

# NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND



**OCTOBER 24, 2024  
RANDOLPH TOWNSHIP HALL  
9:30 AM  
AGENDA AND REPORTS**

**Meeting Location: Township of Randolph Municipal Building**

502 Millbrook Ave.  
Randolph, NJ 07869  
Tel: 973.989.7100  
Fax: 973.989.7096

**STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT**

NOTICE OF THIS MEETING WAS GIVEN BY (1) SENDING SUFFICIENT NOTICE HERewith TO THE STAR LEDGER, THE RECORD, (2) FILING ADVANCE WRITTEN NOTICE OF THIS MEETING WITH THE CLERK/ADMINISTRATOR OF EACH MEMBER MUNICIPALITY AND SCHOOL BOARDS (3) POSTING A COPY OF THE MEETING NOTICE ON THE PUBLIC BULLETIN BOARD OF ALL MEMBER MUNICIPALITIES AND SCHOOL BOARDS.

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
AGENDA MEETING: OCTOBER 24, 2024  
RANDOLPH TOWNSHIP HALL  
9:30 AM**

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

**FLAG SALUTE**

**ROLL CALL OF 2024 EXECUTIVE COMMITTEE**

<b>2024 Executive Committee</b>	
Scott Heck, Chair	Borough of Ringwood
Thomas Russo, Secretary	Town of Newton
Barbara Russo	Township of Berkeley Heights
Tammy Smith	Knowlton BOE
Silvio Esposito	Township of Hanover
Carrine Piccolo- Kaufer	Township of Hardyston
Greg Poff	Randolph Township
<b>Executive Committee Alternates:</b>	
Adam Brewer	Township of Pequannock
Dina Valente - Stoel	Borough of Lincoln Park
OPEN	

**APPROVAL OF MINUTES: *September 26, 2024***

*Open Appendix I*

**CORRESPONDENCE - None**

**MONTHLY COMMITTEE REPORTS:**

**CLAIMS COMMITTEE - Perry Mayers**

**CONTRACTS COMMITTEE - Tammy Smith, Chair**

**Meeting Minutes: October 15 .....Appendix II**

**FINANCE COMMITTEE - Thomas Russo, Chair**

**OPERATIONS COMMITTEE - Adam Brewer, Chair**

**Meeting Minutes: October 9 .....Appendix III**

**WELLNESS COMMITTEE - Carrine Kaufer, Chair**

**PROFESSIONALS REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

**Monthly Report.....Page 4**

***Motions:***

*Motion to open the Public Hearing on the 2025 Budget*

*Motion to close the Public Hearing*

**Resolution 24-31: 2025 Budget Adoption.....Page 13**

**Resolution 24-32: Appointing QPA .....Page 14**

**Resolution 24-33: Out of Network Revision .....Page 15**

**PROGRAM MANAGER– (Vozza Agency)**

**Monthly Report.....Page 17**

**TREASURER – (Michael Soccio)**

**October 2024 Voucher List.....Page 24**

**Confirmation of Claims Paid/Certification of Transfers**

**Resolution 24-34: October 2024 Bills List .....Page 29**

**ATTORNEY – (Edward Pasternak and Fred Semrau, Esq)**

**Discussion: Insulin Litigation..... Verbal**

**NETWORK & THIRD-PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)**

**Monthly Report.....Page 30**

**PRESCRIPTION ADMINISTRATOR – (Express Scripts-Charles Yuk)**

**Monthly Report .....Page 34**

**DENTAL ADMINISTRATOR – (Delta Dental)**

**Monthly Report .....Page 38**

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**MEETING ADJOURNED**

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
EXECUTIVE DIRECTOR'S REPORT  
OCTOBER 24, 2024**

**FINANCE**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of August 30, 2024 (page 6)

**2025 NJHIF BUDGET - ADOPTION**

The 2025 North Jersey Municipal Employee Benefits Fund budget is included in the agenda with two minor adjustments from introduction of which were shared with the Finance Committee. We are recommending including for adoption:

- The MRHIF renewal came in lower than expected. The differential was added to a new claims contingency line for budget stabilization.
- The assessments that were presented at introduction included a formula error for the United Healthcare Medicare Advantage groups. The error was corrected, and rate sheets amended.
  - The Medicare Advantage rate action reduced overall as a result.

The Committee may hold a public hearing to adopt.

**Motion:**      *Motion to open the Public Hearing on the 2025 Budget*

**Discussion of Budget and Assessments**

**Motion:**      *Motion to close the Public Hearing*

Resolution 24-31, approving the 2025 North Jersey Municipal Employee Benefits Fund Budget in the amount of \$74,732,266 is included on page 13 of this agenda.

**MRHIF REPORT**

The MRHIF met on October 2, 2024. Commissioner Esposito was in attendance on behalf of the NJHIF.

The primary action items taken at the meeting were the introduction of the 2025 Budget and the approval of the reinsurance contract through Starline.

The following assessments by Fund were approved:

Specific Rates By Member				
MEMBER	FUND YEAR		Change \$	Change %
	2024	2025		
BMED	\$ 71.60	\$ 80.07	\$ 8.47	11.83%
METRO	\$ 71.99	\$ 87.69	\$ 15.70	21.81%
SNJ_HIF	\$ 36.70	\$ 43.50	\$ 6.80	18.53%
SHIF	\$ 45.20	\$ 50.46	\$ 5.26	11.64%
COASTAL HIF	\$ 64.47	\$ 75.77	\$ 11.30	17.53%
NOJ_HIF	\$ 211.79	\$ 218.96	\$ 7.17	3.39%
CJ_HIF	\$ 56.29	\$ 67.55	\$ 11.26	20.00%

## QPA APPROVAL

At the last meeting, the Executive Committee authorized the Fund to receive quotes for QPA services for contract procurement work through the end of 2024. The Fund released the request to 5 QPAs around the State and received one response from The Canning Group. The cost proposal is \$2,000 for facilitating the professional RFPs scheduled to be released.

The Contracts Committee met on October 15th and is recommending to award to the Canning Group. Resolution 24-32 is included for action.

## OUT OF NETWORK PROVIDERS:

As a follow-up to our discussion in the September meeting the Operations Committee met to discuss two considerations regarding out-of-network providers and how the Fund may better manage cost and exposure

- 1) **Varicose Vein Treatment-** There is a recognizable increase in costs associated with varicose vein treatment through the Health Insurance Funds statewide. Appears that out-of-network providers are targeting rich public entity health plans with high out-of-network reimbursements levels. The BMED and Metro HIFs passed the same action this year as well.

The policy that the Operations Committee reviewed and is recommending is the implementation of “capped,” payments for CPT Codes 36465, 36475, and 36476 at the highest in-network regional negotiated rate, which is roughly 80% lower than what is being paid to out-of-network providers. The North HIF had 1 claimant with over \$300,000 in paid for these procedures. Alternatively, in-network estimate would have been less than \$50,000.

The North HIF Attorney reviewed the resolution and policy and agree that it is reasonable and justified under the circumstance. We are recommending an effective date of claims incurred on or after November 1, 2024.

Resolution 24-33 is included in your agenda for consideration, formalizing this policy.

- 2) *Out-of-Network Memo*- On page 16 of this agenda, is an updated memo addressed to union leadership. This memo has been reviewed by the Fund Attorney, Program Manager, and Operations Committee.

## **DIRECT BILL ENROLLEES (Dependent to 31, COBRA and Retirees) AND DECEMBER BILLS**

For the upcoming 2025 renewal updates, we request that each entity with retirees contributing a percentage provide any changes to the contribution rate by November 1, 2024 to the enrollment team ensuring accurate coupons are issued.

On behalf of the Fund, WEX will be sending out notices to self-pay enrollees notifying them that their 2025 coupons will likely be received after January 1<sup>st</sup>. For your reference those notices are included in Appendix IV of your agenda.

Due to the timeline of the 2025 budget, should there be a delay in the January 2025 bills, we are asking members to pay the December bill twice, with the February 2025 bill being updated with the new rates and any adjustments for the January bill.

## **INDEMNITY AND TRUST AGREEMENTS**

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

<b>MEMBER</b>	<b>I&amp;T END DATE</b>
TOWNSHIP OF BYRAM	12/31/2023

NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	August 31, 2024			
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE	
1.	UNDERWRITING INCOME		5,399,942	42,603,535	839,803,082	882,406,617
2.	CLAIM EXPENSES					
	Paid Claims	4,946,063	38,323,195	698,809,897	737,133,092	
	IBNR	(2,080)	2,000,979	3,677,424	5,678,403	
	Less Specific Excess	(79,220)	(100,367)	(21,558,076)	(21,658,443)	
	Less Aggregate Excess	-	-	-	-	
TOTAL CLAIMS		4,864,763	40,223,807	680,929,245	721,153,052	
3.	EXPENSES					
	MA & HMO Premiums	314,209	2,437,902	26,121,322	28,559,224	
	Excess Premiums	362,412	2,863,679	35,004,790	37,868,469	
	Administrative	284,270	2,106,903	55,763,762	57,870,665	
TOTAL EXPENSES		960,891	7,408,485	116,889,874	124,298,359	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(425,712)	(5,028,757)	41,983,963	36,955,206
5.	INVESTMENT INCOME		60,882	412,405	5,500,768	5,913,173
6.	DIVIDEND INCOME		-	-	6,212,250	6,212,250
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(364,830)	(4,616,352)	53,696,981	49,080,629
8.	DIVIDEND		-	-	42,501,592	42,501,592
9.	Transferred Surplus IN		-	-	-	-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			(364,830)	(4,616,352)	11,195,389	6,579,037
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	(25,960)	90,213	11,447,431	11,537,644
		Cash	(76,844)	(258,283)	14,148,822	13,890,539
2023		Surplus	(49,468)	(1,717,853)	(252,043)	(1,969,896)
		Cash	(166,275)	(2,808,965)	870,567	(1,938,398)
2024		Surplus	(289,401)	(2,988,712)	-	(2,988,712)
		Cash	(115,693)	263,612	-	263,612
TOTAL SURPLUS (DEFICITS)			(364,830)	(4,616,352)	11,195,388	6,579,036
TOTAL CASH			(358,812)	(2,803,636)	15,019,389	12,215,752
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			72,367	254,206	638,800,951	639,055,157
FUND YEAR 2023						
	Paid Claims	175,580	5,539,696	38,450,871	43,990,567	
	IBNR	(44,129)	(3,561,585)	3,677,424	115,839	
	Less Specific Excess	(81,159)	(81,159)	-	(81,159)	
	Less Aggregate Excess	-	-	-	-	
TOTAL FY 2023 CLAIMS			50,292	1,896,951	42,128,295	44,025,247
FUND YEAR 2024						
	Paid Claims	4,698,115	32,527,211	-	32,527,211	
	IBNR	42,049	5,562,564	-	5,562,564	
	Less Specific Excess	1,939	(17,126)	-	(17,126)	
	Less Aggregate Excess	-	-	-	-	
TOTAL FY 2024 CLAIMS			4,742,104	38,072,650	-	38,072,650
COMBINED TOTAL CLAIMS			4,864,763	40,223,807	680,929,246	721,153,053

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.

NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND									
RATIOS									
		FY2024							
INDICES	2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Cash Position	15,019,389	\$ 12,677,102	\$ 14,154,852	\$ 14,569,752	\$ 13,620,035	\$ 12,012,611	\$ 13,163,955	\$ 12,574,565	\$ 12,215,752
IBNR	3,677,424	\$ 4,007,308	\$ 4,607,101	\$ 5,170,005	\$ 5,427,111	\$ 5,568,628	\$ 5,647,326	\$ 5,680,484	\$ 5,678,403
Assets	17,877,237	\$ 17,175,672	\$ 16,710,912	\$ 17,759,260	\$ 17,093,183	\$ 15,958,358	\$ 15,905,030	\$ 15,285,455	\$ 14,902,461
Liabilities	6,681,850	\$ 6,833,350	\$ 7,445,834	\$ 8,014,669	\$ 8,284,814	\$ 8,242,938	\$ 8,316,390	\$ 8,341,590	\$ 8,323,426
Surplus	11,195,387	\$ 10,342,322	\$ 9,265,078	\$ 9,744,591	\$ 8,808,368	\$ 7,715,420	\$ 7,588,640	\$ 6,943,865	\$ 6,579,036
Claims Paid -- Month	4,341,792	\$ 4,646,910	\$ 4,560,002	\$ 3,620,349	\$ 5,225,177	\$ 5,545,666	\$ 4,600,965	\$ 5,178,064	\$ 4,946,063
Claims Budget -- Month	3,818,377	\$ 4,048,231	\$ 4,038,368	\$ 4,486,176	\$ 4,505,632	\$ 4,503,243	\$ 4,490,343	\$ 4,478,591	\$ 4,467,563
Claims Paid -- YTD	42,208,409	\$ 4,646,910	\$ 9,206,912	\$ 12,827,260	\$ 18,052,438	\$ 23,598,103	\$ 28,199,068	\$ 33,377,132	\$ 38,323,195
Claims Budget -- YTD	41,738,979	\$ 4,048,231	\$ 8,086,599	\$ 12,572,775	\$ 17,078,407	\$ 21,581,650	\$ 26,061,828	\$ 30,547,055	\$ 35,012,183
RATIOS									
Cash Position to Claims Paid	3.46	2.73	3.10	4.02	2.61	2.17	2.86	2.43	2.47
Claims Paid to Claims Budget -- Month	1.14	1.15	1.13	0.81	1.16	1.23	1.02	1.16	1.11
Claims Paid to Claims Budget -- YTD	1.01	1.15	1.14	1.0	1.1	1.1	1.1	1.09	1.09
Cash Position to IBNR	4.08	3.16	3.07	2.82	2.51	2.16	2.33	2.21	2.15
Assets to Liabilities	2.68	2.51	2.24	2.22	2.06	1.94	1.91	1.83	1.79
Surplus as Months of Claims	2.93	2.55	2.29	2.17	1.95	1.71	1.69	1.55	1.47
IBNR to Claims Budget -- Month	0.96	0.99	1.14	1.15	1.2	1.24	1.26	1.27	1.27



