

Southern Jersey ^{FUND}



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS
JANUARY 27, 2025
CONFERENCE CALL
4:15 PM**

Join Zoom Meeting

<https://permainc.zoom.us/j/91212846502>

Meeting ID: 912 1284 6502

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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 27, 2025
4:15 PM

SINE DIE MEETING

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE - MOMENT OF SILENCE

ROLL CALL OF 2024 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 Member

Kenneth Cheeseman, Executive Committee Alternate

Elanor Kelly, Executive Committee Alternate

Joseph Gallagher, Executive Committee Alternate

APPROVAL OF MINUTES: November 25, 2024

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 2025 FUND COMMISSIONERS

MEMBER ENTITY	COMMISSIONER/CONTACT
Barrington	Terry Shannon
Bellmawr	Louis DiAngelo
Borough of Berlin	Michael Kwasizur
Township of Berlin	Catherine Underwood
Bordentown	Michael Theokas
Brooklawn	Michael Mevoli
Camden City	
CCBOSS	Edward Hill
Chesilhurst	William Hales
Collingswood	Casandra Duffy
Delran Township	Joseph Bellina
Elk Township	Stephen Considine
Franklin Township	Barbara Freijomil
Gibbsboro	Jack Flynn
Gloucester City	Brian Morrell

Gloucester Township	
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 Twp	Jim DeHart
Mt Ephraim	M. Joseph Wolk
Mount Holly MUA	Michael Dehoff
North Hanover Twp	Mary Picariello
Oaklyn Borough	Bonnie Taft
Palmyra	Donna Condo
Paulsboro	Gary Stevenson
Pennsauken	Elizabeth Peddicord
Pine Hill	Pat Hendricks
Pitman	Michael Razze
Riverside	Meghan Jack
Runnemede	Eleanor Kelly
Somerdale, Boro of	Gary Passanante
Springfield Township	Brandy C. Boyington
Washington Township	James Walker
Township of Waterford	Michael Dougherty
Wenonah	Karen Sweeney
Westampton	
Westville Borough	Ryan Giles
West Deptford	Michael Kwasizur
Willingboro	Dwayne Harris
Winslow Twp	Joseph Gallagher
Winslow Township Fire District	Lorraine Sacco
Woodbury Heights	Vikki Holmstrom
Borough of Lawnside	Angelique Rankins

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
Elanor Kelly, Executive Committee Alternate
Joseph Gallagher, Executive Committee Alternate
Elizabeth Peddicord, Executive Committee Alternate

OATH OF OFFICE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

REPORTS:

EXECUTIVE DIRECTOR (PERMA)
Monthly Report.....Page 4

PROGRAM MANAGER- (Conner Strong & Buckelew)
Monthly Report.....Page 15

TREASURER - (Verrill & Verrill)
December 2024 and January 2025 Voucher ListPage 19
Treasurers Report.....Page 24
Confirmation of Claims Paid/ Certification of Transfers
Ratification of Treasurers Report

ATTORNEY - (J. Kenneth Harris)
Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)
Monthly Report.....Page 27

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)
Monthly Report.....Page 31

PRESCRIPTION ADMINISTRATOR - (Express Scripts)
Monthly Report.....Page 34

DENTAL ADMINISTRATOR - (Delta Dental)
Monthly Report.....Page n/a

CONSENT AGENDA
Resolution 1-25: Award of Professional Fees for 2025 Page 40
Resolution 2-25: Designation of Service of Process Page 45
Resolution 3-25: Designation of Secretary as Custodian of Records..... Page 46
Resolution 4-25: Designation of Official Newspaper Page 47
Resolution 5-25: Designation of Regular Meeting Times and Place..... Page 48
Resolution 6-25: Designation of Bank Depositories & CMP..... Page 49

Resolution 7-25: Designation of Authorized Signatories	Page 53
Resolution 8-25: Approval of Risk Management Plan.....	Page 54
Resolution 9-25: Appointment of MRHIF Fund Commissioners	Page 65
Resolution 10-25: Authorizing Treasurer to Process Payments	Page 66
Resolution 11-25: Compensating Producers.....	Page 67
Resolution 12-25: E-Procurement Approval.....	Page 69
Resolution 13-25: Approval of the December 2024 and January 2025 Bills List	Page 70

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 27, 2025**

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of November 30, 2024 (page 9)
- **Historical Income Statement**
- **Consolidated Balance Sheet**
- **Indices and Ratios Report**
- **Budget Status Report**

2025 REORGANIZATION

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

Resolution 1-25 awards the contracts for 2025. All contracts match the RFPs and budget approved last year. This resolution will be advertised as per the public contract law.

Resolution 2-25 designates PERMA as the agent for the Fund to process of service

Resolution 3-25 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary.

Resolution 4-25 designates the Burlington County Times and The Courier Post as the Official Fund Newspaper.

Resolution 5-25 sets meeting dates and times which will be posted on each entity's public bulletin board. Please note there is no December meeting. This will be sent to all members.

Resolution 6-25 sets for the Cash Management Plan and bank depositories for 2025. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. This plan has been reviewed by the Treasurer.

Resolution 7-25 designates authorized signatories for Fund bank accounts. Current Signatories are Michael Mevoli, Joseph Wolk, Terry Shannon, Treasurer and Deputy Treasurer.

Resolution 8-25 is the 2025 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. The MRHIF retention level is the only change.

Resolution 9-25 appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. Current MRHIF representatives are Joseph Wolk and Terry Shannon.

Resolution 10-25 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

Resolution 11-25 adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity's rates reflect its arrangement only.

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.

Contracts

Lou DiAngelo, Chair
Lorraine Sacco
Edward Hill

Claims

Joseph Wolk, Chair
Terry Shannon
Elenor Kelly

Finance

Terry Shannon, Chair
Gary Passanante
Lou DiAngelo

Nominating

Joseph Wolk, Chair
Lou DiAngelo
Terry Shannon

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 11.

The 2025 budget and assessments were adopted without amendment. The assessment included in the SNJHIF 2025 budget was unchanged.

2025 PROFESSIONAL/CONSULTANT RFPs

The following professional contracts expire at the end of 2024. The professional RFPs were released and received in December. The Contracts Committee reviewed the responses and evaluated which were then sent to the QPA. The committee recommends awarding the contracts as follows:

Position	Vendor	Proposed Fees
Auditor	Bowman and Co.	2025: \$17,750 2026: \$18,100 2027: \$18,465
Executive Director	PERMA	2025: \$9.59 PEPM 2026: \$9.78 PEPM 2027: \$9.96 PEPM
Program Manager	Conner Strong & Buckelew	2025: \$22.17 PEPM 2026: \$22.61 PEPM 2027: \$23.06 PEPM <i>*Reduced fees for RX and Dental only. Additional fees for New Members and Healthcare Reform Compliance.</i>

All of the other professionals were approved via resolution in October.

AETNA NATIONAL ADVANTAGE PROGRAM (NAP)

The Health Insurance Funds within their contract with Aetna have the inclusion of the National Advantage Program (NAP). Aetna’s NAP helps the Funds manage out of network claims spend by 1) accessing a “wrap” network of providers beyond the traditional Aetna network and 2) negotiating one-off discounts with out of network providers off billed charges.

As we saw in 2024, the Funds have experienced in uptick in out of network claims exposure for which the NAP program offers some protection and assistance. When Aetna is successful in negotiating a discount on behalf of the Funds, there is a shared savings. The Fund receives 60% and Aetna, 40%.

