METROPOLITAN
HEALTH INSURANCE FUND

AGENDA AND REPORTS
JULY 16, 2026
ZOOM
12:00 PM

Join Zoom Meeting
https://permainc.zoom.us/j/95303059983
Meeting ID: 953 0305 9983

One tap mobile
+13126266799,,95303059983# US (Chicago)
+16469313860,,95303059983# US

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.

METROPOLITAN HEALTH INSURANCE FUND
AGENDA MEETING: JULY 16, 2026
CONFERENCE CALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGIANCE

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 June 18, 2026, Open ..... Appendix I

CORRESPONDENCE – DOBI Deficit Net Position Letter ..... Appendix II
Resolution 28-26 ..... Consent Agenda

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 10**

FUND COORDINATOR – Eagle Rock Management Group
Fund Coordinator's Report ..... **Page 20**

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

FAST TRACK FINANCIAL REPORTS – *As of May 2026*

Monthly Surplus: This month there was a net surplus of $1.7 million.

Year-to-Date Deficit: The Fund has a small surplus of $14,000.

Cash Balance: The current cash balance as of May stands at negative ($303,530) book balance.

Income: Total income for the month was $12.2 million. This consists of member assessments and COBRA refunds.

Paid Claims: Total Claims paid for the month was $7 million, this is net of RX rebates estimated at 23% of paid claims, with an overall net decrease in IBNR of $269,000

Administrative Expenses: Combined paid and accrued administrative expenses amounted to $3.7 million.

Interest Earned: $10,000 in interest income was recognized.

Supplemental Assessments: As of May 31, 2026, there has been $648,351 collected.

METRO MUNICIPAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF May 31, 2026

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**12,236,518**	**55,357,700**	**303,306,555**	**358,664,255**
2.	**CLAIM EXPENSES**					
	Paid Claims		7,043,634	35,204,090	259,880,086	**295,084,176**
	IBNR		(269,949)	333,049	11,157,921	**11,490,970**
	Less Specific Excess		-	(1,213,242)	(10,177,484)	**(11,390,725)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**6,773,685**	**34,323,897**	**260,860,524**	**295,184,421**
3.	**EXPENSES**					
	MA & HMO Premiums		2,663,527	8,370,137	27,643,792	**36,013,929**
	Excess Premiums		374,383	1,671,939	6,539,519	**8,211,459**
	Administrative		673,162	3,007,999	17,134,786	**20,142,784**
	TOTAL EXPENSES		**3,711,072**	**13,050,075**	**51,318,097**	**64,368,172**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		1,751,761	7,983,728	(8,872,066)	**(888,337)**
5.	**INVESTMENT INCOME**		10,836	49,911	797,798	**847,710**
6.	**DIVIDEND INCOME**		-	-	57,191	**57,191**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**1,762,597**	**8,033,640**	**(8,017,076)**	**16,563**
8.	**DIVIDEND**		-	-	2,542	**2,542**
9.	**Transferred Surplus IN**		-	-	-	-
10.	**Transferred Surplus OUT**		-	-	-	-
	STATUTORY SURPLUS (7-8+9)		**1,762,597**	**8,033,640**	**(8,019,619)**	**14,021**
			SURPLUS (DEFICITS) BY FUND YEAR			
	Closed	**Surplus**	-	-	(126,097)	**(126,097)**
		Cash	-	365,703	(494,057)	**(128,355)**
	2024	**Surplus**	(57,532)	(14,437)	(696,010)	**(710,447)**
		Cash	(228)	177,944	(7,747,171)	**(7,569,227)**
	2025	**Surplus**	679,467	2,320,940	(7,197,512)	**(4,876,572)**
		Cash	(493,149)	(8,319,555)	5,505,517	**(2,814,038)**
	2026	**Surplus**	1,140,662	5,727,137		**5,727,137**
		Cash	571,984	10,208,090		**10,208,090**
	TOTAL SURPLUS (DEFICITS)		**1,762,597**	**8,033,640**	**(8,019,619)**	**14,021**
	TOTAL CASH		**78,606**	**2,432,181**	**(2,735,711)**	**(303,530)**
			CLAIM ANALYSIS BY FUND YEAR			
	TOTAL CLOSED YEAR CLAIMS		**-**	**-**	**115,027,642**	**115,027,642**
	FUND YEAR 2024					
	Paid Claims		57,982	128,677	74,115,589	**74,244,266**
	IBNR		-	-	-	**-**
	Less Specific Excess		-	(139,571)	(3,450,883)	**(3,590,454)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL FY 2024 CLAIMS		**57,982**	**(10,895)**	**70,664,706**	**70,653,811**
	FUND YEAR 2025					
	Paid Claims		197,889	8,637,988	65,627,331	**74,265,319**
	IBNR		(874,627)	(9,866,657)	11,157,921	**1,291,264**
	Less Specific Excess		-	(1,073,670)	(1,617,078)	**(2,690,748)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL FY 2025 CLAIMS		**(676,738)**	**(2,302,340)**	**75,168,174**	**72,865,835**
	FUND YEAR 2026					
	Paid Claims		6,787,763	26,437,425		**26,437,425**
	IBNR		604,678	10,199,706		**10,199,706**
	Less Specific Excess		-	-		**-**
	Less Aggregate Excess		-	-		**-**
	TOTAL FY 2026 CLAIMS		**7,392,442**	**36,637,131**		**36,637,131**
	COMBINED TOTAL CLAIMS		**6,773,685**	**34,323,897**	**260,860,523**	**295,184,420**

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**	**MAY**
Cash Position	(2,735,711)	$ (926,004)	$ 1,971,800	$ 502,078	$ (382,136)	$ (303,530)
IBNR	11,157,921	$ 11,760,457	$ 11,738,167	$ 11,337,972	$ 11,760,919	$ 11,490,970
Assets	7,000,864	$ 8,960,421	$ 9,547,249	$ 10,456,617	$ 12,990,480	$ 14,212,308
Liabilities	15,251,820	$ 15,509,612	$ 15,261,370	$ 14,527,826	$ 14,739,056	$ 14,198,287
Surplus	(8,250,956)	$ (6,549,191)	$ (5,714,121)	$ (4,071,209)	$ (1,748,576)	$ 14,021
Claims Paid -- Month	6,548,592	$ 5,656,599	$ 6,607,236	$ 8,235,760	$ 7,660,860	$ 7,043,634
Claims Budget -- Month	5,761,146	$ 7,604,264	$ 7,583,177	$ 8,002,851	$ 8,936,024	$ 8,936,414
Claims Paid -- YTD	79,748,201	$ 5,656,599	$ 12,263,836	$ 20,499,596	$ 28,160,456	$ 35,204,090
Claims Budget -- YTD	67,284,097	$ 7,604,264	$ 15,187,441	$ 23,181,773	$ 32,549,549	$ 41,498,023
RATIOS						
Cash Position to Claims Paid	(0.42)	(0.16)	0.3	0.06	-0.05	-0.04
Claims Paid to Claims Budget -- Month	1.14	0.74	0.87	1.03	0.86	0.79
Claims Paid to Claims Budget -- YTD	1.19	0.74	0.8	0.9	0.9	0.9
Cash Position to IBNR	(0.25)	(0.08)	0.17	0.04	-0.03	-0.03
Assets to Liabilities	0.46	0.58	0.63	0.72	0.88	1
Surplus as Months of Claims	(1.43)	(0.86)	-0.75	-0.51	-0.2	0
IBNR to Claims Budget -- Month	1.94	1.55	1.55	1.42	1.32	1.29

Metro Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF MAY 31, 2026

BY FUND YEAR

	METRO 2026	METRO 2025	METRO 2024	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	10,208,090	(2,814,038)	(7,569,227)	(128,355)	(303,530)
Assesstments Receivable (Prepaid)	5,067,670	262,081	6,072,553	-	11,402,304
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	945,562	(0)	-	-	945,562
Total Assets	16,221,322	(1,172,470)	(710,447)	(126,097)	14,212,308
LIABILITIES					
Accounts Payable	-	1,966,771	-	-	1,966,771
IBNR Reserve	10,199,706	1,291,264	-	-	11,490,970
A4 Retiree Surcharge	263,033	431,127	-	-	694,160
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	31,446	14,940	-	-	46,386
Total Liabilities	10,494,185	3,704,102	-	-	14,198,287
EQUITY					
Surplus / (Deficit)	5,727,137	(4,876,572)	(710,447)	(126,097)	14,021
Total Equity	5,727,137	(4,876,572)	(710,447)	(126,097)	14,021
Total Liabilities & Equity	16,221,322	(1,172,470)	(710,447)	(126,097)	14,212,308
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 May 31, 2026

