



AGENDA AND REPORTS

SEPTEMBER 24, 2026

ZOOM

12:00 PM

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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: SEPTEMBER 24, 2026
CONFERENCE CALL
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

PLEDGE OF ALLEGIANCE

ROLL CALL OF 2026 EXECUTIVE COMMITTEE

<u>Fund Commissioner</u>	<u>Entity</u>
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 July 16, 2026, Open Appendix I

CORRESPONDENCE - None

MONTHLY COMMITTEE REPORTS

FINANCE/CONTRACTS COMMITTEE – Cameron Cox, Chair

WELLNESS COMMITTEE – Patrick Wherry, Chair

OPERATIONS/NOMINATION COMMITTEE – Margaret Heisey, Chair

FUND EXECUTIVE DIRECTOR – PERMA

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FUND COORDINATOR – Eagle Rock Management Group

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FUND ATTORNEY – Antonelli Kantor Rivera PC

FUND TREASURER – Laracy Associates

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THIRD PARTY ADMINISTRATOR – Aetna

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Executive Director's Report

FINANCIALS

FAST TRACK FINANCIAL REPORTS – As of July 2026

- **Monthly Surplus** -This month there was a net surplus of \$465,946
- **Year-to-Date surplus:** The Fund has a surplus gain of \$1,011,938
- **Cash Balance:** The current cash balance as of July stands at **\$3,217,793 book balance.**
- **Income:** Total income for the month was **\$14.2 M million.** This consists of member assessments and Cobra refunds.
- **Paid Claims:** Claims paid totaled **\$9.3 million**, this is NET of RX rebates estimated at 23% of paid claims, with an overall net increase in IBNR of \$1.4m.
- **Administrative Expenses:** Combined paid and accrued administrative expenses (including MRHIF premiums in arrears) amounted to **\$3 million.** *Currently to date there is \$1,380,852.30 that is still payable to MRHIF and PERMA for 2025. The Fund is currently paying back each month about 10% of balance due. We are expecting to be all paid up by the end of 2026 as we monitor cash each month.*
- **Interest Earned:** **\$16,000** in interest income was recognized.

As of July 31, 2026 there has been \$946,365.89 collected in total year to date for supplemental assessments.

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 MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	June 30, 2026		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		11,954,960	67,312,660	303,306,555	370,619,215
2.	CLAIM EXPENSES					
	Paid Claims		8,477,069	43,681,159	259,880,086	303,561,245
	IBNR		5,701	338,749	11,157,921	11,496,671
	Less Specific Excess		(187,341)	(1,400,583)	(10,177,484)	(11,578,067)
	Less Aggregate Excess		-	-	-	-
	TOTAL CLAIMS		8,295,428	42,619,325	260,860,524	303,479,849
3.	EXPENSES					
	MA & HMO Premiums		2,017,400	10,387,537	27,643,792	38,031,329
	Excess Premiums		431,910	2,103,849	6,539,519	8,643,369
	Administrative		685,690	3,693,689	17,134,786	20,828,475
	TOTAL EXPENSES		3,135,000	16,185,075	51,318,097	67,503,173
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		524,531	8,508,259	(8,872,066)	(363,806)
5.	INVESTMENT INCOME		7,440	57,352	797,798	855,150
6.	DIVIDEND INCOME		-	-	57,191	57,191
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		531,971	8,565,611	(8,017,076)	548,535
8.	DIVIDEND		-	-	2,542	2,542
9.	Transferred Surplus IN		-	-	-	-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			531,971	8,565,611	(8,019,619)	545,992
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus		(2,258)	(2,258)	(126,097)	(128,355)
	Cash		-	365,703	(494,057)	(128,355)
2024	Surplus		(97,419)	(111,856)	(696,010)	(807,866)
	Cash		824,643	1,002,587	(7,747,171)	(6,744,584)
2025	Surplus		579,398	2,900,338	(7,197,512)	(4,297,174)
	Cash		235,236	(8,084,320)	5,505,517	(2,578,803)
2026	Surplus		52,250	5,779,387		5,779,387
	Cash		(1,223,867)	8,984,223		8,984,223
TOTAL SURPLUS (DEFICITS)			531,971	8,565,611	(8,019,619)	545,992
TOTAL CASH			(163,989)	2,268,193	(2,735,711)	(467,518)
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			-	-	115,027,642	115,027,642
FUND YEAR 2024						
	Paid Claims		97,803	226,479	74,115,589	74,342,068
	IBNR		-	-	-	-
	Less Specific Excess		-	(139,571)	(3,450,883)	(3,590,454)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2024 CLAIMS		97,803	86,908	70,664,706	70,751,614
FUND YEAR 2025						
	Paid Claims		(190,541)	8,447,447	65,627,331	74,074,778
	IBNR		(386,720)	(10,253,377)	11,157,921	904,544
	Less Specific Excess		-	(1,073,670)	(1,617,078)	(2,690,748)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2025 CLAIMS		(577,261)	(2,879,600)	75,168,174	72,288,574
FUND YEAR 2026						
	Paid Claims		8,569,807	35,007,233		35,007,233
	IBNR		392,421	10,592,126		10,592,126
	Less Specific Excess		(187,341)	(187,341)		(187,341)
	Less Aggregate Excess		-	-		-
	TOTAL FY 2026 CLAIMS		8,774,886	45,412,018		45,412,018
COMBINED TOTAL CLAIMS			8,295,428	42,619,325	260,860,523	303,479,848

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METRO MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	July 31, 2026		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		14,279,266	81,591,926	303,306,555	384,898,481
2.	CLAIM EXPENSES					
	Paid Claims		9,369,694	53,050,853	259,880,086	312,930,939
	IBNR		1,444,428	1,783,178	11,157,921	12,941,099
	Less Specific Excess		-	(1,400,583)	(10,177,484)	(11,578,067)
	Less Aggregate Excess		-	-	-	-
	TOTAL CLAIMS		10,814,122	53,433,448	260,860,524	314,293,971
3.	EXPENSES					
	MA & HMO Premiums		1,899,153	12,286,690	27,643,792	39,930,483
	Excess Premiums		369,931	2,473,781	6,539,519	9,013,300
	Administrative		746,456	4,440,145	17,134,786	21,574,930
	TOTAL EXPENSES		3,015,540	19,200,616	51,318,097	70,518,713
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		449,603	8,957,863	(8,872,066)	85,797
5.	INVESTMENT INCOME		16,343	73,694	797,798	871,493
6.	DIVIDEND INCOME		-	-	57,191	57,191
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		465,946	9,031,557	(8,017,076)	1,014,480
8.	DIVIDEND		-	-	2,542	2,542
9.	Transferred Surplus IN		-	-	-	-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			465,946	9,031,557	(8,019,619)	1,011,938
SURPLUS (DEFICITS) BY FUND YEAR						
Closed	Surplus		-	(2,258)	(126,097)	(128,355)
	Cash		-	365,703	(494,057)	(128,355)
2024	Surplus		77,728	(34,128)	(696,010)	(730,138)
	Cash		59,854	1,062,441	(7,747,171)	(6,684,730)
2025	Surplus		91,474	2,991,812	(7,197,512)	(4,205,700)
	Cash		(551,968)	(8,636,288)	5,505,517	(3,130,771)
2026	Surplus		296,743	6,076,130		6,076,130
	Cash		4,177,426	13,161,649		13,161,649
TOTAL SURPLUS (DEFICITS)			465,946	9,031,557	(8,019,619)	1,011,938
TOTAL CASH			3,685,311	5,953,504	(2,735,711)	3,217,793
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			-	-	115,027,642	115,027,642
FUND YEAR 2024						
	Paid Claims		(77,047)	149,433	74,115,589	74,265,022
	IBNR		-	-	-	-
	Less Specific Excess		-	(139,571)	(3,450,883)	(3,590,454)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2024 CLAIMS		(77,047)	9,861	70,664,706	70,674,567
FUND YEAR 2025						
	Paid Claims		316,758	8,764,204	65,627,331	74,391,535
	IBNR		(350,379)	(10,603,756)	11,157,921	554,165
	Less Specific Excess		-	(1,073,670)	(1,617,078)	(2,690,748)
	Less Aggregate Excess		-	-	-	-
	TOTAL FY 2025 CLAIMS		(33,622)	(2,913,222)	75,168,174	72,254,952
FUND YEAR 2026						
	Paid Claims		9,129,983	44,137,216		44,137,216
	IBNR		1,794,807	12,386,934		12,386,934
	Less Specific Excess		-	(187,341)		(187,341)
	Less Aggregate Excess		-	-		-
	TOTAL FY 2026 CLAIMS		10,924,791	56,336,808		56,336,808
COMBINED TOTAL CLAIMS			10,814,122	53,433,448	260,860,523	314,293,970
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METRO HEALTH INSURANCE FUND								
RATIOS								
		FY2026						
INDICES	2025	JAN	FEB	MAR	APR	MAY	JUN	JUL
Cash Position	(2,735,711)	\$ (926,004)	\$ 1,971,800	\$ 502,078	\$ (382,136)	\$ (303,530)	\$ (467,518)	\$ 3,217,793
IBNR	11,157,921	\$ 11,760,457	\$ 11,738,167	\$ 11,337,972	\$ 11,760,919	\$ 11,490,970	\$ 11,496,671	\$ 12,941,099
Assets	7,232,201	\$ 9,191,758	\$ 9,778,585	\$ 10,687,954	\$ 12,990,480	\$ 14,212,308	\$ 13,978,418	\$ 15,682,914
Liabilities	15,251,820	\$ 15,509,612	\$ 15,261,370	\$ 14,527,826	\$ 14,739,056	\$ 14,198,287	\$ 13,432,426	\$ 14,670,976
Surplus	(8,019,619)	\$ (6,317,854)	\$ (5,482,785)	\$ (3,839,872)	\$ (1,748,576)	\$ 14,021	\$ 545,992	\$ 1,011,938
Claims Paid -- Month	6,548,592	\$ 5,656,599	\$ 6,607,236	\$ 8,235,760	\$ 7,660,860	\$ 7,043,634	\$ 8,477,069	\$ 9,369,694
Claims Budget -- Month	5,761,146	\$ 7,745,317	\$ 7,723,796	\$ 8,154,107	\$ 8,938,365	\$ 8,938,476	\$ 8,956,415	\$ 11,413,749
Claims Paid -- YTD	79,748,201	\$ 5,656,599	\$ 12,263,836	\$ 20,499,596	\$ 28,160,456	\$ 35,204,090	\$ 43,681,159	\$ 53,050,853
Claims Budget -- YTD	67,284,097	\$ 7,745,317	\$ 15,469,113	\$ 23,623,220	\$ 32,561,586	\$ 41,500,062	\$ 50,456,478	\$ 61,870,227
RATIOS								
Cash Position to Claims Paid	(0.42)	(0.16)	0.3	0.06	-0.05	-0.04	-0.06	0.34
Claims Paid to Claims Budget -- Month	1.14	0.73	0.86	1.01	0.86	0.79	0.95	0.82
Claims Paid to Claims Budget -- YTD	1.19	0.73	0.8	0.9	0.9	0.9	0.9	0.86
Cash Position to IBNR	(0.25)	(0.08)	0.17	0.04	-0.03	-0.03	-0.04	0.25
Assets to Liabilities	0.47	0.59	0.64	0.74	0.88	1	1.04	1.07
Surplus as Months of Claims	(1.39)	(0.82)	-0.71	-0.47	-0.2	0	0.06	0.09
IBNR to Claims Budget -- Month	1.94	1.52	1.52	1.39	1.32	1.29	1.28	1.13

