METROPOLITAN
HEALTH INSURANCE FUND

AGENDA AND REPORTS
JUNE 18, 2026
ZOOM
12:00 PM

Zoom Meeting
https://permainc.zoom.us/j/94356371174

Meeting ID: 943 5637 1174

One tap mobile
+16469313860,,94356371174# US
+19292056099,,94356371174# US (New York)

OPEN PUBLIC MEETINGS ACT - In accordance with the Open Public Meetings Act, adequate notice of this meeting was provided by:
I. Posting the Annual Meeting Notice on the Fund's official website where all legal notices are maintained;
II. Filing advance written notice with the Clerk/Administrator of each member municipality and school district; and
III. Publication of notice in the Fund's designated newspaper directing the public to the website where legal notices are available.

This meeting is being conducted by electronic means. Members of the public that wish to provide public comment shall state their name and affiliation for the record. Comments shall be concise and limited to matters relevant to the Fund. The Chair reserves the right to limit repetitive comments and to maintain order. Comments containing abusive, defamatory, or obscene language will not be permitted.

METROPOLITIAN HEALTH INSURANCE FUND
AGENDA MEETING: JUNE 18, 2026
CONFERENCE CALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGENCE

ROLL CALL OF 2026 EXECUTIVE COMMITTEE

Fund Commissioner	**Entity**
Jenny Mundell, Chairwoman	Bloomfield Public Library
Patrick Wherry, Secretary	Maplewood Township
Cameron Cox, Executive Committee Member	Plainfield Public Schools
Nikole Baltycki, Executive Committee Member	West Caldwell Township
Margaret Heisey, Executive Committee Member	Scotch Plains Twp
Alexander McDonald, Executive Committee Member	Millburn Township
Cosmo Cirillo, Executive Committee Member	Township of Guttenberg

APPROVAL OF MINUTES May 31 2026, Open ..... Appendix I

CORRESPONDENCE – None

MONTHLY COMMITTEE REPORTS

FINANCE/CONTRACTS COMMITTEE – Cameron Cox, Chair – Appendix II

WELLNESS COMMITTEE – Patrick Wherry, Chair

OPERATIONS/NOMINATION COMMITTEE – Margaret Heisey, Chair

FUND EXECUTIVE DIRECTOR – PERMA

Finance Report ..... **Page 4**
Administration Report ..... **Page 9**
Benefits Report ..... **Page 11**

- *Motion to amend the member plan documents*

FUND COODINATOR – Eagle Rock Management Group

Fund Coordinator's Report ..... **Page 19**

FUND ATTORNEY – Antonelli Kantor Rivera PC

FUND TREASURER – Laracy Associates

Voucher List June 2026 ..... **Page 22**

PERMA | Risk Management Services

Executive Director's Report

FINANCIALS

AUDITOR AND ACTUARY YEAR-END REPORTS

A draft of the Fund Year 2025 Audit, performed by the Fund auditor, PKF O'Connor Davies LLP, is attached. A representative from PKF O'Connor Davies LLP will be in attendance to present their findings. Should there be any comments, PERMA will be prepared to address. The Finance Committee reviewed this prior to the meeting and is recommending Resolution 25-26, the approval and authorization to file with the state is included in the consent agenda, along with the affidavit to be signed by all present Commissioners.

Closure of Fund Year 2024 will be deferred at this time, pending the resolution of several outstanding high claimants currently working through the reimbursement process. A separate resolution to formally close Fund Year 2024 will be brought forward at a future meeting once those matters have been resolved.

FAST TRACK FINANCIAL REPORTS – *As of April 2026*

Monthly Surplus: This month there was a net surplus of $2M. The majority of the surplus gain is due to specific excess book for 2025 high claims and reduction of 2025 IBNR.

Year-to-Date Deficit: The Fund remains in an overall deficit of ($1.7M)

Cash Balance: The current cash balance as of April stands at negative ($382,136K) book balance.

Income: Total income for the month was $12 million. This consists of member assessments and Cobra refund.

Paid Claims: Total Claims paid for the month was $7.6 million, this is net of RX rebates estimated at 23% of paid claims, with an overall net increase in IBNR.

Administrative Expenses: Combined paid and accrued administrative expenses amounted to $2.3 million.

Interest Earned: $9,000 in interest income was recognized.

Supplemental Assessments: As of April 30, 2026, there has been $591,047.36 collected.

METRO MUNICIPAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF April 30, 2026

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**12,093,390**	**43,121,182**	**303,306,555**	**346,427,737**
2.	**CLAIM EXPENSES**					
	Paid Claims		7,660,860	28,160,456	259,880,086	**288,040,542**
	IBNR		422,947	602,998	11,157,921	**11,760,919**
	Less Specific Excess		(401,106)	(1,213,242)	(10,177,484)	**(11,390,725)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**7,682,701**	**27,550,212**	**260,860,524**	**288,410,735**
3.	**EXPENSES**					
	MA & HMO Premiums		1,411,227	5,706,610	27,643,792	**33,350,402**
	Excess Premiums		321,536	1,297,556	6,539,519	**7,837,076**
	Administrative		595,792	2,334,836	17,134,786	**19,469,622**
	TOTAL EXPENSES		**2,328,554**	**9,339,003**	**51,318,097**	**60,657,100**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		2,082,135	6,231,968	(8,872,066)	**(2,640,098)**
5.	**INVESTMENT INCOME**		9,161	39,075	797,798	**836,874**
6.	**DIVIDEND INCOME**		-	-	57,191	**57,191**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**2,091,296**	**6,271,043**	**(8,017,076)**	**(1,746,034)**
8.	**DIVIDEND**		-	-	2,542	**2,542**
9.	**Transferred Surplus IN**		-	-	-	**-**
10.	**Transferred Surplus OUT**		-	-	-	**-**
	STATUTORY SURPLUS (7-8+9)		**2,091,296**	**6,271,043**	**(8,019,619)**	**(1,748,576)**
			SURPLUS (DEFICITS) BY FUND YEAR			
	Closed	**Surplus**	-	-	(126,097)	**(126,097)**
		Cash	-	365,703	(494,057)	**(128,355)**
	2024	**Surplus**	17,262	43,095	(696,010)	**(652,915)**
		Cash	122,503	178,172	(7,747,171)	**(7,568,998)**
	2025	**Surplus**	443,681	1,641,473	(7,197,512)	**(5,556,039)**
		Cash	(752,878)	(7,826,406)	5,505,517	**(2,320,889)**
	2026	**Surplus**	1,630,353	4,586,475		**4,586,475**
		Cash	(253,838)	9,636,106		**9,636,106**
	TOTAL SURPLUS (DEFICITS)		**2,091,296**	**6,271,043**	**(8,019,619)**	**(1,748,576)**
	TOTAL CASH		**(884,213)**	**2,353,575**	**(2,735,711)**	**(382,136)**
			CLAIM ANALYSIS BY FUND YEAR			
	TOTAL CLOSED YEAR CLAIMS		**-**	**-**	**115,027,642**	**115,027,642**
	FUND YEAR 2024					
	Paid Claims		(16,950)	70,695	74,115,589	**74,186,284**
	IBNR		-	-	-	**-**
	Less Specific Excess		-	(139,571)	(3,450,883)	**(3,590,454)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL FY 2024 CLAIMS		**(16,950)**	**(68,876)**	**70,664,706**	**70,595,830**
	FUND YEAR 2025					
	Paid Claims		785,706	8,440,099	65,627,331	**74,067,430**
	IBNR		(826,673)	(8,992,030)	11,157,921	**2,165,891**
	Less Specific Excess		(401,106)	(1,073,670)	(1,617,078)	**(2,690,748)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL FY 2025 CLAIMS		**(442,073)**	**(1,625,602)**	**75,168,174**	**73,542,573**
	FUND YEAR 2026					
	Paid Claims		6,892,104	19,649,662		**19,649,662**
	IBNR		1,249,620	9,595,028		**9,595,028**
	Less Specific Excess		-	-		**-**
	Less Aggregate Excess		-	-		**-**
	TOTAL FY 2026 CLAIMS		**8,141,724**	**29,244,690**		**29,244,690**
	COMBINED TOTAL CLAIMS		**7,682,701**	**27,550,212**	**260,860,523**	**288,410,734**

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

		FY2026			
INDICES	**2025**	**JAN**	**FEB**	**MAR**	**APR**
Cash Position	(2,735,711)	$ (926,004)	$ 1,971,800	$ 502,078	$ (382,136)
IBNR	11,157,921	$ 11,760,457	$ 11,738,167	$ 11,337,972	$ 11,760,919
Assets	7,000,864	$ 8,960,421	$ 9,547,249	$ 10,456,617	$ 12,990,480
Liabilities	15,251,820	$ 15,509,612	$ 15,261,370	$ 14,527,826	$ 14,739,056
Surplus	(8,250,956)	$ (6,549,191)	$ (5,714,121)	$ (4,071,209)	$ (1,748,576)
Claims Paid -- Month	6,548,592	$ 5,656,599	$ 6,607,236	$ 8,235,760	$ 7,660,860
Claims Budget -- Month	5,761,146	$ 7,604,264	$ 7,583,177	$ 8,002,851	$ 8,936,024
Claims Paid -- YTD	79,748,201	$ 5,656,599	$ 12,263,836	$ 20,499,596	$ 28,160,456
Claims Budget -- YTD	67,284,097	$ 7,604,264	$ 15,187,441	$ 23,181,773	$ 32,549,549
RATIOS					
Cash Position to Claims Paid	(0.42)	(0.16)	0.3	0.06	-0.05
Claims Paid to Claims Budget -- Month	1.14	0.74	0.87	1.03	0.86
Claims Paid to Claims Budget -- YTD	1.19	0.74	0.8	0.9	0.9
Cash Position to IBNR	(0.25)	(0.08)	0.17	0.04	-0.03
Assets to Liabilities	0.46	0.58	0.63	0.72	0.88
Surplus as Months of Claims	(1.43)	(0.86)	-0.75	-0.51	-0.2
IBNR to Claims Budget -- Month	1.94	1.55	1.55	1.42	1.32

Metro Municipal Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF APRIL 30, 2026
BY FUND YEAR

	METRO 2026	METRO 2025	METRO 2024	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	9,636,106	(2,320,889)	(7,568,998)	(128,355)	(382,136)
Assesstments Receivable (Prepaid)	4,115,452	262,081	6,129,857	-	10,507,390
Interest Receivable	-	-	-	2,258	2,258
Specific Excess Receivable	-	1,379,487	-	-	1,379,487
Aggregate Excess Receivable	-	-	786,227	-	786,227
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	697,254	(0)	-	-	697,254
Total Assets	14,448,813	(679,321)	(652,915)	(126,097)	12,990,480
LIABILITIES					
Accounts Payable	-	2,257,260	-	-	2,257,260
IBNR Reserve	9,595,028	2,165,891	-	-	11,760,919
A4 Retiree Surcharge	237,771	431,127	-	-	668,898
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	29,539	22,440	-	-	51,979
Total Liabilities	9,862,338	4,876,719	-	-	14,739,056
EQUITY					
Surplus / (Deficit)	4,586,475	(5,556,039)	(652,915)	(126,097)	(1,748,576)
Total Equity	4,586,475	(5,556,039)	(652,915)	(126,097)	(1,748,576)
Total Liabilities & Equity	14,448,813	(679,321)	(652,915)	(126,097)	12,990,480
BALANCE	-	-	-	-	-

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

Fund Year allocation of claims have been estimated.