# North Jersey Municipal Employee Benefits Fund

## CONSOLIDATED BALANCE SHEET

AS OF JULY 31, 2024

BY FUND YEAR

	NJMEB 2024	NJMEB 2023	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	263,612	(1,938,398)	13,890,539	12,215,752
Assesments Receivable (Prepaid)	1,261,887	(1,881)	(3,147)	1,256,859
Interest Receivable	17,868	4,932	116,993	139,793
Specific Excess Receivable	17,126	81,159	-	98,285
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,062	-	-	1,062
Other Assets	1,184,960	5,750	-	1,190,710
<b>Total Assets</b>	<b>2,746,515</b>	<b>(1,848,438)</b>	<b>14,004,384</b>	<b>14,902,461</b>
<b>LIABILITIES</b>				
Accounts Payable	-	(0)	-	(0)
IBNR Reserve	5,562,564	115,839	-	5,678,403
A4 Retiree Surcharge	(4,920)	4,191	-	(729)
Dividends Payable	-	-	83,331	83,331
Retained Dividends	-	-	2,383,410	2,383,410
Accrued/ Other Liabilities	177,582	1,428	-	179,010
<b>Total Liabilities</b>	<b>5,735,227</b>	<b>121,458</b>	<b>2,466,741</b>	<b>8,323,426</b>
<b>EQUITY</b>				
Surplus / (Deficit)	(2,988,712)	(1,969,896)	11,537,643	6,579,036
<b>Total Equity</b>	<b>(2,988,712)</b>	<b>(1,969,896)</b>	<b>11,537,643</b>	<b>6,579,036</b>
<b>Total Liabilities &amp; Equity</b>	<b>2,746,515</b>	<b>(1,848,438)</b>	<b>14,004,384</b>	<b>14,902,461</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

North Jersey Municipal Employee Benefits Fund						
2024 Budget Report						
AS OF AUGUST 31, 2024						
				Cumulative	\$ Variance	% Variance
	Cumulative	Annual	Latest Filed	Expensed		
<b>LINE ITEMS</b>						
Medical Claims Aetna	31,467,091	47,540,779	39,546,391			
Medical Claims Aetna BOEs	371,889	562,797	595,717			
Subtotal Medical Claims	31,838,980	48,103,576	40,142,108	34,310,689	(2,471,709)	-8%
Prescription Claims	2,053,401	3,099,543	2,558,040			
Subtotal Rx Claims	2,053,401	3,099,543	2,558,040	2,667,421	(614,020)	-30%
Dental Claims	1,119,802	1,680,997	1,630,553	1,094,540	25,262	2%
Subtotal	35,012,183	52,884,116	44,330,701	38,072,650	(3,060,467)	-9%
Medicare Advantage - United	376,242	559,960	596,569	Included in Medicare Advantage-Aetna below		
Medicare Advantage - Aetna	2,062,338	3,155,614	2,389,779	2,437,902	677	0%
Reinsurance						
Specific	2,863,425	4,311,677	3,975,900	2,863,679	(254)	0%
Wellness	188,667	283,000	283,000	188,667	-	0%
Total Loss Fund	40,502,855	61,194,367	51,575,949	43,562,898	(3,060,043)	-8%
Expenses						
Legal	13,667	20,500	20,500	28,433	(14,766)	-108%
Treasurer	15,622	23,433	23,433	15,624	(2)	0%
Administrator	349,520	528,735	459,793	349,173	348	0%
Program Manager -	466,418	705,885	605,584	438,346	28,072	6%
Program Manager - Brokerage	472,596	708,443	717,435	506,757	(34,161)	-7%
TPA - Aetna	643,751	972,724	818,952	643,711	40	0%
Wellness Coordinator	16,667	25,000	25,000	8,333	8,333	50%
Dental TPA	52,134	78,290	78,597	52,071	63	0%
Actuary	8,490	12,735	12,734	8,493	(3)	0%
Auditor	11,874	17,811	17,811	11,872	2	0%
Subtotal Expenses	2,050,739	3,093,556	2,779,840	2,062,813	(12,074)	-1%
Miscellaneous and Special Services						
Misc/Cont(incl. A4 surcharge)	28,333	42,500	42,500	5,714	22,620	80%
Claims and Service Audits	26,667	40,000	40,000	0	-	0%
Affordable Care Act Taxes	9,313	14,072	11,847	15,601	(6,288)	-68%
Subtotal Misc/Sp Svcs	64,313	96,572	94,347	21,315	16,331	25%
Total Expenses	2,115,051	3,190,128	2,874,188	2,084,128	4,257.11	0%
Total Budget	42,617,906	64,384,494	54,450,137	45,647,026	(3,055,786)	-7%

North Jersey Municipal Employee Benefits Fund					
2025 Certified Budget					
	Census:				
	Medical Aetna	2,081	24,972		
	Rx	972	11,664		
	Dental	1,945	23,340		
	Medicare Advantage - Medical	938	11,256		
	Rx No Medical (Incl in Rx above)	74	888		
	Dental Only (Incl in Dental above)	676	8,112		
	Medicare Advantage Only	887	10,644		
	LINE ITEMS	2024 Annualized Budget	2025 Proposed Budget	\$ Change	% Change
1	Medical Claims Aetna	\$ 48,067,681	\$ 54,973,834	6,906,153	14.37%
2	Medical Claims Aetna BOEs	\$ 667,093	\$ 764,516	97,423	14.60%
3	<b>Subtotal Medical Claims</b>	<b>\$ 48,734,774</b>	<b>\$ 55,738,350</b>	<b>7,003,576</b>	<b>14.37%</b>
4	Prescription Claims	\$ 4,610,388	\$ 6,294,793	1,684,405	36.53%
5	Prescription Rebates	\$ (1,475,324)	\$ (2,014,334)	(539,010)	36.54%
6	Dental Claims	\$ 1,678,546	\$ 1,756,672	78,126	4.65%
7					
8	<b>Subtotal</b>	<b>\$ 53,548,384</b>	<b>\$ 61,775,481</b>	<b>8,227,097</b>	<b>15.36%</b>
9					
10	Medicare Advantage - United	\$ 559,591	\$ 686,131	\$ 126,540	22.61%
11	Medicare Advantage - Aetna	\$ 3,221,288	\$ 3,990,711	\$ 769,423	23.89%
12	<b>Subtotal Medicare Advanatage EGWP</b>	<b>\$ 3,780,878</b>	<b>\$ 4,676,841</b>	<b>\$ 895,963</b>	<b>23.70%</b>
13	Reinsurance				
14	Specific	\$ 4,347,296	\$ 4,494,560	\$ 147,265	3.39%
15					
16	Wellness	\$ 283,000	\$ 220,000	\$ (63,000)	-22.26%
17					
18	Clams Contingency	\$ -	\$ 287,466	\$ 287,466	NEW
19					
20	<b>Total Loss Fund</b>	<b>\$ 61,959,558</b>	<b>\$ 71,454,349</b>	<b>9,494,791</b>	<b>15.32%</b>
21					
22					
23	Expenses				
24	Legal	\$ 20,500	\$ 20,900	\$ 400	1.95%
25	Treasurer	\$ 23,433	\$ 22,974	\$ (459)	-1.96%
26	Administrator	\$ 534,946	\$ 545,654	\$ 10,708	2.00%
27	Program Manager	\$ 715,149	\$ 729,452	\$ 14,303	2.00%
28	Brokerage	\$ 706,329	\$ 720,446	\$ 14,117	2.00%
29	TPA - Aetna	\$ 987,393	\$ 1,036,763	\$ 49,370	5.00%
30	Wellness Coordinator	\$ 25,000	\$ -	\$ (25,000)	-100.00%
31	Dental TPA	\$ 77,956	\$ 77,956	\$ -	0.00%
32	Actuary	\$ 12,734	\$ 12,989	\$ 255	2.00%
33	Auditor	\$ 17,811	\$ 14,000	\$ (3,811)	-21.40%
34	<b>Subtotal Expenses</b>	<b>\$ 3,121,251</b>	<b>\$ 3,181,133</b>	<b>\$ 59,882</b>	<b>1.92%</b>
35					
36	Miscellaneous and Special Services				
37	Misc/Cont(incl. A4 surcharge)	\$ 42,500	\$ 42,500	\$ -	0.00%
38	Claims and Service Audits	\$ 40,000	\$ 40,000	\$ -	0.00%
39	Affordable Care Act Taxes	\$ 14,284	\$ 14,284	\$ -	0.00%
40	<b>Subtotal Misc/Sp Svcs</b>	<b>\$ 96,784</b>	<b>\$ 96,784</b>	<b>\$ -</b>	<b>0.00%</b>
41					
42	<b>Total Expenses</b>	<b>\$ 3,218,035</b>	<b>\$ 3,277,917</b>	<b>\$ 59,882</b>	<b>1.86%</b>
43					
44	<b>Total Budget</b>	<b>\$ 65,177,593</b>	<b>\$ 74,732,266</b>	<b>\$ 9,554,673</b>	<b>14.66%</b>

## MONTHLY COMPLIANCE LISTING

<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	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	9/30/2023 Filed
Annual Audit	12/31/2022 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	Filed
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

**RESOLUTION NO. 24-31**

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
ADOPTION OF THE 2025 INTRODUCED BUDGET**

**WHEREAS**, The North Jersey Municipal Employee Benefits 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 26, 2024 in Public Session to introduce the proposed budget for the 2025 Fund Year; and

**WHEREAS**, the Executive Committee met on October 24, 2024 in Public Session to adopt the proposed budget and for the 2025 Fund Year; and

**WHEREAS**, that a public hearing to adopt the 2025 budget was held on October 24, 2024 at 9:30 AM.

**NOW THEREFORE BE IT RESOLVED** that the Executive Committee of the North Jersey Municipal Employee Benefits Fund hereby adopt the 2025 budget in the amount of \$74,732,266.

**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: October 24, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 24-32**

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
RESOLUTION APPOINTING A QUALIFIED PURCHASING AGENT FOR CONTRACT  
PROCUREMENT FOR THE BALANCE OF FUND YEAR 2024**

**WHEREAS** the North Jersey Municipal Employee Benefits Fund ("Fund") has determined that there exists a need to contract with a Qualified Purchasing Agent ("QPA") as a non-fair and open contract pursuant to the provisions of NJSA 19:44A-20.4-20.5; and

**WHEREAS** the QPA position will not exceed the bidding threshold of \$17,500; and

**WHEREAS** the anticipated term of this contract will terminate on December 31, 2024; and

**WHEREAS** requests for quotes were sent to multiple known QPAs and one response was received; and

**WHEREAS** The Canning Group has completed and submitted a Business Entity Disclosure Certification which certifies The Canning Group has not made any reportable contributions to a political or candidate committee in the previous one year, and that the contract will prohibit The Canning Group from making any reportable contributions through the term of the contract; and

**WHEREAS** the Fund Treasurer hereby certifies that funds are available in the amount of \$2,000 for the QPA services in the Fund's 2024 Budget; and

**NOW THEREFORE BE IT RESOLVED** that the North Jersey Municipal Employee Benefits Fund hereby appoints The Canning Group, 45 S Park Place 183 Morristown, NJ 07960 as Qualified Purchasing Agent for the balance of Fund Year 2024; and

**BE IT FURTHER RESOLVED** that the Business Entity Disclosure Certification and the Determination of Value be placed on file with this resolution; and

**BE IT FURTHER RESOLVED** that notification of this contract award shall be published in the Star Ledger and the Record, as required by law.

