

Southern Jersey FUND



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

AGENDA & REPORTS
MAY 18, 2020
CONFERENCE CALL
5:45 PM

Join Zoom Meeting
<https://zoom.us/j/5455080980>

Meeting ID: 545 508 0980

1- 929 -205 -6099

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

NOTICE OF THIS MEETING WAS GIVEN BY (1) SENDING SUFFICIENT NOTICE HEREWITH TO THE BURLINGTON COUNTY TIMES AND THE COURIER POST
(2) FILING ADVANCE WRITTEN NOTICE OF THIS MEETING WITH THE CLERK/ ADMINISTRATOR OF EACH MEMBER MUNICIPALITY AND (3) POSTING A COPY OF THE MEETING NOTICE ON THE PUBLIC BULLETIN BOARD OF ALL MEMBER MUNICIPALITIES.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
AGENDA
MEETING: MAY 18, 2020
CONFERENCE CALL
5:45 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE - MOMENT OF SILENCE

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: April 27, 2020 **Open (Appendix I)**

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly ReportPage 1

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly ReportPage 19

TREASURER - (Michael Zambito/Verrill & Verrill)

May 2020 Voucher List (Resolution 17-20)Page 22

April Treasurers ReportPage 24

Resolution 17-20: May 2020 Bills List.....Page 27

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY - (J. Kenneth Harris)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aenta)

Monthly ReportPage 28

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)

Monthly ReportPage 33

PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly ReportPage 36

DENTAL ADMINISTRATOR - (Delta Dental)

Monthly Report

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

**RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES
PERSONNEL - CLAIMS - LITIGATION**

MEETING ADJOURNED

Southern New Jersey Regional Employee Benefits Fund
Executive Director's Report
May 18, 2020

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** - as of March 31, 2020 (page 3)
 - The month of March was profitable after losses and higher than normal claims in January and February.
 - It appears that claims dropped in April, perhaps because insureds are deferring medical services.
 - The Aetna report now includes information on Covid-19 related expenses. To date, such expenses are on the low end of our expectations when the crisis began.

REQUESTS FOR PROPOSALS

Under the Local Public Contracts law, the following positions need to go out for RFP for a two year term starting January 1, 2021: Actuary, Auditor, Attorney, Treasurer and Deputy Treasurer.

***MOTION:** Motion to issue and advertise Requests for Proposals for professional services contracts on behalf of the Fund for Actuary, Auditor, Attorney, Treasurer and Deputy Treasurer.*

RISK MANAGEMENT PLAN - AMENDMENT

An internal review of the enrollment process was performed and found that the process of partial month transactions was not consistent across all of our Funds. In order to synchronize enrollments with accounts payable, we are recommending the following standard 'rule' for rate charging for enrollments during any given month:

24.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

Resolution 16-20 (page 7) amends the Risk management to include this additional item.

***Motion:** Motion to approve Resolution 16- 20 amending the risk management plan to establish a standard partial month enrollment rate charge rule.*

FINANCIAL DISCLOSURE STATEMENTS

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020. Fines will be issued for noncompliance. In light of the circumstances surrounding COVID-19, the Local Finance Board, at its meeting of April 22, 2020, voted to extend the date at which the Board would take enforcement action against non-fillers of the 2020 FDS until **July 31, 2020** from the statutory deadline of April 30, 2020.

A listing of compliance is included below. This list was updated as of May 11, 2020.

Last Name	First Name	Filed
Brennan	Edward	Yes
Burton	Robert	No
DiAngelo	Louis	Yes
Flynn	Jack	Yes
Freijomil	Barbara	Yes
Giles	Ryan	Yes
Godfrey	Mark	Yes
Harris	J. Kenneth	Yes
Hendricks	Patricia	Yes
Hill	Edward	Yes
Kelly	Eleanor	Yes
Laracy	Paul	Yes
Lipsett	John	Yes
Maybury	Robert	Yes
Mevoli	Michael	Yes
Passanante	Gary	Yes
Picariello	Mary	Yes
Rankins	Angelique	No
Razze	Michael	Yes
Rigberg	Marc	Yes
Rochford	Neal	No
Santosusso	Kelly	Yes
Shannon	Terry	No
Stevenson	Gary	No
Sweeney	Karen	Yes
Theokas	Michael	No
Umba	Brandon	Yes
Underwood	Catherine	Yes
Verrill	Ken	Yes
Wolk	Joseph	Yes
Zambito	Michael	Yes

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
FINANCIAL FAST TRACK REPORT**

AS OF **March 31, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	3,448,741	10,339,282	1,232,741,536	1,243,080,818
2. CLAIM EXPENSES				
Paid Claims	2,964,513	9,329,901	1,001,411,152	1,010,741,053
IBNR	(1,763)	2,421	2,544,000	2,546,421
Less Specific Excess	(555,759)	(550,038)	(18,208,251)	(18,758,288)
Less Aggregate Excess	-	-	(1,807,360)	(1,807,360)
TOTAL CLAIMS	2,406,991	8,782,284	983,939,541	992,721,825
3. EXPENSES				
MA & HMO Premiums	291,152	802,745	24,524,136	25,326,881
Excess Premiums	75,475	209,932	46,832,415	47,042,347
Administrative	231,994	639,024	113,256,723	113,895,747
TOTAL EXPENSES	598,621	1,651,701	184,613,274	186,264,975
4. UNDERWRITING PROFIT (1-2-3)	443,129	(94,703)	64,188,721	64,094,018
5. INVESTMENT INCOME	22,985	74,183	3,190,281	3,264,463
6. DIVIDEND INCOME	0	0	10,666,639	10,666,639
7. STATUTORY PROFIT (4+5+6)	466,114	(20,520)	78,045,640	78,025,120
8. DIVIDEND	0	0	63,812,333	63,812,333
9. STATUTORY SURPLUS (7-8)	466,114	(20,520)	14,233,307	14,212,787

SURPLUS (DEFICITS) BY FUND YEAR

	Surplus			
Closed	18,515	29,521	5,926,266	5,955,787
	Cash	1,238,241	(2,323,178)	11,247,844
2018	Surplus	(18,879)	29,573	5,217,124
	Cash	(31,375)	(21,662)	4,861,445
2019	Surplus	891,002	447,010	3,089,917
	Cash	229,597	(2,557,022)	5,219,908
2020	Surplus	(424,524)	(526,624)	(526,624)
	Cash	(264,328)	(1,974,151)	(1,974,151)
TOTAL SURPLUS (DEFICITS)	466,114	(20,520)	14,233,307	14,212,787
TOTAL CASH	1,172,134	(6,876,013)	21,329,197	14,453,184