Metro Municipal Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF JULY 31, 2026

BY FUND YEAR

	METRO 2026	METRO 2025	METRO 2024	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	13,161,649	(3,130,771)	(6,684,730)	(128,355)	3,217,793
Assesmtments Receivable (Prepaid)	4,217,845	169,111	5,954,592	-	10,341,549
Interest Receivable	-	-	-	-	-
Specific Excess Receivable	187,341	860,255	-	-	1,047,596
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	1,075,976	(0)	-	-	1,075,976
Total Assets	18,642,812	(2,101,405)	(730,138)	(128,355)	15,682,914
LIABILITIES					
Accounts Payable	-	1,380,852	-	-	1,380,852
IBNR Reserve	12,386,934	554,165	-	-	12,941,099
A4 Retiree Surcharge	166,399	154,337	-	-	320,736
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	13,349	14,940	-	-	28,289
Total Liabilities	12,566,682	2,104,295	-	-	14,670,976
EQUITY					
Surplus / (Deficit)	6,076,130	(4,205,700)	(730,138)	(128,355)	1,011,938
Total Equity	6,076,130	(4,205,700)	(730,138)	(128,355)	1,011,938
Total Liabilities & Equity	18,642,812	(2,101,405)	(730,138)	(128,355)	15,682,914
BALANCE	-	-	-	-	-

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Fund Year allocation of claims have been estimated.

**METRO Fund
2026 Budget Report
as of July 31, 2026**

	Cumulative	Annualized	Latest filed	Cumulative	\$ Variance	% Variance
Expected Losses				Expensed		
Medical Claims Aetna	56,684,059	109,781,474	76,381,168	50,652,373	6,031,686	11%
Prescription Claims - Excl Bloomfield	6,126,769	10,951,154	4,628,492	4,898,189	(556,239)	-13%
Prescription Formulary Rebates	(1,838,031)	(3,285,348)	(1,388,548)	Included Above in Prescription Claims		
Prescription Claims - Bloomfield	53,211	91,321	88,733	Included Above in Prescription Claims		
Dental Claims	844,218	1,408,397	1,644,220	786,246	57,972	7%
Subtotal	61,870,227	118,946,998	81,354,065	56,336,808	5,533,418	9%
DMO Premiums	21,058	34,681	31,291	41,445	(20,386)	-97%
Medicare Advantage / EGWP	12,832,924	22,920,108	14,242,869	12,244,376	588,547	5%
Reinsurance						
Specific	2,565,550	4,881,132	3,335,204	2,473,781	91,769	4%
Total Loss Fund	77,289,759	146,782,918	98,963,429	71,096,410	6,193,349	8%
Loss Fund Contingency	875,000	1,500,000	1,500,000	0	875,000	0%
Expenses						
Legal	18,207	31,212	31,212	26,205	(7,998)	-44%
Treasurer	17,500	30,000	30,000	17,500	-	0%
Deputy Treasurer	4,375	7,500	0	4,375	-	0%
Administrator	726,901	1,341,441	942,312	710,623	16,278	2%
Risk Management Consultants	1,700,364	3,430,861	1,907,361	1,700,364	-	0%
Fund Coordinator	728,198	1,343,290	943,668	712,382	15,816	2%
TPA - Aetna	770,961	1,466,805	1,002,246	743,384	27,577	4%
TPA - Dental	41,780	68,417	81,964	35,007	6,774	16%
Actuary	10,621	18,207	18,207	13,875	(3,254)	-31%
Auditor	13,352	22,889	22,889	13,349	3	0%
Benefits Consultant						
Board Advisor						
Claims Audit	23,333	40,000	40,000	0	23,333	100%
QPA	2,625	4,500	3,000	375	2,250	86%
Subtotal Expenses	4,058,217	7,805,122	5,022,859	3,977,438	80,778	2%
Miscellaneous and Special Services						
Misc/Cont	5,278	9,048	18,048	17,310	(12,032)	-228%
Wellness, Disease, Case Management	160,417	275,000	275,000	48,438	111,979	70%
Affordable Care Act Taxes	12,087	22,996	15,713	21,911	(9,824)	-81%
A4 Surcharge	463,461	998,145	834,969	429,432	34,029	7%
Plan Documents	5,833	10,000	10,000	0	5,833	100%
Subtotal Misc/Sp Svcs	647,076	1,315,189	1,153,730	517,090	129,985	20%
Total Expenses	4,705,292	9,120,310	6,176,589	4,494,529	210,764	4%
Total Budget	82,870,051	157,403,229	106,640,018	75,590,939	7,279,112	9%

ADMINISTRATION

2027 METRO BUDGET - INTRODUCTION

The 2027 proposed budget is located on page 12 of this report. A 2027 budget presentation is included as an attachment to the agenda which will be reviewed at the meeting.

The Finance Committee also reviewed the presentation and are recommending introduction, as presented. If deemed appropriate, the Committee can introduce the budget and adopt on *October 29, 2026* allowing for Open Enrollment to occur thereafter.

Resolution: 30-26 is in the Consent Agenda or can be moved separately.

Motion: *Motion to introduce the 2027 Metropolitan Health Insurance Fund Budget in the amount of \$184,153,769 and to advertise a public hearing of the budget adoption on October 29, 2026, via zoom.*

MEDICAL TPA

The Contracts Committee met on September 18th to review the responses to the Medical TPA RFP. Following its review, the Committee recommended awarding the contract to Aetna for a three-year term commencing January 1, 2027. Resolution 30-26 is included in the consent agenda.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND UPDATES

The MRHIF met on September 9th where the following agenda items were discussed:

- 1) Introduced the 2027 budget with an overall increase of ~22%
- 2) Bylaw amendment is in process of being filed with the State of New Jersey
- 3) Medical TPA RFP is still with the Office of State Comptroller for pre-advertisement approval
- 4) Reviewing possible new County membership for MRHIF
- 5) Commissioners are reviewing a treasurer recommended surplus policy.

METRO Municipal Employee Benefits Fund				
2027 Proposed Budget				
Census:	Monthly	Annual		
Medical Actna	4,059	48,708		
Rx	1,386	16,632		
Rx Bloomfield	269	3,228		
Dental	1,591	19,092		
Medicare Advantage - Medical	3,377	40,524		
Rx No Medical (Incl in Rx above)	270	3,240		
Dental Only (Incl in Dental above)	222	2,664		
Medicare Advantage - Only (Incl above)	3,033	36,396		
DMO Only	-	-		

	LINE ITEMS	Annualized Budget FY2026	Proposed Budget FY2027	\$ Change	% Change
1	Medical Claims Aetna	\$ 125,650,635	\$ 123,057,553	\$ (2,593,082)	-2.06%
2	Prescription Claims	\$ 11,464,644	\$ 13,587,682	\$ 2,123,038	18.52%
3	Prescription Formulary Rebates	\$ (3,439,393)	\$ (2,038,152)	\$ 1,401,241	-40.74%
4	Prescription- Vaccinations Only	\$ 91,804	\$ 91,611	\$ (193)	-0.21%
5	Dental Claims	\$ 1,348,241	\$ 1,259,964	\$ (88,277)	-6.55%
6					
7	Subtotal Claims	135,115,931	135,958,658	\$ 842,727	0.62%
8					
9	HMO/DMO Premiums	\$ 33,579	\$ 33,579	\$ -	0.00%
10					
11	Medicare Advantage / EGWP	\$ 22,799,066	\$ 24,262,002	\$ 1,462,936	6.42%
12					
13	Reinsurance				
14	Specific	\$ 5,559,587	\$ 6,701,734	\$ 1,142,147	20.54%
15					
16	Total Loss Fund	\$ 163,508,163	\$ 166,955,973	\$ 3,447,810	\$ 0
17					
18	Surplus Retention Regeneration	\$ 1,500,000	\$ 3,000,000	\$ 1,500,000	100.00%
19	Trust Account Contingency		\$ 3,500,000	\$ 3,500,000	0.00%
20	Expenses				
21	Legal	\$ 31,212	\$ 31,212	\$ -	0.0%
22	Treasurer	\$ 30,000	\$ 30,600	\$ 600	2.0%
23	Deputy Treasurer	\$ 7,500	\$ 7,500	\$ -	0.0%
24	Administrator/Benefits Consultant	\$ 1,476,079	\$ 1,514,031	\$ 37,952	2.6%
25	Risk Management Consultants	\$ 3,989,987	\$ 3,989,987	\$ -	0.0%
26	Fund Coordinator	\$ 1,477,200	\$ 1,535,454	\$ 58,254	3.9%
27	TPA - Claims Agent Aetna	\$ 1,670,684	\$ 1,745,695	\$ 75,010	4.5%
28	Dental TPA	\$ 63,767	\$ 63,767	\$ -	0.0%
29	Actuary	\$ 18,207	\$ 18,575	\$ 368	2.0%
30	Auditor	\$ 22,889	\$ 22,889	\$ -	0.0%
31	QPA	\$ 4,500	\$ 4,500	\$ -	0.0%
32					
33	Subtotal Expenses	\$ 8,792,026	\$ 8,964,210	\$ 172,185	1.96%
34					
35	Miscellaneous and Special Services				
36	Misc/Cont	\$ 9,048	\$ 10,259	\$ 1,211	13.38%
37	Wellness, Disease, Case Management	\$ 275,000	\$ 300,000	\$ 25,000	9.09%
38	Affordable Care Act Taxes	\$ 26,193	\$ 26,193	\$ -	0.00%
39	A4 Surcharge	\$ 1,281,812	\$ 1,322,134	\$ 40,321	3.15%
40	Plan Documents	\$ 10,000	\$ 35,000	\$ 25,000	250.00%
41	Claims Audit	\$ 40,000	\$ 40,000	\$ -	0.00%
42	Subtotal Misc/Sp Svcs	\$ 1,642,053	\$ 1,733,585	\$ 91,532	5.57%
43					
44	Total Expenses	\$ 10,434,079	\$ 10,697,796	\$ 263,717	2.53%
45					
46	Total Budget	\$ 175,442,242	\$ 184,153,769	\$ 8,711,527	4.97%



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
Senior Director, HIF Operations	Lenka Bystrianska	lbystrianska@permainc.com	856-479-2214
Director of Benefits Operations	Karen Kidd	kkidd@connerstrong.com	856-552-4644
Client Service Specialist	Roger Watson	rwatson@permainc.com	856-479-2210



METROPOLITAN HEALTH INSURANCE FUND CONTACTS

Benefits Report – September 24, 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

The Leapfrog Group, a nationally recognized independent, nonprofit organization dedicated to improving health care quality and patient safety, has released its 2026 Hospital Safety and Quality Ratings. We encouraged Fund members to utilize Leapfrog as one of several objective resources when evaluating where to receive elective hospital services. While no single rating system should be the sole basis for making health care decisions, Leapfrog provides an easy-to-understand, independent assessment of hospital quality and patient safety that can help consumers make more informed choices.

