AGENDA & REPORTS JANUARY 22, 2024 CONFERENCE CALL 4:15 PM

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Meeting ID: 975 1207 4287

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT FOR USE WITH ZOOM MEETING

The Open Public Meetings Act allows local public bodies to conduct public meetings by using electronic communications technology. During the recently ended Public Health Emergency local public bodies were encouraged to conduct public business via remote public meetings.

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

- 1. Sending advance written notice to The Burlington County Times and The Courier Post.
- 2. Filing advance written notice of this meeting with the Clerk/Administrator of each member municipality.
- 3. Sending advance electronic mail notice of this meeting to the Clerk/Administrator of each member municipality.
- 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 member municipalities.
- 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 22, 2024 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 2023 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman

Joseph Wolk, Secretary

Louis DiAngelo, Executive Committee Member

Terry Shannon, Executive Committee Member

Edward Hill, Executive Committee Member

Gary Passanante, Executive Committee Member

Brian Morrell, Executive Committee Alternate

Kenneth Cheeseman, Executive Committee Alternate

APPROVAL OF MINUTES: November 27, 2023 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 2024 FUND COMMISSIONERS

MEMBER ENTITY	COMMISSIONER/CONTACT
Barrington	Terry Shannon
Bellmawr	Louis DiAngelo
Bordentown	Michael Theokas
Borough of Berlin	
Borough of Lawnside	Angelique Rankins
Brooklawn	Michael Mevoli
Camden City	OPEN
CCBOSS	Edward Hill
Chesilhurst	William Hales
Delran Township	Joseph Bellina
Elk Township	
Franklin Township	Barbara Freijomil
Gibbsboro	Jack Flynn
Gloucester City	Brian Morrell
Gloucester Township	OPEN
Gloucester Township Fire District #2	William Rob
Haddon Heights	Kelly Santosusso

Haddonfield	Kevin Roche
Laurel Springs	Ken Cheeseman
Lindenwold	Dawn Thompson
Lumberton Township	Carrie Gregory
Magnolia	Steve Whalen
Mantua	Jemmica Bileci
Medford Lakes	Robert Burton
Medford Twp	
Merch/Pennsauken Water	
Commission	Jack Killion
Merchantville	Edward Brennan
Monroe	
Mount Holly MUA	
Mt Ephraim	M. Joseph Wolk
North Hanover Twp	Mary Picariello
Oaklyn Borough	Bonnie Taft
Palmyra	Donna Condo
Paulsboro	Tahje Thomas
Pennsauken	Elizabeth Peddicord
Pine Hill	Pat Hendricks
Pitman	Michael Razze
Riverside	Meghan Jack
Runnemede	Eleanor Kelly
Somerdale, Boro of	Gary Passanante
Springfield Township	J Paul Keller
Township of Berlin	Catherine Underwood
Township of Waterford	Michael Dougherty
Washington Township	James Walker
Wenonah	Karen Sweeney
West Deptford	Mike Kwasizur
Westville Borough	Ryan Giles
Willingboro	Dwayne Harris
Winslow Township Fire District	Lorraine Sacco
Winslow Twp	Joseph Gallagher
Woodbury Heights	Vikki Holmstrom

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
Gary Passanante, Executive Committee Member

Brian Morrell, Executive Committee Member
Kenneth Cheeseman, Executive Committee Alternate

OATH OF OFFICE
MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER
ROLL CALL OF 2024 EXECUTIVE COMMITTEE
CORRESPONDENCE - None
REPORTS:
EXECUTIVE DIRECTOR (PERMA) Monthly Report
PROGRAM MANAGER- (Conner Strong & Buckelew)
Monthly ReportPage 7
TREASURER - (Verrill & Verrill) December 2024 Voucher List (Resolution 14-24)
ATTORNEY - (J. Kenneth Harris) Monthly Report
NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna) Monthly Report
NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth) Monthly Report
PRESCRIPTION ADMINISTRATOR - (Express Scripts) Monthly Report
DENTAL ADMINISTRATOR - (Delta Dental) Monthly Report
CONSENT AGENDA

T AGENDA	Page 27
Resolution 1-24: Award of Professional Fees for 2024	Page 28
Resolution 2-24: Designation of Service of Process	Page 32
Resolution 3-24: Designation of Secretary as Custodian of Records	Page 33
Resolution 4-24: Designation of Official Newspaper	_
Resolution 5-24: Designation of Regular Meeting Times and Place	Page 35
Resolution 6-24: Designation of Bank Depositories & CMP	_
Resolution 7-24: Designation of Authorized Signatories	_
Resolution 8-24: Approval of Risk Management Plan	_
Resolution 9-24: Appointment of MRHIF Fund Commissioners	_
Resolution 10-24: Authorizing Treasurer to Process Payments	0

Resolution 11-24: Compensating Producers	Page 54
Resolution 12-24: MRHIF I&T	
Resolution 13-24: Bank Earnings Base Rate - Citizens	U
Resolution 14-24: Approval of the December 2023 Bills List	O

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 22, 2024

FINANCE AND CONTRACTS

PRO FORMA REPORTS

Fast Track Financial Report – as of November 30, 2023 (page 2)

2024 REORGANIZATION

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

#5-24 – This resolution sets the meeting dates for 2024, please note there is no December meeting. This will be sent to all members.

#7-24 - Current Signatories - Michael Mevoli, Joseph Wolk, Terry Shannon, Treasurer and Deputy Treasurer.

#8-24 - RMP - The only change is the specific excess limit to the MRHIF.

#9-24 – Current MRHIF representatives are Joseph Wolk and Terry Shannon. Need to elect for 2024

COMMITTEE APPOINTMENTS

Each year the Fund Chair makes appointment to the Fund's standing committees. A report of the proposed 2024 committees is included below.

<u>Contracts</u>	<u>Claims</u>	<u>Finance</u>	<u>Nominating</u>
Lou DiAngelo, Chair	Joseph Wolk, Chair	Terry Shannon, Chair	Joseph Wolk, Chair
<u>OPEN</u>	<u>OPEN</u>	Gary Passanante	Lou DiAngelo
Edward Hill	Terry Shannon	Lou DiAngelo	Terry Shannon

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 13.

The 2024 budget and assessments were adopted without amendment. The assessment included in the SNJHIF 2024 budget was unchanged.

The incumbent Benefits Administration system was approved for another one-year contract. A full review of the services promised in the RFP will occur next fall and the Fund will determine whether to extend another year or go back out to RFP.

The MRHIF will have a new member on 1/1/2024 – the Metropolitan Health Insurance Fund.

	LESS Specific Excess LESS Aggregate Exce L FY 2023 CLAIMS NED TOTAL CLAIM	ess	(14,314) 0 4,486,921 4,497,625	(14,314) 0 43,763,311 43,826,991	1,099,475,150	43,763,
TOTAL	Less Specific Excess Less Aggregate Exce		0	0		
	Less Specific Excess					(14,3
_	IDND		37,561	4,677,319		4,677,3
	Paid Claims		4,463,674	39,100,306		39,100,
FUND	YEAR 2023					
TOTA	L FY 2022 CLAIMS		9,962	32,319	45,532,445	45,564,
	Less Aggregate Exce		0	0	0	
	Less Specific Excess		22,447	(546,385)	(215,072)	(761,
	IBNR		(30,441)	(3,753,791)	3,805,161	51,
	Paid Claims		17,956	4,332,495	41,942,356	46,274,
FUND	YEAR 2022					
TOTA	L CLOSED YEAR CLAI	MS	742	31,362	1,053,942,706	1,053,974,
				SIS BY FUND YEAR	, , , , ,	
TAL C	•	~	2,663,064	5,231,981	11,218,835	16,450,8
ΤΔΙ S	SURPLUS (DEFICITS		218,314	470,713	7,988,021	8,458,7
		Cash	2,445,970	3,624,567		3,624,
2023		Surplus	(7,914)	5,737	(1,500,021)	5,
2022		Cash	(16,909)	1,154,039	(1,568,827)	63, (414,
2022		Surplus	(8,915)	(1,903)	64,947	13,241,
Closed		Surplus Cash	235,144 234,003	466,879 453,376	7,923,074 12,787,662	8,389, 13,241,
				CITS) BY FUND YEAR		
STAT	UTORY SURPLUS	(7-8+9)	218,314	470,713	7,988,021	8,458,7
	ferred Surplus		0	0	0	
DIVID			0	0	72,674,656	72,674,
STATU	UTORY PROFIT/(LOSS	5) (4+5+6)	218,314	470,713	80,662,677	81,133,3
DIVID	END INCOME		201,176	201,176	11,645,963	11,847,
	STMENT INCOME		50,018	293,942	3,625,367	3,919,
	RWRITING PROFIT/(LOSS) (1-2-3)	(32,880)	(24,405)	65,391,347	65,366,
	AL EXPENSES	_	1,112,206	11,009,774	207,256,028	218,265,8
TOT :	Administrative		317,812	3,162,934	121,366,732	124,529,
	Excess Premiums		79,847	791,262	49,192,677	49,983,
	MA & HMO Premiun	ns	714,547	7,055,578	36,696,619	43,752,
EXPEN						
TOTA	AL CLAIMS		4,497,625	43,826,991	1,099,475,148	1,143,302,1
	Less Aggregate Exce	ess	-	-	(1,807,360)	(1,807,
	Less Specific Excess		8,133	(545,952)	(19,620,933)	(20,166,
	IBNR		7,120	923,528	3,805,161	4,728,
	Paid Claims		4,482,372	43,449,415	1,117,098,280	1,160,547,
CLAIN	I EXPENSES					
UND	ERWRITING INCO	ME	5,576,952	54,812,360	1,372,122,523	1,426,934,8
			MONTH	CHANGE	YEAR END	BALANCE
			THIS	YTD	PRIOR	FUND
			AS OF	October 31, 2023		
				EGIONAL EMPLOY FAST TRACK REPOR		

