

Southern Jersey ^{FUND}



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS
JANUARY 24, 2022
CONFERENCE CALL
6:15 PM**

Join Zoom Meeting

<https://permainc.zoom.us/j/99124391172>

Meeting ID: 991 2439 1172

Dial by your location

+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington D.C.)
+1 312 626 6799 US (Chicago)

Meeting ID: 991 2439 1172

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Governor Murphy declared both a Public Health Emergency and State of Emergency in New Jersey by Executive Order Number 103 dated March 9, 2020. On June 4, 2021 by Executive Order Number 244, the Public Health Emergency was terminated but the State of Emergency continues in force. During a period declared as a State of Emergency local public bodies may conduct Remote Public Meetings by use of electronic communications technology

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 24, 2022
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 2021 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: November 22, 2021

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 2021 FUND COMMISSIONERS

MEMBER ENTITY	COMMISSIONER/CONTACT
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	Steve Whalen
North Hanover Twp	Mary Picariello
Brooklawn	Michael Mevoli
Pitman	Michael Razze
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	Patrick Keating
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

Edward Hill, Executive Committee Member

Robert Maybury, Executive Committee Member

Gary Passanante, Executive Committee Member

Brian Morrell, Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2022 EXECUTIVE COMMITTEE

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 9

TREASURER - (Verrill & Verrill)

December 2021 Voucher List (Resolution 12-22) Page 13

Treasurers Report Page 16

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY - (J. Kenneth Harris)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

Monthly Report..... Page 19

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)

Monthly Report..... Page 32

PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly Report..... Page 39

DENTAL ADMINISTRATOR - (Delta Dental)

Monthly Report

CONSENT AGENDA Page 41

Resolution 1-22: Award of Professional Fees for 2022	Page 42
Resolution 2-22: Designation of Service of Process	Page 45
Resolution 3-22: Designation of Secretary as Custodian of Records	Page 46
Resolution 4-22: Designation of Official Newspaper	Page 47
Resolution 5-22: Designation of Regular Meeting Times and Place.....	Page 48
Resolution 6-22: Designation of Bank Depositories & CMP	Page 50
Resolution 7-22: Designation of Authorized Signatories	Page 54
Resolution 8-22: Approval of Risk Management Plan.....	Page 55
Resolution 9-22: Appointment of MRHIF Fund Commissioners	Page 66
Resolution 10-22: Authorizing Treasurer to Process Payments	Page 67
Resolution 11-22: Compensating Producers.....	Page 68
Resolution 12-22: Approval of the December 2021 Bills List	Page 69

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 24, 2022

PERMA UPDATE

Paul Laracy has retired from the position as of 12/31/2021 and will be working part time in an advisory role. Brandon Lodics will be executive director with Emily and Jordyn as direct reports as well as working closely with the entire PERMA team. Brandon has served as the Program Manager for the last 7 years and has spent considerable time over the last 18 months becoming versed in his new role.

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of November 30, 2021 (page 4)

2022 REORGANIZATION

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

- #5-22 – This resolution sets the meeting dates for 2022, please note there is no December meeting
- #7-22 – Current Signatories – Michael Mevoli, Joseph Wolk, Terry Shannon, Treasurer and Deputy Treasurer
- #8-22 – RMP – There are a few changes from 2022 which are highlighted.
- #9-22 – Current MRHIF representatives are Joseph Wolk and Terry Shannon. Need to elect for 2022

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.

Contracts

Lou DiAngelo, Chair
Robert Maybury
Edward Hill

Claims

Joseph Wolk, Chair
OPEN
Terry Shannon

Finance

Terry Shannon, Chair
Gary Passanante
Lou DiAngelo

Nominating

Joseph Wolk, Chair
Lou DiAngelo
Terry Shannon

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 8.

The 2022 budget and assessments were adopted without amendment.

In addition, the Fund approved membership for the Southern Skylands HIF, although that Fund did not join this year.

The new Express Scripts Level Care contract is anticipated to be completed in the first quarter.

JANUARY MEMBER BILLS

Due to the rate update and audit process with the 1/1 renewal, the January bills were delayed. February bills should be back to the normal schedule.

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, 2021 and older. Please reach out to jdelorenzo@permainc.com for a blank form to be executed.

Member	I&T end date
TOWNSHIP OF WILLINGBORO	in progress
HADDONFIELD BOROUGH	in progress (received Res)
BOROUGH OF SOMERDALE	12/31/2021
BOROUGH OF BROOKLAWN	12/31/2021
BOROUGH OF MAGNOLIA	12/31/2021
BOROUGH OF LINDENWOLD	12/31/2021
BOROUGH OF WENONAH	12/31/2021
NORTH HANOVER TWP	12/31/2021
WINSLOW TWP FIRE DISTRICT #1	12/31/2021
MT. HOLLY MUNICIPAL UTILITIES AUTHO	12/31/2021
CAMDEN COUNTY BOARD OF SOCIAL SERVICES	12/31/2021

DIVIDENDS

Below is a list of members that have not responded with their dividend choice letters. Please reach out to jdelorenzo@permainc.com with your decision (retain it to the fund, use as a bill credit, or receive it as a check) by February 1st. If a response is not received, a check will be cut with the February Bills List.

Bellmawr	175,312.23
Chesilhurst Borough	7,245.72
Franklin	80,117.22
Gibbsboro	14,397.28
Haddonfield Borough	175,084.30
Lindenwold	6,999.09
Medford Lakes	3,041.88
North Hanover Township	617.03
Paulsboro	74,421.83
Runnemede	74,443.74
WATERFORD	1,363.48
Wenonah	17,359.33
Winslow Township Fire District #1	35,663.76

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	November 30, 2021		
			THIS	YTD	PRIOR	FUND
			MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME		3,631,010	40,208,042	1,273,942,755	1,314,150,797
2.	CLAIM EXPENSES					
	Paid Claims		2,707,157	33,715,030	1,034,181,010	1,067,896,041
	IBNR		16,338	256,029	2,490,000	2,746,029
	Less Specific Excess		-	152,144	(19,184,698)	(19,032,553)
	Less Aggregate Excess		-	-	(1,807,360)	(1,807,360)
	TOTAL CLAIMS		2,723,495	34,123,204	1,015,678,952	1,049,802,156
3.	EXPENSES					
	MA & HMO Premiums		330,205	3,705,851	27,777,460	31,483,311
	Excess Premiums		56,262	624,182	47,663,208	48,287,390
	Administrative		214,709	2,363,999	115,823,339	118,187,338
	TOTAL EXPENSES		601,176	6,694,033	191,264,007	197,958,039
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		306,339	(609,194)	66,999,796	66,390,602
5.	INVESTMENT INCOME		6,916	85,231	3,368,587	3,453,818
6.	DIVIDEND INCOME		0	352,053	11,184,436	11,536,489
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		313,255	(171,910)	81,552,819	81,380,909
8.	DIVIDEND		0	2,885,201	69,789,455	72,674,656
9.	Transferred Surplus		0	0	0	0
	STATUTORY SURPLUS (7-8+9)		313,255	(3,057,111)	11,763,364	8,706,253
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	(803)	(2,608,613)	10,085,644	7,477,030
		Cash	(643,793)	(1,882,222)	15,545,943	13,663,722
2020		Surplus	(78,957)	(420,050)	1,677,720	1,257,670
		Cash	(78,957)	(2,155,646)	3,131,888	976,242
2021		Surplus	393,015	(28,448)		(28,448)
		Cash	150,803	874,606		874,606
	TOTAL SURPLUS (DEFICITS)		313,255	(3,057,111)	11,763,364	8,706,253
	TOTAL CASH		(571,948)	(3,163,262)	18,677,832	15,514,570
CLAIM ANALYSIS BY FUND YEAR						
	TOTAL CLOSED YEAR CLAIMS		5,346	219,984	982,814,212	983,034,195
	FUND YEAR 2020					
	Paid Claims		79,709	2,789,510	30,805,796	33,595,307
	IBNR		0	(2,490,000)	2,490,000	-
	Less Specific Excess		0	152,701	(431,054)	(278,353)
	Less Aggregate Excess		0	0	0	0
	TOTAL FY 2020 CLAIMS		79,709	452,212	32,864,742	33,316,954
	FUND YEAR 2021					
	Paid Claims		2,622,101	30,704,979		30,704,979
	IBNR		16,338	2,746,029		2,746,029
	Less Specific Excess		0	0		0
	Less Aggregate Excess		0	0		0
	TOTAL FY 2021 CLAIMS		2,638,439	33,451,008		33,451,008
	COMBINED TOTAL CLAIMS		2,723,495	34,123,204	1,015,678,954	1,049,802,158

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, 2021

BY FUND YEAR

	SNJREBF 2021	SNJREBF 2020	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	874,606	976,242	13,663,722	15,514,570
Assessments Receivable (Prepaid)	960,413	8,651	129,338	1,098,402
Interest Receivable	-	60	(60)	0
Specific Excess Receivable	-	278,353	-	278,353
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	917	-	-	917
Other Assets	904,818	-	-	904,818
Total Assets	2,740,754	1,263,306	13,792,999	17,797,059
LIABILITIES				
Accounts Payable	-	(0)	-	(0)
IBNR Reserve	2,746,029	0	-	2,746,029
A4 Retiree Surcharge	-	-	-	-
Dividends Payable	-	-	1,485,798	1,485,798
Retained Dividends	-	-	4,830,171	4,830,171
Accrued/Other Liabilities	23,173	5,636	-	28,808
Total Liabilities	2,769,202	5,636	6,315,969	9,090,806
EQUITY				
Surplus / (Deficit)	(28,448)	1,257,670	7,477,030	8,706,253
Total Equity	(28,448)	1,257,670	7,477,030	8,706,253
Total Liabilities & Equity	2,740,754	1,263,306	13,792,999	17,797,059
BALANCE	(0)	-	-	-

