
<b>Eligible Employees</b>	83
<b>Retiree Coverage</b>	Yes
<b>Current Arrangement</b>	State Health Benefits
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>Run Out Claims</b>	SHBP
<b>Broker</b>	Brown & Brown
<b>Member approval?</b>	Letter of Intent only
<b>Per employee Perm Month</b>	\$1,737
<b>Special Requests</b>	None

## WELLNESS PROGRAM VENDOR RFP

The Wellness Program Vendor RFP has been approved by the Committee and is with the QPA for release. We expect to have a recommendation at the March meeting.

## 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. Wellness & Claims	3. Operations & Nominations
<u>Cameron Cox</u>	<u>Kim Duva</u>	_____
<u>Nikole Baltycki</u>	<u>Patrick Wherry</u>	_____
<u>Patrick Wherry</u>	_____	_____

## WEX 2025 COUPON UPDATE

In December, all Direct Bill members received a letter from WEX stating their coupons may be delayed. WEX confirmed they began processing the 2025 coupons last week to be sent out. Based on the timeline provided, we are expecting the coupons to be sent out by the end of the month.

## 2025 PERMA MANAGEMENT TEAM UPDATES

We are pleased to announce that following the retirement of Diane Peterson, who dedicated over 30 years to the HIFs, John Lajewski has been appointed as the HIF Consulting Business Leader. John brings 18 years of invaluable experience in shaping HIF strategic goals and guidelines.

Additionally, Matt Rudman, a seasoned actuary with significant experience in the public entity benefits arena, will take on an expanded role as the internal HIF Chief Data Leader. In this role, Matt will drive enhancements to HIF programs through the development and implementation of strategic data analytics.

We look forward to the contributions John and Matt will bring to the HIF team in their new roles.

## INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements have expired. Please reach out to [hifadmin@permainc.com](mailto:hifadmin@permainc.com) for a blank form to be executed. The list was last updated on January 8, 2025.

MEMBER	I&T Agreement Expiration
East Orange	12/31/2020
Plainfield BOE	6/30/2024
West Orange	12/31/2024
Union Township	12/31/2024
Morristown	6/30/2025

## 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)



METRO MUNICIPAL EMPLOYEE BENEFITS FUND					
FINANCIAL FAST TRACK REPORT					
		AS OF	November 30, 2024		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	7,049,480	73,109,442	128,837,016	201,946,458
2.	CLAIM EXPENSES				
	Paid Claims	6,173,063	66,983,059	106,895,840	173,878,899
	IBNR	76,763	(511,472)	7,653,301	7,141,829
	Less Specific Excess	(69,917)	(2,981,830)	(2,423,167)	(5,404,996)
	Less Aggregate Excess	-	-	-	-
	<b>TOTAL CLAIMS</b>	<b>6,179,909</b>	<b>63,489,757</b>	<b>112,125,974</b>	<b>175,615,731</b>
3.	EXPENSES				
	MA & HMO Premiums	619,013	7,221,430	7,600,800	14,822,230
	Excess Premiums	199,844	2,083,679	1,745,629	3,829,308
	Administrative	473,743	5,428,915	5,483,192	10,912,107
	<b>TOTAL EXPENSES</b>	<b>1,292,601</b>	<b>14,734,024</b>	<b>14,829,621</b>	<b>29,563,645</b>
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(423,030)	(5,114,339)	1,881,421	(3,232,918)
5.	INVESTMENT INCOME	35,990	384,967	196,367	581,334
6.	DIVIDEND INCOME	-	-	-	-
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	<b>(387,039)</b>	<b>(4,729,372)</b>	<b>2,077,788</b>	<b>(2,651,584)</b>
8.	DIVIDEND	-	-	-	-
9.	Transferred Surplus IN	-	-	-	-
10.	Transferred Surplus OUT	-	-	-	-
	<b>STATUTORY SURPLUS (7-8+9)</b>	<b>(387,039)</b>	<b>(4,729,372)</b>	<b>2,077,788</b>	<b>(2,651,584)</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
Closed	Surplus	(109,897)	(455,298)	6,914,276	6,458,978
	Cash	(111,234)	(459,369)	6,873,995	6,414,626
2023	Surplus	84,417	(1,403,279)	(4,836,488)	(6,239,767)
	Cash	(1,891)	(4,931,469)	(179,963)	(5,111,433)
2024	Surplus	(361,559)	(2,870,795)		(2,870,795)
	Cash	98,827	5,211,660		5,211,660
	<b>TOTAL SURPLUS (DEFICITS)</b>	<b>(387,039)</b>	<b>(4,729,372)</b>	<b>2,077,788</b>	<b>(2,651,584)</b>
	<b>TOTAL CASH</b>	<b>(14,298)</b>	<b>(179,178)</b>	<b>6,694,032</b>	<b>6,514,854</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
	<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>121,473</b>	<b>581,940</b>	<b>51,837,433</b>	<b>52,419,373</b>
	<b>FUND YEAR 2023</b>				
	Paid Claims	2,421	11,550,800	53,797,981	65,348,781
	IBNR	(57,400)	(7,607,382)	7,653,301	45,919
	Less Specific Excess	(28,840)	(2,431,398)	(1,162,741)	(3,594,139)
	Less Aggregate Excess	-	-	-	-
	<b>TOTAL FY 2023 CLAIMS</b>	<b>(83,818)</b>	<b>1,512,020</b>	<b>60,288,541</b>	<b>61,800,561</b>
	<b>FUND YEAR 2024</b>				
	Paid Claims	6,049,168	54,870,085		54,870,085
	IBNR	134,163	7,095,910		7,095,910
	Less Specific Excess	(41,078)	(570,198)		(570,198)
	Less Aggregate Excess	-	-		-
	<b>TOTAL FY 2024 CLAIMS</b>	<b>6,142,254</b>	<b>61,395,797</b>		<b>61,395,797</b>
	<b>COMBINED TOTAL CLAIMS</b>	<b>6,179,909</b>	<b>63,489,757</b>	<b>112,125,974</b>	<b>175,615,731</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.					




METRO HEALTH INSURANCE FUND												
RATIOS												
		FY2024										
INDICES	2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	6,694,032	\$ 3,256,394	\$ 7,302,418	\$ 5,571,485	\$ 4,429,334	\$ 5,789,793	\$ 4,525,081	\$ 3,515,949	\$ 9,009,854	\$ 9,953,372	\$ 6,529,152	\$ 6,514,854
IBNR	7,653,301	\$ 7,354,238	\$ 7,529,848	\$ 7,711,023	\$ 6,885,486	\$ 6,894,757	\$ 6,897,726	\$ 6,992,219	\$ 6,985,342	\$ 6,959,331	\$ 7,065,065	\$ 7,141,829
Assets	10,145,427	\$ 9,684,313	\$ 8,950,612	\$ 8,231,553	\$ 6,538,863	\$ 5,796,938	\$ 5,327,123	\$ 4,650,758	\$ 5,617,447	\$ 6,320,017	\$ 5,913,012	\$ 5,896,106
Liabilities	8,067,639	\$ 7,817,322	\$ 8,034,259	\$ 8,237,725	\$ 7,461,397	\$ 7,362,305	\$ 7,368,565	\$ 6,981,458	\$ 7,285,420	\$ 7,546,366	\$ 8,130,527	\$ 8,547,690
Surplus	2,077,788	\$ 1,866,991	\$ 916,353	\$ (6,172)	\$ (922,534)	\$ (1,565,368)	\$ (2,041,441)	\$ (2,330,700)	\$ (1,667,973)	\$ (1,226,350)	\$ (2,217,515)	\$ (2,651,584)
Claims Paid -- Month	4,448,399	\$ 6,457,273	\$ 6,258,516	\$ 6,757,969	\$ 6,872,002	\$ 5,661,752	\$ 6,417,736	\$ 5,801,832	\$ 5,141,249	\$ 5,144,588	\$ 6,297,080	\$ 6,173,063
Claims Budget -- Month	4,940,390	\$ 5,197,444	\$ 5,178,457	\$ 5,178,957	\$ 5,207,088	\$ 5,208,851	\$ 5,203,087	\$ 5,354,898	\$ 5,342,522	\$ 5,300,199	\$ 5,495,048	\$ 5,568,764
Claims Paid -- YTD	59,336,661	\$ 6,457,273	\$ 12,715,789	\$ 19,473,758	\$ 26,345,760	\$ 32,007,512	\$ 38,425,248	\$ 44,227,079	\$ 49,368,328	\$ 54,512,916	\$ 60,809,996	\$ 66,983,059
Claims Budget -- YTD	56,468,092	\$ 5,197,444	\$ 10,375,901	\$ 15,555,093	\$ 20,764,157	\$ 25,973,008	\$ 31,157,298	\$ 36,512,196	\$ 41,817,754	\$ 47,113,915	\$ 52,632,579	\$ 58,285,150
RATIOS												
Cash Position to Claims Paid	1.50	0.50	1.17	0.82	0.64	1.02	0.71	0.61	1.75	1.93	1.04	1.06
Claims Paid to Claims Budget -- Month	0.90	1.24	1.21	1.30	1.32	1.09	1.23	1.08	0.96	0.97	1.15	1.11
Claims Paid to Claims Budget -- YTD	1.05	1.24	1.23	1.25	1.27	1.23	1.2	1.21	1.18	1.16	1.16	1.15
Cash Position to IBNR	0.87	0.44	0.97	0.72	0.64	0.84	0.66	0.50	1.29	1.43	0.92	0.91
Assets to Liabilities	1.26	1.24	1.11	1.00	0.88	0.79	0.72	0.67	0.77	0.84	0.73	0.69
Surplus as Months of Claims	0.42	0.36	0.18	-	(0.18)	(0.30)	-0.39	(0.44)	-0.31	-0.23	-0.4	-0.48
IBNR to Claims Budget -- Month	1.55	1.41	1.45	1.49	1.32	1.32	1.33	1.31	1.31	1.31	1.29	1.28