Southern New Jersey Regional Employee Benefits Fund CONSOLIDATED BALANCE SHEET

AS OF OCTOBER 31, 2023

BY FUND YEAR

	SNJREBF 2023	SNJREBF 2022	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	3,624,567	(414,788)	13,241,037	16,450,816
Assesstments Reœivable (Prepaid)	(24,921)	29,255	89,501	93,835
Interest Receivable	-	-	13	13
Specific Excess Receivable	14,314	499,947	-	514,261
Aggregate Excess Receivable	-	-	-	-
Dividend Reœivable	-	-	-	-
Prepaid Admin Fees	3,201	-	-	3,201
Other Assets	1,110,370	-	-	1,110,370
Total Assets	4,727,530	114,414	13,330,552	18,172,496
LIABILITIES Accounts Payable	_	_		_
IBNR Reserve	4,677,319	51,370	_	4,728,689
A4 Retiree Surcharge	-	51,570	_	4,720,007
Dividends Payable	-	_	32,089	32,089
Retained Dividends	-	_	4,908,509	4,908,509
Acrued/Other Liabilities	44,475	-	-	44,475
Total Liabilities	4,721,794	51,370	4,940,598	9,713,762
EQUITY				
Surplus / (Defiat)	5,737	63,044	8,389,953	8,458,734
Total Equity	5,737	63,044	8,389,953	8,458,734
Total Liabilities & Equity	4,727,530	114,414	13,330,552	18,172,496
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 REGIONA	AL EMPLOYEE BENE	FITS	FUND																		
RATIOS																					
								_			_	FY20		_							
INDICES	2022		JAN		FEB		MAR	_	APR	MAY	-	JUN	JUL	_	AUG		SEP		OCT	NOV	DEC
Cash Position	11,218,835	\$ 1	11,537,320	Ś	9,784,018	Ś	8,722,644	Ś	7.428.201	\$ 8,350,758	Ś	10.677.232	\$ 11,984,309	Ś	11.527.347	Ś	13,787,752	Ś	16,450,816		
IBNR	3,805,161	-	3,833,100		4,191,538	-	4,380,535	-		\$ 4,680,833			\$ 4,730,728	-		-	4,721,569	•	4,728,689		
Assets	16,912,028	\$ 1	17,201,658	\$	17,415,171	\$	16,951,698	\$	17,375,635	\$ 17,695,543	\$	17,491,813	\$ 18,100,759	\$	18,177,833	\$	17,942,310	\$	18,172,496		
Liabilities	8,870,793		8,897,035	\$	9,237,668		9,421,043			\$ 9,714,749			\$ 9,714,896	\$	9,708,865	\$	9,701,890	\$	9,713,762		
Surplus	8,041,236	\$	8,304,623	\$	8,177,503	\$	7,530,656	\$	7,753,259	\$ 7,980,794	\$	7,763,921	\$ 8,385,863	\$	8,468,967	\$	8,240,420	\$	8,458,734		
Claims Paid Month	4,627,623	\$	3,735,395	\$	3,968,720	\$	4,679,366	\$	4,091,263	\$ 4,162,706	\$	5,203,447	\$ 3,958,017	\$	4,445,173	\$	4,722,957	\$	4,482,372		
Claims Budget Month	3,880,661	\$	4,078,445	\$	4,145,791	\$	4,261,834	\$	4,469,632	\$ 4,474,274	\$	4,456,928	\$ 4,466,944	\$	4,456,776	\$	4,437,013	\$	4,461,236		
Claims Paid YTD	46,327,012	\$	3,735,395	\$	7,704,115	\$	12,383,480	\$	16,474,743	\$ 20,637,449	\$	25,840,895	\$ 29,798,913	\$	34,244,086	\$	38,967,043	\$	43,449,415		
Claims Budget YTD	45,049,932	\$	4,078,445	\$	8,224,237	\$	12,486,071	\$	16,955,703	\$ 21,429,977	\$	25,886,905	\$ 30,353,849	\$	34,810,625	\$	39,247,638	\$	43,708,874		
RATIOS																					
Cash Position to Claims Paid	2.42		3.09	-	2.47		1.86	H	1.82	2.03	1	2.05	3.03		2.59		2.92		3.67		
Claims Paid to Claims Budget Month	1.19		0.92		0.96		1.1		0.92	0.93	3	1.17	0.89		1.00		1.06		1		
Claims Paid to Claims Budget YTD	1.03		0.92		0.94		1.0		1.0	1.0)	1.0	0.98		0.98		0.99		0.99		
Cash Position to IBNR	2.95		3.01		2.33		1.99		1.62	1.78	3	2.26	5 2.53		2.44		2.92		3.48		
Assets to Liabilities	1.91		1.93		1.89		1.8		1.81	1.82	2	1.8	3 1.86		1.87		1.85		1.87		
Surplus as Months of Claims	2.07		2.04		1.97		1.77		1.73	1.78	3	1.74	1.88		1.90		1.86		1.9		
IBNR to Claims Budget Month	0.98		0.94		1.01		1.03	H	1.03	1.05	5	1.06	5 1.06	+	1.06		1.06		1.06		

Southern NJ Municipal Employee Benefits Fund 2023 Budget Status Report

as of October 31, 2023

Expected Losses	YTD Budgeted	Annual	Latest Filed	YTD Expensed	\$ Variance	% Varaiance
Medical Claims - All Other	27,302,849	33,204,615	30,380,930	Expenseu		
Medical Claims AmeriHealth - All Other	1,575,035	1,892,682	1,859,598			
Medical Claims - CCBOSS	8,664,475	10,381,334	10,668,124			
Subtotal Medical	37,542,358	45,478,632	42,908,652	36,610,850	931,509	2%
Prescription Claims - All Other	5,161,114	6,272,624	5,810,083	20,010,020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Rx Rebates - All Other	(1,548,334)	(1,881,787)	(1,743,025)			
Prescription Claims - CCBOSS	2,205,783	2,640,797	2,771,693			
Rx Rebates - CCBOSS	(661,735)	(792,239)	(831,508)			
Subtotal Prescription	5,156,828	6,239,395	6,007,244	6,175,210	(1,018,382)	-20%
Dental Claims - All Other	875,374	1,054,382	1,009,477	3,212,220	(=,===,===)	
Dental Claims - CCBOSS	134,313	161,450	162,540			
Subtotal Dental	1,009,687	1,215,832	1,172,017	977,251	32,437	3%
Subtotal Claims	43,708,874	52,933,858	50,087,913	43,763,311	(54,437)	0%
	20,100,011	,,	2 2,000 1,000	12,1 12,12	(= 1,121)	
Loss Fund Contingency	131,669	158,003	158,003			
2140 2	1004	4.000	1 101	2.00	246	60/
DMO Premiums	4,234	4,929	1,104	3,987	246	6%
Medicare Advantage - All Other	5,445,651	6,569,999	3,262,008			
Medicare Advantage - CCBOSS	1,594,496	1,908,356	1,941,442	- 0-1 -01		
Subtotal Insured Programs	7,044,381	8,483,284	5,204,554	7,051,591	(11,444)	0%
Reinsurance						
Specific	791,297	958,168	896,418	791,262	35	0%
Total Loss Fund	51,676,221	62,533,313	56,346,888	51,610,151	66,070	0%
Expenses						
Legal	18,839	22,606	22,606	18,839	(0)	0%
Treasurer	13,275	15,930	15,930	13,275	-	0%
Administrator	430,655	519,830	426,114	430,812	(157)	0%
Program Manager	1,084,452	1,310,067	1,080,218	1,602,234	(26,666)	-2%
Brokerage	491,116	490,496	494,137	Included above	in Program Man	ager
TPA - Med Aetna	839,553	1,017,206	972,960	891,502	(238)	0%
TPA - Med AmeriHealth Admin	51,711	62,038	62,149	Included above i	in TPA	
TPA - Dental	60,949	73,393	70,840	60,937	13	0%
Actuary	14,333	17,200	17,200	14,333	(0)	0%
Auditor	14,217	17,060	17,060	14,217	(0)	0%
Medicare Advantage Implementation	0	0	0	53,592	(53,592)	#DIV/0!
Subtotal Expenses	3,019,100	3,545,826	3,179,215	3,099,740	(80,640)	-3%
Nr. (G.)	40.040	A4 /==	A4 <==	4= 0.5=	001	
Misc/Cont	18,048	21,657	21,657	17,067	981	5%
Affordable Care Act Taxes	11,190	13,549	12,676	12,986	(1,797)	-16%
Claims Audit	33,333	40,000	40,000	33,333	(0)	
Plan Documents	12,500	15,000	15,000	12,500	-	0%
Total Expenses	3,094,170	3,636,032	3,268,548	3,175,626	(81,456)	-3%
Total Budget	54,770,391	66,169,344	59,615,436	54,785,777	(15,386)	0%