METRO Fund
2026 Budget Report
as of April 30, 2026

	Cumulative	Annualized	Latest filed	Cumulative	$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	29,746,536	98,229,253	76,381,168	26,421,333	3,325,203	11%
Prescription Claims - Excl Bloomfield	3,228,860	10,951,685	4,628,492	2,334,538	(43,990)	-2%
Prescription Formulary Rebates	(968,658)	(3,285,503)	(1,388,548)	Included Above in Prescription Claims		
Prescription Claims - Bloomfield	30,345	91,491	88,733	Included Above in Prescription Claims		
Dental Claims	512,466	1,406,933	1,644,220	488,819	23,646	5%
Subtotal	32,549,549	107,393,860	81,354,065	29,244,690	3,304,860	10%
DMO Premiums	12,315	36,303	31,291	23,565	(11,250)	-91%
Medicare Advantage / EGWP	6,580,045	21,705,881	14,242,869	5,682,176	897,869	14%
Reinsurance						
Specific	1,358,964	4,332,569	3,335,204	1,297,556	61,408	5%
Total Loss Fund	40,500,874	133,468,613	98,963,429	36,247,987	4,252,887	11%
Loss Fund Contingency	500,000	1,500,000	1,500,000	0	500,000	0%
Expenses						
Legal	10,404	31,212	31,212	12,000	(1,596)	-15%
Treasurer	10,000	30,000	30,000	10,000	-	0%
Deputy Treasurer	2,500	7,500	0	2,500	-	0%
Administrator	391,496	1,243,090	942,312	365,732	25,764	7%
Risk Management Consultants	845,657	2,904,610	1,907,361	845,657	-	0%
Fund Coordinator	391,871	1,246,955	943,668	365,642	26,229	7%
TPA - Aetna	408,376	1,301,959	1,002,246	389,922	18,453	5%
TPA - Dental	25,845	68,447	81,964	27,532	(1,687)	-7%
Actuary	6,069	18,207	18,207	9,250	(3,181)	-52%
Auditor	7,630	22,889	22,889	7,628	2	0%
Benefits Consultant						
Board Advisor						
Claims Audit	13,333	40,000	40,000	0	13,333	100%
QPA	1,500	4,500	3,000	0	1,500	100%
Subtotal Expenses	2,114,681	6,919,369	5,022,859	2,035,863	78,818	4%
Miscelleneous and Special Services						
Misc/Cont	3,016	9,048	18,048	8,794	(5,778)	-192%
Wellness, Disease, Case Management	91,667	275,000	275,000	26,448	65,219	71%
Affordable Care Act Taxes	6,402	20,412	15,713	21,911	(15,509)	-242%
A4 Surcharge	237,723	776,289	834,969	237,771	(48)	0%
Plan Documents	3,333	10,000	10,000	0	3,333	100%
Subtotal Misc/Sp Svcs	342,142	1,090,749	1,153,730	294,924	47,218	14%
Total Expenses	2,456,822	8,010,118	6,176,589	2,330,786	126,036	5%
Total Budget	43,457,696	142,978,731	106,640,018	38,578,773	4,878,923	11%

ADMINISTRATION

2027 PROFESSIONALS CONTRACTS

At the last meeting, a motion was made to approve a one-year extension for the Fund Administrator and Fund Coordinator for the Fund Year 2027. Resolution 24-26 formalizes this motion.

MEDICAL TPA RFP UPDATE

The Medical TPA RFP due date was revised to June 25th, 2026. With the assistance of the Fund Coordinator, Administrator and QPA, the Finance and Contracts Committee will review all submissions and provide an update at the next meeting.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND – BYLAW AMENDMENT

The MRHIF met in May and June to hold a first and second reading of bylaw amendments, which passed on June 10. The next step is to have 75% of the membership also pass a resolution accepting the changes before it is sent to the State for final approval.

A memo is included in Appendix III explaining the changes along with a resolution for the Fund to consider for approval.

MONTHLY BILLING LATE PAYMENT INTEREST

PERMA has been working on an internal process to implement the late payment interest that was approved in the 2026 Cash Management Plan. The Fund Treasurer has access to the spreadsheet and will begin tracking for the July billing cycle, which the late payment interest will show on the October bills list. As a reminder:

PERMA's enrollment team will run the bills on the sixteenth of the month and after pre-bill audits are completed, they will be sent out. The bills are due on the 15th of the billed month. Payments not received by the 15th are subject to a 10% interest penalty.

We recognize that certain circumstances may impact timely payment. PERMA will be working with the Fund Treasurer to identify situations that would warrant an expectation of the late payment interest charge. If your entity anticipates difficulty meeting a payment deadline, please contact the Fund Treasurer and your PERMA team as soon as possible.

PCORI AND A4 SURCHARGE FEES

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

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

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

GASB 75 REPORTING

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

BENEFITS

Agenda

- Executive Overview
- Industry Information
- Fund Performance/Observations
- Legislative Updates
- Fund Strategic Initiatives
- Client Services/Eligibility/Enrollment
- Previously Reported Information

Executive Overview

The Metropolitan Health Insurance Fund (Metro Fund) continues to show improvements from a financial perspective. None the less, areas of increasing utilization for both medical & pharmacy claims have been identified, and strategic recommendations presented for consideration. The Office of the Program Manager looks forward to continuing discussions and implementing those solutions that will yield meaningful savings to ensure the long-term stability of the Metro Fund.

Industry Information

Medical

A recent study conducted by the *Rice University Baker Institute for Public Policy* analyzed 27 health plans across 10 Texas universities and university benefit coalitions and found enormous disparities in healthcare costs among employers offering similar coverage. The study concluded that some employers were paying more than *three times* the cost of comparable organizations for essentially the same health benefits. Importantly, the study identified reference-based pricing plans as among the lowest-cost and most efficient models evaluated.

Employee-only annual coverage costs ranged from approximately $5,995 under a reference-based pricing (RBP) arrangement at the University of the Incarnate Word to $15,742 under a traditional PPO plan at Trinity University. Family coverage costs ranged from approximately $14,208 under the reference-based pricing model to $48,636 under a traditional point-of-service arrangement at Rice University. The researchers further concluded that these pricing disparities likely exist across employers nationwide and are not isolated to universities. The findings reinforce several key themes now impacting the employer healthcare marketplace:

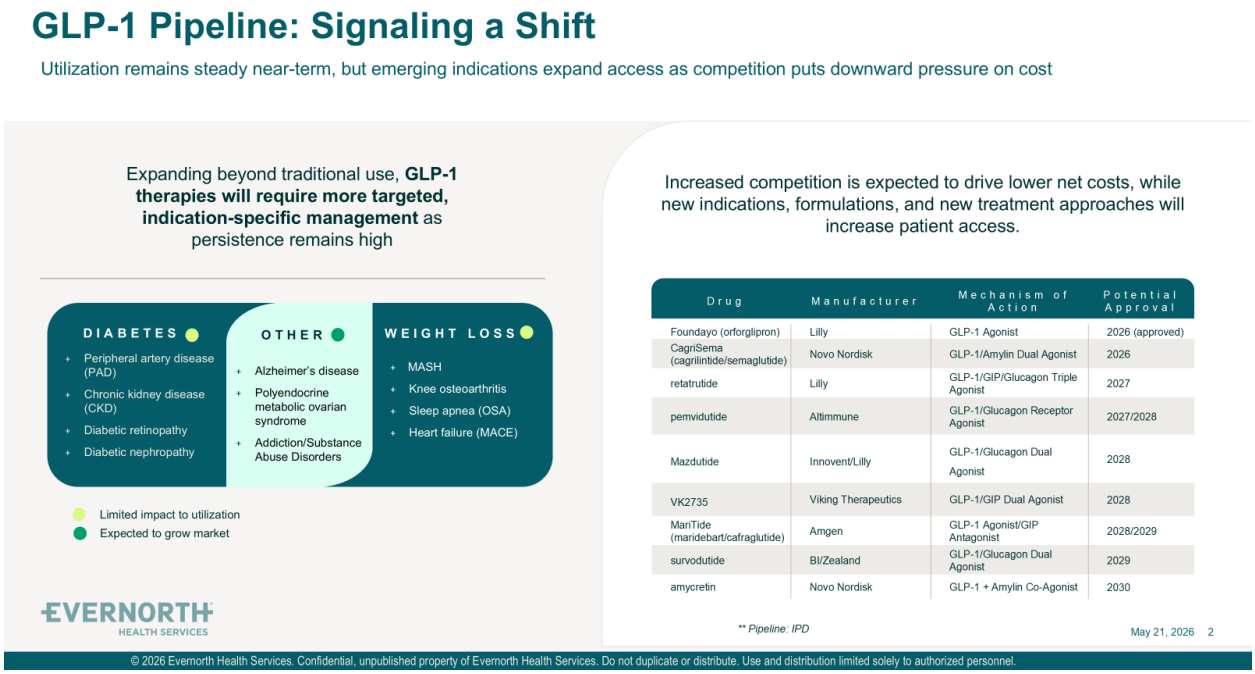
- Significant variation exists in what employers pay for essentially identical healthcare services and coverage
- Traditional PPO arrangements continue to experience substantial cost escalation driven by hospital pricing, specialty medications, and catastrophic claims
- Employers are increasingly being forced to evaluate alternative payment and contracting strategies to improve affordability and sustainability

- Reference-based pricing, direct contracting, coalition purchasing, and other payment transformation approaches are emerging as viable mechanisms to materially reduce healthcare costs
- Employers that aggressively manage unit cost and contracting strategy appear to achieve materially better long-term financial outcomes than those remaining in traditional fully network-driven PPO arrangements
- The broader takeaway from the study is that healthcare purchasing strategy and payment methodology matter enormously, and that many employers and plan sponsors are likely materially overpaying for healthcare coverage relative to peer organizations.

Payment transformation and the use of reference-based pricing are no longer future-state concepts — they are here now. With the continued expansion of healthcare price transparency, employers and plan sponsors will no longer tolerate paying 2x and 3x times Medicare-equivalent pricing for comparable services and procedures. The mounting financial pressure facing employer-sponsored health plans is driving the need for a more rational and sustainable reimbursement model that is fair to all parties involved, but no longer solely dependent upon insurers negotiating opaque pricing arrangements on behalf of those ultimately funding the system.

Pharmacy

The obesity and weight loss treatment landscape will undergo substantial transformation in the coming years. Long-acting injectables may become initial treatments, followed by oral maintenance therapies. This shift could drive the obesity market to exceed $100 billion annually, reducing overall healthcare costs by addressing comorbidities associated with obesity.



Fund Performance/Observations

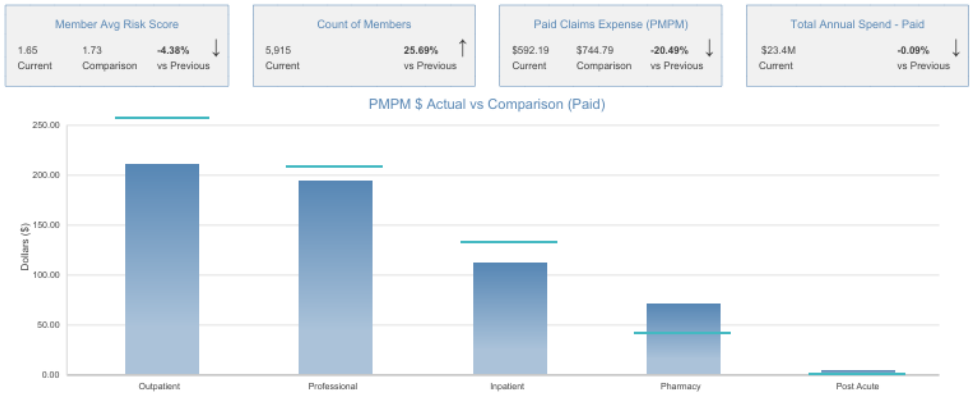
Medical & Pharmacy – Aetna/AHA/ESI

The following key metrics compare January-April 2026 vs. January-April 2027 Fund years.

