

# Southern Jersey <sup>FUND</sup>



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS  
JANUARY 25, 2021  
CONFERENCE CALL  
6:15 PM**

Join Zoom Meeting

<https://permainc.zoom.us/j/97277969998>

**Meeting ID: 972 7796 9998**

One tap mobile

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+13017158592,,97277969998# US (Washington D.C)

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**Meeting ID: 972 7796 9998**

## STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

Adequate Notice and Electronic Notice of this meeting was given by:

1. Sending advance written notice to The Courier Post and the Burlington County Times
2. Filing advance written notice of this meeting with the Clerk/Administrator of each member.
3. Sending advance electronic mail notice of this meeting to the Clerk/Administrator of each member.
4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.
5. Posting a copy of the meeting notice on the public bulletin board of all members.
6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
AGENDA  
MEETING: JANUARY 25, 2021  
CONFERENCE CALL  
6:15 PM**

**SINE DIE MEETING**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ  
FLAG SALUTE - MOMENT OF SILENCE  
ROLL CALL OF 2020 EXECUTIVE COMMITTEE**

**APPROVAL OF MINUTES:** November 23, 2020

Open (**Appendix I**)

**CORRESPONDENCE - None**

**ADJOURN SINE DIE MEETING - Chairs vacated - Chair asks Executive Director to run meeting**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER  
ROLL CALL OF 2020 FUND COMMISSIONERS**

<b>MEMBER ENTITY</b>	<b>COMMISSIONER/CONTACT</b>
Borough of Lawnside	Angelique Rankins
Franklin Township	Barbara Freijomil
Lumberton Township	Brandon Umba
Mantua	Candice Pennewell
Township of Berlin	Catherine Underwood
Lindenwold	Dawn Thompson
Palmyra	Donna Condo
Merchantville	Edward Brennan
CCBOSS	Edward Hill
Runnemede	Elenenor Kelly
Somerdale, Boro of	Gary Passanante
Paulsboro	Gary Stevenson
Gibbsboro	Jack Flynn
Wenonah	Karen Sweeney
Haddon Heights	Kelly Santosusso
Winslow Township Fire District	Lorraine Azzarano
Bellmawr	Louis DiAngelo
Mt Ephraim	M. Joseph Wolk
Magnolia	Mark Godfrey
North Hanover Twp	Mary Picariello
Brooklawn	Michael Mevoli
Pitman	Michael Razzo
Bordentown	Michael Theokas
Haddonfield	Neal Rochford
Pine Hill	Pat Hendricks
Medford Lakes	Robert Burton
Mount Holly MUA	Robert Maybury
Westville Borough	Ryan Giles
Maple Shade	Susan Danson
Barrington	Terry Shannon
Chesilhurst	William Hales
Gloucester City	Brian Morrell
Pennsauken	Barbara Corbett
Willingboro	Charlene Holmes
Township of Waterford	Ralph Condo
Gloucester Township	Open

**ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES**

Executive Director asks for nominations. Attorney swears in Officers and Executive Committee.

**NOMINATING COMMITTEE RECOMMENDATION**

- Michael Mevoli, Chairman
- Joseph Wolk, Secretary
- Louis DiAngelo, Executive Committee Member
- Terry Shannon, Executive Committee Member
- Neal Rochford, Executive Committee Member
- Edward Hill, Executive Committee Member
- Robert Maybury, Executive Committee Member
- Gary Passanante, Executive Committee Alternate

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2021 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

Monthly Report.....Page 1

**PROGRAM MANAGER- (Conner Strong & Buckelew)**

Monthly Report.....Page 8

**TREASURER - (Michael Zambito/Verrill & Verrill)**

December 2020 Voucher List (Confirmation of Payment) ..... Page 15

January 2021 Voucher List (Resolution 13-21).....TBD

Treasurers Report ..... Page 19

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

**ATTORNEY - (J. Kenneth Harris)**

Monthly Report

**NETWORK & THIRD PARTY ADMINISTRATOR - (Aenta)**

Monthly Report..... Page 22

**NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)**

Monthly Report..... Page 27

**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

Monthly Report..... Page 34

**DENTAL ADMINISTRATOR - (Delta Dental)**

Monthly Report

**CONSENT AGENDA ..... Page 36**

Resolution 1-21: Award of Professional Fees for 2021 ..... Page 37  
Resolution 2-21: Award of Extraordinary Unspecifiable Services..... Page 40  
Resolution 3-21: Designation of Service of Process ..... Page 43  
Resolution 4-21: Designation of Secretary as Custodian of Records ..... Page 44  
Resolution 5-21: Designation of Official Newspaper ..... Page 45  
Resolution 6-21: Designation of Regular Meeting Times and Place..... Page 46  
Resolution 7-21: Designation of Bank Depositories & CMP ..... Page 48  
Resolution 8-21: Designation of Authorized Signatories ..... Page 52  
Resolution 9-21: Approval of Risk Management Plan..... Page 53  
Resolution 10-21: Appointment of MRHIF Fund Commissioners ..... Page 64  
Resolution 11-21: Authorizing Treasurer to Process Payments ..... Page 65  
Resolution 12-21: Compensating Producers..... Page 66  
Resolution 13-21: Approval of the December 2020  
and January 2021 Bills Lists ..... Page 67

**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  
January 25, 2021**

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of November 30, 2020 (page 3)

**2021 REORGANIZATION**

The Reorganization resolutions are included in the consent agenda for approval. Please note the following:

- #6-21 – This resolution sets the meeting dates for 2021, please note there is no December meeting
- #8-21 – Current Signatories – Michael Mevoli, Joseph Wolk, Terry Shannon, Treasurer and Deputy Treasurer
- #9-21 – RMP – There are a few changes from 2020 which are highlighted.
- #10-21 – Current MRHIF representatives are Joseph Wolk and Terry Shannon. Need to elect for 2021

**COMMITTEE APPOINTMENTS**

Each year the Fund Chair makes appointment to the Fund's standing committees. A report of the proposed 2021 committees is included below.

<b><u>Contracts</u></b>	<b><u>Claims</u></b>	<b><u>Finance</u></b>	<b><u>Nominating</u></b>
Lou DiAngelo, Chair	Joseph Wolk, Chair	Terry Shannon, Chair	Joseph Wolk, Chair
Robert Maybury	Neal Rochford	Gary Passanante	Lou DiAngelo
Edward Hill	Terry Shannon	Lou DiAngelo	Terry Shannon

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF met on December 9 in which the 2021 budget was adopted as originally introduced. The reinsurance renewal for SNJREBF that was included in the budget had not changed.

**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 due by December 31, 2020 and older. Please reach out to [kkamprath@permainc.com](mailto:kkamprath@permainc.com) for a blank form to be executed. The list was last updated on January 19, 2021.

Member	I&T end date
TOWNSHIP OF WILLINGBORO	email sent 1/19/2021
BOROUGH OF BELLMAWR	email sent 1/19/2021

## DIVIDENDS

At the last meeting a dividend was declared with members having the option to receive their dividend as a check, bill credit, 2022 rate reduction or have the balance retained by the Fund. Below is a list of members that have not responded. Please reach out to [kkamprath@permainc.com](mailto:kkamprath@permainc.com) with your decision by February 1st. If a response is not received, a check will be cut with the February Bills List.

Bellmawr	\$206,028.00
Brooklawn	\$29,784.00
Gloucester City	\$241,913.00
Mansfield	\$7,863.00
Medford Lakes	\$4,436.00
North Hanover Township	\$734.00
Pitman	\$71,504.00
Somerdale	\$39,568.00

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

**AS OF November 30, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>3,401,047</b>	<b>37,670,950</b>	<b>1,232,741,536</b>	<b>1,270,412,486</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	2,772,793	30,560,072	1,001,411,152	1,031,971,224
IBNR	15,223	296,443	2,544,000	2,840,443
Less Specific Excess	-	(744,473)	(18,208,251)	(18,952,724)
Less Aggregate Excess	-	-	(1,807,360)	(1,807,360)
<b>TOTAL CLAIMS</b>	<b>2,788,016</b>	<b>30,112,042</b>	<b>983,939,541</b>	<b>1,014,051,583</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	307,858	2,969,803	24,524,136	27,493,939
Excess Premiums	68,522	762,514	46,832,415	47,594,929
Administrative	225,121	2,356,693	113,259,971	115,616,664
<b>TOTAL EXPENSES</b>	<b>601,501</b>	<b>6,089,010</b>	<b>184,616,522</b>	<b>190,705,532</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	11,529	1,469,898	64,185,473	65,655,371
5. <b>INVESTMENT INCOME</b>	10,333	166,644	3,190,281	3,356,925
6. <b>DIVIDEND INCOME</b>	0	517,797	10,666,639	11,184,436
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>21,862</b>	<b>2,154,339</b>	<b>78,042,392</b>	<b>80,196,732</b>
8. <b>DIVIDEND</b>	0	5,947,739	63,812,333	69,760,072
9. <b>Transferred Surplus</b>	0	0	0	0
<b>STATUTORY SURPLUS (7-8+9)</b>	<b>21,862</b>	<b>(3,793,400)</b>	<b>14,230,059</b>	<b>10,436,659</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

<b>Closed</b>	<b>Surplus</b>	32,894	(5,304,824)	11,143,390	5,838,566
	<b>Cash</b>	(207,049)	(4,102,508)	16,109,289	12,006,781
<b>2019</b>	<b>Surplus</b>	(4,455)	1,174,490	3,086,669	4,261,159
	<b>Cash</b>	138,864	(1,226,194)	5,219,908	3,993,713
<b>2020</b>	<b>Surplus</b>	(6,577)	336,934		336,934
	<b>Cash</b>	(213,352)	2,733,123		2,733,123
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>21,862</b>	<b>(3,793,400)</b>	<b>14,230,059</b>	<b>10,436,659</b>
<b>TOTAL CASH</b>		<b>(281,536)</b>	<b>(2,595,579)</b>	<b>21,329,197</b>	<b>18,733,617</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>(27,607)</b>	<b>(18,378)</b>	<b>950,787,932</b>	<b>950,769,554</b>
<b>FUND YEAR 2019</b>					
Paid Claims		26,095	1,944,802	30,791,245	32,736,047
IBNR		0	(2,506,560)	2,506,560	-
Less Specific Excess		0	(545,948)	(146,194)	(692,142)
Less Aggregate Excess		0	0	0	0
<b>TOTAL FY 2019 CLAIMS</b>		<b>26,095</b>	<b>(1,107,705)</b>	<b>33,151,610</b>	<b>32,043,905</b>
<b>FUND YEAR 2020</b>					
Paid Claims		2,774,305	28,596,207		28,596,207
IBNR		15,223	2,840,443		2,840,443
Less Specific Excess		0	(198,526)		(198,526)
Less Aggregate Excess		0	0		0
<b>TOTAL FY 2020 CLAIMS</b>		<b>2,789,528</b>	<b>31,238,124</b>		<b>31,238,124</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>2,788,016</b>	<b>30,112,042</b>	<b>983,939,543</b>	<b>#REF!</b>
					<b>1,014,051,584</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.