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
		FY2021											
INDICES	2020	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	18,677,832	\$ 15,178,801	\$ 14,514,393	\$ 16,908,955	\$ 17,345,037	\$ 16,159,099	\$ 16,539,107	\$ 16,543,693	\$ 16,117,291	\$ 16,216,892	\$ 16,086,517	\$ 15,514,570	
IBNR	2,490,000	\$ 2,629,682	\$ 2,699,795	\$ 2,738,791	\$ 2,749,276	\$ 2,500,000	\$ 2,594,155	\$ 2,655,199	\$ 2,696,468	\$ 2,714,311	\$ 2,729,691	\$ 2,746,029	
Assets	20,687,548	\$ 20,241,581	\$ 19,303,223	\$ 19,216,272	\$ 18,869,678	\$ 18,492,475	\$ 18,893,014	\$ 19,129,833	\$ 19,005,935	\$ 18,567,328	\$ 18,106,805	\$ 17,797,059	
Liabilities	8,924,184	\$ 8,405,504	\$ 7,786,506	\$ 7,456,660	\$ 7,445,160	\$ 7,176,326	\$ 7,251,255	\$ 7,301,607	\$ 7,342,839	\$ 7,218,160	\$ 9,713,807	\$ 9,090,806	
Surplus	11,763,364	\$ 11,836,077	\$ 11,516,717	\$ 11,759,612	\$ 11,424,518	\$ 11,316,149	\$ 11,641,759	\$ 11,828,225	\$ 11,663,095	\$ 11,349,168	\$ 8,392,997	\$ 8,706,253	
Claims Paid -- Month	2,209,786	\$ 3,041,585	\$ 3,068,516	\$ 2,838,761	\$ 3,348,146	\$ 3,370,351	\$ 2,758,073	\$ 2,766,709	\$ 3,219,277	\$ 3,425,190	\$ 3,171,266	\$ 2,707,157	
Claims Budget -- Month	2,870,280	\$ 3,019,868	\$ 3,016,109	\$ 3,007,602	\$ 2,997,995	\$ 2,993,928	\$ 2,988,359	\$ 2,969,944	\$ 2,972,322	\$ 2,967,870	\$ 2,964,543	\$ 2,964,368	
Claims Paid -- YTD	32,769,858	\$ 3,041,585	\$ 6,110,101	\$ 8,948,862	\$ 12,297,008	\$ 15,667,359	\$ 18,425,432	\$ 21,192,141	\$ 24,411,418	\$ 27,836,608	\$ 31,007,873	\$ 33,715,030	
Claims Budget -- YTD	34,443,363	\$ 3,019,868	\$ 6,035,977	\$ 9,043,579	\$ 12,041,574	\$ 15,035,503	\$ 18,023,862	\$ 20,993,806	\$ 23,966,128	\$ 26,933,998	\$ 29,898,541	\$ 32,862,909	
RATIOS													
Cash Position to Claims Paid	8.45	4.99	4.73	5.96	5.18	4.79	6.00	5.98	5.01	4.73	5.07	5.73	
Claims Paid to Claims Budget -- Month	0.77	1.01	1.02	0.94	1.12	1.13	0.92	0.93	1.08	1.15	1.07	0.91	
Claims Paid to Claims Budget -- YTD	0.95	1.01	1.01	0.99	1.02	1.04	1.02	1.01	1.02	1.03	1.04	1.03	
Cash Position to IBNR	7.50	5.77	5.38	6.17	6.31	6.46	6.38	6.23	5.98	5.97	5.89	5.65	
Assets to Liabilities	2.32	2.41	2.48	2.58	2.53	2.58	2.61	2.62	2.59	2.57	1.86	1.96	
Surplus as Months of Claims	4.10	3.92	3.82	3.91	3.81	3.78	3.9	3.98	3.92	3.82	2.83	2.94	
IBNR to Claims Budget -- Month	0.87	0.87	0.90	0.91	0.92	0.84	0.87	0.89	0.91	0.91	0.92	0.93	

Southern NJ Municipal Employee Benefits Fund						
2021 Budget Status Report						
as of November 30, 2021						
				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	16,439,377	18,076,573	18,047,505			
Medical Claims AmeriHealth - All Other	1,812,869	1,982,714	2,053,426			
Medical Claims - CCBOSS	7,313,755	8,152,491	8,701,317			
Subtotal Medical	25,566,001	28,211,778	28,802,249	26,712,698	(1,146,696)	-4%
Prescription Claims - All Other	5,395,395	5,926,468	5,623,611			
Prescription Claims - CCBOSS	2,302,499	2,566,758	2,872,216			
Subtotal Prescription	6,140,227	6,774,618	6,776,697	5,687,791	452,435	7%
Rx Rebates	(1,557,668)	(1,718,608)	(1,719,131)			
Dental Claims - All Other	1,002,283	1,097,813	1,073,682			
Dental Claims - CCBOSS	154,399	172,284	163,464			
Subtotal Dental	1,156,682	1,270,097	1,237,146	1,050,519	106,162	9%
Subtotal Claims	32,862,909	36,256,493	36,816,091	33,451,008	(588,099)	-2%
Loss Fund Contingency	0	0	0			
DMO Premiums	2,981	3,078	3,078	2,680	302	10%
Medicare Advantage - All Other	1,916,388	2,120,472	1,119,982			
Medicare Advantage - CCBOSS	1,786,393	1,934,435	1,842,089			
Subtotal Insured Programs	3,705,762	4,057,985	2,965,149	3,703,172	(391)	0%
Reinsurance						
Specific	624,182	720,750	727,725	624,182	0	0%
Total Loss Fund	37,192,854	41,035,227	40,508,966	37,781,042	(588,188)	-2%
Expenses						
Legal	19,917	21,728	21,728	19,917	-	0%
Treasurer	14,036	15,312	15,312	14,036	-	0%
Administrator	329,903	361,041	303,643	329,894	9	0%
Program Manager	771,441	844,885	787,661	1,037,578	(5,209)	-1%
Brokerage	260,929	281,415	273,628	Included above in Program Manager		
TPA - Med Aetna	804,567	886,383	899,207	864,059	(38)	0%
TPA - Med AmeriHealth Admin	59,454	65,485	67,617	Included above in TPA		
TPA - Dental	62,815	69,005	67,167	62,809	6	0%
Actuary	10,083	11,000	11,000	10,083	0	0%
Auditor	17,417	19,000	19,000	17,413	4	0%
Subtotal Expenses	2,350,561	2,575,254	2,465,963	2,355,790	(5,228)	0%
Misc/Cont	14,712	16,049	16,049	15,676	(964)	-7%
Data Analysis System	0	0	0	0	-	#DIV/0!
Affordable Care Act Taxes	9,100	10,025	10,122	9,810	(711)	-8%
Plan Documents	13,750	15,000	15,000	13,750	-	0%
Total Expenses	2,388,123	2,616,328	2,507,134	2,395,026	(6,903)	0%
Total Budget	39,580,976	43,651,555	43,016,100	40,176,067	(595,091)	-2%

REGULATORY

Monthly Items

Budget

Assessments

Actuarial Certification

Reinsurance Policies

Fund Commissioners

Fund Officers

Renewal Resolutions

Indemnity and Trust

New Members

Withdrawals

Risk Management Plan and By Laws

Cash Management Plan

Unaudited Financials

Annual Audit

Budget Changes

Transfers

Additional Assessments

Professional Changes

Officer Changes

RMP Changes

Bylaw Amendments

Contracts

Benefit Changes

Filing Status

Filed

Filed

Filed

Filed

To Be Filed pending reorg

To Be Filed pending reorg

To Be Filed pending reorg

To Be Filed pending reorg

To Be Filed

N/A

To Be Filed pending reorg

To Be Filed pending reorg

9/30/2021 Filed

12/31/2020 filed

N/A

N/A

N/A

N/A

N/A

N/A

N/A

To Be Filed pending reorg

N/A

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Program Manager

January 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: southernnj_enrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated SNJREBF enrollment team. To contact the team, email southernnj_enrollments@permainc.com or fax to 856-685-2249.

ADMINISTRATIVE UPDATES:

Program Manager Team Additions/Updates

With Brandon's transition to the Executive Director's role we are excited to introduce the additions of Crystal Bailey, Program Manager and Lane Hindman, Associate Program Manager to the team.

Crystal joins the team with 27 years of Public Sector Aetna experience and 4 years of Associate and Senior Associate Consultant work at Conner Strong. With Crystal's extensive background in NJ Public Sector and familiarity with Aetna policy's and operations we are confident she is the right candidate to lead the Program Manager's team.

Lane joins us from AmeriHealth Administrators where she supported the Funds and other like NJ Public Sector Accounts as an Associate Account Executive. Lane is very familiar with the needs of the Funds and NJ Public Sector Accounts, which is why she is a natural fit to the team in assuring the Fund maintains a high level of quality in service.

Also, we are sad to announce Maggie Friel has decided to leave the organization, we wish her the best in her future endeavors. Her last day with Conner Strong was January 21, 2021.

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

1- Pfizer- Paxlovid

2- Merck- Molnupiravir

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - Member - \$0 copay
 - Program Fee- \$2.50 per prescription
 - Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - Addition of medications to covered Formulary
 - Member educational pieces (included in agenda)
 - Quantity Limit – 1 course of treatment every 180 days

OPERATIONAL UPDATES:

Aetna Medicare Advantage System Upgrade – *NextGen*

As a reminder, for January 1, 2022 the HIFs participated in Aetna’s system upgrade. The *NextGen* system provides improvements in different operational functions for Aetna such as billing, enrollment, claims and appeals.

For the members, they now have access to a new AetnaHealth App, secure messaging and new personalized engagement opportunities.

As a part of the system upgrade, all Aetna Medicare Advantage enrollees in the Funds received new ID cards, with updated information. This resulted in Aetna issuing roughly 800 new ID cards for SNJREBF enrollees and over 3000 for all the Funds.

Aetna – Jefferson Health Contract Negotiations

There continues to be dialogue between Aetna and Jefferson Health. The new contract is now set to terminate on February 28, 2022. Due to the extension letters there is no target mail date. I will provide an update, once more information is available

2021 LEGISLATIVE REVIEW

End of Year ACA Reporting

To assist our Fund members in annually required filings, the Fund has distributed W2 and enrollment information to each entity's designated enrollment/eligibility manager. The reports were sent from Somerset Enrollment Box and would have been received towards the end of December.

COVID -19

1. National Emergency Declaration- Extended through February 24, 2022

- Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
- Individual has a maximum of one year from date of payment originally would be have due, including any applicable grace period
- Under special transition rule- certain premium payments are not required to be made before 11/1/21.