Cost & Utilization Variance:

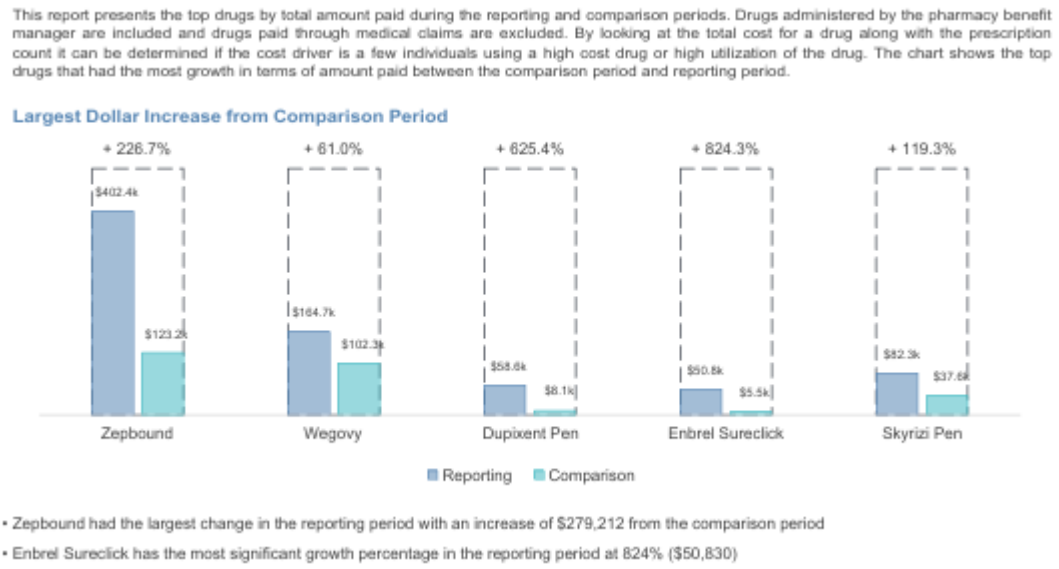
A health insurance risk score (often called a Risk Adjustment Factor or RAF score) is a numerical value assigned to a patient, typically between 0.0 and 2.0+, indicating their expected healthcare costs compared to the average patient. Higher scores reflect more chronic conditions or higher risk, leading to higher payments for providers.

While both periods indicate a risk score of >1.0, the overall score has improved (4.38%).



Top 20 Drugs – Comparison:

This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high-cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.



Out of Network Claims Tracking:

Effective August 1, 2025, the Metro Fund Executive Committee passed a resolution to amend the out of network provider reimbursement schedules for all Fund member plans to 150%-provider & 175%-facility of Medicare.

		In Network				OON				OON TOTALS	
DOS	EE Count	Claimant Count	Claim Count	Net Paid	PEPM	Claimant Count	Claim Count	Net Paid	PEPM	% Utilization	% Net Paid
Jan-24	2,603	2987	9990	$4,323,629	$1,661	603	3181	$2,093,577	$804	24.2%	32.6%
Feb-24	2,600	2624	9521	$3,581,841	$1,378	573	2482	$1,584,579	$609	20.7%	30.7%
Mar-24	2,608	2601	10001	$4,274,058	$1,639	599	2606	$1,560,568	$598	20.7%	26.7%
Apr-24	2,619	2725	9747	$4,026,109	$1,537	584	2614	$1,401,980	$535	21.1%	25.8%
May-24	2,619	2609	9745	$4,063,325	$1,551	597	2555	$1,775,636	$678	20.8%	30.4%
Jun-24	2,625	2548	9105	$4,010,620	$1,528	578	2295	$1,244,512	$474	20.1%	23.7%
Jul-24	2,638	2693	9802	$3,976,214	$1,507	595	2649	$1,127,393	$427	21.3%	22.1%
Aug-24	2,638	2694	9762	$3,322,390	$1,259	549	2401	$1,097,318	$416	19.7%	24.8%
Sep-24	2,612	2564	9027	$4,421,664	$1,693	568	2473	$1,434,173	$549	21.5%	24.5%
Oct-24	2,692	2892	10770	$4,176,562	$1,551	608	2517	$1,679,609	$624	18.9%	28.7%
Nov-24	2,713	2783	9884	$5,946,658	$2,192	636	2333	$1,333,856	$492	19.1%	18.3%
Dec-24	2,123	2263	7562	$3,208,733	$1,511	474	1681	$1,198,802	$565	18.2%	27.2%
Jan-25	2,366	2591	9621	$4,121,635	$1,742	517	1991	$1,208,492	$511	17.1%	22.7%
Feb-25	2,428	2620	8810	$3,751,453	$1,545	514	2056	$1,408,846	$580	18.9%	27.3%
Mar-25	2,428	2572	9730	$4,608,513	$1,898	523	2224	$1,623,944	$669	18.6%	26.1%
Apr-25	2,427	2616	9665	$4,279,945	$1,763	529	2237	$1,441,008	$594	18.8%	25.2%
May-25	2,431	2548	9368	$3,944,091	$1,622	491	1920	$1,469,251	$604	17.0%	27.1%
Jun-25	2,489	2561	9171	$4,029,449	$1,619	496	1988	$1,438,019	$578	17.8%	26.3%
Jul-25	2,486	2645	10016	$4,433,228	$1,783	536	2129	$1,531,691	$616	17.5%	25.7%
Aug-25	2,486	2680	10175	$4,926,252	$1,982	537	2126	$572,388	$230	17.3%	10.4%
Sep-25	2,486	2567	9124	$3,920,123	$1,577	481	1915	$465,161	$187	17.3%	10.6%
Oct-25	2,486	2655	9747	$5,214,658	$2,098	493	2261	$546,333	$220	18.8%	9.5%
Nov-25	2,486	2662	9444	$3,970,409	$1,597	464	1869	$585,059	$235	16.5%	12.8%
Dec-25	2,486	2797	10221	$4,843,703	$1,948	480	2037	$546,704	$220	16.6%	10.1%
Jan-26	2,842	3088	11192	$4,750,877	$1,672	552	2203	$442,386	$156	16.4%	8.5%
Feb-26	2,834	2979	10597	$4,980,415	$1,757	548	2082	$635,572	$224	16.4%	11.3%
Mar-26	2,978	3330	12350	$5,088,485	$1,709	588	2323	$504,707	$169	15.8%	9.0%
Apr-26	3,254	3407	12168	$4,524,374	$1,390	566	2205	$444,300	$137	15.3%	8.9%
May-26	3,252	2901	8077	$2,488,955	$765	359	844	$190,007	$58	9.5%	7.1%
Jun-26		0	0	$0	-	0	0	$0	-	-	-
Jul-26		0	0	$0	-	0	0	$0	-	-	-
Aug-26		0	0	$0	-	0	0	$0	-	-	-
Sep-26		0	0	$0	-	0	0	$0	-	-	-
Oct-26		0	0	$0	-	0	0	$0	-	-	-
Nov-26		0	0	$0	-	0	0	$0	-	-	-
Dec-26		0	0	$0	-	0	0	$0	-	-	-

Post 65 Retiree Medicare Advantage Prescription Program

Aetna will be presenting the renewal for post 65 retiree medical & prescription drug coverage in two options for Fund year 2027, bundled & unbundled. The bundled option reflects the single medical & pharmacy plan, currently in place while the unbundling option reflects recent and proposed CMS policy changes that increase the financial advantage of standalone Medicare Part D plans.

Under this approach, a combined Medicare Advantage Prescription Drug (MAPD) plan is restructured into two coordinated plans: a standalone Medicare Advantage (MA) plan and a standalone Part D (PD) plan. This structure allows plan sponsors to take advantage of higher Part D subsidies while maintaining comprehensive coverage.

Preliminary projections indicate that the unbundled option could generate savings in 2027, largely due to a lower Part D rate. There is also potential for continued savings in future years, depending on how CMS and IRA policies continue to evolve.

As such, the unbundled option will be available for consideration as part of the 1/1/2027 renewal. Importantly, members would continue to receive the same medical and prescription drug benefits, with no reduction in coverage.

The unbundled structure involves separate plan components, so implementation will require clear communication and thoughtful planning should that option be selected. Overall, the

bundled option may provide an opportunity for cost savings while preserving benefit stability for members.

Fund Strategic Initiatives

Through an extensive review of the historical medical & pharmacy utilization of the Funds, opportunities to impact key cost drivers were identified, vetted, and presented to multiple Fund Subcommittees for discussion and consideration.

The following were key strategic recommendations which continued to be discussed:

- GLP-1 for weight loss – Amending clinical protocols/formulary placement/oral version eligibility/direct to consumer options
- Site of Care – Steering of care to high-value providers & settings
- High performance provider network plan option/replacement
- Reference based pricing model
- Nurse advocacy Program
- Vendor procurement – TPA/PBM

Legislative Updates

New Jersey Newborn Coverage Mandate

New Jersey has enacted an updated newborn coverage mandate which extends the period of automatic newborn coverage from 60 days to 90 days under certain health plans. This NJ State mandate expanded the previous mandate enacted in 2018 which extends the period of automatic newborn coverage from 30 days to 61 days.

It is recommended the Metropolitan Health Insurance Fund comply with the Mandate effective July 1, 2026, and/or January 1, 2027, based on the respective Fund member's plan(s) renewal date.

MOTION: *Motion to amend the member plan documents to comply with NJ State Newborn Coverage Mandate effective July 1, 2026 & January 1, 2027.*

Client Services/Eligibility/Enrollment Team

Please direct all service requests to Roger Watson and Crystal Bailey.

System training (new and refresher) is provided to all contacts with WEX access every 3rd Wednesday at 10AM. Please contact HIFtraining@permainc.com for additional information or to request an invite.

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date

03/27/2026	Medical/Aetna	METRO 2026 04 01	Provider Deficiency/Medical Necessity	Upheld	4/9/2026
4/10/2026	Medical/Aetna	METRO 2026 04 02	Lab Services	Under Review	
4/27/2026	Medical/Aetna	METRO 2026 04 03	Anesthesia	Under Review	
5/28/2026	Medical/Aetna	METRO 2026 06 01	Anesthesia	Under Review	

IRO Submissions

Submission Date	**Appeal Type**	**Appeal Number**	**Reason**	**Determination**	**Determination Date**
03/06/2026	Medical/Aetna	METRO 2026 03 01	ER/Hospital Admission	Under Review	
4/9/2026	Medical/Aetna	METRO 2026 04 01	Provider Deficiency/Medical Necessity	Overturned	4/25/2026

Carrier Appeals

Submission Date	**Appeal Type**	**Appeal Number**	**Reason**	**Determination**	**Determination Date**
03/27/2026	Medical/ Aetna	METRO 2026 04 01	Provider Deficiency/Medical Necessity	Upheld	4/9/2026
4/10/2026	Medical/ Aetna	METRO 2026 04 02	Lab Services	Under Review	
4/27/2026	Medical/ Aetna	METRO 2026 04 03	Anesthesia	Under Review	
5/28/2026	Medical/ Aetna	METRO 2026 06 01	Anesthesia	Under Review	

IRO Submissions

Submission Date	**Appeal Type**	**Appeal Number**	**Reason**	**Determination**	**Determination Date**
03/06/2026	Medical/Aetna	METRO 2026 03 01	ER/Hospital Admission	Under Review	
4/9/2026	Medical/Aetna	METRO 2026 04 01	Provider Deficiency/Medical Necessity	Overturned	4/25/2026

Previously Reported Information

Pharmacy - ESI
2026 National Preferred Formulary (NPF) - Effective 7/1/2026

NPF exclusions list	- Effective 7/1/2026
Preferred to not covered	- 17 patients impacted
Non-preferred to not covered	- 0 patient impacted
SaveOn List	- Effective 7/1/2026
Additions & Removals	- 29 additions/53 removals

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

No Surprise Billing and Transparency Act

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

TO ALL FUND COMMISSIONERS:
January 2026
Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the **Metropolitan Health Insurance Fund ("the Fund")**, and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in PERMA, LLC, which is the Administrator for the Fund.