**Southern New Jersey Regional Employee Benefits Fund**  
**CONSOLIDATED BALANCE SHEET**

AS OF NOVEMBER 30, 2020

BY FUND YEAR

	SNJREBF 2020	SNJREBF 2019	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	2,733,123	3,993,713	12,006,781	18,733,617
Assesments Receivable (Prepaid)	78,782	282,471	119,957	481,210
Interest Receivable	60	(26)	(34)	0
Specific Excess Receivable	198,526	(0)	-	198,526
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	517,797	517,797
Prepaid Admin Fees	2,125	-	-	2,125
Other Assets	199,379	-	-	199,379
<b>Total Assets</b>	<b>3,211,995</b>	<b>4,276,159</b>	<b>12,644,500</b>	<b>20,132,654</b>
<b>LIABILITIES</b>				
Accounts Payable	-	(0)	-	(0)
IBNR Reserve	2,840,443	0	-	2,840,443
A4 Retiree Surcharge	(0)	-	-	(0)
Dividends Payable	-	-	6,805,942	6,805,942
Accrued/Other Liabilities	34,618	15,000	-	49,618
<b>Total Liabilities</b>	<b>2,875,061</b>	<b>15,000</b>	<b>6,805,942</b>	<b>9,696,002</b>
<b>EQUITY</b>				
Surplus / (Deficit)	336,934	4,261,159	5,838,559	10,436,652
<b>Total Equity</b>	<b>336,934</b>	<b>4,261,159</b>	<b>5,838,559</b>	<b>10,436,652</b>
<b>Total Liabilities &amp; Equity</b>	<b>3,211,995</b>	<b>4,276,159</b>	<b>12,644,500</b>	<b>20,132,654</b>
<b>BALANCE</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.

13-Jan-21

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**RATIOS**

INDICES	2019	FY2020										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	21,329,197	\$ 14,446,571	\$ 13,281,050	\$ 14,453,184	\$ 18,058,343	\$ 19,013,129	\$ 18,592,177	\$ 18,446,932	\$ 17,051,141	\$ 18,734,153	\$ 19,015,153	\$ 18,733,617
IBNR	2,544,000	\$ 2,471,204	\$ 2,548,183	\$ 2,546,421	\$ 2,532,385	\$ 2,626,177	\$ 2,699,006	\$ 2,757,339	\$ 2,798,514	\$ 2,814,849	\$ 2,825,220	\$ 2,840,443
Assets	22,467,492	\$ 18,582,076	\$ 18,106,534	\$ 19,842,406	\$ 20,040,866	\$ 20,623,982	\$ 20,991,230	\$ 19,998,289	\$ 19,532,323	\$ 20,550,845	\$ 20,332,678	\$ 20,132,654
Liabilities	8,237,440	\$ 4,767,744	\$ 4,363,117	\$ 5,632,875	\$ 5,696,247	\$ 5,675,712	\$ 8,317,750	\$ 7,231,809	\$ 6,923,957	\$ 6,944,078	\$ 9,917,889	\$ 9,696,002
Surplus	14,230,052	\$ 13,814,332	\$ 142,303	\$ 14,209,532	\$ 14,344,619	\$ 14,948,271	\$ 12,673,480	\$ 12,766,480	\$ 12,608,366	\$ 13,606,767	\$ 10,414,790	\$ 10,436,652
Claims Paid -- Month	2,584,731	\$ 3,423,359	\$ 2,942,029	\$ 2,964,513	\$ 2,787,036	\$ 2,191,279	\$ 2,880,381	\$ 2,703,679	\$ 3,005,691	\$ 1,839,547	\$ 3,049,766	\$ 2,772,793
Claims Budget -- Month	2,964,473	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280	\$ 2,870,280
Claims Paid -- YTD	33,070,144	\$ 3,423,359	\$ 6,365,388	\$ 9,329,901	\$ 12,116,937	\$ 14,308,216	\$ 17,188,596	\$ 19,892,276	\$ 22,897,967	\$ 24,737,513	\$ 27,787,279	\$ 30,560,072
Claims Budget -- YTD	35,772,910	\$ 2,870,280	\$ 5,740,561	\$ 8,610,841	\$ 11,481,121	\$ 14,351,401	\$ 17,221,682	\$ 20,091,962	\$ 22,962,242	\$ 25,832,522	\$ 28,702,803	\$ 31,573,083
<b>RATIOS</b>												
Cash Position to Claims Paid	8.25	4.22	4.51	4.88	6.48	8.68	6.45	6.82	5.67	10.18	6.23	6.76
Claims Paid to Claims Budget -- Month	0.87	1.19	1.02	1.03	0.97	0.76	1	0.94	1.05	0.64	1.06	0.97
Claims Paid to Claims Budget -- YTD	0.92	1.19	1.11	1.08	1.06	1	1	0.99	1	0.96	0.97	0.97
Cash Position to IBNR	8.38	5.85	5.21	5.68	7.13	7.24	6.89	6.69	6.09	6.66	6.73	6.6
Assets to Liabilities	2.73	3.9	4.15	3.52	3.52	3.63	2.52	2.77	2.82	2.96	2.05	2.08
Surplus as Months of Claims	4.80	4.81	0.05	4.95	5	5.21	4.42	4.45	4.39	4.74	3.63	3.64
IBNR to Claims Budget -- Month	0.86	0.86	0.89	0.89	0.88	0.91	0.94	0.96	0.97	0.98	0.98	0.99

**Southern NJ Municipal Employee Benefits Fund**

**2020 Budget Status Report**

as of November 30th, 2020

Expected Losses	YTD Budgeted	YTD Expensed	\$ Variance	% Variance
Medical Claims - All Other	15,948,032			
Medical Claims - CCBOSS	7,286,000			
Subtotal Medical	23,234,032	23,648,581	(414,548)	-2%
Prescription Claims - All Other	4,814,204			
Prescription Claims - CCBOSS	2,452,483			
Subtotal Prescription	6,685,352	6,718,071	(32,719)	0%
Rx Rebates	(581,335)			
Dental Claims - All Other	1,145,528			
Dental Claims - CCBOSS	155,550			
Subtotal Dental	1,301,078	871,472	429,605	33%
Subtotal Claims	31,220,462	31,238,124	(17,662)	0%
Loss Fund Contingency	427,577			
DMO Premiums	2,695	2,644	52	2%
Medicare Advantage - All Other	1,122,392			
Medicare Advantage - CCBOSS	1,869,122			
Subtotal Insured Programs	2,994,209	2,967,160	24,354	1%
Reinsurance				
Specific	762,514	762,514	-	0%
Total Loss Fund	35,404,763	34,970,442	434,321	1%
Expenses				
Legal	19,527	19,527	-	0%
Treasurer	14,036	14,044	(8)	0%
Administrator	301,205	301,057	148	0%
Program Manager	710,408	958,376	226	0%
Brokerage	248,194	Included above in Program Manager		
TPA - Med Aetna	857,478	924,390	(6,189)	-1%
TPA - Med AmeriHealth Admin	60,723	Included above in TPA		
TPA - Dental	61,798	61,704	94	0%
Actuary	23,375	23,375	-	0%
Auditor	17,417	17,413	4	0%
Subtotal Expenses	2,314,159	2,319,885	(5,726)	0%
Misc/Cont	16,983	17,268	(285)	-2%
Data Analysis System	13,750	13,750	-	0%
Affordable Care Act Taxes	9,337	10,515	(1,179)	-13%
Plan Documents	13,750	13,433	318	2%
Total Expenses	2,367,979	2,374,851	(6,872)	0%
Total Budget	37,772,742	37,345,293	427,450	1%

## REGULATORY

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed pending reorg
Fund Officers	To Be Filed pending reorg
Renewal Resolutions	To Be Filed pending reorg
Indemnity and Trust	To Be Filed pending reorg
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed pending reorg
Cash Management Plan	To Be Filed pending reorg
Unaudited Financials	9/30/2020 Filed
Annual Audit	12/31/2019 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**

**January 2021**

**Program Manager: Conner Strong & Buckelew**

**Online Enrollment Training: [kkidd@permainc.com](mailto:kkidd@permainc.com)**

**Enrollments/Eligibility/Billing: [southernnj\\_enrollments@permainc.com](mailto:southernnj_enrollments@permainc.com)**

**Brokers: [brokerservice@permainc.com](mailto: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:

**New Schedule to be released.**

**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](mailto: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](mailto:brokerservices@permainc.com).

**CONNER STRONG COVID-19 RESOURCES**

Conner Strong & Buckelew has compiled a database of COVID-19 resources available to our clients. To access the resource center please use the link below.

- Link-<https://www.connerstrong.com/insights/covid-19-resource-center/>

## EXPRESS SCRIPTS PHARMACY (ESI) UPDATE

### 4/01 Formulary Update

ESI has provided an update to their formulary effective 4/01/2021. ESI will add the list below of additional products to their exclusion list and has identified 36 SNJREBF members who will be impacted. Communications are scheduled to be sent to impacted members between January 25<sup>th</sup> and February 2<sup>nd</sup>, 2020. ESI will work to make the transition to more affordable medications as simple and seamless as possible.