**ADOPTED: OCTOBER 24, 2024**

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

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

**RESOLUTION NO. 24-33**

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND**

**RESOLUTION TO REVISE MEMBER PLAN DOCUMENTS TO REFLECT CERTAIN OUT OF  
NETWORK PROCEDURE AND SURGERY CENTER CODES TO BE PAID AT THE HIGHEST IN  
NETWORK RATE**

**WHEREAS**, the North Jersey Municipal Employee Benefits Fund (hereinafter “the Fund”) places the public trust above all else and remains steadfast in its commitment to the highest ethical standards in the conduct of its business on behalf of the taxpayers of the Fund members; and

**WHEREAS**, the Fund is fiduciary and holds a contract with Aetna as a Third Party Administrator to adjudicate claims as outlined in the member plan documents and Summary Benefits; and

**WHEREAS**, the Executive Director of the Fund and Aetna performed a review of certain out of network claims whose paid amounts were excessively higher than the in network alternative, being paid by Aetna, with the following CPT codes: 36465, 36475 and 36476; and

**WHEREAS**, the Executive Committee of the Fund reviewed the impact of the aforementioned claims and found it prudent that as of November 1, 2024 to instruct Aetna that the following CPT codes of 36465, 36475, and 36476 that are submitted by an out of network provider to be reimbursed, at an amount not to exceed, the highest contracted in network allowed amount; and

**WHEREAS**, the Operations Committee evaluated the potential claim increase provided by the Executive Director and Aetna to instruct Aetna, as described above; and

**NOW, THEREFORE, BE IT RESOLVED** the Fund approves the recommendation to instruct Aetna as indicated above and included in this resolution to then be reflected in the claims adjudication system with the Third-Party Administrator and the member plan documents retroactive to November 1, 2024; this will continue indefinitely;

**ADOPTED: October 24, 2024**

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

**ATTEST:**

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

# NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND



To: Union Leadership of Fund Members

From: PERMA Risk Management Services, Executive Director

Date: October 24, 2024

Subject: Wellness and Screening Vendors – NETWORK STATUS

In our ongoing efforts to support your organization and its members, we want to bring attention to a few important considerations when approached by third-party medical and wellness vendors offering free services or screenings to you and your employees. We kindly ask that you verify the network status of any vendors who reach out to ensure they are in-network.

Up charging of services is common with out-of-network providers which can result in balance billing and unexpected financial strain for employees. Additionally, out-of-network services can contribute to increased overall healthcare costs, which in turn may raise monthly premiums and payroll contributions for employees.

We recognize the importance of promoting wellness and encourage the use of such programs to support healthier lifestyles among your workforces. The Fund is available to help you find in-network providers and Fund-sponsored wellness vendors that offer valuable resources.

We are committed to helping you manage healthcare costs and promote the wellbeing of your members. If you need assistance vetting any vendors that may approach your organization, please contact your **Risk Manager** or **Program Manager** for guidance on the vendor's network status.

Thank you.





77 Market Street • P.O. Box 100 • Park Ridge, New Jersey 07656 • Phone (201) 573-1000 • Fax (201)573-1004

**TO:** Executive Committee  
North Jersey Municipal Employee Benefits Fund

**FROM:** The Vozza Agency - Office of the Program Manager

**DATE:** **OCTOBER 24, 2024**

**RE:** **Program Manager's Report**

- Town Visits/Meetings/Plan Change Requests
- Enrollment, Eligibility and Billing
- Open Enrollment
- Reinsurance Renewal
- Committee Meetings
- Aetna
- Express – Scripts

## TOWN VISITS/MEETINGS/PLAN CHANGE REQUESTS

Our office frequently works with towns for review of plan options for union negotiations. If anyone is entering union negotiations and needs assistance, please feel free to contact our office directly to discuss.

### ENROLLMENT, ELIGIBILITY, BILLING

The funds policy is to limit retro corrections, including terminations to 60 days. Please check your monthly invoice for accuracy. If you find a discrepancy, please report it immediately to the NJHIF enrollment Team at [northernnjenrollments@permainc.com](mailto:northernnjenrollments@permainc.com).

- *Use of the WEX (formerly Benefits Express) enrollment system is mandatory.*

#### Online Enrollment System Training Schedule – 2024

**UPDATE NOTICE FOR ALL WEX USERS:** There has been a new update to the WEX system that could affect your member termination process, where the "Quick Term" option has been removed. To accommodate this change, we have provided updated termination instructions attached separately for your reference. Going forward, please review these instructions and follow the updated process when terminating a member. Afterward, you can access the quick look feature to confirm coverage is ending on the desired date. You can also reach out to the enrollment team if you need assistance.

PERMA offers virtual training and a refresher class of the online enrollment system the third Wednesday of each month. The session provides an overview of the Fund's enrollment system and shows HR users how to perform tasks in the system. To gain access to the Fund's enrollment system, each HR user must complete a system access form.

Wednesday - November 20th 10:00 am - 11:00 am.

Please email Austin Flinn at PERMA to join a training session.

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

Email: [HIFTraining@permainc.com](mailto:HIFTraining@permainc.com)

I have also attached an updated enrollment team contact list for your reference.

### 2024 OPEN ENROLLMENT

- The NJMEBF will be holding open enrollment for the 2025 plan year from 10/28/2024 – 11/08/2024. All changes must be processed online in Benefits Express by 11/18/2024 in order for ID cards to be generated for any members making plan changes and in member's hands by January 1, 2025. Attached separately to our report is the NJMEBF open enrollment guide for your review and distribution to members.

- Our office has distributed the open enrollment grids / materials and rate sheets for groups where Vozza is the broker. If you have an outside broker, please contact them directly for questions or materials.

- Please note that the 2025 qualified HDHP minimum annual deductible is **\$1,650 for self-only HDHP coverage** (up from \$1,600 in 2024) and \$3,300 for family HDHP coverage (up from \$3,200 in 2024). Any HDHP's not meeting these minimum requirements for 2025 will be adjusted for compliance.

## **REINSURANCE RENEWAL**

The NJHIF had a placeholder of 10% in the budget for the MRHIF reinsurance renewal. The actual renewal came in at 3.3% for the NJHIF however, we are not recommending the budget be adjusted at this time.

The local HIF SIR will be increasing by \$25,000 or to \$475,000.

## **COMMITTEE MEETINGS**

The Operations Committee met to discuss an issue that has been previously identified in other funds specifically related to OON surgeries and in particular, Varicose Vein surgery. Recently, we identified the same issue within the NJHIF with visits / procedures running between \$42,000 - \$45,000 per visit. Discussion(s) included actions taken by other funds to control the costs / impact of these types of emerging trends going forward. Further discussion to be held at the meeting.

## **AETNA**

### **CVS Virtual Health**

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

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

Attached is a member flyer that can be shared with Aetna covered members with instructions on how to access CVS Virtual Care, beginning January 1, 2025.

**Aetna covered members will receive new ID cards with the CVS Virtual Care information, removing any reference to Teladoc. Member ID numbers will not change.**

## **EXPRESS SCRIPTS**

### **REMINDER:**

### **ENCIRCLE RX PROGRAM – GLP-1 DRUGS Update**

As presented in our May report, the Encircle Program establishes specific criteria that must be met for the approval of a GLP-1 drug being prescribed for weight loss such as BMI and enrollment in a lifestyle modification program.

**Effective September 1, 2024,**

Members with new prescriptions or renewing a Prior Authorization for weight loss medication(s) will need to meet the new criteria in order to be approved for a GLP-1 weight loss medication:

- BMI > 32 **OR**
- BMI between 27 < 32 **WITH** 2 or more documented comorbidities

Members who have a current PA (Prior Authorization) on file will be grandfathered until their PA expires.

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

Any new members or members who already have an approved PA for one of the GLP-1 weight loss medications will need to engage in the mandatory guidelines of the program.

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is Pre-programmed to the member's ESI account prior to delivery. The scale will record each weigh-in by the member automatically – the member does not need to upload the data into their ESI account. **Members must weigh-in a minimum of 4 times per month.**
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times per month.
- If members do not adhere to the mandatory requirements of the program following the month in which they are noncompliant, they will not be able to refill their weight loss medication. Members will be required to complete the missing weigh-ins and / or online coaching engagement(s) in order to refill their medication.

### **Mail Order – less than a 35-day supply:**

**Beginning October 22, 2024,** ESI will no longer dispense prescriptions written for less than 35-day supply for most medications at their mail order facilities. Members who want or need to continue filling prescriptions written for less than a 35-day supply, rather than moving to an extended day supply will be required to fill at one of ESI retail participating pharmacies.

There will be a limited number of drug categories where ESI will continue to dispense less than a 35-day supply. These drug categories are limited to drug classes where consolidation or a longer supply is not appropriate, such as the following:

- State and federally controlled drugs
- Over-the-counter medications
- Diabetic supplies
- Some maintenance medications mood altering medications
- Sublingual nitroglycerin
- Warfarin

Members currently receiving less than a 35-day supply from ESI were notified the week of October 8th. The communication will inform the member to contact their physician to confirm if a longer day supply is appropriate, and if not, advise them they will need to transfer their existing prescription to a participating retail pharmacy.

### **SavOn SP Savings Report**

Please find attached the SavOn SP report for the period of January 1, 2024 – June 22, 2024. There was a total of 68 NJHIF members participating in the program which provided \$273,375 in savings. Please refer to the report below for more detail.

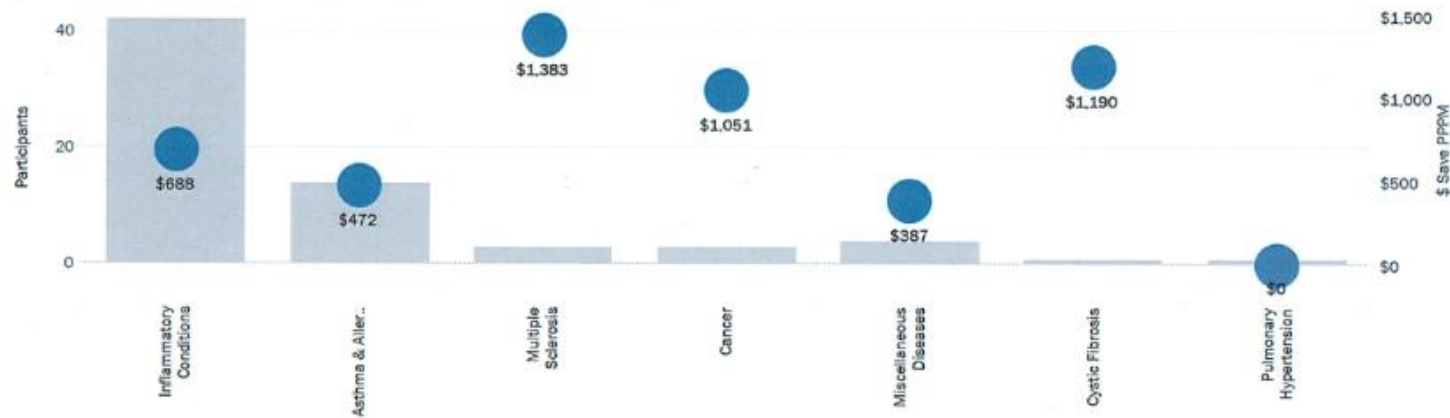
# North Jersey Municipal Employee Benefits Fund Savings Report



Claims with Invoice Dates Between 1/1/2024 and 6/22/2024

Therapeutic Category	Adjudicated Amount	Participant Savings	Total Tertiary	Net Savings 75%	\$ Save per Claim	\$ Save PPM	Claim Count	Participants
<b>Grand Total</b>	<b>\$536,617</b>	<b>\$31,928</b>	<b>\$140,189</b>	<b>\$273,375</b>	<b>\$1,064</b>	<b>\$670</b>	<b>257</b>	<b>68</b>
Inflammatory Conditions	\$338,322	\$18,368	\$88,653	\$173,476	\$1,206	\$688	144	42
Asthma & Allergy	\$77,115	\$9,305	\$14,919	\$39,669	\$592	\$472	67	14
Miscellaneous Diseases	\$25,191	\$1,595	\$11,201	\$9,296	\$620	\$387	15	4
Cancer	\$31,041	\$950	\$4,861	\$18,922	\$1,577	\$1,051	12	3
Pulmonary Hypertension	\$0	\$0	\$0	\$0	\$0	\$0	10	1
Multiple Sclerosis	\$34,510	\$1,330	\$0	\$24,885	\$3,555	\$1,383	7	3
Cystic Fibrosis	\$30,438	\$380	\$20,536	\$7,141	\$3,571	\$1,190	2	1
Ophthalmic Conditions	\$0	\$0	\$20	(\$15)			0	0

Participant Count vs. \$ Save Per Participant Per Month (PPPM)



\*PPPM - Per Participant Per Month

SaveOnSP | HIGHLY CONFIDENTIAL | July 4, 2024

### Recent New Drug Approvals

Date	Drug	Manufacturer	Use	S
Aug. 19	Lazcluze (lazertinib)	Janssen	Non-Small Cell Lung Cancer	S
Aug. 23	Pavblu (afibercept-ayyh)	Amgen	Age-Related Macular Degeneration	S
Sep. 03	Nymalize (nimodipine oral soln)	Azurity	Subarachnoid Hemorrhage	
Sep. 05	Boruzu (bortezomib)	Amneal	Multiple Myeloma	S
Sep. 12	Tecentriq Hybreza (atezolizumab)	Genentech/ Halozyme	Non-Small Cell Lung Cancer	S
Sep. 13	Ebglyss (lebrikizumab)	Eli Lilly	Atopic Dermatitis	S

"S" = Specialty

### Recent First-Time Generic Launches

Date	Drug	Manufacturer	Use	Annual Sales^
Sep. 01	Oxtellar XR	Supernus	Seizures	\$218
Sep. 05	Sprycel	Bristol-Myers Squibb	Cancer	\$2,532

^ = Million

### Patent Expirations: 2024

In 2024, around \$12 billion worth of first-time generics may be released. The table below shows the products losing patent protection in 2024. As always, availability of generic is subject to final FDA approval.