METROPOLITAN HEALTH INSURANCE FUND CONTACTS
Year: 2026

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

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

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

Role	Name	Email	Phone
Public Entity & HIF Business Leader	Tammy Brown	tbrown@connerstrong.com	856-552-4694
HIF Business Leader	John Lajewski	jlajewski@connerstrong.com	856-552-4922
Consultant	Jacquelyn Maddren	jmaddren@connerstrong.com	856-552-4688
Senior Business Development Executive	Sean Critchley, Esq.	Scritchley@connerstrong.com	973-736-6511

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

Role	Name	Email	Phone
Director of Client Services	Crystal Bailey	cbailey@connerstrong.com	856-552-4914
Director of Benefits Operations	Karen Kidd	kkidd@connerstrong.com	856-552-4644
Client Service Specialist	Roger Watson	rwatson@permainc.com	856-479-2210

TO ALL FUND COMMISSIONERS:

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the ***Metropolitan Health Insurance Fund ("the Fund")****, and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in PERMA, LLC, which is the Administrator for the Fund.*

METROPOLITAN HEALTH INSURANCE FUND
YEAR: 2026

Monthly Items	Filing Status
Budget	**Filed**
Assessments	**Filed**
Actuarial Certification	**Filed**
Reinsurance Policies	**Filed**
Fund Commissioners	**Filed**
Fund Officers	**Filed**
Renewal Resolutions	**Filed**
Indemnity and Trust	**Filed**
New Members	**Filed as New Members are approved**
Withdrawals	**Filed as Members Withdrawal**
Risk Management Plan and By Laws	**Filed**
Cash Management Plan	**Filed**
Unaudited Financials	**Filed through Q3 2025**
Annual Audit	**2025 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	**Filed**
Benefit Changes	**N/A**

Contract	Professional	Contract	Insurance	Term
Administration	PERMA	Y- in progress	Y	1/1/2024 - 12/31/2026*
Attorney	Antonelli Kantor Rivera	Y- in progress	Y	1/1/2024 - 12/31/2026*
Treasurer	Matt Laracy	Y- in progress	Y	1/1/2024 - 12/31/2026*
Deputy Treasurer	Derek Macchia	Y	Y	1/1/2024 - 12/31/2026*
Auditor	Bowman & Company	Y- in progress	Y	1/1/2025 - 12/31/2026*
Actuary	John Vataha	Y- in progress	Y	1/1/2024 - 12/31/2026*
Fund Coordinator	Eagle Rock	Y- in progress	Y	1/1/2024 - 12/31/2026*
QPA				3/19/202-12/31/2026
TPA - Aetna	Aetna	Y	Y	1/1/2026 - 12/31/2026
Medicare Advantage	Aetna	Y	Y	1/1/2026 - 12/31/2026
				*2 additional one-year terms - 2027 & 2028

Fund Coordinator's Report

We are anticipating a state plan increase effective 1/1/2027. As a result, we expect many participating entities to begin evaluating alternatives to the State plan, with some groups already signaling interest in leaving. This environment should create a strong pipeline for potential Metro HIF membership growth. We are actively working with our broker partners to identify and engage these prospects, position Metro HIF as a stable and cost-effective solution, and execute a coordinated outreach strategy to capture this anticipated influx of interest, all while continuing to protect our legacy members and maintain the overall integrity of the fund.

Prospective Client	Agency	Funding Type	Network	Effective Date	Note(s)
Carteret Borough	Going Direct	SHBP	BCBS	9/1/2026	Waiting on reply from broker
Atlantic City MUA	IMAC	SHBP	BCBS	9/1/2026	Uploaded to PERMA for underwriting
Bloomfield Township Dental	R.D. Parisi & Associates	SHBP	BCBS	1/1/2027	Mayor approved rolling in dental on 12/17/2025
Cedar Grove Township	Going Direct	SHBP	BCBS	1/1/2027	Following up for claims on 8/1/2026
Paterson City MA	Fairview Insurance, FRP	Fully Insured	BCBS	1/1/2027	Reordering claims data. Target 10/1/2026 or 1/1/2027
Passaic City MA	Fairview Insurance, FRP	SHBP	BCBS	1/1/2027	Reaching out on 8/1/2026
Secaucus MUA	Going Direct	SHBP	BCBS	1/1/2027	Reaching out on 8/1/2026
Newark City MA	Going Direct	FI	Aetna	1/1/2027	Reaching out on 7/1/2026
Jersey City MA	R.D. Parisi & Associates	SHBP	BCBS	1/1/2027	Reaching out on 8/1/2026
North Bergen	Going Direct	SHBP	BCBS	1/1/2027	Reaching out to BA on 7/1/2026
Little Ferry BOE	IMAC	TBD	TBD	1/1/2027	Targeting 1/1/2027
Essex & Union Joint Meeting MA	Fairview Insurance, FRP	SHBP	BCBS	TBD	Waiting on decision
South Orange Maplewood Dental	Fairview Insurance, FRP	SHBP	BCBS	TBD	Broker to obtain data from client

Groups that have Joined:

Prospective Client	Agency	Funding Type	Network	Effective Date	Note(s)
Maplewood Twp	David Balken	Fully Insured	Delta Dental	6/1/2025	Joined MHIF effective 6/1/2025
Montclair MA	IMAC	SHBP	BCBS	1/1/2026	Joined MHIF effective 1/1/2026
Secaucus Township	Fairview Insurance, FRP	SHBP	BCBS	1/1/2026	Joined MHIF effective 1/1/2026
Guttenberg Township	Brown & Brown	TBD	TBD	1/1/2026	Joined MHIF effective 1/1/2026
North Hudson Regional Fire	Alamo Insurance	SHBP	BCBS	1/1/2026	Joined MHIF effective 1/1/2026
Englewood City MA	Brown & Brown	SHBP	BCBS	3/1/2026	Joined MHIF effective 3/1/2026
Hillsdale BOE	IMAC	SEHBP	BCBS	3/1/2026	Joined MHIF effective 3/1/2026
Livingston BOE	IMAC	Fully Insured	BCBS	7/1/2026	Joining MHIF effective 7/1/2026

Contact Information	Title	Email	Phone
Joseph DiVincenzo	President	joed@eaglerockmg.com	856-420-2989 x4685
Thomas Kelly	Account Manager	tom@eaglerockmg.com	856-420-2989 x3938
Diane Romano	Senior Account Manager	dianer@eaglerockmg.com	856-420-2989 x3633

METROPOLITAN HEALTH INSURANCE FUND
BILLS LIST

JUNE 2026

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 2025

VendorName	Comment	InvoiceAmount
PERMA	PROGRAM MANAGER FEES 07/25	43,533.82
PERMA	ADMIN FEES 07/25	35,618.58
		79,152.40
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 06/25	213,882.77
		213,882.77
	Total Payments FY 2025	**293,035.17**

FUND YEAR 2026

VendorName	Comment	InvoiceAmount
PERMA	PROGRAM MANAGER FEES 06/26	61,503.75
PERMA	ADMIN FEES 06/26	50,321.25
PERMA	POSTAGE 05/26	129.48
		111,954.48
USA TODAY MEDIA CORP.	A#1488194 ORDER# 12159217 5/14,5/28/26	47.60
		47.60
ANTONELLI KANTOR RIVERA	LEGAL FEES INV 24260 04/26	4,545.00
		4,545.00
ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 06/26	117,118.73
		117,118.73
BROWN & BROWN METRO, LLC	BROKER FEES 06/26	28,874.98
		28,874.98
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 06/26	431,910.07
		431,910.07
	TOTAL CHECKS 2026	**694,450.86**
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 06/26	1,783,583.57
		1,783,583.57
UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 05/26	114,164.88
		114,164.88
UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 06/26	113,672.79
		113,672.79
DELTA DENTAL INSURANCE COMPANY	DENTAL- BE007060988 F1-7871900000 06/26	5,978.88
		5,978.88
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 06/26	41,810.46
		41,810.46

ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 06/26	48,785.25
		48,785.25
EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 06/26	113,504.00
		113,504.00
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 06/26	2,247.82
		2,247.82
AETNA	MEDICAL TPA FEES 06/26	129,791.20
		129,791.20
INSURANCE SOLUTIONS, INC	BROKER FEES 06/26	373.32
		373.32
ALAMO INSURANCE GROUP, INC	BROKER FEES 06/26	12,878.42
		12,878.42
POINT ACCOUNTING GROUP	TREASURER FEE 06/26	2,500.00
		2,500.00
MACCHIA FINANCIAL LLC	DEPUTY TREASURER FEE 06/26	625.00
		625.00
WELLNESS COACHES USA LLC	WELLNESS COACH INV 40381 05/26	9,338.00
		9,338.00
	TOTAL ACH/WIRES 2026	**2,379,253.59**
	Total Payments FY 2026	**3,073,704.45**
	TOTAL PAYMENTS ALL FUND YEAR	**3,366,739.62**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

METROPOLITAN HEALTH INSURANCE FUND
SUPPLEMENTAL BILLS LIST

JUNE 2026

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 2025

VendorName	Comment	InvoiceAmount
STATE OF NJ HEALTH BENFTS FUND	2025 ACTUAL SURCHARGE 06/26	276,790.00
		276,790.00
	Total Payments FY 2025	**276,790.00**

FUND YEAR 2026

VendorName	Comment	InvoiceAmount
STATE OF NJ HEALTH BENFTS FUND	2026 ESTIMATED SURCHARGE 06/26	263,033.00
		263,033.00
	Total Payments FY 2026	**263,033.00**
	TOTAL PAYMENTS ALL FUND YEAR	**539,823.00**

_____
Chairperson

Attest:

_____

Dated:
_____

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

_____
Treasurer

Current Fund Year: 2026 Month Ending: April	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Reserve	BMED Interfund	TOTAL
OPEN BALANCE	(3,641,621.39)	132,794.80	(940,815.21)	0.00	0.00	1,906,988.97	1,394,519.40	1,650,214.04	0.00	0.00	502,080.61
RECEIPTS											
Assessments	7,753,674.69	79,020.57	511,311.96	0.00	0.00	277,391.42	94,137.33	441,337.38	0.00	0.00	9,156,873.35
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	5,978.12	82.74	0.00	0.00	0.00	1,202.87	868.96	1,028.30	0.00	0.00	9,160.99
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	5,978.12	82.74	0.00	0.00	0.00	1,202.87	868.96	1,028.30	0.00	0.00	9,160.99
Other *	137,209.48	67,448.28	97,784.89	0.00	0.00	12,996.20	0.00	24,796.82	0.00	0.00	340,235.67
TOTAL	7,896,862.29	146,551.59	609,096.85	0.00	0.00	291,590.49	95,006.29	467,162.50	0.00	0.00	9,506,270.01
EXPENSES											
Claims Transfers	6,907,984.63	118,952.84	823,275.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,850,213.18
Expenses	1,404,287.55	6,939.02	0.00	0.00	0.00	534,102.99	0.00	594,940.59	0.00	0.00	2,540,270.15
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	8,312,272.18	125,891.86	823,275.71	0.00	0.00	534,102.99	0.00	594,940.59	0.00	0.00	10,390,483.33
END BALANCE	**(4,057,031.28)**	**153,454.53**	**(1,154,994.07)**	**0.00**	**0.00**	**1,664,476.47**	**1,489,525.69**	**1,522,435.95**	**0.00**	**0.00**	**(382,132.71)**

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

Metro Employee Benefits Fund

Month	**April**
Current Fund Year	**2026**

Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid April	3. Monthly Recoveries April	4. Calc. Net Paid Thru April	5. TPA Net Paid Thru April	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2026	Medical	11,090,309.20	6,145,155.67	0.00	17,235,464.87	0.00	17,235,464.87	11,090,309.20	6,145,155.67
	Dental	307,703.05	113,026.04	0.00	420,729.09	0.00	420,729.09	307,703.05	113,026.04
	Rx	1,867,446.69	823,275.71	0.00	2,690,722.40	0.00	2,690,722.40	1,867,446.69	823,275.71
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**13,265,458.94**	**7,081,457.42**	**0.00**	**20,346,916.36**	**0.00**	**20,346,916.36**	**13,265,458.94**	**7,081,457.42**