**METRO Fund**  
**2024 Budget Report**  
as of November 30, 2024

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	56,164,814	60,578,125	55,284,076	59,180,749	(3,015,935)	-5%
Prescription Claims - Excl Bloomfield	1,383,143	1,514,180	721,377	1,181,211	(137,145)	-13%
Prescription Formulary Rebates	(414,943)	(454,254)	(216,413)	Included Above in Prescription Claims		
Prescription Claims - Bloomfield	75,865	82,841	81,104	Included Above in Prescription Claims		
Dental Claims	1,076,271	1,179,100	1,077,955	1,033,837	42,434	4%
Subtotal	58,285,150	62,899,992	56,948,099	61,395,797	(3,110,647)	-5%
HMO/DMO Premiums	28,354	31,318	30,257	51,865	(23,511)	-83%
Medicare Advantage / EGWP	7,171,928	7,853,916	8,565,939	7,169,565	2,363	0%
Reinsurance						
Specific	2,086,918	2,240,977	2,022,343	2,083,679	3,240	0%
Total Loss Fund	67,572,350	73,026,203	67,566,638	70,700,905	(3,128,555)	-5%
Loss Fund Contingency	197,401	215,347	215,347	0	197,401	0%
Expenses						
Legal	27,500	30,000	30,000	20,890	6,610	24%
Treasurer	20,075	21,900	21,900	20,075	-	0%
Administrator/Benefits Consultant	981,680	1,072,400	1,035,600	1,067,760	(86,080)	-9%
Risk Management Consultants	1,756,835	1,923,283	1,749,019	1,756,835	-	0%
Fund Coordinator	839,244	907,602	825,972	847,352	(8,108)	-1%
TPA - Claims Agent Aetna	1,146,225	1,230,841	1,110,758	1,144,446	1,779	0%
Dental TPA	61,523	67,395	61,723	60,998	524	1%
Actuary	16,042	17,500	17,500	16,042	(0)	0%
Auditor	20,167	22,000	22,000	20,163	4	0%
Benefits Consultant	0	0	0	0	-	0%
Board Advisor	0	0	0	0	-	
Claims Audit	36,667	40,000	40,000	0	36,667	1
Subtotal Expenses	4,905,957	5,332,920	4,914,472	4,954,561	(48,604)	-1%
Miscellaneous and Special Services						
Misc/Cont	16,544	18,048	18,048	8,337	8,207	50%
Wellness, Disease, Case Management	91,667	100,000	100,000	72,256	19,411	21%
Affordable Care Act Taxes	15,589	16,740	15,106	18,228	(2,640)	-17%
A4 Surcharge	527,883	581,028	513,917	474,743	53,140	10%
Plan Documents	9,167	10,000	10,000	0	9,167	100%
Subtotal Misc/Sp Svcs	660,849	725,815	657,071	573,564	87,285	13%
Total Expenses	5,566,806	6,058,735	5,571,543	5,528,125	38,680	1%
Total Budget	73,336,557	79,300,285	73,353,528	76,229,031	(2,892,474)	-4%

**Metro Municipal Employee Benefits Fund**  
**CONSOLIDATED BALANCE SHEET**  
**AS OF NOVEMBER 30, 2024**

**BY FUND YEAR**

	 METRO 2024	 METRO 2023	 METRO 2022	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>					
Cash & Cash Equivalents	5,211,660	(5,111,433)	-	6,414,626	6,514,854
Assessments Receivable (Prepaid)	(1,627,506)	168,984	-	2,542	(1,455,979)
Interest Receivable	-	(363)	-	7,462	7,099
Specific Excess Receivable	319,416	145,781	-	-	465,197
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	1,458	-	-	-	1,458
Other Assets	1,725,947	(1,396,818)	-	34,348	363,478
<b>Total Assets</b>	<b>5,630,976</b>	<b>(6,193,848)</b>	<b>-</b>	<b>6,458,978</b>	<b>5,896,106</b>
<b>LIABILITIES</b>					
Accounts Payable	369,974	-	-	-	369,974
IBNR Reserve	7,095,910	45,919	-	-	7,141,829
A4 Retiree Surcharge	248,743	-	-	-	248,743
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	787,144	-	-	-	787,144
<b>Total Liabilities</b>	<b>8,501,771</b>	<b>45,919</b>	<b>-</b>	<b>-</b>	<b>8,547,690</b>
<b>EQUITY</b>					
Surplus / (Deficit)	(2,870,795)	(6,239,767)	-	6,458,978	(2,651,584)
<b>Total Equity</b>	<b>(2,870,795)</b>	<b>(6,239,767)</b>	<b>-</b>	<b>6,458,978</b>	<b>(2,651,584)</b>
<b>Total Liabilities &amp; Equity</b>	<b>5,630,976</b>	<b>(6,193,848)</b>	<b>-</b>	<b>6,458,978</b>	<b>5,896,106</b>
<b>BALANCE</b>	<b>-</b>	<b>-</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.

13-Mar-24

**METROPOLITAN HEALTH INSURANCE FUND  
YEAR: 2025**

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

**Metropolitan Health Insurance Fund  
Program Manager Report**

January 2025

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)

**Operational Updates:**

**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 3<sup>rd</sup> Wednesday at 10AM**. Please contact [HIFtraining@permainc.com](mailto:HIFtraining@permainc.com) for additional information or to request an invite.

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

**Coverage Updates:**

**End of Year/Wellness Incentive Program Reporting**

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

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

Please note the following:

- The report includes the participant's full name and total amount received in 2024
  - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2024 through November 30, 2024**
  - Reports were sent to group billing contacts the week of January 6<sup>th</sup>

- An additional report will be provided in late January/early February 2025 for reimbursements issued for submissions in **December 2024**.
  - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
  - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

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

### **Aetna Updates:**

#### **CVS Health Virtual Care – Effective 1/1/25 – Aetna covered members**

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

**\*\*Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

### **Express Scripts Updates:**

#### **2025 Formulary and SaveOn Listing**

Brokers were sent the 2025 Formulary and SaveOn listings on November 11<sup>th</sup>. Please reference the appendix for the listings. Please note the following:

#### **NPF Listing:**

- NPF Exclusions Listing, please note the following:
  - Humalog - excluded for members with a new prescription as of 1/1/25,

- members currently taking the drug will be excluded effective 1/1/26
  - Members should share the covered preferred alternatives provided in the listing with their providers
- Humira - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 7/1/25
  - Members should share the covered preferred alternatives provided in the listing with their providers
- Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

#### **SaveOn Listing:**

- Green highlighted drugs – newly added effective 1/1/25
  - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs – being removed effective 1/1/25
  - There were no MRHIF members impacted by the drugs that were removed from the listing

#### **Encircle Program (GLP-1 Weight Loss)**

##### **Effective September 1, 2024:**

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

##### **Effective January 1, 2025:**

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

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



- a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

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

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

- OE guides are currently being updated and will be sent once finalized

## **2025 LEGISLATIVE REVIEW:**

### **Medical and Rx Reporting: None**

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

The Health Insurance Funds, including 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

**DECEMBER 2024**

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

**BE IT RESOLVED** that the Metropolitan Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

**FUND YEAR 2024**

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
ANTONELLI KANTOR RIVERA	LEGAL SERV THRU 10/30/24 INV 20424	2,610.00 <b>2,610.00</b>
WELLNESS COACHES USA LLC	WELLNESS COACHING INV # 11-25-2024	6,554.00 <b>6,554.00</b>
ACRISURE NJ PARTNERS INS. SERVICES, LLC	BROKER FEES 12/24	51,436.24 <b>51,436.24</b>
CONNER STRONG & BUCKELEW	PREPAID- SELECTIVE BOND RENEW 1/25-1/26	2,274.00 <b>2,274.00</b>
BROWN & BROWN METRO, LLC	BROKER FEES 12/24	8,354.88 <b>8,354.88</b>
	<b>CHECK TOTAL</b>	<b>71,229.12</b>
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/24	614,439.78 <b>614,439.78</b>
UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 12/24	68,094.00 <b>68,094.00</b>
DELTA DENTAL INSURANCE COMPANY	BE006331658 METRO- F1-7871900000 12/24	5,395.15
DELTA DENTAL INSURANCE COMPANY	BE006328280- ORANGE-F1-7871700005 12/24	138.59 <b>5,533.74</b>
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 12/24	60,188.21 <b>60,188.21</b>
ACRISURE NJ PARTNERS INS. SERVICES, LLC	BROKER FEES 12/24	46,468.71 <b>46,468.71</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/24	5,958.56 <b>5,958.56</b>