2. At Home COVID-19 Testing- On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

3. Coverage Highlights:

- o Date- Starting on January 15, 2022 going forward
- o Network - the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- o Dollar Limit- Up to \$12 per taste
- o Quantity Limit- Up to 8 tests per individual per 30 days

4. Vaccine Mandates - November 4, 2021 OSHA released the *Emergency Temporary Standard*. Which implemented a "vaccine or test," requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022 the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

5. As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Mental Health Parity and Addition Equality Act (MHPAE)

In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund's next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

Surprise Billing and Transparency – Continued Delays

The Health Insurance Funds, including Central protect plan members from surprise billing with involuntary out of network balance bills with a hold harmless clause:

- Example: an in network surgeon contracts with an out of network anesthesiologist. Should the out of network anesthesiologist balance bill the patient, the Funds would hold the member harmless, paying up to the invoiced amount.

The law also imposes certain requirements on the Carriers, PBMs and healthcare providers. Many of these requirements continue to be delayed, but we will continue to work with the insurance providers to assure the Central HIF remains compliant.

- Issuing updated ID Cards with additional out of pocket information
- Providing transparency in coverage machine-readable files
- Providing price comparison tools
- Healthcare providers should work with insurance carriers to provide potential patients with good faith estimates of costs

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Confirmation of Payment

DECEMBER 2021

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 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002464	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 12/21	8,995.10
002464	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MANAGER FEES 12/21	55,432.28
002464	CONNER STRONG & BUCKELEW	BROKER FEES 12/21	24,428.42
002464	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 12/21	5,049.00
002464	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/21	595.80
			94,500.60
		Total Payments FY 2021	94,500.60
		TOTAL PAYMENTS ALL FUND YEARS	94,500.60

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

Resolution No.

DECEMBER 2021

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 CLOSED

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002465			
002465	WELLNESS COACHES	WELLNESS COACHING - CCBOS 12/21	6,032.00
			6,032.00
		Total Payments FY CLOSED	6,032.00

FUND YEAR 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002466			
002466	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 12/21	115,735.08
			115,735.08
002467			
002467	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE & CREDITS 12/21	218,289.87
			218,289.87
002468			
002468	FLAGSHIP HEALTH SYSTEMS INC	DMO PREMIUMS - SOMERDALE 12/21	151.32
002468	FLAGSHIP HEALTH SYSTEMS INC	DMO PREMIUMS - LINDENWOLD 12/21	59.76
			211.08
002469			
002469	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/21	5,728.32
			5,728.32
002470			
002470	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/21	72,450.96
			72,450.96
002471			
002471	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/21	5,338.25
			5,338.25
002472			
002472	PERMA	POSTAGE 11/21	761.57
002472	PERMA	ADMINISTRATION FEES 12/21	30,049.12
			30,810.69
002473			
002473	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEES 12/21	1,810.67
			1,810.67
002474			
002474	VERRILL & VERRILL, LLC	TREASURER FEE 12/21	770.91
			770.91
002475			
002475	MICHAEL S. ZAMBITO	TREASURER FEE 12/21	505.08

			505.08
002476			
002476	EDWARD HILL	MEETING 11/21	150.00
			150.00
002477			
002477	ROBERT MAYBURY	MEETING 10/21-11/21	300.00
			300.00
002478			
002478	GARY PASSANANTE	OCT.-NOV. 2021 MEETING ATTENDANCE	300.00
			300.00
002479			
002479	JOSEPH WOLK	MEETING 10/21-11/21	300.00
			300.00
002480			
002480	MICHAEL MEVOLI	MEETING 10/21-11/21	300.00
			300.00
002481			
002481	LOUIS DI ANGELO	MEETING 10/21-11/21	300.00
			300.00
002482			
002482	TERRY SHANNON	MEETING 10/21-11/21	300.00
			300.00
002483			
002483	MUNICIPAL REINSURANCE HIF	REINSURANCE 12/21	56,194.37
			56,194.37
		Total Payments FY 2021	509,795.28
		TOTAL PAYMENTS ALL FUND YEARS	515,827.28

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2021 Month Ending: December										
	Med	Dental	Rx	Vision	Medicare Advantage	Reinsurance	Dividend Reserve	Future	Admin	TOTAL
OPEN BALANCE	(4,485,450.51)	355,930.63	3,532,453.35	0.00	10,466,554.93	466,635.31	4,616,854.09	1,290,014.40	(728,422.66)	15,514,569.54
RECEIPTS										
Assessments	2,227,833.15	85,641.10	533,821.89	0.00	322,370.01	53,905.69	0.00	0.00	220,142.99	3,443,714.83
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	2,025.55	161.28	1,453.04	0.00	3,663.46	171.05	1,615.98	451.52	27.42	9,569.30
Invest Adj	(0.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.03)
Subtotal Invest	2,025.52	161.28	1,453.04	0.00	3,663.46	171.05	1,615.98	451.52	27.42	9,569.27
Other *	23,759.33	0.00	461,887.57	0.00	0.00	0.00	0.00	0.00	0.00	485,646.90
TOTAL	2,253,618.00	85,802.38	997,162.50	0.00	326,033.47	54,076.74	1,615.98	451.52	220,170.41	3,938,931.00
EXPENSES										
Claims Transfers	2,604,984.91	74,046.84	694,626.03	0.00	0.00	0.00	0.00	0.00	0.00	3,373,657.78
Expenses	340,056.95	211.08	0.00	0.00	0.00	56,194.37	0.00	0.00	213,865.48	610,327.88
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2,945,041.86	74,257.92	694,626.03	0.00	0.00	56,194.37	0.00	0.00	213,865.48	3,983,985.66
END BALANCE	(5,176,874.37)	367,475.09	3,834,989.82	0.00	10,792,588.40	464,517.68	4,618,470.07	1,290,465.92	(722,117.73)	15,469,514.88

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS											
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND											
ALL FUND YEARS COMBINED											
CURRENT MONTH	December										
CURRENT FUND YEAR	2021										
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	0.40	0.60	0.75	0.75	0.75	0.15	0.05	0.50	
TOTAL for All Accts & instruments											
Opening Cash & Investment Balance	\$ 15,514,569.50	\$ 5,170.93	\$ 2,344.60	\$ 4,265,638.14	\$ 5,763,708.64	\$ 5,039,567.05	\$ 49,962.80	\$ 79,223.24	\$ 54,675.41	\$ 254,278.69	
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	\$9,569.30	\$0.13	\$0.80	\$2,173.72	\$3,423.59	\$3,571.11	\$279.84	\$10.09	\$2.04	\$107.98	
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	\$9,569.30	\$0.13	\$0.80	\$2,173.72	\$3,423.59	\$3,571.11	\$279.84	\$10.09	\$2.04	\$107.98	
9 Deposits - Purchases	\$4,539,361.74	\$0.00	\$0.00	\$0.00	\$0.00	\$3,929,361.74	\$610,000.00	\$0.00	\$0.00	\$0.00	
10 (Withdrawals - Sales)	-\$4,593,985.66	\$0.00	\$0.00	\$0.00	-\$610,000.00	-\$3,373,657.78	-\$610,327.88	\$0.00	\$0.00	\$0.00	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$15,469,514.88	\$5,171.06	\$2,345.40	\$4,267,811.86	\$5,157,132.23	\$5,598,842.12	\$49,914.76	\$79,233.33	\$54,677.45	\$254,386.67	
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	\$81,149.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$81,149.75	\$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	\$15,550,664.63	\$5,171.06	\$2,345.40	\$4,267,811.86	\$5,157,132.23	\$5,598,842.12	\$131,064.51	\$79,233.33	\$54,677.45	\$254,386.67	

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND18



**SOUTHERN NEW JERSEY REGIONAL
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

January 24, 2022



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	<u>PAID 2020</u>	<u># OF EES</u>	<u>PER EE</u>	<u>PAID 2021</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$2,504,772	1,611	\$ 1,555	\$2,161,645	1,558	\$ 1,387
FEBRUARY	\$2,167,425	1,607	\$ 1,349	\$2,514,368	1,573	\$ 1,598
MARCH	\$2,818,446	1,607	\$ 1,754	\$2,693,678	1,553	\$ 1,734
APRIL	\$1,816,987	1,603	\$ 1,133	\$2,261,264	1,554	\$ 1,455
MAY	\$1,579,035	1,602	\$ 986	\$2,609,287	1,551	\$ 1,682
JUNE	\$2,691,735	1,585	\$ 1,698	\$2,408,369	1,544	\$ 1,560
JULY	\$1,896,448	1,574	\$ 1,205	\$2,202,755	1,544	\$ 1,427
AUGUST	\$2,210,069	1,577	\$ 1,401	\$2,930,144	1,533	\$ 1,911
SEPTEMBER	\$1,983,530	1,577	\$ 1,258	\$2,569,133	1,532	\$ 1,677
OCTOBER	\$2,646,583	1,567	\$ 1,689	\$2,547,921	1,525	\$ 1,671
NOVEMBER	\$2,124,203	1,562	\$ 1,360	\$2,434,267	1,524	\$ 1,597
DECEMBER	\$2,450,166	1,554	\$ 1,577			
TOTALS	\$26,889,399			\$27,332,831		
				2021 Average	1,545	\$ 1,609
				2020 Average	1,586	\$ 1,414

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

Plan Sponsor Unique ID : All
 Customer: Southern NJ Regional Employee Benefits Fund
 Group / Control: 00737391,00866357,SI030217,SI416902,SI431318

Paid Dates: 10/01/2021 - 10/31/2021
 Service Dates: 01/01/2011 - 10/31/2021
 Line of Business: All

	Billed Amt	Paid Amt
	\$603,134.00	\$141,905.23
	\$106,201.50	\$67,713.59
Subtotal:	\$709,335.50	\$209,618.82

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

Plan Sponsor Unique ID : All
 Customer: Southern NJ Regional Employee Benefits Fund
 Group / Control: 00737391,00866357,SI030217,SI416902,SI431318

Paid Dates: 11/01/2021 - 11/30/2021
 Service Dates: 01/01/2011 - 11/30/2021
 Line of Business: All

	Billed Amt	Paid Amt
	\$300,501.59	\$51,537.50
	\$478,386.94	\$50,455.31
Total:	\$778,888.53	\$101,992.81



SNJ Regional Employee Benefits Fund
12/1/20 thru 11/30/21 (unless otherwise noted)

Dashboard

Medical Claims Paid:
January 2021 thru November 2021
Total Medical Paid per EE: \$1,609

Network Discounts

Inpatient:	66.4%
Ambulatory:	67.0%
Physician/Other:	61.5%
TOTAL:	64.9%

Provider Network

% Admissions In-Network:	97.8%
% Physician Office:	97.6%

Aetna Book of Business:
Admissions 98.2%; Physician 92.3%

Top Facilities Utilized (by total Medical Spend)