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	(9,743)	1,895	918,934,919	918,936,814
FUND YEAR 2018				
Paid Claims	25,604	28,203	31,815,573	31,843,776
IBNR	-	(37,440)	37,440	0
Less Specific Excess	-	0	0	0
Less Aggregate Excess	-	0	0	0
TOTAL FY 2018 CLAIMS	25,604	(9,237)	31,853,014	31,843,776
FUND YEAR 2019				
Paid Claims	(43,609)	2,473,525	30,791,245	33,264,770
IBNR	(284,730)	(2,348,725)	2,506,560	157,835
Less Specific Excess	(555,759)	(550,038)	(146,194)	(696,232)
Less Aggregate Excess	0	0	0	0
TOTAL FY 2019 CLAIMS	(884,097)	(425,238)	33,151,610	32,726,373
FUND YEAR 2020				
Paid Claims	2,992,261	6,826,278		6,826,278
IBNR	282,967	2,388,586		2,388,586
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL FY 2020 CLAIMS	3,275,228	9,214,864		9,214,864
COMBINED TOTAL CLAIMS	2,406,991	8,782,284	983,939,543	992,721,826

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.

Southern New Jersey Regional Employee Benefits Fund

CONSOLIDATED BALANCE SHEET

AS OF MARCH 31, 2020

BY FUND YEAR

	SNJREBF 2020	SNJREBF 2019	SNJREBF 2018	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	(1,974,151)	2,662,885	4,839,783	8,924,666	14,453,184
Assesments Receivable (Prepaid)	3,920,120	366,012	406,575	-	4,692,707
Interest Receivable	38	385	338	(478)	284
Specific Excess Receivable	-	696,232	-	-	696,232
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	-	-	-	-	-
Total Assets	1,946,007	3,725,514	5,246,697	8,924,188	19,842,406
LIABILITIES					
Accounts Payable	-	(0)	-	-	(0)
IBNR Reserve	2,388,586	157,835	-	-	2,546,421
A4 Retiree Surcharge	(0)	-	-	-	(0)
Dividends Payable	-	-	-	2,968,409	2,968,409
Accrued/Other Liabilities	84,045	30,752	-	-	114,797
Total Liabilities	2,472,631	188,587	-	2,968,409	5,629,627
EQUITY					
Surplus / (Deficit)	(526,624)	3,536,927	5,246,697	5,955,780	14,212,780
Total Equity	(526,624)	3,536,927	5,246,697	5,955,780	14,212,780
Total Liabilities & Equity	1,946,007	3,725,514	5,246,697	8,924,188	19,842,406
BALANCE	-	-	-	-	-

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

INDICES	2019	JAN	FEB	MAR
Cash Position	21,329,197	\$ 14,446,571	\$ 13,281,050	\$ 14,453,184
IBNR	2,544,000	\$ 2,471,204	\$ 2,548,183	\$ 2,546,421
Assets	22,467,492	\$ 18,582,076	\$ 18,106,534	\$ 19,842,406
Liabilities	8,234,192	\$ 4,764,496	\$ 4,359,869	\$ 5,629,627
Surplus	14,233,300	\$ 13,817,580	\$ 13,746,666	\$ 14,212,780
Claims Paid -- Month	2,584,731	\$ 3,423,359	\$ 2,942,029	\$ 2,964,513
Claims Budget -- Month	2,964,473	\$ 2,879,677	\$ 2,879,677	\$ 2,879,677
Claims Paid -- YTD	33,070,144	\$ 3,423,359	\$ 6,365,388	\$ 9,329,901
Claims Budget -- YTD	35,772,910	\$ 2,879,677	\$ 5,759,354	\$ 8,639,031
RATIOS				
Cash Position to Claims Paid	8.25	4.22	4.51	4.88
Claims Paid to Claims Budget -- Month	0.87	1.19	1.02	1.03
Claims Paid to Claims Budget -- YTD	0.92	1.19	1.11	1.08
Cash Position to IBNR	8.38	5.85	5.21	5.68
Assets to Liabilities	2.73	3.9	4.15	3.52
Surplus as Months of Claims	4.80	4.8	4.77	4.94
IBNR to Claims Budget -- Month	0.86	0.86	0.88	0.88

Southern NJ Municipal Employee Benefits Fund
2020 Budget/Billing Reconciliation
as of March 31st, 2020

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims - All Other	4,407,876	17,602,200	17,753,836			
Medical Claims - CCBOSS	2,027,570	8,055,014	8,426,350			
Subtotal Medical	6,435,446	25,657,214	26,180,186	6,887,391	(451,945)	-7%
Prescription Claims - All Other	1,319,274	5,276,285	5,261,144			
Prescription Claims - CCBOSS	680,841	2,704,470	2,814,264			
Subtotal Prescription	1,840,106	7,342,295	7,431,296	2,015,066	(174,959)	-10%
Rx Rebates	(160,009)	(638,460)	(644,112)			
Dental Claims - All Other	313,162	1,254,904	1,183,113			
Dental Claims - CCBOSS	43,809	175,083	173,196			
Subtotal Dental	356,971	1,429,987	1,356,309	312,407	44,564	12%
Subtotal Claims	8,632,524	34,429,497	34,967,791	9,214,864	(582,340)	-7%
Loss Fund Contingency	116,612	466,448	466,448			
DMO Premiums	735	2,940	2,521	681	54	7%
Medicare Advantage - All Other	295,081	1,183,813	1,180,524			
Medicare Advantage - CCBOSS	506,982	2,035,992	1,990,332			
Subtotal Insured Programs	802,798	3,222,745	3,173,377	802,064	(1)	0%
Reinsurance						
Specific	210,013	836,858	844,579			
Subtotal Reinsurance	210,013	836,858	844,579	209,932	81	0%
Total Loss Fund	9,761,947	38,955,548	39,452,196	10,227,541	(465,594)	-5%
Expenses						
Legal	5,326	21,302	21,302	5,326	-	0%
Treasurer	3,828	15,312	15,312	3,828	0	0%
Administrator	75,039	299,920	299,564	74,917	122	0%
Program Manager	194,801	778,167	778,593	261,757	248	0%
Brokerage	67,204	268,933	267,595	Included above in Program Manager		
TPA - Med Aetna	236,588	942,752	945,099	251,998	966	0%
TPA - Med AmeriHealth Admin	16,377	65,256	66,699	Included above in TPA		
TPA - Dental	16,973	67,985	67,167	16,935	37	0%
Actuary	6,375	25,500	25,500	6,375	-	0%
Auditor	4,750	19,000	19,000	4,749	1	0%
Subtotal Expenses	627,260	2,504,125	2,505,831	625,885	1,374	0%
Misc/Cont	4,632	18,527	18,527	1,508	3,124	67%
Data Analysis System	3,750	15,000	15,000	3,631	119	3%
Affordable Care Act Taxes	2,572	10,247	10,341	2,571	1	0%
Plan Documents	3,750	15,000	15,000	5,220	(1,470)	-39%
Total Expenses	641,963	2,562,899	2,564,700	638,816	3,147	0%
Total Budget	10,403,909	41,518,447	42,016,896	10,866,357	(462,447)	-4%