	Cumulative	Annualized	Latest filed	Cumulative	$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	37,900,598	109,727,647	76,381,168	32,902,122	4,998,476	13%
Prescription Claims - Excl Bloomfield	4,196,717	10,963,504	4,628,492	3,149,560	(173,890)	-6%
Prescription Formulary Rebates	(1,259,015)	(3,289,052)	(1,388,548)	Included Above in Prescription Claims		
Prescription Claims - Bloomfield	37,967	91,491	88,733	Included Above in Prescription Claims		
Dental Claims	621,755	1,405,432	1,644,220	585,449	36,306	6%
Subtotal	41,498,023	118,899,023	81,354,065	36,637,131	4,860,891	12%
DMO Premiums	15,314	35,106	31,291	29,539	(14,225)	-93%
Medicare Advantage / EGWP	8,464,874	21,750,131	14,242,869	8,339,729	125,145	1%
Reinsurance						
Specific	1,730,836	4,883,529	3,335,204	1,671,939	58,897	3%
Total Loss Fund	51,709,046	145,567,788	98,963,429	46,678,338	5,030,708	10%
Loss Fund Contingency	625,000	1,500,000	1,500,000	0	625,000	0%
Expenses						
Legal	13,005	31,212	31,212	18,900	(5,895)	-45%
Treasurer	12,500	30,000	30,000	12,500	-	0%
Deputy Treasurer	3,125	7,500	0	3,125	-	0%
Administrator	497,857	1,342,467	942,312	492,614	5,244	1%
Risk Management Consultants	1,099,183	2,998,560	1,907,361	1,099,183	-	0%
Fund Coordinator	498,639	1,344,224	943,668	492,364	6,275	1%
TPA - Aetna	520,125	1,467,526	1,002,246	502,426	17,699	3%
TPA - Dental	31,142	68,340	81,964	27,562	3,580	11%
Actuary	7,586	18,207	18,207	9,250	(1,664)	-22%
Auditor	9,537	22,889	22,889	9,535	2	0%
Benefits Consultant						
Board Advisor						
Claims Audit	16,667	40,000	40,000	0	16,667	100%
QPA	1,875	4,500	3,000	0	1,875	100%
Subtotal Expenses	2,711,241	7,375,424	5,022,859	2,667,458	43,783	2%
Miscelleneous and Special Services						
Misc/Cont	3,770	9,048	18,048	8,932	(5,162)	-137%
Wellness, Disease, Case Management	114,583	275,000	275,000	39,100	75,484	66%
Affordable Care Act Taxes	8,154	23,008	15,713	21,911	(13,757)	-169%
A4 Surcharge	297,039	997,312	834,969	263,033	34,006	11%
Plan Documents	4,167	10,000	10,000	0	4,167	100%
Subtotal Misc/Sp Svcs	427,714	1,314,367	1,153,730	332,976	94,738	22%
Total Expenses	3,138,955	8,689,792	6,176,589	3,000,434	138,521	4%
Total Budget	55,473,001	155,757,580	106,640,018	49,678,772	5,794,229	10%

ADMINISTRATION

MEDICAL TPA RFP UPDATE

The submissions were received on June 25th, 2026, and currently under review. Once the Professionals finalized their review, a Contracts Committee will be scheduled.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND UPDATES

1. **MEDICAL THIRD-PARTY ADMINISTRATOR RFP –** A special meeting will be held at the end of July to release a Medical TPA RFP at the MRHIF level.

2. **REBATE AUDIT TIMELINE UPDATE –** Express Scripts has advised that the CY2025 rebate data will not be available until mid-July, as they have not completed the annual reconciliation process. Given this delay, our onsite audit review has been rescheduled to late August.

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.

CONNER STRONG & BUCKELEW

INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

METROPOLITAN HEALTH INSURANCE FUND CONTACTS
Benefits Report – July 15, 2026

Agenda

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

Executive Overview

The 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 Benefits Team looks forward to continuing discussions and implementing those solutions that will yield meaningful savings to ensure the long-term stability of the Fund.

Industry Information

Medical & Pharmacy

According to the latest projections from the Centers for Medicare & Medicaid Services (CMS) issued on June 24th, US healthcare spending is expected to increase from approximately $5.3 trillion in 2024 to nearly $9 trillion by 2034, representing 20.6% of the nation's Gross Domestic Product (GDP). Healthcare costs are projected to grow at an average annual rate of approximately 5.8%, outpacing overall economic growth. Key headlines from CMS's report are below:

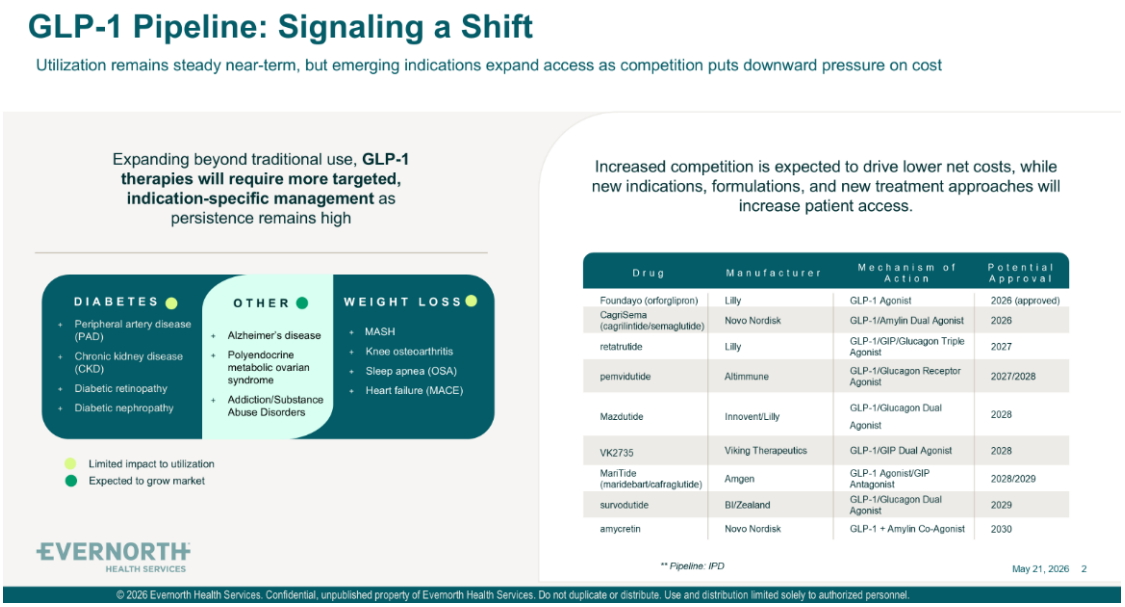
- Healthcare spending will continue to outpace economic growth, increasing pressure on employers, health plans, government programs, and consumers.
- Medicare spending is expected to grow the fastest, driven primarily by an aging population and increased utilization of healthcare services.

- Hospital care will remain the largest component of healthcare spending, while continued growth in physician services, specialty pharmaceuticals, GLP-1 medications, cancer therapies, and home healthcare will also contribute significantly to rising costs.
- Healthcare spending is projected to consume more than one-fifth of the U.S. economy by 2034, underscoring the long-term affordability challenges facing employers and public health programs.

These projections reinforce the need for employers and plan sponsors to aggressively pursue proactive cost-management strategies. Traditional approaches alone are unlikely to keep pace with projected cost trends. Employers and plan sponsors should continue evaluating opportunities such as alternative funding arrangements, pharmacy optimization, population health initiatives, provider contracting strategies, reference-based pricing, clinical navigation and advocacy programs, and innovative reimbursement models to improve affordability while maintaining access and quality.

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.



New Jersey State Health Benefits Program (SHBP) – Preliminary 2027 Rate Evaluation

The State Health Benefits Plan Commission (SHBP), which oversees the health benefits program for local NJ government entities, released its preliminary proposed 2027 rate increases.

Regrettably, the proposed increases are once again catastrophic and untenable from the perspective of local government employers. Large double-digit rate increases are being recommended, and we have outlined the preliminary proposed rates below. Additionally, based on information released, the State Health Benefits Plan for local government entities is

projected to have no reserves remaining by the end of this year. It remains entirely uncertain how the State intends to address the ongoing financial challenges and crisis-like conditions that have plagued the SHBP for several years.