Drug	Manufacturer	Use	Patent Expiration	Annual Sales^
Alrex	Bausch & Lomb	Ophth. Anti-Allergic	Generic	\$45
FML	Allergan	Ophth. Anti-Inflammatory	Generic	\$62
Gralise	Depomed	Nerve Pain	Generic	\$100
Emflaza / susp	PTC Therapeutics	Muscular Dystrophies	Generic	\$214
Rectiv	Allergan	Anal Fissures	Generic	\$21
Myrbetriq Tabs	Astellas	Overactive Bladder	Generic	\$2,858
Estrogel	Ascend	HRT	Generic	\$17
Halaven	Eisai	Cancer	Generic	\$108
Radicava (IV)	Mitsubishi	Muscular Dystrophies	Generic	\$329
Victoza	Novo Nordisk	Diabetes, Type 2	AG Only	\$3,677
Endari	Emmaus	Sickle Cell Disease	Generic	\$20
Lucemyra	US WorldMeds	Addiction	Generic	\$16
Oxtellar XR	Supernus	Seizures	Generic	\$218
Sprycel	Bristol-Myers Squibb	Cancer	Generic	\$2,296
Sustol	Heron	Nausea/Vomiting	Sep. 28	\$16
Prialt	Elan	Pain	Oct. 01	\$28
Qsymia	Actavis	Weight Loss	Dec. 01	\$42
Pradaxa (pellets)	BI	Anticoagulant	Dec. 22	<\$10
Tasigna	Novartis	Cancer	H2:2024	\$1,166
Byetta	AstraZeneca	Diabetes, Type 2	2024	\$62
Folotyn	Allos	Cancer	2024	\$36
Gattex	Shire	Short Bowel Syndrome	2024	\$170
Ixempra	R-Pharm	Cancer	2024	\$14
Neupro Patch	UCB Pharma	Parkinson's Disease	2024	\$142
Rayos	Horizon Pharma	Inflammation	2024	\$120
Teflaro	Allergan	Infections	2024	\$171
Vesicare LS	Astellas	Overactive Bladder	2024	<\$10
Flovent HFA	GlaxoSmithKline	Asthma	2024+	\$1,875
Isentress 400mg	Merck	HIV	2024+	\$324
Ventavis	Actelion	Pulmonary Hypertension	2024+	\$10
Saxenda	Novo Nordisk	Weight Loss	2024+	\$1,135

^ Millions (IQVIA sales [2022]); \* = Settlement Agreement; Pending = Generic approved but launch is pending

"Generic" = Generic available; (AG) = Authorized product only

"Expired" = no active patents or exclusivities listed in FDA's Orange Book

HRT = Hormone Replacement Therapy

# NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND

## BILLS LIST

**Resolution No.**

**OCTOBER 2024**

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

**BE IT RESOLVED** that the North Jersey Municipal Employee Benefit Fund's Executive Board,  
hereby  
authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

**FUND YEAR 2024**

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE PREMIUM 10/24	279,088.00
		<b>279,088.00</b>
UNITED - MEDICARE ADVANTAGE	MEDICARE ADVANTAGE PREMIUM 10/24	42,628.56
		<b>42,628.56</b>
DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 10/24	6,613.20
		<b>6,613.20</b>
AETNA	MEDICAL TPA 10/24	82,678.14
		<b>82,678.14</b>
INSPIRA FINANCIAL HEALTH, INC	TWP WEST MILFORD 09/24	3.00
		<b>3.00</b>
PERMA	POSTAGE 09/24	37.26
PERMA	ADMIN FEES 10/24	45,130.36
		<b>45,167.62</b>
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q4 2024	3,185.00
		<b>3,185.00</b>
MICHAEL J. SOCCIO	TREASURER FEE 10/24	1,953.00
		<b>1,953.00</b>
JOSEPH L. VOZZA AGENCY INC.	WELLNESS 10/24	3,396.92
JOSEPH L. VOZZA AGENCY INC.	PROGRAM MANAGER FEE 10/24	52,339.77
JOSEPH L. VOZZA AGENCY INC.	PRIOR PERIOD ADJ 10/24	515.05
JOSEPH L. VOZZA AGENCY INC.	BROKER FEES 10/24	30,590.29
		<b>86,842.03</b>
DORSEY & SEMRAU	SPECIAL LITIGATION INV 21677- 09/24	1,736.00
DORSEY & SEMRAU	ATTORNEY RETAINER 10/24	1,667.00
		<b>3,403.00</b>
EMPLOYEE BENEFITS CONSULTING	BROKER FEE 10/24	2,368.20
		<b>2,368.20</b>
CORPORATE BENEFIT SOLUTIONS	BROKER FEE 10/24	2,226.11
		<b>2,226.11</b>
SKYLANDS RISK MANAGEMENT	BROKER FEE 10/24	10,143.00
		<b>10,143.00</b>

BROWN AND BROWN METRO LLC	BROKER FEE 10/24	6,857.80 <b>6,857.80</b>
FITNESS COACHING, LLC	JEFFERSON COACHING 09/24-10/24	9,360.00 <b>9,360.00</b>
WORLD INSURANCE ASSOCIATES, LLC	BROKER FEE 10/24	1,397.83 <b>1,397.83</b>
Acrisure NJ Partners Ins. Services, LLC	BROKER FEE 10/24	9,929.64 <b>9,929.64</b>
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS- HANOVER TWP 06/20/24	2,869.00
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS- BLOOMINGDALE- 6/27/24	3,020.00
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS. WANTAGE- 06/05/24	1,812.00
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS. 5/22/24 - WANTAGE	1,812.00
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS- BLOOMINGDALE-06/13/24	4,379.00
ATLANTIC CORPORATE HEALTH	SLEEP ASSESS- HANOVER-06/06/24	1,812.00
		<b>15,704.00</b>
ACCESS	INV 11082340 dept 421 08/31/24	213.24 <b>213.24</b>
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 10/24	364,508.95 <b>364,508.95</b>
	<b>Total Payments FY 2024</b>	<b>974,270.32</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>974,270.32</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer



North Jersey Municipal Employee Benefits Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2024 Month Ending: August										
	Medical	Dental	Rx	Reinsurance	Dividend Reserve	LFC	Admin	0	0	TOTAL
OPEN BALANCE	13,189,603.76	23,847.27	(1,056,017.66)	(81,602.43)	2,373,906.38	0.00	(1,875,181.81)	0.00	0.00	12,574,555.51
RECEIPTS										
Assessments	4,381,082.69	129,779.14	262,305.60	360,511.75	0.00	0.00	289,476.92	0.00	0.00	5,423,156.10
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	33,350.68	63.68	0.00	130.86	5,286.80	0.00	327.73	0.00	0.00	39,159.75
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	33,350.68	63.68	0.00	130.86	5,286.80	0.00	327.73	0.00	0.00	39,159.75
Other *	362,097.26	0.00	99,597.55	0.00	0.00	0.00	0.00	0.00	0.00	461,694.81
TOTAL	4,776,530.63	129,842.82	361,903.15	360,642.61	5,286.80	0.00	289,804.65	0.00	0.00	5,924,010.66
EXPENSES										
Claims Transfers	4,599,777.72	110,988.05	622,224.78	0.00	0.00	0.00	0.00	0.00	0.00	5,332,990.55
Expenses	0.00	0.00	0.00	362,412.06	0.00	0.00	587,420.23	0.00	0.00	949,832.29
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	4,599,777.72	110,988.05	622,224.78	362,412.06	0.00	0.00	587,420.23	0.00	0.00	6,282,822.84
END BALANCE	13,366,356.67	42,702.04	(1,316,339.29)	(83,371.88)	2,379,193.18	0.00	(2,172,797.39)	0.00	0.00	12,215,743.33

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES										
North Jersey Municipal Employee Benefits Fund										
Month		August								
Current Fund Year		2024								
		1.	2.	3.	4.	5.	6.	7.	8.	
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change	
Year	Coverage	Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This	
		Last Month	August	August	August	August	Reconciled	Variance From	Month	
2024	Medical	26,661,366.44	4,352,137.87	0.00	31,013,504.31	0.00	31,013,504.31	26,661,366.44	4,352,137.87	
	Dental	879,934.34	110,580.45	0.00	990,514.79	0.00	990,514.79	879,934.34	110,580.45	
	Rx	2,908,626.79	622,224.78	0.00	3,530,851.57	0.00	3,530,851.57	2,908,626.79	622,224.78	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>30,449,927.57</b>	<b>5,084,943.10</b>	<b>0.00</b>	<b>35,534,870.67</b>	<b>0.00</b>	<b>35,534,870.67</b>	<b>30,449,927.57</b>	<b>5,084,943.10</b>	
2023	Medical	4,973,334.16	175,172.78	0.00	5,148,506.94	0.00	5,148,506.94	4,973,334.16	175,172.78	
	Dental	87,827.89	407.60	0.00	88,235.49	0.00	88,235.49	87,827.89	407.60	
	Rx	154,353.15	0.00	0.00	154,353.15	0.00	154,353.15	154,353.15	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>5,215,515.20</b>	<b>175,580.38</b>	<b>0.00</b>	<b>5,391,095.58</b>	<b>0.00</b>	<b>5,391,095.58</b>	<b>5,215,515.20</b>	<b>175,580.38</b>	
2022	Medical	155,252.16	0.00	0.00	155,252.16	0.00	155,252.16	155,252.16	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>155,252.16</b>	<b>0.00</b>	<b>0.00</b>	<b>155,252.16</b>	<b>0.00</b>	<b>155,252.16</b>	<b>155,252.16</b>	<b>0.00</b>	
2021	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Closed Year	Medical	7,404.50	72,467.07	0.00	79,871.57	0.00	79,871.57	7,404.50	72,467.07	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>7,404.50</b>	<b>72,467.07</b>	<b>0.00</b>	<b>79,871.57</b>	<b>0.00</b>	<b>79,871.57</b>	<b>7,404.50</b>	<b>72,467.07</b>	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
	<b>TOTAL</b>	<b>35,828,099.43</b>	<b>5,332,990.55</b>	<b>0.00</b>	<b>41,161,089.98</b>	<b>0.00</b>	<b>41,161,089.98</b>	<b>35,828,099.43</b>	<b>5,332,990.55</b>	

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS						
North Jersey Municipal Employee Benefits Fund						
ALL FUND YEARS COMBINED						
CURRENT MONTH	August					
CURRENT FUND YEAR	2024					
Description:		CASH MANAGEMENT FUND	TD BANK ASSET MANAGEMENT	TD Bank Gift Card Account	Investors Bank	CITIZENS
ID Number:						
Maturity (Yrs)						
Purchase Yield:						
TOTAL for All Accts & instruments						
Opening Cash & Investment Balance	\$12,574,555.37	3268655.53	7502359.1	0	0	1803540.74
Opening Interest Accrual Balance	\$108,671.09	0	108671.09	0	0	0
1	Interest Accrued and/or Interest Cost	\$31,224.86	\$0.00	\$31,224.86	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$24,725.64	\$14,648.01	\$1,905.61	\$0.00	\$8,172.02
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$14,434.12	\$0.00	\$14,434.12	\$0.00	\$0.00
8	Net Investment Income	\$70,384.62	\$14,648.01	\$47,564.59	\$0.00	\$8,172.02
9	Deposits - Purchases	\$5,884,850.91	\$0.00	\$0.00	\$0.00	\$5,884,850.91
10	(Withdrawals - Sales)	-\$6,282,822.84	\$0.00	\$0.00	\$0.00	-\$6,282,822.84
Ending Cash & Investment Balance		\$12,215,743.20	\$3,283,303.54	\$7,518,698.83	\$0.00	\$1,413,740.83
Ending Interest Accrual Balance		\$139,895.95	\$0.00	\$139,895.95	\$0.00	\$0.00
Plus Outstanding Checks		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)		-\$741,104.09	\$0.00	\$0.00	\$0.00	-\$741,104.09
Balance per Bank		\$11,474,639.11	\$3,283,303.54	\$7,518,698.83	\$0.00	\$672,636.74

**RESOLUTION NO. 24-34**

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE OCTOBER 2024 BILLS LISTS**

**WHEREAS**, the North Jersey Municipal Employee Benefits Fund held a Public Meeting on **OCTOBER 24, 2024** 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 October 2024 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers' Report which detailed the claims payments and imprest transfers for the Fund for the Month of August for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the North Jersey Municipal Employee Benefits Fund hereby approve the Bills List for October 2024 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the North Jersey Municipal Employee Benefits Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: OCTOBER 24, 2024**