To assist the Funds financially in 2025, PERMA was successful in negotiating improved terms on the NAP shared savings fee beginning on January 1, 2025. The value of the NAP program cannot be understated, but with out of network use on the rise, improving the shared savings terms will result in reduced spend statewide.

Agreement Terms:

- 1) *Aetna has offered to provide a one-time fee reduction to the Funds \$360,000 statewide for higher-than-average NAP collections in 2024. Funds will be distributed on a prorated basis based on the NAP Collections of each Fund. We will provide updated figures by Fund in the upcoming meetings.*
- 2) *Aetna is reducing the per claim fee cap from \$100,000 to \$50,000*
- 3) *Aetna will implement a \$20 per enrollee per month cap to be reconciled at the end of each Calendar Year.*

Improved NAP Fee Agreement		
Term	2024 Agreement	2025 Amended Agreement
Shared Savings Fee	40%	40%
Per Claim Fee Cap	\$100,000	\$50,000
Per Enrollee Per Month Cap	N/ A	\$20

E-PROCUREMENT SOFTWARE VENDOR

At the recommendation of the QPA, Resolution 12-25 is included in the consent allowing the Fund to utilize Bidnet for E-Procurement software vendor for competitive contracting. Costs are included in the QPA professional fee.

BROKER FEE PAYMENTS

In continuing efforts to maintain transparency, we would like to discuss with the Contracts Committee the process of transferring broker fee collection and payment from the Program Manager’s contract to direct by the Fund. The Reorg resolutions include the broker fee resolution and contract as it currently stands which will be in force for the next few months.

Should the Committee deem this new process necessary, we project the following timeline:

Early February: Committee discussion and Attorney review
 Mid-End February: Broker communication
 Mid-March: New contract and requirement documentation completed; update Executive Committee
 End of March: File contracts with State
 April bills list: First payment to broker by Fund

WEX 2025 COUPON UPDATE

In December, all Direct Bill members received a letter from WEX stating their coupons may be delayed. WEX confirmed they began processing the 2025 coupons last week to be sent out. Based on the timeline provided, we are expecting the coupons to be sent out by the end of the month.

2025 PERMA MANAGEMENT TEAM UPDATES

We are pleased to announce that following the retirement of Diane Peterson, who dedicated over 30 years to the HIFs, John Lajewski has been appointed as the HIF Consulting Business Leader. John brings 18 years of invaluable experience in shaping HIF strategic goals and guidelines.

Additionally, Matt Rudman, a seasoned actuary with significant experience in the public entity benefits arena, will take on an expanded role as the internal HIF Chief Data Leader. In this role, Matt will drive enhancements to HIF programs through the development and implementation of strategic data analytics.

We look forward to the contributions John and Matt will bring to the HIF team in their new roles.

INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements have expired or set to expire. Please reach out to hifadmin@permainc.com for a blank form to be executed. The list was last updated on January 21, 2025. Blank I&T Agreements and Resolutions are in the Appendix.

Member	I&T end date
BOROUGH OF LINDENWOLD	12/31/2021
NORTH HANOVER TWP	12/31/2021
BOROUGH OF HADDON HEIGHTS	12/31/2022
CHESILHURST BOROUGH	12/31/2022
TOWNSHIP OF WATERFORD	12/31/2022
BOROUGH OF BELLMAWR	12/31/2023
BOROUGH OF MEDFORD LAKES	12/31/2023
GLOUCESTER TOWNSHIP	12/31/2023
LAWN SIDE	12/31/2023

BOROUGH OF MAGNOLIA	12/31/2024
PINE HILL BOROUGH	12/31/2024
WINSLOW TOWNSHIP	12/31/2024
BOROUGH OF MERCHANTVILLE	12/31/2024
BOROUGH OF RUNNEMEDE	12/31/2024
BOROUGH OF SOMERDALE	12/31/2024
HADDONFIELD BOROUGH	12/31/2024
WINSLOW TWP FIRE DISTRICT #1	12/31/2024
PALMYRA	12/31/2024
BOROUGH OF BROOKLAWN	12/31/2024
LAUREL SPRINGS	3/31/2025
WEST DEPTFORD	6/30/2025

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	October 31, 2024		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		9,012,232	90,431,482	1,438,502,750	1,528,934,231
2.	CLAIM EXPENSES					
	Paid Claims		7,998,611	72,062,736	1,172,473,212	1,244,535,948
	IBNR		18,737	4,009,389	5,179,785	9,189,174
	Less Specific Excess		(119,410)	(1,659,990)	(20,636,337)	(22,296,327)
	Less Aggregate Excess		-	-	(1,807,360)	(1,807,360)
TOTAL CLAIMS			7,897,938	74,412,135	1,155,209,300	1,229,621,434
3.	EXPENSES					
	MA & HMO Premiums		835,793	8,151,403	45,181,658	53,333,061
	Excess Premiums		134,432	1,347,367	50,150,845	51,498,212
	Administrative		494,058	4,957,731	125,221,792	130,179,523
TOTAL EXPENSES			1,464,283	14,456,501	220,554,295	235,010,796
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(349,989)	1,562,846	62,739,154	64,302,000
5.	INVESTMENT INCOME		53,461	421,000	3,994,412	4,415,413
6.	DIVIDEND INCOME		-	-	11,847,139	11,847,139
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(296,527)	1,983,846	78,580,706	80,564,552
8.	DIVIDEND		-	-	72,732,231	72,732,231
9.	Transferred Surplus IN		-	-		-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			(296,527)	1,983,846	5,848,474	7,832,321
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	1,644	150,473	7,828,649	7,979,122
		Cash	9,089	540,330	12,297,860	12,838,191
2023		Surplus	(12,744)	1,971,643	(1,980,174)	(8,531)
		Cash	(51,890)	1,296,830	(1,022,736)	274,094
2024		Surplus	(285,427)	(138,270)		(138,270)
		Cash	(4,796,000)	(294,872)		(294,872)
TOTAL SURPLUS (DEFICITS)			(296,527)	1,983,846	5,848,474	7,832,321
TOTAL CASH			(4,838,801)	1,542,288	11,275,125	12,817,413
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			19,328	95,678	1,100,153,962	1,100,249,640
FUND YEAR 2023						
	Paid Claims		58,197	4,665,219	50,362,240	55,027,459
	IBNR		(41,438)	(5,109,857)	5,179,785	69,928
	Less Specific Excess		2,292	(1,475,205)	(486,685)	(1,961,890)
	Less Aggregate Excess		-	-	-	-
TOTAL FY 2023 CLAIMS			19,051	(1,919,843)	55,055,340	53,135,497
FUND YEAR 2024						
	Paid Claims		7,921,086	67,238,756		67,238,756
	IBNR		60,175	9,119,246		9,119,246
	Less Specific Excess		(121,703)	(121,703)		(121,703)
	Less Aggregate Excess		-	-		-
TOTAL FY 2024 CLAIMS			7,859,558	76,236,299		76,236,299
COMBINED TOTAL CLAIMS			7,897,938	74,412,135	1,155,209,302	1,229,621,437