REGULATORY

Monthly Items Filing Status

Budget Filed
Assessments Filed
Actuarial Certification Filed
Reinsurance Policies Filed

Fund Commissioners
Fund Officers
To Be Filed pending reorg
To Be Filed pending reorg
Renewal Resolutions
To Be Filed pending reorg
Indemnity and Trust
To Be Filed pending reorg

New Members To Be Filed

Withdrawals N/A

Risk Management Plan and By Laws
Cash Management Plan
To Be Filed pending reorg
To Be Filed pending reorg

Unaudited Financials 9/30/2022 Filed Annual Audit 12/31/2022 filed

Budget Changes N/A
Transfers N/A
Additional Assessments N/A
Professional Changes N/A
Officer Changes N/A
RMP Changes N/A
Bylaw Amendments N/A

Contracts To Be Filed pending reorg

Benefit Changes N/A

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND Program Manager

January 2024

Program Manager: Conner Strong & Buckelew Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: southernnj_enrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILTY/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: None

EXPRESS-SCRIPTS UPDATE: None

OPERATIONAL UPDATES:

End of Year Reporting was sent to all SNJRHIF group billing contacts on December 19th.

In addition to the End of Year report, a Wellness Incentive Program report has been provided reflecting employees who received a gym reimbursement in 2023, 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 2023
 - o Aetna up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2023 through November 30, 2023**
 - o Reports were sent to group billing contacts December 21st
- An additional report will be provided in late January 2024 for reimbursements issued for submissions in **December 2023**.
 - o 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.

2024 LEGISLATIVE REVIEW:

FREE COVID-19 At-HomeTest – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. https://www.covid.gov/tests

Medical and Rx Reporting: None

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.

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

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.**

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
12/07/2023	Aetna/Medical	SNJ 2023-12-01	Genetic Testing	Under Review	N/A
10/19/2023	Aetna/Medical	SNJ 2023-12-02	Injectable drug	Upheld	10/31/2023
12/12/2023	Aetna/Medical	SNJ 2023-12-03	Molecular pathology procedure	Upheld	12/19/2023
12/13/2023	Aetna/Medical	SNJ 2023-12-04	Lab services	Upheld	12/19/2023

IRO Submissions:

Submission	Appeal Type	Appeal Number	Reason	Determination	Determination
Date					Date
12/11/2023	Aetna/Medical	SNJ 2023-12-02	Injectable drug	Upheld	12/12/2023

Small Claims Committee: None

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

DECEMBER 2023

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.

THIND	YFAR	CT	OCED
HUIND	YFAK		いろけい

Check Number 002817	Vendor Name	Comment	Invoice Amount
002817	WELLNESS COACHES USA, LLC	WELLNESS COACHING 12/23 CCBSS	6,032.00 6,032.00
		Total Payments FY CLOS ED	6,032.00
FUND YEAR 2023			
Check Number 002802	Vendor Name	<u>Comment</u>	Invoice Amount
002802	BRIAN MORRELL	VOID AND REISSUE	-450.00
002010			-450.00
002818 002818	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/23	5,276.60
			5,276.60
002819			
002819	PERM A	ADMIN FEE 12/23	45,282.68
002819	PERMA	POSTAGE 11/23	173.56
002820			45,456.24
002820	ELIZABETH PIGLIACELLI	TREASURER FEE 12/23	525.49
			525.49
002821			
002821	EDWARD HILL	4TH QTR 2023 MEETING ATTENDANCE	300.00
002822			300.00
002822	GARY PASSANANTE	4TH QTR 2023 MEETING ATTENDANCE	300.00
002022	G.M. I.I.B. M. M. I.	Q202025111.0 125111.02	300.00
002823			
002823	BRIAN MORRELL	4TH QTR 2023 MEETING ATTENDANCE	150.00
002823	BRIAN MORRELL	3RD QTR 2023 MEETING ATTENDANCE	450.00
002824			600.00
002824	JOSEPH WOLK	4TH QTR 2023 MEETING ATTENDANCE	300.00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Q202025111.0 125111.02	300.00
002825			
002825	MICHAEL MEVOLI	4TH QTR 2023 MEETING ATTENDANCE	300.00
			300.00
002826	LOUIS DI ANCELO	ATH OTD 2022 MEETING ATTENDANCE	200.00
002826	LOUIS DI ANGELO	4TH QTR 2023 MEETING ATTENDANCE	300.00 300.00
			300.00

002827 002827	TERRY KIERSZNOWSKI	4TH QTR 2023 MEETING ATTENDANCE	300.00
002828 002828	KENNETH CHEESEM AN	4TH QTR 2023 MEETING ATTENDANCE	300.00 150.00
			150.00
002829 002829	ACCESS	DEPT 419 INV 10628524 11/30/23 FOR DEC	127.18
002829	ACCESS	DEPT 419 INV 10543127 10/31/23 FOR NOV	123.25
E			250.43
002830 002830	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS INC.	ACCT 791189 INV 6025297- 9433386 10/25/2	32.87
002830	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS INC.	ACCT 791189 INV 6025297-9453360 10/23/2	28.58
002830	GATEHOUSE MEDIA PENNSYLVANIA HOLDINGS INC.	ACCT 791189 INV 6025297-9463980 11/2/23	28.19
			89.64
002831	GANNETT NEW WORK NILLOGALIO	A GGT 1100500 DW (004000 0404150 104050	12.47
002831 002831	GANNETT NEW YORK-NJ LOCALIQ GANNETT NEW YORK-NJ LOCALIQ	ACCT 1122500 INV 6034323-9434153 10/25/2 ACCT 1122500-INV 6034323-9464827 11/2/23	42.47 39.46
002831	GANNETT NEW YORK-NJ LOCALIQ	ACCT 1122500-INV 6034323-9464863 11/2/23	39.40
002031	OTHER PRODUCTION OF THE PRODUC	11001 1122300 11(1 003 1323) 10 1003 11/2/23	120.96
002832			
002832	M UNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/23	85,728.21 85,728.21
			65,726,21
		CHECK TOTAL	145,579.57
W12230		MEDICA DE ADVIANTA DE 40.00	444.040.00
W12230	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/23	441,812.23 441,812.23
W12231			111,012.20
W12231	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 11/23	281,856.07
W12231	UHC-MEDICARE ADVANTAGE	2023 ADJUSTMENT	2,038.40
W/10020			283,894.47
W12232 W12232	DELTACARE USA	DENTAL HMO ACCT F1-7871800000 12/23	235.43
***************************************	DEDITION OF THE CONT	DENTIFICATION NECES 11 7071000000 12/23	235.43
W12233			
W12233	FLAGSHIP HEALTH SYSTEMS	DMO PREM BOR. SOMERDALE 12/23	70.23
W12233	FLAGSHIP HEALTH SYSTEMS	DMO PREM - BOR LINDWOLD 12/23	24.41 94.64
W12234			74.04
W12234	CONNER STRONG & BUCKELEW	RX-PROGRAM MGE FEES 12/23	12,245.91
W12234	CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR FEES 12/23	5,653.57
W12234	CONNER STRONG & BUCKELEW	BROKER FEES 12/23	57,216.50
W12234	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/23	917.25
W12234	CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 12/23	96,049.24 172,082.47
W12235			1/2,002.4/
W12235	AETNA	MEDICAL TPA 12/23	91,297.86
			91,297.86
W12236	DDV 71. DDV 71. OD V	DENIELLA IID. 10.00	
W12236	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/23	6,288.39 6,288.39
W12237			0,200.39
W12237	VERRILL & VERRILL LLC	TREASURER FEE 12/23	802.05
			802.05

