

Southern Jersey ^{FUND}



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS
JANUARY 23, 2023
CONFERENCE CALL
4:15 PM**

Join Zoom Meeting

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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 23, 2023
CONFERENCE CALL
4:15 PM

SINE DIE MEETING

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ
FLAG SALUTE - MOMENT OF SILENCE
ROLL CALL OF 2022 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: November 28, 2022

Open (Appendix I)

CORRESPONDENCE - None

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

MEETING OF FUND COMMISSIONERS CALLED TO ORDER
ROLL CALL OF 2023 FUND COMMISSIONERS

MEMBER ENTITY	COMMISSIONER/CONTACT
Borough of Lawnside	Angelique Rankins
Franklin Township	Barbara Freijomil
Lumberton Township	OPEN
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	Kevin Roche
Pine Hill	Pat Hendricks
Medford Lakes	Robert Burton

Mount Holly MUA	Robert Maybury
Westville Borough	Ryan Giles
Barrington	Terry Shannon
Chesilhurst	William Hales
Gloucester City	Brian Morrell
Pennsauken	Elizabeth Peddicord
Willingboro	Dwayne Harris
Township of Waterford	Ralph Condo
Gloucester Township	OPEN
Merch/Pennsauken Water Commission	Jack Killion
Winslow Twp	Joseph Gallagher
Riverside	Meghan Jack
Camden City	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

OATH OF OFFICE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2023 EXECUTIVE COMMITTEE

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly ReportPage 1

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly ReportPage 8

TREASURER - (Verrill & Verrill)

December 2022 Voucher List (Resolution 14-23)Page 13

Treasurers Report.....Page 15

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY – (J. Kenneth Harris)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

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NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

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PRESCRIPTION ADMINISTRATOR – (Express Scripts)

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DENTAL ADMINISTRATOR – (Delta Dental)

Monthly Report

CONSENT AGENDA..... Page 33

Resolution 1-23: Award of Professional Fees for 2023 Page 34

Resolution 2-23: Designation of Service of Process Page 37

Resolution 3-23: Designation of Secretary as Custodian of Records Page 38

Resolution 4-23: Designation of Official Newspaper Page 39

Resolution 5-23: Designation of Regular Meeting Times and Place..... Page 40

Resolution 6-23: Designation of Bank Depositories & CMP..... Page 42

Resolution 7-23: Designation of Authorized Signatories Page 46

Resolution 8-23: Approval of Risk Management Plan..... Page 47

Resolution 9-23: Appointment of MRHIF Fund Commissioners Page 58

Resolution 10-23: Authorizing Treasurer to Process Payments Page 59

Resolution 11-23: Compensating Producers..... Page 60

Resolution 12-23: Amending the Program Managers Contract Page 61

Resolution 13-23: New Member Approval Page 62

Resolution 14-23: Approval of the December 2022 Bills ListPage 63

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 23, 2022**

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of November 30, 2022 (page 3)

2023 REORGANIZATION

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

- #5-23 – This resolution sets the meeting dates for 2023, please note there is no December meeting
- #7-23 – Current Signatories – Michael Mevoli, Joseph Wolk, Terry Shannon, Treasurer and Deputy Treasurer
- #8-23 – RMP – There are a few changes from 2022 which are highlighted.
- #9-23 – Current MRHIF representatives are Joseph Wolk and Terry Shannon. Need to elect for 2023

PROGRAM MANAGER CONTRACT AMENDMENT - CLAIMS AND OPERATIONAL AUDIT

As approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits.

The Program Manager will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-inured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures.

AIM will cater the scope of the audits to the needs of the SNJHIF and market observations present at the time of each audit. The Program Manager's report includes suggested audit scope for 2023.

<https://www.aim-benefits.com/>

NEW MEMBER - DELRAN TWP

The Township of Delran has agreed to join the Fund on March 1, 2023. Below are the underwriting details and a resolution offering membership.

New Member Overview	
Fund	Southern NJ HIF
Entity	Delran Twp
County	Burlington County
Effective Date	3/1/2023 - 12/31/2023
Lines of Coverage	Medical and Prescription
Eligible Employees	65
Retiree Coverage	Yes - U65 and Medicare eligible
Current Arrangement	State Health Benefits
Actuary Certification	Yes: Standard Underwriting Methodology
Run Out Claims	State Health Benefits
Member approval?	Resolution Passed; waiting on Indemnity and Trust
Special Requests	None

COMMITTEE APPOINTMENTS

Each year the Fund Chair makes appointment to the Fund's standing committees. A report of the proposed 2023 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 14.

The 2023 budget and assessments were adopted without amendment. The assessment included in the SNJHIF 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting.

A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

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.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
		AS OF	November 30, 2022			
		THIS MONTH	YTD CHANGE		PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		4,666,037	49,617,483	1,317,785,394	1,367,402,877
2.	CLAIM EXPENSES					
	Paid Claims		3,204,128	41,601,016	1,070,869,641	1,112,470,657
	IBNR		1,634	687,562	3,442,882	4,130,444
	Less Specific Excess		-	(379,730)	(19,238,761)	(19,618,491)
	Less Aggregate Excess		-	-	(1,807,360)	(1,807,360)
TOTAL CLAIMS			3,205,762	41,908,848	1,053,266,402	1,095,175,249
3.	EXPENSES					
	MA & HMO Premiums		426,013	4,452,379	31,817,441	36,269,821
	Excess Premiums		73,477	775,063	48,343,585	49,118,648
	Administrative		263,157	2,719,063	118,378,290	121,097,353
TOTAL EXPENSES			762,648	7,946,505	198,539,316	206,485,821
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		697,627	(237,870)	65,979,676	65,741,806
5.	INVESTMENT INCOME		27,740	132,119	3,460,928	3,593,047
6.	DIVIDEND INCOME		0	109,474	11,536,489	11,645,963
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		725,368	3,723	80,977,093	80,980,816
8.	DIVIDEND		0	0	72,674,656	72,674,656
9.	Transferred Surplus		0	0	0	0
STATUTORY SURPLUS (7-8+9)			725,368	3,723	8,302,437	8,306,160
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	6,553	157,028	8,764,877	8,921,906
		Cash	(16,685)	(797,678)	14,534,816	13,737,138
2021		Surplus	1,836	(581,960)	(462,441)	(1,044,401)
		Cash	(16,849)	(1,845,113)	934,699	(910,414)
2022		Surplus	716,978	428,654		428,654
		Cash	(639,903)	(101,458)		(101,458)
TOTAL SURPLUS (DEFICITS)			725,368	3,723	8,302,437	8,306,160
TOTAL CASH			(673,436)	(2,744,249)	15,469,515	12,725,266
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			7,272	24,372	1,016,323,712	1,016,348,084
FUND YEAR 2021						
	Paid Claims		25,453	4,219,094	33,706,067	37,925,161
	IBNR		(19,541)	(3,387,929)	3,442,882	54,953
	Less Specific Excess		0	(158,352)	(206,257)	(364,609)
	Less Aggregate Excess		0	0	0	0
TOTAL FY 2021 CLAIMS			5,912	672,814	36,942,692	37,615,505
FUND YEAR 2022						
	Paid Claims		3,171,402	37,350,354		37,350,354
	IBNR		21,175	4,075,491		4,075,491
	Less Specific Excess		0	(214,184)		(214,184)
	Less Aggregate Excess		0	0		0
TOTAL FY 2022 CLAIMS			3,192,577	41,211,662		41,211,662
COMBINED TOTAL CLAIMS			3,205,762	41,908,848	1,053,266,404	1,095,175,251
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, 2022
BY FUND YEAR

	SNJREBF 2022	SNJREBF 2021	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	(101,458)	(910,414)	13,737,138	12,725,266
Assessments Receivable (Prepaid)	1,689,091	(158,584)	137,989	1,668,495
Interest Receivable	-	-	0	0
Specific Excess Receivable	-	79,551	-	79,551
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	109,474	109,474
Prepaid Admin Fees	933	-	-	933
Other Assets	2,942,660	-	-	2,942,660
Total Assets	4,531,226	(989,448)	13,984,601	17,526,379
LIABILITIES				
Accounts Payable	-	(0)	-	(0)
IBNR Reserve	4,075,491	54,953	-	4,130,444
A4 Retiree Surcharge	-	-	-	-
Dividends Payable	-	-	25,191	25,191
Retained Dividends	-	-	5,037,505	5,037,505
Accrued/Other Liabilities	27,081	-	-	27,081
Total Liabilities	4,102,572	54,953	5,062,695	9,220,220
EQUITY				
Surplus / (Deficit)	428,654	(1,044,401)	8,921,906	8,306,160
Total Equity	428,654	(1,044,401)	8,921,906	8,306,160
Total Liabilities & Equity	4,531,226	(989,448)	13,984,601	17,526,379
BALANCE	-	-	-	-