Leapfrog evaluates hospitals on numerous evidence-based measures related to patient safety, quality, outcomes, and clinical practices, and assigns each participating hospital a simple letter grade (A through F). This straightforward grading system allows patients to quickly compare hospitals and better understand how facilities perform against nationally recognized quality and safety standards. The 2026 publication represents the largest reporting effort in Leapfrog's 26-year history, measuring results for more than 2,400 hospitals – representing

over 80% of all inpatient hospital beds in the US – publicly reporting quality and safety information. In addition, more than 3,900 ambulatory surgery centers are now participating through Leapfrog's expanded public reporting program, bringing the total number of facilities reporting to more than 6,000 nationwide.

We encourage plan members who are considering an elective hospital procedure to review their hospital's rating as part of their decision-making process, along with discussions with their physician and other available quality resources. To search for a hospital's rating, visit the Leapfrog Hospital Ratings database and simply enter the name of the hospital you wish to evaluate.

LINK: <https://www.hospitalsafetygrade.org/>

Pharmacy

The *International Foundation of Employee Benefit Plans (IFEBP)* has released the results of its 2026 survey examining employer and plan sponsor coverage of GLP-1 medications. As employers and plan sponsors continue to balance rising costs with employee health needs, the survey provides valuable insight into how benefit strategies are evolving around weight loss management. The results of the latest survey data is below:

Key Headlines

- 83% continue to exclude weight-loss coverage for solely weight loss purposes.
- 60% of employers cover GLP-1 medications for diabetes only, continuing an upward trend from 49% in 2023.
- 36% provide coverage for both diabetes and weight loss, unchanged from 2025 but significantly higher than 26% in 2023.
- 45% cover GLP-1 medications for other FDA-approved conditions, such as cardiovascular disease and sleep apnea.
- Among employers not covering GLP-1 drugs for weight loss, only 9% are considering adding coverage.
- Rather than expanding coverage, many employers are directing employees to alternative funding options:
 - 27% encourage the use of direct-to-consumer GLP-1 platforms.
 - 21% encourage employees to use FSA, HSA, or integrated HRA funds to help pay for GLP-1 medications.

Rather than relying solely on GLP-1 medications, many employers are investing in broader health management strategies. Among employers offering diabetes and weight-management support:

- 74% provide disease or case management programs.
- 61% offer nutritional counseling.
- 61% cover bariatric surgery.

Many employers and plan sponsors also continue to offer lifestyle modification programs, non-GLP-1 prescription therapies, and other non-medication weight-management interventions.

The survey confirms that rising costs continue to drive employer decision-making. GLP-1 medications represented 6.9% of annual health plan claims in 2023, increasing to 11.4% in 2026. When evaluating coverage for GLP-1 medications for weight loss, employers identified the following as their top considerations:

- Broker, consultant, or PBM recommendations (58%)
- Obesity's impact on chronic disease risk and long-term health costs (46%)
- Effectiveness of cost-control strategies on health plan premiums (44%)
- Long-term costs and challenges measuring outcomes (41%)
- Availability of direct-to-consumer options (39%)
- Availability of oral GLP-1 formulations (34%)
- Selection and oversight of specialty vendors (32%)
- Medication adherence (30%)
- Immediate financial impact (29%)
- Price transparency and flat-fee pricing options (26%)

NJ 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.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
PPO / HDHP	15.7%	19.5%	15.4%	18.8%	16.2%
HMO	10.7%	15.4%	15.4%	15.4%	11.6%
Tiered Network	30.3%	32.6%	33.7%	32.9%	30.8%
Total	16.7%	20.5%	17.7%	20.0%	17.3%
Early Retirees					
PPO / HDHP	35.5%			40.4%	36.5%
HMO	35.5%			40.4%	36.6%
Total	35.5%			40.4%	36.5%
Medicare Retirees					
Medicare Advantage	9.3%			25.1%	18.9%
Medicare Supplement	18.7%			25.1%	22.1%
Total	10.8%			25.1%	19.3%
Grand Total	21.3%			25.9%	22.3%

NJ Schools Employee Health Benefits Program (SEHBP) – Preliminary 2027 Rate Evaluation:
The New Jersey School Employees’ Health Benefits Program (SEHBP) Commission met to consider the proposed 2027 rate increases developed by the State’s actuary, Aon. Despite repeated year-over-year increases, active employee rates across all plans are projected to rise by approximately 34% in 2027. Districts are already confronting significant budget pressures, rising operating costs, and a host of other financial challenges. Continued health benefit increases at this unprecedented pace will place many districts in an extraordinarily difficult – and, in some cases, unmanageable – financial position.

Based on the information presented, it is increasingly clear that the program has reached a point of fundamental instability. Districts that remain in the SEHBP should immediately and seriously evaluate the alternative options available in the private marketplace. At this stage, only a substantial financial intervention accompanied by meaningful structural reform could reasonably restore the program to long-term stability – and any such intervention would itself carry significant additional cost. We are monitoring these developments closely. While the rates remain preliminary, the severity of the underlying financial and actuarial evidence makes it difficult to envision material improvement in the final numbers without outside financial support or a significant change in assumptions.

	Medical	Rx			Total
		Rx Card	MMRx	Total Rx	
Actives					
PPO10/15	45.3%	44.0%	44.0%	44.0%	45.1%
NJEHP	29.0%	45.9%	45.9%	45.9%	31.6%
GSHP	29.0%	45.9%	45.9%	45.9%	32.2%
Total	32.4%	45.4%	45.6%	45.5%	34.4%
Early Retirees					
NJEHP	9.2%			18.1%	11.3%
GSHP	9.2%			18.1%	11.5%
Total	9.2%			18.1%	11.3%
Medicare Retirees					
Medicare Advantage	13.1%			2.4%	6.2%
Medicare Supplement	10.3%			2.4%	6.2%
Total	12.3%			2.4%	6.2%
Grand Total	23.7%			15.4%	21.1%

Fund Performance/Observations

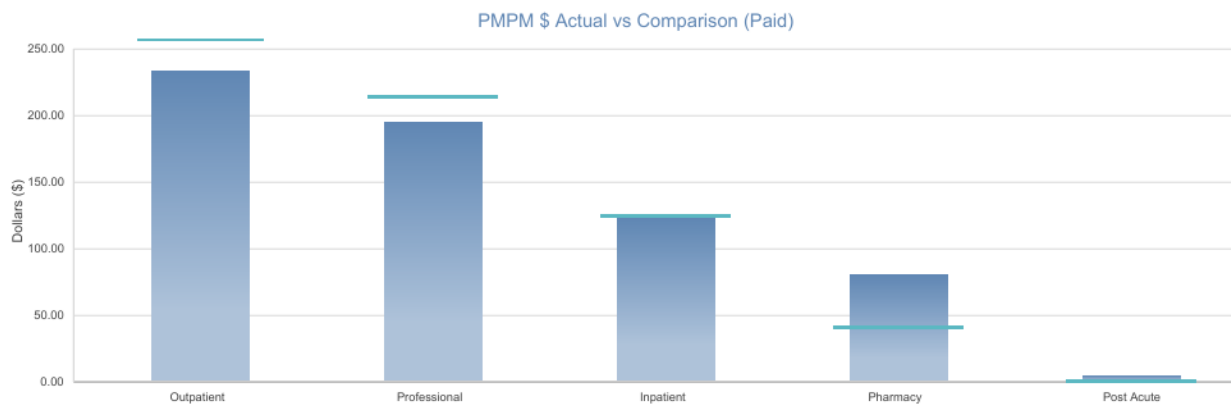
Medical & Pharmacy - Aetna/ESI

Data Review - Key metrics compares Fund years January-June 2026 vs. January-June 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.

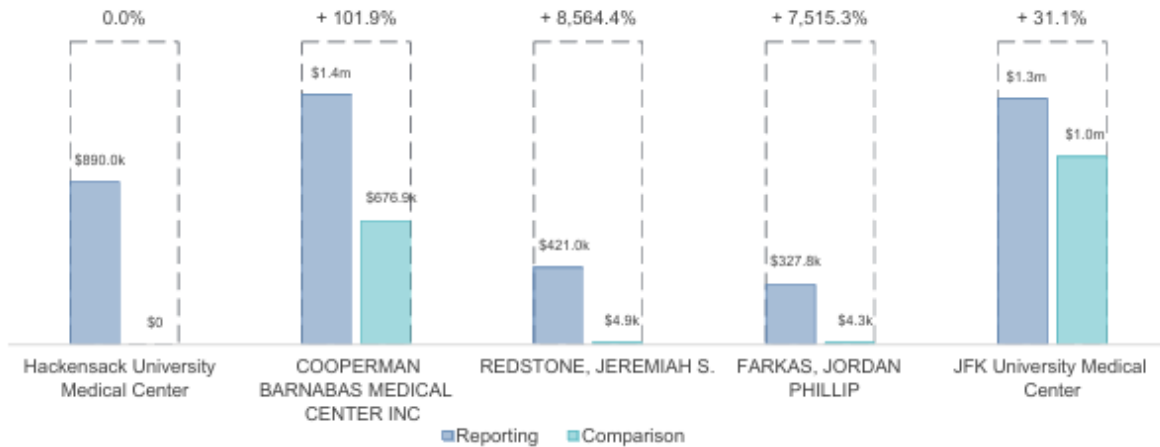
Member Avg Risk Score				Count of Members				Paid Claims Expense (PMPM)				Total Annual Spend - Paid			
1.66	1.61	3.14%	↑	6,528	28.61%	↑		\$634.48	\$737.95	-14.02%	↓	\$39.4M	12.40%	↑	
Current	Comparison	vs Previous		Current	vs Previous			Current	Comparison	vs Previous		Current	vs Previous		



Top 20 Providers – Comparison:

This report presents the top highest paid providers during the reporting and comparison periods. Claims paid for a single provider ID are grouped under that provider in the report. Both institutional and individual providers are included in the ranking. The chart shows the top providers that had the most growth in terms of amount paid between the comparison and reporting periods.

Largest Dollar Increase from Comparison Period

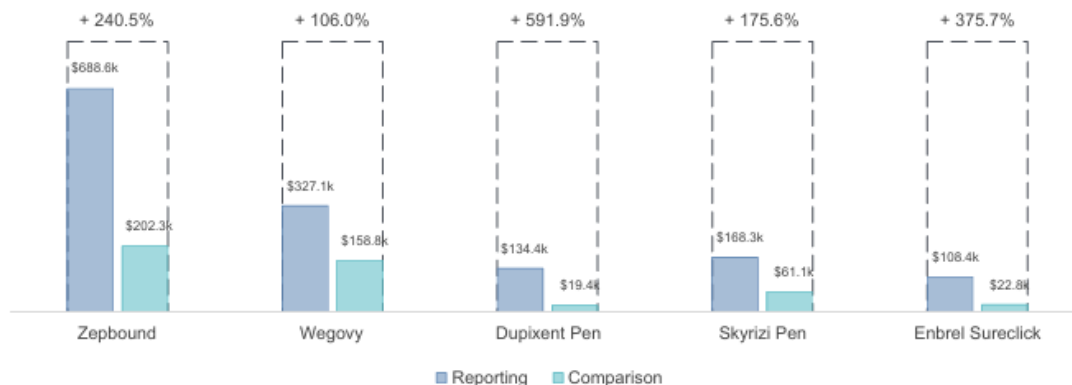


Aetna is reviewing claims submissions from both providers Redstone & Farkas and will report on their findings.