W12238 W12238	J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCS 12/23	828.00
W12238	J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY SERVICES 12/23	1,883.83
			2,711.83
		WIRE/ACH TOTAL	999,219.37
		Total Payments FY 2023	1,138,766.94
		TOTAL PAYMENTS ALL FUND YEARS	1,144,798.94
		1011211211211121112112112121212	1,111,770,71
	Chairperson		1,111,170,71
	Chairperson Attest:		1,111,170,71

Treasurer

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

Current Fund Year: 2	2023									
Month Ending: N	November									
	Med	Dental	Rx	Vision	Reinsurance	Dividend Reserve	Future	Admin	0	TO TAL
OPEN BALANCE	12,848,223.53	(263,946.68)	(1,712,807.10)	0.00	(9,661.42)	5,152,103.63	131,038.11	305,924.79	0.00	16,450,874.86
RECEIPTS										
Assessments	3,431,922.31	62,992.95	399,478.96	0.00	59,640.29	0.00	9,826.12	270,074.82	0.00	4,233,935.45
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	40,634.90	0.00	2,035.84	0.00	54.62	14,456.36	367.68	1,025.73	0.00	58,575.13
Invest Adj	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03
Subtotal Invest	40,634.93	0.00	2,035.84	0.00	54.62	14,456.36	367.68	1,025.73	0.00	58,575.16
Other Receipts *	164,583.86	0.00	460,422.35	0.00	0.00	0.00	0.00	0.00	0.00	625,006.21
TOTAL	3,637,141.10	62,992.95	861,937.15	0.00	59,694.91	14,456.36	10,193.80	271,100.55	0.00	4,917,516.82
EXPENSES										
Claims Transfers	5,442,369.35	92,842.19	1,126,827.93	0.00	0.00	0.00	0.00	0.00	0.00	6,662,039.47
Expenses	703,097.44	327.08	0.00	0.00	81,177.51	0.00	0.00	329,832.35	0.00	1,114,434.38
Other Expenses *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6,145,466.79	93,169.27	1,126,827.93	0.00	81,177.51	0.00	0.00	329,832.35	0.00	7,776,473.85
END BALANCE	10,339,897.84	(294,123.00)	(1,977,697.88)	0.00	(31,144.02)	5,166,559.99	141,231.91	247,192.99	0.00	13,591,917.83

SUMMARY OF CASH AND INVESTME	NT INSTRUMENTS										
SOUTHERN NEW JERSEY REGIONAL	EMPLO YEE BENEF	TTS FUND									
ALL FUND YEARS COMBINED											
CURRENT MONTH	November										
CURRENT FUND YEAR	2023										
	Description:	SNJ Inv.	Citizens Bank	Parke Bank	Republic Bank	Republic Bank - General Account	Republic Bank - Admin Account	Ocean First Investment Account	New Jersey Cash Management	TD Bank Certificate of Deposit #3283056048	TD Bank Certificate of Deposit #3283056098
	ID Number:										
	Maturity (Yrs)									1/8/2024	12/7/2023
	Purchase Yield:	5.00	4.40	5.25	5.50	5.50	5.50	2.50	5.34	5.58	5.67
Aa	TO TAL for All										
Opening Cash & Investment Balance	\$16,450,874.88	\$ 5,367.66	\$ 2.432.62	\$ 4,506,845.48	\$ 4 046 504 19	\$ 6 649 669 26	\$ 64,809.99	\$ 80,841.61	\$ 94,404.07	\$ 500,000.00	\$ 500,000.00
Opening Interest Accrual Balance	\$22.62			¢ 4,500,645.46	¢ 4,040,304.19	¢ 0,049,009.20	¢ 04,009.99	¢ 00,041.01	\$ 94,404.07 ¢	\$ 500,000.00	¢ 500,000.00
Opening interest Acciual Balance	φ <i>22.</i> 02	φ 22.02	.	ф -	φ -	φ <u>-</u>	φ -	-	ф <u>-</u>	φ -	ф -
1 Interest Accrued and/or Interest Cost	-\$0.64	-\$0.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00
4 Accretion	\$0.00	\$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	\$58,575.13	\$22.62	\$8.80	\$19,447.35	\$18,286.87	\$19,168.46	\$1,053.56	\$171.83	\$415.64	\$0.00	\$0.00
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	\$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	\$0.00
8 Net Investment Income	\$58,574.49	\$21.98	\$8.80	\$19,447.35	\$18,286.87	\$19,168.46	\$1,053.56	\$171.83	\$415.64	\$0.00	\$0.00
9 Deposits - Purchases	\$5,973,376.05	\$0.00	\$0.00	\$0.00	\$0.00	\$4,858,941.67	\$1,114,434.38	\$0.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$8,890,908.23	\$0.00	\$0.00	\$0.00	\$0.00	-\$7,776,473.85	-\$1,114,434.38	\$0.00	\$0.00	\$0.00	\$0.00
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$13,591,917.83	\$5,390.28	\$2,441.42	\$4,526,292.83	\$4,064,791.06	\$3,751,305.54	\$65,863.55	\$81,013.44	\$94,819.71	\$500,000.00	\$500,000.00
Ending Interest Accrual Balance	\$21.98	\$21.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$172,466.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172,466.16	\$0.00	\$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	\$0.00
Balance per Bank	\$13,764,383.99	\$5,390.28	\$2,441.42	\$4,526,292.83	\$4,064,791.06	\$3,751,305.54	\$238,329.71	\$81,013.44	\$94,819.71	\$500,000.00	\$500,000.00

		CERTIF	ICATION AND	RECONCILIA	TION OF CLAIMS	PAYMENTS AN	D RECO VERIES		
			SOUTHERN	NEW JERSEY	REGIONAL EMPLO	O YEE BENEFITS	FUND		
Month		November							
Current	Fund Year	2023							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	То Ве	Unreconciled	This
Year	Coverage	Last Month	November	November	November	November	Reconciled	Variance From	Month
2023	Med	36,294,712.46	5,442,369.35	0.00	41,737,081.81	0.00	41,737,081.81	36,294,712.46	5,442,369.35
	Dental	954,471.30	92,842.19	0.00	1,047,313.49	0.00	1,047,313.49	954,471.30	92,842.19
	Rx	9,799,116.98	1,126,827.93	0.00	10,925,944.91	0.00	10,925,944.91	9,799,116.98	1,126,827.93
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	47,048,300.74	6,662,039.47	0.00	53,710,340.21	0.00	53,710,340.21	47,048,300.74	6,662,039.47



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

January 22, 2024



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS + CAP				MEDICAL CLAIMS + CAP			
	PAID 2022	# OF EES	P	ER EE	PAID 2023	# OF EES	P	ER EE
JANUARY	\$2,113,193	1,824	\$	1,159	\$3,307,745	2,023	\$	1,635
FEBRUARY	\$3,006,284	1,824	\$	1,648	\$3,122,202	2,036	\$	1,533
MARCH	\$3,881,371	1,829	\$	2,122	\$3,301,677	2,088	\$	1,581
APRIL	\$2,969,505	1,832	\$	1,621	\$3,277,691	2,184	\$	1,501
MAY	\$3,433,958	1,839	\$	1,867	\$4,268,600	2,184	\$	1,954
JUNE	\$3,237,653	1,831	\$	1,768	\$3,417,999	2,170	\$	1,575
JULY	\$2,376,535	2,002	\$	1,187	\$2,903,969	2,179	\$	1,333
AUGUST	\$3,593,885	2,007	\$	1,791	\$3,441,535	2,171	\$	1,585
SEPTEMBER	\$2,897,780	2,016	\$	1,437	\$3,541,366	2,161	\$	1,639
OCTOBER	\$3,051,652	2,010	\$	1,518	\$4,572,715	2,166	\$	2,111
NOVEMBER	\$3,287,099	2,011	\$	1,635	\$4,190,638	2,235	\$	1,875
DECEMBER	\$2,857,987	2,014	\$	1,419				
TOTALS	\$36,706,903				\$39,346,137			
					2023 Average	2,145	\$	1,666
					2022 Average	1,920	\$	1,598

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

Plan Sponsor Unique ID: All

Total:

SNJ Regional Employee Benefits Fund

Group / Control:

Customer:

00737391,00866357,SI030217,SI416902,SI431318

Paid Dates: Service Dates: 10/01/2023 - 10/31/2023 01/01/2011 - 10/31/2023

Line of Business:

ΑII

Billed Amt	Paid Amt
\$750,967.71	\$405,819.57
\$147,666.15	\$167,654.71
\$415,654.54	\$121,211.84
\$134,743.00	\$97,449.87
\$182,437.26	\$94,765.40
\$472,687.90	\$90,914.96
\$232,372.45	\$88,480.23
\$245,837.19	\$69,578.25
\$219,166.00	\$63,611.70
\$160,526.71	\$55,391.08
\$2,962,058.91	\$1,254,877.61

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

Plan Sponsor Unique ID: All

Total:

SNJ Regional Employee Benefits Fund

Group / Control:

Customer:

00737391,00866357,SI030217,SI416902,SI431318

Paid Dates:

11/01/2023 - 11/30/2023

Service Dates:

01/01/2011 - 11/30/2023

Line of Business:

ΑII

Billed Amt	Paid Amt
\$978,186.67	\$497,828.67
\$1,269,521.29	\$474,562.52
\$147,175.00	\$122,326.79
\$264,988.60	\$121,518.57
\$540,238.89	\$118,408.00
\$56,463.99	\$64,629.14
\$544.00	\$59,256.93
\$116,322.65	\$58,516.51
\$114,372.15	\$56,399.11
\$90,943.99	\$54,606.21
\$85,198.80	\$52,904.03
\$3,663,956.03	\$1,680,956.48

19



SNJ Regional Employee Benefits Fund

12/1/22 thru 11/30/23 (unless otherwise noted)

Darboard

Medical Claims Paid: January 2023 thru November 2023

Total Medical Paid per EE: \$1,666

Network Discounts

Inpatient: 68.2%
Ambulatory: 71.2%
Physician/Other: 61.1%
TOTAL: 67.0%

Provider Network

% Admissions In-Network: 99.7% % Physician Office: 98.0%

Aetna Book of Business:

Admissions 98.5%; Physician 92.5%

Top Facilities Utilized (by total Medical Spend)

- · Cooper Hospital
- · Virtua-West Jersey
- · Kennedy Memorial Health
- · CHOP
- · University of Pennsylvania

Catastrophic Claim Impact January 2023 – November 2023

Number of Claims Over \$50,000: 109
Claimants per 1000 members: 20.5
Avg. Paid per Claimant: \$136,933
Percent of Total Paid: 41.5%

 Aetna BOB- HCC account for an average of 41.5% of total Medical Cost

Aetna One Flex Member Outreach: Through November 2023

Total Members Identified: 1,244
Members Targeted for 1:1 Nurse

Support: 271

Members Targeted for Digital Activity:

973

Member 1:1 outreach completed: 264 Member 1:1 Outreach in Progress: 7

Teladoc Activity January 2023 – November 2023

Total Registrations: 109
Total Online Visits: 228

Total Net Claims Savings: \$109,905

Total Visits w/ Rx: 154

Mental Health Visits: 16
Dermatology Visits: 6

Allentown Service Center Performance Goal Metrics YTD 2023

Customer Service Performance

1st Call Resolution:94.03%Abandonment Rate:0.61%Avg. Speed of Answer:18.0 sec

Claims Performance

Financial Accuracy: 98.25%

 90% processed w/in:
 7.8 days

 95% processed w/in:
 15.1 days

Claims Performance (Monthly)

(November 2023)

90% processed w/in: 5.8 days
95% processed w/in: 10.5 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





	20	22 SNJ HIF		, and the second		2023 9	SNJ HIF		
	MEDICAL CLAIMS PAID 2022	TOTAL	# OF EES	PER EE		MEDICAL CLAIMS PAID 2023	TOTAL	# OF EES	PER EE
JANUARY	\$ 139,776.07	\$ 139,776.07	138	\$ 1,012.87	JANUARY	\$ 57,161.00	\$ 57,161.00	138	\$ 414.21
FEBRUARY	\$ 641,299.80	\$ 641,299.80	138	\$ 4,646.59	FEBRUARY	\$ 230,443.69	\$ 230,443.69	134	\$ 1,719.72
MARCH	\$ 661,613.69	\$ 661,613.69	139	\$ 4,759.81	MARCH	\$ 227,431.93	\$ 227,431.93	138	\$1,648.05
APRIL	\$ 190,416.63	\$ 190,416.63	136	\$ 1,400.12	APRIL	\$ 165,876.75	\$ 165,876.75	137	\$ 1,210.77
MAY	\$ 317,487.55	\$ 317,487.55	134	\$ 2,369.31	MAY	\$ 200,962.83	\$ 200,962.83	138	\$ 1,456.25
JUNE	\$ 379,694.04	\$ 379,694.04	132	\$ 2,876.00	JUNE	\$ 193,132.39	\$ 193,132.39	136	\$ 1,420.09
JULY	\$ 198,984.26	\$ 198,984.26	134	\$1,484.95	JULY	\$ 236,276.53	\$ 236,276.53	136	\$ 1,737.32
AUGUST	\$ 288,665.62	\$ 288,665.62	135	\$ 2,138.26	AUGUST	\$ 308,802.85	\$ 308,802.85	136	\$ 2,270.60
SEPTEMBER	\$ 233,667.06	\$ 233,667.06	137	\$ 1,705.59	SEPTEMBER	\$ 254,081.03	\$ 254,081.03	136	\$ 1,868.24
OCTOBER	\$ 205,421.03	\$ 205,421.03	135	\$1,521.63	OCTOBER	\$ 390,722.00	\$ 390,722.00	136	\$2,873.32
NOVEMBER	\$ 158,694.60	\$ 158,694.60	132	\$ 1,202.23	NOVEMBER	\$ 347,756.34	\$ 347,756.34	135	\$ 2,575.97
DECEMBER	\$ 592,198.28	\$ 592,198.28	134	\$ 4,419.39	DECEMBER	\$ 265,952.43	\$ 265,952.43	135	\$ 1,970.01
TOTALS	\$ 4,007,918.63	2022 Average	135	\$ 2,461.40	TOTALS	\$2,878,599.77	2023 Average	136	\$ 1,763.71

Amer	iHealth:						
	dministrators						
110	diffiffistrators						
G	iroup:	Southern New Jersey HIF			Service Date	es:	-
P	aid Dates:	12/1/23-12/31/23			Line of Busir	nes	s: All
N	letwork Service	ALL			Product Line	:: A	II
	Claimant	Paid	Diagnosis				
	Dependent	\$61,128	Disorders Usually Diagnosed In Infancy Childhood Or Adolescence				
							4 1
confidential an	d exempt from disclosur	e under applicable law. If you ha	the entity indicated above and may contain ve received this document in error, please of	do no	t distribute. Pl		
the original dod	tument and notify the A	meriHealth Administrators at AHA 	AReporting@ahatpa.com. Thank you for you 	ur co	mpliance.		_