AETNA	TPA FEES 12/24	86,394.90 <b>86,394.90</b>
POINT ACCOUNTING GROUP	TREASURER FEE 12/24	1,825.00 <b>1,825.00</b>
EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 12/24	69,358.00 <b>69,358.00</b>
	<b>ACH/WIRE TOTAL</b>	<b>958,260.90</b>
	<b>Total Payments FY 2024</b>	<b>1,029,490.02</b>
	<b>TOTAL PAYMENTS ALL FUND YEAR</b>	<b>1,029,490.02</b>

\_\_\_\_\_  
Chairperson

Attest:  
  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Treasurer

Metro Employee Benefits Fund											
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED											
Current Fund Year: 2024 Month Ending: November											
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Reserve	BMED Interfund	TOTAL
OPEN BALANCE	5,203,758.80	93,557.50	(218,852.50)	0.00	0.00	601,891.25	184,654.07	644,643.79	0.00	(1,396,817.54)	5,112,835.37
RECEIPTS											
Assessments	6,186,971.07	109,191.71	102,466.55	0.00	0.00	202,944.95	18,551.50	523,737.01	0.00	0.00	7,143,862.79
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	18,418.45	331.14	0.00	0.00	0.00	2,130.37	653.57	2,281.69	0.00	0.00	23,815.22
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	18,418.45	331.14	0.00	0.00	0.00	2,130.37	653.57	2,281.69	0.00	0.00	23,815.22
Other *	0.00	0.00	61,235.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	61,235.00
TOTAL	6,205,389.52	109,522.85	163,701.55	0.00	0.00	205,075.32	19,205.07	526,018.70	0.00	0.00	7,228,913.01
EXPENSES											
Claims Transfers	5,760,840.77	94,322.77	277,149.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,132,313.26
Expenses	613,309.25	5,703.91	0.00	0.00	0.00	0.00	0.00	378,759.64	0.00	0.00	997,772.80
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6,374,150.02	100,026.68	277,149.72	0.00	0.00	0.00	0.00	378,759.64	0.00	0.00	7,130,086.06
END BALANCE	5,034,998.30	103,053.67	(332,300.67)	0.00	0.00	806,966.57	203,859.14	791,902.85	0.00	(1,396,817.54)	5,211,662.32

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS		
Metro Employee Benefits Fund		
ALL FUND YEARS COMBINED		
CURRENT MONTH	November	
CURRENT FUND YEAR	2024	
<div> <div>Description: <b>CHECKING</b></div> <div>ID Number:</div> <div>Maturity (Yrs)</div> <div>Purchase Yield:</div> <div>TOTAL for All Accts &amp; instruments</div> </div>		
Opening Cash & Investment Balance	\$5,112,836.36	5,112,836.36
Opening Interest Accrual Balance	\$0.00	-
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$23,815.22	\$23,815.22
6 Interest Paid - Term Instr.s	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00
8 Net Investment Income	\$23,815.22	\$23,815.22
9 Deposits - Purchases	\$7,205,097.78	\$7,205,097.78
10 (Withdrawals - Sales)	-\$7,130,086.06	-\$7,130,086.06
Ending Cash & Investment Balance	\$5,211,663.30	\$5,211,663.30
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$305,013.69	\$305,013.69
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$5,516,676.99	\$5,516,676.99

Month		November							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Year	Coverage	Last Month	November	November	November	November	Reconciled	Variance From	Month
2024	Medical	47,016,085.42	5,760,840.77	0.00	52,776,926.19	0.00	52,776,926.19	47,016,085.42	5,760,840.77
	Dental	863,735.34	94,322.77	0.00	958,058.11	0.00	958,058.11	863,735.34	94,322.77
	Rx	1,530,361.06	277,149.72	0.00	1,807,510.78	0.00	1,807,510.78	1,530,361.06	277,149.72
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	49,410,181.82	6,132,313.26	0.00	55,542,495.08	0.00	55,542,495.08	49,410,181.82	6,132,313.26



## **METRO CLAIMS**

### **Monthly Claim Activity Report**

***January 16, 2025***



## METRO

	<b>MEDICAL CLAIMS PAID 2023</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2024</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$3,381,213	2,310	\$ 1,464	\$724,016	2,682	\$ 270
FEBRUARY	\$3,440,605	2,315	\$ 1,486	\$3,974,566	2,658	\$ 1,495
MARCH	\$3,645,653	2,311	\$ 1,578	\$5,419,303	2,666	\$ 2,033
APRIL	\$3,571,570	2,334	\$ 1,530	\$6,007,197	2,624	\$ 2,289
MAY	\$5,173,842	2,342	\$ 2,209	\$4,346,049	2,630	\$ 1,652
JUNE	\$5,256,054	2,338	\$ 2,248	\$5,971,793	2,627	\$ 2,273
JULY	\$3,820,544	2,350	\$ 1,626	\$6,220,272	2,649	\$ 2,348
AUGUST	\$6,193,858	2,353	\$ 2,632	\$4,753,326	2,643	\$ 1,798
SEPTEMBER	\$6,365,406	2,360	\$ 2,697	\$4,750,184	2,627	\$ 1,808
OCTOBER	\$6,221,692	2,442	\$ 2,548	\$5,943,377	2,713	\$ 2,191
NOVEMBER	\$5,693,518	2,478	\$ 2,298	\$5,722,476	2,719	\$ 2,105
DECEMBER	\$6,334,191	2,489	\$ 2,545			
<b>TOTALS</b>	<b>\$59,098,145</b>					
				<b>2024 Average</b>	<b>2,658</b>	<b>\$ 1,842</b>
				<b>2023 Average</b>	<b>2,374</b>	<b>\$ 2,127</b>





## RUN OUT

	<b>MEDICAL CLAIMS</b>						
	<b><u>PAID 2024</u></b>	<b><u># OF EES</u></b>	<b><u>PER EE</u></b>				
JANUARY	\$5,993,499	2,682	\$ 2,235				
FEBRUARY	\$2,052,277	2,658	\$ 772				
MARCH	\$1,197,656	2,666	\$ 449				
APRIL	\$1,125,968	2,624	\$ 429				
MAY	\$432,450	2,630	\$ 164				
JUNE	\$312,462	2,627	\$ 119				
JULY	\$260,517	2,649	\$ 98				
AUGUST	\$166,858	2,643	\$ 63				
SEPTEMBER	\$242,698	2,627	\$ 92				
OCTOBER	\$141,209	2,713	\$ 52				
NOVEMBER	\$123,895	2,719	\$ 46				
<b>TOTALS</b>	<b>\$10,801,850</b>						

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

Plan Sponsor Unique ID : All  
Customer: METRO  
Group / Control: 00232370,00232371 - METRO FUND

Paid Dates: 11/01/2024 - 11/30/2024  
Service Dates: 01/01/2011 - 11/30/2024  
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$182,290.89	NONTRAUMATIC INTRACEREBRAL
	\$153,487.48	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED
	\$143,518.66	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
Total:	\$479,297.03	



## Metropolitan Health Insurance Fund

12/1/23 thru 11/30/24 (unless otherwise noted)

## Dashboard

**Medical Claims Paid:**  
**January 2024 thru November 2024**  
Total Medical Paid per EE: **\$1,842**

*\* Claims Run-Out under old BMED control*

### Network Discounts

Inpatient: **64.3%**  
Ambulatory: **65.0%**  
Physician/Other: **62.7%**  
**TOTAL: 63.9%**

### Provider Network

% Admissions In-Network: **94.9%**  
% Physician Office: **90.7%**

**Aetna Book of Business:**  
Admissions 97.6%; Physician 92.0%

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

- Cooperman Barnabas Medical Ctr
- Hackensack University Medical Ctr
- Overlook Medical Center
- JFK University Medical Center
- RWJUH New Brunswick

### Catastrophic Claim Impact January 2024 – November 2024

Number of Claims Over \$50,000: **191**  
Claimants per 1000 members: **32.2**  
Avg. Paid per Claimant: **\$123,818**  
Percent of Total Paid: **45.5%**  
• Aetna BOB- HCC account for an average of  
45.3% of total Medical Cost

### Aetna One Flex Member Outreach: Through November 2024

Total Members Identified: **1,534**  
Members Targeted for 1:1 Nurse  
Support : **380**  
Members Targeted for Digital Activity:  
**1,154**  
Member 1:1 outreach completed: **360**  
Member 1:1 Outreach in Progress: **20**

### Teladoc Activity January 2024 – November 2024

Total Registrations: **134**  
Total Online Visits: **189**  
Total Net Claims Savings: **\$96,685**  
Total Visits w/ Rx: **138**  
  
Mental Health Visits: **72**  
Dermatology Visits: **22**

### Service Center Performance Goal Metrics YTD 2024

#### Customer Service Performance

1<sup>st</sup> Call Resolution: **93.68%**  
Abandonment Rate: **0.80%**  
Avg. Speed of Answer: **26.1 sec**