#### National Preferred Formulary New exclusions, effective April 1, 2021

ADHANSIA XR	ADZENYS ER, ADZENYS XR-ODT	AFREZZA
ANNOVERA	BALCOLTRA	BYSTOLIC****
CLENPIQ	COTEMPLA XR-ODT	DRYSOL
DYANAVEL XR	EDARBI, EDARBYCLOR	GOLYTELY PACKETS
JORNAY PM	LO LOESTRIN FE	METHYLPHENIDATE ER 72 MG TABLETS
MYDAYIS	NATAZIA	OSPHENA
PEXEVA	PLENVU	PREMARIN TABLETS, PREMPHASE, PREMPRO
QUILLICHEW ER, QUILLIVANT XR	RELEXXII	SLYND
SUPREP	TAYTULLA	TRINTELLIX
VIIBRYD	VYVANSE	

## UNITEDHEALTHCARE (UHC) UPDATE

### Member Communications

UHC provided information on upcoming Medicare Advantage (MA) member communication for the first quarter of 2021.

The below communications will be sent to all MA members.

Communication Material	Description	Expected Distribution Date
COVID-19 Vaccine Authorization Materials	Update for members on most recent COVID vaccine guidance. More information regarding the vaccine will be communicated as it becomes available.	Week of 12/21
2021 STARS Annual Wellness Visit Materials	Reminder for member to schedule their annual preventive care visits	Mid-February 2021
STARS Colon Cancer Screening At-Home Kit Materials	Encourage members to complete at-home colon cancer screening	Ongoing communications beginning March 2021
2021 STARS Renew Magazine - New Member Issue	This magazine provide health and wellness information and tools.	February 2021
2021 Monthly eNews Email - January	Monthly educations and member support resources	Issued monthly for members who have email address on file with UHC

The below Communication Campaigns will be targeted to applicable MA members.

Campaign	Objective	Timing
2021 Q1 Health Planner	Encourage members to take an active role in their health care, improve gap closure, Annual Wellness Visit (AWV) and HouseCalls completions and promote Behavioral Health.	Early March
2021 STARS Renew Rewards Welcome Back Email	Encourage members to complete eligible health care activities. Encourage members to complete their annual wellness visit and introduce the new reloadable card experience for 2021	Mid-January

<p>2021 STARS Diabetes Support Program (DSP) Materials</p> <p>a. Outbound Call b. Welcome Letter</p>	<p>Provide education and support for members with diabetes. Encourage gap closure by offering to schedule appointments as needed and/or diabetic resources.</p>	<p>2021 calls and welcome letter mailings begin mid-January once gap data is received.</p>
<p>2021 STARS Controlling Blood Pressure - Hypertension Support Program (HSP) Materials</p> <p>a. Outbound Call b. Welcome Letter c. Trying To Reach You (TTRY) Letter</p>	<p>Encourage eligible members with hypertension or high blood pressure to engage with our Hypertension Support Program. when appropriate.</p>	<p>Ongoing beginning in January for calls and the Welcome Letter. TTRY letter will mail monthly beginning in April.</p>
<p>2021 STARS Breast Cancer Screening (BCS) Materials</p> <p>a. Outbound IVR Call b. Non-Adherent Mailing</p>	<p>Remind female members of the importance of regular mammograms/breast cancer screenings and encourage preventive care, close gaps.</p> <p>Outbound IVR Call will inform members of the importance of scheduling and completing their mammograms, based on their completion history.</p> <ul style="list-style-type: none"> <li>• Members eligible for the BCS gap for the 1st time since joining the plan</li> <li>• Tenured member who have previously completed a mammogram</li> </ul>	<p>Mid-February</p>
<p>2021 STARS Osteoporosis Member Video</p>	<p>This educational member video is intended to help members understand what osteoporosis is, how screenings to detect it work as well as prevention messaging and tips.</p>	<p>February.</p>
<p>UPDATED 2021 Forward Together Mailing</p> <p>a. Self-Mailer b. Magnet</p>	<p>Provide members with access to care information and offer care coordination resources.</p>	<p>Late January</p>

**LEGISLATIVE UPDATES**  
**COVID-19 Vaccine Coverage**

In December 2020 the U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUAs) for the use of the Pfizer-BioNTech and Moderna COVID-19 Vaccines for the prevention of coronavirus disease. Vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF) will be covered under the plan. The cost of the vaccine itself, will be paid by the federal government for the near future. The plan will fully cover the cost of administering the vaccine at participating and non-participating providers/facilities.

### **Updated HDHP and HSA Indexed Dollar Limits**

The Internal Revenue Service (IRS) recently announced the below 2021 limits regarding High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA).

	<b>2020</b>	<b>2021</b>
<b>HDHP Minimum Required Deductible- Self Only</b>	\$1,400	\$1,400
<b>HDHP Minimum Required Deductible- Family</b>	\$2,800	\$2,800
<b>HSA Contribution Limit- Self only HDHP</b>	\$3,550	\$3,600
<b>HSA Contribution Limit- Family HDHP</b>	\$7,100	\$7,200
<b>HSA/HDHP OOP Maximum- Self Only</b>	\$6,900	\$7,000
<b>HSA/HDHP OOP Maximum- Family</b>	\$13,800	\$14,000

## **COVID-19 FSA Relief**

The recently passed COVID-19 relief bill permits employers to allow members with Flexible Spending Accounts (FSAs) to roll over unused funds.

Key provisions of the new ruling include:

- option to amend cafeteria plans and FSAs to allow employees to:
  - carryover unused amounts from plan year ending in 2020 to the 2021 plan year
  - carryover unused amounts from plan year ending in 2021 to the 2022 plan year
  - provide a 12-month grace period at the end of the 2020 and/or 2021 plan years
- option to amend FSAs allowing employees to make prospective election changes for plan years ending in 2021 (with no change in status)
- allowing employees who cease participation in an FSA during calendar years 2020 or 2021 to receive post-termination reimbursements from unused benefits through the end of the plan year when participation ceases (including grace period if applicable)

## **Eligibility Adjustment**

Camden County Board of Social Services has passed a resolution updating their surviving spouse policy. The Fund Attorney reviewed the resolution and will be adjusting their 2021 Summary Plan Description to reflect the amendment.

## **ADMINISTRATIVE AUTHORIZATIONS**

There are currently no administrative authorizations to report.

## 2021 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning April 1, 2021, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Drug Class	Excluded Medications	Preferred Alternatives
Agents for Hyperhidrosis	DRYSOL	Over-the-Counter aluminum chloride containing products
Angiotensin Receptor Blockers (ARBs) and Combinations	EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, chlorthalidone plus valsartan
	EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
Beta Blockers & Combinations	BYSTOLIC	atenolol, carvedilol, metoprolol succinate
Bowel Evacuants	CLENPIQ, GOLYTELY PACKETS, OSMOPREP <sup>®</sup> , PLENVU, SUPREP	peg-electrolyte solution
Contraceptives	ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, TAYTULLA <sup>^</sup> , TWIRLA <sup>^</sup>	generic oral and ring contraceptives, xulane patches
	SLYND	generic progestin-only oral contraceptives
Estrogens (Oral)	PREMARIN TABLETS	estradiol tablets
Estrogen/Progestin Combinations (Oral)	PREMPHASE, PREMPRO	amabelz, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol
Estrogen & Estrogen Modifiers for Vaginal Symptoms	FEMRING <sup>®</sup>	estradiol cream, estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM
	INTRAROSA <sup>®</sup> , OSPHENA	estradiol cream, yuvafem, ESTRING, PREMARIN CREAM
Insulins	ADMELOG <sup>®</sup> , AFREZZA, APIDRA <sup>®</sup> , FIASP <sup>®</sup> , INSULIN ASPART <sup>®</sup> , INSULIN ASPART PROTAMINE <sup>®</sup> , INSULIN LISPRO <sup>®</sup> , NOVOLOG <sup>®</sup>	HUMALOG, LYUMJEV
Selective Serotonin Reuptake Inhibitors (SSRIs) Antidepressants	PEXEVA, VIIBRYD	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline

<sup>^</sup> The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

\* Current 2021 exclusion in this class

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# SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND

## BILLS LIST

Confirmation of Payment

DECEMBER 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 2020**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002189			
002189	J. KENNETH HARRIS, ATTY AT LAW	VOID	0.00
002189	J. KENNETH HARRIS, ATTY AT LAW	VOID	0.00
			<b>0.00</b>
002203			
002203	FLAGSHIP DENTAL PLANS	SOMERDALE BOROUGH 12/20	450.42
002203	FLAGSHIP DENTAL PLANS	BOROUGH OF LINDENWOLD 12/20	-30.84
			<b>419.58</b>
002204			
002204	SAVEON SP LLC	CLAIMS ADMIN - ESI - 10/20	9,739.00
			<b>9,739.00</b>
002205			
002205	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/20	5,703.36
			<b>5,703.36</b>
002206			
002206	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/20	76,544.64
			<b>76,544.64</b>
002207			
002207	PERMA	POSTAGE 11/20	383.50
002207	PERMA	ADMIN FEE 12/20	27,602.40
			<b>27,985.90</b>
002208			
002208	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 12/20	1,775.17
			<b>1,775.17</b>
002209			
002209	VERRILL & VERRILL, LLC	TREASURER FEE 12/20	770.83
			<b>770.83</b>
002210			
002210	MICHAEL S. ZAMBITO	TREASURER FEE 12/20	505.15
			<b>505.15</b>
002211			
002211	COURIER POST	ACCT# CHL-079881 - AD - 11.17.2020	61.12
			<b>61.12</b>

002212			
002212	ALLSTATE INFORMATION MANAGEMNT	ACCT#419 - ARC & STOR - 10.31.20	93.61
			<b>93.61</b>
002213			
002213	MEDICAL EVALUATION SPECIALISTS	MES #1264861	306.25
			<b>306.25</b>
002214			
002214	MUNICIPAL REINSURANCE HIF	REINSURANCE 12/20	68,279.44
			<b>68,279.44</b>
002215			
002215	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 11/20	1,775.17
002215	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOC PREP 11/20	562.50
			<b>2,337.67</b>
		<b>Total Payments FY 2020</b>	<b>194,521.72</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>194,521.72</b>

\_\_\_\_\_  
Chairperson

Attest:

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

\_\_\_\_\_  
Treasurer

**SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND  
DIVIDEND BILLS LIST**

Confirmation of Payment

DECEMBER 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.