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

**ATTEST:**

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



**NORTH JERSEY MUNICIPAL  
EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

***October 24, 2024***



## NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND

	<b>MEDICAL CLAIMS PAID 2022</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2023</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$2,295,816	1,496	\$ 1,535	\$3,931,217	1,920	\$ 2,048
FEBRUARY	\$2,276,872	1,502	\$ 1,516	\$3,769,432	1,881	\$ 2,004
MARCH	\$2,379,988	1,503	\$ 1,583	\$2,964,735	2,084	\$ 1,423
APRIL	\$2,612,511	1,605	\$ 1,628	\$4,417,158	2,094	\$ 2,109
MAY	\$3,090,950	1,668	\$ 1,853	\$4,419,584	2,098	\$ 2,107
JUNE	\$3,170,703	1,662	\$ 1,908	\$3,489,075	2,091	\$ 1,669
JULY	\$2,465,662	1,669	\$ 1,477	\$4,264,290	2,087	\$ 2,043
AUGUST	\$3,717,731	1,719	\$ 2,163	\$3,899,598	2,086	\$ 1,869
SEPTEMBER	\$2,976,764	1,836	\$ 1,621			
OCTOBER	\$3,092,101	1,865	\$ 1,658			
NOVEMBER	\$2,906,862	1,866	\$ 1,558			
DECEMBER	\$3,142,985	1,880	\$ 1,672			
<b>TOTALS</b>	<b>\$34,128,946</b>			<b>\$31,155,089</b>		
				<b>2024 Average</b>	<b>2,043</b>	<b>\$1,909</b>
				<b>2023 Average</b>	<b>1,689</b>	<b>\$1,681</b>

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

**Plan Sponsor Unique ID :** All  
**Customer:** North Jersey Municipal Employee Benefits Fund  
**Group / Control:** 00727848,00866355,SI220763

**Paid Dates:** 08/01/2024 - 08/31/2024  
**Service Dates:** 01/01/2011 - 08/31/2024  
**Line of Business:** All

### Paid Amt

\$142,448.22

**Total:**

**\$142,448.22**



**Medical Claims Paid:**  
**January 2024- August 2024**

Total Medical Paid per EE: **\$1,909**

**Network Discounts**

Inpatient: **66.6%**  
Ambulatory: **69.3%**  
Physician/Other: **68.0%**  
**TOTAL: 68.2%**

**Provider Network**

% Admissions In-Network: **95.7%**  
% Physician Office: **92.3%**

**Aetna Book of Business:**  
Admissions 98.5%; Physician 91.1%

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

- Morristown Medical Center
- Newton Medical Center
- Chilton Medical Center
- Saint Clare's Hospital
- Cooperman Barnabas Medical

**Catastrophic Claim Impact**

**January 2024- September 2024**

Number of Claims Over \$50,000: **97**  
Claimants per 1000 members: **18.6**  
Avg. Paid per Claimant: **\$118,798**  
Percent of Total Paid: **36.3%**

- Aetna BOB- HCC account for an average of 43.4% of total Medical Cost

**Aetna One Flex Member Outreach:**  
**thru September 2024**

Total Members Identified: **1,147**  
Members Targeted for 1:1 Nurse Support : **212**  
Members Targeted for digital activity: **935**  
Member 1:1 outreach completed: **202**  
Member 1:1 Outreach in Progress: **10**

**Teladoc Activity:**

**January 2024 thru August 2024**

Total Registrations: **84**  
Total Online Visits: **208**  
Total Net Claims Savings: **\$100,430**  
Total Visits w/ Rx: **166**

Mental Health Visits: **24**  
Dermatology Visits: **16**

**Service Center Performance Goal Metrics YTD 2024**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: **94.02%**  
Abandonment Rate: **0.73%**  
Avg. Speed of Answer: **25.1 sec**

**Claims Performance**

Financial Accuracy: **98.84%\***

\*Q2 2024

90% processed w/in: **6.2 days**  
95% processed w/in: **10.8 days**

\*\*\*\*\*

**Claims Performance (Monthly)**

(August 2024)

90% processed w/in: **5.4 days**  
95% processed w/in: **11.2 days**

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

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

Financial Accuracy: **99%**

**Turnaround Time**

90% processed w/in: **14 days**  
95% processed w/in: **30 days**





**EXPRESS SCRIPTS®**

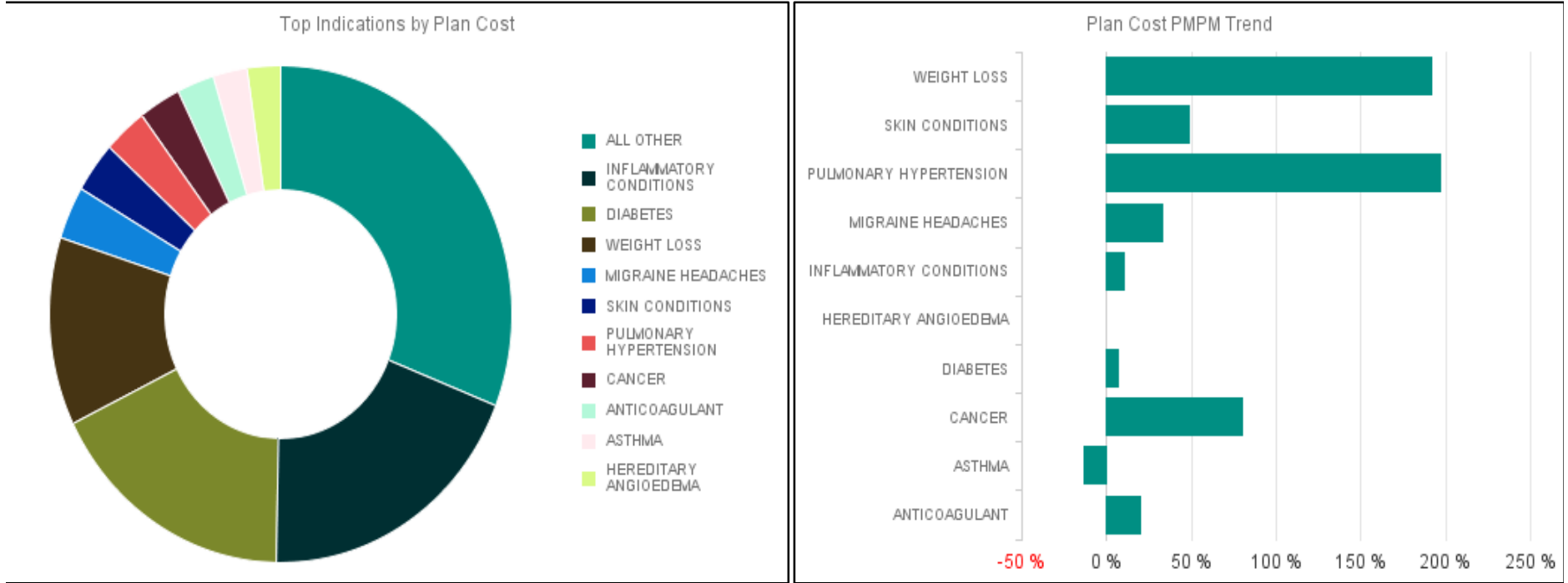
**North Jersey Municipal Employee Benefits Fund - Monthly Utilization Tracking Report**

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	3,873	3,863	3,887	3,874	4,143	4,320	4,331	4,265	4,342	4,485	4,817	4,548	4,889	4,905	4,919	4,904	4,398
Total Days	153,428	137,350	155,285	446,063	150,154	171,679	168,062	489,895	167,616	182,884	176,070	526,570	193,309	185,189	190,970	569,468	2,031,996
Total Patients	1,550	1,471	1,557	2,318	1,557	1,713	1,694	2,577	1,661	1,720	1,812	2,735	2,001	1,918	2,032	3,017	3,941
Total Plan Cost	\$548,171	\$576,692	\$662,404	\$1,787,268	\$584,221	\$747,892	\$850,782	\$2,182,895	\$810,505	\$893,758	\$835,235	\$2,539,498	\$906,849	\$926,193	\$976,059	\$2,809,101	\$9,318,762
Generic Fill Rate (GFR) - Total	83.3%	84.4%	84.9%	84.2%	85.6%	86.8%	85.0%	85.8%	85.2%	85.5%	83.4%	84.7%	81.7%	84.7%	86.4%	84.3%	84.7%
<b>Plan Cost PMPM</b>	<b>\$141.54</b>	<b>\$149.29</b>	<b>\$170.42</b>	<b>\$153.77</b>	<b>\$141.01</b>	<b>\$173.12</b>	<b>\$196.44</b>	<b>\$170.62</b>	<b>\$186.67</b>	<b>\$199.28</b>	<b>\$173.39</b>	<b>\$186.13</b>	<b>\$185.49</b>	<b>\$188.83</b>	<b>\$198.43</b>	<b>\$190.93</b>	<b>\$176.58</b>
Total Specialty Plan Cost	\$192,512	\$223,063	\$248,701	\$664,276	\$205,135	\$301,686	\$387,694	\$894,515	\$354,876	\$383,566	\$325,876	\$1,064,318	\$352,165	\$397,833	\$435,410	\$1,185,408	\$3,808,517
Specialty % of Total Specialty Plan Cost	35.1%	38.7%	37.5%	37.2%	35.1%	40.3%	45.6%	41.0%	43.8%	42.9%	39.0%	41.9%	38.8%	43.0%	44.6%	42.2%	40.9%

Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	4,905	4,873	5,422	5,067	5,440	5,436	5,427	5,434	5,406	5,395							
Total Days	203,129	186,417	209,955	599,501	224,391	220,264	206,816	651,471	238,156	212,851							
Total Patients	1,970	1,908	2,198	3,207	2,174	2,116	2,096	3,245	2,162	2,059							
Total Plan Cost	\$865,144	\$792,400	\$1,083,188	\$2,740,732	\$1,103,099	\$1,184,908	\$1,238,550	\$3,526,557	\$1,181,565	\$1,303,210							
Generic Fill Rate (GFR) - Total	86.0%	87.0%	86.5%	86.5%	86.0%	85.8%	84.9%	85.6%	84.4%	83.7%							
<b>Plan Cost PMPM</b>	<b>\$176.38</b>	<b>\$162.61</b>	<b>\$199.78</b>	<b>\$180.31</b>	<b>\$202.78</b>	<b>\$217.97</b>	<b>\$228.22</b>	<b>\$216.31</b>	<b>\$218.57</b>	<b>\$241.56</b>							
<b>% Change Plan Cost PMPM</b>	<b>24.6%</b>	<b>8.9%</b>	<b>17.2%</b>	<b>17.3%</b>	<b>43.8%</b>	<b>25.9%</b>	<b>16.2%</b>	<b>26.8%</b>	<b>17.1%</b>	<b>21.2%</b>							
Total Specialty Plan Cost	\$308,439	\$274,926	\$466,401	\$1,049,766	\$465,441	\$510,693	\$521,653	\$1,497,787	\$354,254	\$524,464							
Specialty % of Total Specialty Plan Cost	35.7%	34.7%	43.1%	38.3%	42.2%	43.1%	42.1%	42.5%	30.0%	40.2%							

## Top Indications

N. JERSEY MUNI EMPLOY BNFT FD (Current Period 01/2024 - 08/2024 vs. Previous Period 01/2023 - 08/2023) Peer = Government - National Preferred Formulary



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	28.0 %	477	\$1,688,310	\$39.91	37.1 %	33.4 %	34.7 %	357	\$1,206,759	\$36.30	39.8 %	39.3 %	9.9 %
2	1	DIABETES	25.3 %	4,884	\$1,526,164	\$36.08	32.8 %	25.7 %	32.5 %	3,830	\$1,127,584	\$33.92	32.5 %	28.5 %	6.4 %
3	4	WEIGHT LOSS	17.7 %	1,032	\$1,070,612	\$25.31	3.3 %	5.1 %	8.3 %	285	\$288,743	\$8.69	11.9 %	10.5 %	191.4 %
4	6	MIGRAINE HEADACHES	5.0 %	464	\$301,130	\$7.12	38.8 %	52.4 %	5.1 %	340	\$178,523	\$5.37	42.9 %	55.5 %	32.6 %
5	5	SKIN CONDITIONS	4.8 %	750	\$288,789	\$6.83	84.0 %	85.3 %	4.4 %	563	\$153,068	\$4.60	87.6 %	88.1 %	48.3 %
6	9	PULMONARY HYPERTENSION	4.4 %	15	\$265,079	\$6.27	26.7 %	58.7 %	2.0 %	10	\$70,243	\$2.11	70.0 %	53.9 %	196.6 %
7	3	CANCER	4.3 %	332	\$257,387	\$6.08	95.2 %	75.8 %	3.2 %	227	\$112,408	\$3.38	94.7 %	77.8 %	79.9 %
8	8	ANTICOAGULANT	3.8 %	517	\$227,047	\$5.37	13.5 %	19.1 %	4.3 %	391	\$149,206	\$4.49	20.7 %	22.0 %	19.6 %
9	7	ASTHMA	3.5 %	2,109	\$208,456	\$4.93	85.9 %	87.8 %	5.4 %	1,756	\$188,290	\$5.66	75.9 %	79.1 %	-13.0 %
10	10	HEREDITARY ANGIOEDEMA	3.4 %	4	\$204,684	\$4.84	0.0 %	14.6 %	NA		NA	NA	NA	9.9 %	NA
Total Top 10				10,584	\$6,037,659	\$142.72	45.6 %	45.6 %		7,759	\$3,474,824	\$104.52	47.6 %	47.4 %	36.5 %