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS				
Metro Employee Benefits Fund				
ALL FUND YEARS COMBINED				
CURRENT MONTH	**April**			
CURRENT FUND YEAR	**2026**			
	Description:	**CHECKING**		**CLAIMS**
	ID Number:			
	Maturity (Yrs)			
	Purchase Yield:	**0.7**		
	TOTAL for All Accts & instruments			
Opening Cash & Investment Balance	**$502,080.20**	**502080.2**	**$**	**-**
Opening Interest Accrual Balance	**$0.00**	**0**	**$**	**-**
1	Interest Accrued and/or Interest Cost	$0.00	$0.00	$0.00
2	Interest Accrued - discounted Instr.s	$0.00	$0.00	$0.00
3	(Amortization and/or Interest Cost)	$0.00	$0.00	$0.00
4	Accretion	$0.00	$0.00	$0.00
5	Interest Paid - Cash Instr.s	$9,161.01	$9,161.01	$0.00
6	Interest Paid - Term Instr.s	$0.00	$0.00	$0.00
7	Realized Gain (Loss)	$0.00	$0.00	$0.00
8	Net Investment Income	$9,161.01	$9,161.01	$0.00
9	Deposits - Purchases	$9,497,109.02	$9,497,109.02	$0.00
10	(Withdrawals - Sales)	-$10,390,483.33	-$10,390,483.33	$0.00
			ok	ok
Ending Cash & Investment Balance		-$382,133.10	-$382,133.10	$0.00
Ending Interest Accrual Balance		$0.00	$0.00	$0.00
Plus Outstanding Checks		$2,217,001.46	$2,217,001.46	$0.00
(Less Deposits in Transit)		$0.00	$0.00	$0.00
Balance per Bank		$1,834,868.36	**$1,834,868.36**	**$0.00**

METRO CLAIMS

Monthly Claim Activity Report

June 18, 2026

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METRO

	MEDICAL CLAIMS PAID 2025	# OF EES	PER EE	MEDICAL CLAIMS PAID 2026	# OF EES	PER EE
JANUARY	$4,688,076	2,369	$ 1,979	$5,210,796	2,855	$ 1,825
FEBRUARY	$4,919,355	2,436	$ 2,019	$5,980,013	2,853	$ 2,096
MARCH	$5,699,838	2,426	$ 2,349	$7,521,066	2,997	$ 2,510
APRIL	$7,407,692	2,431	$ 3,047	$6,907,985	3,262	$ 2,118
MAY	$7,222,409	2,434	$ 2,967			
JUNE	$6,588,676	2,433	$ 2,708			
JULY	$4,979,246	2,440	$ 2,041			
AUGUST	$6,844,995	2,438	$ 2,808			
SEPTEMBER	$6,588,652	2,405	$ 2,740			
OCTOBER	$5,868,857	2,451	$ 2,394			
NOVEMBER	$5,395,907	2,471	$ 2,184			
DECEMBER	$6,381,769	2,469	$ 2,585			
TOTALS	**$72,585,471**			**$25,619,860**		
				2026 Average	**2,992**	**$ 2,137**
				2025 Average	**2,434**	**$ 2,485**

Large Claimant Report (Drilldown) - Claims Over $100000

Plan Sponsor Unique ID : All
Customer: METROPOLITAN HEALTH INSURANCE FUND
Group / Control: 00232370,00232371

Paid Dates: 03/01/2026 - 03/31/2026
Service Dates: 01/01/2011 - 03/31/2026
Line of Business: All

Paid Amt	Diagnosis/Treatment
$674,493.73	OTHER DISORDER OF CIRCULATORY SYSTEM
$177,514.21	RADICULOPATHY, LUMBAR REGION
$133,319.32	NEUROPATHIC HEREDOFAMILIAL
$122,602.61	TRANSSEXUALISM
$112,470.94	OTHER CERVICAL DISC DISPLACEMENT,
$1,220,400.81	

Total:

Large Claimant Report (Drilldown) - Claims Over $100000

Plan Sponsor Unique ID : All
Customer: METROPOLITAN HEALTH INSURANCE FUND
Group / Control: 00232370,00232371

Paid Dates: 04/01/2026 - 04/30/2026
Service Dates: 01/01/2011 - 04/30/2026
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	$409,988.47	SPINAL STENOSIS, THORACIC REGION
	$345,614.29	SEPSIS DUE TO ENTEROCOCCUS
	$196,216.89	BENIGN NEOPLASM OF CRANIAL NERVES
	$126,658.37	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
Total:	**$1,078,478.02**	

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Metropolitan Health Insurance Fund

5/1/25 through 4/30/26 (Unless otherwise noted)

Dashboard

Medical Claims Paid

Average Per Employee Per Month (PEPM)

January 2026 – April 2026

Total Medical Paid per Employee: **$2,137**

Network Discounts

Inpatient:	**62.5%**
Ambulatory:	**65.7%**
Physician/Other:	**64.5%**
TOTAL:	**64.5%**

Provider Network

% Admissions In-Network: **96.1%**

% Physician Office: **91.8%**

Aetna Book of Business:

Admissions 97.6%; Physician 91.6%

Top Facilities Utilized

(by total Medical Spend)

- JFK University Medical Center
- Overlook Medical Center
- Cooperman Barnabas Medical Center
- Morristown Medical Center
- RWJUH New Brunswick

Catastrophic Claim Impact

(January 2026 - April 2026)

Number of Claims Over $50,000: **68**

Claimants per 1000 members: **9.9**

Avg. Paid per Claimant: **$120,590**

Percent of Total Paid: **33.1%**

- **Aetna BOB- HCC account for an average of 47.1% of total Medical Cost**

Aetna One Flex Care Mgmt

Member Outreach:

Total Members Identified: **1,641**

Members Targeted for 1:1 Nurse Support : **294**

Members identified for Digital Activity: **1,347**

Members receiving Aetna Advice: **6,768**

Average Aetna Advice outreaches per member: **2.3**

CVS Virtual Care

Completed Visits : **20**
Unique Patients : **18**
Completed Visits in 2026 : **97**
Unique Patients in 2026: **70**

BoB Average First Available 24/7 Care: **24** Minutes

BoB Average First Available MH : **5** Days

Service Center Performance Goal Metrics YTD 2026

Customer Service Performance

1st Call Resolution:	**93.34%**
Abandonment Rate:	**0.15%**
Avg. Speed of Answer:	**5.1 sec**

Claims Performance

Financial Accuracy: **97.76%**

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

95% processed w/in: **18.1 days**

****

Claims Performance (Monthly)

(April 2026)

90% processed w/in: **9.0 days**

95% processed w/in: **18.7 days**

(Note: This is not a PG metric)

****

Performance Goals

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

Financial Accuracy: **99%**

Turnaround Time

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

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


EXPRESS SCRIPTS®

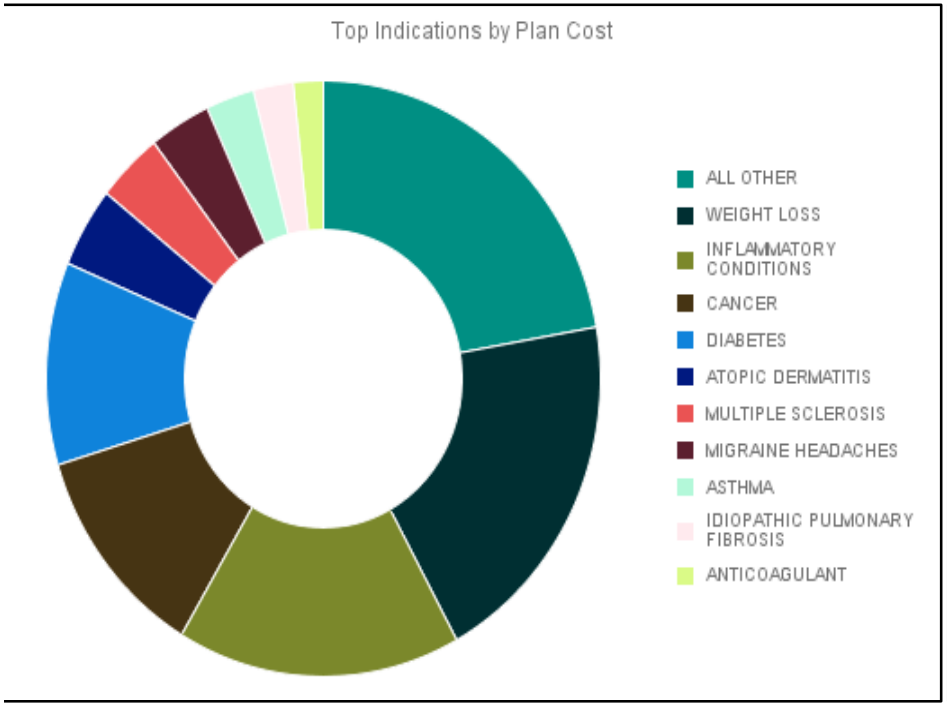
Metropolitan Health Insurance Fund

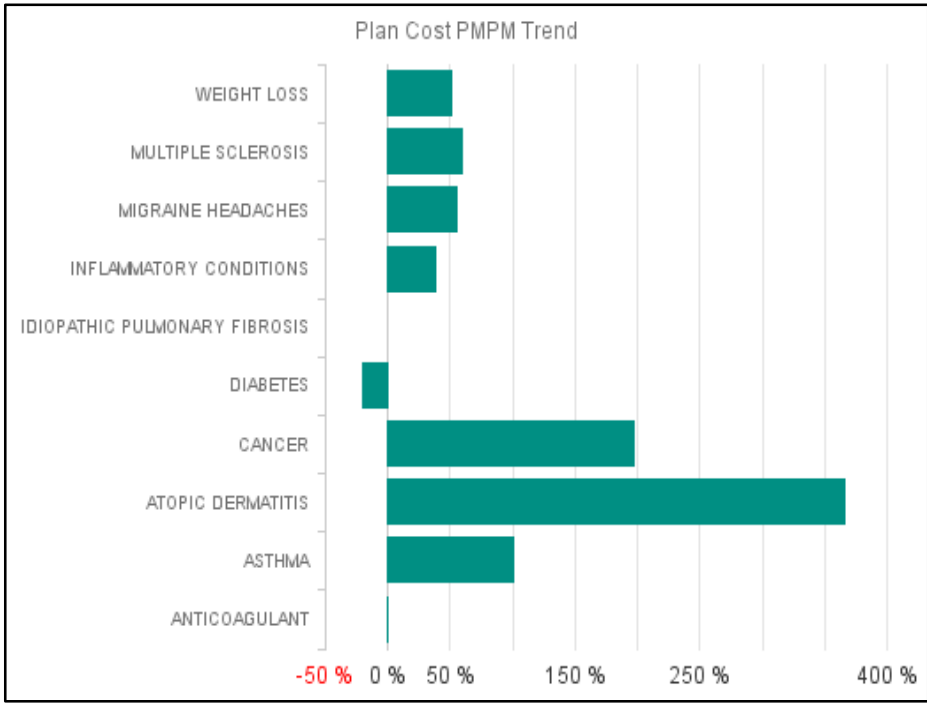
Total Component/Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 YTD
Membership	1,583	1,745	1,738	1,689	1,736	1,735	1,736	1,736	1,736	1,739	1,737	1,737	1,730	1,734	1,735	1,733	1,724
Total Days	59,833	60,345	70,456	190,634	65,736	61,053	61,382	188,171	58,914	60,428	60,555	179,897	59,136	56,002	64,893	179,779	738,841
Total Patients	550	598	602	927	596	543	555	895	540	544	557	866	568	549	654	944	1,306
Total Plan Cost	$360,333	$263,585	$400,194	$1,024,112	$369,565	$337,451	$414,442	$1,121,458	$415,010	$369,278	$335,711	$1,119,999	$438,857	$345,729	$458,151	$1,247,658	4,513,240
Generic Fill Rate (GFR) - Total	85.1%	84.0%	82.7%	83.9%	84.6%	84.0%	84.2%	84.3%	83.7%	83.5%	79.5%	82.2%	78.1%	81.7%	82.9%	81.0%	82.9%
Plan Cost PMPM	$227.63	$151.05	$230.26	$202.15	$212.88	$194.50	$238.73	$215.38	$239.06	$212.35	$193.27	$214.89	$253.67	$199.38	$264.06	$239.98	218.20
Total Specialty Plan Cost	$144,724	$50,528	$138,310	$333,561	$144,054	$107,491	$196,191	$447,736	$165,644	$132,113	$111,477	$409,234	$197,300	$134,209	$198,117	$537,961	$1,728,492
Specialty % of Total Specialty Plan Cost	40.2%	19.2%	34.6%	32.6%	39.0%	31.9%	47.3%	39.9%	39.9%	35.8%	33.2%	36.5%	45.0%	38.8%	43.2%	43.1%	38.3%