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.

Largest Dollar Increase from Comparison Period



- Zepbound had the largest change in the reporting period with an increase of \$486,377 from the comparison period
- Dupixent Pen has the most significant growth percentage in the reporting period at 592% (\$134,379)

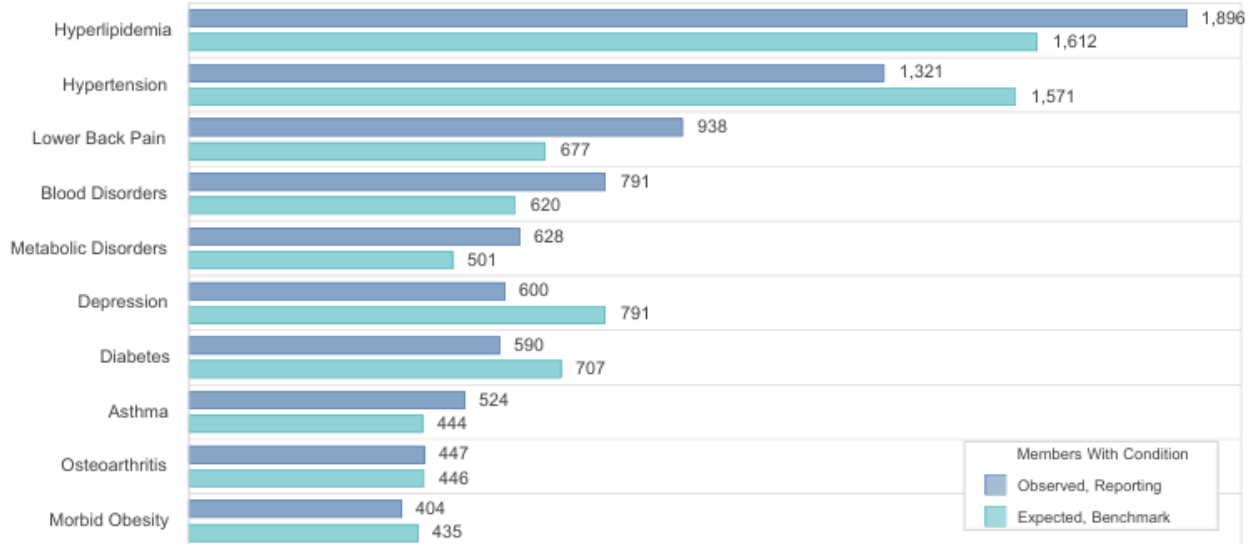
Chronic Conditions Prevalence:

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 1,896 members.
- Hyperlipidemia was also the most prevalent condition in the comparison period with 1,715 members.
- The condition with the greatest % increase in prevalence per 1000 is Cerebral Palsy with 27%.

Top Conditions by Prevalence



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.

DOS	EE Count	In Network				OON				OON TOTALS	
		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	3182	\$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	10002	\$4,274,035	\$1,639	599	2607	\$1,561,525	\$599	20.7%	26.8%
Apr-24	2,619	2725	9747	\$4,026,109	\$1,537	584	2615	\$1,402,004	\$535	21.2%	25.8%
May-24	2,619	2609	9747	\$4,061,219	\$1,551	597	2556	\$1,776,029	\$678	20.8%	30.4%
Jun-24	2,625	2548	9106	\$4,010,620	\$1,528	578	2296	\$1,244,621	\$474	20.1%	23.7%
Jul-24	2,638	2693	9803	\$3,376,218	\$1,507	595	2649	\$1,127,393	\$427	21.3%	22.1%
Aug-24	2,638	2694	9763	\$3,320,617	\$1,259	549	2402	\$1,097,268	\$416	19.7%	24.8%
Sep-24	2,612	2564	9027	\$4,421,664	\$1,693	568	2475	\$1,434,859	\$549	21.5%	24.5%
Oct-24	2,692	2892	10776	\$4,177,699	\$1,552	608	2519	\$1,679,658	\$624	18.9%	28.7%
Nov-24	2,713	2783	9888	\$5,925,831	\$2,184	636	2333	\$1,333,856	\$492	19.1%	18.4%
Dec-24	2,123	2263	7563	\$3,208,990	\$1,512	474	1682	\$1,199,691	\$565	18.2%	27.2%
Jan-25	2,366	2592	9631	\$4,127,064	\$1,744	517	1993	\$1,206,935	\$511	17.1%	22.7%
Feb-25	2,428	2620	8816	\$3,752,570	\$1,546	514	2059	\$1,431,076	\$589	18.9%	27.6%
Mar-25	2,428	2572	9742	\$4,643,163	\$1,912	523	2225	\$1,624,134	\$669	18.6%	25.9%
Apr-25	2,427	2616	9675	\$4,282,960	\$1,765	529	2243	\$1,442,774	\$594	18.8%	25.2%
May-25	2,431	2548	9371	\$3,944,378	\$1,623	492	1925	\$1,470,996	\$605	17.0%	27.2%
Jun-25	2,489	2561	9175	\$4,032,133	\$1,620	497	1999	\$1,435,249	\$577	17.9%	26.3%
Jul-25	2,486	2647	10034	\$4,433,948	\$1,784	538	2135	\$1,532,468	\$616	17.5%	25.7%
Aug-25	2,486	2682	10200	\$4,934,523	\$1,985	539	2137	\$572,614	\$230	17.3%	10.4%
Sep-25	2,486	2568	9144	\$3,934,025	\$1,582	484	1926	\$466,171	\$188	17.4%	10.6%
Oct-25	2,486	2656	9772	\$5,454,639	\$2,194	497	2277	\$545,998	\$220	18.9%	9.1%
Nov-25	2,486	2663	9470	\$3,969,068	\$1,597	469	1892	\$591,640	\$238	16.7%	13.0%
Dec-25	2,486	2801	10275	\$4,875,361	\$1,961	484	2069	\$555,151	\$223	16.8%	10.2%
Jan-26	2,842	3092	11268	\$4,817,570	\$1,695	569	2331	\$481,421	\$169	17.1%	9.1%
Feb-26	2,834	2990	10750	\$5,197,402	\$1,834	559	2231	\$676,440	\$239	17.2%	11.5%
Mar-26	2,978	3359	12606	\$5,373,812	\$1,805	621	2538	\$562,485	\$189	16.8%	9.5%
Apr-26	3,254	3475	12761	\$4,974,703	\$1,529	643	2647	\$543,064	\$167	17.2%	9.8%
May-26	3,252	3334	11443	\$5,474,358	\$1,683	583	2164	\$425,903	\$131	15.9%	7.2%
Jun-26	3,260	3118	9344	\$2,919,315	\$895	385	1055	\$236,187	\$72	10.1%	7.5%
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	114933	\$49,308,472	\$1,583	580	29798	\$17,535,059	\$564	20.5%	26.3%
Average 2025	2,457	2627	115305	\$52,383,833	\$1,776	507	24880	\$12,877,207	\$438	17.7%	19.5%
Average 2026	3,070	1614	68172	\$28,757,159	\$1,574	280	12966	\$2,925,500	\$161	15.7%	9.1%

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.

A detailed utilization review with corresponding cost containment options was presented to the Fund Finance Committee on September 10th. A copy of the presentation is included with this report.

Key recommendation addresses the utilization of GLP-1 medications for weight loss and includes an option to amend the BMI requirement for the medication from ≥ 32 to ≥ 35 , absent any comorbidities.

TPA RFP Evaluation & Recommendation(s):

Through the Fund's QPA, and RFP for medical TPA services was issued and responses were evaluated and presented to the Fund's Contract Committee on August 14th. The following summarizes the evaluation's findings and recommendations.

Traditional TPA Services – Aetna/Meritain/AmeriHealth

- Aetna be retained by the Fund as the exclusive TPA for non RBP plans with the exception of:
- Meritain as the exclusive TPA for a closed cohort of potential Fund members as identified by the Fund Coordinator
- Aetna proposed best in class total fixed costs
- Aetna proposed best in class total costs (fixed & claims)
- Aetna is competitive when considering fees for ancillary services such as claims review, out of network claims negotiations and subrogation
- Aetna does include fee caps on a per claim and aggregate fee for both claims review and out of network claims negotiation services
- Aetna provides name recognition & confidence which is critical to the New Jersey public sector employers
- Remaining with Aetna would avoid implementation disruption, file conversion, provider communication changes, ID-card replacement, and member-service transition risk
- Any competing proposal should produce sufficient measurable savings or strategic improvement to justify those risks
- A change in the current vendor for traditional TPA services would require a March 1, 2027 effective date due to the scale of the transition

Reference Based Pricing Services – AmeriHealth Administrators/Lucent Health

- A dual RBP option approach be implemented with both AmeriHealth Administrators and Lucent Health as the co TPAs. The following are considerations which lead to our final recommendation.
- AmeriHealth Administrators provides the brand recognition and comfort necessary for potential plan electors but only proposed one year rate guarantee
- Lucent Health proposed a three-year rate guarantee which allows for stability to this new plan offering
- Both AmeriHealth Administrators and Lucent Health are agreeable to multiple plan offerings

Legislative Updates

The various Federal agencies regularly release Affordable Care Act (ACA) and other indexed dollar limits for health and group benefit plans. The chart below reflects the recently released ACA affordability percentage threshold and Federal Poverty Level Affordability Monthly Amount applicable for 2027.

	2023	2024	2025	2026	2027
PCORI Fee*	\$3.22	\$3.47	\$3.84	Not Available	Not Available
Health FSA Salary Reduction Cap	\$3,050	\$3,200	\$3,300	\$3,400	Not Available
4980H(a) – Failure to Offer Coverage	\$2,880	\$2,970	\$2,900	\$3,340	\$3,780
4980H(b) – Failure to Offer Affordable Minimum Value Affordability Safe Harbor Coverage	\$4,320	\$4,460	\$4,350	\$5,010	\$5,670
Affordability Safe Harbor %	9.12%	8.39%	9.02%	9.96%	10.22%
Federal Poverty Level Affordability Monthly Amount	\$103.28	\$101.94	\$113.20	\$129.89	\$135.93
ACA Out of Pocket (OOP) Maximum – Self Only	\$9,100	\$9,450	\$9,200	\$10,600	\$12,000
ACA OOP Maximum – Other than Self Only	\$18,200	\$18,900	\$18,400	\$21,200	\$24,000
Health Savings and High Deductible Health Plan (HSA/HDHP) OOP Maximum – Self Only	\$7,500	\$8,050	\$8,300	\$8,500	\$8,700
HSA/HDHP OOP Maximum – Family	\$15,000	\$16,100	\$16,600	\$17,000	\$17,400
HSA Contribution Limit – Self Only HDHP	\$3,850	\$4,150	\$4,300	\$4,400	\$4,500
HSA Contribution Limit – Family HDHP	\$7,750	\$8,300	\$8,550	\$8,750	\$9,000
HDHP Minimum Required Deductible – Self Only	\$1,500	\$1,600	\$1,650	\$1,700	\$1,750
HDHP Minimum Required Deductible – Family	\$3,000	\$3,200	\$3,300	\$3,400	\$3,500

*PCORI fee amounts are generally effective for plan years ending on or after October 1st of the referenced year and before October 1st of the following year. For example, the 2025 PCORI fee amount is applicable for plan years ending on or after October 1, 2025, and before October 1, 2026. The 2025 PCORI fee is due July 31, 2026, for self-insured plan years ending in 2025. Note this chart is for illustrative purposes only, and in some cases the effective date of a limit may not be January 1 of the referenced year, but rather may depend on the applicable "plan year".