#### Claims Performance

Financial Accuracy: **98.68%\***  
\*Q2 2024

90% processed w/in: **6.3 days**  
95% processed w/in: **11.7 days**

\*\*\*\*\*

#### Claims Performance (Monthly) (November 2024)

90% processed w/in: **6.2 days**  
95% processed w/in: **10.8 days**  
(Note: This is not a PG metric)

\*\*\*\*\*

#### Performance Goals

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

Financial Accuracy: **99%**

#### Turnaround Time

90% processed w/in: **14 days**  
95% processed w/in: **3**



**EXPRESS SCRIPTS®**

**Metropolitan Health Insurance Fund - Monthly Utilization Tracking Report**

Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	972	963	960	965	970	965	957	964	946	947	952	948	968	990			
Total Days	24,314	27,528	27,455	79,297	29,053	32,052	27,820	88,925	30,797	29,467	30,060	90,324	34,060	32,927			
Total Patients	284	292	308	465	318	308	301	485	303	307	315	469	357	353			
Total Plan Cost	\$153,801	\$106,316	\$117,731	\$377,849	\$138,031	\$171,454	\$156,213	\$465,697	\$205,353	\$187,823	\$167,275	\$560,451	\$274,150	\$178,902			
Generic Fill Rate (GFR) - Total	86.2%	85.8%	86.1%	86.0%	86.5%	84.1%	84.0%	84.9%	83.7%	80.2%	80.4%	81.5%	81.3%	84.5%			
<b>Plan Cost PMPM</b>	<b>\$158.23</b>	<b>\$110.40</b>	<b>\$122.64</b>	<b>\$130.52</b>	<b>\$142.30</b>	<b>\$177.67</b>	<b>\$163.23</b>	<b>\$161.03</b>	<b>\$217.07</b>	<b>\$198.33</b>	<b>\$175.71</b>	<b>\$197.00</b>	<b>\$283.21</b>	<b>\$180.71</b>			
Total Specialty Plan Cost	\$80,389	\$23,717	\$27,003	\$131,108	\$54,301	\$37,700	\$48,055	\$140,057	\$76,068	\$71,220	\$48,563	\$195,851	\$161,184	\$53,548			
Specialty % of Total Specialty Plan Cost	52.3%	22.3%	22.9%	34.7%	39.3%	22.0%	30.8%	30.1%	37.0%	37.9%	29.0%	34.9%	58.8%	29.9%			

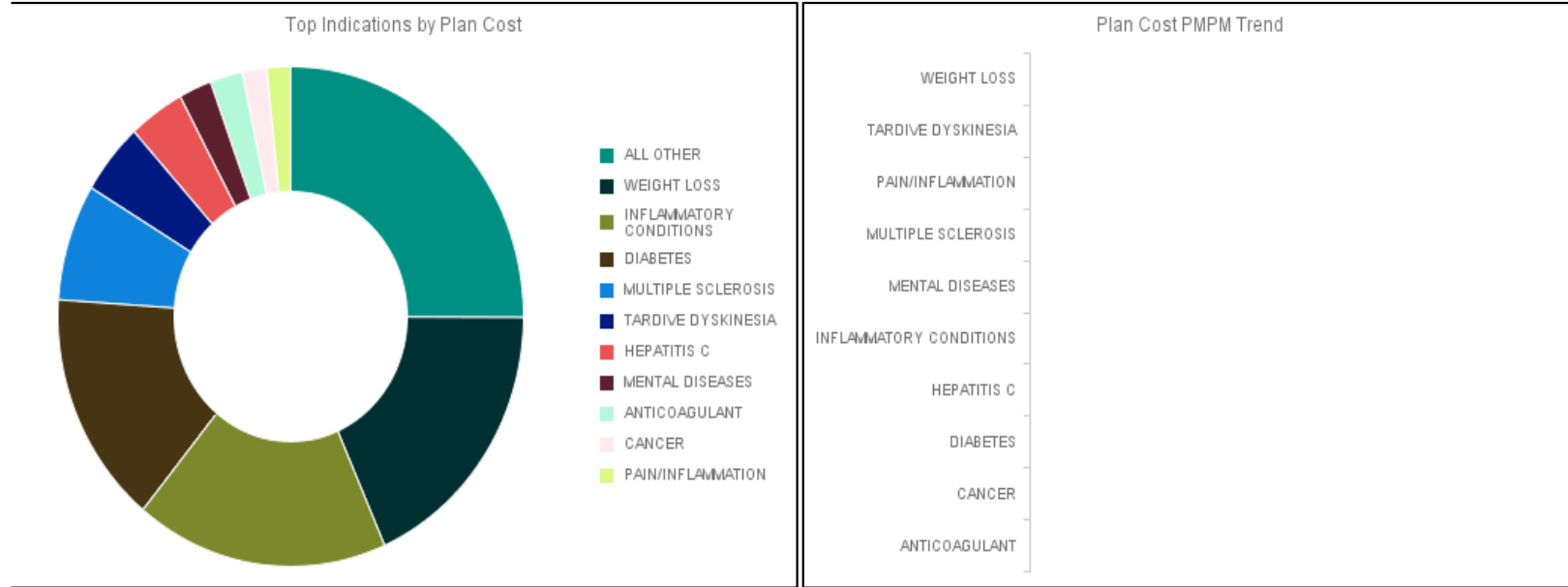
## Top Drugs

Metropolitan Health Insurance (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

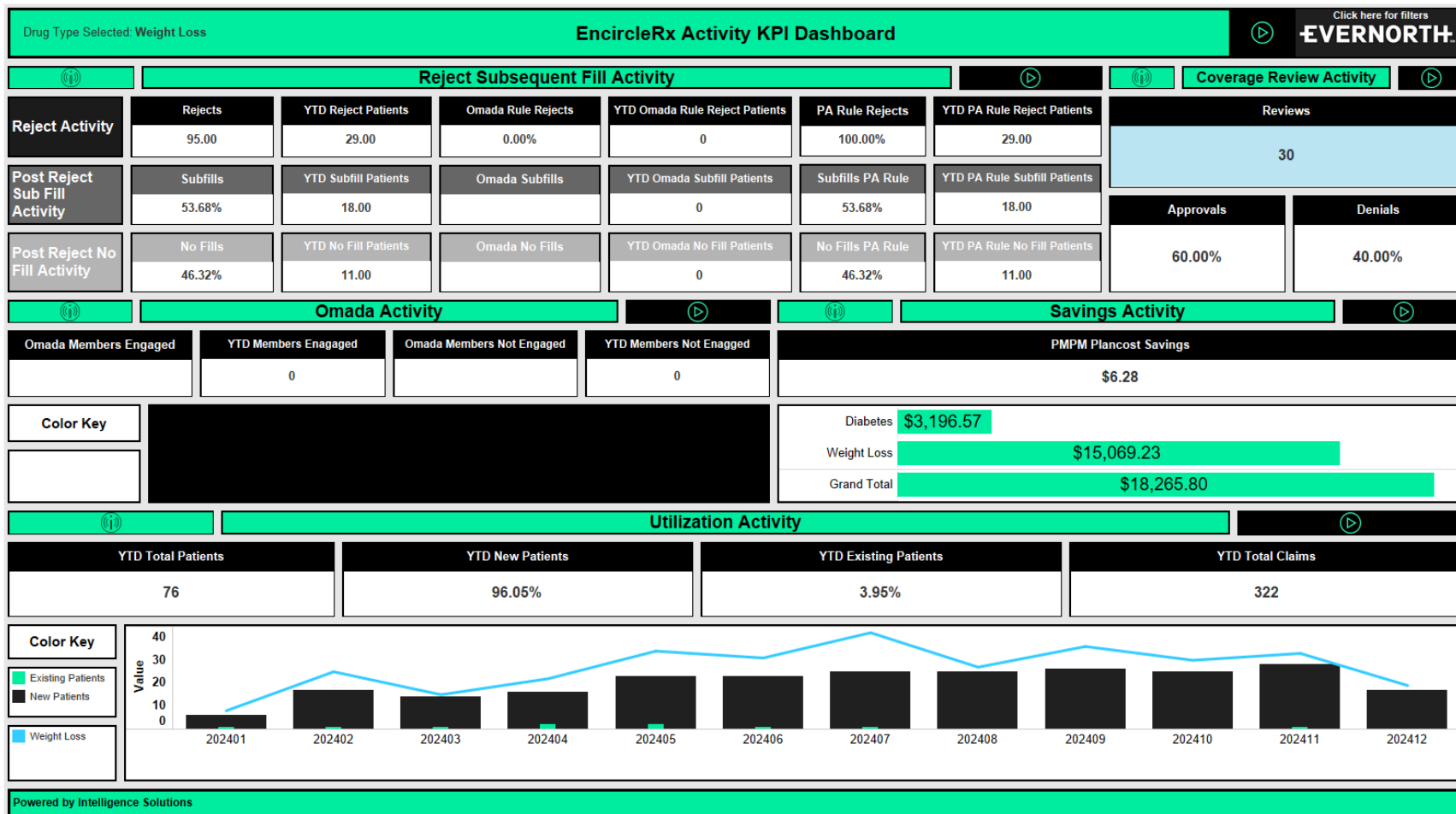
					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	160	25	\$198,838	\$18.78	NA	NA	NA	NA	NA
2	13	ZEPBOUND	WEIGHT LOSS	N	143	22	\$140,771	\$13.29	NA	NA	NA	NA	NA
3	3	OZEMPIC	DIABETES	N	110	16	\$95,901	\$9.06	NA	NA	NA	NA	NA
4	46	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	10	1	\$91,274	\$8.62	NA	NA	NA	NA	NA
5	170	INGREZZA	TARDIVE DYSKINESIA	Y	13	1	\$86,159	\$8.14	NA	NA	NA	NA	NA
6	92	VUMERITY	MULTIPLE SCLEROSIS	Y	12	1	\$81,125	\$7.66	NA	NA	NA	NA	NA
7	4	HUMIRA (CF) PEN	INFLAMMATORY CONDITIONS	Y	13	1	\$74,665	\$7.05	NA	NA	NA	NA	NA
8	107	EPCLUSA	HEPATITIS C	Y	3	1	\$71,964	\$6.80	NA	NA	NA	NA	NA
9	29	OTEZLA	INFLAMMATORY CONDITIONS	Y	17	2	\$59,762	\$5.64	NA	NA	NA	NA	NA
10	111	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Y	11	1	\$58,817	\$5.55	NA	NA	NA	NA	NA
11	182	ACTEMRA ACTPEN	INFLAMMATORY CONDITIONS	Y	14	1	\$50,704	\$4.79	NA	NA	NA	NA	NA
12	1	MOUNJARO	DIABETES	N	47	9	\$46,265	\$4.37	NA	NA	NA	NA	NA
13	10	JARDIANCE	DIABETES	N	56	8	\$31,074	\$2.93	NA	NA	NA	NA	NA
14	12	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	4	1	\$29,042	\$2.74	NA	NA	NA	NA	NA
15	42	JANUVIA	DIABETES	N	55	8	\$27,958	\$2.64	NA	NA	NA	NA	NA
16	24	ELIQUIS	ANTICOAGULANT	N	76	9	\$25,208	\$2.38	NA	NA	NA	NA	NA
17	35	VRAYLAR	MENTAL DISEASES	N	17	3	\$22,950	\$2.17	NA	NA	NA	NA	NA
18	217	OXYCONTIN	PAIN/INFLAMMATION	N	12	1	\$19,165	\$1.81	NA	NA	NA	NA	NA
19	18	TRULICITY	DIABETES	N	21	3	\$19,121	\$1.81	NA	NA	NA	NA	NA
20	73	REXULTI	MENTAL DISEASES	N	13	2	\$17,876	\$1.69	NA	NA	NA	NA	NA
21	39	XARELTO	ANTICOAGULANT	N	32	5	\$16,538	\$1.56	NA	NA	NA	NA	NA
22	183	SCEMBLIX	CANCER	Y	1	1	\$15,777	\$1.49	NA	NA	NA	NA	NA
23	391	DASATINIB	CANCER	Y	1	1	\$15,596	\$1.47	NA	NA	NA	NA	NA
24	103	MESALAMINE	INFLAMMATORY CONDITIONS	N	39	4	\$11,476	\$1.08	NA	NA	NA	NA	NA
25	22	FARXIGA	DIABETES	N	18	3	\$9,148	\$0.86	NA	NA	NA	NA	NA
Total Top 25					898		\$1,317,171	\$124.38			NA	NA	NA