RESOLUTION 16-20

**SOUTHERN JERSEY REGIONAL EMPLOYEE BENEFITS FUND
RISK MANAGEMENT PLAN 2020**

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2020 Fund year:

1.) COVERAGE OFFERED

- Medical

The Fund offers a "point of services" and "open access" plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offers "low cost plans" to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan. Effective in 2013, the Fund also began offering Medicare Advantage programs.

- Dental

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

- Prescription

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

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and plan design.

3.) RISK RETAINED BY THE FUND

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

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

Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$325,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit Unlimited
- Aggregate Limit Not applicable.
- Basis: Incurred 12 months, paid 24 months.

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

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

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

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

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

each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former participants (COBRA, Conversion, Dependents to Age 31 and some retirees) are billed directly by the Fund.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that choose to take such deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment.

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

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

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

The actuary then recommends a relativity factor to either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The adjustment reflects the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three year period. Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self-insured retention. Requests for additional claims data from Fund members will be considered based upon the

availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

8.) RATING PERIODS

All rating periods for municipal members coincide with the Fund year while rating periods for school members coincide with their fiscal year (July 1 to June 30).

9.) FACTORS IF RATES FOR MEMBERS JOINING THE FUND DURING A FUND YEAR ARE TO BE ADJUSTED.

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget.

10.) PROVISION FOR PPOs, etc.

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

11.) OPEN ENROLLMENT PROCEDURES

Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations.

12.) COBRA AND CONVERSION OPTIONS

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

13.) DISCLOSURE OF BENEFIT LIMITS

The Fund discloses benefit limits in plan booklets provided to all covered employees.

14.) PARTICIPATION RULES WHEN ALL OR PART OF THE PREMIUM IS DERIVED FROM EMPLOYEE CONTRIBUTIONS

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

The Fund duplicates coverage for eligible retirees. The Fund's coverage of a retiree shall terminate effective the date the member local unit withdraws from the Fund, or otherwise ceases to be a member of the Fund.

16.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable)."

17.) PLAN DOCUMENT

The Fund prepares a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.

- When does coverage end.
- COBRA provisions.
- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.
 Deductibles and co-payments.
 Examples as needed.
 Exclusions.
 Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures.

D.) Cost Containment Programs

- Pre-admission.
- Second surgical opinion.
- Other cost containment programs.
- Application and level of employee penalties.

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The Fund has determined that maintaining and retaining a surplus equal to two (2) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member

entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

When the Fund determines that a Fund year should be closed:

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The Fund decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that Fund year to the "Closed Fund Year/Contingency Account".
- Each member's pro rata share of the residual assets are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal on the following schedule:
 - 4 Years after the end of the fund year in which termination occurred – return of 25% of balance
 - 5 Years after the end of the fund year in which termination occurred – return of 25% of balance
 - 6 Years after the end of the fund year in which termination occurred – return of remaining balance

19.) "RUN-IN" or "RUN-OUT" LIABILITY

The Fund covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

20.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

21.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
 - The TPA shall provide the Program Manager, Executive Director and the Fund Attorney with a copy of the memo, which has been prepared concerning the appeal.
 - The TPA, Program Manager, Executive Director and Fund Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
 - (a) In an amount not greater than \$5,000.00 and/or
 - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant..
 - If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
 - The Executive Committee of the Fund shall formally confirm the decision of the TPA, Program Manager, Executive Director and Fund Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Executive Committee.
 - If the decision of the TPA, Program Manager, Executive Director and Fund Attorney is to deny the claim, the appeal shall be subject to the “adverse benefit determination” appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as “claimant”) shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization (“IRO”). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.
 - a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request, shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Program Manager will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Program Manager shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.
2. The Program Manager shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.
3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.
4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.
5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the

Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) references to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: ombudsman@dobi.state.nj.us/

22.) DESIGNATING DENTAL - CLAIM RESOLUTION & CHECK ISSUANCE PROCEDURE

Delta Dental shall issue checks for the payment of dental claims in the amount of \$0 to \$5,000 on the adjudication and signature solely of duly authorized Delta Dental personnel.

All claims in excess of \$5,000 shall require the approval, at a regularly scheduled meeting, of the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund after obtaining appropriate certifications and making such other inquiries as are reasonable. Checks issued pursuant to any such approval shall be countersigned by a duly authorized representative of the Program Manager.

The terms "claims" as herein utilized shall refer to the issuance of any particular check, provided however that no bills shall be split for the purpose of avoiding the requirements hereof.

In addition to the claim payment procedure, Delta Dental shall also notify the Executive Committee in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds \$30,000.

23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

24.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

ADOPTED: May 18, 2020

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

REGULATORY

<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	9/30/2019 Filed
Annual Audit	12/31/2018 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	To Be Filed pending reorg
Benefit Changes	N/A

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
PROGRAM MANAGERS REPORT**

April 2020

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: southernnj_enrollments@permainc.com

Brokers: brokerservice@permainc.com

ONLINE ENROLLMENT SYSTEM TRAINING

The Executive Committee voted and approved mandatory use of the online enrollment system by each member group. PERMA will host a monthly Web Ex system training session on the third Wednesday of each month, starting this month. The schedule is as follows:

May 20, 2020

June 17, 2020

July 15, 2020

August 19, 2020

September 16, 2020

October 21, 2020

November 18, 2020

The training will start at 10:00 am and last about an hour and provide an overview of the system for any new system users or existing users. If you are interested in attending a session, please send an email to the enrollment team with the date of the session you would like to attend and they will send you an invite with the details.

ENROLLMENT & ELIGIBILITY CONTACT

Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated Southern NJ Enrollment Team. The team can be reached by email at southernnj_enrollments@permainc.com.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the SNJREBF enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60 day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

BROKER CONTACT INFORMATION

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SNJREBF Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

Enrollment & Eligibility

Benefit Express Systems - All SNJREBF users can access the latest version of Benefit Express using the following link: <https://mbe50.mybenefitexpress.com/Logon/MbeLogon.aspx?cid=684>.