## Top Drugs

N. JERSEY MUNI EMPLOY BNFT FD (Current Period 01/2024 - 08/2024 vs. Previous Period 01/2023 - 08/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rx	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rx	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	529	120	\$644,486	\$15.23	215	56	\$259,970	\$7.82	94.8 %
2	6	STELARA	INFLAMMATORY CONDITIONS	Y	51	7	\$478,752	\$11.32	32	6	\$337,853	\$10.16	11.4 %
3	16	ZEPBOUND	WEIGHT LOSS	N	436	91	\$415,934	\$9.83	NA	NA	NA	NA	NA
4	2	OZEMPIC	DIABETES	N	462	79	\$400,925	\$9.48	305	48	\$257,668	\$7.75	22.3 %
5	1	MOUNJARO	DIABETES	N	368	69	\$357,998	\$8.46	112	27	\$104,256	\$3.14	169.8 %
6	189	TYVASO DPI	PULMONARY HYPERTENSION	Y	11	2	\$264,190	\$6.25	3	1	\$68,686	\$2.07	202.3 %
7	681	RUCONEST	HEREDITARY ANGIOEDEMA	Y	4	1	\$204,684	\$4.84	NA	NA	NA	NA	NA
8	24	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	33	4	\$187,941	\$4.44	25	5	\$122,477	\$3.68	20.6 %
9	13	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	25	3	\$155,581	\$3.68	25	3	\$141,817	\$4.27	-13.8 %
10	26	ELIQUIS	ANTICOAGULANT	N	297	55	\$153,392	\$3.63	166	34	\$79,869	\$2.40	50.9 %
11	12	DUPIXENT PEN	SKIN CONDITIONS	Y	51	7	\$143,058	\$3.38	30	6	\$73,131	\$2.20	53.7 %
12	23	RINVOQ	INFLAMMATORY CONDITIONS	Y	20	4	\$130,628	\$3.09	3	1	\$12,996	\$0.39	689.9 %
13	10	JARDIANCE	DIABETES	N	234	35	\$127,188	\$3.01	160	22	\$85,031	\$2.56	17.5 %
14	28	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	23	5	\$111,943	\$2.65	20	5	\$92,325	\$2.78	-4.7 %
15	20	FARXIGA	DIABETES	N	205	30	\$106,738	\$2.52	159	23	\$79,941	\$2.40	4.9 %
16	65	HUMIRA (CF)	INFLAMMATORY CONDITIONS	Y	18	2	\$105,997	\$2.51	15	2	\$88,681	\$2.67	-6.1 %
17	4	HUMIRA (CF) PEN	INFLAMMATORY CONDITIONS	Y	15	4	\$104,664	\$2.47	18	3	\$87,998	\$2.65	-6.5 %
18	34	OTEZLA	INFLAMMATORY CONDITIONS	Y	31	7	\$102,621	\$2.43	20	4	\$62,797	\$1.89	28.4 %
19	348	KOSELUGO	CANCER	Y	10	1	\$102,513	\$2.42	NA	NA	NA	NA	NA
20		TAZVERIK	CANCER	Y	6	1	\$99,871	\$2.36	3	1	\$40,521	\$1.22	93.7 %
21	31	NURTEC ODT	MIGRAINE HEADACHES	N	71	17	\$92,432	\$2.18	37	10	\$39,304	\$1.18	84.8 %
22	35	DUPIXENT SYRINGE	SKIN CONDITIONS	Y	33	4	\$85,672	\$2.03	18	2	\$43,535	\$1.31	54.6 %
23	18	TRULICITY	DIABETES	N	93	16	\$81,357	\$1.92	137	23	\$116,066	\$3.49	-44.9 %
24	36	RYBELSUS	DIABETES	N	93	15	\$80,913	\$1.91	87	14	\$74,877	\$2.25	-15.1 %
25	52	QULIPTA	MIGRAINE HEADACHES	N	77	15	\$75,659	\$1.79	53	10	\$47,162	\$1.42	26.1 %
Total Top 25					3,196		\$4,815,137	\$113.82	1,643		\$2,316,960	\$69.70	63.3 %



An additional benefit  
when you need it:

## The Special Health Care Needs Benefit from Delta Dental



For 6.5 million people in the U.S. with intellectual or developmental disabilities, oral health care can be inaccessible or overwhelming. Delta Dental is changing that.

### Who qualifies for this benefit?

Effective January 1, 2024, your Delta Dental of New Jersey and Connecticut group benefits plan\* will include an enhanced benefit for covered members (children and adults) with a qualifying special health care need.

### What is included?

- Additional dental examinations and/or consultations that can be beneficial prior to treatment to help patients learn what to expect and what is needed for a successful dental appointment.
- Up to four total dental cleanings in a benefit year.
- Treatment delivery modifications (including anesthesia) necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers to treatment.

### How do I/my spouse/my dependent use this benefit?

- Members with a qualifying special health care need should let their dentist know that their group Delta Dental plan includes the Special Health Care Needs Benefit and that they have a qualifying special health care need.
- To help your dentist better understand the benefit and how to bill Delta Dental for services provided, we suggest you or your provider download (or scan the below QR code) the **Provider Focused Special Health Care Needs** flyer.



Download the [Provider Focused Special Health Care Needs flyer](#) or scan this QR code.

### Questions?

Please call the Delta Dental Customer Service Department at **800-452-9310**.

\*Does not apply to Flagship, DeltaCare® USA, or Individual and Family Plans.

### What are special health care needs?

As defined by the American Academy of Pediatric Dentistry, special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may impact people of any age, may be congenital, developmental, or acquired through disease, trauma or environmental cause, and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.



# APPENDIX I

**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND  
OPEN MINUTES  
SEPTEMBER 26, 2024  
RANDOLPH MUNICIPAL HALL- 9:30 AM**

Meeting of Fund Commissioners called to order by Carrine Piccolo-Kaufer. Open Public Meetings notice read into record.

**ROLL CALL OF 2024 EXECUTIVE COMMITTEE AND FUND COMMISSIONERS**

<b>2024 Executive Committee</b>		
Scott Heck, Chair	Borough of Ringwood	Present
Tom Russo, Secretary	Town of Newton	Present
Barbara Russo	Township of Berkeley Heights	Present
Tammy Smith	Knowlton BOE	Present
Silvio Esposito	Township of Hanover	Present
Carrine Piccolo- Kaufer	Township of Hardyston	Present
Greg Poff	Borough of Randolph*	Present
<b>Executive Committee Alternates:</b>		
Adam Brewer	Township of Pequannock	Present
Dina Valente - Stoel	Borough of Lincoln Park	Absent

<b>Fund Commissioners</b>		
Mike Sondermeyer	Borough of Bloomingdale	Present
Michael Restel	Township of Wantage	Present
James Zepp	Township of Sparta	Present
Patricia Bussow	Andover Township*	Absent
Ralph Blakeslee	Borough of Netcong*	Absent
Samuel Yodice	Borough of Woodland Park	Absent
Victoria Dobrusin	Township of Dover	Present
Andrew Fiore	Borough of Harding	Absent
Katie Yanke	Borough of Montville*	Absent
Joe Sabatini	Township of Byram*	Absent
James Burnett	Borough of Madison*	Absent
	Township of Prospect Park*	Absent
John Shepherd	Township of Roxbury*	Absent
Debra Millikin	Township of Jefferson*	Present



James Freda	Kinnelon	Absent
Gabby Evangelista	Borough of Wharton	Present
Karen Fornaro	Borough of Chatham	Present
Tina Kraus	Township of Vernon	Present
	Town of Boonton	Absent
	Madison Housing Authority	Absent
Mitchell Stern	Mountain Lakes	Absent
Claudia Quinn	Mt. Olive	Present
Michele Dale	Twp of Mount Olive	Present
<b>Fund Commissioner Alternates</b>		
Ashleigh Frueholz	Township of Byram*	Absent
Jennifer Dodd	Town of Newton	Absent
Lisa Spring	Township of Roxbury*	Absent
Joseph Kovalcik	Borough of Wharton	Present
Perry Mayers	Borough of Lincoln Park	Present
Jasmin Azcona	Township of Bloomingdale	Absent
Michele Lantau	Township of Sparta	Present
Sandy Olivola	Woodland Park	Present
	Township of Dover	Absent
Sandra Emmerich	Borough of Madison*	Absent
Nancy VanHorn	Township of Wantage	Absent
Deborah Bonanno	Randolph Township	Absent
William Egan	Township of Jefferson	Absent
Dana Vitz	Township of Hardyston	Absent
Stephen Williams	Borough of Chatham	Absent
Shawn Bennett	Mountain Lakes	Absent

**APPOINTED OFFICIALS PRESENT:**

Executive Director	PERMA Risk Management Services	<b>Brandon Lodics Emily Koval</b>
Program Manager	Vozza Agency	<b>David Vozza Randi Gerber</b>
Attorney	Dorsey & Semrau	<b>Ed Pasternak</b>
Claims Administrator	Aetna	<b>Jason Silverstein</b>
Dental Administrator	Delta Dental	<b>Luhra Ebarle</b>
Prescription Administrator	Express Scripts	<b>Charles Yuk</b>
Treasurer	Michael Soccio	<b>Present</b>
Auditor	Nisivoccia	<b>Absent</b>
Actuary	John Vataha	<b>Absent</b>

#### **PRESENT FUND PROFESSIONALS:**

Diana DiRezze, Randolph Twp  
Stacy Grant, Henry O Baker  
Joe Rude, EBCSG

#### **FLAG SALUTE**

#### **MOTION TO APPROVE OPEN MINUTES FOR JULY 25, 2024**

**MOTION:**

Commissioner B. Russo

**SECOND:**

Commissioner Brewer

**VOTE:**

18 Ayes, 0 Nays, 3 Abstain (T. Russo, T. Smith, S. Olivola)

**CORRESPONDENCE - None**

#### **MONTHLY COMMITTEE REPORTS -**

**CLAIMS COMMITTEE-** None

**CONTRACTS COMMITTEE-** None

**FINANCE COMMITTEE** – Commissioner Brewer represented the finance committee. He reported growth is good until its not. He said there were recent healthy conversations with the committee regarding adding new members. The objective is to be the ultimate example of shared service. The Fund has gotten larger which brings more claims, the surplus balance is dropping significantly. He said running out of money is not good and the members would not be happy with a special assessment. . He suggested that there could be new membership that adversely affects the existing members. The Committee is recommending the decision to stop offering membership to all except Mendham because they were already approved earlier this year.

**MOTION TO PAUSE THE OFFERING OF NEW FUND MEMBERSHIP THROUGH DECEMBER 31, 2024, WITH THE EXCEPTION OF MEMBERS ALREADY OFFERED MEMBERSHIP EARLIER THIS YEAR**

<b>MOTION:</b>	Commissioner Brewer
<b>SECOND:</b>	Commissioner T. Russo
<b>VOTE:</b>	19 Ayes, 0 Nays, 1 Abstain (S. Olivola)

**WELLNESS COMMITTEE** – Commissioner Kaufer stated the Wellness Program has 2 new towns. Chatham has asked for consideration in 2025. She said with concerns on the budget, the program is declining in participation at this time but will have any member do the seminars and join wellness committee meetings. She said there maybe an amendment to the AHS contract to do new offerings of screenings as a new phase in the program.

**PROFESSIONAL REPORTS:**

**EXECUTIVE DIRECTOR'S REPORT**

**Fast Track Financial Reports** as of July 2024 – Executive Director said that in tandem with Commissioner Brewer's comments, the Fund is seeing a deficit of about \$3.6M. Claims are running about 10% over budget. The deficit will be dug into later by the Program Manager and the budget introduction.

Executive Director said that there is \$7.6 mill surplus which is below the 2.5 months claims reserves. With that being said, the Finance Committee is not recommending a dividend for the remainder of 2024 but as the 2025 budget will be sufficient, it can be re-evaluated next year.

**2025 BUDGET REVIEW** – Executive Director said there were revised agendas distributed which corrected an error that he said he appreciated being noticed prior to the meeting.

Executive Director said there are three components to the renewal: Medical Claims fund, Prescription claims fund and the fully insured Medicare Advantage renewal. He said that 90% of the budget is spent on these three lines. He said the budget process starts with claims "triangles" from 2022 to July 2024. These reports show each month's incurred and paid. The Fund Actuary can see the payment pattern and determine the required IBNR, of which are included in member's rates. The stabilization of a member's run out is covered in those rates.

Executive Director said that medical claims and embedded prescription is different than the individual lines, of which are increasing 14.37%. For stand alone prescription, claims are increasing 36%. These increases are consistent with the state. He said the GLP1 medications have been financially impactful over past 18 months. The growth of these drugs occurred prior to the 2024 budget building so the budget did not project for this cost. He said there is a new GLP1 drug that came out in 2024. In addition, Executive Director said that cancer medications continue to drive as well, along with inflammatory drugs. These increases are all in line with the State.

Executive Director said that Medicare Advantage traditionally has been a helpful line on the budget, but this year there is an inflation reduction act passed in 2022 which intends to reduce out of pocket costs to the retiree by removing the 'donut hole' of \$2000 per retiree and now it is shifted to the payors. The renewal is estimated at 24%.