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
		FY2022											
INDICES	2021	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	15,469,515	\$ 13,777,456	\$ 13,039,982	\$ 14,884,691	\$ 15,797,902	\$ 16,042,608	\$ 13,980,450	\$ 12,943,612	\$ 12,729,841	\$ 12,743,749	\$ 13,398,701	\$ 12,725,266	
IBNR	3,442,882	\$ 3,870,793	\$ 4,153,514	\$ 4,301,835	\$ 4,365,466	\$ 4,397,482	\$ 3,610,892	\$ 4,001,812	\$ 4,077,478	\$ 4,125,468	\$ 4,128,810	\$ 4,130,444	
Assets	17,959,222	\$ 18,794,371	\$ 17,867,933	\$ 16,910,408	\$ 16,664,539	\$ 16,733,743	\$ 16,328,383	\$ 17,024,579	\$ 16,778,792	\$ 16,709,611	\$ 16,819,028	\$ 17,526,379	
Liabilities	9,656,786	\$ 9,915,504	\$ 9,488,305	\$ 9,602,630	\$ 9,635,522	\$ 9,647,405	\$ 8,814,504	\$ 9,170,636	\$ 9,223,223	\$ 9,255,167	\$ 9,238,236	\$ 9,220,220	
Surplus	8,302,437	\$ 8,878,867	\$ 8,379,629	\$ 7,307,779	\$ 7,029,017	\$ 7,086,337	\$ 7,513,879	\$ 7,853,943	\$ 7,555,568	\$ 7,454,444	\$ 7,580,792	\$ 8,306,160	
Claims Paid -- Month	2,973,600	\$ 2,668,627	\$ 3,865,842	\$ 4,593,206	\$ 3,855,057	\$ 3,604,209	\$ 4,351,361	\$ 3,251,619	\$ 4,120,758	\$ 4,195,924	\$ 3,890,286	\$ 3,204,128	
Claims Budget -- Month	2,967,287	\$ 3,615,026	\$ 3,620,002	\$ 3,617,974	\$ 3,618,943	\$ 3,629,654	\$ 3,617,101	\$ 3,885,799	\$ 3,892,852	\$ 3,900,934	\$ 3,885,361	\$ 3,885,626	
Claims Paid -- YTD	36,688,631	\$ 2,668,627	\$ 6,534,469	\$ 11,127,676	\$ 14,982,733	\$ 18,586,941	\$ 22,938,302	\$ 26,189,921	\$ 30,310,679	\$ 34,506,603	\$ 38,396,888	\$ 41,601,016	
Claims Budget -- YTD	35,830,197	\$ 3,615,026	\$ 7,235,029	\$ 10,853,003	\$ 14,471,945	\$ 18,101,599	\$ 21,718,701	\$ 25,604,499	\$ 29,497,351	\$ 33,398,285	\$ 37,283,646	\$ 41,169,271	
RATIOS													
Cash Position to Claims Paid	5.20	5.16	3.37	3.24	4.1	4.45	3.21	3.98	3.09	3.04	3.44	3.97	
Claims Paid to Claims Budget -- Month	1.00	0.74	1.07	1.27	1.07	0.99	1.2	0.84	1.06	1.08	1	0.82	
Claims Paid to Claims Budget -- YTD	1.02	0.74	0.90	1.03	1.04	1.03	1.06	1.02	1.03	1.03	1.03	1.01	
Cash Position to IBNR	4.49	3.56	3.14	3.46	3.62	3.65	3.87	3.23	3.12	3.09	3.25	3.08	
Assets to Liabilities	1.86	1.90	1.88	1.76	1.73	1.73	1.85	1.86	1.82	1.81	1.82	1.9	
Surplus as Months of Claims	2.80	2.46	2.31	2.02	1.94	1.95	2.08	2.02	1.94	1.91	1.95	2.14	
IBNR to Claims Budget -- Month	1.16	1.07	1.15	1.19	1.21	1.21	1	1.03	1.05	1.06	1.06	1.06	

Southern NJ Municipal Employee Benefits Fund						
2022 Budget Status Report						
as of November 30, 2022						
				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	24,272,186	26,613,745	18,348,245			
Medical Claims AmeriHealth - All Other	1,428,971	1,555,205	1,513,813			
Medical Claims - CCBOSS	9,051,958	9,866,497	10,570,521			
Subtotal Medical	34,753,115	38,035,447	30,432,580	34,808,547	(55,432)	0%
Prescription Claims - All Other	5,183,860	5,678,168	5,416,332			
Prescription Claims - CCBOSS	2,280,389	2,485,635	2,648,461			
Rx Rebates	(2,239,274)	(2,449,140)	(2,419,438)			
Subtotal Prescription	5,224,975	5,714,663	5,645,355	5,350,567	(125,591)	-2%
Dental Claims - All Other	1,036,084	1,130,575	1,109,717			
Dental Claims - CCBOSS	155,097	169,246	173,930			
Subtotal Dental	1,191,181	1,299,821	1,283,646	1,052,548	138,633	12%
Subtotal Claims	41,169,271	45,049,932	37,361,580	41,211,662	(42,390)	0%
Loss Fund Contingency	0	0	0			
DMO Premiums	973	1,088	3,078	713	261	27%
Medicare Advantage - All Other	2,729,992	2,999,415	2,163,048			
Medicare Advantage - CCBOSS	1,717,910	1,875,456	1,876,343			
Subtotal Insured Programs	4,448,875	4,875,959	4,042,469	4,451,667	(3,765)	0%
Reinsurance						
Specific	775,339	849,092	687,766	775,063	276	0%
Total Loss Fund	46,393,485	50,774,983	42,091,815	46,439,104	(45,619)	0%
Expenses						
Legal	20,316	22,163	22,163	20,316	(0)	0%
Treasurer	14,317	15,618	15,618	14,317	0	0%
Administrator	368,686	403,689	368,018	368,650	36	0%
Program Manager	929,387	1,017,915	859,429	1,327,827	(14,982)	-1%
Brokerage	383,459	424,034	291,468	Included above in Program Manager		
TPA - Med Aetna	851,745	933,109	745,287	909,139	79	0%
TPA - Med AmeriHealth Admin	57,473	62,613	60,758	Included above in TPA		
TPA - Dental	63,904	69,732	68,927	63,913	(9)	0%
Actuary	10,267	11,200	11,200	10,267	(0)	0%
Auditor	18,120	19,767	19,767	18,117	3	0%
Subtotal Expenses	2,717,673	2,979,840	2,462,636	2,732,546	(14,873)	-1%
Misc/Cont	18,534	20,219	20,219	15,854	2,680	14%
Data Analysis System	0	0	0	0	-	#DIV/0!
Affordable Care Act Taxes	11,136	12,195	9,878	10,376	760	7%
Plan Documents	13,750	15,000	15,000	13,750	-	0%
Total Expenses	2,761,093	3,027,254	2,507,733	2,772,526	(11,433)	0%
Total Budget	49,154,578	53,802,237	44,599,548	49,211,630	(57,052)	0%

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

12/31/2021 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 2023

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.

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact Austin Flinn, aflinn@permainc.com for additional information or to request an invite.

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

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 are 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
 - Quantity Limit – 1 course of treatment every 180 days

EXPRESS SCRIPTS UPDATE

ESI's 2023 Exclusions List has been released. The Program Manager sent the Exclusions List to all brokers with SNJHIF's specific aggregate impact information on November 14th. Impacted members, physicians, and pharmacists were notified about the 2023 medication exclusions. The 2023 SaveOn Drug lists were sent to brokers on September 8th, 2022. SNJHIF had 16 members impacted by the NPF Exclusions and no members impacted by the SaveOn Exclusions.

AETNA UPDATE

Aetna/Virtua Negotiations – Negotiations are currently in process between Aetna and Virtua Health. They have agreed to a 90-day extension through March 31, 2023, to allow Virtua Health to remain in network. There will be no interruptions to members in network services or care during this time. The Program Manager Team will provide updates to brokers as they are received.

OPERATIONAL UPDATES:

NEW – Effective 1/1/23!!