These proposed increases will be extraordinarily difficult for participating local government entities to absorb and budget for. Over the past several years, there has been a steady exodus of employers from both the SHBP and the SEHBP as a result of escalating costs and repeated large premium increases. The below are preliminary and are expected to be considered for final approval on or about July 27th.

SHBP / Local Government Plans – PRELIMINARY Rate Increases for 2027

ACTIVES

POPULATION	Increase over 2026 Rates
Active Medical Plans	16.7%
Active Pharmacy Plans	20%
TOTAL	17.3%

RETIREES

POPULATION	Increase over 2026 Rates
Pre-65 Retiree Medical	35.5%
Pre-65 Retiree Pharmacy	40.4%
Medicare Retiree Medical	10.8%
Medicare Retiree Pharmacy	25%

Fund Performance/Observations

Post 65 Retiree Medicare Advantage Prescription Program – 2027

Aetna has presented 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 the unbundled 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.

The following applies to the unbundled renewal option:

- Benefits under the unbundled option mimic the benefits under the bundled option
- Unbundled option requires new PD plans to be set up for all Fund members requiring a significant restructuring of the Fund plan administration with limited time to complete
- Unbundled option requires separate ID cards for the MA & PD plans

- Unbundled option requires notification to Aetna by August 1st
- Unbundled options require adoption by all Fund, individuals Funds & Fund members cannot make their own election for the bundled & unbundled option
- First year renewal cap for the unbundled option is not available
- It is not anticipated that saving realized through the unbundled option in program year 2027 continue through subsequent program years and Aetna anticipates future subsidies will shift to the bundled option in the future
- Aetna is assessing an unbundling fee of $10.00 PMPM
- Unbundled option limits new Fund member enrollment for January 1st

Based on the evaluation of both the bundled & unbundled options, it is our recommendation that the Metro Fund & and all Funds continue with the bundled option. Specifically, we have strong concerns with the restructuring of the Fund member plan administration and uncertainty of future subsidies under the unbundled option.

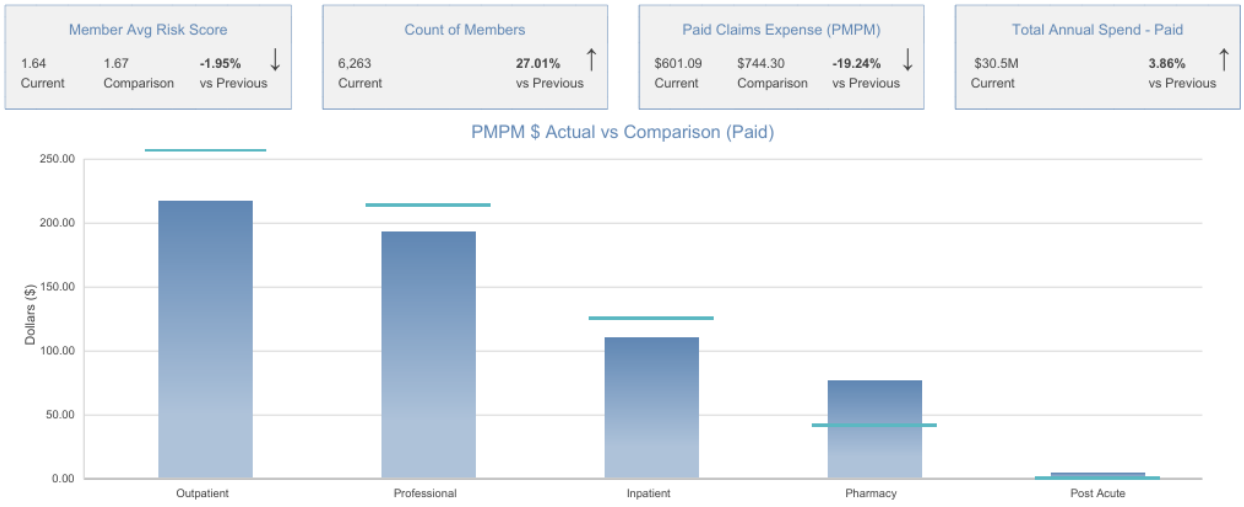
Medical & Pharmacy – Aetna/ESI

Data Review - The following key metrics compares Fund years January-May 2026 vs. January-May 2025.

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.

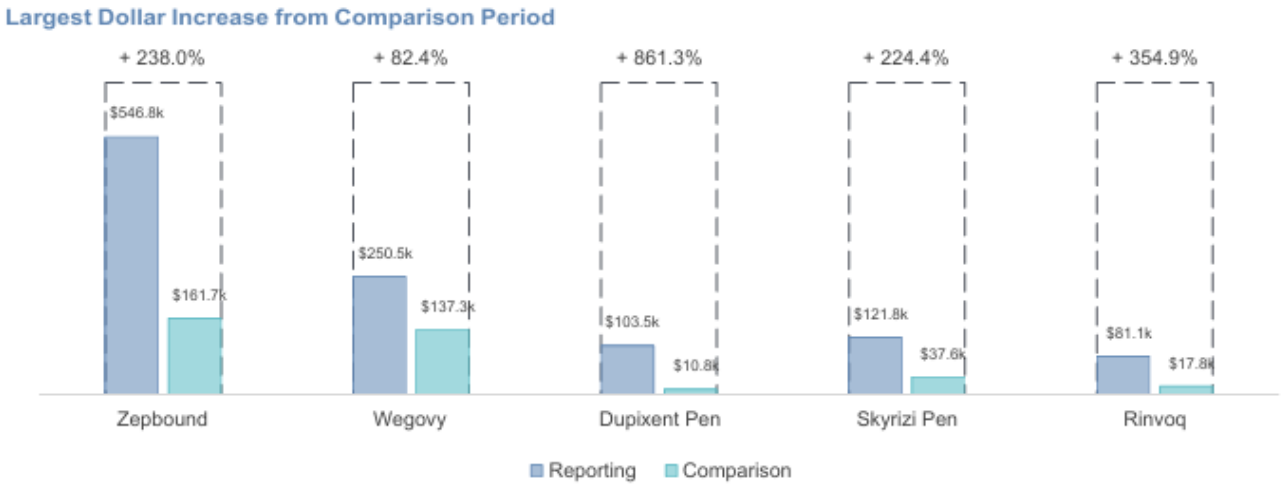
While both periods indicate a risk score of >1.0, the overall score has improved.



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.

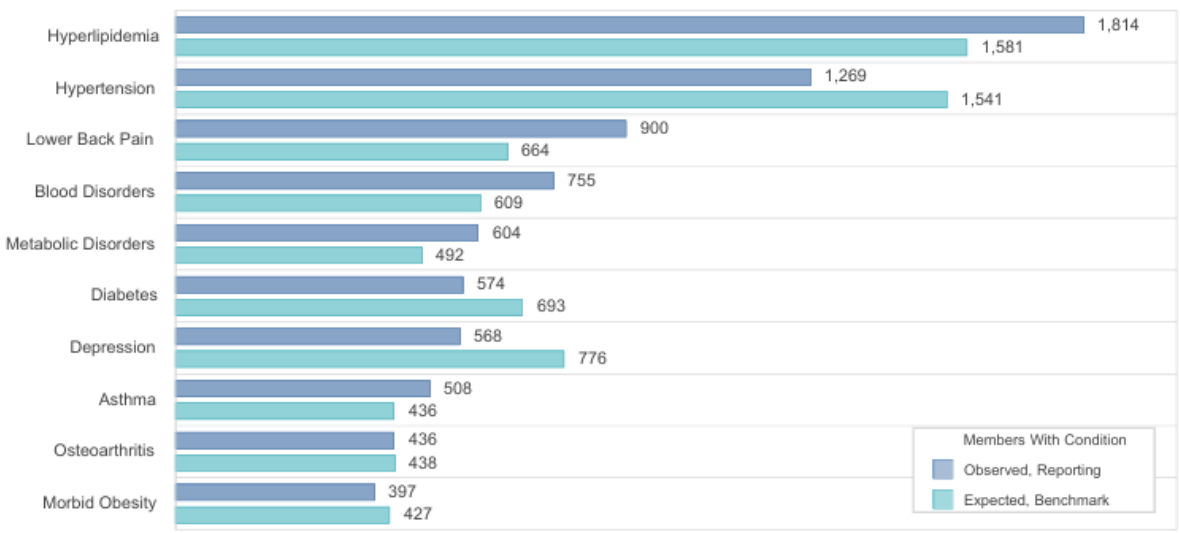


- Zepbound had the largest change in the reporting period with an increase of $385,031 from the comparison period
- Dupixent Pen has the most significant growth percentage in the reporting period at 861% ($103,513)

Chronic Conditions Prevalence:

This report presents the prevalence of specific chronic conditions in the population. According to the Centers for Disease Control (CDC) more than 40% of Americans have one or more chronic conditions and people with chronic diseases in the US account for 75% of healthcare spending. In addition to driving up healthcare costs for employers, chronic conditions also adversely impact employee productivity, attendance, and morale.