Total Component/Date of Service (Month)	2026 01	2026 02	2026 03	2026 Q1	2026 04	2026 05	2026 06	2026 Q2	2026 07	2026 08	2026 09	2026 Q3	2026 10	2026 11	2026 12	2026 Q4	2026 YTD
Membership	2,599	2,586	2,983	2,723	3,595												
Total Days	101,223	74,686	119,187	312,599	135,810												
Total Patients	946	772	1,094	1,583	1,327												
Total Plan Cost	$641,831	$381,450	$877,030	$2,112,240	$1,006,048												
Generic Fill Rate (GFR) - Total	84.5%	84.6%	83.7%	83.9%	83.8%												
Plan Cost PMPM	$246.95	$147.51	$294.01	$258.60	$279.85												
% Change Plan Cost PMPM	8.5%	-2.3%	27.7%	27.9%	31.5%												
Total Specialty Plan Cost	$290,703	$91,160	$381,572	$870,722	$436,767												
Specialty % of Total Specialty Plan Cost	45.3%	23.9%	43.5%	41.2%	43.4%												

Top Indications

Metropolitan Health Insurance (Current Period 01/2026 - 04/2026 vs. Previous Period 01/2025 - 04/2025) 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	3	WEIGHT LOSS	25.4 %	574	$616,969	$52.45	1.2 %	3.4 %	25.3 %	220	$236,193	$34.72	0.5 %	5.5 %	51.0 %
2	2	INFLAMMATORY CONDITIONS	21.3 %	181	$515,367	$43.81	44.8 %	30.1 %	23.1 %	107	$215,286	$31.65	63.6 %	33.0 %	38.4 %
3	4	CANCER	15.1 %	107	$367,389	$31.23	86.0 %	78.2 %	7.7 %	21	$71,644	$10.53	81.0 %	77.3 %	196.5 %
4	1	DIABETES	14.1 %	1,150	$342,839	$29.15	33.6 %	26.0 %	26.8 %	781	$249,942	$36.75	33.2 %	26.4 %	-20.7 %
5	5	ATOPIC DERMATITIS	5.6 %	214	$136,124	$11.57	69.6 %	79.7 %	1.8 %	127	$16,918	$2.49	93.7 %	83.4 %	365.3 %
6	8	MULTIPLE SCLEROSIS	4.9 %	21	$119,869	$10.19	28.6 %	40.0 %	4.7 %	6	$43,493	$6.39	50.0 %	45.1 %	59.4 %
7	6	MIGRAINE HEADACHES	4.6 %	150	$111,640	$9.49	33.3 %	51.9 %	4.4 %	54	$41,459	$6.10	31.5 %	54.8 %	55.7 %
8	7	ASTHMA	3.6 %	553	$87,956	$7.48	86.6 %	89.8 %	2.7 %	344	$25,369	$3.73	88.7 %	89.4 %	100.5 %
9	10	IDIOPATHIC PULMONARY FIBROS	3.0 %	5	$72,523	$6.17	0.0 %	4.9 %	NA		NA	NA	NA	1.1 %	NA
10	9	ANTICOAGULANT	2.2 %	141	$54,540	$4.64	9.2 %	21.3 %	3.4 %	70	$31,627	$4.65	5.7 %	22.3 %	-0.3 %
		Total Top 10		**3,096**	**$2,425,215**	**$206.17**	**40.8 %**	**42.2 %**		**1,730**	**$931,930**	**$137.01**	**45.8 %**	**44.7 %**	**50.5 %**

Top Drugs

Metropolitan Health Insurance (Current Period 01/2026 - 04/2026 vs. Previous Period 01/2025 - 04/2025) 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	3	ZEPBOUND	WEIGHT LOSS	N	416	126	$426,925	$36.29	127	40	$126,242	$18.56	95.6 %
2	137	VORANIGO	CANCER	Y	5	1	$202,695	$17.23	NA	NA	NA	NA	NA
3	9	WEGOVY	WEIGHT LOSS	N	148	54	$188,970	$16.06	88	28	$108,805	$16.00	0.4 %
4	1	MOUNJARO	DIABETES	N	94	30	$99,137	$8.43	61	17	$60,382	$8.88	-5.1 %
5	8	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	16	4	$98,610	$8.38	6	1	$37,557	$5.52	51.8 %
6	5	OZEMPIC	DIABETES	N	99	26	$96,078	$8.17	71	18	$61,444	$9.03	-9.6 %
7	196	SCEMBLIX	CANCER	Y	4	1	$71,968	$6.12	4	1	$71,494	$10.51	-41.8 %
8	17	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	9	3	$61,777	$5.25	2	1	$10,998	$1.62	224.8 %
9	66	TREMFYA PEN INDUCTION (2	INFLAMMATORY CONDITIONS	Y	3	1	$61,390	$5.22	NA	NA	NA	NA	NA
10	21	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	6	2	$54,953	$4.67	4	1	$37,557	$5.52	-15.4 %
11	15	RINVOQ	INFLAMMATORY CONDITIONS	Y	10	4	$49,970	$4.25	2	1	$17,831	$2.62	62.1 %
12	160	VUMERITY	MULTIPLE SCLEROSIS	Y	7	2	$46,671	$3.97	3	1	$27,452	$4.04	-1.7 %
13	143	ERLEADA	CANCER	Y	3	1	$45,962	$3.91	NA	NA	NA	NA	NA
14	102	ENBREL	INFLAMMATORY CONDITIONS	Y	6	1	$41,991	$3.57	NA	NA	NA	NA	NA
15	33	KESIMPTA PEN	MULTIPLE SCLEROSIS	Y	4	1	$40,436	$3.44	NA	NA	NA	NA	NA
16	123	OFEV	IDIOPATHIC PULMONARY FIBI	Y	3	1	$39,678	$3.37	NA	NA	NA	NA	NA
17	10	DUPIXENT PEN	ATOPIC DERMATITIS	N	16	6	$39,461	$3.35	NA	NA	NA	NA	NA
18	10	DUPIXENT PEN	ATOPIC DERMATITIS	Y	14	5	$36,745	$3.12	3	1	$8,076	$1.19	163.1 %
19	164	SOTYKTU	INFLAMMATORY CONDITIONS	Y	6	1	$36,291	$3.09	3	1	$14,325	$2.11	46.5 %
20	29	NURTEC ODT	MIGRAINE HEADACHES	N	22	13	$36,232	$3.08	11	6	$17,835	$2.62	17.5 %
21	30	OTEZLA	INFLAMMATORY CONDITIONS	Y	8	2	$33,655	$2.86	NA	NA	NA	NA	NA
22	180	JASCAYD	IDIOPATHIC PULMONARY FIBI	Y	2	1	$32,845	$2.79	NA	NA	NA	NA	NA
23	23	JARDIANCE	DIABETES	N	99	27	$31,352	$2.67	61	17	$34,805	$5.12	-47.9 %
24	49	KISQALI	CANCER	Y	3	1	$31,094	$2.64	NA	NA	NA	NA	NA
25	53	XARELTO	ANTICOAGULANT	N	51	14	$28,760	$2.44	20	6	$10,936	$1.61	52.1 %
			Total Top 25		**1,054**		**$1,933,643**	**$164.38**	**466**		**$645,739**	**$94.93**	**73.2 %**


DELTA DENTAL®

DELTA DENTAL

Carryover Max

Carryover Max Accumulation Within Benefit Period

Accumulated Carryover Maximum	Value
Total Members enrolled	3,323
Members that qualify for Carryover Max	1,556
Accumulated Carryover amount for all members that qualify	**$309,083**

Note: Carryover Max threshold is 50% of Annual Plan Maximum

Accumulated Carryover Max By Dollar Ranges	Qualifying Members
$0-$250	758
$251-$500	736
$501-$750	21
$751-$1000	30
$1001-$1250	11
Total:	**1,556**

Carryover Max Utilization Within Benefit Period

Carryover Max(sm) Paid Out During Benefit Period	Member Utilization	Total Dollars Paid Out
$0-$250	24	$3,356
$251-$500	13	$3,755
$751-$1000	1	$913
Total:	**38**	**$8,024**

Carryover Max allows members who qualify to carry over a portion of their unused standard calendar year maximum for use in the future.

METROPOLITAN HEALTH INSURANCE FUND
CONSENT AGENDA
JUNE 18, 2026

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

Resolutions **Subject Matter**

RESOLUTION NO. 24-26

METROPOLITAN HEALTH INSURANCE FUND
APPROVING ONE-YEAR EXTENSION FOR FUND YEAR 2027

WHEREAS, the Metropolitan Health Insurance Fund (the "Fund") is duly constituted as a Health Benefits Joint Insurance Fund pursuant to N.J.S.A. 40A:10-36 et seq**.**, and is subject to certain requirements of the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq**.**, and the Local Unit Pay-to-Play Law, N.J.S.A.19:44A-20.4 et. Seq.; and;

WHEREAS, the Fund previously solicited proposals and awarded contracts for Fund Administrator services and Fund Coordinator services in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.; and;

WHEREAS, the existing contracts for Fund Administrator and Fund Coordinator each contain a provision permitting the Fund to exercise, at its discretion, two one-year optional extensions upon terms and conditions mutually agreed upon by the parties; and;

THEREFORE, BE IT RESOLVED, the Fund has determined to exercise an one-year extension for each of the following services:

I. **PERMA Risk Management Services,** is hereby appointed to serve as the **Fund Administrator and Program Manager,** at $20.81 per employee, per month, and $11.22 per Medicare Advantage employee, per month, and $6.12 per employee, per month for Dental

II. **Eagle Rock Management Group**, is hereby appointed to serve as the **Fund Coordinator**, at $21 per active medical life per month, and $11 per Medicare Advantage life, per month, and $3.50 per dental only life, per month.

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;

ADOPTED: JUNE 18, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 25-26

METROPOLITAN HEALTH INSURANCE FUND
CERTIFICATION OF ANNUAL AUDIT REPORT FOR
PERIOD ENDING DECEMBER 31, 2025

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

WHEREAS, the Annual Report of Audit for the year 2025 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each Fund Commissioner, and

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

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

General Comments
and
Recommendations

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

General Comments
and
Recommendations

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

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

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

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

> R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars ($1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

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

ADOPTED: MAY 20, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

GROUP AFFIDAVIT FORM

CERTIFICATION OF FUND COMMISSIONERS

Of The

METROPOLITAN HEALTH INSURANCE FUND

We, the members of the Executive Committee of the Metropolitan Health Insurance Fund, of full age, being duly sworn according to law, upon our oath depose and say:

1. We are duly elected members of the Executive Committee of the Metropolitan Health Insurance Fund.

2. In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2025.

3. We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

GENERAL COMMENTS - RECOMMENDATIONS

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

_____ (L.S.)

Attest:

_____

Secretary to the Fund

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

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

RESOLUTION NO. 26-26

METROPOLITAN HEALTH INSURANCE FUND
APPROVAL OF A BYLAW AMENDMENT FOR THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

WHEREAS, the Metropolitan Health Insurance Fund is a member of the Municipal Reinsurance Health Insurance Fund; and

WHEREAS, an amendment to the Bylaws of the Municipal Reinsurance Health Insurance Fund has been approved by its Executive Committee following a public hearing on June 10, 2026; and

WHEREAS, pursuant to NJSA 40A:10-43, the amendment must be approved by the Governing Body of 75% of the participating members in the Municipal Reinsurance Health Insurance Fund;

NOW, THEREFORE BE IT RESOLVED, by the Governing Body of the Metropolitan Health Insurance Fund that the Bylaw Amendment changing the name of the Fund from Municipal Reinsurance Health Insurance Fund to The Municipal and Public Schools Reinsurance Health Insurance Fund Executive Committee and revising Servicing Organizations previously approved by the Executive Committee of the Municipal Reinsurance Health Insurance Fund and annexed hereto as amending Bylaws be and the same are hereby approved.

ADOPTED: JUNE 18, 2026

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 27-26

METROPOLITAN HEALTH INSURANCE FUND
APPROVAL OF THE JUNE 2026 BILLS LIST

WHEREAS, the **Metropolitan Health Insurance Fund** held a Public Meeting on **JUNE 18, 2026** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the month of June 2026 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, that the Metropolitan Health Insurance Fund hereby approves the Bills List for June 2026 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Insurance Funds.