AETNA UPDATE

COVID-19 Update - The Fund has agreed to the following Aetna COVID-19 coverage updates.

- Member cost-share waived for diagnostic testing and treatment
- Antibody testing covered with no cost-share
- Relaxed in-patient precertification requirement

Please visit this webpage for more information on how Aetna is handling COVID-19 related benefit developments:

<https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.

LEGISLATIVE UPDATE

New COBRA Regulations - Due to the COVID-19 pandemic, the Department of Labor (DOL) and the Internal Revenue Service (IRS) recently issued guidance for group health plan sponsors regarding deadline extensions for COBRA, Flexible Spending Accounts (FSAs), and Health Reimbursement Arrangements (HRAs). The extended timeframes are intended to assist employers, employees and dependents who may have difficulty meeting standard timeframes associated with COBRA. The new ruling establishes an "Outbreak Period" defined as beginning with the declaration of a National State of Emergency on March 1, 2020 running through the duration of the Emergency plus a 60-day period following the date the National State of Emergency ends. At this time, an end date has not been specified for the National State of Emergency so the "Outbreak Period" cannot yet be determined.

The DOL guidance provides the below timeframe extensions derived by disregarding the Outbreak Period:

- Extension of the 30-day and 60-day special enrollment timeframes
- Extension of the 60-day COBRA election period
- Extension of the 45-day initial premium payment timeframe
- Extension of the 30-day grace period for subsequent premium payments
- Extension of the 60-day COBRA notification timeframe

The chart below compares the current time-frames with the new guidelines.

COBRA NOTICE/EVENT	PRE-PANDEMIC	CHANGE
Initial Notice of COBRA Rights	Within first 90 days	Clarification required
Election Notice	Within 14 days of Qualifying Life Event	Clarification required
Election Period	Within 60 days	60 days after the end of the "outbreak period"
Initial Payment	Within 45 days	Within 45 days after the end of the "outbreak period"
Grace period for non-payment	30 days	30 days after "outbreak period"

We are working with the Fund's COBRA administrator, Benefit Express to ensure they are taking the necessary measures to comply with and administer the new timeframes for eligible lines of coverage

administered by the Fund. We will provide updated information and correspondence when they are available.

For more information, please click on this link to the DOL's COVID-19 FAQ:

<https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/faqs/covid-19.pdf>

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report.

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. 17-20

MAY 2020

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

BE IT RESOLVED that the Southern NJ Regional 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 2019

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002050			
002050	BOWMAN & COMPANY LLP	2019 AUDIT PROGRESS PAYMENT	3,000.00
			3,000.00
		Total Payments FY 2019	3,000.00

FUND YEAR 2020

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002051			
002051	SOUTHERN COASTAL REGIONAL	BE COBRA CHCK REIM FROM SNJHIF	15,275.00
			15,275.00
002052			
002052	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 5/20	98,747.70
			98,747.70
002053			
002053	UHC-MEDICARE ADVANTAGE	MEDICARE ADVTG 5/20	170,225.25
			170,225.25
002054			
002054	FLAGSHIP HEALTH SYSTEMS INC	DENTAL DMO 5/20	245.04
			245.04
002055			
002055	SAVEON SP LLC	CLAIMS ADMIN - ESI - 5/20	7,178.25
			7,178.25
002056			
002056	DELTA DENTAL OF NEW JERSEY INC	DENTAL DMO 5/20	5,712.72
			5,712.72
002057			
002057	AETNA LIFE INSURANCE COMPANY	TPA 5/20	79,913.20
			79,913.20
002058			
002058	AMERIHEALTH ADMINISTRATORS	TPA 5/20	5,431.00
			5,431.00
002059			
002059	PERMA	POSTAGE 4/20	30.00
002059	PERMA	ADMIN FEE 5/20	25,076.52
			25,106.52
002060			
002060	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOC FEE 5/20	2,002.50
002060	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 5/20	1,775.17
			3,777.67
002061			
002061	VERRILL & VERRILL, LLC	TREASURER FEE 5/20	770.83
002061	VERRILL & VERRILL, LLC	POSTAGE 5/20	7.75
			778.58
002062			
002062	MICHAEL S. ZAMBITO	TREASURER FEE 5/20	505.15
			505.15
002063			
002063	COURIER POST	AD - 5/20	36.60
			36.60

002064			
002064	CONNER STRONG & BUCKELEW	MEDICAL 5/20	50,307.20
002064	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 5/20	600.60
002064	CONNER STRONG & BUCKELEW	RX 5/20	8,879.50
002064	CONNER STRONG & BUCKELEW	BROKER 5/20	22,581.59
002064	CONNER STRONG & BUCKELEW	DENTAL 5/20	4,932.68
			87,301.57
002065			
002065	CONNER STRONG & BUCKELEW	SELECTIVE BOND RENEWAL 5/20	1,961.00
			1,961.00
002066			
002066	WELLNESS COACHES USA	CCBOSS 5/20	6,032.00
			6,032.00
002067			
002067	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 5/20	69,370.96
			69,370.96
		Total Payments FY 2020	577,598.21
		TOTAL PAYMENTS ALL FUND YEARS \$	580,598.21

Chairperson

Attest:

Dated: _____

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

Treasurer

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

Current Fund Year: 2020 Month Ending: April										
	Med	Dental	Rx	Vision	Medicare Advantage	Reinsurance	Dividend Reserve	Future	Admin	TOTAL
OPEN BALANCE	4,217,409.99	125,693.77	1,990,332.36	0.00	5,834,917.99	215,291.30	1,953,658.87	471,908.01	(356,036.53)	14,453,175.76
RECEIPTS										
Assessments	4,252,709.72	201,616.13	1,218,258.14	0.00	515,516.32	137,806.61	0.00	77,533.54	433,850.96	6,837,291.42
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	5,905.98	142.71	1,670.09	0.00	3,458.63	136.30	1,158.02	279.72	256.39	13,007.84
Invest Adj	(0.25)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.25)
Subtotal Invest	5,905.73	142.71	1,670.09	0.00	3,458.63	136.30	1,158.02	279.72	256.39	13,007.59
Other *	23,266.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,266.59
TOTAL	4,281,882.04	201,758.84	1,219,928.23	0.00	518,974.95	137,942.91	1,158.02	77,813.26	434,107.35	6,873,565.60
EXPENSES										
Claims Transfers	2,141,875.76	45,761.95	599,398.44	0.00	0.00	0.00	0.00	0.00	0.00	2,787,036.15
Expenses	267,975.48	245.04	0.00	0.00	0.00	0.00	0.00	0.00	213,013.16	481,233.68
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	137.00	137.00
TOTAL	2,409,851.24	46,006.99	599,398.44	0.00	0.00	0.00	0.00	0.00	213,150.16	3,268,406.83
END BALANCE	6,089,440.79	281,445.62	2,610,862.15	0.00	6,353,892.94	353,234.21	1,954,816.89	549,721.27	(135,079.34)	18,058,334.53