As for assessments, Executive Director said the embedded the Medical and Prescription and the Standalone prescription will be increasing the same at 15%. The Medicare Advantage billing will increase 23 and dental is up 5%. There is one entity that is receiving a slightly higher increase for dental only.

Executive Director said that the recommendations between introduction and adoption are a Medicare Advantage RFP and the MRHIF renewal update. The claims will likely not change. A comparison to the State was included, which is still lower and does not include dividends or plan designs.

Commissioner Poff notated a transposition of numbers on the assessment increase page.

In response to Commissioner T. Russo, the legislation on the Medicare Advantage is impactful nationwide, so we doubt that the RFP will give much release but maybe sharpened pencils from the competition. Fund Attorney will be meeting with the contracts committee shortly on that and a few other contracts.

Commissioner T. Russo said on behalf of the Finance committee, the costs are going up undoubtedly. He said the Committee spent a lot of time going over this because it is such a large number. Not issuing a dividend may be a double hit to some of our members and the Committee did not take this lightly. He said that Atlantic Health will be negotiating next year and we won't know how that will turn out.

Chair Heck said he wants to make sure the members know that the dividends will not be there this year as early as possible. He encouraged members to let the CFOs know. He said there was very robust conversations between finance and operations to represent our members and the entire fund.

**MOTION TO INTRODUCE THE 2025 NORTH JERSEY HEALTH INSURANCE FUND BUDGET IN THE AMOUNT OF \$74,732,160 AND TO ADVERTISE A PUBLIC HEARING OF THE BUDGET ADOPTION ON OCTOBER 24, 2024.**

**MOTION:**

Commissioner T. Russo

**SECOND:**

Commissioner Brewer

**VOTE:**

19 Ayes, 0 Nays, 1 Abstain (S. Olivola)

**2025 PROFESSIONAL/CONSULTANT RFPS** - The Fund QPA contract is currently at MRHIF level. For the issuance of the Medicare Advantage, Program Manager and Actuary RFPs, the contract should be direct between the QPA and the Fund. We would expect this cost for each year to below the threshold and can be procured through a bid process.

Also, at the recommendation of the MRHIF QPA and Fund Attorney, it is best practice that moving forward the Program Manager and Executive Director RFPs be opened and reviewed with the Contracts Committee by the Fund Attorney.

**MOTION TO ALLOW THE CONTRACTS COMMITTEE TO ALLOW THE EXECUTIVE DIRECTOR SEEK PROPOSALS FOR QUALIFIED PURCHASING AGENT FOR THE NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND FOR THE REMAINDER OF 2024.**

**MOTION:** Commissioner Mayers  
**SECOND:** Commissioner T. Russo  
**VOTE:** 19 Ayes, 0 Nays, 1 Abstain (S. Olivola)

**MEDICARE ADVANTAGE - RFP** - The Committee approved the release of this RFP through the Cooperative earlier this year. We are recommending that each Fund RFP individually instead. We expect to have it out very shortly with results prior to budget adoption.

**INDEMNITY AND TRUST AGREEMENTS** -- PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements have expired. Please reach out to [hifadmin@permainc.com](mailto:hifadmin@permainc.com) for a blank form to be executed. The list was last updated on September 13, 2024.

MEMBER	I&T END DATE
TOWNSHIP OF BYRAM	12/31/2023

**PRORAM MANAGER REPORT**

**CLAIMS OVERVIEW REPORT** - Program Manager said there was a spike in prescription that happened after the 2024 budget development. He said the Medical is increasing 10%, which is a little over trend. In addition, the Fund is seeing increases in office visits and ambulatory visits. Program Manager said that outpatient services and mental health is increasing significantly which could be a covid true-up because patients are becoming more comfortable, and salaries were increased in facilities. The Out of Network utilization is also impactful, although the utilization is not high.

Program Manager said the Inflation Reduction Act is also a large increase because of the loss of subsidies. He said that he is investigating plan designs or formulary changes which could produce savings to the members. IN addition, the Fund or individual towns could also look at excluding GLPs to save money.

As of r Prescription, Program manager said that the most prescribed drug class is inflammatory. The Omada program the Fund approved will hopefully help with the cost on GLP. He said that cancer was only 5.2% of spend.

Program Manager noted that the SHBP was slightly higher than the Fund, but they only used claims through 12/31/23. Our renewal has captured more claims and trends so they might be underpricing.

Atlantic health is about 40% of our facility spend, which is entering negotiations.

Program Manager said that out of network providers providing services such as varicose veins has been seen in our data. There was also a 'wellness vendor' that approached one of our towns so continue to be aware of these services. The Operations Committee will review this and see what the other funds have done to try and limit this exposure. In response to Commissioner Brewer, Executive Director said that Police and fire is the primary entrance into the group's locations. Chair Heck requested that the letter be recirculated. Commissioner Mayers said he had a provider ask to visit and he denied access. Chair Heck said to work with risk managers when you see these providers.

Program Manager said the GLP encircle program started 9/1 for grandfathering. Ms. B. Vozza said that often the providers are not sending the documentation, and we can help assist in that process. As for wellness, she said that the incentive cards do have an expiration date. Seminars have over 500 views so far and possibly looking at interactive seminars with doctors through Atlantic Health.

Ms. Smith said the SHBP has negative claim reserves and predicting additional losses so expectation of next year to be high as well but likely we will see member requests.

Chair Heck said use other groups as recourses when going into bargaining negotiations. The Committees are paying attention to the Fund's financials, so we don't end up like the State. Program Manager said plan design flexibility is something the Fund can do that the State cannot as easily.

## **TOWN VISITS/MEETINGS/PLAN CHANGE REQUESTS**

Our office frequently works with towns for review of plan options for union negotiations. If anyone is entering union negotiations and needs assistance, please feel free to contact our office directly to discuss.

## **ENROLLMENT, ELIGIBILITY, BILLING**

The funds policy is to limit retro corrections, including terminations to 60 days. Please check your monthly invoice for accuracy. If you find a discrepancy, please report it immediately to the NJHIF enrollment Team at [northernnjenrollments@permainc.com](mailto:northernnjenrollments@permainc.com)

*Use of the WEX (formerly Benefits Express) enrollment system is mandatory.*

## **Online Enrollment System Training Schedule - 2024**

**UPDATE NOTICE FOR ALL WEX USERS:** There has been a new update to the WEX system that could affect your member termination process, where the "Quick Term" option has been removed. To accommodate this change, we have provided updated termination instructions attached separately for your reference. Going forward, please review these instructions and follow the updated process when terminating a member. Afterward, you can access the quick look feature to confirm coverage is ending on the desired date. You can also reach out to the enrollment team if you need assistance.

PERMA offers virtual training and a refresher class of the online enrollment system the third Wednesday of each month. The session provides an overview of the Fund's enrollment system and shows HR users how to perform tasks in the system. To gain access to the Fund's enrollment system, each HR user must complete a system access form.

Wednesday - October 16th 10:00 am - 11:00 am  
Wednesday - November 20th 10:00 am - 11:00 am

Please email Austin Flinn at PERMA to join a training session.

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

Email: [HIFTraining@permainc.com](mailto:HIFTraining@permainc.com)

I have also attached an updated enrollment team contact list for your reference.

## **2024 OPEN ENROLLMENT**

The NJMEBF will be holding open enrollment for the 2024 plan year from 10/28/2024 - 11/08/2024. All changes must be processed online in Benefits Express by 11/17/202 in order for ID cards to be generated for any members making plan changes and in member's hands by January 1, 2025.

## **COMMITTEE MEETINGS**

**Operations Committee** - The Operations Committee met on September 11<sup>th</sup> to discuss new member submissions. Other than Mendham Township, the Operations Committee is recommending placing a moratorium on new membership to allow the new groups to accumulate a surplus.

**Finance Committee** - The Finance Committee met on September 17<sup>th</sup> to discuss the 2025 budget. Our office has been working with Perma on the development of the budget and presented a claims analysis to Committee members for review and discussion. Copy of analysis is attached. Results of the meeting will be provided by others during the meeting.

## **AETNA**

Our office has been advised that Aetna is currently in negotiations with Mount Sinai Health System. While negotiations are on-going, Mount Sinai Health System has agreed to extend their contract through November 8, 2024. 17 NJHIF members have accessed the health system in the past 12 months.

**Metro New York Aetna network - Negotiations with Mount Sinai Health System for an effective Date of October 01, 2024**

## Highlights

- Our contract with Mount Sinai Health System Hospital and Physicians is set to expire October 1, 2024.
- Mount Sinai Health System has hospital, ancillary and physician locations in Kings, New York, Queens, Suffolk, Nassau, and Westchester counties.
- Aetna and Mount Sinai Health System are in active negotiations.
- There will not be an adequacy issue because of the termination.
- The NY State 2-month Cooling Off period will not apply to members in fully insured commercial plans. For these members, the hospital will be out-of-network effective 10/01/2024.
- Due to differing requirements on when we need to notify members, letters will mail in a staggered approach. See the Member Letters section below for timing.
- Mount Sinai Health System advised their medical staff on 8/7/2024 of the upcoming 10/1/2024 termination.
- Mount Sinai Health System notified some plan sponsors on 8/8/2024 of the upcoming 10/1/2024 termination.

If an agreement is reached after these notices have been mailed, retraction letters will be sent to all members who received the initial notification.

## EXPRESS - SCRIPTS

### ENCIRCLE RX PROGRAM - GLP-1 DRUGS Update

As presented in our May report, the Encircle Program establishes specific criteria that must be met for the approval of a GLP-1 drug being prescribed for weight loss such as BMI and enrollment in a lifestyle modification program.

### Effective September 1, 2024

Members with new prescriptions or renewing a Prior Authorization for weight loss medication(s) will need to meet the new criteria in order to be approved for a GLP-1 weight loss medication:

- BMI > 32 **OR**
- BMI between 27 < 32 **WITH** 2 or more documented comorbidities



Members who have a current PA (Prior Authorization) on file will be grandfathered until their PA expires.

**Effective January 1, 2025,**

Any new members or members who already have an approved PA for one of the GLP-1 weight loss medications will need to engage in the mandatory guidelines of the program.

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is Pre-programmed to the member's ESI account prior to delivery. The scale will record each weigh-in by the member automatically – the member does not need to upload the data into their ESI account. **Members must weigh-in a minimum of 4 times per month.**
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times per month.
- If members do not adhere to the mandatory requirements of the program following the month in which they are noncompliant, they will not be able to refill their weight loss medication. Members will be required to complete the missing weigh-ins and / or online coaching engagement(s) in order to refill their medication.

Members receiving approval will receive the Omada welcome kit and will need to adhere to the Encircle program as outlined above.

### **Mail Order Scripts**

ESI has advised that beginning October 1, 2024, they will no longer be stocking a limited set of medications at their mail order facilities. Member communications have been sent to impacted members. There are 32 members impacted by this change. A copy of the list of drugs affected by this change is included with our report.

Patients that have filled an impacted medication in 2024 will receive proactive communications, notifying them 30 days in advance of the change. Patients have the option to fill an alternative drug at home delivery, but those who want or need to continue filling their medication will need to do so from an alternative pharmacy, such as an in-network retail location.

Should a member try to fill one of the medications impacted by this change, Express-Scripts process will route the home delivery order to a team that will outreach to the physician and / or patient in support of communicating that the medication is not stocked and support seeking a physician approved alternative covered medication or direct the patient to utilize a retail pharmacy. If appropriate, patients may choose to speak to their physician about an alternative medication that is stocked by the Express-Scripts mail pharmacy.

Only the drugs with the specific NDC noted on the attached are impacted.

NDC	BRAND_NAME	Therapy
00173087410	ARNUITY ELLIPTA	ASTHMA
00173087610	ARNUITY ELLIPTA	ASTHMA
00173088810	ARNUITY ELLIPTA	ASTHMA
00006000530	BELSOMRA	SLEEP DISORDERS
00006003330	BELSOMRA	SLEEP DISORDERS
00006032530	BELSOMRA	SLEEP DISORDERS
00006033530	BELSOMRA	SLEEP DISORDERS
68968051408	COMBIPATCH	HORMONAL SUPPLEMENTATION
68968052508	COMBIPATCH	HORMONAL SUPPLEMENTATION
00597002402	COMBIVENT RESPIMAT	COPD
00078065967	ENTRESTO	HEART DISEASE
00078069667	ENTRESTO	HEART DISEASE
00078077767	ENTRESTO	HEART DISEASE
57599000101	FREESTYLE    LIBRE    14 DAY	DIABETES
57599080000	FREESTYLE    LIBRE    2 SENS	DIABETES
57599081800	FREESTYLE    LIBRE    3 SENS	DIABETES
00430042014	LO LOESTRIN FE	CONTRACEPTIVES
59310030240	QVAR REDIHALER	ASTHMA
59310030480	QVAR REDIHALER	ASTHMA
70727049725	RHOPRESSA	GLAUCOMA
70727052925	ROCKLATAN	GLAUCOMA
00456150055	SAVELLA	PAIN/INFLAMMATION
00456151060	SAVELLA	PAIN/INFLAMMATION
00456151260	SAVELLA	PAIN/INFLAMMATION
00456152560	SAVELLA	PAIN/INFLAMMATION
00456155060	SAVELLA	PAIN/INFLAMMATION
64764072030	TRINTELLIX	DEPRESSION
64764073030	TRINTELLIX	DEPRESSION
64764075030	TRINTELLIX	DEPRESSION
65649000330	TRULANCE	GI DISORDERS
24208050402	VYZULTA	GLAUCOMA

**Notice of Creditable Coverage (NOCC)** - The Express Scripts annual mailing campaign for the 2025 Notice of Creditable Coverage (NOCC) is about to begin. The CMS Annual Open Enrollment period for the 2025 plan year is October 15th through December 7th. Our office has completed the letter template for the NJHIF members who will be reaching or have reached the age of 65 and are Medicare eligible and have their RX coverage with Express Scripts. Express - Scripts will be mailing the letters no later than the week of September 18th.