- Virtua-West Jersey
- Cooper Hospital
- Kennedy Health
- Virtua Our Lady of Lourdes
- CHOP

Catastrophic Claim Impact
January 2021 – November 2021

Number of Claims Over \$50,000: 62
Claimants per 1000 members: 16.1
Avg. Paid per Claimant: \$117,883
Percent of Total Paid: 33.0%
• Aetna BOB- HCC account for an average of 38.7% of total Medical Cost

Nurse Case Member Outreach:
Through NOV 2021

Unique Members Identified: 55
Outreach Opportunities Identified: 57
Outreach in Progress: 2
Completed Outreach: 49
Newly engaged cases: 14
Unable to Reach: 35
Member Declined: 0

Teladoc Activity:
January 2021 – November 2021

Total Registrations: 52
Total Online Visits: 94
Total Net Claims Savings: \$14,194
Total Visits w/ Rx: 62

Mental Health Visits: 14
Dermatology Visits: 12

New

Allentown Service Center
Performance: Metrics thru NOV 2021

Customer Service Performance

1 st Call Resolution:	95.0%
Abandonment Rate:	8.9%
Avg. Speed of Answer:	193.9 sec

Claims Performance

Financial Accuracy:	98.78%
90% processed w/in:	10.6 days
95% processed w/in:	23.3 days

Performance Goals

1 st Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec

Financial Accuracy:	99%
Turnaround Time	
90% processed w/in:	14 days
95% processed w/in:	30 days

COVID-19 population alerts

Hot Spots In the United States - Map (to the right)

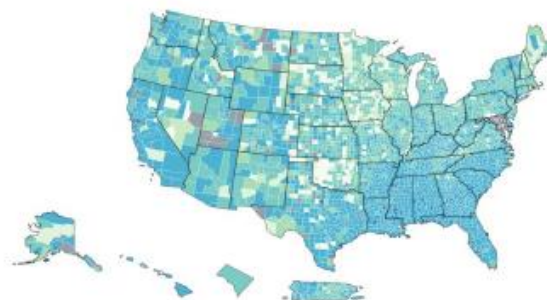
The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. We are providing this information to inform you where you have membership in counties that are experiencing a high or emerging rate of new cases.

The CDC collects new case counts at the county level. We are using this information to calculate a '7 day average new case count.' This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information below is for your top 25 counties (by membership) which have been identified as having either a high (>25) or emerging (10-24) average daily case rate. Note: There could be less than 25 counties in the tables or none at all if the alert criteria is not met in counties where you have membership.



Heat map of recent growth by county: This map shows the percentage change in cases between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend. Last Updated: 01/02/2022 | Source: CDC

High risk counties (red) had greater than 25 daily new cases per 100,000 people last week
Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 people last week

Scroll to the end of this report for a list of the top 50 counties with the highest average daily new case counts where you have membership

High Risk (>=25 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Camden	506,471	2,279	161.8
NJ, Gloucester	291,636	756	162.0
NJ, Burlington	445,349	530	162.5
NJ, Atlantic	263,670	48	158.8
NJ, Mercer	367,430	33	163.6
NJ, Salem	62,385	33	131.9
NJ, Cumberland	149,527	29	116.5
NJ, Ocean	607,186	12	158.3
DE, New Castle	558,753	11	129.1
NJ, Cape May	92,039	10	223.4
SC, Horry	354,081	7	70.2
TN, Sumner	191,283	5	103.4
FL, Lee	770,577	5	111.6
SC, Dorchester	162,809	5	110.8
FL, Citrus	149,657	4	36.0
TN, Montgomery	208,993	4	80.4
TN, Fayette	41,133	4	163.2
PA, Delaware	566,747	4	146.2
FL, Flagler	115,081	3	70.9
WY, Laramie	99,500	3	43.5
TX, Harris	4,713,325	3	91.7
ME, York	207,641	2	46.7
MD, Worcester	52,276	2	154.1
TN, Robertson	71,813	2	81.2
PA, Chester	524,989	2	106.5

Emerging Risk (10-24 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
No emerging risk counties			

* Counties with less than 20 new cases in the prior week will not appear in this report. New case data is not available for approximately thirty counties. County population is based on 2010 Census data. 'Your members' represents your total Aetna self-insured membership.







COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnoses and/or testing?

Use these insights to:

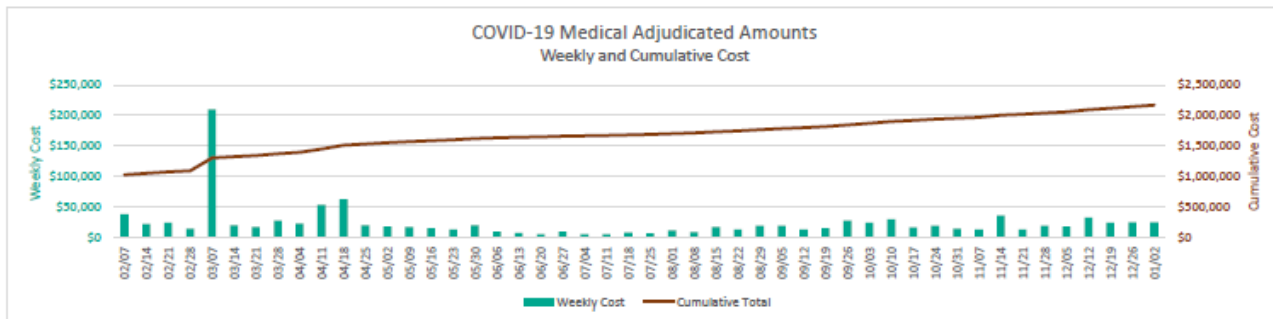
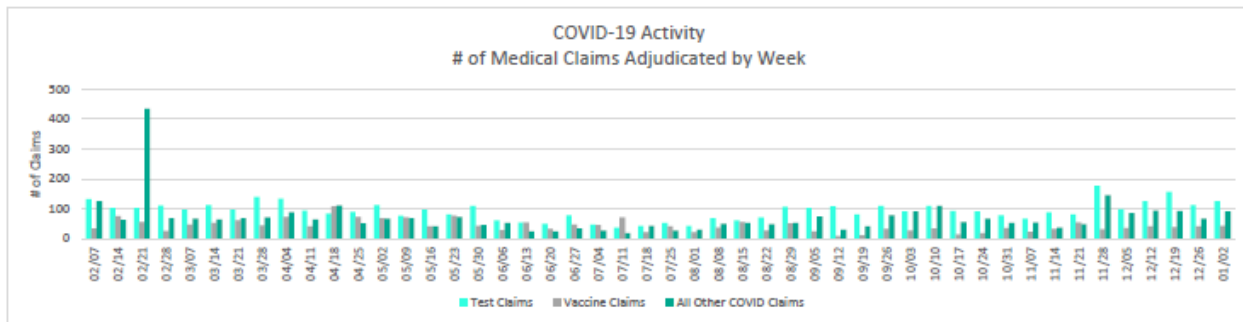
- ✓ Monitor estimated weekly plan expenses associated with COVID 19
- ✓ Understand the relative impact on overall claim spend

At a glance

	COVID-19 paid	Number of Claims		Unique Claimants (claimants may be counted in each category)		
						
	COVID-19 paid	Tests	Vaccine	Tests	Vaccine Administration*	All Other Claims
Current Week	\$26,372	126	57	120	57	89
3/01/20 - 1/02/22	\$2,188,309	7,327	2,633	2,537	1,431	1,853

*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?









COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnoses and/or testing?

Use these insights to:

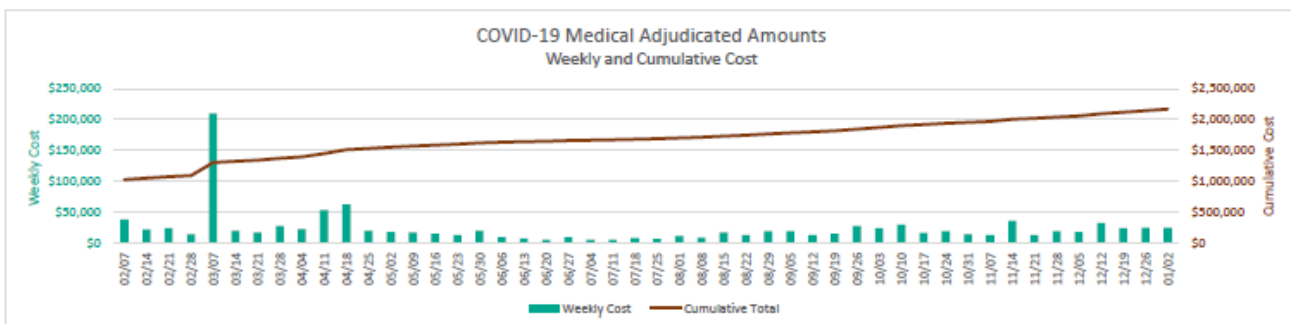
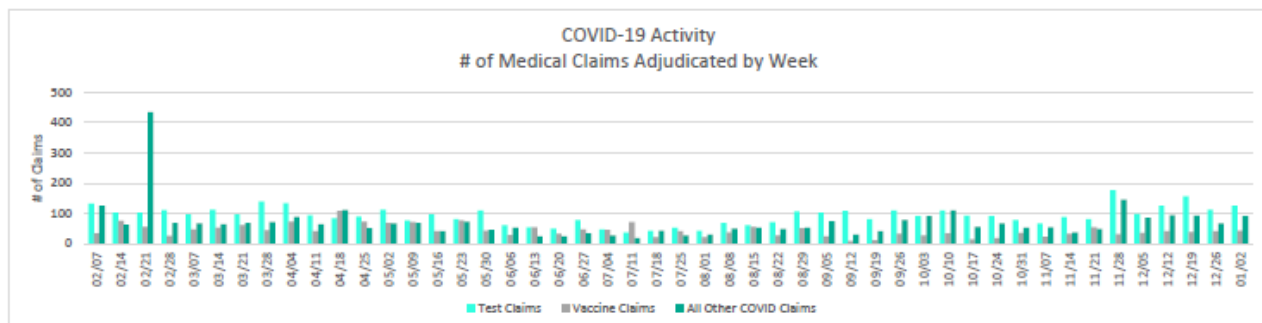
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

At a glance

	COVID-19 paid	Number of Claims		Unique Claimants (claimants may be counted in each category)		
						
	COVID-19 paid	Tests	Vaccine	Tests	Vaccine Administration*	All Other Claims
Current Week	\$26,372	126	57	120	57	89
3/01/20 - 1/02/22	\$2,188,309	7,327	2,633	2,537	1,431	1,853

*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?