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	November 30, 2024		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		9,025,218	99,456,700	1,438,502,750	1,537,959,450
2.	CLAIM EXPENSES					
	Paid Claims		7,794,439	79,857,175	1,172,473,212	1,252,330,386
	IBNR		20,705	4,030,094	5,179,785	9,209,879
	Less Specific Excess		(73,337)	(1,733,328)	(20,636,337)	(22,369,664)
	Less Aggregate Excess		-	-	(1,807,360)	(1,807,360)
	TOTAL CLAIMS		7,741,806	82,153,941	1,155,209,300	1,237,363,241
3.	EXPENSES					
	MA & HMO Premiums		834,663	8,986,066	45,181,658	54,167,725
	Excess Premiums		134,909	1,482,276	50,150,845	51,633,121
	Administrative		492,994	5,450,725	125,221,792	130,672,517
	TOTAL EXPENSES		1,462,567	15,919,068	220,554,295	236,473,363
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(179,155)	1,383,691	62,739,154	64,122,846
5.	INVESTMENT INCOME		50,209	471,209	3,994,412	4,465,621
6.	DIVIDEND INCOME		-	-	11,847,139	11,847,139
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(128,946)	1,854,900	78,580,706	80,435,606
8.	DIVIDEND		-	-	72,732,231	72,732,231
9.	Transferred Surplus IN		-	-		-
10.	Transferred Surplus OUT		-	-	-	-
STATUTORY SURPLUS (7-8+9)			(128,946)	1,854,900	5,848,474	7,703,375
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	(2,225)	148,249	7,828,649	7,976,898
		Cash	6,955	547,285	12,297,860	12,845,145
2023		Surplus	35,026	2,006,669	(1,980,174)	26,494
		Cash	1,799	1,298,629	(1,022,736)	275,894
2024		Surplus	(161,747)	(300,017)		(300,017)
		Cash	3,791,490	3,496,618		3,496,618
TOTAL SURPLUS (DEFICITS)			(128,946)	1,854,900	5,848,474	7,703,375
TOTAL CASH			3,800,244	5,342,532	11,275,125	16,617,657
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			25,866	121,544	1,100,153,962	1,100,275,506
FUND YEAR 2023						
	Paid Claims		5,167	4,670,386	50,362,240	55,032,626
	IBNR		(38,848)	(5,148,705)	5,179,785	31,080
	Less Specific Excess		5,622	(1,469,583)	(486,685)	(1,956,268)
	Less Aggregate Excess		-	-	-	-
TOTAL FY 2023 CLAIMS			(28,059)	(1,947,902)	55,055,340	53,107,438
FUND YEAR 2024						
	Paid Claims		7,763,406	75,002,162		75,002,162
	IBNR		59,553	9,178,799		9,178,799
	Less Specific Excess		(78,959)	(200,662)		(200,662)
	Less Aggregate Excess		-	-		-
TOTAL FY 2024 CLAIMS			7,744,000	83,980,299		83,980,299
COMBINED TOTAL CLAIMS			7,741,806	82,153,941	1,155,209,302	1,237,363,243

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

Southern New Jersey Regional Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF NOVEMBER 30, 2024
BY FUND YEAR

	SNJREBF 2024	SNJREBF 2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	3,496,618	275,894	12,845,145	16,617,657
Assesmtments Receivable (Prepaid)	3,138,191	-	167,243	3,305,434
Interest Receivable	-	-	23	23
Specific Excess Receivable	200,662	(178,320)	-	22,342
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,458	-	-	1,458
Other Assets	2,098,871	-	-	2,098,871
Total Assets	8,935,800	97,574	13,012,411	22,045,785
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	9,178,799	31,080	-	9,209,879
A4 Retiree Surcharge	-	-	-	-
Dividends Payable	-	-	-	-
Retained Dividends	-	-	5,035,513	5,035,513
Accrued/Other Liabilities	57,018	40,000	-	97,018
Total Liabilities	9,235,817	71,080	5,035,513	14,342,410
EQUITY				
Surplus / (Deficit)	(300,017)	26,494	7,976,898	7,703,375
Total Equity	(300,017)	26,494	7,976,898	7,703,375
Total Liabilities & Equity	8,935,800	97,574	13,012,411	22,045,785
BALANCE	-	-	-	-

This report is based upon information which has not been audited nor certified
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Fund Year allocation of claims have been estimated.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND													
RATIOS													
		FY2024											
INDICES	2023	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	11,275,125	\$ 9,857,774	\$ 6,250,977	\$ 6,456,937	\$ 7,797,286	\$ 18,034,863	\$ 15,292,223	\$ 14,007,467	\$ 15,710,928	\$ 17,656,214	\$ 12,817,413	\$ 16,617,657	
IBNR	5,179,785	\$ 6,504,230	\$ 8,036,525	\$ 8,601,150	\$ 8,891,677	\$ 9,024,983	\$ 9,116,555	\$ 9,165,770	\$ 9,160,955	\$ 9,170,437	\$ 9,189,174	\$ 9,209,879	
Assets	16,035,272	\$ 20,344,763	\$ 20,738,572	\$ 21,617,377	\$ 21,626,897	\$ 20,983,770	\$ 21,802,300	\$ 22,245,478	\$ 21,577,620	\$ 22,400,326	\$ 22,137,413	\$ 22,045,785	
Liabilities	10,186,798	\$ 11,531,910	\$ 13,033,059	\$ 13,631,819	\$ 13,946,588	\$ 14,115,381	\$ 14,235,859	\$ 14,231,574	\$ 14,248,902	\$ 14,271,478	\$ 14,305,093	\$ 14,342,410	
Surplus	5,848,474	\$ 8,812,853	\$ 7,705,513	\$ 7,985,558	\$ 7,680,308	\$ 6,868,388	\$ 7,566,442	\$ 8,013,904	\$ 7,328,718	\$ 8,128,848	\$ 7,832,321	\$ 7,703,375	
Claims Paid -- Month	5,607,671	\$ 4,844,971	\$ 7,108,351	\$ 6,827,477	\$ 7,579,005	\$ 8,324,055	\$ 6,935,779	\$ 7,139,144	\$ 8,316,490	\$ 6,988,854	\$ 7,998,611	\$ 7,794,439	
Claims Budget -- Month	4,646,753	\$ 7,616,362	\$ 7,608,031	\$ 7,589,028	\$ 7,610,361	\$ 7,593,337	\$ 7,589,195	\$ 7,571,626	\$ 7,584,055	\$ 7,570,610	\$ 7,584,838	\$ 7,580,538	
Claims Paid -- YTD	55,348,291	\$ 4,844,971	\$ 11,953,322	\$ 18,780,798	\$ 26,359,804	\$ 34,683,859	\$ 41,619,637	\$ 48,758,781	\$ 57,075,271	\$ 64,064,125	\$ 72,062,736	\$ 79,857,175	
Claims Budget -- YTD	52,960,144	\$ 7,616,362	\$ 15,224,393	\$ 22,813,421	\$ 30,423,782	\$ 38,017,119	\$ 45,606,314	\$ 53,177,939	\$ 60,761,995	\$ 68,332,605	\$ 75,917,444	\$ 83,497,982	
RATIOS													
Cash Position to Claims Paid	2.01	2.03	0.88	0.95	1.03	2.17	2.2	1.96	1.89	2.53	1.6	2.13	
Claims Paid to Claims Budget -- Month	1.21	0.64	0.93	0.9	1	1.1	0.91	0.94	1.10	0.92	1.05	1.03	
Claims Paid to Claims Budget -- YTD	1.05	0.64	0.79	0.8	0.9	0.9	0.9	0.92	0.94	0.94	0.95	0.96	
Cash Position to IBNR	2.18	1.52	0.78	0.75	0.88	2	1.68	1.53	1.71	1.93	1.39	1.8	
Assets to Liabilities	1.57	1.76	1.59	1.59	1.55	1.49	1.53	1.56	1.51	1.57	1.55	1.54	
Surplus as Months of Claims	1.26	1.16	1.01	1.05	1.01	0.9	1	1.06	0.97	1.07	1.03	1.02	
IBNR to Claims Budget -- Month	1.11	0.85	1.06	1.13	1.17	1.19	1.2	1.21	1.21	1.21	1.21	1.21	