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
ALL FUND YEARS COMBINED
CURRENT MONTH April
CURRENT FUND YEAR 2020

Description:	SNJ Inv.	Investors Bank	Parke Bank	Republic Bank	Republic Bank - General Account	Republic Bank - Admin Account	Ocean First Investment Account	New Jersey Cash Management	William Penn Bank Certificate of Deposit #0603000068	
ID Number:										
Maturity (Yrs)									6/3/2020	
Purchase Yield:	1.89	0.65	1.45	0.75	0.75	0.75	0.6	0.62	3.00	
TOTAL for All Accts & instruments										
Opening Cash & Investment Balance	\$14,453,175.48	\$ 2,055,034.50	\$ 2,324.83	\$ 4,207,548.49	\$ 535,628.70	\$ 1,509,487.86	\$ 671,882.80	\$ 3,167,915.32	\$ 1,553,352.98	\$ 750,000.00
Opening Interest Accrual Balance	\$283.49	\$ 283.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1 Interest Accrued and/or Interest Cost	\$2,657.29	\$2,657.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$12,447.87	\$16.83	\$1.24	\$5,000.77	\$780.10	\$1,574.20	\$466.24	\$1,761.87	\$933.31	\$1,913.31
6 Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 Realized Gain (Loss)	\$560.00	\$560.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8 Net Investment Income	\$15,665.16	\$3,234.12	\$1.24	\$5,000.77	\$780.10	\$1,574.20	\$466.24	\$1,761.87	\$933.31	\$1,913.31
9 Deposits - Purchases	\$8,862,471.32	\$0.00	\$0.00	\$0.00	\$2,000,000.00	\$6,862,471.32	\$0.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$5,270,320.14	-\$137.00	\$0.00	\$0.00	\$0.00	-\$4,787,036.15	-\$481,233.68	\$0.00	\$0.00	-\$1,913.31
		OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$18,058,334.53	\$2,055,474.33	\$2,326.07	\$4,212,549.36	\$2,536,408.80	\$3,586,497.23	\$191,115.36	\$3,169,677.19	\$1,554,286.29	\$750,000.00
Ending Interest Accrual Balance	\$2,940.78	\$2,940.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$479,657.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$479,657.70	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$18,537,992.23	\$2,055,474.33	\$2,326.07	\$4,212,549.36	\$2,536,408.80	\$3,586,497.23	\$670,773.06	\$3,169,677.19	\$1,554,286.29	\$750,000.00

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

Month April
Current Fund Year 2020

Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net Paid Thru Last Month	Monthly Net Paid April	Monthly Recoveries April	Calc. Net Paid Thru April	TPA Net Paid Thru April	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2020	Med	7,311,221.01	2,141,875.76	0.00	9,453,096.77	0.00	9,453,096.77	7,311,221.01	2,141,875.76
	Dental	300,368.11	45,761.95	0.00	346,130.06	0.00	346,130.06	300,368.11	45,761.95
	Rx	1,923,023.90	599,398.44	0.00	2,522,422.34	0.00	2,522,422.34	1,923,023.90	599,398.44
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	9,534,613.02	2,787,036.15	0.00	12,321,649.17	0.00	12,321,649.17	9,534,613.02	2,787,036.15

RESOLUTION NO. 17-20

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE MAY 2020 BILLS LISTS**

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **May 18, 2020** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months April 2020 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 Southern New Jersey Regional Employee Benefits Fund hereby approve the Bills List for May 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 Southern New Jersey Regional 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: May 18, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

May 18, 2020



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

	<u>CAPITATION</u>	<u>MEDICAL CLAIMS PAID 2020</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$198,316	\$2,306,456	\$2,504,772	1,611	\$ 1,555
FEBRUARY	\$198,395	\$1,969,030	\$2,167,425	1,607	\$ 1,349
MARCH	\$198,595	\$2,619,851	\$2,818,446	1,607	\$ 1,754
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS		\$6,895,337			
			2020 Average	1,608	\$ 1,552
			2019 Average	1,606	\$ 1,326



Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID :	All	Paid Dates:	03/01/2020 - 03/31/2020
Customer:	SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND	Service Dates:	01/01/1900 - 03/31/2020
Group / Control:	00727871,00737391,00866356,00866357,SI030217,SI416902,SI431318	Line of Business:	All
Subgroup / Suffix:	All	Funding Category:	All

	Billed Amt	Paid Amt
	\$159,371.18	\$93,685.95
	\$247,115.00	\$57,070.68
	\$126,662.62	\$56,774.60
	\$132,817.50	\$51,551.47
TOTAL:	\$665,966.30	\$259,082.70

© 2020 Aetna Inc.
THIS DOCUMENT CONTAINS PROPRIETARY AND/OR CONFIDENTIAL HEALTH INFORMATION.
DISCLOSURE IS STRICTLY PROHIBITED EXCEPT AS PERMITTED OR REQUIRED BY APPLICABLE LAW.

IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee



SNJ Regional Employee Benefits Fund

1/1/20 through 3/31/20 (unless otherwise noted)

Medical Claims Paid:
Jan 20 – March 20

Total Medical Paid per EE: **\$1,552**

Network Discounts

Inpatient: **58.4%**
 Ambulatory: **69.4%**
 Physician/Other: **60.6%**
TOTAL: 63.5%

Provider Network

% Admissions In-Network: **100%**
 % Physician Office: **98.9%**

Aetna Book of Business:
 Admissions 98.6%; Physician 92.5%

Top Facilities Utilized (by total Medical Spend)

- University of Pennsylvania
- Virtua-West Jersey
- Virtua-Our Lady of Lourdes
- Cooper Hospital

Catastrophic Claim Impact

Number of Claims Over \$50,000: **16**
 Claimants per 1000 members: **4.0**
 Avg. Paid per Claimant: **\$115,568**
 Percent of Total Paid: **28.7%**