SNJ REGIONAL EMPLOYEE BENEFITS FUND - 45466

COVID-19 Weekly Update

Group Number(s): 737391,866357,866359,S1030217



Actual paid claim amounts may vary from this report once claims are finalized.
The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.
Data in this report is from March 1, 2020 to current (excluding graphs)





Telemedicine Monitor

What is the recent Telemedicine claims activity?

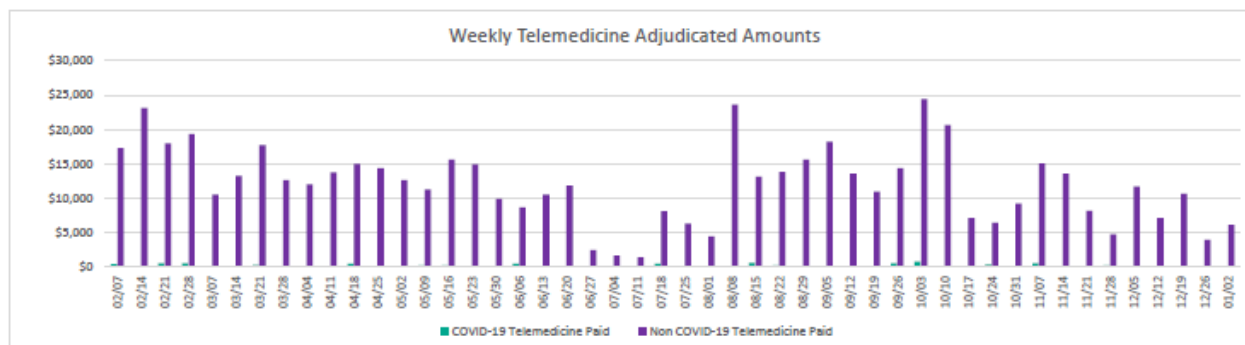
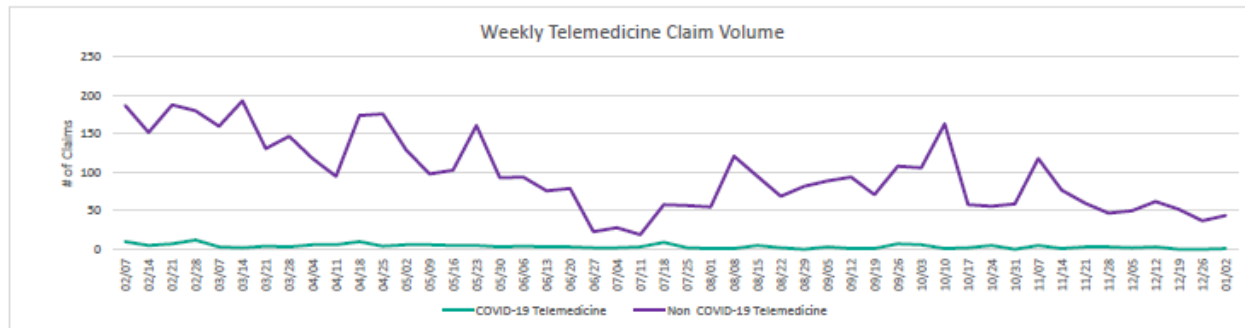
Use these insights to

- ✓ Review monthly growth of both Teladoc and community based providers providing approved telemedicine services
- ✓ Understand trends driven by COVID-19 related claims verses overall utilization for non-virus related conditions

At a glance

				
	COVID-19 telemedicine paid	Non COVID-19 telemedicine paid	COVID-19 telemedicine claims	Non COVID-19 telemedicine claims
Current Week	\$5	\$6,145	1	44
3/01/20 - 1/02/22	\$38,328	\$1,302,084	462	11,427

How is Telemedicine changing over time?



SNJ REGIONAL EMPLOYEE BENEFITS FUND - 45466

COVID-19 Weekly Update

Group Number(s): 737391,866357,866359,SI030217



Actual paid claim amounts may vary from this report once claims are finalized.
The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.
Data in this report is from March 1, 2020 to current (excluding graphs)

Total Weekly Adjudicated Medical Claims

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

Use these insights to:

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

At a glance



Total medical paid
(current week)

\$338,128



Total medical claims
(current week)

964



Current week paid
(change from last week)

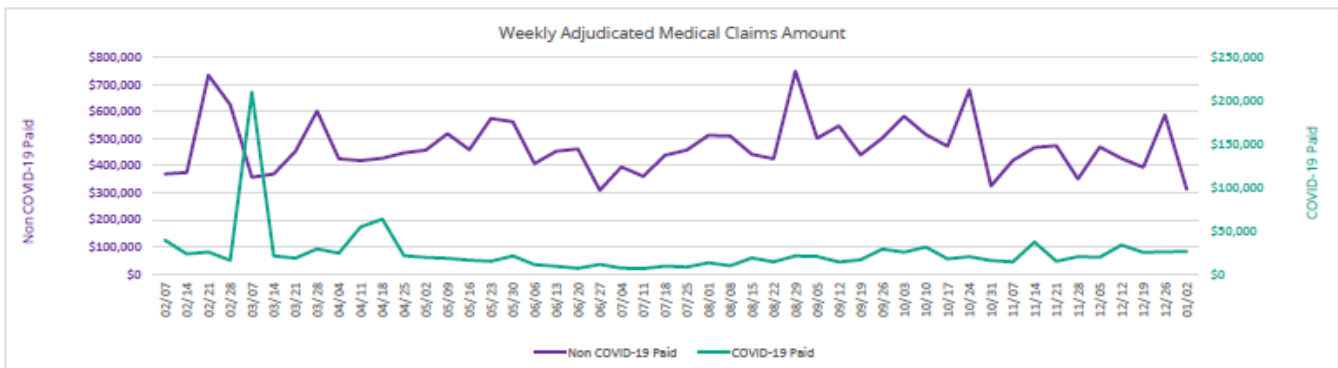
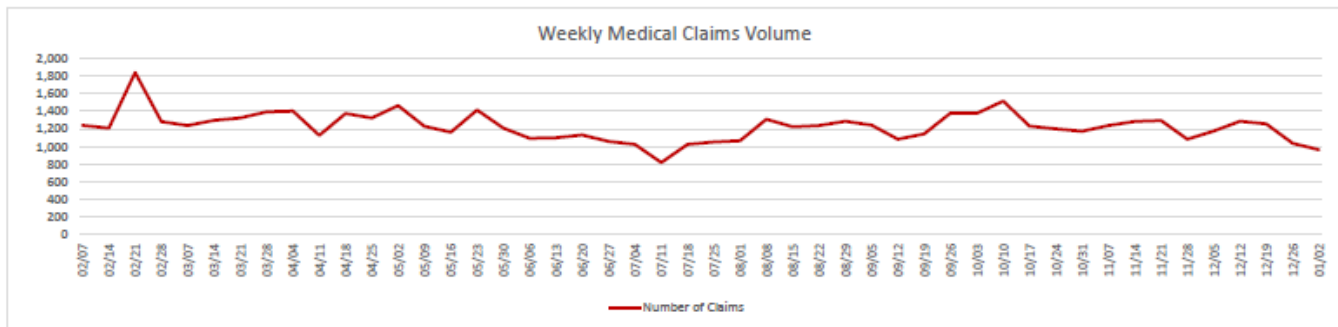
-44.8%



COVID-19 % of total medical paid
(3/1/20 - 1/02/22)

4.9%

How does this week compare to previous weeks?



Appendix:

Alerts for the top 50 counties with high new cases rates in which you have membership

State_County	County population	Your members	Avg. daily new cases per 100K	Risk Level
FL, Palm Beach	1,496,770	1	236.6	High Risk
NJ, Cape May	92,039	10	223.4	High Risk
FL, Osceola	375,751	2	222.2	High Risk
FL, Orange	1,393,452	1	216.2	High Risk
NJ, Hudson	672,391	1	202.2	High Risk
NJ, Middlesex	825,062	1	194.9	High Risk
NJ, Monmouth	618,795	1	192.6	High Risk
GA, Paulding	168,667	1	179.9	High Risk
NJ, Mercer	367,430	33	163.6	High Risk
TN, Fayette	41,133	4	163.2	High Risk
NJ, Burlington	445,349	530	162.5	High Risk
NJ, Gloucester	291,636	756	162.0	High Risk
NJ, Camden	506,471	2,279	161.8	High Risk
NJ, Atlantic	263,670	48	158.8	High Risk
NJ, Ocean	607,186	12	158.3	High Risk
MD, Worcester	52,276	2	154.1	High Risk
FL, Polk	724,777	1	149.6	High Risk
PA, Philadelphia	1,584,064	2	148.1	High Risk
PA, Delaware	566,747	4	146.2	High Risk
DE, Kent	180,786	2	133.5	High Risk
NJ, Salem	62,385	33	131.9	High Risk
MI, Macomb	873,972	1	131.4	High Risk
DE, New Castle	558,753	11	129.1	High Risk
DE, Sussex	234,225	2	122.2	High Risk
FL, Brevard	601,942	2	118.6	High Risk
NJ, Cumberland	149,527	29	116.5	High Risk
AL, Mobile	413,210	1	114.7	High Risk
FL, Martin	161,000	1	114.6	High Risk
PA, Montgomery	830,915	2	112.9	High Risk
NC, Forsyth	382,295	1	112.2	High Risk
FL, Lee	770,577	5	111.6	High Risk
SC, Dorchester	162,809	5	110.8	High Risk
NC, Johnston	209,339	1	108.3	High Risk
PA, Chester	524,989	2	106.5	High Risk
AL, Shelby	217,702	1	105.7	High Risk
TN, Sumner	191,283	5	103.4	High Risk
FL, Pinellas	974,996	2	97.9	High Risk
PA, Bradford	60,323	1	91.9	High Risk
TX, Harris	4,713,325	3	91.7	High Risk
FL, Sarasota	433,742	1	91.2	High Risk
FL, Pasco	553,947	2	87.6	High Risk
TN, Robertson	71,813	2	81.2	High Risk
TN, Montgomery	208,993	4	80.4	High Risk
FL, Flagler	115,081	3	70.9	High Risk
SC, Horry	354,081	7	70.2	High Risk
FL, Hernando	193,920	2	65.0	High Risk
PA, Pike	55,809	1	64.3	High Risk
NV, Clark	2,266,715	1	63.8	High Risk
AZ, Pinal	462,789	1	54.9	High Risk
WA, Clark	488,241	2	50.0	High Risk

County Alerts

This table shows the rate of average daily new cases per 100,000 individuals by county. These rates are reflective of the overall general population of the county, not of your specific membership in that county. We are providing this information to inform you which counties you have membership in that are experiencing a high incidence rate of new cases.