- The HIFs will include Gene Therapy under group's medical plans through Aetna and AmeriHealth as they become available. Benefit will be covered on a preferred network basis only. Coverage will not be available through the pharmacy.
- CVS Minute Clinic or Health Hub visits will be covered at \$0 or no cost (HDHP) for all Aetna and AmeriHealth covered members.

End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report includes the participant's full name and total amount received in 2022
 - Aetna - up to \$240 per eligible participant
 - AHA – up to \$150 or \$240 depending on the group
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
 - Reports were sent to group billing contacts the week of January 2nd
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022 through December 31, 2022**
 - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration- Extended through July 15, 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 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.

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 test
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government – **No longer available** effective September 2, 2022, due to lack of funding

ESI Highlights:

- o Point of service option is now available for members to get tests at the pharmacy counter.
 - o Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.
 - o ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
 - o Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.
3. 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.

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

Medical and Rx Reporting

Federal Extension Granted – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed into 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>

No Surprise Billing and Transparency Act – Continued Delays

The Health Insurance Funds, including SNJHIF 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.

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Southern New Jersey Health Insurance Fund (NJHIF). AIM will complete medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna's claim processing and financial accuracy of medical claims. AIM will also perform an

Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

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 SNJHIF 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

Carrier Appeals:

Submission Date	Appeal Type/Carrier	Appeal Number	Reason	Determination	Determination Date
10/17/2022	Medical/Aetna	SNJ-2022-11-02	Medical Necessity	Denied	10/31/2022

IRO Submissions:

Submission Date	Appeal Type/Carrier	Appeal Number	Reason	Determination	Determination Date
11/29/2022	Medical/Aetna	SNJ-2022-11-02	Medical Necessity	Upheld	12/9/2022

Small Claims Committee: None

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

Resolution No. 14-23

DECEMBER 2022

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>
002685			
002685	WELLNESS COACHES	WELLNESS COACHING - CCBOSS 07/22	6,032.00
002685	WELLNESS COACHES	WELLNESS COACHING - CCBOSS 05/22	6,032.00
			12,064.00
		Total Payments FY CLOSED	12,064.00

FUND YEAR 2022

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002686			
002686	AETNA-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 12/22	148,464.97
			148,464.97
002687			
002687	VOID	VOID	0.00
002688			
002688	FLAGSHIP HEALTH SYSTEMS	DMO PREMIUM - SOMERDALE 12/22	114.29
002688	FLAGSHIP HEALTH SYSTEMS	DMO PREMIUMS- LINWOOD 12/11	30.13
			144.42
002689			
002689	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/22	5,818.80
			5,818.80
002690			
002690	AETNA	MEDICAL TPA - AETNA 12/22	81,688.10
			81,688.10
002691			
002691	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA - AMERIHEALTH 12/22	5,140.45
			5,140.45
002692			
002692	PERMA	POSTAGE 12/22	592.67
002692	PERMA	ADMINISTRATION FEES 12/22	35,039.00
			35,631.67
002693			
002693	J. KENNETH HARRIS, ATTORNEY AT LAW		2,191.92
			2,191.92
002694			
002694	VERRILL & VERRILL LLC	TREASURER FEE 12/22	786.32
			786.32
002695			
002695	ELIZABETH PIGLIACELLI	TREASURER SERVICES 12/22	515.18
			515.18

002696			
002696	EDWARD HILL	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002697			
002697	ROBERT MAYBURY	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002698			
002698	GARY PASSANANTE	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002699			
002699	BRIAN MORRELL	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002700			
002700	CONNER STRONG & BUCKELEW	RX - PROGRAM MGR FEES 12/22	10,114.43
002700	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MGR FEES 12/22	72,538.76
002700	CONNER STRONG & BUCKELEW	BROKER FEES 12/22	41,127.91
002700	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MGR FEES 12/22	5,231.32
002700	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/22	788.75
			129,801.17
002701			
002701	JOSEPH WOLK	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002702			
002702	MICHAEL MEVOLI	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002703			
002703	LOUIS DI ANGELO	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002704			
002704	KEPRO	CLAIMS REVIEW 09/28/22	800.00
002704	KEPRO	CLAIMS REVIEW 09/27/21	475.00
			1,275.00
002705			
002705	TERRY SHANNON	4TH QUARTER 2022 MEETING ATTENDANCE	300.00
			300.00
002706			
002706	ACCESS	ACCT #419 ARC/STORE CUST 224 10/31/22	100.98
			100.98
002707			
002707	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/22	74,028.89
			74,028.89
002708			
002708	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 12/22	278,188.86
			278,188.86
		Total Payments FY 2022	768,368.65
		TOTAL PAYMENTS ALL FUND YEARS	780,432.65

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: 2022 Month Ending: November										
	Med	Dental	Rx	Vision	Medicare Advantage	Reinsurance	Dividend Reserve	Future	Admin	TOTAL
OPEN BALANCE	992,472.84	123,164.69	(1,037,300.28)	0.00	7,759,102.84	20,939.10	4,856,510.56	473,669.45	210,142.06	13,398,701.26
RECEIPTS										
Assessments	2,675,220.54	74,247.82	399,680.91	0.00	336,304.48	59,013.12	0.00	0.00	248,720.02	3,793,186.89
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	13,026.21	280.35	2,625.12	0.00	11,483.20	52.35	7,187.46	701.01	369.86	35,725.56
Invest Adj	(0.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.06)
Subtotal Invest	13,026.15	280.35	2,625.12	0.00	11,483.20	52.35	7,187.46	701.01	369.86	35,725.50
Other *	249,646.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	249,646.92
TOTAL	2,937,893.61	74,528.17	402,306.03	0.00	347,787.68	59,065.47	7,187.46	701.01	249,089.88	4,078,559.31
EXPENSES										
Claims Transfers	3,056,087.85	80,306.47	851,441.10	0.00	0.00	0.00	0.00	0.00	0.00	3,987,835.42
Expenses	431,958.89	85.80	0.00	0.00	0.00	73,477.46	0.00	0.00	258,622.48	764,144.63
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15.00	15.00
TOTAL	3,488,046.74	80,392.27	851,441.10	0.00	0.00	73,477.46	0.00	0.00	258,637.48	4,751,995.05
END BALANCE	442,319.71	117,300.59	(1,486,435.35)	0.00	8,106,890.52	6,527.11	4,863,698.02	474,370.46	200,594.46	12,725,265.52

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS											
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND											
ALL FUND YEARS COMBINED											
CURRENT MONTH	November										
CURRENT FUND YEAR	2022										
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:		2.70	1.89	3.75	3.69	3.69	3.69	1.25	3.66	3.15	
TOTAL for All Accts & instruments											
Opening Cash & Investment Balance	\$13,398,701.20	\$ 5,180.78	\$ 2,360.66	\$ 4,308,196.91	\$ 2,186,448.51	\$ 5,439,861.39	\$ 52,669.18	\$ 79,515.41	\$ 1,068,274.65	\$ 256,193.71	
Opening Interest Accrual Balance	\$8.72	\$ 8.72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$2.69	\$2.69	\$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	\$35,725.56	\$8.72	\$3.64	\$11,449.18	\$6,787.93	\$12,657.32	\$1,147.32	\$79.01	\$3,019.43	\$573.01	
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	\$35,728.25	\$11.41	\$3.64	\$11,449.18	\$6,787.93	\$12,657.32	\$1,147.32	\$79.01	\$3,019.43	\$573.01	
9 Deposits - Purchases	\$7,816,978.44	\$0.00	\$0.00	\$0.00	\$3,000,000.00	\$4,042,833.81	\$764,144.63	\$0.00	\$0.00	\$10,000.00	
10 (Withdrawals - Sales)	-\$8,526,139.68	\$0.00	\$0.00	\$0.00	\$0.00	-\$7,761,980.05	-\$764,144.63	\$0.00	\$0.00	-\$15.00	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$12,725,265.52	\$5,189.50	\$2,364.30	\$4,319,646.09	\$5,193,236.44	\$1,733,372.47	\$53,816.50	\$79,594.42	\$1,071,294.08	\$266,751.72	
Ending Interest Accrual Balance	\$11.41	\$11.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$1,052,467.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,052,467.15	\$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	\$13,777,732.67	\$5,189.50	\$2,364.30	\$4,319,646.09	\$5,193,236.44	\$1,733,372.47	\$1,106,283.65	\$79,594.42	\$1,071,294.08	\$266,751.72	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND									
Month		November							
Current Fund Year		2022							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid November	3. Monthly Recoveries November	4. Calc. Net Paid Thru November	5. TPA Net Paid Thru November	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2022	Med	32,393,451.76	3,056,087.85	0.00	35,449,539.61	0.00	35,449,539.61	32,393,451.76	3,056,087.85
	Dental	944,812.03	80,306.47	0.00	1,025,118.50	0.00	1,025,118.50	944,812.03	80,306.47
	Rx	7,432,622.11	851,441.10	0.00	8,284,063.21	0.00	8,284,063.21	7,432,622.11	851,441.10
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	40,770,885.90	3,987,835.42	0.00	44,758,721.32	0.00	44,758,721.32	40,770,885.90	3,987,835.42