- Aetna BOB- HCC account for an average of 39.7% of total Medical Cost

Nurse Case Member Outreach: Through Q4 2019

Unique Members Identified: **143**
 Outreach Opportunities Identified: **211**
 Outreach in Progress: **6**
 Completed Outreach: **205**

Closed with Engagement: **93 (45.4%)**
 Unable to Reach: **112 (54.6%)**
 Member Declined: **0**

Teladoc Activity: Jan - March 20

Total Registrations: **26**
 Total Online Visits: **39**
 Total Net Claims Savings: **\$4,838**
 Total Visits w/ Rx: **23**
 Member Satisfaction Rating / Avg. **100% - Outstanding**
 Member Rating of Provider: **60% - Outstanding 40% Good**

Allentown Service Center Performance: Q1 2020 Metrics

Customer Service Results

Call Quality: **98.6%**
 1st Call Resolution: **94.5%**
 Abandonment Rate: **1.3%**
 Avg. Speed of Answer: **28.7 sec**

Claims Performance

Financial Accuracy: **99.5% (Q3)**
 Turnaround w/in 15 days: **8.1 days**
 Turnaround w/in 31 days: **6.1 days**

Performance Goals

Call Quality: 94%
 1st Call Resolution: 89%
 Abandonment Rate less than: 3.5%
 Average Speed of Answer: 31 sec

Financial Accuracy: 98%

Turnaround Time

90% processed w/in: 15 days
 95% processed w/in: 31 days

Proprietary



Actual paid claim amounts may vary from this report once claims are finalized. The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results. Data in this report is from March 1 to current

Total Weekly Adjudicated Claims

What is the overall adjudicated claim activity on a weekly basis?

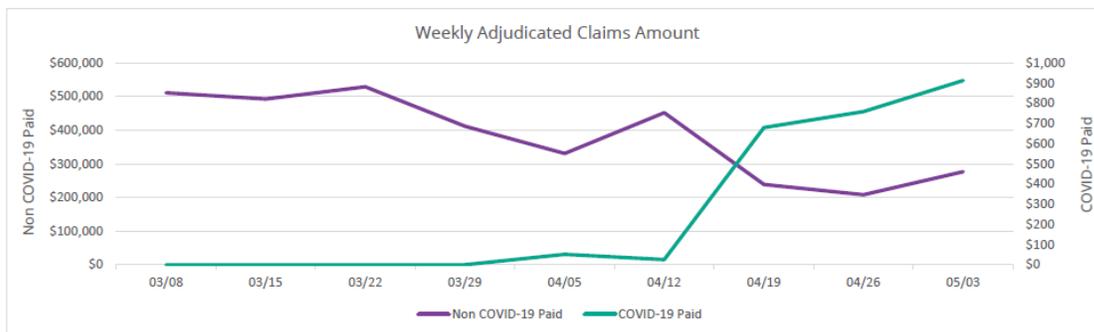
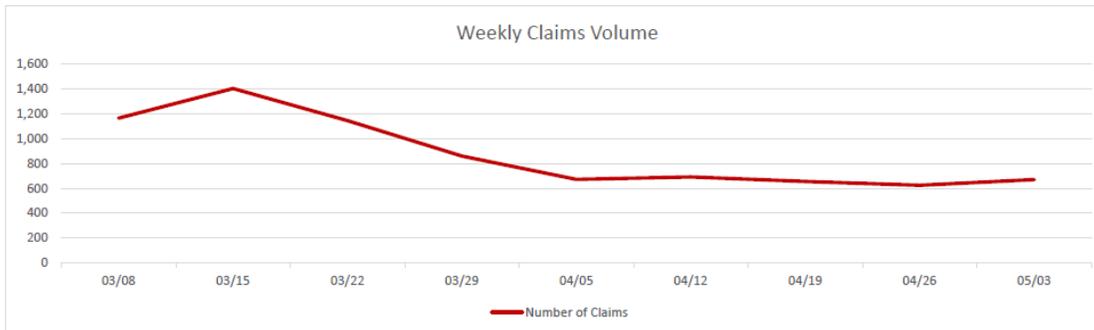
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

At a glance



How does this week compare to previous weeks?







2020 SNJ HIF						
		<u>MEDICAL CLAIMS PAID 2020</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>	
JANUARY		\$ 124,253.00	\$ 124,253.00	135	\$ 920.39	
FEBRUARY		\$ 163,740.17	\$ 163,740.17	135	\$ 1,212.89	
MARCH		\$ 115,953.08	\$ 115,953.08	135	\$ 858.91	
APRIL		\$ 255,467.18	\$ 255,467.18	135	\$ 1,892.34	
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
TOTALS		\$ 659,413.43	\$ 659,413.43		\$ 1,221.13	
			2019 Average	135		
			2019 Average	135		



PLAN SPONSOR INFORMATION SERVICES
Large Claimant Report- Claims Over \$50,000.00

Group:	Southern New Jersey HIF	Service Dates:	-
Paid Dates:	4/1/20 thru 4/30/20	Line of Business:	All
Network Service	ALL	Product Line:	All

Claimant	Paid	Diagnosis
1	\$116,687.52	Chemotherapy
2	\$71,092.57	Substance abuse disorder
3		
4		
5		

CONFIDENTIALITY NOTICE: This Report is intended only for the use of the entity indicated above and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this document in error, please do not distribute. Please destroy the original document and notify the AmeriHealth Administrators at AHAReporting@ahatpa.com. Thank you for your compliance.



EXPRESS SCRIPTS®

Southern New Jersey Regional Employee Benefits Fund

Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Average Member Age - 35.1																	
Membership	3,852	3,840	3,835	3,842	3,839	3,837	3,844	3,840	3,834	3,846	3,838	3,839	3,817	3,830	3,833	3,827	3,837
Total Days	165,177	151,837	147,352	464,366	161,478	164,045	146,912	472,435	162,962	151,533	157,441	471,936	169,889	141,016	156,450	467,355	1,876,092
Total Patients	1,604	1,501	1,499	2,301	1,515	1,526	1,414	2,197	1,452	1,417	1,461	2,149	1,496	1,424	1,498	2,202	3,044
Total Plan Cost	\$616,262	\$627,612	\$512,345	\$1,756,219	\$611,808	\$630,646	\$553,330	\$1,795,785	\$600,418	\$687,812	\$569,150	\$1,857,380	\$598,824	\$730,657	\$578,470	\$1,907,951	\$7,317,335
Generic Fill Rate (GFR) - Total	83.7%	83.3%	84.3%	83.8%	83.1%	82.9%	83.1%	83.0%	83.0%	82.5%	82.9%	82.8%	83.2%	82.7%	83.4%	83.1%	83.2%
Plan Cost PMPM	\$159.98	\$163.44	\$133.60	\$152.36	\$159.37	\$164.36	\$143.95	\$155.88	\$156.60	\$178.84	\$148.29	\$161.26	\$156.88	\$190.77	\$150.92	\$166.20	\$158.92
Total Specialty Plan Cost	\$172,226	\$222,485	\$145,933	\$540,644	\$199,322	\$160,216	\$161,437	\$520,976	\$201,830	\$246,387	\$142,239	\$590,456	\$190,795	\$356,438	\$179,121	\$726,354	\$2,378,430
Specialty % of Total Specialty Plan Cost	27.9%	35.5%	28.5%	30.8%	32.6%	25.4%	29.1%	29.0%	33.6%	35.8%	25.0%	31.8%	31.9%	48.8%	31.0%	38.1%	32.5%