<u>FUND YEAR CLOSED</u>			
<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002216			
002216	GIBBSBORO BOROUGH	DIVIDENDS 12/20	16,853.00
			<b>16,853.00</b>
002217			
002217	WILLINGBORO TOWNSHIP	DIVIDENDS 12/20	843.00
			<b>843.00</b>
002218			
002218	MAGNOLIA BOROUGH	DIVIDENDS 12/20	38,473.00
			<b>38,473.00</b>
002219			
002219	MOUNT EPHRAIM BOROUGH	DIVIDENDS 12/20	80,328.00
			<b>80,328.00</b>
002220			
002220	MAPLE SHADE TOWNSHIP	DIVIDENDS 12/20	83,136.00
			<b>83,136.00</b>
002221			
002221	MEDFORD LAKES BOROUGH	DIVIDENDS 12/20	4,436.00
			<b>4,436.00</b>
002222			
002222	BARRINGTON BOROUGH	DIVIDENDS 12/20	88,732.00
			<b>88,732.00</b>
002223			
002223	MERCHANTVILLE BOROUGH	DIVIDENDS 12/20	21,802.00
			<b>21,802.00</b>
002224			
002224	WESTVILLE BOROUGH	DIVIDENDS 12/20	22,423.00
			<b>22,423.00</b>
002225			
002225	PENNSAUKEN TOWNSHIP	DIVIDENDS 7/20	14,193.00
			<b>14,193.00</b>
002226			
002226	PENNSAUKEN TOWNSHIP	DIVIDENDS 12/20	14,103.00
			<b>14,103.00</b>
002227			
002227	MOUNT HOLLY MUA	DIVIDENDS 12/20	85,201.00
			<b>85,201.00</b>
002228			
002228	LUMBERTON TOWNSHIP	DIVIDENDS 12/20	48,663.00
			<b>48,663.00</b>
002229			
002229	HADDON HEIGHTS BOROUGH	DIVIDENDS 12/20	136,745.00
			<b>136,745.00</b>
		<b>Total Payments FY CLOSED</b>	<b>655,931.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>655,931.00</b>

-----  
Chairperson

Attest:

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

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

-----  
Treasurer

**SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND  
SUPPLEMENTAL BILLS LIST**

Confirmation of Payment

DECEMBER 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 2020**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002230	CONNER STRONG & BUCKELEW	RX - PROG. MNGR FEES 12/20	8,771.14
002230	CONNER STRONG & BUCKELEW	MEDICAL - PROG. MNGR FEES 12/20	50,148.00
002230	CONNER STRONG & BUCKELEW	BROKER FEES 12/20	23,161.52
002230	CONNER STRONG & BUCKELEW	DENTAL - PROG. MNGR FEES 12/20	4,924.66
002230	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/20	591.15
			<b>87,596.47</b>
		<b>Total Payments FY 2020</b>	<b>87,596.47</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>87,596.47</b>

\_\_\_\_\_  
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**

<b>Current Fund Year: 2020</b>										
<b>Month Ending: December</b>										
	<b>Med</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Medicare Advantage</b>	<b>Reinsurance</b>	<b>Dividend Reserve</b>	<b>Future</b>	<b>Admin</b>	<b>TOTAL</b>
OPEN BALANCE	3,643,273.82	491,830.63	3,509,990.65	0.00	8,217,669.61	206,768.99	1,961,507.43	824,613.61	(122,045.50)	18,733,609.24
RECEIPTS										
Assessments	2,113,362.60	102,980.87	610,756.81	0.00	277,680.49	68,791.33	0.00	39,442.31	226,106.13	3,439,120.54
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	5,182.31	248.07	1,909.65	0.00	4,144.88	116.50	989.36	415.92	219.14	13,225.83
Invest Adj	(0.29)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.29)
Subtotal Invest	5,182.02	248.07	1,909.65	0.00	4,144.88	116.50	989.36	415.92	219.14	13,225.54
Other *	28,247.74	0.00	334,372.10	0.00	0.00	0.00	0.00	0.00	0.00	362,619.84
<b>TOTAL</b>	<b>2,146,792.36</b>	<b>103,228.94</b>	<b>947,038.56</b>	<b>0.00</b>	<b>281,825.37</b>	<b>68,907.83</b>	<b>989.36</b>	<b>39,858.23</b>	<b>226,325.27</b>	<b>3,814,965.92</b>
EXPENSES										
Claims Transfers	2,283,590.91	77,569.80	573,879.53	0.00	0.00	0.00	0.00	0.00	0.00	2,935,040.24
Expenses	655,931.00	419.58	9,739.00	0.00	0.00	68,279.44	0.00	0.00	201,342.50	935,711.52
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>2,939,521.91</b>	<b>77,989.38</b>	<b>583,618.53</b>	<b>0.00</b>	<b>0.00</b>	<b>68,279.44</b>	<b>0.00</b>	<b>0.00</b>	<b>201,342.50</b>	<b>3,870,751.76</b>
<b>END BALANCE</b>	<b>2,850,544.27</b>	<b>517,070.19</b>	<b>3,873,410.68</b>	<b>0.00</b>	<b>8,499,494.98</b>	<b>207,397.38</b>	<b>1,962,496.79</b>	<b>864,471.84</b>	<b>(97,062.73)</b>	<b>18,677,823.40</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH	December									
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 Money Market Account	
ID Number:										
Maturity (Yrs)										
Purchase Yield:	0.03	0.50	0.70	0.75	0.75	0.75	0.35	0.05	1.00	
TOTAL for All Accts & instruments										
Opening Cash & Investment Balance	\$18,733,608.96	\$ 5,173.52	\$ 2,334.07	\$ 4,236,118.84	\$ 3,547,012.33	\$ 4,418,339.04	\$ 24,607.00	\$ 678,151.37	\$ 54,652.47	\$ 5,767,220.32
Opening Interest Accrual Balance	\$0.13	\$ 0.13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$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	\$13,225.82	\$0.13	\$0.99	\$2,511.58	\$2,253.22	\$3,103.58	\$254.50	\$201.07	\$2.56	\$4,898.19
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)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8 Net Investment Income	\$13,225.82	\$0.13	\$0.99	\$2,511.58	\$2,253.22	\$3,103.58	\$254.50	\$201.07	\$2.56	\$4,898.19
9 Deposits - Purchases	\$4,741,740.38	\$0.00	\$0.00	\$0.00	\$0.00	\$3,801,740.38	\$940,000.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$4,810,751.76	\$0.00	\$0.00	\$0.00	\$0.00	-\$3,875,040.24	-\$935,711.52	\$0.00	\$0.00	\$0.00
		OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$18,677,823.40	\$5,173.65	\$2,335.06	\$4,238,630.42	\$3,549,265.55	\$4,348,142.76	\$29,149.98	\$678,352.44	\$54,655.03	\$5,772,118.51
Ending Interest Accrual Balance	\$0.13	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$218,494.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$218,494.73	\$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	\$18,896,318.13	\$5,173.65	\$2,335.06	\$4,238,630.42	\$3,549,265.55	\$4,348,142.76	\$247,644.71	\$678,352.44	\$54,655.03	\$5,772,118.51

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

Month		December							
Current Fund Year		2020							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2020	Med	24,272,749.81	2,283,590.91	0.00	26,556,340.72	0.00	26,556,340.72	24,272,749.81	2,283,590.91
	Dental	856,851.99	77,569.80	0.00	934,421.79	0.00	934,421.79	856,851.99	77,569.80
	Rx	7,138,850.83	573,879.53	0.00	7,712,730.36	0.00	7,712,730.36	7,138,850.83	573,879.53
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>32,268,452.63</b>	<b>2,935,040.24</b>	<b>0.00</b>	<b>35,203,492.87</b>	<b>0.00</b>	<b>35,203,492.87</b>	<b>32,268,452.63</b>	<b>2,935,040.24</b>



**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

*January 25, 2021*



**NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND**

	<b>MEDICAL CLAIMS PAID 2019</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2020</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$1,930,882	1,332	\$ 1,450	\$1,833,960	1,424	\$ 1,288
FEBRUARY	\$1,519,220	1,329	\$ 1,143	\$2,099,037	1,432	\$ 1,466
MARCH	\$1,445,320	1,332	\$ 1,085	\$2,089,572	1,430	\$ 1,461
APRIL	\$2,261,652	1,340	\$ 1,688	\$1,118,686	1,430	\$ 782
MAY	\$1,792,124	1,348	\$ 1,329	\$2,430,914	1,423	\$ 1,708
JUNE	\$1,706,582	1,312	\$ 1,301	\$1,981,650	1,407	\$ 1,408
JULY	\$2,020,910	1,309	\$ 1,544	\$2,173,016	1,406	\$ 1,546
AUGUST	\$1,880,177	1,313	\$ 1,432	\$1,864,469	1,401	\$ 1,331
SEPTEMBER	\$1,966,513	1,313	\$ 1,498	\$2,471,346	1,411	\$ 1,751
OCTOBER	\$2,422,143	1,308	\$ 1,852	\$2,295,618	1,412	\$ 1,626
NOVEMBER	\$1,634,066	1,311	\$ 1,246	\$2,463,775	1,413	\$ 1,744
DECEMBER	\$1,833,960	1,311	\$ 1,399			#DIV/0!
<b>TOTALS</b>	<b>\$22,413,549</b>			<b>\$22,822,043</b>		
				<b>2020 Average</b>	1,417	\$1,465
				<b>2019 Average</b>	1,322	\$1,414