Southern NJ Municipal Employee Benefits Fund						
2024 Budget Status Report						
as of November 30, 2024						
				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	58,119,909	63,403,326	35,774,782			
Medical Claims AmeriHealth - All Other	3,667,428	4,006,838	1,622,435			
Medical Claims - CCBOSS	9,900,593	10,793,832	11,205,477			
Subtotal Medical	71,687,930	78,203,996	48,602,694	68,102,743	3,585,188	5%
Prescription Claims - All Other	12,355,616	13,478,654	6,927,734			
Rx Rebates - All Other	(3,836,785)	(4,185,522)	(2,078,320)			
Prescription Claims - CCBOSS	2,848,027	3,105,696	3,240,371			
Rx Rebates - CCBOSS	(884,396)	(964,410)	(1,006,232)			
Subtotal Prescription	10,482,462	11,434,418	7,083,553	14,677,693	(4,195,231)	-40%
Dental Claims - All Other	1,175,171	1,282,245	1,087,681			
Dental Claims - CCBOSS	152,419	166,171	166,171			
Subtotal Dental	1,327,589	1,448,416	1,253,852	1,199,864	127,725	10%
Subtotal Claims	83,497,982	91,086,829	56,940,099	83,980,299	(482,318)	-1%
Loss Fund Contingency	132,160	144,174	142,110			
DMO Premiums	2,718	2,940	5,164	2,842	(124)	-5%
Medicare Advantage - All Other	7,402,902	8,079,932	6,830,061			
Medicare Advantage - CCBOSS	1,801,903	1,966,057	2,000,148			
Subtotal Insured Programs	9,207,523	10,048,929	8,835,373	8,983,225	221,581	2%
Reinsurance						
Specific	1,482,827	1,618,140	1,021,150	1,482,276	550	0%
Total Loss Fund	94,320,491	102,898,072	66,938,732	94,448,642	(128,151)	0%
Expenses						
Legal	21,137	23,058	23,058	21,137	(1)	0%
Treasurer	14,882	16,235	16,235	14,882	-	0%
Administrator	665,351	726,141	537,492	665,341	9	0%
Program Manager	1,761,272	1,922,066	1,368,150	2,831,553	(32,036)	-1%
Brokerage	1,038,245	1,133,903	650,403	Included above in Program Manager		
TPA - Med Aetna	1,476,463	1,610,820	1,084,092	1,592,055	588	0%
TPA - Med AmeriHealth Admin	116,180	127,141	67,308	Included above in TPA		
TPA - Dental	82,104	89,575	77,715	82,064	40	0%
Actuary	16,042	17,500	17,500	16,042	(0)	0%
Auditor	15,951	17,401	17,401	15,951	0	0%
Medicare Advantage Implementation	0	0	0	119,760	(119,760)	#DIV/0!
Subtotal Expenses	5,207,625	5,683,841	3,859,354	5,358,785	(151,160)	-3%
Misc/Cont	19,852	21,657	21,657	19,470	383	2%
Affordable Care Act Taxes	20,000	21,825	13,745	17,833	2,167	11%
Claims Audit	36,667	40,000	40,000	36,667	(0)	0%
Plan Documents	13,750	15,000	15,000	13,750	-	0%
Total Expenses	5,297,894	5,782,323	3,949,756	5,446,504	(148,610)	-3%
Total Budget	99,618,385	108,680,395	70,888,488	99,895,146	(276,761)	0%

REGULATORY

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	Filed (ongoing)
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	9/30/2024 Filed
Annual Audit	12/31/2024 To Be 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	Filed
Benefit Changes	N/A

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Program Manager

January 2025

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: southernnj_enrollments@permainc.com

Brokers: brokerservice@permainc.com

Operational Updates:

Eligibility/Enrollment:

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

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@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:

CVS Health Virtual Care – Effective 1/1/25 – Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care replaced Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

****Members received new ID cards with CVS Health Virtual Care information, replacing Teladoc**

AmeriHealth:

Nationwide access to Cigna Healthcare PPO Network

Effective 1/1/25 all AHA PPO plan members have nationwide access to the Cigna Healthcare PPO Network. The Cigna Healthcare PPO Network includes more than 1.5 million health care providers

and 6,400 hospitals nationwide. AHA plan members can find providers using the instructions in the communication included in the Appendix.

Due to the change to the Cigna Healthcare PPO Network, AHA enrolled members received new ID cards with the Cigna Healthcare logo before 1/1/25. Member ID numbers did not change.

Express Scripts:

2025 Formulary and SaveOn Listing

Brokers were sent the 2025 Formulary and SaveOn listings on November 11th. Please reference the appendix for the listings. Please note the following:

NPF Listing:

- NPF Exclusions Listing, please note the following:
 - Humalog - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 1/1/26
 - Members should share the covered preferred alternatives provided in the listing with their providers
 - Humira - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 7/1/25
 - Members should share the covered preferred alternatives provided in the listing with their providers
 - Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn Listing:

- Green highlighted drugs - newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs - being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI \geq 32 OR
 - BMI between 27 \leq 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

2025 Legislative Review:

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 (SNJHIF). 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. **SNJHIF audit began May 6, 2024. See Appendix.**

Appeals

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination on Date
12/04/2024	Medical/Aetna	SNJ 2024 12 01	Office Visit	Upheld	01/03/2024
11/20/2024	Medical/Aetna	SNJ 2024 12 02	Surgical Implant	Upheld	12/03/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination on Date
12/23/2024	Medical/Aetna	SNJ 2024 12 02	Surgical Implant	Under Review	N/A

Small Claims Committee: None

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Resolution No.

DECEMBER 2024

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

BE IT RESOLVED that the Southern NJ Regional Employee Benefit Fund's Executive Board,
hereby
authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR CLOSED

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
WELLNESS COACHES USA, LLC	WELL. COACH. CCBOS -INV 38520 12/24	6,032.00
		6,032.00
	Total Payments FY CLOSED	6,032.00
	CHECK TOTAL CLOSED	6,032.00

FUND YEAR 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	POSTAGE 11/24	885.32
PERMA	ADMIN FEES 12/24	60,799.20
		61,684.52
GANNETT NEW YORK NJ LOCALIQ	A# 1123724 INV 6792916-10720284 11/1/24	50.21
GANNETT NEW YORK NJ LOCALIQ	A# 1122500 INV 6790917-10733977 11/6/24	53.22
		103.43
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/24	135,863.40
		135,863.40
	CHECK TOTALS 2024	197,651.35
ELIZABETH PIGLIACELLI	DEPUTY TREASURER FEE 12/24	536.25
		536.25
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/24	543,283.99
		543,283.99
UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 12/24	289,729.78
		289,729.78
DELTA DENTAL INSURANCE CO (DELTA CARE USA)	DENTAL F1-7871800000-BE006331657 12/1/24	197.68
		197.68
FLAGSHIP HEALTH SYSTEMS	BOR LINDENWOLD A# 03603 INV 15366 12/24	25.83
		25.83

AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/24	11,075.56 11,075.56
VERRILL & VERRILL LLC	TREASURER FEE 12/24	816.67 816.67
CONNER STRONG & BUCKELEW	RX- PROGRAM MGR FEES 12/24	20,468.54
CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR. FEES 12/24	132,200.94
CONNER STRONG & BUCKELEW	BROKER FEES 12/24	95,658.56
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR. FEES 12/24	6,612.06
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/24	1,443.78
		256,383.88
AETNA	MEDICAL TPA 12/24	134,831.40 134,831.40
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/24	7,511.66 7,511.66
	ACH TOTALS	1,244,392.70
	Total Payments FY 2024	1,442,044.05
	TOTAL PAYMENTS ALL FUND YEARS	1,448,076.05

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND

SUPPLEMENTAL BILLS LIST

Resolution No.