ADOPTED: JUNE 18, 2026

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

APPENDIX I

METROPOLITAN HEALTH INSURANCE FUND

MINUTES OF THE OPEN PUBLIC MEETING

May 21, 2026 | 12:00 P.M. | Zoom Virtual Meeting

CALL TO ORDER AND PLEDGE OF ALLEGIANCE

The meeting was called to order at 12:00 P.M. via Zoom videoconference. In the absence of Chairwoman Jenny Mundell, Secretary Patrick Wherry presided over the meeting. Following the call to order, the Pledge of Allegiance was recited.

ROLL CALL OF 2026 EXECUTIVE COMMITTEE

A roll call of the 2026 Executive Committee was conducted by Jordyn Robinson, Assistant Secretary. The following members were recorded as present, constituting a quorum:

Fund Commissioner	Entity	Status
Jenny Mundell, Chairwoman	Bloomfield Public Library	**Absent**
Patrick Wherry, Secretary (Presiding)	Maplewood Township	**Present**
Cameron Cox, Executive Committee Member	Plainfield Public Schools	**Present**
Nikole Baltycki, Executive Committee Member	West Caldwell Township	**Present**
Margaret Heisey, Executive Committee Member	Scotch Plains Township	**Present**
Alexander McDonald, Executive Committee Member	Millburn Township	**Present**
Cosmo Cirillo, Executive Committee Member	Township of Guttenberg	**Present**

Six (6) members were recorded as present. Chairwoman Mundell was absent. A quorum was established.

APPOINTED OFFICIALS PRESENT

Role	Firm / Organization	Representative(s)
Executive Director / Administrator	PERMA Risk Management Services	Jim Rhodes, Jordyn Robinson
Benefits Consultant	Conner Strong & Buckelew	John Lajewski
Fund Coordinator	Eagle Rock Management Group	Thomas Kelly
Attorney	Antonelli Kantor Rivera PC	Asia Hartgrove
Treasurer	Point Accounting Group	Absent
Third Party Administrator	Aetna	Jason Silverstein
Dental Claims Administrator	Delta Dental of NJ, Inc.	Crista O'Donnell
Rx Administrator	Express Scripts (ESI)	Packy Costello
Actuary	Actuarial Solutions, LLC	Not Present
Auditor	Bowman & Company	Not Present

ADDITIONAL ATTENDEES

The following individuals attended the meeting via Zoom and are not otherwise listed as Executive Committee members or Fund professionals. Names were derived and reconciled from the Zoom participant report.

Name
Kayla Capriglione
Sacha Pouliot
Alysa Sauchelli
Vincent Russo
Gary Jeffas
Katherine Polanco

APPROVAL OF MINUTES

A. March 19, 2026 – Open Public Meeting

Secretary Wherry called for approval of the Open Public Meeting Minutes of March 19, 2026. Members confirmed they had the opportunity to review the minutes.

MOTION: To approve the Minutes of the Open Meeting of March 19, 2026.
Motion: Commissioner McDonald **Second:** Commissioner Cox
Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (6-0).

B. April 9, 2026 – Finance and Contracts Committee (Open)

Secretary Wherry called for approval of the Finance and Contracts Committee Meeting Minutes of April 9, 2026.

MOTION: To approve the Minutes of the Finance and Contracts Committee Open Meeting of April 9, 2026.
Motion: Commissioner Cox **Second:** Commissioner Cirillo
Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (6-0).

C. April 15, 2026 – Operations/Nomination Committee (Open)

Secretary Wherry noted that Commissioners Heisey and Cirillo were in attendance at the April 15, 2026 Operations Committee meeting. Both moved and seconded the minutes respectively.

MOTION: To approve the Minutes of the Operations/Nomination Committee Open Meeting of April 15, 2026.
Motion: Commissioner Cirillo **Second:** Commissioner Heisey
Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Abstain; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (5-0, 1 Abstention).

CORRESPONDENCE

No correspondence was reported.

MONTHLY COMMITTEE REPORTS

Finance/Contracts Committee (Chair: Commissioner Cox)

Commissioner Cox reported that the Finance and Contracts Committee reviewed the proposed extension rates for the Fund Administrator (PERMA Risk Management Services) and Fund Coordinator (Eagle Rock Management Group). The committee reached consensus that the rates were sufficient to move forward and recommend exercising a one-year extension for both positions for Fund Year 2027. This item was addressed as a formal motion under the Executive Director's Report below.

Wellness Committee (Chair: Commissioner Wherry)

Secretary Wherry reported that the Wellness Committee had not met and had no report.

Operations/Nomination Committee (Chair: Commissioner Heisey)

Commissioner Heisey reported that the Operations/Nomination Committee had no formal report.

FUND EXECUTIVE DIRECTOR'S REPORT — PERMA RISK MANAGEMENT SERVICES

Administration and Finance Report

Jim Rhodes, Executive Director, presented the Administration and Finance Report. Three Financial Fast Track Reports were presented, covering the months of January, February, and March 2026.

For January 2026, the Fund recorded a statutory surplus of $1,701,765, reducing the prior-year-end deficit of $8.2 million to approximately $6.5 million. February 2026 reflected a surplus of $835,070, further reducing the fund balance deficit to $5.7 million, with a cash balance of $1.9 million. March 2026 produced a surplus of $1,642,912 with a year-to-date surplus of $4,179,747, bringing the total fund balance deficit to approximately $4.1 million — more than half of the year-end 2025 deficit recovered within the first quarter. Mr. Rhodes noted that March Aetna claims were elevated at approximately $7.5 million, and the current cash balance is approximately $502,000. He attributed the positive financial trajectory in part to changes implemented by the Executive Committee, including the out-of-network reimbursement schedule amendment effective August 1, 2025.

Commissioner Cox inquired whether the reduction in the fund deficit was attributable to the supplemental assessment adopted at a prior meeting or to operational improvements. Mr. Rhodes responded that the improvement reflects a combination of factors, including income and expense changes, and committed to follow up on whether supplemental assessment payments had been received to date.

2025 Fund Year Audit

Mr. Rhodes reported that the 2025 Fund Year audit is underway. A Finance Committee meeting is anticipated in early June to allow the auditor to review financials through December 31, 2025.

Medical TPA RFP Update

The Medical TPA Request for Proposals (RFP) was released on May 5, 2026, with a submission due date of June 4, 2026. With assistance from the Fund Coordinator, Administrator, and Qualified Purchasing Agent, the Finance and Contracts Committee will review all submissions and provide a recommendation at the July 2026 meeting.

2027 Professional Contracts — Resolution 24-26

Jordyn Robinson, Assistant Secretary, reported that the Finance and Contracts Committee reviewed and approved the recommendation to exercise one-year extensions for the Fund Administrator and Fund Coordinator contracts for Fund Year 2027. Secretary Wherry designated this action as Resolution 24-26 and called for a formal vote.

MOTION: To adopt Resolution 24-26, approving a one-year extension for the Fund Administrator (PERMA Risk Management Services) and Fund Coordinator (Eagle Rock Management Group) for Fund Year 2027.

Motion: Commissioner Cox **Second:** Commissioner McDonald

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (6-0).

Monthly Billing Late Payment Interest

Ms. Robinson provided a brief update on the Fund's monthly billing late payment interest policy. PERMA is working internally with WEX and the Fund Treasurer to evaluate policies and procedures regarding delinquent payments. While this Fund does not have significant issues in this area, the matter is being reviewed fund-wide. Members were advised that further information would be provided at the next meeting, and the Finance Committee would be engaged to review any proposed policy changes.

Financial Disclosure Statements

Ms. Robinson reported that all Fund Commissioners have filed their financial disclosure statements and the Metropolitan Health Insurance Fund is fully compliant.

GASB 75 Reporting

Ms. Robinson reminded members that the Fund is under contract with an actuary to prepare GASB 75 reports for medical members. Given that many municipalities require these reports by the end of June for their annual audits, members were encouraged to contact Ms. Robinson as soon as possible, noting that actuary turnaround time is approximately six weeks.

BENEFITS REPORT — PERMA / CONNER STRONG & BUCKELEW

Fund Performance / Medical (Aetna)

Provider network updates were provided. The Hackensack Meridian Health contract, renewing effective July 1, 2026, remains in negotiation; however, a two-week extension has been agreed to by both parties and all indications suggest the contract will be finalized by that date. Abilities in Action, a pediatric occupational and physical therapy provider, has been added to the Aetna network effective May 1, 2026, and is now participating in all networks except AmeriHealth Whole Health.

From a clinical policies and procedures perspective, Aetna has unified the prior authorization process for medical services that have an associated pharmacy component. Previously, providers were required to submit separate prior authorizations for the medical procedure and related medications. Under the updated approach, approval of the medical prior authorization automatically extends to covered pharmacy components under the Aetna pharmacy benefit. Aetna has also launched a conversational AI navigation tool, embedded throughout its member-facing digital experience, designed to simplify member access to benefits information using plain language.

Fund Performance / Pharmacy (Express Scripts)

The 2026 National Preferred Formulary (NPF) has been updated effective July 1, 2026. The formulary exclusion list applicable to that date was included in the meeting materials. Regarding member impact: 17 patients fund-wide are affected by medications moving from preferred to not-covered status; no members are impacted by medications moving from non-preferred to not-covered. The SaveOn list — governing manufacturer coupon programs — was also updated for July 1, 2026, reflecting 29 additions and 53 removals. All impacted members received communications from Express Scripts with information on the changes and preferred alternatives.

Cost and Utilization Review (Q1 2026 vs. Q1 2025)

Mr. Lajewski presented new reporting derived from the Cedargate reporting system comparing the first quarter of 2026 to the first quarter of 2025. Key findings included: the member average risk score improved from 1.78 to 1.72; member count increased 18.57%; paid claims expense on a per-member-per-month (PMPM) basis decreased 24.03%; and total annual spend decreased 7.66%. Mr. Lajewski cautioned that this raw claims data does not account for actuarial IBNR adjustments reflected in the Fast Track reports, but noted the data provides a valuable baseline for strategy development.

Top diagnosis groups showing the largest dollar increases included mental health, trauma/accidents, cardiac disorders, neurological disorders, and health status/encounters. Top procedure groups with the greatest growth included inpatient days, office visits, mental health/substance abuse, and inpatient hospital care. Top provider cost increases were noted for specific individuals and hospital systems, and Mr. Lajewski indicated the team will conduct a deeper review to validate the appropriateness of services for individual provider outliers.

In the pharmacy category, GLP-1 medications — led by Zepbound, Wegovy, and Ozempic — continue to represent the top drivers of pharmacy spend.

Out-of-Network Claims Tracking

Mr. Lajewski presented out-of-network claims tracking data, which reflects the continuing impact of the Executive Committee's August 1, 2025 amendment to the out-of-network provider reimbursement schedule (150% of Medicare for providers; 175% for facilities). The data shows consistent reductions in out-of-network claimant counts, claim counts, and paid amounts on a PEPM basis, and Mr. Lajewski attributed a meaningful portion of the Fund's improved financial position to this change.

Fund Strategic Initiatives

Mr. Lajewski reviewed ongoing strategic cost containment initiatives, including: (1) GLP-1 clinical protocol amendments, including potential BMI threshold adjustments, direct-to-consumer purchasing options, and formulary management; (2) site-of-care steering toward high-value providers and settings; (3) a high-performance provider network plan option (Aetna Whole Health); (4) reference-based pricing for the 2027 plan year; (5) a nurse advocacy program; and (6) vendor procurement through the ongoing TPA/PBM RFP process. Mr. Lajewski noted that fund-wide and fund-member-specific strategies would be combined for the most effective long-term cost management.

Client Services / Eligibility / Enrollment

Mr. Lajewski announced that Jacquelyn Maddren has joined the Fund's Program Manager team, assuming a role previously held by Melissa Appleby. Ms. Maddren brings over twenty years of experience managing group health insurance programs in the public sector.