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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	10/01/2020 - 10/31/2020
<b>Customer:</b>	<b>NORTH MUNICIPAL EMPLOYEE INSURANCE HEALTH FUND</b>	<b>Service Dates:</b>	01/01/2011 - 10/31/2020
<b>Group / Control:</b>	00727848,00866355,S1220763	<b>Line of Business:</b>	All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$628,638.97	\$164,367.15
	\$227,748.82	\$120,490.79
	\$148,761.46	\$105,871.69
	\$258,042.43	\$96,091.74
	\$339,753.05	\$77,957.04
<b>Total:</b>	<b>\$1,602,944.73</b>	<b>\$564,778.41</b>



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

<b>Plan Sponsor Unique ID:</b>	All	<b>Paid Dates:</b>	11/01/2020 - 11/30/2020
<b>Customer:</b>	NORTH MUNICIPAL EMPLOYEE INSURANCE HEALTH FUND	<b>Service Dates:</b>	01/01/2011 - 11/30/2020
<b>Group / Control:</b>	00727848,00866355,SI220763	<b>Line of Business:</b>	All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$871,176.26	\$425,230.33
	\$244,593.52	\$88,382.58
	\$103,085.26	\$63,205.71
<b>Total:</b>	<b>\$1,218,855.04</b>	<b>\$576,818.62</b>



**Medical Claims Paid:**  
**Jan- November 2020**

Total Medical Paid per EE: **\$1,465**

**Network Discounts**

Inpatient: **68.7%**  
Ambulatory: **69.9%**  
Physician/Other: **64.7%**  
**TOTAL: 67.6%**

**Provider Network**

% Admissions In-Network: **98.0%**  
% Physician Office: **89.6%**

**Aetna Book of Business:**  
Admissions 98.1%; Physician 90.9

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

- Morristown Medical Center
- Hackensack University
- Chilton Medical Center
- Newton Medical Center
- MSK

**Catastrophic Claim Impact**  
**Jan- NOV 2020**

Number of Claims Over \$50,000: **69**  
Claimants per 1000 members: **18.6**  
Avg. Paid per Claimant: **\$132,957**  
Percent of Total Paid: **43.4%**

- Aetna BOB- HCC account for an average of **41.7%** of total Medical Cost

**Nurse Case Member Outreach:**  
**Q3 2020**

Unique Members Identified: **175**  
Outreach Opportunities Identified **221**  
Outreach in Progress: **38**  
Completed Outreach: **204**

Closed with Engagement: **79**  
Unable to Reach: **122**  
Member Declined: **3**

**Teladoc Activity: Jan 20 – NOV 20**

Total Registrations: **155**  
Total Online Visits: **165**  
Total Net Claims Savings: **\$20,394**  
Total Visits w/ Rx: **122**  
Member Satisfaction Rating / Avg.  
**73% - Outstanding , 23% Good**

**Allentown Service Center**  
**Performance: Metrics thru NOV 2020**

**Customer Service**

Call Quality: **98.3%**  
1st Call Resolution: **94.3%**  
Abandonment Rate: **1.6%**  
Avg. Speed of Answer: **36.1 sec**

**Claims Performance**

Financial Accuracy: **97.7%**  
90% processed w/in: **7.5 days**  
95% processed w/in: **12.2 days**

\*\*\*\*\*

**Performance Goals**

**Customer Service**

Call Quality: **95%**  
1st Call Resolution: **90%**  
Abandonment Rate less than: **2.5%**  
Average Speed of Answer: **30 sec**

**Claims Performance**

Financial Accuracy: **99%**

**Turnaround Time**

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

proprietary





**2020 SNJ HIF**

		<b>MEDICAL CLAIMS PAID 2020</b>	<b>TOTAL</b>	<b># OF EES</b>	<b>PER EE</b>
<b>JANUARY</b>		\$ 124,253.00	\$ 124,253.00	135	\$ 920.39
<b>FEBRUARY</b>		\$ 163,740.17	\$ 163,740.17	135	\$ 1,212.89
<b>MARCH</b>		\$ 115,953.08	\$ 115,953.08	135	\$ 858.91
<b>APRIL</b>		\$ 255,467.18	\$ 255,467.18	135	\$ 1,892.34
<b>MAY</b>		\$ 181,114.61	\$ 181,114.61	135	\$ 1,341.58
<b>JUNE</b>		\$ 147,203.50	\$ 147,203.50	135	\$ 1,090.39
<b>JULY</b>		\$ 92,020.36	\$ 92,020.36	142	\$ 648.03
<b>AUGUST</b>		\$ 98,771.91	\$ 98,771.91	142	\$ 695.57
<b>SEPTEMBER</b>		\$ 94,904.00	\$ 94,904.00	138	\$ 687.71
<b>OCTOBER</b>		\$ 103,050.79	\$ 103,050.79	137	\$ 752.18
<b>NOVEMBER</b>		\$ 129,893.21	\$ 129,893.21	137	\$ 948.12
<b>DECEMBER</b>		\$ 350,638.54	\$ 350,638.54	138	\$ 2,540.85
<b>TOTALS</b>		\$ 1,857,010.35	\$ 1,857,010.35		\$ 1,132.41
			<b>2020 Average</b>	137	\$ 1,132.41
			<b>2019 Average</b>	135	\$1,361



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

<b>Group:</b>	Southern New Jersey HIF	<b>Service Dates:</b>	-
<b>Paid Dates:</b>	12/1/20 thru 12/31/20	<b>Line of Business:</b>	All
<b>Network Service</b>	ALL	<b>Product Line:</b>	All

Claimant	Paid	Diagnosis
1	\$175,694.42	Cancer of the Uterus and Cervix
2		
3		
4		
5		

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**SOUTHERN NEW JERSEY HIF - 0002096174**

**Claims Paid between 3/1/2020 and 1/19/2021**

**COVID19 Claims currently are consider to be claims with Procedure codes**

**'U0001','U0002','G2023','G2024','87635','86328','86769','U0003','U0004','C9803','G2025','0202U','E0445','87426','0223U','0224U','86408','86409','0225U','0226U','86413','99072','0240U','0241U','87636','87637','87811','0001A','0002A','0011A','0012A','91300','91301','Q0239','M0239','87428','Q0243','M0243' or a Dx Code of**

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	2	3	\$245.36	\$81.79	\$4.72
1-5	6	12	\$1,434.85	\$119.57	\$6.21
6-18	13	33	\$5,257.97	\$159.33	\$10.60
19-25	16	30	\$3,822.14	\$127.40	\$8.15
26-39	21	61	\$12,049.46	\$197.53	\$16.48
40-64	36	71	\$12,890.04	\$181.55	\$10.05
65+	5	13	\$347.61	\$26.74	\$2.59
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	49	123	\$22,722.18	\$184.73	\$15.03
Spouse	17	30	\$3,439.45	\$114.65	\$5.06
Dependent	32	70	\$9,885.80	\$141.23	\$8.22

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	55	131	\$17,472.34	\$133.38	\$10.06
Male	43	92	\$18,575.09	\$201.90	\$11.20
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
FL	1	1	\$100.00	\$100.00	\$16.67
NJ	97	222	\$35,947.43	\$161.93	\$10.66

**Summary by Service Type - Outpatient and Professional Claims**

**Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed**

<b>SRVC TP DSC</b>	<b>CLAIMANT COUNT</b>	<b>CLAIM COUNT</b>	<b>NET PAY</b>	<b>COST PER CLAIM</b>	<b>COST PMPM</b>
Emergency Room	4	4	\$4,271.33	\$1,067.83	\$1.26
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	12	20	\$1,296.50	\$64.82	\$0.38
Pathology (Laboratory)	77	122	\$10,276.69	\$84.24	\$3.03
Telemedicine	23	27	\$2,287.20	\$84.71	\$0.67
Urgent Care	28	36	\$6,633.33	\$184.26	\$1.95

**Inpatient Cost and Utilization by Age Band**

<b>AGE BAND</b>	<b>CLAIMANT COUNT</b>	<b>CLAIM COUNT</b>	<b>ADM CNT</b>	<b>NET PAY</b>	<b>ADM PER 1000</b>	<b>COST PER ADM</b>	<b>COST PMPM</b>	<b>AVG LOS</b>
<1	0	0	0	\$0.00	0	\$0.00	\$0.00	0
1-5	0	0	0	\$0.00	0	\$0.00	\$0.00	0
6-18	0	0	0	\$0.00	0	\$0.00	\$0.00	0
19-25	0	0	0	\$0.00	0	\$0.00	\$0.00	0
26-39	0	0	0	\$0.00	0	\$0.00	\$0.00	0
40-64	1	1	1	\$6,064.93	9.6	\$6,064.93	\$4.73	1
65+	0	0	0	\$0.00	0	\$0.00	\$0.00	0
Unknown	0	0	0	\$0.00	0	\$0.00	\$0.00	0