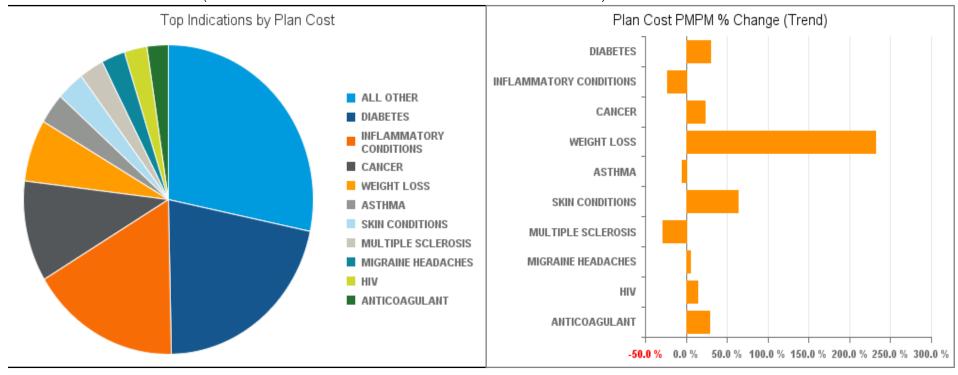


Southern New Jersey Regional Employee Benefits Fund

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	4,984	4,993	4,800
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	198,768	592,766	2,261,485
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	1,946	2,968	3,803
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	\$869,205	\$2,425,952	\$8,877,516
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%	85.4%	83.7%	86.1%
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	\$174.40	\$161.96	\$154.13
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	\$390,697	\$1,035,059	\$3,689,924
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%	44.9%	42.7%	41.6%
Total Component/ Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	4,885	4,960	5,121	4,989	5,405	5,402	5,395	5,401	5,404	5,384	5,394	5,394	5,397	5,549			
Total Days	207,998	187,527	211,930	607,455	215,706	221,573	221,015	658,783	210,864	226,971	207,467	645,326	228,516	231,586			
Total Patients	2,015	1,915	2,011	3,029	2,072	2,114	2,041	3,109	2,038	2,066	2,001	3,065	2,180	2,198			
Total Plan Cost	\$731,047	\$779,171	\$939,365	\$2,449,584	\$860,767	\$990,894	\$975,989	\$2,828,130	\$943,438	\$1,105,030	\$986,060	\$3,034,548	\$1,086,535	\$1,032,397			
Generic Fill Rate (GFR) - Total	86.1%	85.3%	86.2%	85.9%	87.1%	86.1%	87.6%	86.9%	87.7%	86.0%	86.2%	86.6%	83.0%	86.5%			
Plan Cost PMPM	\$149.65	\$157.09	\$183.43	\$163.68	\$159.25	\$183.43	\$180.91	\$174.55	\$174.58	\$205.24	\$182.81	\$187.53	\$201.32	\$186.05			
%Change Plan Cost PMPM	7.2%	15.9%	20.8%	15.0%	18.7%	9.9%	19.7%	15.8%	4.4%	32.1%	15.6%	17.1%	33.9%	15.3%			
Total Specialty Plan Cost	\$286,636	\$311,863	\$403,035	\$1,001,534	\$324,115	\$333,871	\$401,673	\$1,059,659	\$361,164	\$489,183	\$429,642	\$1,279,989	\$451,508	\$402,625			
Specialty %of Total Specialty Plan Cost	39.2%	40.0%	42.9%	40.9%	37.7%	33.7%	41.2%	37.5%	38.3%	44.3%	43.6%	42.2%	41.6%	39.0%			

Top Indications

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2023 - 11/2023 vs. Previous Period 11/2022 - 11/2022) Peer = Commercial



				Current Period				Previous Period						Trend	
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	DIABETES	29.74%	6,971	\$2,235,625	\$38.35	31.2 %	34.8 %	25.43%	589	\$147,330	\$29.48	31.9 %	37.5 %	30.1%
2	1	INFLAM MATORY CONDITIONS	23.39%	612	\$1,758,188	\$30.16	49.3 %	40.1%	34.00%	50	\$196,969	\$39.41	56.0 %	40.8 %	-23.5 %
3	3	CANCER	14.68%	268	\$1,103,483	\$ 18.93	78.0 %	75.1%	13.24%	21	\$76,698	\$15.35	76.2 %	75.0 %	23.3 %
4	5	WEIGHT LOSS	9.02%	628	\$678,211	\$ 11.63	7.8 %	9.5 %	3.02%	21	\$17,512	\$3.50	19.0 %	22.1%	232.0 %
5	8	ASTHMA	4.45%	3,863	\$334,702	\$5.74	77.7 %	77.0 %	5.22%	386	\$30,255	\$6.05	78.0 %	77.3 %	-5.2 %
6	6	SKIN CONDITIONS	4.36%	960	\$327,410	\$5.62	85.6 %	88.4 %	2.97%	65	\$17,180	\$3.44	90.8 %	88.4 %	63.4 %
7	9	MULTIPLE SCLEROSIS	3.81%	73	\$286,122	\$4.91	75.3 %	42.1%	5.89%	5	\$34,144	\$6.83	40.0 %	37.9 %	-28.2 %
8	10	MIGRAINE HEADACHES	3.69%	696	\$277,353	\$4.76	57.9 %	56.5 %	3.91%	59	\$22,680	\$4.54	57.6 %	59.3 %	4.8 %
9	4	HIV	3.54%	101	\$265,785	\$4.56	22.8 %	26.5 %	3.44%	5	\$ 19,957	\$3.99	0.0 %	25.6 %	14.2 %
10	7	ANTICOAGULANT	3.32%	613	\$249,390	\$4.28	17.8 %	20.1%	2.87%	49	\$16,621	\$3.33	28.6 %	21.7 %	28.6 %
		Total Top 10		14,785	\$7,516,269	\$ 128.93	48.3 %	49.9 %		1,250	\$579,347	\$ 115.92	51.7 %	53.3 %	11.2 %

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND CONSENT AGENDA JANUARY 22, 2024

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.

Res	olutions	Subject Matter
Motion	Second	
Resolutions	Subject Matter	
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		of RecordsPage 33
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Resolution 6-24: Designation	on of Bank Depositories & C	MP Page 36
Resolution 7-24: Designation	on of Authorized Signatories	s Page 40
Resolution 8-24: Approval	of Risk Management Plan	Page 41
Resolution 9-24: Appointm	ent of MRHIF Fund Commi	issionersPage 52
Resolution 10-24: Authoriz	ing Treasurer to Process Pay	ymentsPage 53
Resolution 11-24: Compens	sating Producers	Page 54
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RESOLUTION NO. 1-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND AWARDING PROFESSIONAL FEES FOR FUND YEAR 2024

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 2024:

- I. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Actuary.** The annual amount of \$17,500 has been appropriated in the Actuary Line Item of the 2024 budget.
- II. **J. Kenneth Harris, Esq.** is hereby appointed to serve as the FUND's **Attorney.** The annual amount of \$23,058 has been appropriated in the Attorney Line Item of the 2024 budget. The Fund Attorney will also be paid \$240 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 \$17,401 has been appropriated in the Auditor Line Item of the 2024 budget.
- IV. **Elizabeth Pigliacelli** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$6,435 has been appropriated in the Treasurer Line Item of the 2024 budget.
- V. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$9,800 has been appropriated in the Treasurer Line Item of the 2024 budget.

NOW THEREFORE BE IT RESOLVED by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2024:

- 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. \$9.40 per employee, per month will be expended to the Administrator. The estimated annual amount of \$537,492 has been appropriated in the Administrator Line Item of the 2024 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager** \$21.74 per medical employee, per month; \$6.59 per prescription employee, per month; \$2.94 per dental employee, per month; and \$0.39 per medical employee per month for Health Care Reform changes will be expended in connection with the Program Manager in 2024. Estimated annual amount of \$1,368,150 has been appropriated in the **Program Manager** Line Item of the 2024 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 \$1,084,092 has been appropriated in the Medical TPA Line Item of the 2024 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator.** \$37.11 per medical employee, per month will be expended to the TPA, with the reduction of \$1.50 per employee, per month for wellness/marketing credit for all groups. The estimated annual amount of \$67,308 has been appropriated in the Medical TPA Line Item of the 2024 budget.
- V. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator.** \$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$77,715 has been appropriated in the Dental TPA Line Item of the 2024 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 \$6,830,061 has been appropriated for this Line Item of the 2024 budget.

PlanName	Monthly	DMO Premiur
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Barrington)	\$	365.53
Medicare Advantage (Borough of Barrington)	\$	161.84
Medicare Advantage w/ \$5/\$11/\$21 (Borough of Barrington)	\$	334.43
Medicare Advantage w/ \$5/\$5 Rx-MAPDP (Borough of Bellmawr)	\$	350.29
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Gibbsboro)	\$	362.11
Medicare Advantage w/ 10% Rx - MAPDP (Gloucester City)	\$	378.86
Medicare Advantage w/ \$5/\$5 RX-MAPDP (Gloucester City)	\$	350.29
Medicare Advantage w/\$5/\$11/\$21 Rx - MAPDPD (Haddonfield Borough)	\$	334.43
Medicare Advantage w/ 10% Rx - MAPDPD (Haddonfield Borough)	\$	378.86
Medicare Advantage (Haddonfield Borough)	\$	161.84
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Monroe Township)	\$	394.91
Medicare Advantage w/\$5/\$11/\$21 Rx - MAPDP (Borough of Mount Ephraim)	\$	334.43
Medicare Advantage w/\$6/\$12/\$24 - MAPDP (Borough of Paulsboro)	\$	322.01
Medicare Advantage w/ 20% Rx - MAPDP (Pine Hill Borough)	\$	362.11
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Pitman)	\$	362.11
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Runnemede)	\$	362.11
Aetna Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Borough of Haddon Heights)	\$	334.43
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Mantua Township)	\$	322.01
Aetna Medicare Advantage (Winslow Township)	\$	161.84
Aetna Medicare Advantage w/ Rx \$5/\$11/\$21 (West Deptford Township)	\$	334.43
Aetna Medicare Advantage w/ Rx (Riverside Township)	\$	394.91
Aetna Medicare Advantage w/ Rx \$6/\$12/\$24 (City of Camden)	\$	394.91
Aetna Medicare Advantage w/ Rx (Springfield Township)	\$	394.91
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 (Borough of Woodbury Heights)	\$	394.91
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Delran Township)	\$	394.91
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Medford Township)	\$	394.91
Aetna Medicare Advantage \$10 with \$6/\$12/\$24 Rx (Borough of Berlin)	\$	394.91
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Borough of Oaklyn)	\$	394.91
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Township of Elk)	\$	394.91
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Township of Washington (GC))	\$	394.91
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Gloucester Township Fire Dist #2)	\$	394.91

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 2024 budget listed by member below.