DECEMBER 2024

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

BE IT RESOLVED that the Southern NJ Regional Employee Benefit Fund's Executive Board,
hereby
authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
JOSEPH GALLAGHER	MEETING ATTENDANCE Q4 2024	300.00 300.00
ELEANOR M. KELLY	MEETING ATTENDANCE Q4 2024	300.00 300.00
EDWARD HILL	MEETING ATTENDANCE Q4 2024	300.00 300.00
GARY PASSANANTE	MEETING ATTENDANCE Q4 2024	300.00 300.00
BRIAN MORRELL	MEETING ATTENDANCE Q4 2024	150.00 150.00
JOSEPH WOLK	MEETING ATTENDANCE Q4 2024	300.00 300.00
MICHAEL MEVOLI	MEETING ATTENDANCE Q4 2024	300.00 300.00
LOUIS DI ANGELO	MEETING ATTENDANCE Q4 2024	300.00 300.00
TERRY SHANNON KIERSZNOWSKI	MEETING ATTENDANCE Q4 2024	300.00 300.00
KENNETH CHEESEMAN	MEETING ATTENDANCE Q4 2024	300.00 300.00
	Total Payments FY 2024	2,850.00
	TOTAL PAYMENTS ALL FUND YEARS	2,850.00

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

JANUARY 2025

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

BE IT RESOLVED that the Southern NJ Regional Employee Benefit Fund's Executive Board,
hereby

authorizes the Fund treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Fund.

FUND YEAR CLOSED

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
WELLNESS COACHES USA, LLC	WELL. COACH. CCBOS -INV 38616 01/25	6,032.00
		6,032.00

Total Payments FY CLOSED 6,032.00

FUND YEAR 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	POSTAGE 12/24	120.18
		120.18
ACCESS	INV 11289458 DEPT 419 11/30/24	159.43
		159.43
GANNETT PENNSYLVANIA LOCALIQ	A# 791189 INV 6781515-10733931 11/6/24	40.67
GANNETT PENNSYLVANIA LOCALIQ	A# 791189 INV 6781515- 10720542 11/1/24	41.84
		82.51

Total Payments FY 2024 362.12

FUND YEAR 2025

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	RETIREE FIRST -HADDON HTS 01012025	480.00
PERMA	RETIREE FIRST - HADDONFIELD 01012025	756.00
PERMA	RETIREE FIRST - MANTUA TWP 01012025	504.00
PERMA	RETIREE FIRST - MEDFORD TWP 01012025	696.00
PERMA	RETIREE 1ST -GLOUCESTER CITY 01012025	696.00
PERMA	RETIREE FIRST -GLOUCESTER 01012025	2,316.00
PERMA	RETIREE 1ST-GLOUCESTER FIRE 01012025	12.00
PERMA	RETIREE FIRST - GIBBSBORO 01012025	12.00
PERMA	RETIREE FIRST - PINE HILL BOR. 01012025	156.00
PERMA	RETIREE FIRST - PAULSBORO. 01012025	288.00
PERMA	RETIREE FIRST - PITMAN BOR. 01012025	228.00
PERMA	RETIREE 1ST-MERCHANTVILLE 01012025	288.00
PERMA	RETIREE FIRST - MONROE TWP 01012025	1,356.00
PERMA	RETIREE FIRST - OAKLYN 01012025	72.00
PERMA	RETIREE FIRST - MT EPHRAM 01012025	144.00
PERMA	RETIREE FIRST-RUNNEMEDE 01012025	168.00
PERMA	RETIREE FIRST - WEST DEPTFORD 01012025	1,248.00
PERMA	RETIREE 1ST- WASHINGTON TWP 01012025	1,992.00
PERMA	RETIREE FIRST -SPRINGFIELD 01012025	24.00
PERMA	RETIREE FIRST- PENNSAUKEN 01012025	1,740.00
PERMA	ADMIN FEES 01/25	64,086.19
PERMA	RETIREE FIRST - WINSLOW TWP 01012025	1,116.00
PERMA	RETIREE FIRST - ELK TWP 01012025	120.00
PERMA	RETIREE FIRST - CCBOS 01012025	6,288.00
PERMA	RETIREE FIRST - CITY CAMDEN 01012025	7,572.00
PERMA	RETIREE FIRST - DELRAN 01012025	156.00
PERMA	RETIREE FIRST - BARRINGTON 01012025	288.00
PERMA	RETIREE FIRST - BELMAWR 01012025	228.00
PERMA	RETIREE FIRST -BERLIN BOR. 01012025	240.00
		93,270.19

MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 01/25	168,830.91 168,830.91
	TOTAL CHECKS	268,495.22
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 01/25	680,264.15 680,264.15
UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 01/25	421,043.57 421,043.57
DELTA DENTAL INSURANCE CO (DELTACARE USA)	DENTAL F1-787180000-BE006386929 1/1/25	197.68 197.68
FLAGSHIP HEALTH SYSTEMS	BOR LINDENWOLD A# 03603 INV154124 01/25	25.83 25.83
AETNA	MEDICAL TPA 01/25	141,829.98 141,829.98
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 01/25	11,151.42 11,151.42
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/25	7,494.96 7,494.96
VERRILL & VERRILL LLC	TREASURER FEE 01/25	833.33 833.33
ELIZABETH PIGLIACELLI	DEPUTY TREASURER 01/25	536.25 536.25
CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 01/25	139,945.15
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 01/25	1,543.87
CONNER STRONG & BUCKELEW	RX- PROGRAM MGR FEES 01/25	21,630.76
CONNER STRONG & BUCKELEW	BROKER FEES 01/25	106,137.38
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR. FEES 01/25	6,729.34
		275,986.50
J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY SERVICES 01/25	1,959.92 1,959.92
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES 01/25	4,460.00 4,460.00
	TOTAL ACH/WIRES	1,545,783.59
	Total Payments FY 2025	1,807,884.69
	TOTAL PAYMENTS ALL FUND YEARS	1,814,278.81

Chairperson

Attest:

Dated: _____

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

Treasurer

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND									
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED									
Current Fund Year: 2024 Month Ending: November									
	Med	Dental	Rx	Vision	Reinsurance	Contingency	Admin	Closed Year	TOTAL
OPEN BALANCE	8,269,081.19	(284,404.76)	(8,272,377.22)	0.00	(247,283.48)	268,686.62	(429,739.33)	8,447,626.03	12,817,412.67
RECEIPTS									
Assessments	10,466,674.68	151,352.67	1,383,879.38	0.00	185,808.78	17,320.14	662,167.48	0.00	12,867,203.13
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	24,288.76	0.00	0.00	0.00	0.00	785.88	820.07	24,708.19	65,419.76
Invest Adj	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
Subtotal Invest	24,288.77	0.00	0.00	0.00	0.00	785.88	820.07	24,708.19	65,419.77
Other Receipts *	98,560.76	983.23	703,063.42	0.00	0.00	0.00	0.00	0.00	802,607.41
TOTAL	10,589,524.21	152,335.90	2,086,942.80	0.00	185,808.78	18,106.02	662,987.55	24,708.19	13,735,230.31
EXPENSES									
Claims Transfers	6,226,108.50	100,804.35	2,159,238.41	0.00	0.00	0.00	0.00	0.00	8,486,151.26
Expenses	840,471.90	223.51	0.00	0.00	134,909.20	0.00	473,230.32	0.00	1,448,834.93
Other Expenses *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	7,066,580.40	101,027.86	2,159,238.41	0.00	134,909.20	0.00	473,230.32	0.00	9,934,986.19
END BALANCE	11,792,025.00	(233,096.72)	(8,344,672.83)	0.00	(196,383.90)	286,792.64	(239,982.10)	8,472,334.22	16,617,656.79

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS											
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND											
ALL FUND YEARS COMBINED											
CURRENT MONTH	November										
CURRENT FUND YEAR	2024										
Description:		SNJ Inv.	Citizens Bank	Parke Bank	Fulton Bank	Fulton Bank - General Account	Fulton Bank - Admin Account	Ocean First Investment Account	New Jersey Cash Management	Fulton Bank Certificate of Deposit #6301	
ID Number:											
Maturity (Yrs)											12/1/2024
Purchase Yield:		4.50	3.50	5.25	4.70	4.70	4.70	2.50	4.55		5.50
TOTAL for All Accts & instruments											
Opening Cash & Investment Balance		\$12,817,412.68	\$ 5,634.15	\$ 2,540.35	\$ 31,645.39	\$ 5,137,067.61	\$ 2,244,075.05	\$ 75,185.35	\$ 82,882.36	\$ 4,238,382.42	\$ 1,000,000.00
Opening Interest Accrual Balance		\$21.61	\$ 21.61	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1	Interest Accrued and/or Interest Cost	-\$1.38	-\$1.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$65,419.76	\$21.61	\$7.29	\$136.18	\$20,532.69	\$23,064.54	\$660.32	\$204.61	\$16,233.56	\$4,558.96
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$65,418.38	\$20.23	\$7.29	\$136.18	\$20,532.69	\$23,064.54	\$660.32	\$204.61	\$16,233.56	\$4,558.96
9	Deposits - Purchases	\$23,123,204.43	\$0.00	\$0.00	\$0.00	\$5,004,558.96	\$16,669,810.54	\$1,448,834.93	\$0.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$19,388,380.08	\$0.00	\$0.00	\$0.00	-\$3,000,000.00	-\$14,934,986.19	-\$1,448,834.93	\$0.00	\$0.00	-\$4,558.96
			OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance		\$16,617,656.79	\$5,655.76	\$2,547.64	\$31,781.57	\$7,162,159.26	\$4,001,963.94	\$75,845.67	\$83,086.97	\$4,254,615.98	\$1,000,000.00
Ending Interest Accrual Balance		\$20.23	\$20.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks		\$225,270.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$225,270.24	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$16,842,927.03	\$5,655.76	\$2,547.64	\$31,781.57	\$7,162,159.26	\$4,001,963.94	\$301,115.91	\$83,086.97	\$4,254,615.98	\$1,000,000.00

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND									
Month		November							
Current Fund Year		2024							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid November	3. Monthly Recoveries November	4. Calc. Net Paid Thru November	5. TPA Net Paid Thru November	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2024	Med	57,885,097.06	6,226,108.50	0.00	64,111,205.56	0.00	64,111,205.56	57,885,097.06	6,226,108.50
	Dental	1,060,208.74	100,804.35	0.00	1,161,013.09	0.00	1,161,013.09	1,060,208.74	100,804.35
	Rx	19,343,268.14	2,159,238.41	0.00	21,502,506.55	0.00	21,502,506.55	19,343,268.14	2,159,238.41
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	78,288,573.94	8,486,151.26	0.00	86,774,725.20	0.00	86,774,725.20	78,288,573.94	8,486,151.26



**SOUTHERN NEW JERSEY REGIONAL
EMPLOYEE BENEFITS FUND**

Monthly Claim Activity Report

January 27, 2025



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	PAID 2023	# OF EES	PER EE	PAID 2024	# OF EES	PER EE
JANUARY	\$3,307,745	2,023	\$ 1,635	\$4,409,202	3,419	\$ 1,290
FEBRUARY	\$3,122,202	2,036	\$ 1,533	\$4,993,975	3,412	\$ 1,464
MARCH	\$3,301,677	2,088	\$ 1,581	\$5,339,092	3,405	\$ 1,568
APRIL	\$3,277,691	2,184	\$ 1,501	\$6,588,952	3,397	\$ 1,940
MAY	\$4,268,600	2,184	\$ 1,954	\$5,407,814	3,400	\$ 1,591
JUNE	\$3,417,999	2,170	\$ 1,575	\$5,093,952	3,400	\$ 1,498
JULY	\$2,903,969	2,179	\$ 1,333	\$6,006,426	3,399	\$ 1,767
AUGUST	\$3,441,535	2,171	\$ 1,585	\$5,458,043	3,400	\$ 1,605
SEPTEMBER	\$3,541,366	2,161	\$ 1,639	\$4,952,070	3,399	\$ 1,457
OCTOBER	\$4,572,715	2,166	\$ 2,111	\$6,011,984	3,391	\$ 1,773
NOVEMBER	\$4,190,638	2,235	\$ 1,875	\$6,056,470	3,393	\$ 1,785
DECEMBER	\$4,377,096	2,271	\$ 1,927			
TOTALS	\$43,723,233			\$60,317,980		
				2024 Average	3,401	\$ 1,612
				2023 Average	2,156	\$ 1,688

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 10/01/2024 - 10/31/2024
Service Dates: 01/01/2011 - 10/31/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$129,757.35	HODGKIN LYMPHOMA, UNSPECIFIED
Total:	\$129,757.35	

Large Claimant Report (Drilldown) - Claims Over \$100000

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

Paid Dates: 11/01/2024 - 11/30/2024
Service Dates: 01/01/2011 - 11/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$125,564.05	STENOSIS OF CORONARY ARTERY STENT, INITIAL
Total:	\$125,564.05	



SNJ Regional Employee Benefits Fund

12/1/23 thru 11/30/24 (unless otherwise noted)

Dashboard

Medical Claims Paid:

January 2024 thru November 2024

Total Medical Paid per EE: **\$1,612**

Network Discounts

Inpatient:	68.5%
Ambulatory:	69.9%
Physician/Other:	61.0%
TOTAL:	66.4%

Provider Network

% Admissions In-Network:	96.9%
% Physician Office:	98.9%

Aetna Book of Business:
Admissions 98.2%; Physician 92.4%

Top Facilities Utilized (by total Medical Spend)

- Virtua-West Jersey
- Cooper Hospital
- Kennedy Memorial Health
- Virtua Our Lady of Lourdes
- Inspira Medical Center Mullica Hill