**SOUTHERN NEW JERSEY REGIONAL
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

January 23, 2023



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

MEDICAL CLAIMS + CAP		# OF EES	PER EE	MEDICAL CLAIMS + CAP		PER EE
PAID 2021				PAID 2022	# OF EES	
JANUARY	\$2,161,645	1,558	\$ 1,387	\$2,113,193	1824	\$ 1,159
FEBRUARY	\$2,514,368	1,573	\$ 1,598	\$3,006,284	1824	\$ 1,648
MARCH	\$2,693,678	1,553	\$ 1,734	\$3,881,371	1829	\$ 2,122
APRIL	\$2,261,264	1,554	\$ 1,455	\$2,969,505	1832	\$ 1,621
MAY	\$2,609,287	1,551	\$ 1,682	\$3,433,958	1839	\$ 1,867
JUNE	\$2,408,369	1,544	\$ 1,560	\$3,237,653	1831	\$ 1,768
JULY	\$2,202,755	1,544	\$ 1,427	\$2,376,535	2002	\$ 1,187
AUGUST	\$2,930,144	1,533	\$ 1,911	\$3,593,885	2,007	\$ 1,791
SEPTEMBER	\$2,569,133	1,532	\$ 1,677	\$2,897,780	2,016	\$ 1,437
OCTOBER	\$2,547,921	1,525	\$ 1,671	\$3,051,652	2010	\$ 1,518
NOVEMBER	\$2,434,267	1,524	\$ 1,597	\$3,287,099	2011	\$ 1,635
DECEMBER	\$2,350,649	1,522	\$ 1,544			
TOTALS	\$29,683,480			\$33,848,916		
				2022 Average	1,911	\$ 1,614
				2021 Average	1,543	\$ 1,604

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

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

Paid Dates: 10/01/2022 - 10/31/2022
 Service Dates: 01/01/2011 - 10/31/2022
 Line of Business: All

	Billed Amt	Paid Amt
	\$209,422.00	\$121,326.64
	\$76,685.81	\$115,095.42
	\$331,337.87	\$101,248.40
	\$129,650.57	\$69,290.77
	\$114,322.38	\$67,510.48
	\$85,721.61	\$53,424.76
Total:	\$947,140.24	\$527,896.47

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

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

Paid Dates: 11/01/2022 - 11/30/2022
 Service Dates: 01/01/2011 - 11/30/2022
 Line of Business: All

	Billed Amt	Paid Amt
	\$148,982.33	\$111,049.46
	\$226,123.83	\$97,000.77
	\$271,750.04	\$57,653.98
	\$720,876.61	\$52,704.73
Total:	\$1,367,732.81	\$318,408.94



Medical Claims Paid:

January 2022 thru November 2022

Total Medical Paid per EE: **\$1,614**

Network Discounts

Inpatient: **65.5%**
Ambulatory: **70.8%**
Physician/Other: **60.8%**
TOTAL: 66.2%

Provider Network

% Admissions In-Network: **99.0%**
% Physician Office: **97.9%**

Aetna Book of Business:

Admissions 98.7%; Physician 91.5%

Top Facilities Utilized

(by total Medical Spend)

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

Catastrophic Claim Impact

January 2022 – November 2022

Number of Claims Over \$50,000: **83**
Claimants per 1000 members: **17.2**
Avg. Paid per Claimant: **\$129,452**
Percent of Total Paid: **37.4%**
• Aetna BOB- HCC account for an average of 38.3% of total Medical Cost

**Aetna One Flex Member Outreach:
Through November 2022**

Total Members Identified: **1,001**
Members Targeted for 1:1 Nurse Support : **213**
Members Targeted for Digital Activity: **798**
Member 1:1 outreach completed: **203**
Member 1:1 Outreach in Progress: **10**

**Teladoc Activity
January 2022 – November 2022**

Total Registrations: **120**
Total Online Visits: **228**
Total Net Claims Savings: **\$109,882**
Total Visits w/ Rx: **166**

Mental Health Visits: **18**
Dermatology Visits: **4**

**Allentown Service Center
Performance Goal Metrics YTD 2022**

Customer Service Performance

1st Call Resolution: **93.38%**
Abandonment Rate: **1.06%**
Avg. Speed of Answer: **20.8 sec**

Claims Performance

Financial Accuracy: **99.66%**

90% processed w/in: **9.8 days**
95% processed w/in: **18.9 days**

**Claims Performance (Monthly)
(November 2022)**

90% processed w/in: **5.8 days**
95% processed w/in: **10.0 days**
(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: **99%**

Turnaround Time

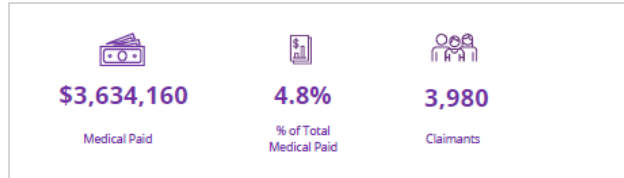
90% processed w/in: **14 days**
95% processed w/in: **30 days**

At a glance COVID-19 All-time experience

Average Members: 4,209

Time period: Jan 2020 - Dec 2022, paid through December 2022

Key Statistics (Medical Claims Only)



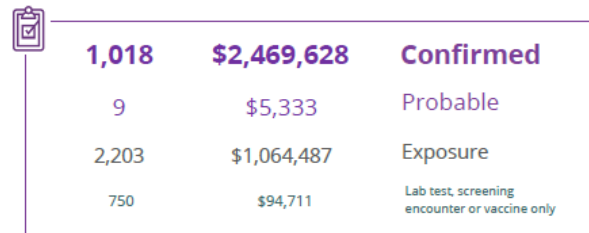
More detailed information is found on the next page to help you answer critical questions:

- ✓ 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



*Refer to Report terms on page 1

COVID-19 population risk*

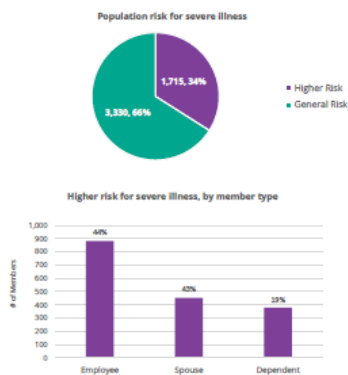


General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

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.

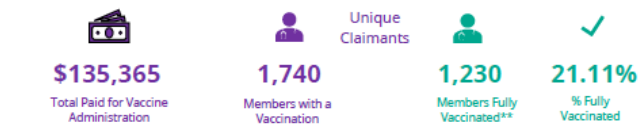
* See page one for High Risk definition.