## Top Indications

Metropolitan Health Insurance (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	4	WEIGHT LOSS	24.5 %	310	\$340,488	\$32.15	0.3 %	4.9 %	NA		NA	NA	NA	11.0 %	NA
2	2	INFLAMMATORY CONDITIONS	23.4 %	127	\$325,807	\$30.77	47.2 %	32.8 %	NA		NA	NA	NA	38.9 %	NA
3	1	DIABETES	20.2 %	894	\$280,915	\$26.53	36.5 %	25.6 %	NA		NA	NA	NA	28.0 %	NA
4	5	MULTIPLE SCLEROSIS	10.1 %	23	\$139,942	\$13.21	47.8 %	47.9 %	NA		NA	NA	NA	45.9 %	NA
5	9	TARDIVE DYSKINESIA	6.2 %	13	\$86,159	\$8.14	0.0 %	7.0 %	NA		NA	NA	NA	5.1 %	NA
6	10	HEPATITIS C	5.2 %	3	\$71,964	\$6.80	0.0 %	1.3 %	NA		NA	NA	NA	3.6 %	NA
7	7	MENTAL DISEASES	3.0 %	138	\$42,203	\$3.99	78.3 %	84.2 %	NA		NA	NA	NA	85.6 %	NA
8	6	ANTICOAGULANT	3.0 %	116	\$41,848	\$3.95	6.9 %	18.8 %	NA		NA	NA	NA	21.5 %	NA
9	3	CANCER	2.3 %	41	\$31,580	\$2.98	97.6 %	75.8 %	NA		NA	NA	NA	77.6 %	NA
10	8	PAIN/INFLAMMATION	2.2 %	548	\$30,719	\$2.90	96.9 %	99.1 %	NA		NA	NA	NA	98.8 %	NA
Total Top 10				2,213	\$1,391,624	\$131.41	49.0 %	56.9 %				NA	NA	60.4 %	NA



PA Rule Rejects

100.00%

Subfills PA Rule

53.68%

No Fills PA Rule

46.32%

YTD PA Rule Reject Patients

29.00

YTD PA Rule Subfill Patients

18.00

YTD PA Rule No Fill Patients

11.00

Reviews

30

Approvals

60.00%

Denials

40.00%

Omada Activity

Omada Members Engaged

YTD Members Engaged

0

Omada Members Not Engaged

YTD Members Not Engaged

0

Savings Activity

PMPM Plancost Savings

\$6.28

Color Key

Diabetes

\$3,196.57

Weight Loss

\$15,069.23

Grand Total

\$18,265.80

Utilization Activity

YTD Total Patients

76

YTD New Patients

96.05%

YTD Existing Patients

3.95%

YTD Total Claims

322

Color Key

Existing Patients

New Patients

Weight Loss

Value

40

30

20

10

0

202401

202402

202403

202404

202405

202406

202407

202408

202409

202410

202411

202412

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**METROPOLITAN HEALTH INSURANCE FUND  
CONSENT AGENDA  
JANUARY 16, 2025**

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

<b>Resolutions</b>	<b>Subject Matter</b>	
Resolution 1-25 Professional Contracts.....		<b>Page 34</b>
Resolution 2-25: Designation of Service of Process.....		<b>Page 38</b>
Resolution 3-25: Designation of Secretary as Custodian of Records .....		<b>Page 39</b>
Resolution 4-25: Designation of Official Newspaper .....		<b>Page 40</b>
Resolution 5-25: Designation of Regular Meeting Times and Place.....		<b>Page 41</b>
Resolution 6-25: Designation of Bank Depositories & CMP .....		<b>Page 42</b>
Resolution 7-25: Designation of Authorized Signatories.....		<b>Page 46</b>
Resolution 8-25: Approval of Risk Management Plan .....		<b>Page 50</b>
Resolution 9-25: Appointment of MRHIF Fund Commissioners.....		<b>Page 59</b>
Resolution 10-25: Establishing a plan for Compensating Producers.....		<b>Page 60</b>
Resolution 11-25: Authorizing Treasurer to Process Contracted Payments and Expenses.....		<b>Page 62</b>
Resolution 12-25: New Membership: Chester .....		<b>Page 63</b>
Resolution 13-25: Approval of the December 2024 Bills List .....		<b>Page 64</b>

**RESOLUTION NO. 1-25**

**METROPOLITAN HEALTH INSURANCE FUND  
APPOINTING PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2025**

**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 2025 Fund year; and,

**WHEREAS**, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-17 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 December 17, 2024,

**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 (3) 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, 2025 and ending on December 31, 2027 at its January 2025 Reorganization 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 2025:

- I. **Actuarial Solutions LLC (John Vataha)** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$17,850 has been appropriated in the **Actuary** Line Item of the 2025 budget.

- II. **Bowman & Company** is hereby appointed to serve as the FUND's **Auditor**. The Fund Attorney will be paid \$22,000 for the 2025 Audit. The annual amount not exceeding \$22,440 has been appropriated in the Audit Line Item of the 2025 budget.
- III. **Antonelli Kantor Rivera PC** is hereby appointed to serve as the FUND's **Attorney**. The Fund Attorney will be paid \$450/hourly for partners, \$300/hourly for associate attorneys and \$85/hourly for paralegals/clerks. The annual amount not exceeding \$30,600 has been appropriated in the Attorney Line Item of the 2025 budget.
- IV. **Point Accounting Group (Formerly Laracy Associates)** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$27,000 has been appropriated in the Treasurer Line Item of the 2025 budget.