The HR Portal available through Conner Strong & Buckelew was highlighted as a valuable tool for Fund member HR professionals, providing access to HR policy resources, salary benchmarking, recruitment and hiring guidance, discipline and termination materials, and state law references, among other resources. A formal communication will be distributed to all Fund stakeholders, and the Operations Committee will receive materials for review.

Carrier Appeals and IRO Submissions

Mr. Lajewski reported one carrier appeal resulting in an upheld determination. Two IRO submissions remain under review. The complete carrier appeals and IRO submissions log was included in the meeting materials.

Questions from the Committee

Secretary Wherry inquired about the source and composition of the comparison and benchmark data used in the Cedargate reports, noting that the Fund appeared to fare unfavorably against many of the benchmarks presented. Mr. Lajewski explained that the benchmarks are derived from regionally based, public-sector data compiled within the Cedargate reporting warehouse, and committed to provide a more detailed explanation of the benchmark demographics and methodology at a future meeting.

FUND COORDINATOR'S REPORT — EAGLE ROCK MANAGEMENT GROUP

Thomas Kelly of Eagle Rock Management Group presented the Fund Coordinator's Report.

New Member Approval — Livingston Board of Education

Mr. Kelly reported that the Fund is seeking approval to admit Livingston Board of Education as a new member, effective July 1, 2026, for Medical coverage only. The corresponding resolution (Resolution 22-26) was included in the Consent Agenda.

Prospect Report

Mr. Kelly reported that the Fund's membership pipeline continues to grow positively. The Fund is currently marketing to a number of prospective entities and is seeing encouraging signs of interest. Mr. Kelly requested that Commissioners assist by providing referrals to municipalities, boards of education, housing authorities, and other public entities that may be considering alternatives to the State Health Benefits Plan or exploring different funding arrangements.

FUND ATTORNEY'S REPORT — ANTONELLI KANTOR RIVERA PC

Asia Hartgrove appeared on behalf of the Fund Attorney. Ms. Hartgrove reported no legal updates at this time. She advised that Antonelli Kantor Rivera PC is finalizing its rate proposal for a potential contract extension and will submit the proposal to the Finance and Contracts Committee ahead of the June 2026 meeting.

FUND TREASURER'S REPORT — POINT ACCOUNTING GROUP

Ms. Robinson noted that Fund Treasurer Matt Laracy of Point Accounting Group was not present on the call. The April 2026 and May 2026 Bills Lists, along with cash transaction reports and supporting financial data, were included in the meeting agenda materials. The Bills List resolutions were included in the Consent Agenda. Members were advised to direct any questions to Mr. Laracy following the meeting.

THIRD PARTY ADMINISTRATOR REPORT — AETNA

Jason Silverstein of Aetna presented the monthly claims report. Medical claims paid for March 2026 totaled $7,521,066, reflecting 2,997 enrolled employees at a per-employee-per-month rate of $2,510. Five high-cost claimants exceeded the $100,000 threshold for March 2026, totaling $1,220,400.81, for diagnoses including circulatory system disorder, radiculopathy, neuropathic heredofamilial conditions, gender dysphoria, and cervical disc displacement. Dashboard metrics for customer service performance, claims financial accuracy, and turnaround times continued to perform well through March 2026.

On provider network status, Mr. Silverstein confirmed that Aetna's negotiations with Hackensack Meridian Health for the July 1, 2026 contract renewal are progressing positively. The parties have agreed to a deadline extension to July 15, 2026, and Mr. Silverstein expressed confidence that a deal would be finalized very shortly.

PRESCRIPTION PROVIDER REPORT — EXPRESS SCRIPTS (ESI)

Packy Costello of Express Scripts introduced himself as the new Account Executive for the Metropolitan Health Insurance Fund and indicated he will be attending future meetings going forward, including an upcoming in-person meeting. Mr. Costello presented pharmacy data for Q1 2026.

Total pharmacy plan cost for Q1 2026 was $2,112,240, with a generic fill rate of 83.9%. The plan cost per-member-per-month (PMPM) for Q1 2026 was $258.60, representing a 27.9% increase from Q1 2025 ($202.50 PMPM). Total specialty plan cost for Q1 was approximately $870,000, representing 41.2% of total plan costs. Mr. Costello noted that the elevated Q1 spend is significantly driven by high-cost specialty medications, including several cancer drugs — notably a dramatic increase in cancer-related prescription volume (from 16 adjusted Rxs in Q1 2025 to 71 in Q1 2026, a 248% increase). Other areas of increased spend included weight loss medications (PMPM increase from $162 to $370) and diabetes medications.

Secretary Wherry asked whether the Q1 2026 pharmacy cost trajectory was within expectations when rates were set for 2026. Mr. Costello indicated that the current spend is above projections, primarily driven by the high-cost specialty category, and committed to investigate the specific rate assumptions and follow up with the committee.

DENTAL ADMINISTRATOR REPORT — DELTA DENTAL

Crista O'Donnell of Delta Dental presented a cost containment and network discount summary for calendar year 2025. Paid claims for 2025 totaled $1,360,692 against submitted claims of $4,304,534. Total savings of $2,212,061 were achieved through network discounts ($1,458,424), administrative adjustments, dental consultant review, eligibility verification, coordination of benefits, and other mechanisms. In-network services reflected a network discount rate of 36.5%.

CONSENT AGENDA

Secretary Wherry noted that Resolution 24-26 (one-year extensions for Fund Administrator and Fund Coordinator) had been voted on separately during the meeting. The following two resolutions remained on the Consent Agenda for action:

Resolution 22-26: Offering of New Membership (Livingston Board of Education, effective July 1, 2026, Medical coverage)

Resolution 23-26: Approval of April and May 2026 Bills Lists

Resolution 22-26 authorizes the Metropolitan Health Insurance Fund to offer membership to Livingston Board of Education for Medical coverage, effective July 1, 2026, contingent upon receipt of the entity's authorizing resolution and a fully executed Indemnity and Trust Agreement. The Executive Director and Actuary reviewed the risk, underwriting detail, and actuarial projections and recommended admission.

Resolution 23-26 authorizes the Fund Treasurer to issue warrants in payment of the bills lists for April and May 2026, in total amounts of $2,540,270.15 and $3,988,775.96, respectively, across all fund years, as certified by the Treasurer.

MOTION: To approve the Consent Agenda, including Resolution 22-26 (Offering of New Membership to Livingston Board of Education) and Resolution 23-26 (Approval of April and May 2026 Bills Lists).

Motion: Commissioner Cox **Second:** Commissioner Baltycki

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (6-0).

OLD BUSINESS

No old business was raised.

NEW BUSINESS

No new business was raised.

PUBLIC COMMENT

Secretary Wherry called for a motion to open public comment.

MOTION: To open the floor for public comment.

Motion: Commissioner Cox **Second:** Commissioner McDonald

Roll Call Vote: All in favor. Motion carried.

Secretary Wherry invited members of the public to address the committee. No members of the public came forward to comment. Secretary Wherry called for a motion to close public comment.

MOTION: To close public comment.

Motion: Commissioner Cox **Second:** Commissioner McDonald

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried (6-0).

ADJOURNMENT

MOTION: To adjourn the meeting.

Motion: Commissioner Cox **Second:** Commissioner Baltycki

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes. Motion carried.

The meeting was adjourned at approximately 12:46 P.M.

_____

Patrick Wherry, Secretary
Metropolitan Health Insurance Fund

METRO Finance Committee Meeting
June 11, 2026 – 9:00am

Present
Commissioner Cameron Cox
Commissioner Patrick Wherry
Commissioner Nikole Baltycki
Dennis Skalkowski, Auditor
Kaleigh Hadley, Auditor
Emily Koval, PERMA
Jim Rhodes, PERMA
Jordyn Robinson, PERMA
Joe DiVincenzo, Eagle Rock
Tom Kelly, Eagle Rock

2025 Audit Presentation
Mrs. Koval introduced the primary agenda item: the presentation of the annual audit. Mr. Wherry confirmed the draft audit had been circulated with the meeting invite. Mr. Skalkowski explained that the audit report would be issued on June 18th pending committee approval. He emphasized that a clean, unmodified opinion was being issued for both the financial statements and internal controls, highlighting the absence of material weaknesses or significant deficiencies. Mr. Skalkowski noted that no difficulties, misstatements, or disagreements with management had occurred during the audit, and there were no findings or recommendations listed in the report.
Mrs. Hadley then provided a detailed overview of the audit report, sharing her screen to walk the committee through the financial data as of December 31, 2025. She outlined the fund's statement of net position, noting approximately $10 million in assets, $6.8 million in liabilities, and $11.1 million in actuarial liabilities, resulting in an $8 million deficit. Mrs. Hadley referenced the $7 million supplemental assessment issued in 2025, explaining its purpose in offsetting the deficit, and reviewed operating revenues and expenses, including non-operating revenues such as investment and dividend income. She also addressed the Metro HIF's share in the MR HIF surplus or deficit, noting that MR HIF experienced a deficit in 2025.
Mrs. Hadley proceeded to review the notes to the financial statements, emphasizing that there were no significant changes to accounting policies from the prior year. She described the reconciliation of claims liability for the current year, detailing the development and payment of claims across fund years and lines of coverage. She highlighted the addition of a new note explaining the $7 million supplemental assessment, including its 36-month payment schedule, and addressed the final transfer from BMED and the inclusion of new fund members since December 31st. Mrs. Hadley concluded by reviewing schedules that provided granular detail on operating results and administrative expenses by fund year and line of coverage, underscoring the absence of audit findings and the issuance of a clean opinion.

Current Financial Position and Supplemental Assessment

A question was raised by Mr. DiVincenzo regarding the current financial status of the Metro Fund. Mrs. Koval responded that, as of March, the fund had realized a surplus gain of approximately $1.6 million, though a statutory surplus deficit exceeding $4 million remained even after the supplemental assessment. Mrs. Robinson confirmed these figures, and Mr. Skalkowski noted that the deficit had reduced to around $4 million by March. Mrs. Koval elaborated on recent changes aimed at improving the surplus position, such as adjustments to the out-of-network fee schedule, the adoption of the state version of the No Surprises Act, and measures in the 2026 budget to regenerate surplus. She also noted that the Plainfield Board of Education had begun renewing its membership as of July 1, contributing additional cash flow, with further positive impact expected from new members.
Commissioner Cox inquired about the accounting treatment of the supplemental assessment. Mrs. Koval clarified that the surplus was booked at the end of 2025, while cash collections started with the March billing cycle and would continue monthly. Commissioner Cox acknowledged the explanation and confirmed no further detail was necessary for

his understanding.

Audit Findings and Professional Oversight

Mr. Wherry questioned the prevalence of zero findings in audits of other HIFs and whether any issues had been resolved prior to finalizing the draft audit. Mr. Skalkowski reported that his firm audits five HIFs and that zero findings are common due to professional management. He confirmed that no corrected or uncorrected misstatements were found during procedures. Mrs. Hadley added that, while reclassifications and adjustments are sometimes required, none were necessary for the Metro Fund this year, crediting the professionalism of the management team.

Closing and Next Steps

Mrs. Koval advised committee members to review the audit report further and directed them to reach out with any questions before the next meeting. She anticipated distributing the agenda by the following day or Monday morning at the latest.

APPENDIX III

June 10, 2026

Memo to: Municipal Reinsurance Health Insurance Fund Members

From: Office of the Executive Director

Re: Bylaw Amendment – Fund Name Change and Servicing Organizations

The Municipal Reinsurance Health Insurance Fund held a Public Hearing on June 10, 2026 on a proposed bylaw amendment changing the name of the Fund from the Municipal Reinsurance Health Insurance Fund to the Municipal and Schools Reinsurance Health Insurance Fund. In addition, the current bylaws were not following suit with the State regulations for certain professionals. The Program Manager position is being moved into the Servicing Organizations section. This allows for more flexibility for the Commissioners in procuring these services.

Please note the following attachments:

1. MRHIF Resolution –26 approving the changes
2. The updated bylaws with strikeouts and changes
3. Resolution –26 for the Metro HIF to consider

When 75% of the MRHIF membership has passed the resolution, the proper filings will be made with the State.

Any questions, please contact the Executive Directors Office.