- Hyperlipidemia is the most prevalent chronic condition in the reporting period with 1,814 members.
- Hyperlipidemia was also the most prevalent condition in the comparison period with 1,661 members.
- The condition with the greatest % increase in prevalence per 1000 is Cerebral Palsy with 30%.



Out of Network Claims Tracking:

Effective August 1, 2025, the Fund Executive Committee passed a resolution to amend the out of network provider reimbursement schedules for all Fund member plans to 150%-professional & 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	--	--	--
Average 2024	**2,591**	**2665**	**114916**	**$49,331,804**	**$1,584**	**580**	**29787**	**$17,532,004**	**$564**	**20.5%**	**26.3%**
Average 2025	**2,457**	**2626**	**115092**	**$52,043,459**	**$1,765**	**505**	**24753**	**$12,836,896**	**$437**	**17.7%**	**19.5%**
Average 2026	**3,032**	**1309**	**54384**	**$21,833,106**	**$1,459**	**218**	**9657**	**$2,216,972**	**$149**	**14.7%**	**9.0%**

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

Client Services/Eligibility/Enrollment Team

Client Service Contacts & Systems Training

Lenka Bystrianska has joined the client service team as Senior Director of HIF Operations. Please direct all service requests to Roger Watson and Lenka Bystrianska.

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.

Annual Notice of Credible Coverage (NOCC)

Express Scripts (ESI) has been provided with all information required for them to send the 2027 NOCC letters. CMS Annual Enrollment Period is October 15, 2026, through December 7, 2026. A sample letter is included with this report that ESI will be sending to all members, ages 65 and older who enrolled in CJHIF pharmacy benefits. The highlighted sections will be completed by ESI and mailed beginning the week of September 21, 2026.

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
4/10/2026	Medical/Aetna	METRO 2026 04 02	Lab Services	Under Review	4/19/2026
4/27/2026	Medical/Aetna	METRO 2026 04 03	Anesthesia	Under Review	5/27/2026
5/28/2026	Medical/Aetna	METRO 2026 06 01	Anesthesia	Under Review	6/3/2026
5/22/2026	Medical/Aetna	METRO 2026 06 02	Benefit limit exceeded	Upheld	6/5/2026
6/17/2026	Medical/Aetna	METRO 2026 06 03	Anesthesia	Upheld	6/24/2026

IRO Submissions

None to Report

Previously Reported Information

Medical: Aetna

Provider network -Hackensack Meridian contract renewal 7/1/2026 (2-week extension)
-Abilities in Action – Par in all networks excluding AWH effective 5/1/2026

Medical – AHA

Provider network - Hackensack Meridian contract renewal 4/14/2026 finalized

- Saint Peter's contract renewal 8/15/2026
- RWJ Barnabas contract renewal 9/1/2026
- Holy Name contract renewal 9/1/2026
- Inspira contract renewal 10/1/2026
- AtlantiCare contract renewal 1/1/2027
- Cooper contract renewal 1/1/2027
- Abilities in Action – Participating in all networks effective TBD

Pharmacy - ESI

- 2026 National Preferred Formulary (NPF) – Effective 7/1/2026 (Attached)
- NPF Exclusions list– Effective 7/1/2026
- SaveOn List – Effective 7/1/2026

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

No Surprise Billing and Transparency Act

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

HR Portal - Conner Strong & Buckelew makes available to all Fund members a robust HR Portal. For HR professionals, this is a valuable tool. Online resources and tools include:

- HR Policy and Resource Center
- Sample Forms and Policy Resource Center
- Salary Benchmarking Tools and Information
- Recruitment and Hiring Center
- Discipline and Employment Termination Center
- State Law Resource Center
- Sample Standard Documents

Included with the meeting materials is a presentation which overviews in detail the HR portal and its content. Communications materials are being prepared for all Fund stakeholders and will be distributed when completed.

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
Assistant Account Manager	Jordyn Robinson	jrobsinson@permainc.com	856-446-9287

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 - 12/31/2027
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 - 12/31/2027
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

Marketing activity remains steady across medical, dental, and Medicare Advantage lines.

As you may be aware, Braven Health is exiting the Medicare market. As a result, a number of public entities are now evaluating replacement coverage for their retirees, and this accounts for the increase in Medicare Advantage quoting activity since our last meeting. To date, we have issued seven Medicare Advantage proposals, with several additional groups in underwriting, data collection, or preliminary discussions.

We will continue to keep the Commissioners informed as these opportunities develop, and as always, any new membership will be evaluated with the financial wellbeing of the Fund and its current members as the first consideration.

Prospective Client	Agency	Funding Type	Network	Effective Date	Note(s)
Atlantic City MUA	IMAC	SHBP	BCBS	9/1/2026	Proposal sent 6.22.26
Willingboro TWP MA	Acrisure	FI	BCBS	9/1/2026	Proposal sent 6.22.26
Princeton MA	Acrisure	FI	BCBS	9/1/2026	Proposal sent 6.22.26
Atlantic City MUA MA	IMAC	SHBP	BCBS	9/1/2026	Proposal sent 6.24.2026
Hoboken Housing Auth MA	Acrisure	Braven	BCBS	9/1/2026	Proposal sent 7.6.2026
Woodbridge Fire Districts 2&7 MA	Acrisure	Braven	BCBS	9/1/2026	Proposal sent 7.1.26
Edgewater Park TWP MA	Acrisure	Braven	BCBS	9/1/2026	Proposal sent 7.8.2026
Hackettstown MUA MA	Acrisure	Braven	BCBS	9/1/2026	Proposal sent 7.8.2026
Clementon Borough MA	Acrisure	Braven	BCBS	9/1/2026	Block quote sent for approval 7.8.2026
Glen Ridge Borough MA	Acrisure	Braven	BCBS	9/1/2026	Block quote sent for approval 7.8.2026
Bloomfield Township Dental	R.D. Parisi & Associates	SHBP	BCBS	1/1/2027	Followed up with Mayor 7.9.26
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 8/1/2026
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
Matawan TWP	Acrisure	Braven	BCBS	1/1/2027	Targeting 1/1/2027
Fairhaven TWP	Acrisure	Braven	BCBS	1/1/2027	Targeting 1/1/2027
Plainfield City MA	Acrisure	Braven	BCBS	1/1/2027	Targeting 1/1/2027; Sent to UW 6/29/2026, on hold until MA Rate release
Hoboken Housing Authority	Brown&Brown	SHBP	BCBS	1/1/2027	Submitted to UW 7.1
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
Rockaway MA	IMAC	Braven	BCBS	TBD	Waiting on carrier to outline required info for quote

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

JULY 16, 2026

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	$6,133,399	3,261	$ 1,881
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**			**$31,753,258**		
				2026 Average	**3,046**	**$ 2,086**
				2025 Average	**2,434**	**$ 2,485**

Large Claimant Report (Drilldown) - Claims Over $100000

Plan Sponsor Unique ID :	All	**Paid Dates:**	05/01/2026 - 05/31/2026
Customer:	METROPOLITAN HEALTH INSURANCE FUND	**Service Dates:**	01/01/2011 - 05/31/2026
Group / Control:	00232370,00232371	**Line of Business:**	All

	Paid Amt	Diagnosis/Treatment
	$169,387.33	BENIGN NEOPLASM OF MENINGES, UNSPECIFIED
	$145,971.58	MULTIPLE MYELOMA IN REMISSION
	$108,241.79	OSTEONECROSIS, UNSPECIFIED
Total	**$423,600.70**	

aetna™

Metropolitan Health Insurance Fund
6/1/25 through 5/31/26 (Unless otherwise noted)

Dashboard

Medical Claims Paid
Average Per Employee Per Month (PEPM)
January 2026 – May 2026

Total Medical Paid per Employee: **$2,086**

Network Discounts

Inpatient:	**64.8%**
Ambulatory:	**67.8%**
Physician/Other:	**64.2%**
TOTAL:	**65.5%**

Provider Network

% Admissions In-Network: **96.0%**
% Physician Office: **91.6%**

Aetna Book of Business:
Admissions 97.6%; Physician 91.7%

Top Facilities Utilized
(by total Medical Spend)

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

Catastrophic Claim Impact
(January 2026 - May 2026)