**TOP PROVIDERS(TOP 25 BY NET PAYMENT)**

<b>PROVIDER NAME</b>	<b>CLAIMANT COUNT</b>	<b>CLAIM COUNT</b>	<b>NET PAY</b>	<b>COST PER CLAIM</b>	<b>COST PMPM</b>
Inspira Medical Center Mullica Hill	4	5	\$6,652.03	\$1,330.41	\$1.96
THE COUNSELING AND CRITICAL INCIDENT DEBRIEFING CENTER LLC	1	13	\$4,847.48	\$372.88	\$1.43
Labcorp Raritan	42	50	\$4,564.20	\$91.28	\$1.34
PROHEALTH CARE ASSOC LLP	13	19	\$3,645.00	\$191.84	\$1.07
Alfred I Dupont Institute	2	3	\$2,714.62	\$904.87	\$0.80
KENNEDY UNIVERSITY HOSPITAL GAC	7	7	\$2,007.21	\$286.74	\$0.59
ACUTIS DIAGNOSTICS INC	4	5	\$1,166.81	\$233.36	\$0.34
Hackensack University Medical Group PC	5	6	\$1,024.80	\$170.80	\$0.30
Cooper University Hospital	12	14	\$774.54	\$55.32	\$0.23
Cooper Care Now	4	4	\$759.00	\$189.75	\$0.22
AtlantiCare Physician Group	2	2	\$586.00	\$293.00	\$0.17
Inspira Health Network Medical Group	5	6	\$518.59	\$86.43	\$0.15
Advocare Pediatric Urgent Care	3	3	\$510.00	\$170.00	\$0.15
PM Pediatrics of Livingston	3	3	\$455.00	\$151.67	\$0.13
Quest Diagnostics Inc	6	6	\$452.62	\$75.44	\$0.13
Leap Health and Wellness Center LLC	3	8	\$410.90	\$51.36	\$0.12
Premier Orthopaedic and Sports Med Assoc of Southern NJ LLC	2	6	\$404.44	\$67.41	\$0.12
Penn Family and Internal Medicine Mt Laurel	1	3	\$391.32	\$130.44	\$0.12
Accu Reference Medical Lab	2	2	\$360.00	\$180.00	\$0.11
Patient First Maryland Physicians Group Pc	2	2	\$337.00	\$168.50	\$0.10
GENESIS LABORATORY MANAGEMENT	1	1	\$300.00	\$300.00	\$0.09
Accurate Diagnostic Labs	2	2	\$300.00	\$150.00	\$0.09
Advocare West Deptford Pediatrics	5	6	\$292.49	\$48.75	\$0.09
Advocare Gloucester County Pediatrics	2	3	\$208.79	\$69.60	\$0.06
THERANOSTIX INC	1	1	\$200.00	\$200.00	\$0.06



**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	3,780	3,776	3,779	3,771	3,756	3,754	3,760	3,734	3,751	3,740	3,742	3,776
Total Days	169,970	150,658	179,452	500,080	156,055	145,520	155,440	457,015	158,385	146,270	159,965	464,620	149,628	143,870	162,071	455,569	1,877,284
Total Patients	1,624	1,518	1,538	2,295	1,333	1,288	1,317	1,927	1,409	1,341	1,378	2,024	1,327	1,289	1,359	1,962	2,810
Total Plan Cost	\$580,262	\$664,774	\$676,969	\$1,922,005	\$584,910	\$662,499	\$526,766	\$1,774,175	\$748,422	\$639,385	\$551,083	\$1,938,890	\$773,236	\$544,801	\$564,387	\$1,882,424	\$7,517,495
Generic Fill Rate (GFR) - Total	84.1%	83.8%	82.9%	83.6%	81.9%	82.0%	83.7%	82.6%	83.7%	84.2%	83.4%	83.8%	84.1%	83.4%	84.2%	83.9%	83.5%
Plan Cost PMPM	\$149.21	\$175.49	\$178.43	\$167.55	\$154.74	\$175.26	\$139.50	\$156.51	\$198.47	\$170.23	\$146.80	\$171.87	\$207.08	\$145.24	\$150.91	\$167.70	\$165.90
% Change Plan Cost PMPM	-6.7%	7.4%	33.6%	10.0%	-2.9%	6.6%	-2.9%	0.5%	26.8%	-4.8%	-1.0%	6.6%	32.0%	-23.8%	-8.4%	-1.8%	3.7%
Total Specialty Plan Cost	\$163,972	\$244,876	\$199,958	\$608,805	\$186,919	\$298,965	\$144,888	\$630,772	\$277,796	\$255,041	\$119,411	\$652,248	\$375,379	\$151,239	\$167,221	\$693,840	\$2,585,666
Specialty % of Total Specialty Plan Cost	28.3%	36.8%	29.6%	31.7%	32.0%	45.1%	27.5%	35.6%	37.1%	39.9%	21.7%	33.6%	48.5%	27.8%	29.6%	36.9%	34.4%

PMPM	
Jan - Dec 2019	\$160.01
Jan - Dec 2020	\$165.90
<b>Trend</b> Jan - Dec 2020	3.7%



**RESOLUTION NO. 1-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
AWARDING PROFESSIONALS FEES FOR FUND YEAR 2021**

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

**WHEREAS**, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

**WHEREAS**, the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following appointments and contract awards be and are hereby made for 2021:

- I. **PERMA Risk Management Services as Administrator (as subsidiary of Conner Strong and Buckelew)**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$8.85 per employee, per month will be expended to the Administrator. The estimated annual amount of \$303,643 has been appropriated in the Administrator Line Item of the 2021 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager** \$20.29 per medical employee, per month; \$6.14 per prescription employee, per month; \$2.75 per dental employee, per month; and \$0.36 per medical employee per month for Health Care Reform changes will be expended in connection with the Program Manager in 2021. Estimated annual amount of \$787,661 has been appropriated in the **Program Manager** Line Item of the 2021 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$47.82 per employee, per month will be expended to the third party administrator. The estimated annual amount of \$899,207 has been appropriated in the Medical TPA Line Item of the 2021 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$42.00 per medical employee, per month will be expended to the TPA with the exception of the CCBOSS members which is \$43.00 per employee per month, with the reduction of \$1.25 per employee, per month for wellness/marketing

credit for all groups. The estimated annual amount of \$67,617 has been appropriated in the Medical TPA Line Item of the 2021 budget.

- V. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$67,167 has been appropriated in the Dental TPA Line Item of the 2021 budget.
- VI. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Actuary**. The annual amount of \$11,000 has been appropriated in the Actuary Line Item of the 2021 budget.
- VII. **J. Kenneth Harris, Esq.** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$21,728.00 has been appropriated in the Attorney Line Item of the 2021 budget. The Fund Attorney will also be paid \$230 an hour for plan document preparation at an amount not to exceed \$15,000 during the contract term.
- VIII. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$16,400 has been appropriated in the Auditor Line Item of the 2021 budget.
- IX. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at per employee per month amount below. The annual amount of \$1,180,524 has been appropriated for this Line Item of the 2021 budget.

CompanyName	Premium	Carrier
Borough of Barrington	\$ 423	AETNA - MA
Borough of Barrington	\$ 749	AETNA - MAPDP
Borough of Barrington	\$ 625	AETNA - MA
Borough of Bellmawr	\$ 640	AETNA - MAPDP
Borough of Gibbsboro	\$ 542	AETNA - MAPDP
Gloucester City	\$ 505	AETNA - MAPDP
Haddonfield Borough	\$ 341	AETNA - MA
Haddonfield Borough	\$ 571	AETNA - MAPDP
Haddonfield Borough	\$ 435	AETNA - MAPDP
Borough of Mount Ephraim	\$ 659	AETNA - MAPDP
Borough of Paulsboro	\$ 478	AETNA - MAPDP
Pine Hill Borough	\$ 495	AETNA - MAPDP
Borough of Pitman	\$ 467	AETNA - MAPDP
Borough of Runnemede	\$ 602	AETNA - MAPDP
Borough of Haddon Heights	\$ 386	AETNA - MAPDP
Mantua Tonwship	\$ 348	AETNA - MAPDP

- X. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider in the amount of \$340 per member, per month. The

annual amount of \$1,990,332 has been appropriated for this Line Item of the 2021 budget.

- XI. **Michael Zambito** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$6,061 has been appropriated in the Treasurer Line Item of the 2021 budget.
- XII. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$9,250.86 has been appropriated in the Treasurer Line Item of the 2021 budget.

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054;

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

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

**RESOLUTION NO. 2-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
RESOLUTION AWARD OF CONTRACT  
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

**NOW, THEREFORE, BE IT RESOLVED** that the following insurance contracts be awarded for the periods of January 1, 2021 through December 31, 2021:

- Medical Third Party Administrator – Aetna
- Medical Third Party Administrator – AmeriHealth
- Dental Third Party Administrator – Delta Dental
- Medicare Advantage and Employer Group Waiver Program Provider – Aetna
- Medicare Advantage and Employer Group Waiver Program Provider – United Healthcare

**BE IT FURTHER RESOLVED** that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

**BE IT FURTHER RESOLVED** that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

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

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

TO: Members of the Southern New Jersey Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 25, 2021  
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

---

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

Firms: Aetna Medicare Advantage, Aetna, Amerihealth, Delta Dental, United Healthcare  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical and Prescription Medicare provider services for the Southern New Jersey Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

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

For Aetna, Amerihealth and Delta Dental:

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

For Medicare Advantage for Aetna and United Healthcare

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

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

N.J.S.A. 40A:11-5(1)(m).

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

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

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

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**RESOLUTION NO. 3-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2021**

**BE IT RESOLVED** by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2021 or until its successor has been appointed and qualified.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

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

**RESOLUTION NO. 4-21**

**RESOLUTION OF THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that \_\_\_\_\_, the Secretary of the Southern New Jersey Regional Employee Benefits Fund is hereby designated as the custodian of the Fund records which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

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

**RESOLUTION NO. 5-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING  
THE BURLINGTON COUNTY TIMES AND THE COURIER POST  
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2021**

**BE IT RESOLVED** by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that the Burlington County Times and The Courier Post are hereby designated as the official newspapers for the Southern New Jersey Regional Employee Benefits Fund for the year 2021 and that all official notices required to be published shall be published in the Burlington County Times, The Courier Post and the Fund Website ([www.snjrbf.com](http://www.snjrbf.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Southern New Jersey Regional Employee Benefits Fund shall give notice of said meetings to the Burlington County Times, the Courier Post and the Fund Website ([www.snjrbf.com](http://www.snjrbf.com))

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIR**

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

**RESOLUTION NO. 6-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2021**

**WHEREAS**, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

WHEREAS, pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

WHEREAS, a local public body may hold a remote public meeting to conduct public business during a declared emergency if the emergency reasonably prevents a local public body from safely conducting public business at a physical location with members of the public present.

WHEREAS, a declared State of Emergency currently exists which reasonably prevents the Southern New Jersey Regional Employee Benefits Fund (the "Fund") from safely conducting public business at a physical location with members of the public present so until further notice is provided, and in lieu of the public meetings that would be held on the dates and locations set forth below, the Fund will conduct a remote public meeting on the dates and times set forth below and the public shall have the opportunity to participate in the meeting in the same capacities as members and staff of the Fund.