The CDC collects new case counts at the county level. We use this information to calculate a '7 day average new case count.' This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information is for your top 50 counties in which you have membership that have the highest average daily new cases over the past seven days. Average daily new cases of 25 per 100k members are denoted as high risk (red) and those with 10-24.9 are denoted as emerging risk (orange).

Note: There may be less than 50 counties or none at all depending upon where you have membership vs. the counties with the highest risk. Counties with less than 20 new cases will not appear in this list.

At a glance COVID-19 All-time experience

Time period: Jan 2020 - Nov 2021, paid through November 2021

Average Members: 3,898

Key Statistics (Medical Claims Only)



\$2,237,751

Medical Paid



5.4%

% of Total Medical Paid



2,983

Claimants

More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

Claimant Distribution*

How your total claimants break down based on diagnosis code information



422

8

1,868

685

\$1,372,405

\$4,219

\$781,676

\$79,451

Confirmed

Probable

Exposure

Lab test, screening encounter or vaccine only

*refer to Report terms on page 1

COVID-19 population risk*



35.5%

Members at risk for severe illness

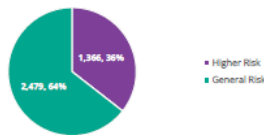
General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors.

The bar chart displays this information by member type.

* See page one for High Risk definition.

Population risk for severe illness



Higher risk for severe illness, by member type



Testing



\$575,396

Total Paid - All Tests



2,408

Unique Claimants



5,292

of Viral Tests



204

of Antibody Tests

Vaccine Administration (Medical & Pharmacy)*



\$88,478

Total Paid for Vaccine Administration



1,259

Members with a Vaccination



1,047

Members Fully Vaccinated**



26.43%

% Fully Vaccinated

*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

**The unique count of members >= 5 years of age who have received all of the required doses based on claims received

COVID-19 All-time experience details

Time period: Jan 2020 - Nov 2021, paid through November 2021

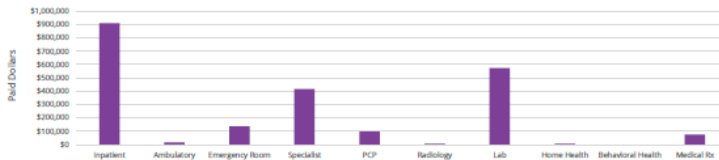
Average Members: 3,898

COVID-19 Cost Detail Breakdown (Medical Claims Only)

\$2,237,751

represents COVID-related claims for **2,983**
unique claimants across these medical cost categories:

COVID-19 represents **5.4%**
of total medical cost for experience period



Spotlight on specific categories



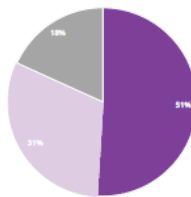
23
Admissions
Inpatient
Paid
\$909,078

114
Visits
Emergency Room
Paid
\$136,402

449
Visits
Telemedicine
Paid
\$50,988

Percent Paid by Member Type

Employee
Spouse
Dependent



Claimant distribution - All Members*

how your total medical claimants break down based on diagnosis code

422	\$1,372,405	Confirmed
8	\$4,219	Probable
1,868	\$781,676	Exposure
685	\$79,451	Lab test, screening encounter or vaccine only

*refer to Report terms on page 1

Claimant distribution - Employees*

how your total claimants break down based on diagnosis code information

176	\$749,503	Confirmed
5	\$3,344	Probable
817	\$349,603	Exposure
320	\$38,285	Lab test, screening encounter or vaccine only

*refer to Report terms on page 1

Claimant distribution - Spouse & Dependents*

how your total claimants break down based on diagnosis code information

246	\$622,903	Confirmed
3	\$875	Probable
1,051	\$432,074	Exposure
365	\$41,165	Lab test, screening encounter or vaccine only

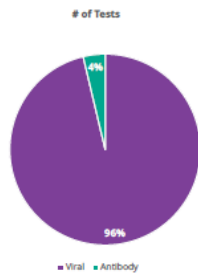
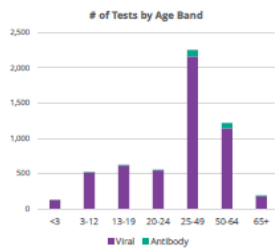
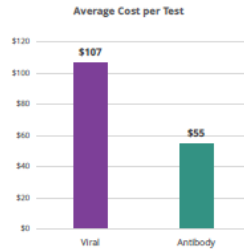
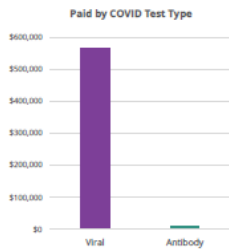
*refer to Report terms on page 1

COVID-19 All-time experience - Testing and Vaccination

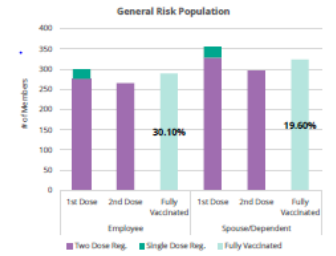
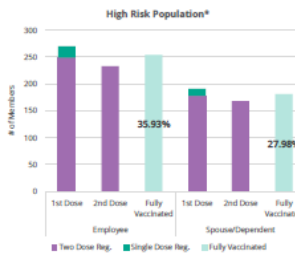
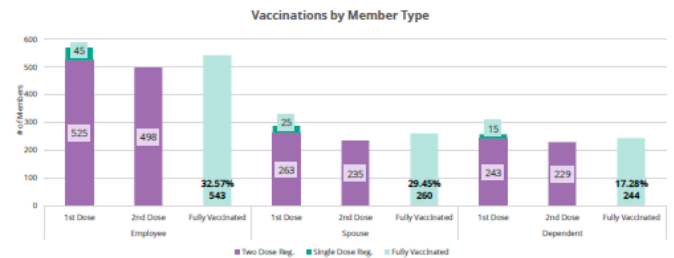
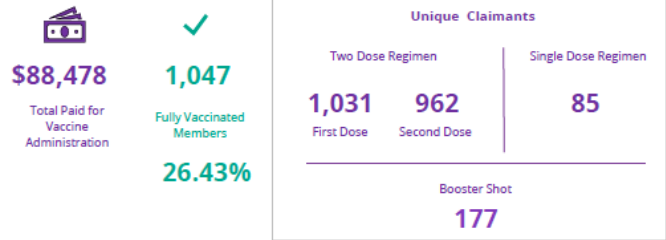
Average Members: 3,898

Time period: Jan 2020 - Nov 2021, paid through November 2021

COVID-19 testing



COVID-19 Vaccine Administration (Medical & Pharmacy)



* See page one for High Risk definition





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

2021 SNJ HIF					
		MEDICAL CLAIMS PAID 2021	TOTAL	# OF EES	PER EE
JANUARY		\$ 108,744.80	\$ 108,744.80	134	\$ 811.75
FEBRUARY		\$ 166,874.00	\$ 166,874.00	134	\$ 1,245.32
MARCH		\$ 271,663.00	\$ 271,663.00	135	\$2,012.31
APRIL		\$ 268,064.89	\$ 268,064.89	135	\$ 1,985.66
MAY		\$ 362,172.06	\$ 362,172.06	135	\$ 2,682.75
JUNE		\$ 129,440.75	\$ 129,440.75	133	\$ 973.23
JULY		\$ 229,636.00	\$ 229,636.00	133	\$ 1,724.33
AUGUST		\$ 130,391.08	\$ 130,391.08	134	\$ 973.06
SEPTEMBER		\$ 90,639.72	\$ 90,639.72	132	\$ 686.66
OCTOBER		\$ 224,939.28	\$ 224,939.28	132	\$1,704.08
NOVEMBER		\$ 91,758.52	\$ 91,758.52	131	\$ 700.44
DECEMBER		\$ 354,861.38	\$ 354,861.38	132	\$ 2,688.34
TOTALS		\$2,429,185.48			
			2021 Average	134	\$ 1,515.66
			2020 Average	135	\$ 1,360.98



PLAN SPONSOR INFORMATION SERVICES

Large Claimant Report- Claims Over \$50,000.00

Group:	Southern New Jersey HIF	Service Dates:	-
Paid Dates:	12/1/21 thru 12/31/2021	Line of Business:	All
Network Service	ALL	Product Line:	All

Claimant	Paid	Diagnosis	
1	\$84,904.00	substance-related disorder	
2	\$67,716.00	poisoning	
3			
4			
5			

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



SOUTHERN NEW JERSEY HIF - 0002096174

Claims Incurred between 3/1/2020 and 1/19/2022 and Paid between 3/1/2020 and 1/19/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248 , M0201, M0239, M0240, M0241, M0243,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	4	5	\$521.90	\$104.38	\$4.35
1-5	12	32	\$5,482.66	\$171.33	\$11.74
6-18	29	69	\$6,768.11	\$98.09	\$6.35
19-25	30	95	\$34,655.16	\$364.79	\$38.08
26-39	47	137	\$15,668.10	\$114.37	\$10.53
40-64	83	274	\$170,936.20	\$623.85	\$64.02
65+	8	41	\$37,411.74	\$912.48	\$139.60
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	98	369	\$228,811.88	\$620.09	\$74.07
Spouse	42	98	\$18,596.13	\$189.76	\$12.95
Dependent	63	186	\$24,035.86	\$129.23	\$9.75

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	109	394	\$133,129.34	\$337.89	\$36.88
Male	94	259	\$138,314.53	\$534.03	\$40.93
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	202	652	\$271,343.87	\$416.17	\$38.97

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

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	13	15	\$10,043.32	\$669.55	\$1.44
Emergency Room With Observation Bed	4	4	\$5,685.29	\$1,421.32	\$0.81
Office Physician Visit	26	28	\$3,463.53	\$123.70	\$0.50
Other Physician Visit	5	7	\$1,801.25	\$257.32	\$0.26
Pathology (Laboratory)	165	390	\$34,948.46	\$89.61	\$5.00
Telemedicine	17	20	\$2,173.86	\$108.69	\$0.31
Urgent Care	48	65	\$12,193.69	\$187.60	\$1.74