Number of Claims Over $50,000: **99**
Claimants per 1000 members: **14.1**
Avg. Paid per Claimant: **$112,984**
Percent of Total Paid: **36.3%**

- **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 Health. CVS Virtual Care

Completed Visits : **11**
Unique Patients : **10**
Completed Visits in 2026 : **108**
Unique Patients in 2026: **80**

BoB Average First Available 24/7 Care: **26** 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®

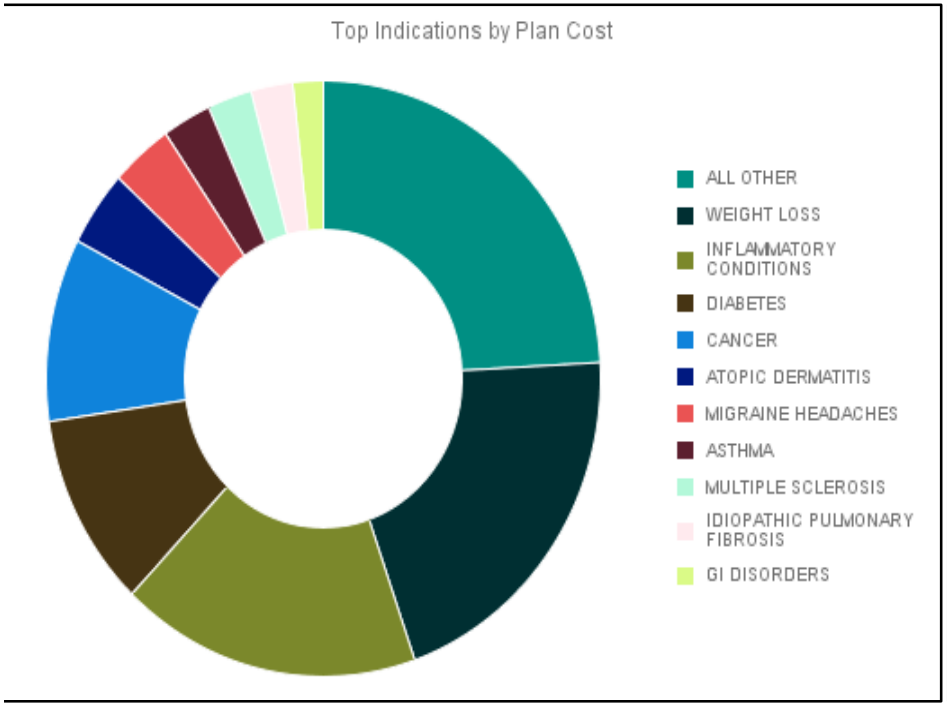
Metropolitan Health Insurance Fund

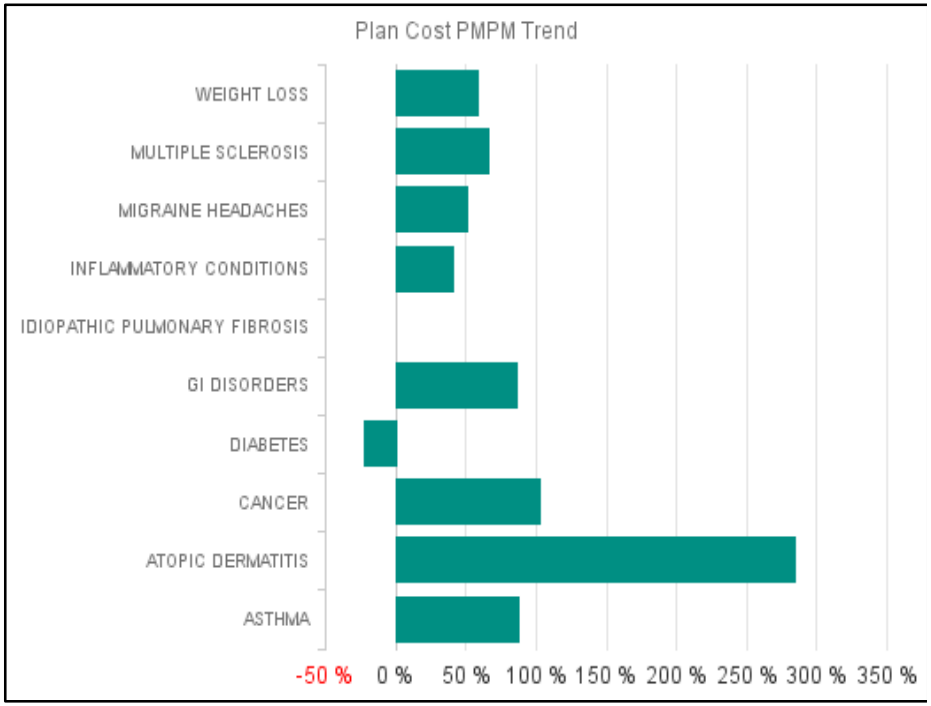
Total Component/Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 YTD
Membership	1,583	1,745	1,738	1,689	1,736	1,735	1,736	1,736	1,736	1,739	1,737	1,737	1,730	1,734	1,735	1,733	1,724
Total Days	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	3,595	3,607	3,599									
Total Days	101,223	74,686	119,187	312,599	135,810	135,273	145,181	416,410									
Total Patients	946	772	1,094	1,583	1,327	1,318	1,326	2,021									
Total Plan Cost	$641,831	$381,450	$877,030	$2,112,240	$1,006,048	$1,106,818	$937,765	$3,051,291									
Generic Fill Rate (GFR) - Total	84.5%	84.6%	83.7%	83.9%	83.8%	83.1%	83.5%	83.5%									
Plan Cost PMPM	$246.95	$147.51	$294.01	$258.60	$279.85	$307.88	$259.98	$282.61									
% Change Plan Cost PMPM	8.5%	-2.3%	27.7%	27.9%	31.5%	58.3%	8.9%	31.2%									
Total Specialty Plan Cost	$290,703	$91,160	$381,572	$870,722	$436,767	$496,517	$328,310	$1,261,594									
Specialty % of Total Specialty Plan Cost	45.3%	23.9%	43.5%	41.2%	43.4%	44.9%	35.0%	41.3%									

Top Indications

Metropolitan Health Insurance (Current Period 01/2026 - 06/2026 vs. Previous Period 01/2025 - 06/2025) 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	26.3 %	986	$1,059,291	$55.86	1.7 %	3.3 %	24.6 %	336	$362,511	$35.29	0.6 %	5.3 %	58.3 %
2	2	INFLAMMATORY CONDITIONS	24.4 %	301	$982,021	$51.78	40.5 %	30.4 %	25.7 %	159	$378,132	$36.81	56.6 %	32.9 %	40.7 %
3	1	DIABETES	13.6 %	1,807	$548,098	$28.90	35.0 %	27.0 %	25.8 %	1,166	$379,067	$36.90	32.2 %	26.3 %	-21.7 %
4	4	CANCER	13.1 %	162	$529,006	$27.89	87.7 %	78.3 %	9.6 %	33	$141,293	$13.75	78.8 %	77.1 %	102.8 %
5	5	ATOPIC DERMATITIS	5.4 %	355	$219,008	$11.55	72.4 %	80.2 %	2.1 %	190	$30,861	$3.00	93.2 %	83.5 %	284.4 %
6	6	MIGRAINE HEADACHES	4.6 %	248	$186,147	$9.82	33.1 %	51.4 %	4.5 %	92	$66,898	$6.51	38.0 %	54.6 %	50.7 %
7	7	ASTHMA	3.7 %	868	$148,769	$7.84	86.6 %	89.7 %	2.9 %	514	$43,049	$4.19	86.8 %	89.3 %	87.2 %
8	9	MULTIPLE SCLEROSIS	3.3 %	26	$133,641	$7.05	34.6 %	39.8 %	3.0 %	6	$43,493	$4.23	50.0 %	44.6 %	66.4 %
9	10	IDIOPATHIC PULMONARY FIBROS	3.1 %	9	$125,751	$6.63	22.2 %	18.6 %	NA		NA	NA	NA	0.7 %	NA
10	8	GI DISORDERS	2.3 %	213	$91,656	$4.83	59.2 %	58.0 %	1.8 %	84	$26,646	$2.59	54.8 %	58.4 %	86.3 %
		Total Top 10		**4,975**	**$4,023,388**	**$212.15**	**43.0 %**	**43.5 %**		**2,580**	**$1,471,950**	**$143.28**	**46.5 %**	**45.4 %**	**48.1 %**