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that the Fund shall hold remote public meetings during the year 2021 while a declared State of Emergency exists on the dates and times set forth below and once State of Emergency no longer exists, at the following rotating locations:

February 22, 2021	Haddon Township	6:00 PM
March 22, 2021	Gloucester City Community Center	6:00 PM
April 26, 2021	Cherry Hill Fire District	6:00 PM
May 24, 2021	Voorhees Township	6:00 PM
June 28, 2021	Haddonfield Borough	6:00 PM
July 26, 2021	Pine Hill Borough	6:00 PM
August 23, 2021	Mt. Ephraim Charles Dougherty Sr. Center	6:00 PM
September 27, 2021	Bellmawr Borough	6:00 PM
October 25, 2021	Berlin Township Marion Consalvi Sr. Center	6:00 PM
November 22, 2021	Collingswood Community Center	6:00 PM
January 24, 2022	Berlin Borough Municipal Hall	6:15 PM

**BE IT FURTHER RESOLVED** that the public can find information about how to access the remote public meeting at the following link: [https:// /snjrbf.com/meeting-information/](https://snjrbf.com/meeting-information/).

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Burlington County Times, the Courier Post and listed on the Fund Website ([www.snjrbf.com](http://www.snjrbf.com))

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

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

**ATTEST:**

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

## RESOLUTION NO. 7-21

### SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

#### 2021 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

The SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND's economic surplus.

2.) Permissible Investments

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage

backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.

- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) **Authorized Depositories**

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

- Investors Bank
- Parke Bank
- Republic Bank
- Oceans First
- William Penn Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through Wilmington Trust and other asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the Executive Committee at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any such assessment.

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**ADOPTED: JANUARY 25, 2021**

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

**ATTEST:**

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

**RESOLUTION NO. 8-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

**BE IT RESOLVED** by the Southern New Jersey Regional Employee Benefits Fund that all funds of the Southern New Jersey Regional Employee Benefits Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

- |                                  |  |
|----------------------------------|--|
| _____                            | - Chairman                               |
| _____                            | - Secretary                              |
| Terry Shannon                    | - Fund Commissioner                      |
| Michael Zambito                  | - Fund Treasurer                         |
| Kenneth Verrill/Lorraine Verrill | - Deputy Treasurer (one, but never both) |

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

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

**ATTEST:**

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

**RESOLUTION NO. 9-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**2021 RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2021**

**Adopted: JANUARY 25, 2021**

**NOW, THEREFORE, BE IT RESOLVED** that the following shall be the Fund's Risk Management Plan for the 2021 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 \$400,000 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. 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.

**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.

Fully insured plans are not considered in surplus retention. Entities with only Medicare Advantage/Employer Group Waiver Programs are not included in closed year balance shares.

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/](mailto: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.) MEDICARE ADVANTAGE/EGWP ONLY**

The Fund may offer retiree coverage with a fully insured Medicare Advantage and/or Employer Group Waiver Program membership to an entity that does not have its active members in the Fund. The carrier will provide the Fund with a per employee, per month cost for a plan that matches equal to, or better to the current retiree plan. The Fund may add additional expenses to the price per employee. The entity would be required to sign an Indemnity and Trust agreement.

**ADOPTED: January 25, 2021**

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

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

**RESOLUTION NO. 10-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONER TO  
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS**, The Southern New Jersey Regional Employee Benefits Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS**, by virtue of the conditions of membership contained in the by-laws of the fund, the Southern New Jersey Regional Employee Benefits Fund must appoint a Fund Commissioner, and an Alternate;

**WHEREAS**, each year the position of a Special Commissioner to the Fund is rotated by the local Funds, the Southern New Jersey Regional Employee Benefits Fund will provide this position in 2021;

**NOW THEREFORE BE IT RESOLVED**, Southern New Jersey Regional Employee Benefits Fund as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
2. That \_\_\_\_\_ is hereby appointed as Alternate.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

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

**ATTEST:**

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

**RESOLUTION NO. 11-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

**WHEREAS**, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**BE IT RESOLVED** by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2021.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED** by Southern New Jersey Regional Employee Benefits Fund at a properly noticed meeting held on January 25, 2021.

**ADOPTED: January 25, 2021**

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

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

**RESOLUTION NO. 12-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS**, The Southern New Jersey Regional Employee Benefits Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

**WHEREAS**, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED**, that the Southern New Jersey Regional Employee Benefits Fund establishes the following producer plan for 2021;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract promulgated by the Program Manager and approved by the Fund.
3. The following sub-producers with the designated compensation levels are approved for 2021:

Member Name	Broker	2021 Fee pepm
Franklin Township	Assured Partners	\$42.66
Township of Bordentown	CBIZ	\$30.14
Township Maple Shade	CBIZ	\$72.73
Borough of Somerdale	Cherry Hill Benefits	\$37.30
North Hanover Township	EJA/Capacity Benefits	\$3.21
Haddon Heights Borough	Hardenbergh Insurance	\$11.13
Mantua Township	Hardenbergh Insurance	\$47.65
Borough of Westville	Hardenbergh Insurance	\$40.60
Borough of Paulsboro	Steve Anuszewski	\$69.21
Gloucester City	Brown & Brown Metro Inc.	\$7.60

4. This schedule may be amended upon written notification of each listed member entity.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

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

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

**RESOLUTION NO. 13-21**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE DECEMBER 2020 AND JANUARY 2021 BILLS LISTS**

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **January 25, 2021** 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 December 2020 and January 2021 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 December 2020 and January 2021 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: JANUARY 25, 2021**

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

**ATTEST:**

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

# APPENDIX I

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
OPEN MINUTES  
NOVEMBER 23, 2020  
ZOOM MEETING  
5:45 PM**

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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	Present
Terry Shannon	Borough of Barrington	Present
Jack Lipsett	Gloucester City	Present
Neal Rochford	Haddonfield	Present
Edward Hill	CCBOSS	Present
Robert Maybury	Mt. Holly MUA	Present

**APPOINTED PROFESSIONALS PRESENT:**

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

**PRESENT FUND COMMISSIONERS AND PROFESSIONALS:**

Joe Madera

Robert Weil  
 Sarah Scala  
 Suzanne Wood

**APPROVAL OF MINUTES:                      October 26, 2020 Open**

**MOTION TO APPROVE OPEN MINUTES OF OCTOBER 26, 2020:**

Moved:                      Commissioner Wolk  
 Second:                     Commissioner Shannon  
 Vote:                         Unanimous

**CORRESPONDENCE - None**

**EXECUTIVE DIRECTOR’S REPORT**

**FINANCIAL FAST TRACK** - Executive Director said the Fast Track through September 30<sup>th</sup> was \$1 million under budget.

**DIVIDEND** - Executive Director said unfortunately the finance committee was not able to meet due to scheduling however as was discussed at the last meeting, some groups in the Fund received higher than anticipated increases this year, particularly for groups with only medical in the Fund. There have been a few requests to revisit the release of another dividend. She said there is a little bit over \$6 million available to release at this time. She said an illustration for 1/2 and 1/3 of the available amount is included. Chair Mevoli said the Fund should still remain conservative as we are not out of the woods yet with Covid. He said he recommends a flat \$3 million. The Committee discussed and agreed with the recommendation of \$3 million.

<b>SNJ HIF Dividend Analysis</b>	
	<b>2 Month Target</b>
Surplus Target	\$ 6,136,015
Surplus as of 9/30/2020	\$ 13,606,775
<b>Available</b>	<b>\$ 6,472,359</b>
Paid in 2015	\$ 750,000
Paid in 2016	\$ 1,500,000
Paid in 2017	\$ 3,649,475
Paid in 2018	\$ 3,650,000
Paid in 2019	\$ 4,079,620
Paid in 2020	\$ 3,000,000
Illustration - Pay 1/3rd of Available	\$ 2,157,453
Illustration - Pay 1/2 of Available	\$ 3,236,179

Dividend Illustration as of 09/30/2020	1/3 of available balance		1/2 of available balance		
	\$2,157,453.00	Balance		\$3,236,179.00	Balance
Barrington	\$63,812.00	\$63,812.00		\$95,717.00	\$95,717.00
Bellmawr	\$148,166.00	\$148,166.00		\$222,248.00	\$222,248.00
BERLIN	\$1,080.00	\$1,080.00		\$1,619.00	\$1,619.00
Bordentown	\$61,150.00	\$61,150.00		\$91,724.00	\$91,724.00
Brooklawn	\$21,419.00	\$21,419.00		\$32,129.00	\$32,129.00
CAMDEN COUNTY BOARD OF SOCIAL SERVICES	\$716,423.00	\$716,423.00		\$1,074,640.00	\$1,074,640.00
Chesilhurst Borough	\$4,925.00	\$4,925.00		\$7,387.00	\$7,387.00
Franklin	\$45,917.00	\$0.00		\$68,875.00	\$0.00
Gibbsboro	\$12,120.00	\$12,120.00		\$18,180.00	\$18,180.00
Gloucester City	\$173,972.00	\$173,972.00		\$260,957.00	\$260,957.00
HADDON HEIGHTS	\$98,340.00	\$98,340.00		\$147,511.00	\$147,511.00
Haddonfield Borough	\$146,139.00	\$146,139.00		\$219,209.00	\$219,209.00
Lindenwold	\$6,011.00	\$6,011.00		\$9,016.00	\$9,016.00
LUMBERTON TOWNSHIP	\$34,996.00	\$34,996.00		\$52,494.00	\$52,494.00
Magnolia	\$27,668.00	\$27,668.00		\$41,502.00	\$41,502.00
Mansfield	\$5,654.00	\$5,654.00		\$8,482.00	\$8,482.00
MANTUA TOWNSHIP	\$66,678.00	\$66,678.00		\$100,017.00	\$100,017.00
Maple Shade	\$59,788.00	\$59,788.00		\$89,681.00	\$89,681.00
Medford Lakes	\$3,190.00	\$3,190.00		\$4,785.00	\$4,785.00
Merchantville	\$15,679.00	\$15,679.00		\$23,518.00	\$23,518.00
Mount Ephraim	\$57,768.00	\$57,768.00		\$86,652.00	\$86,652.00
MT. Holly MUA	\$61,272.00	\$61,272.00		\$91,908.00	\$91,908.00
North Hanover Township	\$528.00	\$528.00		\$792.00	\$792.00
Paulsboro	\$55,900.00	\$55,900.00		\$83,850.00	\$83,850.00
Pennsauken Township	\$10,142.00	\$10,142.00		\$15,213.00	\$15,213.00
Pine Hill Borough	\$48,245.00	\$48,245.00		\$72,367.00	\$72,367.00
Pitman	\$51,422.00	\$51,422.00		\$77,133.00	\$77,133.00
Runnemede	\$62,710.00	\$62,710.00		\$94,065.00	\$94,065.00
Somerdale	\$28,455.00	\$28,455.00		\$42,683.00	\$42,683.00
WATERFORD	\$463.00	\$0.00		\$695.00	\$0.00
Wenonah	\$16,151.00	\$16,151.00		\$24,226.00	\$24,226.00
Westville	\$16,126.00	\$16,126.00		\$24,189.00	\$24,189.00
Willingboro	\$606.00	\$606.00		\$909.00	\$909.00
Winslow Township Fire District #1	\$25,950.00	\$25,950.00		\$38,924.00	\$38,924.00
Lawnside	\$8,588.00	\$0.00		\$12,882.00	\$0.00
	<b>\$2,157,453.00</b>	<b>\$2,102,485.00</b>		<b>\$3,236,179.00</b>	<b>\$3,153,727.00</b>