Testing



Vaccine Administration (Medical & Pharmacy)*



*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





2022 SNJ HIF					
	<u>MEDICAL CLAIMS PAID 2022</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>	
JANUARY	\$ 139,776.07	\$ 139,776.07	138	\$ 1,012.87	
FEBRUARY	\$ 641,299.80	\$ 641,299.80	138	\$ 4,646.59	
MARCH	\$ 661,613.69	\$ 661,613.69	139	\$ 4,759.81	
APRIL	\$ 190,416.63	\$ 190,416.63	136	\$ 1,400.12	
MAY	\$ 317,487.55	\$ 317,487.55	134	\$ 2,369.31	
JUNE	\$ 379,694.04	\$ 379,694.04	132	\$ 2,876.00	
JULY	\$ 198,984.26	\$ 198,984.26	134	\$1,484.95	
AUGUST	\$ 288,665.62	\$ 288,665.62	135	\$ 2,138.26	
SEPTEMBER	\$ 233,667.06	\$ 233,667.06	137	\$ 1,705.59	
OCTOBER	\$ 205,421.03	\$ 205,421.03	135	\$1,521.63	
NOVEMBER	\$ 158,694.60	\$ 158,694.60	132	\$ 1,202.23	
DECEMBER	\$ 592,198.28	\$ 592,198.28	134	\$ 4,419.39	
TOTALS	\$ 4,007,918.63		135	\$ 2,461.40	
		2022 Average	135	\$ 2,461.40	

2021 SNJ HIF					
	<u>MEDICAL CLAIMS PAID 2021</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>	
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		133	\$ 1,515.66	
		2021 Average	134	\$ 1,515.66	
		2020 Average	135	\$ 1,360.98	



Group:	Southern New Jersey HIF	Service Dates:	-
Paid Dates:	12/1/22-12/31/22	Line of Business:	All
Network Service	ALL	Product Line:	All

Claimant	Paid	Diagnosis	
1	\$309,139	Diseases Of The Urinary System	

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SOUTHERN NEW JERSEY HIF - 0002096174

Claims Incurred between 3/1/2020 and 1/13/2023 and Paid between 3/1/2020 and 1/13/2023

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, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	12	29	\$6,337.67	\$218.54	\$30.32
1-5	16	59	\$9,972.33	\$169.02	\$13.21
6-18	43	115	\$16,712.98	\$145.33	\$9.89
19-25	33	117	\$37,766.43	\$322.79	\$29.46
26-39	63	220	\$31,527.74	\$143.31	\$12.99
40-64	97	424	\$322,762.26	\$761.23	\$79.91
65+	13	117	\$361,113.12	\$3,086.44	\$855.72
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	118	617	\$636,828.32	\$1,032.14	\$134.58
Spouse	51	160	\$101,845.87	\$636.54	\$45.22
Dependent	89	304	\$47,518.34	\$156.31	\$12.37

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Female	139	683	\$469,714.74	\$687.72	\$83.97
Male	119	398	\$316,477.79	\$795.17	\$60.50
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
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	257	1080	\$786,092.53	\$727.86	\$72.80

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	31	47	\$37,452.52	\$796.86	\$3.46
Emergency Room With Observation Bed	6	9	\$77,676.59	\$8,630.73	\$7.18
Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	55	71	\$7,987.08	\$112.49	\$0.74
Other Physician Visit	39	53	\$7,179.92	\$135.47	\$0.66
Pathology (Laboratory)	218	600	\$55,860.15	\$93.10	\$5.16
Urgent Care	83	119	\$23,268.63	\$195.53	\$2.15

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	19.20	\$10,747.23	\$16.77	4.00
26-39	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
40-64	6	7	7	\$244,906.97	20.40	\$34,986.71	\$60.64	5.67
65+	2	7	5	\$200,488.66	141.60	\$40,097.73	\$475.09	22.50
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
Virtua West Jersey Health System Inc	11	18	\$240,881.83	\$13,382.32	\$22.25
Kennedy University Hospital	29	43	\$158,786.31	\$3,692.70	\$14.67
Inspira Medical Center Mullica Hill	28	44	\$93,504.41	\$2,125.10	\$8.64
Capital Health System	1	1	\$79,329.65	\$79,329.65	\$7.33
Inspira Medical Center Elmer	2	2	\$57,642.05	\$28,821.02	\$5.32
Pennsylvania Hospital of the University of Pennsylvania Health System	1	3	\$21,562.46	\$7,187.49	\$1.99
Labcorp Raritan	103	170	\$16,020.58	\$94.24	\$1.48
Virtua Primary Care Laurel Springs	7	23	\$7,135.57	\$310.24	\$0.66
GENESIS LABORATORY MANAGEMENT	15	19	\$6,814.50	\$358.66	\$0.63
Inspira Health Network Urgent Care PC	17	23	\$6,640.00	\$288.70	\$0.61
Quest Diagnostics Inc	38	53	\$5,792.22	\$109.29	\$0.54
Cooper Physician Offices PA	7	21	\$5,756.22	\$274.11	\$0.53
Optum Urgent Care	23	30	\$5,368.20	\$178.94	\$0.50
Cooper University Hospital	35	66	\$4,808.70	\$72.86	\$0.44
Patient First Maryland Physicians Group Pc	21	25	\$4,178.18	\$167.13	\$0.39
EPA of South Jersey	6	6	\$3,298.52	\$549.75	\$0.30
Emergency Care Services Of Nj	6	6	\$3,088.57	\$514.76	\$0.29
Nemours Children's Health	3	4	\$2,627.31	\$656.83	\$0.24
Inspira Health Network Medical Group PC	9	22	\$2,401.41	\$109.16	\$0.22
Virtua Home Care At W Jersey	1	2	\$2,368.00	\$1,184.00	\$0.22
MD Medical Goup	17	22	\$2,322.87	\$105.58	\$0.21
Inspira Medical Center Vineland	10	14	\$2,208.51	\$157.75	\$0.20
Advantage Therapy Centers	1	4	\$2,185.00	\$546.25	\$0.20
Hackensack Meridian MedicalGroup	13	21	\$1,962.64	\$93.46	\$0.18
Virtua Our Lady of Lourdes Hospital	2	2	\$1,792.83	\$896.42	\$0.17

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91304, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	0	0	\$0.00	
1-5	0	0	0	0	0	\$0.00	
6-18	1	5	1	1	0	\$619.77	\$77.47
19-25	0	4	5	0	2	\$792.04	\$72.00
26-39	0	8	5	3	0	\$1,007.42	\$62.96
40-64	1	13	9	0	6	\$2,083.74	\$71.85
65+	0	4	0	0	0	\$263.82	\$65.96
Unknown	0	0	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	1	1	\$165.00	\$165.00
1-5	2	5	\$927.07	\$463.54
6-18	9	12	\$2,075.14	\$230.57
19-25	10	16	\$4,218.23	\$421.82
26-39	20	28	\$5,077.94	\$253.90
40-64	37	48	\$9,352.97	\$252.78
65+	6	9	\$1,452.28	\$242.05
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®

Formulary Update on Humira

Humira is a biologic drug used to treat numerous auto-immune diseases such as Rheumatoid Arthritis, Ulcerative Colitis, and Crohn's Disease, to name a few. Although it is not the only drug in its class, Humira is often considered as superior due to its simpler dosing and improved side effect profile when compared to others in its class. Humira was FDA approved in 2002 and has since become one of the top-selling drugs in the market.

Biosimilars are biologic drugs that are similar in structure, function, and produce a similar clinical response to innovator biologic drugs, such as Humira. Prior to biosimilars entering the market, manufacturers were able to set high prices on drugs like Humira due to the absence of competition. However, with the rising number of biologics gaining FDA approval, there is promise in driving down rising medication costs for patients. In 2023, there are potentially 10 new drugs launching that are biosimilars to Humira.

With these exciting changes in the upcoming year, Express Scripts has decided to keep Humira as a preferred inflammatory therapy on all standard commercial formularies. Patients who have been receiving Humira will not experience any disruption as there is no change to its position on our formularies. Humira biosimilars will be added at the same formulary position as Humira starting in 2023. We are co-preferring the innovator brand and biosimilar drug to deliver the lowest cost to our clients and patients regardless if the prescriber chooses the innovator drug or biologic.