Top Drugs

Metropolitan Health Insurance (Current Period 01/2026 - 06/2026 vs. Previous Period 01/2025 - 06/2025) 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	701	147	$719,375	$37.93	202	46	$202,436	$19.71	92.5 %
2	9	WEGOVY	WEIGHT LOSS	N	265	66	$338,603	$17.85	128	29	$158,928	$15.47	15.4 %
3	141	VORANIGO	CANCER	Y	6	1	$245,891	$12.97	NA	NA	NA	NA	NA
4	1	MOUNJARO	DIABETES	N	161	35	$169,754	$8.95	94	19	$93,872	$9.14	-2.0 %
5	8	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	25	4	$168,294	$8.87	9	1	$61,060	$5.94	49.3 %
6	5	OZEMPIC	DIABETES	N	159	34	$152,549	$8.04	93	18	$81,626	$7.95	1.2 %
7	15	RINVOQ	INFLAMMATORY CONDITIONS	Y	22	6	$126,424	$6.67	2	1	$17,831	$1.74	284.1 %
8	21	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	12	2	$124,637	$6.57	8	1	$83,152	$8.09	-18.8 %
9	191	SCEMBLIX	CANCER	Y	6	1	$118,398	$6.24	7	1	$141,140	$13.74	-54.6 %
10	17	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	15	3	$111,114	$5.86	4	1	$22,784	$2.22	164.2 %
11	10	DUPIXENT PEN	ATOPIC DERMATITIS	N	35	10	$98,849	$5.21	NA	NA	NA	NA	NA
12	50	TREMFYA PEN	INFLAMMATORY CONDITIONS	Y	6	2	$89,419	$4.71	NA	NA	NA	NA	NA
13	107	ENBREL	INFLAMMATORY CONDITIONS	Y	10	2	$72,415	$3.82	NA	NA	NA	NA	NA
14	161	JASCAYD	IDIOPATHIC PULMONARY FIBF	Y	4	1	$65,641	$3.46	NA	NA	NA	NA	NA
15	63	TREMFYA PEN INDUCTION (2	INFLAMMATORY CONDITIONS	Y	3	1	$61,390	$3.24	NA	NA	NA	NA	NA
16	167	VUMERITY	MULTIPLE SCLEROSIS	Y	9	2	$59,937	$3.16	3	1	$27,452	$2.67	18.3 %
17	84	TEZSPIRE	ASTHMA	Y	14	3	$59,420	$3.13	NA	NA	NA	NA	NA
18	27	NURTEC ODT	MIGRAINE HEADACHES	N	38	16	$58,553	$3.09	18	7	$29,740	$2.90	6.6 %
19	30	OTEZLA	INFLAMMATORY CONDITIONS	Y	12	2	$55,254	$2.91	NA	NA	NA	NA	NA
20	45	KISQALI	CANCER	Y	5	1	$51,758	$2.73	NA	NA	NA	NA	NA
21	23	JARDIANCE	DIABETES	N	150	29	$46,985	$2.48	99	18	$56,522	$5.50	-55.0 %
22	164	ERLEADA	CANCER	Y	3	1	$45,962	$2.42	NA	NA	NA	NA	NA
23	47	LENALIDOMIDE	CANCER	Y	3	1	$44,852	$2.36	NA	NA	NA	NA	NA
24	35	KESIMPTA PEN	MULTIPLE SCLEROSIS	Y	4	1	$40,436	$2.13	NA	NA	NA	NA	NA
25	169	OFEV	IDIOPATHIC PULMONARY FIBF	Y	3	1	$39,678	$2.09	NA	NA	NA	NA	NA
			Total Top 25		**1,671**		**$3,165,590**	**$166.92**	**667**		**$976,544**	**$95.06**	**75.6 %**

METROPOLITAN HEALTH INSURANCE FUND
CONSENT AGENDA
JULY 16, 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. 28-26

METROPOLITAN HEALTH INSURANCE FUND RESOLUTION TO APPROVING FUND RESPONSE TO DOBI ADDRESSING 2025 FUND YEAR DEFICIT

WHEREAS, on June 23, 2026, the Metropolitan Health Insurance Fund (hereinafter "the Fund") received correspondence from the State of New Jersey Department of Banking and Insurance (hereinafter "DOBI"), enclosed and incorporated herein as "Exhibit A"; and

WHEREAS, the correspondence noted receipt of the Fund's December 31, 2025, Audited Financial Reports, which reflected a deficit net position ($6,486,598) for the Fund; and

WHEREAS, DOBI requested that the Fund develop a plan, enclosed an incorporated herein as "Exhibit B" to address the causes of the deficiency, any planned supplemental assessments, and any steps planned to prevent the circumstances that caused the deficiency by July 10, 2026; and

WHEREAS, the Fund prepared the above requested plan, and will be providing such plan to DOBI following approval at the Fund's July 16th, 2026, regularly scheduled meeting; and

WHEREAS, DOBI also requested that the plan should be approved by the Fund commissioners by way of formal resolution, and requested a copy of the resolution;

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the Metropolitan Health Insurance Fund approves the Fund's plan, incorporated herein as "Exhibit B" to address the causes of the deficiency as noted within the State of New Jersey Department of Banking and Insurance correspondence of June 23, 2026.

This Resolution shall take effect immediately, and a copy of this Resolution shall be provided to the State of New Jersey Department of Banking and Insurance.

ADOPTED: JULY 16, 2026

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 29-26

METROPOLITAN HEALTH INSURANCE FUND
APPROVAL OF THE JUNE 2026 BILLS LIST

WHEREAS, the **Metropolitan Health Insurance Fund** held a Public Meeting on **JULY 16, 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 July 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 July 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: JULY 16, 2026

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

APPENDIX I

METROPOLITAN HEALTH INSURANCE FUND

MINUTES OF THE OPEN PUBLIC MEETING

June 18, 2026 | 12:00 P.M. | Zoom Virtual Meeting

CALL TO ORDER AND OPEN PUBLIC MEETINGS ACT NOTICE

The regular meeting of the Executive Committee of the Metropolitan Health Insurance Fund was called to order at approximately 12:00 P.M. via Zoom videoconference, with Chairwoman Jenny Mundell presiding.

Jordyn Robinson, Assistant Secretary, read the Open Public Meetings Act notice.

PLEDGE OF ALLEGIANCE

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 full board and a quorum:

Fund Commissioner	Entity	Status
Jenny Mundell, Chairwoman	Bloomfield Public Library	Present
Patrick Wherry, Secretary	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

All seven (7) members were recorded as present. A quorum was established.

APPOINTED OFFICIALS AND PROFESSIONALS PRESENT

Role	Firm / Organization	Representative(s)
Executive Director / Administrator	PERMA Risk Management Services	Emily Koval, Jim Rhodes, Jordyn Robinson, Caitlin Perkins
Benefits Consultant / Program Manager	Conner Strong & Buckelew	John Lajewski
Fund Coordinator	Eagle Rock Management Group	Thomas Kelly, Joseph DiVincenzo
Attorney	Antonelli Kantor Rivera PC	Asia Hartgrove
Deputy Fund Treasurer	Macchia Financial LLC	Derek Macchia

Role	Firm / Organization	Representative(s)
Auditor	Bowman & Company	Dennis Skalkowski, Kaleigh Hadley
Third Party Administrator	Aetna	Jason Silverstein
Prescription Provider	Express Scripts (ESI)	Hiteksha Patel
Dental Administrator	Delta Dental of New Jersey, Inc.	Crista O'Donnell

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	Name
Alysa Sauchelli	Kayla Capriglione
Gary Jeffas	Jennifer McHugh
Tammeisha Smith	Diane Romano
Jacob Krakower	Daniella Scicutella
Julie Servidio	J. Bauer

APPROVAL OF MINUTES

Chairwoman Mundell called for a motion to approve the minutes of the May 31, 2026 Open Public Meeting.

MOTION: To approve the Minutes of the Open Public Meeting of May 31, 2026.

Moved: Commissioner Cox **Second:** Commissioner Heisey

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes; Jenny Mundell — Abstain. Motion carried (6-0, 1 Abstention).

CORRESPONDENCE

No correspondence was reported.

MONTHLY COMMITTEE REPORTS

Finance / Contracts Committee — Commissioner Cox, Chair

Commissioner Cox reported that the Finance and Contracts Committee had not met since the last meeting and had no report.

Wellness Committee — Commissioner Wherry, Chair

Commissioner Wherry reported that he met with Eagle Rock Management Group and PERMA approximately two weeks prior to review the wellness budget, the prior year's progress, and ideas to bring to the committee for the current year. He indicated he would be scheduling a call with the Wellness Committee in the coming weeks.