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

**WHEREAS**, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2023 and ending on December 31, 2026 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- V. **PERMA Risk Management Services as Administrator and Program Manager** is hereby appointed as **Executive Director, agent for process of service and Program Manager**. \$20.40 per employee, per month and \$11.00 per Medicare Advantage employee, per month and \$6 per employee, per month for Dental will be expended to the Administrator. The estimated annual amount of \$793,661 has been appropriated in the Administrator Line Item of the 2025 budget. In addition, \$40,000 will be paid for special claim and operation audits upon completion.
- VI. **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 \$48,737 has been appropriated in the Dental TPA Line Item of the 2025 budget.
- VII. **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 \$748,272 has been appropriated for this Line Item of the 2025 budget.

**WHEREAS**, responses were received from extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A-12 et. seq.) for the 2025 Fund year; and, as listed below were received at the Fund office by October 22, 2024 and;

**WHEREAS**, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

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 Premium
Medicare Advantage PPO ESA (City of Orange Township)	\$ 343.59
Aetna Medicare Advantage PPO ESA w/ Rx 10% (Town of Morristown)	\$ 463.11
Aetna Medicare Advantage PPO ESA (Township of Bloomfield)	\$ 343.59
Aetna Medicare Advantage PPO ESA w \$5/\$5 Rx - MAPDP (Township of Irvington)	\$ 551.47
Aetna Medicare Advantage PPO ESA w \$9/\$21/\$41 Rx - MAPDP (Township of West Orange)	\$ 597.29
Aetna Medicare Advantage \$10 w/\$6/\$12/\$24 Rx (Union Township)	\$ 485.33
Aetna Medicare Advantage \$10 w/\$6/\$12/\$24 Rx (Township of Millburn)	\$ 485.33

The annual amount of \$9,304,294 has been appropriated for this Line Item of the 2025 budget.

IX. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$396.85 per member, per month.

**WHEREAS**, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2025 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

X. **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 \$1,021,816 has been appropriated in the **Medical TPA** Line Item of the 2025 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 INSURANCE FUND**

**ADOPTED: January 16, 2025**

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

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

<b>RESOLUTION NO. 2-25</b>
----------------------------

**METROPOLITAN HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2025**

**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 2025 or until its successor has be appointed and qualified.

**ADOPTED: January 16, 2025**

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

**ATTEST:**

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

<b>RESOLUTION NO. 3-25</b>
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**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 16, 2025**

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

**ATTEST:**

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

<b>RESOLUTION NO. 4-25</b>
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**METROPOLITAN HEALTH INSURANCE FUND  
DESIGNATING  
THE STAR LEDGER AND THE RECORD  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2025**

**BE IT RESOLVED** by the Executive Committee of the Metropolitan Health Insurance Fund that The Star Ledger and the Record is hereby designated as the official newspaper for Metropolitan Health Insurance Fund for the year 2025 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 16, 2025**

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

**ATTEST:**

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



**RESOLUTION NO. 5-25**

**METROPOLITAN HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2025**

**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 2025 meeting dates, times and location for the Metropolitan Health Insurance Fund:

<b>Date</b>	<b>Location</b>	<b>Time</b>
March 20, 2025	Bloomfield Twp	12:00pm
May 15, 2025	Bloomfield Twp/ZOOM	12:00pm
July 17, 2025	Bloomfield Twp	12:00pm
September 18, 2025	Bloomfield Twp/ZOOM	12:00pm
October 16, 2025	Bloomfield Twp	12:00pm
December 18, 2025	Bloomfield Twp/ZOOM	12:00pm
January 15, 2026	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](http://www.metrohif.com))

**METROPOLITAN HEALTH INSURANCE FUND**

**ADOPTED: January 16, 2025**

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

**ATTEST:**

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

**RESOLUTION NO. 6-25**

**METROPOLITAN HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2025**

**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  
TD Bank  
New Jersey Cash Management Fund  
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 16, 2025**

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

**ATTEST:**

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

**RESOLUTION NO. 7-25**

**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
Kimberly Duva	- Secretary
Matthew Laracy	- Treasurer

Claims Payment Account:

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

**ADOPTED: January 16, 2025**

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

**ATTEST:**

\_\_\_\_\_

<b>RESOLUTION NO. 8-25</b>
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**METROPOLITAN HEALTH INSURANCE FUND**

**RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2025**

**Adopted: JANUARY 16, 2025**

**METROPOLITAN HEALTH INSURANCE FUND  
2025 RISK MANAGEMENT PLAN**

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

**1.) COVERAGE OFFERED**

- Medical

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

- Dental

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

- Prescription

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

- Vision

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

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

**3.) RISK RETAINED BY THE FUND**



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

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

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$425,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- Specific Limit                      Unlimited
- Basis:                                      Incurred 12 months, paid 24 months.
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage given its surplus position and as a result of long term cost-benefit analysis of the effectiveness of such coverage for joint insurance funds in New Jersey.

Extra contractual claims are excluded from reinsurance coverage.

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

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

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

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

months. Former participants (COBRA, Conversion and some retirees) and, in some cases, Dependents under age 31, are billed directly by the Fund.

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

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

**7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

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

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

The actuary then recommends a relativity factor 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 perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

## **20.) CLAIMS AND OPERATIONS AUDITS**

The Fund retains a claim 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.

**25.) DIRECT DEBIT**

Members have the option to allow the Fund to collect monthly premium through a direct debit to the Fund Operating Account initiated by the Fund Treasurer. The direct debit will equal the month's premium invoice and can be debited on the date of the member's choosing.

**ADOPTED: January 16, 2025**

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

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

<b>RESOLUTION NO. 9-25</b>
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**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 16, 2025**

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

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

**RESOLUTION NO. 10-25**

**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 2025;

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 2025:

<b>Group Name</b>	<b>Sub-producer Name</b>	<b>Sub-producer Rate</b>	<b>Sub-producer Rate Dental</b>
Bloomfield Township	IMAC	\$63.94	
Bloomfield Library	IMAC	\$63.94	
East Amwell	Insurance Solutions	\$174.00	
Irvington	Fairview Insurance	\$7.82	
Maplewood	Brown & Brown Metro	\$59.18	
Town of Morristown	Fairview Insurance	\$21.22	
Orange Township	Fairview Insurance	\$55.33	\$1.36
Plainfield BOE	Reliance Insurance Group	\$27.89	
Scotch Plains Township	Reliance Insurance Group	\$58.01	
Union Township	Fairview Insurance	\$10.40	
West Caldwell	IMAC	\$45.91	
West Orange Township	Fairview Insurance	\$51.96	

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

**METROPOLITAN HEALTH INSURANCE FUND**

**ADOPTED: January 16, 2025**

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

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

**RESOLUTION NO. 11-25**

**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 2025.

**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 16, 2025**

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

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

**RESOLUTION NO. 12-25**

**METROPOLITAN HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP**

**WHEREAS**, the Metropolitan Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Fund held a Public Meeting on **January 16, 2025** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projection for Chester Twp recommend offers of membership; and

**WHEREAS**, the Finance Committee has reviewed the following new member submission and has approved membership to the entity contingent upon a fully executed Indemnity and Trust agreement to join the Fund

<u>Member</u>	<u>Lines of Coverage</u>	<u>Effective Date</u>
Chester Twp	Medical & Rx	2/1/2025

**BE IT RESOLVED**, it has been determined that the admission to membership in the Fund of the above mentioned municipality would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund’s By-laws;

**BE IT RESOLVED**, that the Metropolitan Health Insurance Fund hereby offers membership to the above mentioned entity for medical and prescription coverage on the date specified, contingent upon receipt of the Fund’s authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

**ADOPTED: January 16, 2025**

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

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

**RESOLUTION NO. 13-25**

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

**WHEREAS**, the **Metropolitan Health Insurance Fund** held a Public Meeting on **January 16, 2025** 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 December 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 December 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 16, 2025**

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

**ATTEST:**

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



# APPENDIX I

# METROPOLITAN HEALTH INSURANCE FUND

## MINUTES

OPEN MEETING: December 19, 2024

CONFERENCE CALL - ZOOM

12:00 P.M.

Meeting called to order by Chair Mundell. The Open Public Meeting Notice was read into the record.

### PLEDGE OF ALLEGEANCE

### ROLL CALL OF 2024 EXECUTIVE COMMITTEE

Jenny Mundell, Chairwoman	Bloomfield Public Library	Present
Kimberly Duva, Secretary	Bloomfield Township	Present
Cameron Cox, Executive Committee Member	Plainfield Public Schools	Present
Nicole Baltycki, Executive Committee Member	West Caldwell Township	Present
Chris Hartwyk, Executive Committee Member	City of Orange	Present
Margaret Heisey, Executive Committee Member	Scotch Plains Twp	Present
Patrick Wherry, Executive Committee Member	Maplewood Township	Present

### APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	<b>PERMA Risk Management Services</b>	Brandon Lodics, Executive Director Emily Koval, Associate Executive Director Crystal Bailey, Program Manager
Fund Coordinator	<b>Eagle Rock Management Group</b>	Joseph DiVincenzo Jennifer McHugh Thomas Kelly Diane Romano
Attorney	<b>Antonelli Kantor Rivera</b>	Larry Tejjido
Treasurer	<b>Point Accounting Group (Formerly Laracy Associates)</b>	Matt Laracy
Third Party Administrator	<b>Aetna</b>	Jason Silverstein
Dental Claims Administrator	<b>Delta Dental of NJ, Inc.</b>	Laura Ebarle
Auditor	<b>Donohue, Gironda, Doria &amp; Tomkins</b>	Absent

Actuary	<b>John Vataha</b>	Absent
RX Administrator	<b>Express Scripts</b>	Hiteksha Patel

**OTHERS PRESENT:**

Katerine Polanco	Kayla Capriglione	Alysa Sauchelli	Larry Teijido
Julie Servidio	Tom Fletcher	Anders Hasseler	Peter Mina
Jacob Krakower	Alexander Koch	Caitlin Perkins	Tammy Brown
Lindsay Klein	Karen Kidd	Brian Kiely	Thomas Kelly

**APPROVAL OF MINUTES:** September 17, 2024 Open

**Motion:** Commissioner Baltycki

**Second:** Commissioner Wherry

**Vote:** All in Favor

**CORRESPONDENCE** - None

**EXECUTIVE DIRECTOR'S REPORT**

**FAST TRACK FINANCIAL REPORT** - Executive Director reported a surplus of \$440,000 in September and August, with a claim surge in October, which he attributed to scheduled surgeries and procedures. He noted that the deficit was not a concern, as it was expected due to the summer scheduling of procedures.