Southern New Jersey Regional Employee Benefits Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
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	3,801	3,799	3,806
Total Days	148,560	141,424	162,203	452,187	153,420	167,793	152,654	473,867	147,439	160,138	155,141	462,718	150,121	156,323	151,983	458,427	1,847,199
Total Patients	1,343	1,302	1,447	1,989	1,398	1,432	1,405	2,031	1,384	1,449	1,438	2,095	1,420	1,474	1,452	2,093	2,801
Total Plan Cost	\$699,036	\$443,833	\$675,343	\$1,818,213	\$750,940	\$653,546	\$660,460	\$2,064,947	\$615,455	\$645,316	\$684,023	\$1,944,795	\$550,242	\$613,300	\$633,582	\$1,797,124	\$7,625,079
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%	86.9%	87.1%	87.4%	86.7%	87.8%	87.3%	86.1%
Plan Cost PMPM	\$183.57	\$116.03	\$176.56	\$158.68	\$197.05	\$171.49	\$173.53	\$180.69	\$162.05	\$170.09	\$180.10	\$170.75	\$145.07	\$161.23	\$166.69	\$157.67	\$166.95
Total Specialty Plan Cost	\$286,736	\$88,910	\$272,467	\$648,113	\$343,693	\$215,486	\$266,539	\$825,717	\$265,299	\$230,876	\$296,541	\$792,715	\$192,096	\$237,938	\$238,054	\$668,088	\$2,934,634
Specialty % of Total Specialty Plan Cost	41.0%	20.0%	40.3%	35.6%	45.8%	33.0%	40.4%	40.0%	43.1%	35.8%	43.4%	40.8%	34.9%	38.8%	37.6%	37.2%	38.5%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	4,596	4,586	4,598	4,593	4,596	4,605	4,600	4,600	5,000	5,014	5,024	5,013	4,997	4,998			
Total Days	178,960	171,953	187,498	538,411	178,596	188,051	183,697	550,344	183,335	204,617	191,864	579,816	195,352	195,610			
Total Patients	1,642	1,639	1,747	2,463	1,678	1,743	1,741	2,551	1,752	1,858	1,817	2,697	1,966	1,964			
Total Plan Cost	\$641,761	\$621,784	\$698,429	\$1,961,974	\$616,769	\$768,231	\$695,354	\$2,080,354	\$835,921	\$778,927	\$793,969	\$2,408,816	\$732,533	\$744,007			
Generic Fill Rate (GFR) - Total	87.6%	85.8%	87.1%	86.9%	87.6%	87.2%	87.3%	87.4%	87.5%	86.1%	87.1%	86.9%	81.6%	84.6%			
Plan Cost PMPM	\$139.63	\$135.58	\$151.90	\$142.38	\$134.20	\$166.83	\$151.16	\$150.74	\$167.18	\$155.35	\$158.04	\$160.18	\$146.59	\$148.86			
% Change Plan Cost PMPM	-24.0%	16.8%	-14.0%	-10.3%	-31.9%	-2.7%	-12.9%	-16.6%	3.2%	-8.7%	-12.2%	-6.2%	1.1%	-7.6%			
Total Specialty Plan Cost	\$258,321	\$238,408	\$258,476	\$755,205	\$211,002	\$339,439	\$290,418	\$840,859	\$378,061	\$312,245	\$368,494	\$1,058,801	\$260,900	\$316,084			
Specialty % of Total Specialty Plan Cost	40.3%	38.3%	37.0%	38.5%	34.2%	44.2%	41.8%	40.4%	45.2%	40.1%	46.4%	44.0%	35.6%	42.5%			

PMPM	
July-September 2021	\$170.75
July-September 2022	\$160.18
Trend July-September-2022	-6.2%

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JANUARY 23, 2023**

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 1-23: Award of Professional Fees for 2023	Page 34
Resolution 2-23: Designation of Service of Process	Page 37
Resolution 3-23: Designation of Secretary as Custodian of Records	Page 38
Resolution 4-23: Designation of Official Newspaper	Page 39
Resolution 5-23: Designation of Regular Meeting Times and Place.....	Page 40
Resolution 6-23: Designation of Bank Depositories & CMP.....	Page 42
Resolution 7-23: Designation of Authorized Signatories	Page 46
Resolution 8-23: Approval of Risk Management Plan.....	Page 47
Resolution 9-23: Appointment of MRHIF Fund Commissioners	Page 58
Resolution 10-23: Authorizing Treasurer to Process Payments	Page 59
Resolution 11-23: Compensating Producers.....	Page 60
Resolution 12-23: Amending the Program Managers Contract	Page 61
Resolution 13-23: New Member Approval	Page 62
Resolution 14-23: Approval of the December 2022 Bills List.....	Page 63

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
AWARDING PROFESSIONAL FEES FOR FUND YEAR 2023**

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 \$17,200 has been appropriated in the Actuary Line Item of the 2023 budget.
- II. **J. Kenneth Harris, Esq.** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$22,606 has been appropriated in the Attorney Line Item of the 2023 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 \$17,060 has been appropriated in the Auditor Line Item of the 2023 budget.
- IV. **Elizabeth Pigliacelli** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$6,305.86 has been appropriated in the Treasurer Line Item of the 2023 budget.
- V. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$9,624.59 has been appropriated in the Treasurer Line Item of the 2023 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2023:

- 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**. \$9.21 per employee, per month will be expended to the Administrator. The estimated annual amount of \$426,114 has been appropriated in the Administrator Line Item of the 2023 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager** \$21.10 per medical employee, per month; \$6.39 per prescription employee, per month; \$2.86 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 2023. Estimated annual amount of \$1,080,218 has been appropriated in the **Program Manager** Line Item of the 2023 budget. In addition, the Program Manager will be paid \$15,000 for plan documents and \$40,000 for specialized claim and operations audits through a subcontractor.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.54 per employee, per month will be expended to the third party administrator. The estimated annual amount of \$972,960 has been appropriated in the Medical TPA Line Item of the 2023 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.90 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit for all groups. The estimated annual amount of \$62,149 has been appropriated in the Medical TPA Line Item of the 2023 budget.
- V. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.18 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$70,840 has been appropriated in the Dental TPA Line Item of the 2023 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 \$3,262,008 has been appropriated for this Line Item of the 2023 budget.

Plan Name	Carrier	Monthly Premium
Medicare Advantage (Borough of Barrington)	AETNA - MA	\$ 431.00
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Barrington)	AETNA - MAPDP	\$ 727.00
Medicare Advantage w/ \$5/\$11/\$21 (Borough of Barrington)	AETNA - MA	\$ 638.00
Medicare Advantage w/ \$5/\$5 Rx-MAPDP (Borough of Bellmawr)	AETNA - MAPDP	\$ 607.00
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Gibbsboro)	AETNA - MAPDP	\$ 596.00
Medicare Advantage w/ \$5/\$5 RX-MAPDP (Gloucester City)	AETNA - MAPDP	\$ 479.00
Medicare Advantage w/ 10% Rx - MAPDP (Gloucester City)	AETNA - MAPDP	\$ 514.00
Medicare Advantage (Haddonfield Borough)	AETNA - MA	\$ 348.00
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Haddonfield Borough)	AETNA - MAPDP	\$ 616.00
Medicare Advantage w/ 10% Rx - MAPDP (Haddonfield Borough)	AETNA - MAPDP	\$ 469.00
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Borough of Mount Ephraim)	AETNA - MAPDP	\$ 674.00
Medicare Advantage w/ \$6/\$12/\$24 - MAPDP (Borough of Paulsboro)	AETNA - MAPDP	\$ 452.00
Medicare Advantage w/ 20% Rx - MAPDP (Pine Hill Borough)	AETNA - MAPDP	\$ 491.00
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Pitman)	AETNA - MAPDP	\$ 442.00
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Runnemede)	AETNA - MAPDP	\$ 569.00
Aetna Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Borough of Haddonfield)	AETNA - MAPDP	\$ 377.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Mantua Township)	AETNA - MAPDP	\$ 380.00
Aetna Medicare Advantage (Winslow Township)	AETNA - MA	\$ 203.00
Aetna Medicare Advantage (Winslow Township)	AETNA - MA	\$ 207.00
Aetna Medicare Advantage w/ Rx \$5/\$11/\$21 (West Deptford Township)	AETNA - MAPDP	\$ 363.00
Aetna Medicare Advantage w/ Rx \$6/\$12/\$24 (City of Camden)	AETNA - MAPDP	\$ 399.00

VII. **United Healthcare Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider. The annual amount of \$1,941,442 has been appropriated for this Line Item of the 2023 budget listed by member below.

PlanName	Carrier	Monthly Premium
UHC Medicare Advantage w/ Rx (Pennsauken Township)	UNITED - MA	\$ 353.00
UHC Medicare Advantage w/Rx (Camden County Board of Social Services)	UNITED - MA	\$ 400.00
UnitedHealthcare Medicare Advantage w/ Rx (Township of Gloucester)	UNITED - MA	\$ 467.00
UHC Medicare Advantage w/ Rx (Merchantville Pennsauken Water Commissio	UNITED - MA	\$ 353.00

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 23, 2023

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 2-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2023**

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 23, 2023

BY:_____
CHAIR

ATTEST:_____
SECRETARY

RESOLUTION NO. 3-23

**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 23, 2023

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 4-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE BURLINGTON COUNTY TIMES AND THE COURIER POST
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2023**

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 23, 2023

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 5-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2023**

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 2023 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 27, 2023	Scottish Rite	4:15 PM
March 27, 2023	ZOOM	4:15 PM
April 24, 2023	Bellmawr Fire Hall	4:15 PM
May 22, 2023	ZOOM	4:15 PM
June 26, 2023	Collingswood Community Center	4:15 PM
July 25, 2023	ZOOM	4:15 PM
August 28, 2023	ZOOM	4:15 PM
September 25, 2023	Brooklawn Community Center	4:15 PM
October 23, 2023	ZOOM	4:15 PM
November 27, 2023	Collingswood Community Center	4:15 PM
January 22, 2024	ZOOM	4:15 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 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2023 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 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-23

**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 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-23

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2023 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2023

ADOPTED: JANUARY 23, 2023

NOW, THEREFORE, BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2023 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) CLAIMS AND OPERATIONS AUDITS

The Fund retains a claim auditor experienced in auditing self-insured claims and operations. Annual claims and/or operational audits will be performed specific to the needs of the Fund and other variables impacting the health insurance market.