Operations / Nomination Committee — Commissioner Heisey, Chair

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

FUND EXECUTIVE DIRECTOR'S REPORT — PERMA RISK MANAGEMENT SERVICES

Financial Fast Track Report

Emily Koval, Associate Executive Director, presented the Financial Fast Track Report through the month of April 2026, characterizing it as a strongly positive report. The Fund earned a surplus of approximately $2 million for the month, with claims coming in low — notable given that April contained five Thursdays, the days on which Aetna typically processes its largest claim pulls. Ms. Koval attributed the Fund's continued positive trajectory to the multiple measures taken to return the Fund to a surplus-earning position, particularly the out-of-network fee schedule amendment.

Referencing the ratios report, Ms. Koval highlighted the "surplus as months of claims" metric, noting the Fund's target of approximately two to two-and-a-half months of surplus as a retention cushion. At year-end 2025 this figure stood at negative 1.4 months, but it has improved each month thereafter and is approaching a flat position from which surplus can begin to accumulate. She noted that continued improvement could, over time, position the Fund to consider dividends to members. Ms. Koval added that upcoming July school board renewals would bring additional cash flow, and asked that members continue to pay their bills on time to maintain a positive cash position.

2025 Fund Year Audit

Ms. Koval reported that the 2025 Fund Year audit had been provided by the Fund Auditor and was reviewed by the Finance Committee, which recommended approval. She turned the presentation over to the auditors, Dennis Skalkowski and Kaleigh Hadley.

Mr. Skalkowski reported that the audit firm would be issuing unmodified (clean) opinions with respect to the financial statements as a whole and internal controls over financial reporting, with no findings or recommendations noted. He observed that as of December 31, 2025 the Fund had an accumulated deficit of roughly $8 million resulting from 2025 operations, but that the Fund had since improved substantially, to a deficit of approximately $1.7 million — nearly a $6 million swing since December.

Ms. Koval advised that the audit affidavit and certifying resolution were included in the Consent Agenda. The affidavit would be distributed to all Commissioners via DocuSign and filed with the State by the June 30, 2026 due date.

2027 Professional Contracts — Resolution 24-26

Ms. Koval reported that the one-year optional extension for the Fund Administrator and Fund Coordinator, included in the original RFP and approved at the prior meeting, had been formalized into a resolution at the board's request, drafted by the Fund Attorney. This item was included in the Consent Agenda as Resolution 24-26.

Medical TPA RFP Update

Ms. Koval advised that the Medical TPA RFP due date had been extended to June 25, 2026 following requests to extend, so no results were available at this meeting. Upon receipt, PERMA, Conner Strong & Buckelew, and the Fund Coordinator would review the responses with the Contracts Committee. Action is not anticipated at the July meeting; updates will be provided then, with a contract award most likely taken at the August meeting.

MRHIF Bylaw Amendment — Resolution 26-26

Ms. Koval presented the proposed bylaw amendment adopted by the Municipal Reinsurance Health Insurance Fund (MRHIF), of which the Metropolitan Health Insurance Fund is a member. Because the amendment must be approved by 75% of the MRHIF membership at the local level, and the MRHIF has seven members, at least six member funds must adopt the resolution. Two changes were described: (1) renaming the Fund from the Municipal Reinsurance Health Insurance Fund to the Municipal and Public Schools Reinsurance Health Insurance Fund, to reflect that nearly half of its membership is now school boards; and (2) moving the Program Manager position into the Servicing Organizations section of the bylaws to conform to State regulations, under which only a limited number of professionals (Executive Director/Administrator, Actuary, Auditor, Fund Treasurer, and Attorney) are listed as contracted professionals. Ms. Koval emphasized that no change is being made to the Program Manager's contract or services; the amendment simply aligns the bylaws with the regulations and provides the Commissioners additional flexibility.

Commissioner Cox, who served as the Fund's representative at the MRHIF and voted to approve the amendment on first and second reading, spoke in support. He noted there had been some temporary apprehension among certain members regarding the change to the Program Manager role, stemming from a concern about preserving continuity with the Fund's original intent. Following discussion — including an agreement that Commissioners would communicate with one another ahead of meetings when considering structural changes — the amendment passed without issue. Commissioner Cox confirmed his recommendation that the Fund move forward with the resolution. Ms. Koval added that the MRHIF chair would be more actively involving all members going forward and that an ad hoc finance subcommittee would be established. This item was included in the Consent Agenda as Resolution 26-26.

Monthly Billing Late Payment Interest

Ms. Koval provided an update on the late payment interest approved in the 2026 Cash Management Plan. Although the intent was to display the interest charge as a distinct line item on member bills, the benefits administration system cannot currently do so, and a line-item adjustment already exists for members carrying a supplemental assessment. PERMA is developing a workaround so that any interest penalty is passed to members, with implementation targeted for the October bills. The Fund Treasurer is working with PERMA's accounting team on the supporting tracking spreadsheet.

PCORI and A4 Surcharge Fees

Ms. Koval noted that the federally mandated PCORI fee is collected from all members and remitted to the government and would be paid in July. She also noted the A4 surcharge, applicable only to school board members, which the Fund is required to pay annually and which is reflected on the current bills list.

GASB 75 Reporting

Ms. Koval reminded members that any entity needing a GASB 75 report should contact Jordyn Robinson.

BENEFITS REPORT — CONNER STRONG & BUCKELEW

John Lajewski presented the Benefits Report beginning on page 11 of the agenda.

Industry Information

Mr. Lajewski summarized a study by the Rice University Baker Institute for Public Policy examining 27 health plans across 10 Texas universities and university benefit coalitions, which found enormous disparities 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. He noted the findings are analogous to conditions facing the Metro Fund and reinforce the case for payment-transformation approaches such as reference-based pricing, which the Fund continues to evaluate.

Pharmacy / GLP-1 Pipeline

Mr. Lajewski reported favorable developments regarding GLP-1 weight-loss medications. Price reductions previously seen in the direct-to-consumer market are beginning to move into the PBM arena used by employer-sponsored programs, and utilization has shifted from Wegovy to Zepbound based on clinical outcomes. Continued competition is expected to reduce prices further. PERMA and Express Scripts continue to monitor these changes.

Fund Performance / Observations (Jan–Apr 2026 vs. Jan–Apr 2025)

Presenting an abbreviated version of the cost and utilization data reviewed at the prior meeting, Mr. Lajewski reported that the member average risk score improved by 4.38%; the member count increased by nearly 26% due to Fund growth; paid claims expense on a per-member-per-month basis decreased approximately 20%; and total spend decreased slightly less than 1%. He cautioned that these are raw figures not adjusted for actuarial IBNR completion, but noted that even with conservative actuarial adjustments the comparison remains positive.

From a prescription drug perspective, Zepbound and Wegovy continue to show increased utilization. The other top drug increases were for inflammatory conditions, where the percentage increases are eye-opening but the dollar amounts are not yet at the level of the GLP-1s.

Out-of-Network Claims Tracking

Mr. Lajewski reported that the out-of-network provider reimbursement schedule change adopted last year (150% of Medicare for providers; 175% for facilities, effective August 1, 2025) has produced significant savings. Comparing August 2025 through May 2026, out-of-network paid claims dropped dramatically, representing a significant contributor to the Fund's improved financial performance.

Post-65 Medicare Advantage Renewal

Mr. Lajewski advised that the Medicare Advantage renewal from Aetna is expected July 3, 2026 and will be presented in two forms — bundled and unbundled. The current medical and prescription drug components are bundled into a single rate; recent CMS policy changes create potential financial advantages to unbundling into a standalone Medicare medical program and a standalone Part D program. Both options will be evaluated. While unbundling requires significant behind-the-scenes administration, indications from Express Scripts suggest noticeable, if not significant, savings. Further updates will follow.

Fund Strategic Initiatives

Mr. Lajewski noted that the strategic cost-containment initiatives presented at the prior meeting — including GLP-1 clinical protocol amendments, site-of-care steering, a high-performance provider network option, reference-based pricing, a nurse advocacy program, and TPA/PBM vendor procurement — remain front and center as the team continues researching cost-saving solutions.

Legislative Update — New Jersey Newborn Coverage Mandate

Mr. Lajewski reported that New Jersey has enacted an updated newborn coverage mandate extending the period of automatic newborn coverage from 60 days to 90 days, expanding the prior 2018 mandate. He recommended the Fund comply effective July 1, 2026 for Boards of Education renewing at that time, and effective January 1, 2027 for all others, based on each plan's renewal date, and put forward a motion to amend the member plan documents accordingly.