Catastrophic Claim Impact

January 2024 – November 2024

Number of Claims Over \$50,000: **165**

Claimants per 1000 members: **19.9**

Avg. Paid per Claimant: **\$118,951**

Percent of Total Paid: **35.4%**

- Aetna BOB- HCC account for an average of 43.3% of total Medical Cost

Aetna One Flex Member Outreach: Through December 2024

Total Members Identified: **1,804**

Members Targeted for 1:1 Nurse
Support : **424**

Members Targeted for Digital Activity:
1,380

Member 1:1 outreach completed: **402**

Member 1:1 Outreach in Progress: **22**

Teladoc Activity

January 2024 – December 2024

Total Registrations: **163**

Total Online Visits: **312**

Total Net Claims Savings: **\$147,147**

Total Visits w/ Rx: **215**

Mental Health Visits: **6**

Dermatology Visits: **17**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1 st Call Resolution:	93.68%
Abandonment Rate:	0.80%
Avg. Speed of Answer:	26.1 sec

Claims Performance

Financial Accuracy:	98.68%*
	*Q2 2024

90% processed w/in:	6.3 days
95% processed w/in:	11.7 days

Claims Performance (Monthly) (November 2024)

90% processed w/in:	6.2 days
95% processed w/in:	10.8 days

(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy:	99%
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Turnaround Time

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





2024 SNJ HIF					
		<u>MEDICAL CLAIMS PAID 2024</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY		\$ 115,974.39	\$ 115,974.39	276	\$ 420.19
FEBRUARY		\$ 229,433.52	\$ 229,433.52	279	\$ 822.34
MARCH		\$ 383,241.29	\$ 383,241.29	278	\$ 1,378.56
APRIL		\$ 487,306.47	\$ 487,306.47	280	\$ 1,740.38
MAY		\$ 564,409.29	\$ 564,409.29	280	\$ 2,015.74
JUNE		\$ 377,090.01	\$ 377,090.01	280	\$ 1,346.75
JULY		\$ 332,115.20	\$ 332,115.20	281	\$1,181.90
AUGUST		\$ 403,440.00	\$ 403,440.00	277	\$ 1,456.46
SEPTEMBER		\$ 371,909.85	\$ 371,909.85	278	\$ 1,337.80
OCTOBER		\$ 442,564.71	\$ 442,564.71	284	\$1,558.32
NOVEMBER		\$ 259,647.56	\$ 259,647.56	286	\$ 907.85
DECEMBER		\$ 512,361.81	\$ 512,361.81	291	\$ 1,760.69
TOTALS		\$ 4,479,494.10	2024 Average	281	\$ 1,327.25

2023 SNJ HIF					
		<u>MEDICAL CLAIMS PAID 2023</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY		\$ 57,161.00	\$ 57,161.00	138	\$ 414.21
FEBRUARY		\$ 230,443.69	\$ 230,443.69	134	\$ 1,719.72
MARCH		\$ 227,431.93	\$ 227,431.93	138	\$1,648.05
APRIL		\$ 165,876.75	\$ 165,876.75	137	\$ 1,210.77
MAY		\$ 200,962.83	\$ 200,962.83	138	\$ 1,456.25
JUNE		\$ 193,132.39	\$ 193,132.39	136	\$ 1,420.09
JULY		\$ 236,276.53	\$ 236,276.53	136	\$ 1,737.32
AUGUST		\$ 308,802.85	\$ 308,802.85	136	\$ 2,270.60
SEPTEMBER		\$ 254,081.03	\$ 254,081.03	136	\$ 1,868.24
OCTOBER		\$ 390,722.00	\$ 390,722.00	136	\$2,873.32
NOVEMBER		\$ 347,756.34	\$ 347,756.34	135	\$ 2,575.97
DECEMBER		\$ 265,952.43	\$ 265,952.43	135	\$ 1,970.01
TOTALS		\$2,878,599.77	2023 Average	136	\$ 1,763.71



Group: Southern New Jersey HIF
Paid Dates: 12/1/24-12/31/24
Network Service ALL

Service Dates: -
Line of Business: All
Product Line: All

Claimant	Paid	Diagnosis
Spouse	\$120,402	Digestive Congenital Anomalies

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EXPRESS SCRIPTS®

Southern New Jersey Regional Employee Benefits Fund

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	5,638	5,528	5,328
Total Days	208,026	187,787	212,118	607,931	215,864	221,887	221,390	659,141	211,071	227,209	208,100	646,380	228,972	229,747	228,676	687,395	2,600,847
Total Patients	2,015	1,917	2,012	3,029	2,074	2,120	2,045	3,110	2,040	2,068	2,006	3,069	2,186	2,221	2,232	3,350	4,474
Total Plan Cost	\$731,056	\$779,560	\$939,382	\$2,449,998	\$860,808	\$990,925	\$976,697	\$2,828,430	\$943,486	\$1,105,047	\$986,640	\$3,035,173	\$1,087,016	\$1,078,987	\$1,089,088	\$3,255,090	\$11,568,691
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%	83.1%	86.4%	88.0%	85.8%	86.3%
Plan Cost PMPM	\$149.65	\$157.17	\$183.44	\$163.70	\$159.26	\$183.44	\$181.04	\$174.57	\$174.59	\$205.25	\$182.91	\$187.56	\$201.41	\$194.45	\$193.17	\$196.28	\$180.95
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	\$439,878	\$489,245	\$1,380,631	\$4,721,814
Specialty %of Total Specialty Plan Cost	39.2%	40.0%	42.9%	40.9%	37.7%	33.7%	41.1%	37.5%	38.3%	44.3%	43.5%	42.2%	41.5%	40.8%	44.9%	42.4%	40.8%

Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	8,692	8,620	8,602	8,638	8,611	8,633	8,612	8,619	8,614	8,589	8,592	8,598	8,594	8,615			
Total Days	372,505	337,435	340,008	1,049,948	359,522	361,052	336,719	1,057,293	361,605	358,869	339,116	1,059,590	368,803	348,528			
Total Patients	3,367	3,332	3,232	5,111	3,354	3,362	3,167	4,998	3,311	3,327	3,284	4,943	3,501	3,447			
Total Plan Cost	\$1,576,029	\$1,532,700	\$1,655,478	\$4,764,207	\$1,919,990	\$1,845,235	\$1,956,297	\$5,721,522	\$2,033,244	\$2,074,558	\$2,145,723	\$6,253,525	\$2,057,203	\$2,039,262			
Generic Fill Rate (GFR) - Total	87.6%	88.5%	88.1%	88.1%	87.2%	87.0%	86.9%	87.0%	85.9%	84.9%	82.7%	84.5%	82.7%	84.4%			
Plan Cost PMPM	\$181.32	\$177.81	\$192.45	\$183.85	\$222.97	\$213.74	\$227.16	\$221.28	\$236.04	\$241.54	\$249.73	\$242.43	\$239.38	\$236.71			
%Change Plan Cost PMPM	21.2%	13.1%	4.9%	12.3%	40.0%	16.5%	25.5%	26.8%	35.2%	17.7%	36.5%	29.2%	18.6%	21.7%			
Total Specialty Plan Cost	\$540,576	\$630,635	\$690,256	\$1,861,467	\$881,071	\$723,612	\$877,048	\$2,481,731	\$845,018	\$845,631	\$952,146	\$2,642,795	\$813,574	\$814,564			
Specialty %of Total Specialty Plan Cost	34.3%	41.1%	41.7%	39.1%	45.9%	39.2%	44.8%	43.4%	41.6%	40.8%	44.4%	42.3%	39.5%	39.9%			