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

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

determination made by the TPA and the written request, shall be accompanied by a copy of the determination letter issued by the TPA.

1. The Program Manager will conduct a preliminary review within five (5) business days of the receipt of the request for an external review. There is no right to an external review by the IRO if (i) the claimant is or was not eligible for coverage at the time in question or (ii) the adverse benefit determination or final internal adverse benefit determination is based upon the failure of the claimant or covered person to meet requirements for eligibility under the Plan or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. The Program Manager shall notify the claimant if (a) the request is not eligible for external review; (b) that additional information is needed to make the request complete and what is needed to complete the request; or (c) the request is complete and is being forwarded to the IRO.

2. The Program Manager shall then forward an eligible, complete request for external review to the IRO designated by the Fund who shall be required to conduct its review in an impartial, independent and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to

regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

- (i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;
- (ii) the date the IRO was assigned and date of the IRO's decision;
- (iii) references to the documentation/information considered;
- (iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;
- (v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and
- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: ombudsman@dobi.state.nj.us/

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

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

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

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

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

23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims

Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

24.) 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 23, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-23

**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 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-23

**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 2023.

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: JANUARY 23, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-23

**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 2023;

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 2023:

Member Name	Broker	2023 Fee PEPM
Bordentown	CBIZ	31.35
Franklin	Assured Partners	26.52
Gloucester City	Brown & Brown Metro	7.91
Haddon Heights	Hardenbergh Insurance	11.58
Mantua Twp	Hardenbergh Insurance	49.57
Merchantville Pennsauken Water Commission	Conner Strong & Buckelew	15.19
North Hanover	EJA/Capacity Benefits	3.34
Paulsboro	Anuszewski	72.00
Pennsauken Twp	Conner Strong & Buckelew	13.81
Somerdale	Cherry Hill Benefits	38.81
Westville	Hardenbergh Insurance	41.41
Springfield Twp	EPIC Brokers	63.36

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

ADOPTED: JANUARY 23, 2023

BY:_____

CHAIRPERSON

ATTEST:_____

SECRETARY

RESOLUTION NO. 12-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
AMENDING
PROGRAM MANAGER CONTRACT**

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;

WHEREAS, the Fund resolved on January 23, 2023 a contract to Conner Strong and Buckelew to include a fee of \$40,000 a year to be entirely passed through to subcontractor, AIM;

WHEREAS, the Program Manager recommended the additional serves of specialized claim and operational audits to be determined by the Executive Committee as they see fit;

WHEREAS, the 2023 Budget was approved with the additional fee to be paid to Conner Strong & Buckelew as a pass through to AIM as a sub producer;

NOW THEREFORE BE IT RESOLVED that the Executive Committee approves the amendment of the Program Manager contract to amend the following language in the SERVICES section:

K. Provide specialized audits on an annual basis to ensure evaluated the performance and quality of the services performed by the Fund Professionals.

BE IT FURTHER RESOLVED that the Executive Committee approves the amendment of the Program Manager contract to amend the following language in the COMPENSTAION section:

And \$40,000 will be paid to AIM upon completion of special audits as requested by the Executive Committee;

BE IT FURTHER RESOLVED that each of the above shall serve pursuant to a Extraordinary Unspecified Services 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 ;

ADOPTED January 23, 2023

BY:_____

ATTEST:_____

CHAIRPERSON

SECRETARY

RESOLUTION NO. 13-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION TO OFFER MEMBERSHIP**

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

WHEREAS, the Fund held a Public Meeting on **January 23, 2023** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the Township of West Deptford and recommend offers of membership; and

WHEREAS, the Finance Committee has reviewed the following new member submission and has approved membership to the entity contingent upon a fully executed Indemnity and Trust agreement to join the Fund

1. Delran Township – Medical and Rx

BE IT RESOLVED, it has been determined that the admission to membership in the Fund of the above mentioned municipalities would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws;

BE IT RESOLVED, that the Southern New Jersey Regional Employee Benefits Fund hereby offers membership to the above mentioned entity's for medical and prescription coverage, contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

ADOPTED: January 23, 2023

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 14-23

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE DECEMBER 2022 BILLS LIST**

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **January 23, 2023** 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 2022 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 2022 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 23, 2023

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
NOVEMBER 28, 2022
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

ROLL CALL OF 2022 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 Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Present

APPOINTED PROFESSIONALS PRESENT:

Executive Director/Adm.	PERMA Risk Management Services Brandon Lodics Jordyn DeLorenzo
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Program Manager	Conner Strong & Buckelew Crystal Bailey Peter Mina
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Attorney	J. Kenneth Harris, Esq.
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Medical TPA – AmeriHealth	Kristina Strain
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Medical TPA – Aetna	Jason Silverstein
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Express Scripts	Hiteksha Patel
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Treasurer	Lorraine Verrill
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Delta Dental	Brian Remlinger
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OTHERS PRESENT:

Elizabeth Peddicord	AmyAnn Powers
Kevin Roche	Robert Weil
Suzanne Wood	Joe Madera

APPROVAL OF MINUTES: October 24, 2022 Open

MOTION TO APPROVE OPEN MINUTES OF October 24, 2022:

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

CORRESPONDENCE – none.

EXECUTIVE DIRECTOR'S REPORT

Financial Fast Track – Mr. Lodics stated that in September there was a small loss. The fund is running to budget with a surplus of about \$7.5 Million. The budget for 2022 looks like it is going to close at a push. Mr. Lodics stated that the recommendation is to hold off on declaring a dividend until the 1st quarter of 2023 to allow the fund to generate more surplus. The Committee can have that discussion when appropriate.

NEW MEMBERS – Mr. Lodics stated that there are new members that were previously approved by the finance committee.

2. City of Camden – Medicare Advantage only; *joining the SNJREBF from SHBP (1/1/2023)*
3. Riverside Township – Medical and Rx. ; *joining SNJREBF from SHBP (1/1/2023). We are also evaluating their dental for potential additional as well*
4. Woodbury Heights – Medical and Rx; *joining SNJREBF from SHBP (2/1/2023)*
5. Evesham Township – Medical and Rx; *passed on proposal and remaining with current arrangement*
6. Gloucester Twp – Medical, Rx, Vision and Dental; *joining the SNJREBF from private market, self-insured (2/1/2023). The Fund's proposal includes run-in assistance with a reconciliation at the end of the calendar year.*

Mrs. Shannon asked if these towns are joining because of the State Health Benefits Plan increases. Mr. Lodics responded saying yes all of them besides Gloucester Twp which is self-insured but joining the fund to help them in the long run.

New Members for Approval- 2/1/2023 (and later)

1. Delran Township – Medical and Rx, SHBP
2. Springfield Township – Medical and Rx, SHBP

Revised Resolution 28-22 includes a membership offering to Delran Twp and Springfield effective no earlier than February 1, 2023.

MOTION TO APPROVE REVISED RESOLUTION 28-22 TO OFFER NEW MEMBERSHIP:

MOTION:	Commissioner DiAngelo
SECOND:	Commissioner Maybury
ROLL CALL:	Unanimous

MAPLE SHADE – TERMINATION – Mr. Lodics stated that the Fund received notification that Maple Shade will be terminating on December 31, 2022. No action is required.

RETIREE FIRST LLC – Mr Lodics reviewed the below information:

PERMA is working with Retiree First LLC out of Mt. Laurel Township to assist with implementing and advocacy for large Medicare Advantage groups in the Health Insurance Funds (HIFs). The contract will be held at the MRHIF level, so all Funds may have access to this arrangement. No action is required by the SNJREBF.