> **MOTION:** To amend the member plan documents to comply with the New Jersey State Newborn Coverage Mandate, effective July 1, 2026 and January 1, 2027, based on the respective plan's renewal date.

Moved: Commissioner Heisey **Second:** Commissioner Cox

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes; Jenny Mundell — Yes. Motion carried (7-0).

Carrier Appeals and IRO Submissions

Mr. Lajewski reported one upheld carrier appeal and three appeals currently under review, and, from an IRO submission perspective, one submission under review and one overturned. He noted that certain information was duplicated on the report. The remainder of the report constituted previously reported information. There were no questions.

FUND COORDINATOR'S REPORT — EAGLE ROCK MANAGEMENT GROUP

Thomas Kelly of Eagle Rock Management Group reported that another significant State Health Benefits Plan increase is expected effective January 1, 2027, and that some groups are already exploring alternatives. Eagle Rock is building a strong pipeline of prospective members and anticipates a more significant wave of engagement around the 1/1/2027 renewal once the State increases are published. Mr. Kelly emphasized a mindful approach to growth focused on protecting the Fund and its existing members, noting that seven groups have joined the Fund as of July 1. He encouraged Commissioners to provide referrals of public entities considering alternatives to the State plan. There were no questions.

FUND ATTORNEY'S REPORT — ANTONELLI KANTOR RIVERA PC

Asia Hartgrove, appearing on behalf of the Fund Attorney, reported no update at this time.

FUND TREASURER'S REPORT — POINT ACCOUNTING GROUP

Derek Macchia, Deputy Fund Treasurer, presented on behalf of Fund Treasurer Matthew Laracy. Mr. Macchia presented the monthly Bills List in the amount of $3,366,739.62, together with a Supplemental Bills List for June representing two payments to the State of New Jersey Health Benefits Fund for Fund Years 2025 and 2026, totaling $539,823.00. He asked whether there were any questions and requested a motion to approve the bills.

> **MOTION:** To approve the June 2026 Bills List in the amount of $3,366,739.62 and the June 2026 Supplemental Bills List in the amount of $539,823.00.

Moved: Commissioner Cirillo **Second:** Commissioner Heisey

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes; Jenny Mundell — Yes. Motion carried (7-0).

Note: *This action satisfied Resolution 27-26 (Approval of the June 2026 Bills List), which was therefore removed from the Consent Agenda vote taken later in the meeting.*

THIRD PARTY ADMINISTRATOR REPORT — AETNA

Jason Silverstein of Aetna presented the monthly claims report beginning on page 27. Medical claims paid for March 2026 totaled $7,521,066 across 2,997 enrolled employees, a per-employee-per-month figure of $2,510. April 2026 claims totaled $6,907,985 across 3,262 enrolled employees, a per-employee-per-month figure of $2,118.

For high-cost claims exceeding the $100,000 threshold, the Fund recorded five claimants in March 2026 totaling $1,220,400.81, and four claimants in April 2026 totaling $1,078,478.02. All dashboard metrics continued to perform well.

On provider network status, Mr. Silverstein reported that Aetna continues to negotiate with Hackensack Meridian Health and has secured an extension to July 15, 2026, by which date a deal is expected. There would be no disruption to members, with any agreement retroactive to July 1.

PRESCRIPTION PROVIDER REPORT — EXPRESS SCRIPTS (ESI)

Hiteksha Patel of Express Scripts presented pharmacy data beginning on page 33. For April 2026, total plan cost was $1,006,048, with a generic fill rate of 83.8% and a monthly plan cost per member of $279.85 — a 31% increase from April 2025. Total specialty medication plan cost was $436,767, representing 43% of the overall plan cost.

Reviewing the top indications for January–April 2026 versus the prior period, Ms. Patel highlighted Cancer (ranked third), where plan cost rose from approximately $71,000 to $367,000 — a per-member-per-month increase of roughly 196% — driven largely by new oral drugs shifting cost from the medical to the pharmacy benefit. She also highlighted Atopic Dermatitis, where plan cost increased roughly 300% (from approximately $16,000 to $136,000), driven primarily by the medication Dupixent.

At the drug level, Ms. Patel noted Voranigo, a medication for brain tumors with no prior-period utilization, now used by one member at a plan cost of approximately $200,000; and Dupixent Pen, now used by approximately 11 patients versus limited prior-period utilization.

Commissioner Wherry asked whether Dupixent Pen utilization had increased from zero to eleven patients, and whether there was any concern that the increase was driven by a small number of targeted treatments, recalling a prior high-cost claims situation. Ms. Patel responded that the previous period had one patient and the current period approximately ten, and explained that Dupixent is used for many indications — adding new indications annually and now approved for patients as young as six years of age— such that its growth reflects broad market dominance in atopic dermatitis rather than an isolated case, a trend seen across many clients. There were no further questions.

DENTAL ADMINISTRATOR REPORT — DELTA DENTAL

Crista O'Donnell of Delta Dental presented the Carryover Maximum report for calendar year. The Carryover Maximum feature allows qualifying members — those who complete at least one routine exam in the period and use less than half of their annual maximum — to carry over a portion of their unused calendar-year maximum for future use. In 2025, total members enrolled were 3,323; members qualifying for the Carryover

Maximum were 1,556, with an accumulated carryover amount of $309,083. Carryover amounts were paid out to 38 members, totaling $8,024.

CONSENT AGENDA

Chairwoman Mundell noted that Resolution 27-26 (June 2026 Bills List) had already been acted upon during the Treasurer's Report. The Chairwoman called for a motion to approve the remaining resolutions on the Consent Agenda:

Resolution 24-26: Approving a One-Year Extension for the Fund Administrator and Fund Coordinator for Fund Year 2027.

Resolution 25-26: Certification of the 2025 Annual Audit Report for the period ending December 31, 2025.

Resolution 26-26: Approval of the MRHIF Bylaw Amendment

MOTION: To approve the Consent Agenda, including Resolutions 24-26, 25-26, and 26-26.

Moved: Commissioner McDonald **Second:** Commissioner Wherry

Roll Call Vote: Cosmo Cirillo — Yes; Alexander McDonald — Yes; Margaret Heisey — Yes; Nikole Baltycki — Yes; Cameron Cox — Yes; Patrick Wherry — Yes; Jenny Mundell — Yes. Motion carried (7-0).

OLD BUSINESS

No old business was raised.

NEW BUSINESS

No new business was raised.

PUBLIC COMMENT

Chairwoman Mundell opened the floor for public comment. No members of the public came forward to comment.

ADJOURNMENT

There being no further business, a motion to adjourn was made and seconded.

Moved: Commissioner Cox **Second:** Commissioner Heisey

Vote: All in favor. Motion carried.

The meeting was adjourned at approximately 12:38 P.M.

Minutes Prepared by: Jordyn Robinson, Assisting Secretary

APPENDIX II

State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
OFFICE OF SOLVENCY REGULATION
PO BOX 325
TRENTON, NJ 08625-0325

TEL (609) 292-7272
FAX (609) 292-6765

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

SUSAN OCHS
Acting Commissioner

June 30, 2026

James Rhodes
Executive Director
PERMA Risk Management Services
2 Cooper Street
Camden, NJ 08102

RE: Metropolitan Health Insurance Fund

Dear Mr. Rhodes:

The Department is in receipt of Metropolitan Health Insurance Fund's (Fund) December 31, 2025 Audited Financial reports. The reports list a deficit net position of ($8,043,370) for the Fund.

N.J.S.A. 11:15-3.16(b) states "The fund commissioners shall submit to the Commissioner and the Commissioner of the Department of Community Affairs a report of the causes of the account's insufficiency, the assessments necessary to replenish it and the steps taken to prevent a recurrence of such circumstances"

Therefore, the Department is requesting that the Fund develop a formal and detailed plan to address the causes of the deficiencies, any planned supplemental assessments, and any steps planned to prevent the circumstances that caused the deficiencies.

Please provide the plan to the Department by July 20, 2026 which should be approved by the fund commissioners through a formal resolution. Please also provide a copy of the resolution.

Please let me know if you have any questions.

Very truly yours,

Jacob Bricker
Jacob Bricker
Insurance Examiner
Surplus Lines Examining Officer

C: Jenny Mundell, Fund Chairwoman
David Wolf, Acting Assistant Commission, Office of Solvency Regulation
Aileen Egan, Manager
William Leach, Supervising Insurance Examiner
Carolina Chong, Insurance Examiner
Michael Rogers [DCA]
Jason Martucci [DCA]