Plan Name	Monthly Premium	
UHC Medicare Advantage w/ Rx (Pennsauken Township)	\$	336.86
UHC Medicare Advantage w/Rx (Camden County Board of Social Services)	\$	315.68
UnitedHealthcare Medicare Advantage w/ Rx (Township of Gloucester)	\$	448.00
UHC Medicare Advantage w/ Rx (Merchantville Pennsauken Water Commission)	\$	336.86

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

BY:		_
CHAIR		
ATTEST:		
SECRETARY	 	

ADOPTED: JANUARY 22, 2024

RESOLUTION NO. 2-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND APPOINTING PERMA RISK MANAGEMENT SERVICES AS AGENT FOR THE FUND FOR PROCESS OF SERVICE FOR THE YEAR 2024

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	22, 2024	
BY:		
CHAIR		
ATTEST:		
SECRETARY		

RESOLUTION NO. 3-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND DESIGNATING CUSTODIAN OF FUND RECORDS

BE IT RESOLVED that Joseph Wolk, 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 BENEFIT	S FUND
ADOPTED: JANUARY 22, 2024	
BY:	
CHAIR	
ATTEST:	
SECRETARY	

RESOLUTION NO. 4-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND DESIGNATING THE BURLINGTON COUNTY TIMES AND THE COURIER POST THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2024

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 2024 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

BY:_____CHAIR

ATTEST:____SECRETARY

ADOPTED: JANUARY 22, 2024

RESOLUTION NO. 5-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND FIXING PUBLIC MEETING DATES FOR THE YEAR 2024

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 by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund that the Fund hereby approves the following 2024 meeting dates, times and location for the Southern New Jersey Regional Employee Benefits Fund:

THEREFORE BE IT RESOLVED, by the Commissioners of the Southern New Jersey Regional Employee Benefits Fund that the Fund shall hold public meetings during the year 2024 at on the fourth Monday of each month (unless otherwise noted) at 4:15 p.m.

February 26, 2024	TBD
March 25, 2024	ZOOM
April 22, 2024	BELLMAWR FIRE COMPANY
May 27, 2024	ZOOM
June 24, 2024	TBD
July 22, 2024	ZOOM
August 26, 2024	ZOOM
September 23, 2024	BROOKLAWN SENIOR CENTER
October 28, 2024	ZOOM
November 25, 2024	COLLINGSWOOD SR. COMMUNITY CENTER
January 27, 2025	ZOOM

BE IT FURTHER RESOLVED that the public can find instructions for accessing those remote public meetings, the means for making public comment, and where relevant documents, if any, will be made available at the following link: 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)

ADOPTED: JANU	JARY 22, 2024	
BY:		
CHAIRPER	SON	
ATTEST:		
SECRETAR	RY	

RESOLUTION NO. 6-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2024 CASH MANAGEMENT AND INVESTMENT POLICY

1.) <u>Cash Management and Investment Objectives</u>

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:

Citizens 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.) <u>Preservation of Capital</u>

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.) <u>Cash Flow Projections</u>

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.

·		
BY:		
CHAIRPERSON	1	
ATTEST:		
SECRETARY		

ADOPTED: JANUARY 22, 2024

RESOLUTION NO. 7-24

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.

Michael Mevoli	- Chairman
Joseph Wolk	- Secretary
Terry Shannon	- Fund Commissioner
Elizabeth Pigliacelli	- Fund Treasurer
Kenneth Verrill/Lorraine Verrill	- Deputy Treasurer (one, but never both)
SOUTHERN NEW JERSEY REGIONAL EM ADOPTED: JANUARY 22, 2024	PLOYEE BENEFITS FUND
BY:CHAIRPERSON	
ATTEST:	
SECRETARY	

RESOLUTION NO. 8-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2024 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2024

ADOPTED: JANUARY 22, 2024

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 \$450,000 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 met 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://wwww.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.

24.) 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.

DOPTED: JANUAKY 22, 20	024
Y:	
CHAIRPERSON	
TTEST:	
SECRETARY	

RESOLUTION NO. 9-24

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 Joseph Wolk is hereby appointed as Fund Commissioner.
- 2. That Terry Shannon is hereby appointed as Alternate.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

RESOLUTION NO. 10-24

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 2024.

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 22, 2024	
BY:	
CHAIRPERSON	
ATTEST:	
SECRETARY	

RESOLUTION NO. 11-24

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 2024;

- 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 2024:

Member Name	Broker	2024 Fee PEPM
Bordentown	CBIZ	\$31.98
Berlin Borough	Hardenbergh Insurance	\$30.93
Franklin	Assured Partners	\$27.05
Delran Township	Conner Strong and Buckelew	\$83.70
Elk Township	Insurance Solutions Inc	\$41.68
Evesham Township	Conner Strong and Buckelew	\$58.61
Franklin Township		\$27.05
Gloucester City	Brown & Brown Metro	\$7.91
Gloucester Twp Fire #2	Conner Strong & Buckelew	\$101.11
Haddon Heights	Hardenbergh Insurance	\$11.81
Mantua Twp	Hardenbergh Insurance	\$50.56
Medford Twp	Hardenbergh Insurance	\$48.76
Merchantville Pennsauken Water	Conner Strong & Buckelew	\$15.49
Commission		
North Hanover	EJA/Capacity Benefits	\$3.41
Paulsboro	Anuszewski	\$73.44
Pennsauken Twp	Conner Strong & Buckelew	\$14.09
Somerdale	Cherry Hill Benefits	\$35.59
Springfield Twp	EJA/Capacity Benefits	\$64.63

Washington Twp	Conner Strong & Buckelew	\$36.74
West Deptford Twp	Hardenbergh Insurance	\$38.81
Westville	Hardenbergh Insurance	\$43.08
Woodbury Heights	Hardenbergh Insurance	\$65.55

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

ADOPTED: JANUARY 22, 2024			
BY:			
	ATTEST:		
CHAIRPERSON		SECRETARY	

RESOLUTION NO. 12-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFTIS FUND MUNICIPAL REINSURANCE HEALTH INSURANCE FUND INDEMNITY AND TRUST AGREEMENT

THIS AGREEMENT made this 22th day of January, 2024, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the Southern New Jersey Employee Benefits Fund, hereinafter referred to as the "FUND".

WITNESSETH:

WHEREAS, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

WHEREAS, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

NOW, THEREFORE, be it agreed as follows:

- 1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.
- 2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.
- 3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, the commencement of which shall commence effective January 1, 2024.
- 4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.
- 5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.
- 6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or

- court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.
- 7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as fiduciaries for the benefit of REINSURANCE FUND claimants, all in accordance with administrative regulations.
- 8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.
- 9.) Each FUND who shall become a member of the REINSURANCE FUND shall be obligated to execute this agreement.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFTIS FUND

 Chairman	 	
Attest:		
Secretary	 	

ADOPTED: JANUARY 22, 2024

RESOLUTION NO. 13-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND AMENDING BANKING EARNINGS BASE RATE

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund (hereinafter the Fund), finds it necessary for the proper conduct and order of business that official depositories for the Fund be designated and named; and

WHEREAS Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds - is hereby proposed by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f)

NOW, THEREFORE, BE IT RESOLVED, by the ______ Joint Insurance Fund, that Citizens Bank (formerly Investors Bank) for Banking services - at an earnings rate based on a combined average balance of \$20,000,000 of participating joint insurance funds which will earn base of 4.20% as of 7/1/2023 plus 80% beta on Federal Fund Target Rate increase / decrease when utilizing the fully (FDIC) insured sweep product for the funds-is hereby approved by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f) and that sums so deposited may be withdrawn upon a check, draft or order of the Board of Fund Commissioners; and

BE IT FURTHER RESOLVED that a certified copy of this Resolution, duly executed, be delivered to the proper officers of Citizens Bank.