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
1-5	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
6-18	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
19-25	1	2	2	\$21,494.46	26.40	\$10,747.23	\$23.62	4.00
26-39	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
40-64	4	5	5	\$131,273.40	22.80	\$26,254.68	\$49.17	4.75
65+	1	1	1	\$33,342.59	44.40	\$33,342.59	\$124.41	5.00
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Inspira Medical Center Mullica Hill	18	25	\$83,292.34	\$3,331.69	\$11.92
Inspira Medical Center Elmer	2	2	\$57,642.05	\$28,821.02	\$8.25
KENNEDY UNIVERSITY HOSPITAL GAC	19	24	\$39,225.50	\$1,634.40	\$5.61
Pennsylvania Hospital of the University of Pennsylvania Health System	1	3	\$21,562.46	\$7,187.49	\$3.09
Labcorp Raritan	85	136	\$12,849.54	\$94.48	\$1.84
Inspira Health Network Urgent Care PC	13	16	\$4,536.00	\$283.50	\$0.65
PROHEALTH CARE ASSOC LLP	19	25	\$4,388.20	\$175.53	\$0.63
GENESIS LABORATORY MANAGEMENT	10	11	\$3,775.50	\$343.23	\$0.54
Virtua West Jersey Health System Inc	8	11	\$3,386.47	\$307.86	\$0.48
Cooper University Hospital	26	45	\$2,764.32	\$61.43	\$0.40
Quest Diagnostics Inc	23	29	\$2,647.62	\$91.30	\$0.38
Alfred I Dupont Institute	3	4	\$2,627.31	\$656.83	\$0.38
Cooper Physician Offices PA	5	13	\$2,308.15	\$177.55	\$0.33
Inspira Health Network Medical Group	7	19	\$2,070.17	\$108.96	\$0.30
EPA of South Jersey	3	3	\$1,964.31	\$654.77	\$0.28
Hackensack University Medical Group PC	13	21	\$1,962.64	\$93.46	\$0.28
ACUTIS DIAGNOSTICS INC	4	7	\$1,394.31	\$199.19	\$0.20
Rowansom Dept of Family Practice	4	12	\$1,243.06	\$103.59	\$0.18
RITEAID Corporation	17	26	\$960.91	\$36.96	\$0.14
CMC DEPT OF MEDCN GRP	1	6	\$889.26	\$148.21	\$0.13
Inspira Medical Center Vineland	7	9	\$868.59	\$96.51	\$0.12
Patient First Maryland Physicians Group Pc	5	5	\$856.78	\$171.36	\$0.12
Sjhs Emergency Phys Svcs Pa	1	1	\$850.04	\$850.04	\$0.12
Minute Clinic Diagnostic of New Jersey LLC	22	36	\$836.98	\$23.25	\$0.12
Kennedy Health Alliance	2	3	\$828.48	\$276.16	\$0.12

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	\$0.00	
1-5	0	0	0	\$0.00	
6-18	0	3	2	\$202.80	\$40.56
19-25	0	6	6	\$560.92	\$46.74
26-39	1	10	5	\$702.97	\$43.94
40-64	1	14	10	\$1,271.04	\$50.84
65+	1	2	1	\$243.93	\$60.98
Unknown	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	1	2	\$400.00	\$400.00
6-18	6	9	\$1,572.00	\$262.00
19-25	8	11	\$2,367.33	\$295.92
26-39	13	16	\$2,925.45	\$225.03
40-64	21	27	\$4,928.91	\$234.71
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	0	0	\$0.00	\$0.00
26-39	0	0	\$0.00	\$0.00
40-64	0	0	\$0.00	\$0.00
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00



EXPRESS SCRIPTS®

Southern New Jersey Regional Employee Benefits Fund

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
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%

Total Component/Date of Service (Month)	202101	202102	202103	2021Q1	202104	202105	202106	2021Q2	202107	202108	202109	2021Q3	202110	202111	202112	2021Q4	2021YTD
Average Member Age - 35																	
Membership	3,808	3,825	3,825	3,819	3,811	3,811	3,806	3,809	3,798	3,794	3,798	3,797	3,793	3,804		2,532	3,807
Total Days	148,560	141,424	162,203	452,187	153,420	167,793	152,654	473,867	147,439	160,098	154,834	462,371	149,571	154,823			1,692,819
Total Patients	1,343	1,302	1,447	1,989	1,398	1,432	1,405	2,031	1,384	1,448	1,433	2,094	1,412	1,453			2,737
Total Plan Cost	\$699,036	\$443,833	\$675,343	\$1,818,213	\$750,940	\$653,546	\$660,460	\$2,064,947	\$615,455	\$645,292	\$683,099	\$1,943,846	\$549,293	\$553,361			\$6,929,659
Generic Fill Rate (GFR) - Total	84.9%	84.5%	84.5%	84.6%	84.6%	86.2%	85.2%	85.3%	87.4%	87.1%	87.0%	87.2%	87.4%	87.2%			86.0%
Plan Cost PMPM	\$183.57	\$116.03	\$176.56	\$158.68	\$197.05	\$171.49	\$173.53	\$180.69	\$162.05	\$170.08	\$179.86	\$170.66	\$144.82	\$145.47			\$165.49
% Change Plan Cost PMPM	23.0%	-33.9%	-1.0%	-5.3%	27.3%	-2.2%	24.4%	15.5%	-18.4%	-0.1%	22.5%	-0.7%	-30.1%	0.2%			1.3%
Total Specialty Plan Cost	\$257,915	\$81,330	\$244,294	\$583,539	\$312,260	\$201,149	\$249,368	\$762,777	\$225,037	\$225,586	\$263,687	\$714,309	\$166,403	\$191,670			\$2,418,699
Specialty % of Total Specialty Plan Cost	36.9%	18.3%	36.2%	32.1%	41.6%	30.8%	37.8%	36.9%	36.6%	35.0%	38.6%	36.7%	30.3%	34.6%			34.9%

PMPM	
Jan - Nov 2020	\$167.25
Jan - Nov 2021	\$165.49
Trend Jan-Nov 2021	-1.1%

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 24, 2022**

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

Resolutions

Subject Matter

Motion_____ **Second**_____

Resolutions

Subject Matter

Resolution 1-22: Award of Professional Fees for 2022	Page 42
Resolution 2-22: Designation of Service of Process	Page 45
Resolution 3-22: Designation of Secretary as Custodian of Records	Page 46
Resolution 4-22: Designation of Official Newspaper	Page 47
Resolution 5-22: Designation of Regular Meeting Times and Place.....	Page 48
Resolution 6-22: Designation of Bank Depositories & CMP	Page 50
Resolution 7-22: Designation of Authorized Signatories	Page 54
Resolution 8-22: Approval of Risk Management Plan.....	Page 55
Resolution 9-22: Appointment of MRHIF Fund Commissioners	Page 66
Resolution 10-22: Authorizing Treasurer to Process Payments	Page 67
Resolution 11-22: Compensating Producers	Page 68
Resolution 12-22: Approval of the December 2021 Bills List	Page 69

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
AWARDING PROFESSIONALS FEES FOR FUND YEAR 2022**

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 professional service appointments and contract awards be and are hereby made for 2022:

- I. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Actuary**. The annual amount of \$11,200 has been appropriated in the Actuary Line Item of the 2022 budget.
- II. **J. Kenneth Harris, Esq.** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$22,162.56 has been appropriated in the Attorney Line Item of the 2022 budget. The Fund Attorney will also be paid \$225 an hour for plan document preparation during the contract term.
- III. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$19,767.00 has been appropriated in the Auditor Line Item of the 2022 budget.
- IV. **Elizabeth Pigliacelli** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$6,182.22 has been appropriated in the Treasurer Line Item of the 2022 budget.
- V. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$9,435.87 has been appropriated in the Treasurer Line Item of the 2022 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2022:

- 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**. \$9.03 per employee, per month will be expended to the Administrator. The estimated annual amount of \$368,018 has been appropriated in the Administrator Line Item of the 2022 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager** \$20.70 per medical employee, per month; \$6.26 per prescription employee, per month; \$2.80 per dental employee, per month; and \$0.37 per medical employee per month for Health Care Reform changes will be expended in connection with the Program Manager in 2022. Estimated annual amount of \$859,429 has been appropriated in the **Program Manager** Line Item of the 2022 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$40.54 per employee, per month will be expended to the third party administrator. The estimated annual amount of \$745,287 has been appropriated in the Medical TPA Line Item of the 2022 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$40.00 per medical employee, per month will be expended to the TPA with the exception of the CCBOSS members which is \$40.00 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 \$60,758 has been appropriated in the Medical TPA Line Item of the 2022 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 \$68,927 has been appropriated in the Dental TPA Line Item of the 2022 budget.
- VI. **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 \$2,163,048 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 Township	\$ 348	AETNA - MAPDP

VII. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider. The annual amount of \$1,876,343 has been appropriated for this Line Item of the 2022 budget listed by member below.

Plan Name	PEPM
UHC Medicare Advantage w/ Rx (Pennsauken Township)	\$ 316.00
UHC Medicare Advantage w/Rx (Camden County Board of Social Services)	\$ 296.14
UnitedHealthcare Medicare Advantage w/ Rx (Township of Gloucester)	\$ 420.26
UHC Medicare Advantage w/ Rx (Merchantville Pennsauken Water Commission)	\$ 316.00

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 24, 2022

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 2-22

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2022**

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 be appointed and qualified.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 24, 2022

BY:_____
CHAIR

ATTEST:_____
SECRETARY

RESOLUTION NO. 3-22

**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 24, 2022

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 4-22

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE BURLINGTON COUNTY TIMES AND THE COURIER POST
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2022**

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 2022 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.snjrebf.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.snjrebf.com)

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 24, 2022

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 5-22

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND FIXING PUBLIC MEETING DATES FOR THE YEAR 2022

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 2022 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 28, 2022	Haddon Township	6:00 PM
March 28, 2022	Gloucester City Community Center	6:00 PM
April 25, 2022	Cherry Hill Fire District	6:00 PM
May 23, 2022	Voorhees Township	6:00 PM
June 27, 2022	Haddonfield Borough	6:00 PM
July 25, 2022	Pine Hill Borough	6:00 PM
August 22, 2022	Mt. Ephraim Charles Dougherty Sr. Center	6:00 PM
September 26, 2022	Bellmawr Borough	6:00 PM
October 24, 2022	Berlin Township Marion Consalvi Sr. Center	6:00 PM
November 28, 2022	Collingswood Community Center	6:00 PM
January 23, 2023	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:// /snjrebf.com/meeting-information/](https://snjrebf.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.snjrebf.com)

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 24, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2022 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 24, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-22

**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
Elizabeth Pigliacelli	- Fund Treasurer
Kenneth Verrill/Lorraine Verrill	- Deputy Treasurer (one, but never both)

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 24, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-22

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2022 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2022

Adopted: JANUARY 24, 2022

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2022 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 \$425,000 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).
- Specific Limit Unlimited
- Basis: Incurred 12 months, paid 24 months.