Retiree First will provide groups of a larger size who join the HIF for Medicare Advantage with advocacy services as well as assist with implementation and mailings. City of Camden's proposal included these services in the rates. There is no budget impact to the Fund for Retiree First services. This will provide additional resources to new members without interruption of service to our existing HIF members. <https://retireefirst.com/>

PROGRAM MANAGERS REPORT

Crystal Bailey reviewed the agenda reports:

COVERAGE UPDATES:

Ms. Bailey stated that the two listed prescription drugs remain the same for those who have COVID-19.

EXPRESS SCRIPTS UPDATE

ESI's 2023 National Preferred Formulary (NPF) has been released. The NPF and Exclusion List were sent to all brokers on November 14, 2022. SNJHIF has 16 members impacted by the change. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions.

ESI's 2023 SaveOn list has been released. The drugs excluded for 2023 are highlighted in red on the list. SNJHIF had no members impacted by the changes for 2023. The list was sent to all brokers on November 14, 2022.

OPERATIONAL UPDATES:

Open Enrollment – 1/1/23 Mrs. Bailey stated that Open Enrollment has been closed for the SNJHIF.

NEW – Effective 1/1/23!!

- The HIFs will include Gene Therapy under group's medical plans through Aetna and AmeriHealth. Benefit will be covered on a preferred network basis only. Coverage will not be available through the pharmacy.
- CVS Minute Clinic or Health Hub visits will be covered at \$0 or low cost (HDHP) for all Aetna and AmeriHealth covered members.

VIRTUA/AETNA NEGOTIATIONS – Mrs. Bailey stated that the latest update from Aetna was that negotiations are still going on but there has been no extensions granted at this time. Letters will be going out this week from Aetna to the 301 members who this will effect. Mrs. Bailey is in constant contact with Aetna daily and continues to follow this as it unfolds. Mrs. Bailey stated that her team has been working with the brokers as well to keep them updated. Mr. Silverstein from Aetna stated that prior to the holidays, Aetna is trying to get an extension but that has not been granted. Aetna remains optimistic and will continue to negotiate. He stated that Aetna understands how important the relationship between the fund members and Aetna is and they are doing everything they can to continue their relationship with Virtua. Mrs. Silverstein stated that the contract is up December 31, 2022.

Commissioner Shannon expressed her concern on this matter. Mrs. Silverstein stated that Aetna is still at the table and hoping there is an agreement for the 1st of the year. In response to Commissioner DiAngelo, Mr. Silverstein stated that the only thing he is able to freely communicate today is that it Virtua is asking for a big increase and that is not acceptable on behalf of our members. Aetna stays optimistic that they will come to an agreement in the future.

Mr. Lodics stated that the fund understands how important this provider is to our members. He stated that if the negotiations come to a halt and there is no agreement made, the fund does have AmeriHealth who is not in negotiations. One of the benefits of this fund is that there is two carriers if it comes down to it.

Mrs. Bailey will give updates to the Executive committee as they come in.

2022 LEGISLATIVE REVIEW

COVID -10

Ms. Bailey stated that the FREE Tests from the Government – **No longer available** effective September 2, 2022, due to lack of funding. Members who have ESI can obtain them from their pharmacy through ESI.

Medical and Rx Reporting

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC).

Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

Carrier Appeals:

Submission Date	Appeal Type/ Carrier	Appeal Number	Reason	Determination	Determination Date
11/04/2022	Medical/Aetna	SNJ-2022-11-01	Medical Necessity	Under Review	N/A

IRO Submissions: None

Small Claims Committee: None

TREASURER'S REPORT – Fund Treasurer Lorraine Verrill reviewed the bills list and treasurers report.

Resolution 30-22 November 2022 Bills List

TOTAL	\$764,144.63
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MOTION TO APPROVE RESOLUTION 30-22:

MOTION: Commissioner Maybury
SECOND: Commissioner Shannon
ROLL CALL: 8 Ayes, 0 Nays

MOTION TO APPROVE THE TREASURERS REPORT:

MOTION: Commissioner Maybury
SECOND: Commissioner Wolk
ROLL CALL: Unanimous

FUND ATTORNEY: Fund Attorney Harris stated on October 13th, 2022 the Public Health Emergency was extended once again for another 90 day term which brings us into 2023 before it comes to an end. Mr. Harris touched on the No Surprises Act.

AETNA: Mr. Silverstein reviewed the claims for September 2022. The average PEPM was \$1,437. He said for September there were 7 claims over the \$50,000 threshold totaling \$770,964.29. He reviewed the dashboard report and noted all metrics continue to perform well.

AMERIHEALTH: Kristina Strain reviewed the claims reports for the month of October 2022. She stated that there were no high-cost claimants for the month of October. Ms. Strain reviewed the COVID 19 report and stated there is nothing new with the numbers and they are staying consistent with previous reporting. She stated that they are revamping their COVID reporting which will come out in 2023.

EXPRESS SCRIPTS: Hiteksha Patel reviewed the dental reports for Q3. She stated that total plan costs was \$2,407,590. She stated the generic fill rate has been consistent throughout the year is doing great at 86.8%. She said specialty plan costs are at \$1,580,801 which makes up for 44% of the total plan costs.

DENTAL ADMINISTRATOR: Brian Remlinger stated no report this month.

OLD BUSINESS: Chair Mevoli stated since there is no December meeting we need to authorize the payments for the December bills.

MOTION TO APPROVE THE PAYMENTS FOR DECEMBER 2022 BILLS:

MOTION: Commissioner Shannon
SECOND: Commissioner DiAngelo
ROLL CALL: 8 Ayes, 0 Nays

NEW BUSINESS: Mr. Chair stated that the reorganization meeting will be held on the January 23th 2023 via zoom. There is a time change to the meetings and an invite will be sent in January with the new proposed time.

PUBLIC COMMENT: None

MOTION TO ADJOURN:

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

MEETING ADJOURNED: 7:00pm

NEXT MEETING: January 23, 2023 4:15PM - ZOOM

Jordyn DeLorenzo Assisting Secretary
for

JOSEPH WOLK, SECRETARY

APPENDIX II

Southern New Jersey Regional Health Insurance Fund 2023 Operations Review and Medical Claims Audit

A health care claims audit is designed to assess whether claims are being adjudicated correctly, in accordance with the provisions of the plan of benefits, and paid only on behalf of eligible participants as determined by the provisions of the plan. Best practice is to look beyond just the claims and to identify operational or administrative issues that may lead to broader claims processing and service issues, allowing for real-world recommendations for resolution.

AIM will perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration.

- In an Operations Review (OR), a comprehensive Request for Information (RFI) is prepared and sent to Aetna in advance of the scheduled OR meeting.
- During the OR, interviews are conducted with key management and operations personnel to review Aetna's responses, procedures and methodologies.
- The OR encompasses such areas as system capabilities, staffing levels and turnover, performance standards, quality assurance for claim processing and customer service, Aetna's actual performance vs. client-specific and/or industry standards for accuracy, timeliness of claims adjudication, reporting capabilities, coordination with other administrative areas/vendors, and cost-management activities such as overpayment recovery, pricing controls and TPL investigations.
- Findings are compared to industry best practices.
- An OR can identify weaknesses in administrative controls that lead to poor performance.

In conjunction with the Operations Review, a medical claims audit will also be conducted on the administration by Aetna for the HIF employee medical plan. The medical claims audit will be conducted on a sample of claims finalized during the identified audit period. The audit will assess whether claims are being adjudicated correctly, in accordance with the provisions of the HIF plan of benefits and paid on behalf of eligible participants as determined by the provisions of the plan.

The purpose of the audit is to provide an assessment of Aetna's overall claims processing and financial accuracy performance during the audit period versus industry standards and applicable contractual standards.

Claim Audit Methodology - The principal objective of the claims audit will be to determine Aetna's claim processing accuracy and financial accuracy on medical claims. The financial accuracy calculation will identify the financial impact (and potential recoveries) for payment errors. In addition, a critical component of the audit process will be to identify the causes of errors. AIM's audit findings and recommendations will specifically identify these causes and recommend solutions that can help Aetna improve its claims administration and eliminate the kinds of errors identified through the audit process.

APPENDIX III

OATH OF OFFICE

**State of New Jersey
County of Camden**

I, _____, do solemnly swear (affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people and that I will faithfully, impartially, and justly perform all the duties of a member of the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund, according to the best of my ability, so help me God.

Name: _____

**Sworn and subscribed to
before me this 23th day of January 2023**

**J. Kenneth Harris, Esq.
Attorney at Law State of New Jersey**