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Average Member Age - 35																	
Membership	3,889	3,788	3,794	3,824	3,780												
Total Days	169,870	150,524	178,939	499,333	157,593												
Total Patients	1,622	1,518	1,534	2,292	1,325												
Total Plan Cost	\$580,258	\$663,895	\$675,304	\$1,919,456	\$522,702												
Generic Fill Rate (GFR) - Total	84.1%	83.8%	82.8%	83.6%	82.2%												
Plan Cost PMPM	\$149.20	\$175.26	\$177.99	\$167.33	\$138.28												
% Change Plan Cost PMPM	-6.7%	7.2%	33.2%	9.8%	-13.2%												
Total Specialty Plan Cost	\$163,972	\$244,876	\$199,958	\$608,805	\$120,310												
Specialty % of Total Specialty Plan Cost	28.3%	36.9%	29.6%	31.7%	23.0%												

PMPM	
Jan - Apr 2019	\$154.11
Jan - Apr 2020	\$160.13
Trend Jan - Apr 2020	3.9%

APPENDIX I

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
APRIL 27 2020
ZOOM MEETING
6:00 PM

Meeting of Executive Committee called to order by Chair Mevoli. Open Public Meetings notice read into record.

PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE

ROLL CALL OF 2020 EXECUTIVE COMMITTEE:

Michael Mevoli, Chairman	Borough of Brooklawn	Present
M. Joseph Wolk, Secretary	Borough of Mt. Ephraim	Present
Louis Di Angelo	Borough of Bellmawr	Absent
Terry Shannon	Borough of Barrington	Present
Jack Lipsett	Gloucester City	Present
Neal Rochford	Haddonfield	Present
Edward Hill	CCBOSS	Present
Robert Maybury	Mt. Holly MUA	Absent

APPOINTED PROFESSIONALS PRESENT:

Executive Director/ Adm.	PERMA Risk Management Services Paul Laracy Emily Koval Karen Kamprath
Program Manager	Conner Strong & Buckelew Maggie Friel Brandon Lodics
Attorney	J. Kenneth Harris, Esq.
Medical TPA - AmeriHealth	Kristina Strain
Medical TPA - Aetna	Jason Silverstein
Express Scripts	Kyle Colalillo Ken Rostkowski
Treasurer	Lorraine Verrill Mike Zambito

PRESENT FUND COMMISSIONERS AND PROFESSIONALS:

Joe Madera
Susan Danson
Kim Porter
Gary Passante
Robert Weil
Mark Godfrey

APPROVAL OF MINUTES: February 24, 2020 Open

MOTION TO APPROVE OPEN MINUTES OF FEBRUARY 24 2020:

Moved:	Commissioner Wolk
Second:	Commissioner Lipsett
Vote:	Unanimous

CORRESPONDENCE – None

EXECUTIVE DIRECTOR’S REPORT

FINANCIAL FAST TRACK – as of February 28, 2020 – Ms. Koval said the Fund did see a higher than expected month in February with a loss of about \$70,000. She said we are starting to see the impact of the Covid19 claims. She said Aetna provided a report and the current impact is minimal.

IBNR - ACTUARY CERTIFICATION – Ms. Koval said the end of each Fund year, the Actuary must certify that the Fund is reserving enough funds for incurred but not reported (IBNR) claims. The Actuary has reviewed the claims and financial fast track through the end of the year and has determined a range for which he believes will be a conservative reserve. This will be filed with the annual audit in June.

MRHIF ACTION ON PHARMACY CONSULTANT AND ESI CONTRACT – Ms. Koval said the MRHIF has awarded a contract to ELMC, Inc., the incumbent consultant, to assist the MRHIF in negotiating a contract renewal with ESI for the period 1/1/2021 to 6/30/2021. MRHIF will also be issuing an RFP later this year for a consultant to assist with issuing and RFP for a new multi-year contract with ESI or another provider effective 7/1/2021.

MRHIF AUDIT OF AMERIHEALTH – Ms. Koval said the MRHIF commissioned an audit of AHA for our HIF, the Schools HIF, the Coastal HIF, and the Central Jersey HIF. The report was completed with favorable results for AHA in terms of processing accuracy but with some observations and recommendations regarding service metrics. AHA is preparing a response to the recommendations that we hope to have for our next meeting.

MRHIF REINSURANCE AGREEMENT – Ms. Koval said the reinsurance agreement between the SNJREBF and the MRHIF has been completed. A copy of this agreement was distributed with the Agenda. We request authorization to allow the Fund Secretary to execute the agreement.

MOTION TO ALLOW THE FUND SECRETARY TO EXECUTE THE REINSURANCE AGREEMENT BETWEEN THE MRHIF AND THE SNJREBF.

Moved:
Second:
Vote:

Commissioner Wolk
Commissioner Lipsett
Unanimous

FINANCIAL DISCLOSURE STATEMENTS – Ms. Koval said as done in prior years and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2020 notice with instructions has been released. The deadline to file is April 30, 2020. Fines will be issued for noncompliance. A listing of compliance is included below. This list was updated as of April 21, 2020. She said there is a filing extension until July 31, 2020.