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

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

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

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

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

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

23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

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

24.) 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 24, 2022

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 9-22

**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;

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 24, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-22

**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 2022.

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 24, 2022.

ADOPTED: JANUARY 24, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-22

**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 2022;

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 2022:

Member Name	Broker	2022 Fee PEPM
Bordentown	CBIZ	30.74
Franklin	Assured Partners	43.51
Gloucester City	Brown & Brown Metro	7.75
Haddon Heights	Hardenbergh Insurance	11.35
Mantua Twp	Hardenbergh Insurance	48.60
Maple Shade	CBIZ	74.18
Merchantville Pennsauken Water Commission	Conner Strong & Buckelew	14.89
North Hanover	EJA/Capacity Benefits	3.27
Paulsboro	Anuszewski	70.59
Pennsauken Twp	Conner Strong & Buckelew	13.54
Somerdale	Cherry Hill Benefits	38.05
Westville	Hardenbergh Insurance	41.41

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

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
ADOPTED: JANUARY 24, 2022**

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 12-22

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE DECEMBER 2021 SUPPLEMENTAL AND MONTHLY BILLS LIST**

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **January 24, 2022** 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 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 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 24, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
NOVEMBER 22, 2021
ZOOM MEETING
6:00 PM**

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

PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE

ROLL CALL OF THE 2021 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
Edward Hill	CCBOSS	Present
Robert Maybury	Mt. Holly MUA	Present
Gary Passanate	Borough of Somerdale	Present

APPOINTED PROFESSIONALS PRESENT:

Executive Director/ Adm.	PERMA Risk Management Services Emily Koval Jordyn DeLorenzo
--------------------------	---

Program Manager	Conner Strong & Buckelew Brandon Lodics Maggie Friel
-----------------	--

Attorney	J. Kenneth Harris, Esq.
----------	--------------------------------

Medical TPA – AmeriHealth	Kristina Strain - Absent
---------------------------	---------------------------------

Medical TPA – Aetna	Jason Silverstein
---------------------	--------------------------

Express Scripts	Kyle Colalillo
-----------------	-----------------------

Treasurer	Mike Zambito
-----------	---------------------

Delta Dental	Kim Porter
--------------	-------------------

PRESENT FUND COMMISSIONERS AND PROFESSIONALS:

Robert Weil
Michael Marciante
Lorraine Verrill
Georganna Marian
Mike Zangrilli

APPROVAL OF MINUTES: October 25, 2021 Open

MOTION TO APPROVE OPEN MINUTES OF October 25, 2021:

Moved:	Commissioner Wolk
Second:	Commissioner Shannon
Vote:	All In Favor

CORRESPONDENCE – none.

EXECUTIVE DIRECTOR’S REPORT

FAST TRACK FINANCIAL REPORT – as of September 30, 2021 –Executive Director Koval stated September the fund is still in the red. The Executive Director’s office ran some claims through the third quarter and the CCBOSS continues to run high as well as other members. We may be seeing a lot of larger claims than usual and a higher dollar but not quite at the level to be able to get reimbursements from the MRHIF. Mrs. Koval stated they are monitoring this closely but luckily the fund has a strong surplus position that really helps when things like this come up.

WELLNESS CONTRACTS – CCBOSS

Executive Director Koval stated that the Camden County Board of Social Services uses its retained dividend funds to pay for wellness programs and the Fund pays these contracts directly. The group will be adding two new programs, Linongo and Healthways, that the Fund will also pay from the CCBOSS retained account. There is a flyer attached with the agenda that can be available to other members if they are interested in using their retained dividends for wellness programs as well. The fund does not have wellness in the budget for 2022 but that can be discussed for future budgets if interested by the fund.

MOTION TO ALLOW THE SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND TO PAY LIVONGO AND HEALTHWAYS SERVICE FEES ON BEHALF OF THE CAMDEN COUNTY BOARD OF SOCIAL SERVICES USING ITS RETAINED DIVIDEND FUNDS:

Moved:	Commissioner Maybury
Second:	Commissioner DiAngelo
Vote:	6 Ayes, 1 Abstained (Edward Hill)

Executive Director Koval stated that CCBOSS also wanted to use some of their retained budget towards their 2022 rates, which was not reflected in the budget at the time of adoption. Once the numbers are ran there may be a budget amendment included in the January agenda if necessary.

INDEMNITY AND TRUST AGREEMENTS

Executive Director Koval stated that blank I&T agreements and Resolutions were sent to the members/brokers earlier this month. Please remit these documents before the end of the year. A list of members with expiring Indemnity and Trust Agreements is included in the agenda.

PROGRAM MANAGERS REPORT

Benefit Express Payment Coupons for 2022

Program Manager Friel stated as a reminder PERMA mailed a memo to all retiree and COBRA members to make them aware that 2022 payment coupons will be late this year so that they should still pay what they currently have until they get their payment coupons.

Operations Updates

End of Year Reporting

Program Manager Maggie Friel explained the Dependent Age Out reports were completed mid-November and distributed to all of the groups. Mrs. Friel stated the Year-end W2 and ACA reporting will be available mid-December.

Aetna Update

Jefferson Health

PM Friel stated that Aetna contract with Jefferson Health extended through January 31, 2022.

AETNA MEDICARE ID CARD CHANGES

Program Manager Friel stated that new ID cards will be mailed in mid-December with a postcard mailing taking place in mid-late November to alert them that a new card will be coming in December. There is a copy in the agenda to see the changes to the card and what to expect.

Open Enrollment

PM Friel stated as a reminder, the **Annual Open Enrollment** recently ended on 11/12/2021. Changes were to be made in BE by 11/19/2021.

Covid

Program Manager Maggie Friel reviewed the “back to work” covid 19 testing. Mrs. Friel stated The Health Insurance Fund will continue to cover COVID-19 testing when deemed medically necessary by a healthcare professional in accordance with CDC guidelines but *will not* be covering employer-mandated testing.

LEGISLATIVE UPDATES

Program Manager Friel stated on November 4, 2021, OSHA released its Emergency Temporary Standard (ETS), which outlines workplace requirements for private employers to mitigate the risk of contracting COVID-19 in the workplace. On November 6, 2021, the fifth Circuit Court of Appeals ordered a temporary stay on ETS on mandatory COVID-19 vaccination and testing for the workplace. This order prevents enforcement of the ETS until a final decision regarding the legality of this standard is published. On November 12, 2021 they officially issued the stat until further court rulings can take place.

TREASURER'S REPORT – Fund Treasurer reviewed the bills list and treasurers report. Lorainne Verrill announced that it will be Mike Zambito’s last meeting and he will be retiring at the end of the year. The Chairman stated he will be very missed.

Resolution 32-21 – November 2021 Bills List

TOTAL		\$92,826.12
--------------	--	--------------------

November 2021 Supplemental Bills List

TOTAL		\$509,813.04
--------------	--	---------------------

November 2021 Dividends

TOTAL		\$614,276.23
--------------	--	---------------------

MOTION TO APPROVE RESOLUTION 32-21, SUPPLEMENTAL BILLS LIST AND DIVIDENDS:

MOTION:	Commissioner Shannon
SECOND:	Commissioner DiAngelo
ROLL CALL:	7 Ayes, 0 Nays

MOTION TO APPROVE THE TREASURERS REPORT:

MOTION:	Commissioner Shannon
SECOND:	Commissioner DiAngelo
ROLL CALL:	7 Ayes, 0 Nays

FUND ATTORNEY: Fund Attorney Harris discussed the Executive order 167 stating any local government that happened to receive recovery funds from the treasury, there is mandatory reporting requirements to the Federal Government. For any municipality that received the recovery funds, look into notice 2021-21 and the latest update from NJ. Mr. Harris also went over the COVID-19 booster regulations.

AETNA: Mr. Silverstein reviewed the claims for September 2021. The average pepm was \$1,677. He said there were 5 claims over \$50,000. He reviewed the dashboard report and noted all metrics continue to perform well. He also reviewed the COVID reporting distributed with the Agenda.

AMERIHEALTH: Report is in the agenda.

EXPRESS SCRIPTS: Kyle Colalillo reviewed the report included in the agenda. The trend is -1.2% as compared to last year, which is excellent. Specialty plan costs are about 29.8% of our total specialty costs. The trend is cyclical every three months, which shows us that the members are utilizing the 3 month supply of specialty medications. He touched on the new Covid-19 booster and who is able to get it. ESI continues to monitor the changes and will give updates at the next meeting.

DENTAL ADMINISTRATOR: No report.

OLD BUSINESS: None

NEW BUSINESS: Michael Zambito stated he is retiring at the end of the year and thanked the professionals and everyone he has worked with over the past seven years. He stated that the fund is in good hands and he feels as though SNJHIF is the best group of commissioners he has ever dealt with in his career. Chair Mevoli thanked him for all of his hard work and stated he appreciates him and all of his hard work. Mr. Mevoli wished him a happy retirement.

Chair Mevoli stated that the fund will be continuing meetings via zoom until further notice.

PUBLIC COMMENT: One of the broker partners asked via the chat section if there are new ID cards that will be generated to meet the no surprises act; PM Friel was able to get that information over to her and can provide information out to others who are interested. Mrs. Friel stated that Aetna is not moving forward with new cards at this time but AmeriHealth is. Once the PM's office has more information regarding the time line of these cards, everyone will be updated.

MOTION TO ADJOURN:

Moved:	Commissioner Shannon
Second:	Commissioner DiAngelo
Vote:	All In Favor

MEETING ADJOURNED: 6:30 pm

NEXT MEETING: January 24, 2021 6:00PM

Jordyn DeLorenzo Assisting Secretary
for

JOSEPH WOLK, SECRETARY