## WELLNESS

**Committee Meetings:** The Wellness Committee met via teams meeting on 9/4/2024. A preliminary budget was presented and reviewed by the committee. Our office has been working with Atlantic health systems to see if they have any additional screenings that can be completed on site and in the current structure of the program. We have received proposals which will be reviewed by the contracts committee after the approval of the budget. Our office has worked diligently with the wellness committee to introduce lower cost on-site screenings which you will see reflected in the proposed wellness budget.

**Incentive Cards** - A reminder for current wellness participants that your 2024 cards have an expiration date. Please use them before they expire!

**Newsletter** - 80% of our membership is utilizing the resources and links provided through the newsletter.

**Educational Seminars** - Valley has completed 19 live webinars with over 500 views

**TREASURER:** Fund Treasurer reviewed the August and September bills list. He noted the summary of cash transactions report, certification and reconciliation of claims and payments, and the allocation of the cash.

**MOTION:**

Commissioner Mayers

**SECOND:**

Commissioner T. Russo

**VOTE:**

19 Ayes, 0 Nays, 1 Abstain (S. Olivola)

**ATTORNEY REPORT:** Fund Attorney said there are no litigated claims. There are handful of OON claims being discussed. We did get a no demand letter from an attorney we've seen before. Because of Ms. Gerber's help there was no additional claims to be paid so we will not pay more on this pre-litigation.

**AETNA:** Mr. Silverstein reviewed the claims for the month of July

**EXPRESS SCRIPTS:** Mr. Yuk reviewed the monthly utilization tracking report for the month of July. Mr. Yuk said that Humera will b.e excluded next year but replaced by 4 other biosimilars. There will be much savings with this exclusion

**DELTA DENTAL:** Ms. Ebarle reviewed the hearing aid added value benefit offered by Delta Dental at no cost ot the members. Ms. Vozza said this will be included with open enrollment.

**OLD BUSINESS:** None.

**NEW BUSINESS:** None

**PUBLIC COMMENT:** None.

**EXECUTIVE SESSION:**

**MOTION TO ADJOURN :**

<b>MOTION:</b>	Commissioner Brewer
<b>SECOND:</b>	Commissioner Mayer
<b>VOTE:</b>	All in Favor

**MEETING ADJOURNED AT: 10:28 am**

**NEXT MEETING: October 24, 2024 9:30 am**

**RANDOLPH MUNICIPAL BUILDING**

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Emily Koval            For

**Tom Russo, Secretary**

# APPENDIX II

Contracts Committee Meeting  
October 15, 2024 at 10:00 AM  
Teams Meeting

*Silvio Esposito, Executive Committee*

*Ed Pasternak, Executive Committee*

*Greg Poff, Executive Committee*

*Tammeisha Smith, Executive Committee*

Fred Semrau, Fund Attorney

Ed Pasternak, Fund Attorney

Brandon Lodics, Executive Director

Emily Koval, Assoc Executive Director

Caitlin Perkins, Account Manager

Mr. Lodics opened the meeting by stating there were three key items to discuss. The first item was that PERMA had the opportunity to explore Qualified Purchasing Agent (QPA) services for the Fund. He noted that several RFPs were set to close by the end of the year, and it was recommended that North issue its own RFP. After a two-week period, the only response received was from Canning LLC, which also serves as the QPA for MRHIF. Mr. Lodics recommended moving forward with Canning LLC.

Commissioner Poff inquired if Canning LLC was the only response, and Ms. Koval confirmed that while the RFP was sent to five QPAs, Canning LLC was the sole respondent. Commissioner Esposito noted he had no objections to this. Mr. Lodics then discussed the Medicare Advantage RFP, noting it would likely require additional post-filing support due to the size and complexity, which may require further assistance. The

Mr. Semrau provided an update on the second key item, the Fund Chair requested him to review RFP for the Program Manager, commenting that the Program Manager is a critical role for the Fund. Mr. Semrau raised a question about field services. He noted that if these services are performed by the Program Manager for particularly entities the Fund was awarding the contract and fee on behalf of those entities. He expressed concern that most towns who joined more recently, award their own risk manager, who may also be the Program Manager. Mr. Semrau recommended removing this section from the RFP, allowing each town to make its own decision. He emphasized the importance of ensuring the RFPs are detailed and accurate. Mr. Lodics commented that this situation equates from legacy accounts, established before the HIFs opened to more risk managers and the Program Manager's RFP response did include specific fee associated to field service for the particularly towns serviced. Mr. Semrau noted that most towns already have risk managers, and Ms. Koval agreed, stating that currently, there are no towns without one.

Mr. Lodics mentioned that currently the Fund was not collecting reorganization resolutions and/or resolutions for risk managers from each entity, as these fees are built into the rates and paid by the Fund it would be a best practice to require the submission. Mr. Lodics commented that this will be 2025 initiative statewide. Mr. Semrau stressed the importance of including risk manager payments in resolutions for audit and tracking purposes.

Commissioner Poff appreciated Mr. Semrau's comments, explaining that, as a long-time member, he was unclear about what portion of their premium compensates the risk manager for services. He supported the idea of clearly identifying these costs in future contracts and agreed that each entity should provide a resolution appointing their risk manager. Commissioner Poff also inquired about updating I&T agreements, noting that some members on the roll call had been

retired for years, and requested that updated resolutions appoint representatives and alternates be gathered when requesting the I&T agreements. Ms. Koval agreed this needed to be addressed. Commissioner Smith agreed with Commissioner Poff, adding that most groups already have a Risk Manager or Broker. She noted that if a resolution had been passed appointing a Risk Manager, charging for both a Program Manager and a Risk Manager could be seen as a double expense. She believed it should be up to each entity based on their agreement.

Mr. Semrau suggested that, if the general consensus was in agreement, they should raise this concern with the current Program Manager. Commissioner Poff commented that the RFP should clearly break down the charges for broker/risk manager services, allowing individual entities to make informed decisions and compare service providers. Mr. Semrau agreed, emphasizing that transparency would benefit the members. Mr. Lodics mentioned that the 2022 response detailed the PEPM for entities receiving direct services from the Program Manager and that he would share this information with Commissioner Poff.

Mr. Pasternak discussed the third key item, by providing an update on pending litigation, particularly regarding insulin-related class action lawsuits. He explained that several companies were named as defendants, and there was an opportunity for the Fund to join the lawsuit via a contingency agreement with the law firm Laddey Clark & Ryan LLP. The firm would take a percentage of the settlement based on the final amount, which would not exceed 30%. He recommended passing a resolution at the October meeting to enable the Fund to join the lawsuit and potentially recoup some of the money spent by employers.

Commissioner Poff mentioned that he had been approached by a law firm about this issue and asked if any other firms had shown interest. Mr. Pasternak noted that Laddey Clark & Ryan LLP was the only firm to reach out. Commissioner Poff suggested checking with other Fund attorneys to see if other law firms had expressed interest in representing them. Mr. Lodics mentioned that a school district had also been approached, and Mr. Pasternak confirmed it was this same firm that he was also approached by, but they are based out of California. Commissioner Poff stated he supported the Fund joining the lawsuit but recommended reaching out to other Fund attorneys for further due diligence. Mr. Lodics requested Mr. Pasternak share any relevant information with him that Laddey Clark & Ryan LLP provided to share with other Fund Attorneys.

# APPENDIX III



NOJHIF Operations Committee Meeting

October 9, 2024, 10:00am

Teams

*Scott Heck, Fund Chair*

*Adam Brewer, Executive Committee*

*Carrine Piccolo-Kaufer, Executive Committee*

Randi Gerber, Account Executive

Brandon Lodics, Executive Director

Emily Koval, Associate Executive Director

Caitlin Perkins, Account Manager

Mr. Lodics opened the meeting addressing concerns regarding the increasing trend of out-of-network vendors, specifically focusing on varicose vein procedures. He explained that providers are approaching union leaders to offer on-site informational meetings to encourage members to go to the office for additional consultations and procedures. He noted there is a particular provider in the NJHIF that exhibits similar billing patterns to those seen previously in other Funds. Mr. Lodics emphasized that the cost of in-network equivalents for these procedures is significantly lower than out-of-network services. He noted that this seems to be a loophole in the fee schedule that allows these services to be paid at the billed rate, as there are no set fees for these types of procedures.

Mr. Lodics also shared that there a fraud review has been conducted by Aetna and found the billing practices to be compliant. In past cases, it has been recommended to cap the CPT codes for these procedures at the in-network fee schedule, ensuring that payments do not exceed the in-network rate, regardless of the provider. Ms. Gerber added that a member had visited one of these providers and Aetna has been paying the claims, which is rapidly escalating the costs due to multiple visits. She inquired whether Aetna could conduct a retroactive medical review to confirm the necessity of the billed procedures, but Aetna responded they do not perform those reviews. Ms. Gerber agreed that the issue must be addressed urgently.

In response to Commissioner Brewer's question, Ms. Gerber was unsure if the member was a first responder. Mr. Lodics noted that in previous cases, majority of the members were first responders. Commissioner Brewer asked what steps were needed to implement a resolution and Mr. Lodics responded the Fund Attorney will review the resolution since there are some adjustments in the fee schedule. Mr. Lodics remarked that with two other Funds passing the same resolution, there should be no difficulty with getting this on October meeting agenda. Commissioner Heck agreed that the attorney review was necessary. Commissioner Heck inquired about resistance from other Funds and Mr. Lodics confirmed there have been none, noting the resolution was a fair compromise to address the issue. Commissioner Brewer emphasized the benefit itself as not being eliminated and that the updated memo will help increase the educational aspect, raising awareness about the importance of using in-network providers. Ms. Gerber agreed, stating that action must be taken since there is no fee schedule for these procedures and nothing is preventing capping payments.

Mr. Lodics highlighted the recommendation from the last meeting to update the communication regarding this issue. He noted the approach taken was to address the union leadership, and the draft is currently under review by both the attorney and program manager's office. Commissioner Brewer commented he reviewed the memo and agreed it is straightforward and sufficient. Mr. Lodics recommended setting the effective date as of November 1<sup>st</sup>, 2024, since the meeting is at the end of October. The committee members were all in agreement.

# APPENDIX IV



**IMPORTANT!**  
Your 2025 Benefit  
Payment Coupons Are  
Delayed

**RE: 2025 WEX Payment Coupon Book**

Please be aware your 2025 payment coupon book will be delayed and will arrive after your January payment is due.

In order to maintain your coverage, you and your eligible dependents should continue to pay the 2024 payment for all applicable lines of coverage you receive through the Health Insurance Fund each month until your 2025 payment coupons arrive.

Shortly after you receive the 2025 payment coupon book, you will receive a reconciliation of your 2025 premium balance/credit. Upon receipt, please update your future payment amounts and include any owed balance.

If your monthly benefits are paid automatically (ACH), the 2024 payment may be deducted until the 2025 rate is available. When the new rate is available, the next ACH debit will include the new 2025 rate and the under/over payment from the prior month(s).

**For Example:** The 2024 Medical rate is \$50; the 2025, Medical rate is \$60

January Payment: \$50

February Payment: \$60 + \$10 = \$70

March Payment: \$60

**NOTE: Your coverage will not be impacted!**

If you have any questions about your 2025 payment coupons, please reach out to WEX at 877-837-5017.

Sincerely,

The Executive Director's Office



**IMPORTANT!**  
Your 2025 Benefit  
Payment Coupons Are  
Delayed

**RE: Medicare Advantage Prescription Drug (MAPD) Plan Updates  
2025 Inflation Reduction Act (IRA) Update**

Effective January 1, 2025, the Centers for Medicare & Medicaid Services (CMS) has approved changes to the Inflation Reduction Act (IRA), including enhancements and changes to Part D plans. Increases to benefits and member protections represent the largest changes in the Part D program since its inception. In addition, reductions in funding from CMS may result in premium increases to your Medicare Advantage Prescription Drug (MAPD) plan effective January 1, 2025. The change in the IRA reduces your member cost share, shifting more claim liability to the plan.

You will receive an annual notice relating to your MAPD plan from your carrier. The information will include your Summary of Benefits. Please review and contact your carrier with any benefit questions, using the telephone number on your ID card.

**Note: There will not be a change to the benefits included in your current MAPD plan**

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