Last Name	First Name	Filed
Brennan	Edward	Yes
Burton	Robert	No
DiAngelo	Louis	Yes
Flynn	Jack	Yes
Freijomil	Barbara	Yes
Giles	Ryan	Yes
Godfrey	Mark	Yes
Harris	J. Kenneth	Yes
Hendricks	Patricia	No
Hill	Edward	Yes
Kelly	Eleanor	Yes
Laracy	Paul	Yes
Lipsett	John	Yes
Maybury	Robert	No
Mevoli	Michael	Yes
Passanante	Gary	Yes
Picariello	Mary	Yes
Rankins	Angelique	No
Razze	Michael	Yes
Rigberg	Marc	Yes
Rochford	Neal	No
Santosusso	Kelly	Yes
Shannon	Terry	No
Stevenson	Gary	No
Sweeney	Karen	Yes
Theokas	Michael	No
Umba	Brandon	Yes
Underwood	Catherine	Yes
Verrill	Ken	Yes
Wolk	Joseph	Yes
Zambito	Michael	Yes

FUTURE MEETINGS

In accordance with the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq. and in consideration of Executive Order No. 103, issued by Governor Murphy on March 9, 2020, declaring a State of Emergency and a Public Health Emergency in the State of New Jersey, the Fund may conduct

electronic meetings. PERMA will contact the Fund Chair on a monthly basis to determine how the meetings should convene and contact the Commissioner as soon as possible.

PROGRAM MANAGERS REPORT

ONLINE ENROLLMENT SYSTEM TRAINING

The Executive Committee voted and approved mandatory use of the online enrollment system by each member group. If you need training or would like a refresher course on the online enrollment system, please reach out to Karen Kidd at kkidd@permainc.com of PERMA.

ENROLLMENT & ELIGIBILITY CONTACT

Please continue to direct any eligibility, enrollment, billing or system related questions to our dedicated Southern NJ Enrollment Team. The team can be reached by email at southernnj_enrollments@permainc.com.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the SNJREBF enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60 day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

BROKER CONTACT INFORMATION

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SNJREBF Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

Enrollment & Eligibility Update

Ms. Friel said the Benefit Express Systems Update has been completed and now all SNJREBF users can access the latest version of Benefit Express using the following link- <https://mbe50.mybenefitexpress.com/Logon/MbeLogon.aspx?cid=684>.

COVID-19 Carrier Update

Ms. Friel said Both Aetna and AHA are waiving cost-share related to COVID-19 treatments and testing. They are also relaxing inpatient requirements regarding precerts will waive copays for all diagnostic testing related to COVID-19. Aetna will waive the member costs associated with diagnostic testing at any authorized location for all commercial, Medicare, and Medicaid plans. Please follow the below links for more member information on how the carriers are handling benefit developments:

- Aetna-
 - <https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html>.
- AmeriHealth Administrators
 - <https://www.ahatpa.com/html/custom/covid-19/index.html>

AETNA UPDATE

Ms. Friel said it was reported last month that Aetna's contract with Deborah Heart and Lung Center was dated to terminate on 4/15/2020. On March 26,2020 we were advised Deborah Heart and Lung Center rescinded their intention to terminate the contract. Deborah Heart and Lung Center and Aetna have reached an agreement and Deborah Heart and Lung Center will continue to participate in Aetna's Southern NJ Network. There has been no interruption to member access because the termination was rescinded before the contract's termination date. Member retraction letters were issued announcing Deborah's continued participation with Aetna.

EXPRESS SCRIPTS UPDATE

NPF Formulary Updates- Included in your report is a copy of this midyear National Preferred Formulary list of most commonly prescribed medications, which is effective 7/1/2020. Members currently using impacted medications will be grandfathered until 01/01/2021.

Silvercloud

In response to COVID 19, Express Scripts has updated the resources available to members. Silvercloud is an online platform with activities and tools to address the stress and worry associated with the COVID-19 pandemic. Recently enhancements have been added for users to access additional content within the original programs on stress, resilience and insomnia along with a new program designed specifically for the COVID 19 pandemic.

Market Withdrawal of All Ranitidine Products- U.S. Food and Drug Administration (FDA) announced it is requesting manufacturers withdraw all prescription and over-the-counter (OTC) ranitidine drugs from the market immediately. This is the latest step in an ongoing investigation of a contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications (commonly known by the brand name Zantac). ESI ran a disruption report and advised 6 members in the SNJREBF will be impacted by the withdrawal of the product.

Effective 4/01/2020, ESI will be the initial contact for first level prescription appeals. 2nd Level and Urgent appeals request process will not change.

DELTA DENTAL

Ms. Friel said due to COVID 19, effective immediately Delta Dental will not be printing ID cards for members.

ADMINISTRATIVE AUTHORIZATIONS

There are no appeals or authorizations to report

TREASURER'S REPORT - Deputy Treasurer reviewed the bills list and treasurers report.

March 2020 - Confirmation of Payment

FYClosed	\$(1,215,140.78)
FY2018	\$15,275.00
FY2019	\$208.00
FY2020	\$548,771.20
Total	\$(650,886.58)

April 2020 - Resolution 15-20

FY2019	\$29.77
FY2020	\$478,953.91
Total	\$478,983.68

April 2020 - Supplemental Bills

FY2020	\$2,250.00
Total	\$2,250.00

MOTION TO APPROVE RESOLUTION 15-20:

Moved: Commissioner Shannon
Second: Commissioner Lipsett
Vote: 6 Ayes, 0 Nays

MOTION TO APPROVE THE REMAINDER OF THE TREASURERS REPORT:

Moved: Commissioner Wolk
Second: Commissioner Shannon
Vote: Unanimous

FUND ATTORNEY: Fund Attorney said Senator Sweeney is supporting Senate bill 2347 which is referred to as the employee job sharing furlough protection law, which is a proposal that would allow state and local employers to furlough employees up to 3 out of 5 work days, with the thought that federal unemployment would make up for the shortfall. He said this has been introduced but not adopted.

AETNA: Mr. Silverstein reviewed the claims for February 2020. He said the average pepm was \$1,349. He said there were 4 claims above \$50,000 for February. He also reviewed the dashboard and noted the Fund is performing well.

AMERIHEALTH: Ms. Strain reviewed the claims for March 2020. She said the average pepm was \$858.91. She said there were no high claims for this reporting period.

EXPRESS SCRIPTS: Mr. Colalillo said the January - March 2020 trend is at 5.1%. He said the Fund did pick up 2 new cancer patients at the end of 2019 which is contributing to the increase. He also reviewed the additional Covid19 materials included.

DENTAL ADMINISTRATOR: None

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOMENT OF SILENCE/MOTION TO ADJOURN: Chair Mevoli said he would like to have a moment of silence for former longtime executive committee member Richard Michielli who passed away. He said he was a very big part of the JIF and HIF and he always did the adjournment at the meetings. He said the moment of silence will also serve as the motion to adjourn.

MEETING ADJOURNED:

NEXT MEETING: JUNE 22, 2020

Karen Kamprath , Assisting Secretary
for

JOSEPH WOLK, SECRETARY