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.

2027 Fund Year Open Enrollment

- Open Enrollment for the 2027 Fund year will be held October 26th through November 6th
- All enrollment transactions should be completed by November 20th in WEX to ensure ID cards are delivered prior to the beginning of the new Fund year

- Open Enrollment guides & related materials are being updated and will be circulated once finalized

To assure the appropriate amount of time to implement new Fund members and amendments to existing Fund members plans, notification deadline for the aforementioned is October 15th for a January 1, 2027, effective date.

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
8/21/2026	Medical/Aetna	METRO 2026 08 01	Anesthesia	Under Review	
8/28/2026	Medical/Aetna	METRO 2026 08 02	Experimental/Investigation	IRO	9/8/2026
9/4/2026	Medical/Aetna	METRO 2026 09 01	Anesthesia	Under Review	

IRO Submissions

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
9/8/2026	Medical/Aetna	METRO 2026 08 02	Experimental/Investigation	Under Review	

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
- 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).

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 METRO pharmacy benefits. The highlighted sections will be completed by ESI and mailed beginning the week of September 21, 2026.

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	jrobinson@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

<u>Monthly Items</u>	<u>Filing Status</u>
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 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	The Canning Group	Y	Y	3/19/2026-12/31/2026
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				



Groups that have Joined:		
Prospective Client	Effective Date	Note(s)
Plainfield Area Regional Sewage Authority MAPD	10.1.2026	Joining Metro HIF MA Pool 10.1.2026
Atlantic City MUA MAPD	10.1.2026	Joining Metro HIF MA Pool 10.1.2026
Hoboken Housing Authority MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026
Woodbridge Fire District 2 MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026
Woodbridge Fire District 7 MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026
Clementon Borough MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026
Glen Ridge Borough MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026
Princeton Municipality MAPD	11.1.2026	Joining Metro HIF MA Pool 11.1.2026

Finalist Presentation:		
Prospective Client	Effective Date	Note(s)
1 Bergen County Borough	1.1.2027	Presenting to Unions
1 Bergen County BOE	1.1.2027	Final Proposal being drafted
1 Union County BOE	1.1.2027	Broker Presenting 9.15.2026

Currently Being Evaluated:		
Client Type	Number of Entities	Note(s)
Medicare Only (MAPD) Clients	16 Entities	Various stages of underwriting/ evaluation
Board of Educations	4 Entities	
Municipalities	4 Entities	
Miscellaneous	2 Entities	
Dental	2 Entities	

Metro HIF Contacts:		
Name and Title	Email	Phone
Joseph DiVincenzo - President	joed@eaglerockmq.com	856-420-2989 x4685
Thomas Kelly - Account Manager	tom@eaglerockmq.com	856-420-2989 x3938
Diane Romano - Senior Account Manager	dianer@eaglerockmq.com	856-420-2989 x3633
Nayely Sandoval - Account Manager	nayely@eaglerockmq.com	856-955-1353 x96884

The Metro HIF continues to maintain a strong growth pipeline. We have secured 8 Medicare Advantage (MAPD) entities joining our Medicare Pool with October and November 2026 effective dates. Additionally, 3 organizations have advanced to finalist status for January 2027 implementation, including a municipality and two boards of education. The Fund is also actively pursuing 16 Medicare Advantage prospects, along with 4 boards of education, 4 municipalities, 2 miscellaneous public entities, and 2 dental opportunities that are currently in various stages of underwriting and evaluation.

As we continue to pursue growth opportunities, Eagle Rock Management Group and PERMA remain committed to conducting a thorough evaluation of every prospective group before extending a proposal. This disciplined underwriting approach helps protect the long-term stability of the Fund and ensures that growth is aligned with the best interests of our current membership. We sincerely thank our members for their continued participation, trust, and support, which remain the foundation of the Metro HIF's ongoing success.

METROPOLITAN HEALTH INSURANCE FUND

BILLS LIST

AUGUST 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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	PROGRAM MANAGER FEES 09/25	42,955.77
PERMA	ADMIN FEES 09/25	35,145.63
		78,101.40
PKF O'CONNOR DAVIES, LLP	AUDIT FY ENDING 12/25 CLIENT # 3500419	14,500.00
		14,500.00
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 08/25	212,655.09
		212,655.09
	Total Payments FY 2025	305,256.49

FUND YEAR 2026

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	PROGRAM MANAGER 08/26	76,899.90
PERMA	ADMIN FEES 08/26	62,918.10
PERMA	POSTAGE 07/26	98.24
		139,916.24
THE CANNING GROUP LLC	QPA SERVICES INV 2026-08 08/26	375.00
		375.00
TOWNSHIP OF WEST CALDWELL	Q2 2026 MEETING EXPENSE 08/26	300.00
		300.00
BLOOMFIELD LIBRARY	Q2 2026 MEETING ATTENDANCE 08/26	450.00
		450.00
CAMERON E. COX	Q2 2026 MEETING ATTENDANCE 08/26	300.00
		300.00
MARGARET HEISEY	Q2 2026 MEETING ATTENDANCE 08/26	450.00
		450.00
TOWNSHIP OF MILLBURN	Q2 2026 MEETING ATTENDANCE 08/26	300.00
		300.00
TOWNSHIP OF MAPLEWOOD	Q2 2026 MEETING ATTENDANCE 08/26	450.00
		450.00
USA TODAY MEDIA CORP.	A# 1488194 ORDER# 12159236 07/2026	47.60
		47.60

ANTONELLI KANTOR RIVERA	LEGAL FEES INV 24766 06/26	2,895.00 2,895.00
ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 08/26	219,501.98 219,501.98
BROWN & BROWN METRO, LLC	BROKER FEES 08/26	58,836.39 58,836.39
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 08/26	556,552.19 556,552.19
	TOTAL CHECKS 2026	980,374.40
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 08/26	1,798,298.09 1,798,298.09
UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 08/26	107,767.71 107,767.71
DELTA DENTAL INSURANCE COMPANY	DENTAL- BE007142141 F1-7871900000 08/26	5,927.19 5,927.19
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 08/26	126,010.93 126,010.93
EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 08/26	139,512.00 139,512.00
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 08/26	5,283.88 5,283.88
AETNA	MEDICAL TPA FEES 08/26	167,246.80 167,246.80
INSURANCE SOLUTIONS, INC	BROKER FEES 08/26	746.64 746.64
POINT ACCOUNTING GROUP	TREASURER FEE 08/26	2,500.00 2,500.00
MACCHIA FINANCIAL LLC	DEPUTY TREASURER 08/26	625.00 625.00
COSMO A. CIRILLO	Q2 2026 MEETING ATTENDANCE 08/26	450.00 450.00
	TOTAL ACH/WIRES 2026	2,354,368.24
	Total Payments FY 2026	3,334,742.64
	TOTAL PAYMENTS ALL FUND YEAR	3,639,999.13

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

BILLS LIST

SEPTEMBER 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

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA	PROGRAM MANAGER FEES 10/25	42,404.23
PERMA	ADMIN FEES 10/25	34,694.37
		77,098.60
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 09/25	213,268.94
		213,268.94
	Total Payments FY 2025	290,367.54

FUND YEAR 2026

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
HQSI, INC.	INV 260430-MRHIF-3 FOR 04/2026	500.00
HQSI, INC.	INV 260731-MRHIF-1 FOR 07/2026	900.00
		1,400.00
PERMA	ADMIN FEES 09/26	55,026.18
PERMA	PROGRAM MANAGER 09/26	67,254.22
PERMA	POSTAGE 08/26	179.60
		122,460.00
THE CANNING GROUP LLC	QPA SERVICES INV 2026-09 09/26	375.00
		375.00
SOUTHERN NEW JERSEY EBF	REIMBURSE OSC REVIEW 04/26-06/26	497.30
		497.30
USA TODAY MEDIA CORP.	A# 1488194 ORDER# 12159247 08/2026	47.60
		47.60
ANTONELLI KANTOR RIVERA	LEGAL FEES INV 24989 07/26	5,910.00
		5,910.00
ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 09/26	145,239.35
		145,239.35
BROWN & BROWN METRO, LLC	BROKER FEES 09/26	58,268.83
		58,268.83
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 09/26	461,586.77
		461,586.77
	TOTAL CHECKS 2026	795,784.85

AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 09/26	1,769,893.77 1,769,893.77
UNITED HEALTHCARE INS COMPANY	MEDICARE ADVANTAGE 09/26	110,228.16 110,228.16
DELTA DENTAL INSURANCE COMPANY	DENTAL- BE007196614 F1-7871900000 09/26	5,927.19 5,927.19
FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 09/26	126,164.20 126,164.20
EAGLE ROCK MANAGEMENT GROUP, LLC	FUND COORDINATOR 09/26	122,426.00 122,426.00
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 09/26	5,350.68 5,350.68
AETNA	MEDICAL TPA FEES 09/26	138,709.20 138,709.20
INSURANCE SOLUTIONS, INC	BROKER FEES 09/26	746.64 746.64
POINT ACCOUNTING GROUP	TREASURER FEE 09/26	2,500.00 2,500.00
MACCHIA FINANCIAL LLC	DEPUTY TREASURER 09/26	625.00 625.00
	TOTAL ACH/WIRES 2026	2,282,570.84
	Total Payments FY 2026	3,078,355.69
	TOTAL PAYMENTS ALL FUND YEAR	3,368,723.23

Chairperson

Attest:

Dated:

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

Treasurer

Metro Employee Benefits Fund												
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED												
Current Fund Year: 2026 Month Ending: July												
	Medical	Dental	Rx	Vision	Run-In	Reinsurance	RSR	Admin	Dividend Reserve	BMED Interfund	TO TAL	
OPEN BALANCE	(2,598,417.95)	138,168.07	(2,021,424.02)	0.00	0.00	1,116,472.80	1,722,924.47	1,174,761.18	0.00	0.00	(467,515.45)	
RECEIPTS												
Assessments	13,937,253.50	119,267.07	750,384.46	0.00	0.00	508,003.46	138,356.76	605,713.24	0.00	0.00	16,058,978.49	
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	11,408.92	155.16	0.00	0.00	0.00	1,469.44	1,934.70	1,374.38	0.00	0.00	16,342.60	
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	11,408.92	155.16	0.00	0.00	0.00	1,469.44	1,934.70	1,374.38	0.00	0.00	16,342.60	
Other *	492,659.70	(99,116.30)	675,866.46	0.00	0.00	(27,939.89)	(221,452.65)	(183,251.02)	0.00	0.00	636,766.30	
TOTAL	14,441,322.12	20,305.93	1,426,250.92	0.00	0.00	481,533.01	(81,161.19)	423,836.60	0.00	0.00	16,712,087.39	
EXPENSES												
Claims Transfers	8,454,016.02	92,452.35	1,188,755.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,735,224.09	
Expenses	1,893,226.04	5,927.19	0.00	0.00	0.00	584,428.08	0.00	807,971.02	0.00	0.00	3,291,552.33	
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	10,347,242.06	98,379.54	1,188,755.72	0.00	0.00	584,428.08	0.00	807,971.02	0.00	0.00	13,026,776.42	
END BALANCE	1,495,662.11	60,094.46	(1,783,928.82)	0.00	0.00	1,013,577.73	1,641,763.28	790,626.76	0.00	0.00	3,217,795.52	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES										
Metro Employee Benefits Fund										
Month		July								
Current Fund Year		2026								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid July	Monthly Recoveries July	Calc. Net Paid Thru July	TPA Net Paid Thru July	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month	
2026	Medical	30,660,612.33	8,214,976.58	0.00	38,875,588.91	0.00	38,875,588.91	30,660,612.33	8,214,976.58	
	Dental	612,342.06	91,780.85	0.00	704,122.91	0.00	704,122.91	612,342.06	91,780.85	
	Rx	4,956,345.48	1,188,755.72	0.00	6,145,101.20	0.00	6,145,101.20	4,956,345.48	1,188,755.72	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	36,229,299.87	9,495,513.15	0.00	45,724,813.02	0.00	45,724,813.02	36,229,299.87	9,495,513.15	

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS		
Metro Employee Benefits Fund		
ALL FUND YEARS COMBINED		
CURRENT MONTH	July	
CURRENT FUND YEAR	2026	
Description: CHECKING ID Number: Maturity (Yrs) Purchase Yield:		
TOTAL for All Accts & instruments		
Opening Cash & Investment Balance	-\$467,515.88 -	467,515.88
Opening Interest Accrual Balance	\$0.00	-
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$16,342.60	\$16,342.60
6 Interest Paid - Term Instr.s	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00
8 Net Investment Income	\$16,342.60	\$16,342.60
9 Deposits - Purchases	\$16,695,744.79	\$16,695,744.79
10 (Withdrawals - Sales)	-\$13,026,776.42	-\$13,026,776.42
Ending Cash & Investment Balance	\$3,217,795.09	\$3,217,795.09
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$1,434,400.94	\$1,434,400.94
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$4,652,196.03	\$4,652,196.03



METRO CLAIMS

Monthly Claim Activity Report

September 24, 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	\$8,436,266	3,270	\$ 2,580
JULY	\$4,979,246	2,440	\$ 2,041	\$7,472,522	4,128	\$ 1,810
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			\$47,662,047		
				2026 Average	3,232	\$ 2,117
				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: 07/01/2026 - 07/31/2026
Service Dates: 01/01/2011 - 07/31/2026
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$282,373.56	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$266,571.86	MALIGNANT NEOPLASM OF TRANSVERSE COLON
	\$176,069.92	SPINAL STENOSIS, LUMBAR REGION WITHOUT
	\$161,418.64	MALIGNANT NEOPLASM OF ENDOMETRIUM
	\$123,421.30	LOW BACK PAIN, UNSPECIFIED
	\$111,246.97	HEMIPLEGIA AND HEMIPARESIS FOLLOWING
Total:	\$1,121,102.25	

Medical Claims Paid Average Per Employee Per Month (PEPM) January 2026 – July 2026 Total Medical Paid per Employee: \$2,117	
Network Discounts Inpatient: 68.5% Ambulatory: 67.9% Physician/Other: 64.6% TOTAL: 66.5%	
Provider Network % Admissions In-Network: 96.1% % Physician Office: 91.1% Aetna Book of Business: Admissions 97.6%; Physician 91.9%	
Top Facilities Utilized (by total Medical Spend) - Hackensack University Medical Center - Cooperman Barnabas Medical Center - JFK University Medical Center - Overlook Medical Center - Morristown Medical Center	

Catastrophic Claim Impact (January 2026 - July 2026) Number of Claims Over \$50,000: 147 Claimants per 1000 members: 19.7 Avg. Paid per Claimant: \$127,417 Percent of Total Paid: 39.7% Aetna BOB- HCC account for an average of 46.2% of total Medical Cost	Aetna One Flex Care Mgmt Member Outreach: Total Members Identified: 1,830 Members Targeted for 1:1 Nurse Support : 316 Members identified for Digital Activity: 1,514 Members receiving Aetna Advice: 4,546 Average Aetna Advice outreaches per member: 1.7
 CVS Virtual Care Completed Visits this month : 13 Unique Patients this month: 12 Completed Visits in 2026 : 137 Unique Patients in 2026: 93 BoB Average First Available 24/7 Care: 32 Minutes BoB Average First Available MH : 5 Days	

Service Center Performance Goal Metrics YTD 2026 Customer Service Performance 1 st Call Resolution: 93.5% Abandonment Rate: 0.15% Avg. Speed of Answer: 4.7 sec Claims Performance Financial Accuracy: 98.53% 90% processed w/in: 8.1 days 95% processed w/in: 17.4 days *****	
Claims Performance (Monthly) (June 2026) 90% processed w/in: 8.2 days 95% processed w/in: 14.9 days (Note: This is not a PG metric) *****	
Performance Goals 1 st 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®

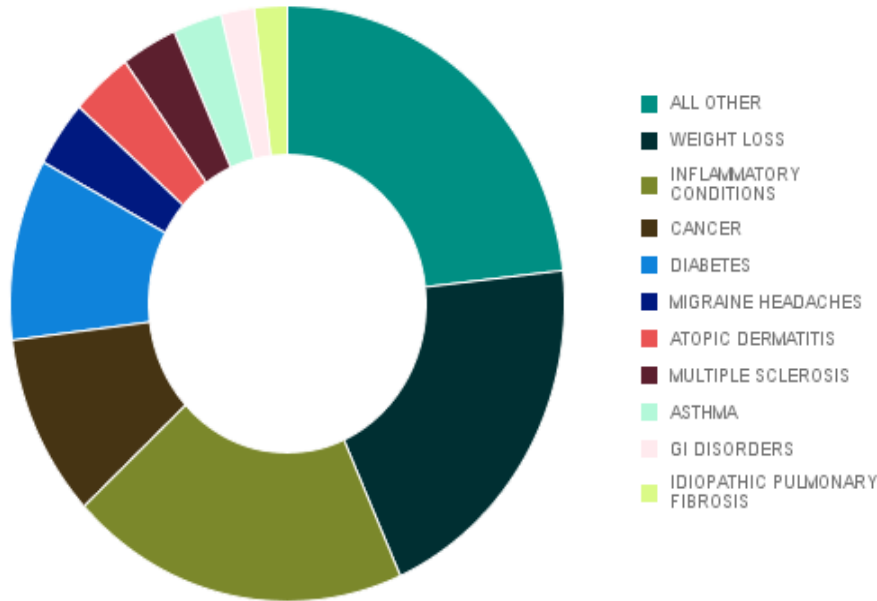
Metropolitan Health Insurance Fund

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	3,609								
Total Days	101,223	74,686	119,187	312,599	135,810	135,273	145,181	416,410	139,463								
Total Patients	946	772	1,094	1,583	1,327	1,318	1,326	2,021	1,369								
Total Plan Cost	\$641,831	\$381,450	\$877,030	\$2,112,240	\$1,006,048	\$1,106,818	\$937,765	\$3,051,291	\$1,210,692								
Generic Fill Rate (GFR) - Total	84.5%	84.6%	83.7%	83.9%	83.8%	83.1%	83.5%	83.5%	83.0%								
Plan Cost PMPM	\$246.95	\$147.51	\$294.01	\$258.60	\$279.85	\$307.88	\$259.98	\$282.61	\$335.46								
% Change Plan Cost PMPM	8.5%	-2.3%	27.7%	27.9%	31.5%	58.3%	8.9%	31.2%	40.3%								
Total Specialty Plan Cost	\$290,703	\$91,160	\$381,572	\$870,722	\$436,767	\$496,517	\$328,310	\$1,261,594	\$550,905								
Specialty % of Total Specialty Plan Cost	45.3%	23.9%	43.5%	41.2%	43.4%	44.9%	35.0%	41.3%	45.5%								

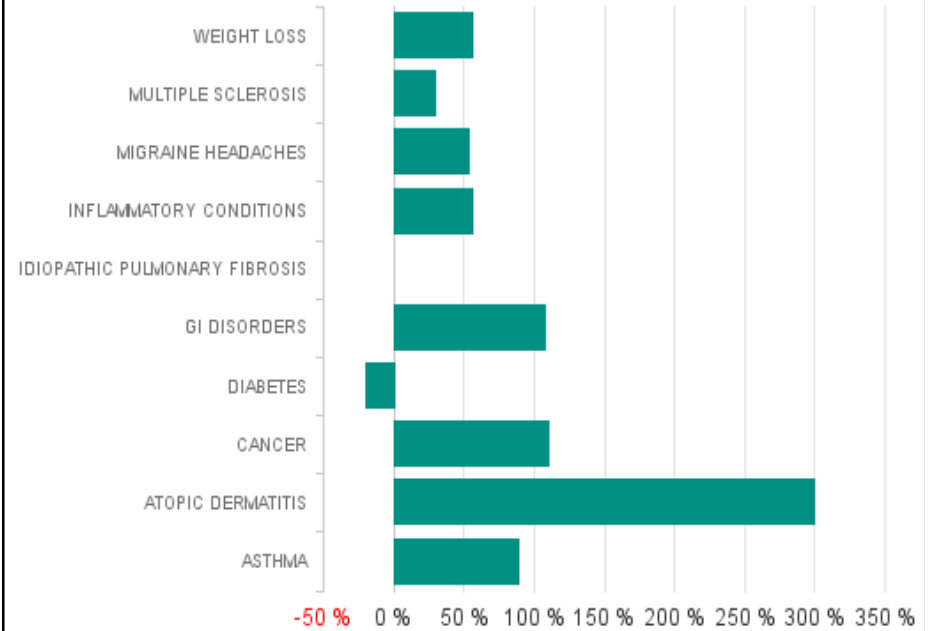
Top Indications

Metropolitan Health Insurance (Current Period 01/2026 - 07/2026 vs. Previous Period 01/2025 - 07/2025) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period							Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM	
1	3	WEIGHT LOSS	26.2 %	1,228	\$1,317,028	\$58.34	2.0 %	3.3 %	25.5 %	417	\$450,707	\$37.53	1.0 %	5.1 %	55.5 %	
2	2	INFLAMMATORY CONDITIONS	25.8 %	374	\$1,296,064	\$57.41	37.7 %	30.1 %	24.9 %	179	\$440,826	\$36.71	56.4 %	32.7 %	56.4 %	
3	4	CANCER	12.9 %	185	\$651,446	\$28.86	87.0 %	78.1 %	9.3 %	46	\$164,660	\$13.71	82.6 %	77.2 %	110.5 %	
4	1	DIABETES	12.8 %	2,153	\$644,375	\$28.55	37.5 %	27.4 %	24.2 %	1,312	\$428,204	\$35.66	32.8 %	26.3 %	-19.9 %	
5	6	MIGRAINE HEADACHES	4.7 %	306	\$235,810	\$10.45	31.4 %	51.3 %	4.6 %	111	\$81,862	\$6.82	36.0 %	54.4 %	53.2 %	
6	5	ATOPIC DERMATITIS	4.7 %	411	\$234,596	\$10.39	74.2 %	80.1 %	1.8 %	211	\$31,199	\$2.60	93.8 %	83.5 %	300.0 %	
7	9	MULTIPLE SCLEROSIS	4.2 %	35	\$212,903	\$9.43	25.7 %	39.9 %	5.0 %	12	\$87,735	\$7.31	50.0 %	44.6 %	29.1 %	
8	7	ASTHMA	3.7 %	1,011	\$186,954	\$8.28	85.6 %	89.6 %	3.0 %	576	\$52,773	\$4.39	86.5 %	89.3 %	88.5 %	
9	8	GI DISORDERS	2.5 %	259	\$127,025	\$5.63	56.4 %	58.3 %	1.8 %	97	\$32,604	\$2.71	53.6 %	58.1 %	107.3 %	
10	10	IDIOPATHIC PULMONARY FIBROSIS	2.5 %	9	\$125,751	\$5.57	22.2 %	22.5 %	NA	NA	NA	NA	NA	0.7 %	NA	
Total Top 10				5,971	\$5,031,951	\$222.91	42.8 %	43.5 %		2,961	\$1,770,570	\$147.44	46.2 %	45.1 %	51.2 %	