**2025 BUDGET CERTIFICATION** - The Actuary has reviewed and certified the 2025 adopted budget as appropriate. A copy of his certification is included in the agenda for your reference in Appendix II

**2025 PROFESSIONAL/CONSULTANT RFPS and CONTRACTS:**

- 1. Professionals** - The following professional services are out for RFP. Responses are due on December 17<sup>th</sup>. Responses will be sent to the Contracts Committee for review and recommendation for award at our 2025 reorganization meeting.

Attorney

Actuary

Auditor

Treasurer

- 2. Medicare Advantage** - RFPs were issued due to higher-than-expected renewals for Medicare Advantage plans affected by the Inflation Reduction Act (IRA).

Both Aetna and United Healthcare submitted their responses by the deadline, upholding their initial proposals, so no budget changes are necessary.

Aetna is offering its base plans and rates to the current United Healthcare populations, but due to CMS guidelines, this option for consideration after January 1, 2025. Aetna is holding the rates for effective dates throughout 2025. We are working directly with the affected entities and brokers to evaluate this option.

The RFP results were shared with the Contracts Committees. On behalf of the Fund, we will inform the carriers of the January 1, 2025, renewals, which will be formalized at the reorganization meeting

3. **Medical TPA Services (Health Insurance Pricing System Cooperative)-** We are working to obtain approval for the Medical TPA from the Office of State Comptroller (OSC). Given the current timeline, issuing an RFP for services effective January 1, 2025, would be unrealistic. We will continue to work with the OSC to prepare a longer-term RFP effective January 1, 2026.

We are pleased to report that Aetna has agreed to extend its current contracts through December 31, 2025, without any changes to fees. Contract extension action will be included in the 2025 reorganization resolution. This results in approximately a \$48,000 reduction to the 2025 adopted budget, which will be added to surplus regeneration.

4. **Executive Director Fees-** PERMA is making the following fee reductions beginning in January 2025, which will be formalized in the 2025 reorganization meeting. The below were taken in to consideration in budget development and rate development:

- 1) **Medicare Advantage Enrollees-** Reducing the per enrollee per month fee from \$20 to \$11 to alleviate some of the financial challenges associated with the Medicare Advantage renewals because of the Inflation Reduction Act (IRA)
- 2) **Dental Only Enrollees-** Reducing the per enrollee per month fee from \$20 to \$6. City of Orange will be retaining its dental coverage under the Fund, which results in the need for this additional fee.

#### **NEW MEMBERSHIP – EAST AMWELL, EAST HANOVER & MILLBURN –**

Executive Director stated that the Fund Coordinator and local broker partners have offered membership to the following groups. The underwriting details were include for

review which the Actuary has fully certified. Approval of membership is included in Resolution 26-24.

**E-PROCUREMENT SOFTWARE VENDOR** - At the recommendation of the QPA, Resolution 27-24 is included in the consent allowing the Fund to utilize Bidnet for E-Procurement software vendor for competitive contracting. Costs are included in the QPA professional fee.

**JANUARY 2025 INVOICE UPDATES** - The January bills may reflect some discrepancies due to the timing of open enrollment elections, newly offered plans, retiree split billing, and/or some 2025 rate discrepancies. We kindly ask that members work directly with your accounts payable departments to pay the January invoices as billed as soon as possible with the understanding that necessary adjustments will be included in the February bills. The Billing team will work diligently with personnel to make all necessary adjustments on February invoices.

### **PROGRAM MANAGERS REPORT**

Program Manager reviewed the following information included in the agenda:

#### **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 3<sup>rd</sup> Wednesday at 10AM**. Please contact [HIFtraining@permainc.com](mailto:HIFtraining@permainc.com) for additional information or to request an invite.

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

#### **Operational Updates:**

##### **Open Enrollment - 1/1/25 (Passive)**

- METRO OE will be held October 21<sup>st</sup> through November 1<sup>st</sup>
- All OE updates should be completed in WEX by November 8<sup>th</sup> to allow time for ID cards to be delivered to members by 1/1/25
- 2025 Qualified HDHP Minimums will be updated as follows:
  - Deductible - \$1,650 single/ \$3,300 family
  - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600
- OE guides are currently being updated and will be sent once finalized

**WEX 2025 Coupons – Direct Bill Enrollees: DU31, COBRA and Retirees -** WEX will be sending notices to self-pay enrollees advising their 2025 coupons will be received after January 1, 2025. The notice includes instructions on how catch-up payments will be applied to the enrollee's account. Please reference the notices in the Appendix.

**\*\*Coverage will not be impacted due to the 2025 coupons being delayed\*\***

#### **Coverage Updates:**

**Onsite Flu Vaccine Clinic Vendor List -** Approved onsite flu vaccine clinic vendors list are included in the Appendix. METRO does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

#### **Aetna Updates:**

**CVS Health Virtual Care – Effective 1/1/25 - Aetna covered members -** Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

**\*\*Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

#### **Express Scripts Updates:**

**2025 Formulary and SaveOn Listing -** Brokers were sent the 2025 Formulary and SaveOn listings on November 11<sup>th</sup>. Please reference the appendix for the listings. Please note the following:

#### **NPF Listing:**

- NPF Exclusions Listing, please note the following:
  - Humalog - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 1/1/26
    - Members should share the covered preferred alternatives provided in the listing with their providers
  - Humira - excluded for members with a new prescription as of 1/1/25,

members currently taking the drug will be excluded effective 7/1/25

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

#### **SaveOn Listing:**

- Green highlighted drugs – newly added effective 1/1/25
  - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs – being removed effective 1/1/25
  - There were no MRHIF members impacted by the drugs that were removed from the listing
  -

**3Q2024 SaveOn Savings (1/1/2024 through 9/30/24)** - In 3Q2024, the Metropolitan Health Insurance Fund has saved \$53,076 for members enrolled in SaveOn, an additional \$20,920 in savings from 2Q2024. There are currently 7 participants in the program, an increase of 1 member compared to 2Q2024. In 2024, Metro Fund members who used SaveOn saved a total of \$1,083 in copays. The average savings per prescription to date is \$2,123. See Appendix for full report.

#### **Top Therapeutic Categories:**

- Inflammatory Conditions
  - 5 members, totaling \$28,916 in savings
- Miscellaneous Diseases
  - 1 member, totaling \$12,534
- Multiple Sclerosis
  - 1 member, totaling \$11,626

**Notice of Creditable Coverage (NOCC)** - CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. To meet the CMS requirement, Express Scripts mailed the NOCC letters the week of September 16<sup>th</sup> to those age 65 and older enrolled in ESI coverage through the HIFs.

#### **Encircle Program (GLP-1 Weight Loss)**

##### **Effective September 1, 2024:**

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
  - BMI  $\geq$  32 OR
  - BMI between  $27 \leq 32$  WITH 2 or more documented comorbidities

- Members with an active approved PA prior to 9/1/2024 will be grandfathered
  - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval
- PA renewals will need to include documentation to support the above BMI requirements for all members, regardless of members have been approved in the past.

**Effective January 1, 2025:**Members who have an approved PA (active and new) will need to meet the following guidelines:

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

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

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

- OE guides are currently being updated and will be sent once finalized

#### **2024 LEGISLATIVE REVIEW:Gag Clause Prohibition Compliance Attestation -**

Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a "contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party." The CAA 2021 prohibits "gag clauses" under group health plan (GHP) agreements. The attestation is due annually by December 31<sup>st</sup>. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern New Jersey Regional Health Insurance Fund.

**Medical and Rx Reporting: None**

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



## Appeals

### Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
09/26/2024	Medical/ Aetna	Metro 2024 09 01	Anesthesia	Overturnd	10/09/2024
07/30/2024	Medical/ Aetna	Metro 2024 10 01	Inpatient Stay	Upheld	08/09/2024
10/30/2024	Medical/ Aetna	Metro 2024 10 02	Anesthesia	Under Review	N/A
10/07/2024	Medical/ Aetna	Metro 2024 11 01	ABA Services	Upheld	10/16/2024

### IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/10/2024	Medical/ Aetna	Metro 2024 10 01	Inpatient Stay	Overturnd	10/21/2024
11/13/2024	Medical/ Aetna	Metro 2024 11 01	ABA Services	Upheld	11/21/2024

### Metro Small Claims Committee Appeals: None

**FUND COORDINATOR** – Fund Coordinator reviewed the new business that is currently being worked on which he address during the Executive Director’s report. For 1/1/25, Milburn, East Hanover and Amwell. He also stated that Chester will be joining most likely for 2/1.