DOPTED: January 22, 2024	
Y:	
CHAIRPERSON	
TTEST:	
SECRETARY	

RESOLUTION NO. 14-24

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND APPROVAL OF THE DECEMBER 2023 BILLS LIST

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on January 24, 2024 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 2023 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 2023 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.

1100	71 1 LD. JIII (<i>,</i>	
BY:_			
	CHAIRPERSON		
ATT	EST:		
	SECRETARY		

ADOPTED: IANIIARY 22 2024

APPENDIX I

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND OPEN MINUTES NOVEMBER 27, 2023

COLLINGSWOOD COMMUNITY CENTER

4:15 PM

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

PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE ROLL CALL OF 2023 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
M. Gary Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Absent
Kenneth Cheeseman	Laurel Springs	Absent

APPOINTED PROFESSIONALS PRESENT:

Executive Director/Adm. PERMA Risk Management Services

Brandon Lodics Jordyn DeLorenzo

Program Manager Conner Strong & Buckelew

Crystal Bailey

Attorney J. Kenneth Harris, Esq.

Medical TPA – AmeriHealth Kristina Strain

Medical TPA – Aetna Jason Silverstein

Express Scripts Charles Yuk

Treasurer Lorraine Verrill

Delta Dental Crista O'Donnell

OTHERS PRESENT:

Scott Davenport	Tyler Jackson
Steve Carr	Joe Madera

Kevin Roche	
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APPROVAL OF MINUTES: October 23, 2023 Open

MOTION TO APPROVE OPEN MINUTES OF OCTOBER 23, 2023 AS PRESENTED:

Moved: Commissioner Wolk Second: Commissioner DiAngelo

Vote: Unanimous

CORRESPONDENCE - none.

EXECUTIVE DIRECTOR'S REPORT

FAST TRACK FINANCIAL REPORT – Mr. Lodics reviewed the financial fast track through September 30, 2023. He stated that there was a moderate loss for the month but the fund is preforming well this year.

2024 BUDGET CERTIFICATION - Mr. Lodics stated that the Actuary has reviewed and certified the 2024 adopted budget as appropriate. A copy of his certification is included in the agenda for your reference in Appendix III.

NEW MEMBER - APPROVALS AND UPDATES - <u>New Approval Request:</u> The Fund continues to see new member applications The operations committee reviewed the applications below and are recommending approval for membership. Operations Memo is included in Appendix IV. Resolution 38-23 is included on page 10.

- 1) Underwriting proposals include appropriate claims development and margin.
- 2) Underwriting has been reviewed and approved by Actuary as appropriate.
- 3) Underwriting and claims performance of larger entities was reviewed by the MRHIF and US Fire (MRHIF's Reinsurer).
 - Washington Township, Gloucester County
 - Gloucester Township Fire Districts, Camden County
 - Elk Township, Gloucester County
 - New Group Updates January 1, 2024

MOTION TO APPROVE RESOLUTION 28-23 OFFERING MEMBERSHIP

Moved: Commissioner Passanante Second: Commissioner Shannon

Vote: Unanimous

Approved Entity	Status Update	Current
Approved Entity	Status Opuate	Arrangement

Evesham Township	Joining January 1, 2024; I&T and Resolution received. Implementation underway	Self-Insured
Monroe Township	Joining January 1, 2024; I&T and Resolution received. Implementation underway	SHBP
Haddon Township	Remaining in current arrangement. Likely consider again in 2024	Self-Insured
Camden City	Joining January 1, 2024; I&T and Resolution received. Implementation underway	Fully Insured - Aetna
Collingswood Borough	Remaining in the SHBP	SHBP

- LEVEL Rx MARKET CHECK

- On behalf of the Local Funds, and the result of an RFP, the MRHIF entered the Level Rx coalition, administered by Express Scripts, at the end of 2021. As of November 2023, Level Rx represents 800,000 prescription lives (subscribers + dependents).
- One of the contract terms requires an annual Market Check, in which the Coalition on behalf of its members negotiates with Express Scripts to get the best in market pricing available or will be required to go out to RFP for administrator. The 2024 market check has just completed, and the Coalition was successful in improving pricing for its membership. The Level Rx program continues to perform very well and continues to delivery year over year improved pricing and increased dividends.
- Milliman, Level Rx's Actuary estimates the overall contract improvement to be -2.4%. This is made up of increased prescription discount costs and increased rebates.

Mr. Chair asked if there is an update on Rite Aid. Mr. Lodics stated that there has not been an update since the last meeting.

PROGRAM MANAGERS REPORT

Crystal Bailey reviewed the informational report listed in the agenda.

ELIGIBILTY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated SNJREBF enrollment team. To contact the team, email <u>southernnj enrollments@permainc.com</u> 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:

Aetna Medicare Advantage – Effective January 1, 2024, Aetna Medicare Advantage PPO plans will transition to a new CMS contract. Retirees will automatically be moved to the new contract, there is nothing employers needs to do for the transition. As a result, retirees will receive new ID cards prior to January 1, 2024. **Aetna ID numbers and the service center information currently listed on retiree ID cards will not change.** The only change to the ID card will be the contract number, located under the ID number. All age ins for December 2023 will receive the new ID card. Aetna will send notification to retirees the 1st week of December 2023. The Program Manager sent all brokers information which included the letter that will be sent to all retirees enrolled in the Medicare Advantage PPO plan on August 18th.

Aetna/South Jersey Radiology Negotiations – Aetna and South Jersey Radiology have finalized their negotiations and have reached an agreement effective December 1, 2023. South Jersey Radiology will remain a participating provider for Aetna. Aetna will mail rescind letters to members who received notification of the pending termination.

EXPRESS-SCRIPTS UPDATE:

CMS Annual Open Enrollment period for the 2024 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2024 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 18th to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

OPERATIONAL UPDATES: None

2023 LEGISLATIVE REVIEW:

FREE COVID-19 At-HomeTest – Effective November 20, 2023, free COVID-19 at home test kits are available for reorder from the government. Every U.S. household is eligible to order 4 free COVID-19 at home tests. https://www.covid.gov/tests

Gag Clause Prohibition Compliance Attestation – Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a "contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party." The CAA 2021 prohibits "gag clauses" under group health plan (GHP) agreements. The first attestation is due by December 31, 2023. The submission covers the period beginning December 27, 2020 through the date of the attestation, September 21, 2023. Subsequent attestations are due each December 31. The attestation was submitted by the Program Manager on September 21, 2023, for all groups with medical and/or prescription coverage in the Southern New Jersey Regional HIF. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern New Jersey Regional HIF.

Medical and Rx Reporting: None

No Surprise Billing and Transparency Act – Continued Delays

2023 Specialized Audits - See Appendix.

Carrier Appeals: None

IRO Submissions: None

Small Claims Committee: None

TREASURER: Lorraine Verrill reviewed the bills list for November 2023 and the treasurers report.

MOTION TO APPROVE RESOLUTION 39-23 NOVEMBER 2023 BILLS LIST:

Moved: Commissioner Shannon Second: Commissioner DiAngelo

Vote: 6 ayes, 0 nays

MOTION TO APPROVE THE TREASRURERS REPORT

Moved: Commissioner Shannon Second: Commissioner Wolk

Vote: Unanimous

FUND ATTORNEY: Fund Attorney Harris stated that there is a no surprises billing act guide available for people to understand the Act and offers fact sheets as well.

AETNA: Mr. Silverstein reviewed the claims for the month of September 2023. There were 4 high-cost claimants over the threshold of \$50,000. He stated that the dashboard report shows metrics continue to preform well.

AMERIHEALTH: Kristina Strain reviewed the paid claims and enrollment report through October 2023. She stated that there was 1 high-cost claimants over the threshold of \$50,000.

EXPRESS SCRIPTS: Mrs. Patel reviewed the utilization for the month of October. She reviewed the top ten indications stated that diabetes & inflammatory conditions and cancer are the top three. She reviewed the top drugs used in the fund as well with weight loss at the top 2.

DENTAL ADMINISTRATOR: no report.

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None.

MOTION TO ADJOURN:

Moved: Commissioner Shannon Second: Commissioner Wolk

Vote: All In Favor

MEETING ADJOURNED: 4:50 pm NEXT MEETING: January 22, 2024 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	onstitution of the State of New Jersey; that I will bear true faith and allegiance to the
same and to the governme	ts established in the United States and in this State, under the authority of the people
and that I will faithfully,	apartially, and justly perform all the duties of a member of the Executive Committee
of the Southern New Jers	Regional Employee Benefits Fund, according to the best of my ability, so help me
God.	
Name:	
Sworn and subscribed to before me this 22th day	January 2024
J. Kenneth Harris, Esq. Attorney at Law State o	New Jersey