Top Drugs

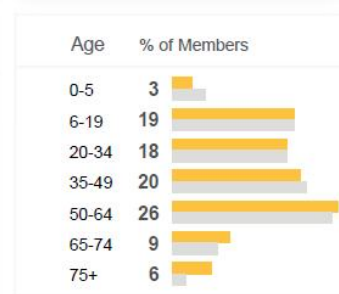
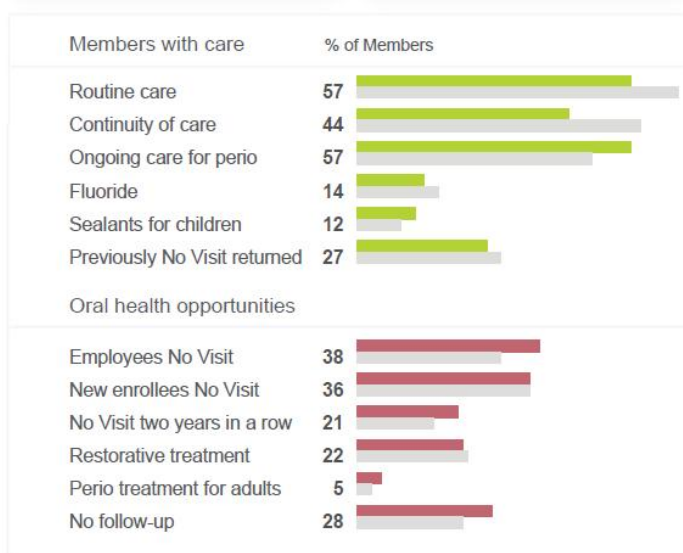
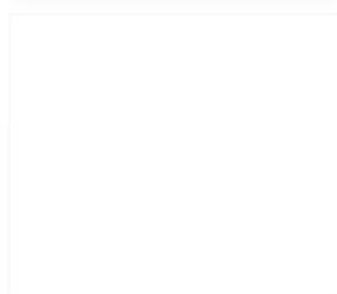
Metropolitan Health Insurance (Current Period 01/2026 - 07/2026 vs. Previous Period 01/2025 - 07/2025) Peer = Government - National Preferred Formulary

					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	865	158	\$888,113	\$39.34	254	47	\$256,019	\$21.32	84.5 %
2	9	WEGOVY	WEIGHT LOSS	N	336	74	\$426,979	\$18.91	155	30	\$193,539	\$16.12	17.4 %
3	137	VORANIGO	CANCER	Y	7	1	\$289,087	\$12.81	NA	NA	NA	NA	NA
4	7	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	34	5	\$231,010	\$10.23	10	2	\$77,512	\$6.45	58.5 %
5	1	MOUNJARO	DIABETES	N	199	37	\$209,785	\$9.29	105	20	\$105,234	\$8.76	6.1 %
6	5	OZEMPIC	DIABETES	N	187	35	\$179,933	\$7.97	106	18	\$94,119	\$7.84	1.7 %
7	17	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	23	3	\$176,897	\$7.84	6	1	\$39,621	\$3.30	137.5 %
8	14	RINVOQ	INFLAMMATORY CONDITIONS	Y	28	6	\$168,899	\$7.48	2	1	\$17,831	\$1.48	403.9 %
9	21	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	14	2	\$147,865	\$6.55	8	1	\$83,152	\$6.92	-5.4 %
10	183	SCEMBLIX	CANCER	Y	7	1	\$141,614	\$6.27	8	1	\$164,356	\$13.69	-54.2 %
11	50	TREMFYA PEN	INFLAMMATORY CONDITIONS	Y	8	2	\$119,226	\$5.28	NA	NA	NA	NA	NA
12	10	DUPIXENT PEN	ATOPIC DERMATITIS	N	38	10	\$107,054	\$4.74	NA	NA	NA	NA	NA
13	165	VUMERITY	MULTIPLE SCLEROSIS	Y	12	2	\$88,365	\$3.91	6	1	\$55,653	\$4.63	-15.5 %
14	103	ENBREL	INFLAMMATORY CONDITIONS	Y	11	2	\$78,171	\$3.46	NA	NA	NA	NA	NA
15	27	NURTEC ODT	MIGRAINE HEADACHES	N	49	18	\$74,782	\$3.31	21	7	\$33,833	\$2.82	17.6 %
16	35	KESIMPTA PEN	MULTIPLE SCLEROSIS	Y	7	1	\$70,672	\$3.13	NA	NA	NA	NA	NA
17	30	OTEZLA	INFLAMMATORY CONDITIONS	Y	15	3	\$68,214	\$3.02	NA	NA	NA	NA	NA
18	84	TEZSPIRE	ASTHMA	Y	16	3	\$67,907	\$3.01	NA	NA	NA	NA	NA
19	45	KISQALI	CANCER	Y	6	1	\$66,519	\$2.95	NA	NA	NA	NA	NA
20	151	JASCAYD	IDIOPATHIC PULMONARY FIBR	Y	4	1	\$65,641	\$2.91	NA	NA	NA	NA	NA
21	63	TREMFYA PEN INDUCTION (2	INFLAMMATORY CONDITIONS	Y	3	1	\$61,390	\$2.72	NA	NA	NA	NA	NA
22	47	LENALIDOMIDE	CANCER	Y	4	1	\$59,802	\$2.65	NA	NA	NA	NA	NA
23	23	JARDIANCE	DIABETES	N	184	31	\$57,562	\$2.55	105	18	\$59,972	\$4.99	-48.9 %
24	54	UBRELVY	MIGRAINE HEADACHES	N	42	14	\$48,809	\$2.16	8	5	\$8,124	\$0.68	219.6 %
25	42	QULIPTA	MIGRAINE HEADACHES	N	43	8	\$48,248	\$2.14	24	4	\$25,305	\$2.11	1.4 %
Total Top 25					2,142		\$3,942,542	\$174.65	818		\$1,214,269	\$101.11	72.7 %



METROPOLITAN HEALTH INSURANCE FUND

Group 03606 | 3,757 Members | Q2 2025 - Q1 2026



Your Group ■ ■ ■
Peers ■

Dental Action Report

Crista C. O'Donnell
Account Manager
codonnell@deltadentalnj.com



Your Peer Comparison
17 groups in Insurance Carriers and Related Activities, statewide
100+ members
High % of visits in NJ (your group has 94%)

**METROPOLITAN HEALTH INSURANCE FUND
CONSENT AGENDA
SEPTEMBER 24, 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 30-26: 2027 Budget Introduction	Page 45
Resolution 31-26: Awarding Medical TPA	Page 46
Resolution 32-26: August and September 2026 Bills List.....	Page 50

RESOLUTION NO. 30-26

**METROPOLITAN HEALTH INSURANCE FUND
INTRODUCTION OF THE 2027 PROPOSED BUDGET**

WHEREAS, The Metropolitan Health Insurance Fund is required under State regulation to adopt an annual budget in accordance with the Fiscal Affairs Law; and

WHEREAS, a quorum of the Executive Committee met on September 24, 2026, in Public Session to introduce the proposed budget for the 2027 Fund Year; and

BE IT FURTHER RESOLVED that a hearing on the 2027 budget in the amount **\$184,153,769** shall be held at the Fund's regularly scheduled and advertised meeting of October 29, 2026 at 12noon, to be held VIA Zoom Application. The 2027 budget shall be considered for adoption at a second reading at that time and after the completion of a public hearing.

BE IT FURTHER RESOLVED that copies of this resolution shall be sent to each Commissioner, Risk Manager, and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

ADOPTED: September 24, 2026

BY:_____

CHAIRPERSON

ATTEST:

SECRETARY

**METROPOLITAN HEALTH INSURANCE FUND
RESOLUTION AWARDDING MEDICAL TPA CONTRACT**

WHEREAS, the Metropolitan Health Insurance Fund (hereinafter "the Fund") is duly constituted as an insurance Fund under 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 N.J.A.C. 5:34; and

WHEREAS, N.J.S.A 40A:11-5(1)(a)(ii) and (m) of the LCPL exempts such Extraordinary Unspecifiable Services (EUS) from competitive bidding; and

WHEREAS, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services, in accordance with N.J.S.A 40A:11-5(1)(a)(ii) and (m); and

WHEREAS, the fund advertised and received quotes for Medical Claims Third Party Administrator (TPA) and Provider Network Services for the Fund on June 4, 2026, at 3:00 P.M., in a non-fair and open manner, in accordance with N.J.S.A. 19:44A-20.5; and

WHEREAS, the Qualified Purchasing Agent (QPA) has filed a certificate with the Fund describing the nature of the work to be done, and specifying other requirements, in accordance with N.J.A.C. 5:34-2.3(b);

WHEREAS, the contracts committee reviewed submittals by respondents and determined that the submittal by Aetna was the most advantageous price and other factors considered; and

WHEREAS, the Executive Director hereby certifies that adequate funds are available for this purpose; and

NOW, THEREFORE, BE IT RESOLVED, by Metropolitan Health Insurance Fund:

1. Upon receipt of the Business Entity Disclosure Form, the Executive Director is hereby authorized and directed to procure Medical Third-Party Administrator services for a three year term effective January 1, 2027, through December 31, 2029 with the fees listed below:
 - Medical Third-Party Administrator – Aetna at \$35.84 pepm (approx. \$1,745,695 based upon September 24, 2026 census)
2. This contract is made without competitive bidding as an "Extraordinary, Unspecifiable Service" in accordance with N.J.S.A. 40A:11-5(1)(a)(ii), and N.J.S.A. 40A:11-5(1)(m) because it involves insurance contracts and/or services, as permitted by law.