**ATTORNEY** – Fund Attorney informed the team about a recent approach from the Franz Law Group, a law firm interested in joining a mass action litigation against manufacturers of certain insulin medications and pharmacy benefit managers. The lawsuit involves claims of price gouging, state and federal RICO violations, and antitrust law violations. Fund Attorney explained that if the fund showed interest, the law firm

would file a lawsuit on their behalf, which would then be consolidated with other similar cases in Federal court. The law firm charges a 30% contingency fee. Fund Attorney also mentioned that the defendants have filed a motion to dismiss based on the statute of limitations, but the law firm representing the plaintiffs believes they would not be successful. He offered to provide more information or arrange a presentation if the team showed interest. Executive Director confirmed that there was no downside to participating in the litigation, as the cost would only be incurred if they were successful.

Fund Attorney agreed to gather more information about the potential lawsuit, including the number of members using insulin and the impact on them. Jenny suggested that any decision to join the lawsuit should be backed by data. In response to Commissioner Wherry, Executive Director said that the North HIF had joined with a different firm. Ms. Koval confirmed this and suggested that the committee should review proposals from multiple attorneys before making a decision.

**TREASURER** – Mr. Laracy thanked all the entities for their increased timeliness of the payments lately, noting it has helped keep a solid cash flow. He reviewed the September and October bills and report.

**MOTION TO APPROVE RESOLUTION 25-24:**

<b>Motion:</b>	Commissioner Baltycki
<b>Second:</b>	Commissioner Wherry
<b>Vote:</b>	7 Ayes, 0 Nays

**AETNA** – Mr. Silverstien reviewed the claim transaction report and run-out claims report through the month of August. Mr. Silverstien reviewed the high-cost claimants, noting there were three for the month of August. He stated the dashboard metrics continue to perform well.

**EXPRESS SCRIPTS** – Mr. Yuk reviewed the monthly utilization report through the month of August. He reviewed the top 10 conditions, noting the top three conditions are weight loss, diabetes, and inflammatory conditions. Mr. Yuk highlighted that GLP-1s are used for weight loss and diabetes. Mr. Yuk reviewed the top 10 drugs, which has Wegovy and Zepbound for weight loss.

**DELTA DENTAL** – Ms. Ebarle introduced the Special Health Care Needs Benefit from Delta Dental. It is a new benefit that will allow patients with intellectual or developmental disabilities a total of 4 cleanings per year instead of two. Mrs. Bailey stated that this information was sent out with OE materials. It is for specific plans, please see flyer for more information.

**OLD BUSINESS :** None

**NEW BUSINESS:**

Commissioner Cox raised a concern about the cessation of the Star Ledger and the need to ensure compliance with the Open Public Meetings Act by maintaining two print publications. Ms. Koval agreed to research suitable alternatives in the North Jersey area, while Jenny mentioned pending legislation that could address this issue. The team agreed to work on finding two newspapers that would be most meaningful. Ms. Koval also emphasized the need for a quorum of all fund commissioners at the reorganization meeting, and Joseph suggested that everyone should participate in the next meeting.

**PUBLIC COMMENT:** None

**MEETING ADJOURNED**

**Motion:** Commissioner Hartwyk  
**Second:** Commissioner Baltycki  
**Vote:** 7 Ayes, 0 Nays

**MEETING ADJOURNED: 12:31pm**

**NEXT MEETING: January 16, 2025 12:00PM**

**Zoom**

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Jordyn Robinson, Assisting Secretary

for

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**KIMBERLY DUVA, SECRETARY**

# APPENDIX II

## 24-17 metro treasurer

Vendor	Technical (Max Points 40) 35.56	Managerial (Max Points 40) 37.30	Cost (Max Points 20) 18.65	Final 91.50
Laracy Associates LLC				

**Reason for selection:** Laracy Associates LI has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Laracy Associates LLC	
<b>Technical criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	4.33	
(2) Is the vendor's proposal complete and responsive to the specific PPP requirements?	5.00	
(3) Has the past performance of the vendor's proposed methodology been documented?	4.00	
(4) Does the vendor's proposal use innovative technology and techniques?		
<b>SUB TOTAL TECHNICAL</b>	<b>35.56</b>	<b>0.00</b>
<b>Management criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?	4.00	
(2) Does the vendor document industry or program experience?	5.00	
(3) Are the availability of in-house and contract resources documented?	5.00	
<b>SUB TOTAL MANAGERIAL</b>	<b>37.30</b>	<b>0.00</b>
<b>Cost criteria:</b>		
<b>(Max Points 20)</b>		
(1) Relative cost: How does the cost compare to other similarly scored proposals?	4.67	
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	4.67	
(3) Does the proposal include quality control and assurance programs?	4.67	
<b>SUB TOTAL COST</b>	<b>18.65</b>	<b>0.00</b>
<b>RANKING'S POINTS</b>	<b>91.50</b>	<b>0.00</b>

## 24-17 Metro Attorney

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Antonelli Kantor, P.C.	36.44	38.18	18.87	93.50

**Reason for selection:** Antonelli Kantor, P.C. has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Antonelli Kantor, P.C.	
<b>Technical criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	4.67	
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	5.00	
(3) Does the vendor's proposal use innovative technology and techniques?	4.00	
(4) Does the vendor's proposal use innovative technology and techniques?		
<b>SUB TOTAL TECHNICAL</b>	<b>36.44</b>	<b>0.00</b>
<b>Management criteria:</b>		
<b>(Max Points 40)</b>		
(1) Is there a project management plan?	4.33	
(2) Does the vendor document industry or program experience?	5.00	
(3) Are the availability of in-house and contract resources documented?	5.00	
<b>SUB TOTAL MANAGERIAL</b>	<b>38.18</b>	<b>0.00</b>
<b>Cost criteria:</b>		
<b>(Max Points 20)</b>		
(1) Relative cost: How does the cost compare to other similarly scored proposals?	4.67	
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	5.00	
(3) Does the proposal include quality control and assurance programs?	4.50	
<b>SUB TOTAL COST</b>	<b>18.87</b>	<b>0.00</b>
<b>RANKINGS POINTS</b>	<b>93.50</b>	<b>0.00</b>

## 24-17 metro auditor

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Bowman & Company LLP	34.67	34.63	17.76	87.06
Lerch, Vinci, Bliss	34.67	31.08	15.54	81.29

**Reason for selection:** Bowman & Company has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Lerch, Vinci, Bliss	Bowman & Company LLP
<b>Technical criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	4.33	3.67
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	4.33	4.33
(3) Has the past performance of the vendor's proposed methodology been documented?	4.33	5.00
(4) Does the vendor's proposal use innovative technology and techniques?		
<b>SUB TOTAL TECHNICAL</b>	<b>34.67</b>	<b>34.67</b>
<b>Management criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?	3.33	
(2) Does the vendor document industry or program experience?	4.33	
(3) Are the availability of in-house and contract resources documented?	4.00	4.67
<b>SUB TOTAL MANAGERIAL</b>	<b>31.08</b>	<b>34.63</b>
<b>Cost criteria:</b>		
<b>(Max Points 20)</b>		
(1) Relative cost: How does the cost compare to other similarly scored proposals?	3.33	
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	4.00	
(3) Does the proposal include quality control and assurance programs?	4.33	5.00
<b>SUB TOTAL MANAGERIAL</b>	<b>15.54</b>	<b>17.76</b>
<b>RANKINGS POINTS</b>	<b>81.29</b>	<b>87.06</b>

## 24-17 Metro Actuary

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Actuarial Solutions LLC	34.67	32.86	17.76	85.28

**Reason for selection:** Actuarial Solutions LLC has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Actuarial Solutions LLC
<b>Technical criteria:</b>	
<b>(Max Points 40)</b>	
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	4.33
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	4.33
(3) Has the past performance of the vendor's proposed methodology been documented?	4.33
(4) Does the vendor's proposal use innovative technology and techniques?	
<b>SUB TOTAL TECHNICAL</b>	<b>34.67</b>
<b>Management criteria:</b>	
<b>(Max Points 40)</b>	
(1) Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?	4.00
(2) Does the vendor document industry or program experience?	4.67
(3) Are the availability of in-house and contract resources documented?	3.67
<b>SUB TOTAL MANAGERIAL</b>	<b>32.86</b>
<b>Cost criteria:</b>	
<b>(Max Points 20)</b>	
(1) Relative cost: How does the cost compare to other similarly scored proposals?	4.67
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	4.67
(3) Does the proposal include quality control and assurance programs?	4.00
<b>SUB TOTAL COST</b>	<b>17.76</b>
<b>RANKINGS POINTS</b>	<b>85.28</b>