\*\* balance column = dividend less assessment receivable

## NEW MEMBERS

Executive Director said as was mentioned in previous meetings Winslow Township, Gloucester Township and Haddon Heights are joining or adding new lines of coverage into the Fund. Resolution 30-20 approves these members and is included in the consent agenda.

1. Winslow Twp - Current dental member. Adding Medicare Advantage through United HealthCare on January 1, 2021

2. Gloucester Twp – New Member adding dental through Delta Dental on January 1, 2020
3. Haddon Heights – Current medical member. Adding prescription coverage through Express Scripts on January 1, 2021

### **EUS CONTRACT RESOLUTION**

Executive Director said for State filing and regulatory purposes, Resolution 31-20 awarding the EUS contracts for 2021 and EUS (Extraordinary Unspecified Services) Certifications are included in the consent agenda for approval.

### **AUDITOR CONTRACT RESOLUTION**

Executive Director said at the last meeting, the Executive Committee voted to award a contract to the incumbent, Bowman & Company LLC, for the 2021 and 2022 Fund year. Resolution 32-20 approving this contract is included in the consent agenda.

### **INDEMNITY AND TRUST AGREEMENTS**

Executive Director said in order to be in compliance with the Fund bylaws all members should have a current indemnity & trust agreement with the Fund that also needs to be filed with the State. Please reach out to [kkamprath@permainc.com](mailto:kkamprath@permainc.com) for a blank form and resolution to renew membership to be executed.

### **OPEN PUBLIC MEETINGS ACT - REMOTE MEETING CHANGES**

Executive Director said there were some updates to the Open Public Meetings act and the following changes are recommended by the Fund Attorney to consider for Zoom meetings. Resolution 34-20 formalizes these changes.

1. Adopt via a resolution standard procedures and requirements for public comment (included in consent)
2. Prepare standard notice of meeting which is to contain clear & concise instructions for public access to the meeting, how to submit public comment and where the agenda/meeting documents can be found
3. Revise the annual meeting notice to state that due to the Governor's State of Emergency Declaration that meetings will be conducted as remote meetings until further notice;
4. Post copies of each meeting notice and the revised annual meeting notice on the Fund's website and on the door to the main public entrance of the municipality where the in person meeting would have been held & on the main handicapped access door;
5. Have a link on the meeting notice or on the Fund website near where the meeting notice is posted for the download of the meeting agenda by the public;
6. Prepare a standard form of announcement to be read at the beginning of each remote meeting that adequate & electronic notice of the remote meeting was provided, stating the time, place and manner in which the notice was provided.

In response to Commissioner Shannon, Fund Attorney said the Meeting notice as revised should be read at the beginning of every meeting. In response to Commissioner Shannon, Commissioner Hill said it can also depend on the platform being used for the meeting.

## **PROGRAM MANAGERS REPORT** **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:

November 18, 2020.

## **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](mailto: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](mailto:brokerservices@permainc.com).

## **CONNER STRONG COVID-19 RESOURCES**

Conner Strong & Buckelew has compiled a database of COVID-19 resources available to our clients. To access the resource center please use the link below.

- Link-<https://www.connerstrong.com/insights/covid-19-resource-center/>

## **UNITEDHEALTHCARE UPDATE**

**Retiree Mailing-** Program Manager said United Healthcare is reaching out to retirees who are enrolled in a UHC Medicare Advantage Plan to update member contact information. In an effort to increase member engagement on clinical programs, such as *HouseCalls* and *Just Checking In* the attached letter is being mailed to retirees who do not have a phone number or email registered to their account.

**UHC Medicare Advantage Annual Re-card-** Program Manager said United Healthcare re-cards their Medicare Advantage plan annually, so all individuals enrolled in a Medicare Advantage plan will receive a new ID card for 2021. The Fund was advised that the cards are currently in the mail to members so they should be receiving them within the next few weeks. Please know there will be no noticeable difference on the new ID cards

## **LEGISLATIVE UPDATES**

Program Manager said there are 2 updates for executive order 172 and 192.

1. **Executive Order #172** – In previous meetings we reported on EO #172. EO #172 allowing entities in the State Health Benefit Plan (SHBP) to waive the normal waiting period for new hires, allowing them to enroll in health benefits upon date of hire. As of 11/13/2020, 4 total groups have submitted an amendment to the plan documents to waive the waiting period.
2. **Executive Order #192**- On October 27, 2020, Governor Phil Murphy signed **Executive Order #192** which requires all New Jersey public and private employers institute mandatory health and safety protocols to protect workers and their families from COVID-19 exposures. The Executive Order also directs NJDOL to provide compliance and safety training for employers and employees. For more information please review the attached brief from the MEL JIF.

**Expansion of NJ Infertility Mandate**

Program Manager provided an updated on Senate bill 2133 and Assembly bill 5508.

1. **NJ Senate Bill #2133**- Earlier this year, NJ Senate bill 2133 expanded the NJ Infertility Mandate as follows:
  - Requires coverage for *standard fertility preservation services* when a medically necessary treatment directly or indirectly causes *iatrogenic infertility*.
    - *Iatrogenic infertility*- impairment of fertility caused by surgery, radiation, chemotherapy, or other medical treatment.
    - *Standard fertility preservation services* -procedures consistent with established medical practices and professional guidelines published by the American Society for Reproductive Medicine, The American Society of Clinical Oncology, or as defined by the New Jersey Department of Health.
  - Additional clinical information may be found at:
    - <https://www.reproductivefacts.org/news-and-publications/patient-fact-sheets-and-booklets/documents/fact-sheets-and-info-booklets/female-cancers-cryopreservation-and-fertility/>
    - <https://connection.asco.org/magazine/society/asco-university%C2%AE-debuts-new-fertility-preservation-resources>
2. **NJ Assembly Bill 5508**- In 2020, NJ passed legislation that adds coverage for male sterilization at 100% for ACA and non-ACA compliant plans. Previously, only female sterilization was covered at 100%. This coverage change will become effective upon the 1/1/2021 renewal for the Fund.

Program Manager said they will be work with the Risk Managers on these.

**ADMINISTRATIVE AUTHORIZATIONS**

There are currently no administrative authorizations to report.

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

**November 2020 - Resolution 35-20**

<b>FY2020</b>	<b>\$615,540.23</b>
<b>Total</b>	<b>\$615,540.23</b>

**November 2020 - Dividend Payments**

<b>FYCLOSED</b>	<b>\$64,805.02</b>
<b>Total</b>	<b>\$64,805.02</b>

**MOTION TO APPROVE RESOLUTION 35-20 AND THE REMAINDER OF THE TREASURERS REPOR:**

Moved: Commissioner Shannon  
Second: Commissioner DiAngelo

**FUND ATTORNEY:** Fund Attorney said covid.nj.gov has list of testing sites that do not require a prescription. He also said in general indoor meetings should be limited to 10 people with face coverings and social distancing. He said the governor extended the public emergency for another 30 days. He said HSA contributions will increase to \$3,600 for single and \$7,200 for families.

**AETNA:** Mr. Silverstein said the average pepm for September was \$1,258. He said there were 2 claimants over \$50,000 for September. He said all metrics continue to perform well. He reviewed the Covid reporting for the week of November 8<sup>th</sup>. He said Camden and Atlantic Counties in NJ are now on the high risk list.

**AMERIHEALTH:** Ms. Strain said the average pepm for October was \$752.18. She said there were no claims over \$50,000. She reviewed the Covid reporting included with the agenda. She said numbers have slightly increased in terms of the covid net payment.

**EXPRESS SCRIPTS:** Mr. Colalillo said the 2020 trend is up 6.9% which is mostly due to specialty costs. He reviewed the covid reports distributed with the agenda. He said there are a few new treatments including regeneron.

**DENTAL ADMINISTRATOR:** None

**MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES RESOLUTIONS 30-20, 31-20, 32-20, 33-20 REVISED TO INCLUDE THE AMOUNT OF \$3 MILLION, 34-20 and 35-20 :**

Moved: Commissioner Shannon  
Second: Commissioner Lipsett  
Vote: 8 Ayes, 0 Nays

**OLD BUSINESS:** None

**NEW BUSINESS:** The January meeting will be advertised for a 6:15 pm start.

**PUBLIC COMMENT:** None

**MOTION TO ADJOURN:**

Moved:	Commissioner Shannon
Second:	Commissioner Maybury
Vote:	Unanimous

**MEETING ADJOURNED:**

**NEXT MEETING: JANUARY 25, 2021**

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Karen Kamprath , Assisting Secretary  
for

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**JOSEPH WOLK, SECRETARY**