BE IT FURTHER RESOLVED that a copy of this Resolution, the relevant certification, and the contract providing the specified services will be on file in the Fund's office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund's official newspapers in accordance with pursuant to N.J.S.A. 40A:11-5(1)(a) and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

BE IT FURTHER RESOLVED this Resolution shall take effect immediately upon passage according to law.

ADOPTED: September 24, 2026

BY:_____

CHAIRPERSON

ATTEST:

SECRETARY

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Metropolitan Health Insurance Fund
DATE: September 24, 2026
SUBJECT: This is a contract for selection of a MEDICAL CLAIMS THIRD PARTY ADMINISTRATOR (TPA) AND PROVIDER NETWORK SERVICES

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna
Estimated Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted
Duration: January 1, 2027, through December 31, 2029
Purpose: Provide Medical Claims Third Party Administrator (TPA) and Provider Network Services for the Metropolitan Health Insurance Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

Aetna will provide the day-to-day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage. The Fund, however, reserves the right to separately procure individual requirements that are the subject of the Contract during the Contract term, when deemed by the Fund Board of Commissioners to be in the Funds best interest.

2. Describe in detail why the contract meets the provisions of the statute and rules:

Pursuant to N.J.S.A. 40A:11-5(1)(m) , it is permissible by law that insurance contracts and/or services.

Since “insurance” includes the purchase of insurance coverage and consultant services, it is considered as a “statutory” EUS and does not require supporting reasons for its action beyond citing the statutory reference.

The New Jersey Department of Community Affairs, Division of Local Government Services has also concluded that those services that are part of traditional insurance coverage, such as administrative services, claims administration services, risk assignment, participation in a joint self-insurance fund, a risk management program, or related services could qualify as an EUS.

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

- Meritain (traditional) - \$34.00 PEPM
- AmeriHealth (traditional) - \$38.28 PEPM for year 1, \$39.42 PEPM for year 2, \$40.60 PEPM for year 3

- AmeriHealth (RBP) - \$34.00 PEP
- Lucent Health (RBP) - \$24.50

5. **I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name _____
(Signature)

Title _____

RESOLUTION NO. 32-26

**METROPOLITAN HEALTH INSURANCE FUND
APPROVAL OF THE AUGUST AND SEPTEMBER 2026 BILLS LIST**

WHEREAS, the **Metropolitan Health Insurance Fund** held a Public Meeting on **September 24, 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 August and September 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 August and September 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: SEPTEMBER 24, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

METROPOLITAN HEALTH INSURANCE FUND

MINUTES OF THE OPEN PUBLIC MEETING

July 16, 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.

ROLL CALL OF 2026 EXECUTIVE COMMITTEE

A roll call of the 2026 Executive Committee was conducted. Four of seven members were recorded as present, constituting 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	Absent
Nikole Baltycki, Executive Committee Member	West Caldwell Township	Absent
Margaret Heisey, Executive Committee Member	Scotch Plains Township	Present
Alexander McDonald, Executive Committee Member	Millburn Township	Absent
Cosmo Cirillo, Executive Committee Member	Township of Guttenberg	Present

APPOINTED OFFICIALS AND PROFESSIONALS PRESENT

Role	Firm / Organization	Representative(s)
Executive Director / Administrator	PERMA Risk Management Services	Emily Koval, Jim Rhodes, Jordyn Robinson
Benefits Consultant / Program Manager	Conner Strong & Buckelew	John Lajewski
Fund Coordinator	Eagle Rock Management Group	Joseph DiVincenzo
Attorney	Antonelli Kantor Rivera PC	Ramon Rivera

Fund Treasurer	Point Accounting Group / Laracy Associates	Matthew Laracy
Deputy Fund Treasurer	Macchia Financial LLC	Dennis Macchia
Third Party Administrator	Aetna	Jason Silverstein
Prescription Provider	Express Scripts (ESI)	Hiteksha Patel
Dental Administrator	Delta Dental of New Jersey, Inc.	No Report

APPROVAL OF MINUTES

Chairwoman Mundell called for a motion to approve the minutes of the June 18, 2026 Open Public Meeting.

MOTION: To approve the Minutes of the Open Public Meeting of June 18, 2026.

Moved: Commissioner Wherry **Second:** Commissioner Heisey

Vote: *All In Favor*

CORRESPONDENCE

The Fund received correspondence from the New Jersey Department of Banking and Insurance (DOBI) regarding the deficit net position reflected in the Fund's audited financial reports for the 2025 Fund Year (Appendix II). Full report on file.

MONTHLY COMMITTEE REPORTS

Finance/Contracts Committee – Commissioner Cox, Chair – No Report

Wellness Committee – Commissioner Wherry, Chair – No Report

Operations/Nomination Committee – Commissioner Heisey, Chair – No Report

FUND EXECUTIVE DIRECTOR'S REPORT

Emily Koval reported that the Fund received a letter from the Department of Banking and Insurance regarding a deficit at the end of the 2025 Fund Year, which was anticipated in light of the filed audit. She explained that the Fund has taken several actions to address the deficit, including a supplemental assessment and amendments to the out-of-network fee schedule, and that the required response letter has been submitted to the Department.

Ms. Koval reported positive financial results, noting a statutory surplus of approximately \$1.7 million for the month and a total fund surplus position of \$14,021, with the 2026 Fund Year showing approximately \$5.7 million in accumulated surplus.

Ms. Koval reported that the Medical TPA RFP received four responses, currently under internal review by the Professionals, and that a Contracts Committee meeting will be scheduled to discuss next steps, including the potential engagement of a second Medicare Advantage carrier.

Ms. Koval further reported that the Municipal Reinsurance Health Insurance Fund (MRHIF) is proceeding with its own Medical TPA RFP following OSC approval, and that the Express Scripts rebate audit is expected to be completed by the end of 2026 or in early 2027. She confirmed that the PCORI tax payment will appear on the August bills list and that the A4 surcharge for the participating School Board was paid in June.

BENEFITS REPORT

John Lajewski presented a report on industry trends in healthcare spending and cost containment strategies, including pharmacy optimization and alternative funding arrangements. The report discussed the New Jersey State Health Benefit Program's (SHBP) preliminary, and significant, proposed rate increases for 2027.

Mr. Lajewski reviewed the post-65 Medicare Advantage renewal options for 2027 — bundled versus unbundled — and recommended that the Fund continue with the current bundled structure, citing administrative complexity and uncertainty around future subsidies under the unbundled option.

Mr. Lajewski reported favorable medical cost and utilization variance results, including decreased claims per member alongside an increased member count, and noted significant continued improvement in out-of-network provider reimbursement rates, now in the single digits compared to historical highs near 30%.

Chairwoman Mundell expressed concern regarding cost increases in the Medicare Advantage program and the State Health Benefits Plan, noting that a 17% increase would be burdensome for participating taxpayers and municipalities. She asked Mr. Lajewski about avenues for commissioner advocacy on these cost issues and offered to sign advocacy letters as Chair with Board approval. Mr. Lajewski discussed cost containment strategies under consideration, including amendments to the out-of-network provider reimbursement schedule and continued work with individual Fund members on plan alternatives and provider networks. Commissioner Wherry confirmed that legislative proposals affecting local government health benefits are being monitored and committed to providing sample advocacy letters as needed.

FUND COORDINATOR'S REPORT — EAGLE ROCK MANAGEMENT GROUP

The Fund Coordinator reported continued positive trends, including improving surplus and an increase in Medicare Advantage proposal activity attributable to recent rate increases.

FUND ATTORNEY'S REPORT — ANTONELLI KANTOR RIVERA PC – No Report

FUND TREASURER'S REPORT – POINT ACCOUNTING GROUP

The Fund Treasurer reported on the status of bill payments, noted improved payment timeliness by Fund members, and requested that payments continue to be made closer to the first of each month. The July Bills List was presented.

THIRD PARTY ADMINISTRATOR REPORT – AETNA

Aetna reported May 2026 claims totaling approximately \$6.1 million, including three high-cost claims exceeding \$100,000. Aetna also discussed ongoing provider network negotiations with Hackensack Meridian Health and Virtual Healthcare Systems.

PRESCRIPTION PROVIDER REPORT – EXPRESS SCRIPTS (ESI)

Express Scripts presented Second Quarter data showing a total plan cost of approximately \$3.05 million, with weight-loss medications representing the top indication by cost, and noted several new drug utilizations to be monitored going forward.

DENTAL ADMINISTRATOR REPORT – DELTA DENTAL

No Report.

CONSENT AGENDA

The Chairwoman called for a motion to approve the Consent Agenda, consisting of Resolution 28-26 (Approving Response to DOBI Deficit Letter) and Resolution 29-26 (July 2026 Bills List).

MOTION: To approve the Consent Agenda, including Resolutions 28-26 and 29-26.

Moved: Commissioner Wherry **Second:** Commissioner Heisey

Vote: 4 Ayes, 0 Nays

OLD BUSINESS

No old business.

NEW BUSINESS

No new business.

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.

MOTION: To adjourn the meeting.

Moved: Commissioner Wherry **Second:** Commissioner Heisey

Vote: *All In Favor*

The meeting was adjourned.

Minutes Prepared by: Jordyn Robinson, on behalf of Secretary Wherry

APPENDIX II

Fee Analysis – Traditional TPA

Based on the respective proposals, we concluded the following:

Traditional TPA Services – Aetna/Meritain/AmeriHealth

- **Aetna** proposed the second in class & first in class base line and all-inclusive administration fee of \$35.84 and \$35.84 PEPM respectfully for the duration of the three-year contract
 - Aetna's proposal included standard claims review services with fees at 30.0% of savings supplemented with a savings guarantees of \$38.00PEPM and a cap on fees of \$11.40 PEPM
 - Aetna ranked second with their proposed fees for subrogation at 37.50% of recoveries
 - Aetna ranked first on out of network claims negotiations service with fees of 20.00% of savings with a pre claim cap of \$50K and aggregate fee cap of \$20.00 PEPM
 - When total fixed and claims cost are considered, Aetna come in first in class
- **Meritain** proposed the first in class & second in class base line and all-inclusive administration fee of \$34.00 and \$37.50 PEPM respectfully for the duration of the three-year contract
 - Meritain's proposal included standard claims review services with fees at 35.0% of savings but was absent of any guarantee of savings or cap on the fees
 - Meritain ranked first (tied with Meritain) with their proposed fees for subrogation at 25.0% of recoveries
 - Meritain ranked second on their out of network claims negotiations service with fees of 33.00% of savings with a pre claim cap of \$30K but no aggregate fee cap
 - When total fixed and claims cost are considered, Meritain come in second in class
- **AmeriHealth** proposed the third in class base line and all-inclusive administration fee of \$38.28/\$39.42/\$40.60 and \$40.46/\$41.60/\$42.78 PEPM respectfully with escalating fees throughout the three-year contract
 - AmeriHealth's proposal included standard claims review services with fees at 30.0% of savings but was absent of any guarantee of savings or cap on the fees
 - AmeriHealth Administrator ranked second (tied with Meritain) with their proposed fees for subrogation at 25.0% of recoveries
 - AmeriHealth Administrators ranked second on out of network claims negotiations service with fees of 30.00% of savings but was absent guarantees on savings or cap on fees
 - When total fixed and claims cost are considered, AmeriHealth Administrators come in third in class