Top Drugs

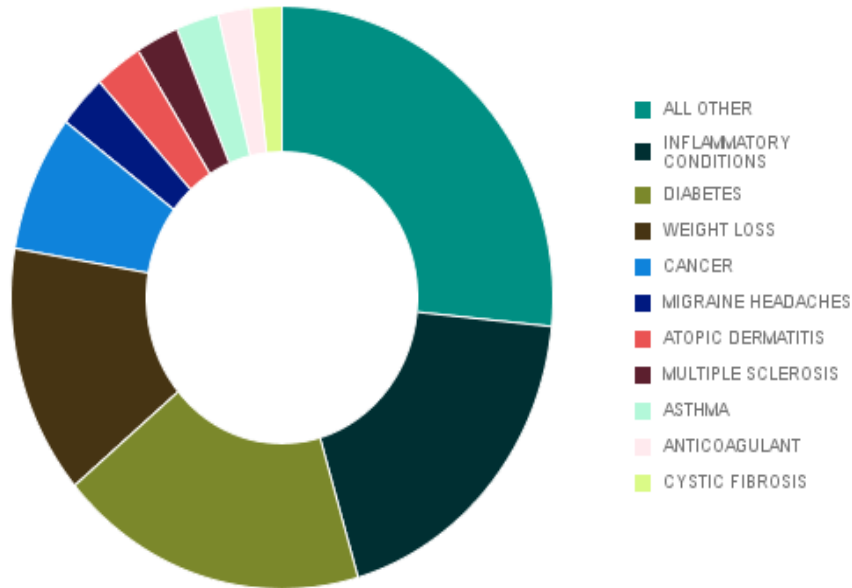
SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rx	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rx	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	1,374	229	\$1,700,202	\$17.94	476	89	\$581,513	\$9.98	79.8 %
2	13	ZEPBOUND	WEIGHT LOSS	N	1,186	216	\$1,141,121	\$12.04	NA	NA	NA	NA	NA
3	3	OZEMPIC	DIABETES	N	1,195	158	\$1,034,299	\$10.91	574	83	\$487,597	\$8.36	30.5 %
4	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	127	14	\$896,532	\$9.46	61	9	\$396,151	\$6.80	39.2 %
5	1	MOUNJARO	DIABETES	N	833	109	\$813,667	\$8.59	302	47	\$283,910	\$4.87	76.3 %
6	6	STELARA	INFLAMMATORY CONDITIONS	Y	63	7	\$616,237	\$6.50	29	5	\$353,604	\$6.07	7.2 %
7	453	VITRAKVI	CANCER	Y	12	1	\$401,776	\$4.24	13	1	\$442,674	\$7.59	-44.2 %
8	10	JARDIANCE	DIABETES	N	693	72	\$379,087	\$4.00	385	42	\$199,340	\$3.42	17.0 %
9		DUPIXENT PEN	ATOPIC DERMATITIS	Y	139	18	\$371,918	\$3.92	57	6	\$141,079	\$2.42	62.2 %
10	26	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	49	6	\$304,981	\$3.22	29	3	\$155,369	\$2.67	20.7 %
11	15	TREMFYA	INFLAMMATORY CONDITIONS	Y	50	7	\$301,105	\$3.18	6	1	\$27,385	\$0.47	576.3 %
12	21	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	50	7	\$297,765	\$3.14	25	3	\$131,018	\$2.25	39.8 %
13	24	ELIQUIS	ANTICOAGULANT	N	566	88	\$297,389	\$3.14	339	45	\$166,205	\$2.85	10.1 %
14	50	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	32	3	\$288,230	\$3.04	NA	NA	NA	NA	NA
15	12	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	37	5	\$276,944	\$2.92	36	3	\$225,945	\$3.88	-24.6 %
16	66	SPRYCEL	CANCER	Y	15	1	\$259,578	\$2.74	7	1	\$47,069	\$0.81	239.2 %
17	72	LENALIDOMIDE	CANCER	Y	18	3	\$242,077	\$2.55	10	2	\$149,566	\$2.57	-0.4 %
18	22	FARXIGA	DIABETES	N	451	59	\$233,782	\$2.47	368	41	\$180,613	\$3.10	-20.4 %
19	243	KALYDECO	CYSTIC FIBROSIS	Y	11	1	\$198,313	\$2.09	NA	NA	NA	NA	NA
20	18	TRULICITY	DIABETES	N	227	39	\$196,423	\$2.07	331	40	\$270,327	\$4.64	-55.3 %
21	30	NURTEC ODT	MIGRAINE HEADACHES	N	119	29	\$184,694	\$1.95	47	13	\$66,722	\$1.14	70.3 %
22	70	HUMIRA PEN	INFLAMMATORY CONDITIONS	Y	30	4	\$179,349	\$1.89	20	3	\$111,330	\$1.91	-0.9 %
23	45	JANUVIA	DIABETES	N	338	36	\$170,186	\$1.80	261	28	\$126,271	\$2.17	-17.1 %
24	32	TRIKAFTA	CYSTIC FIBROSIS	Y	7	1	\$158,894	\$1.68	NA	NA	NA	NA	NA
25	29	OTEZLA	INFLAMMATORY CONDITIONS	Y	42	6	\$150,344	\$1.59	13	3	\$42,163	\$0.72	119.3 %
Total Top 25					7,664		\$11,094,891	\$117.07	3,389		\$4,585,854	\$78.66	48.8 %

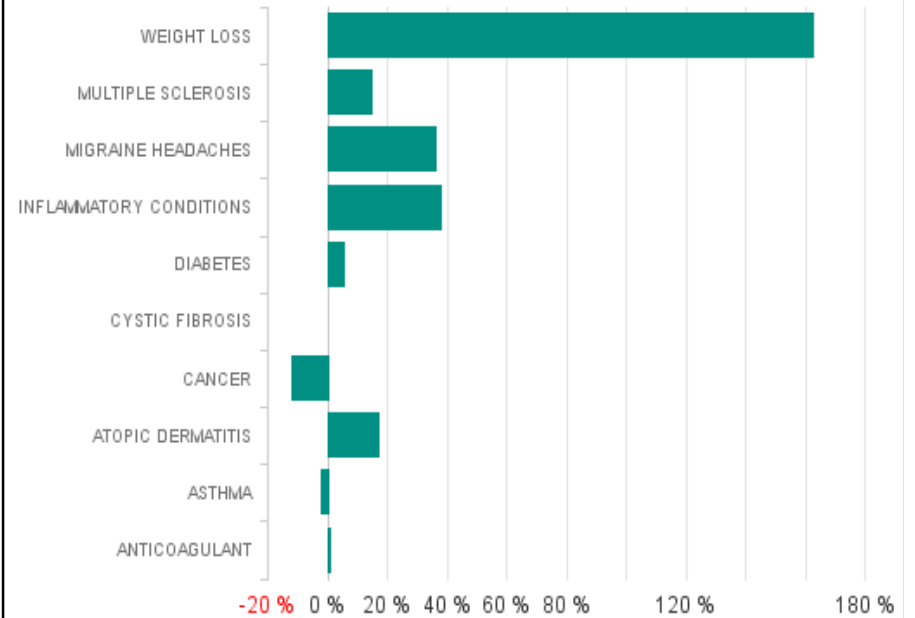
Top Indications

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

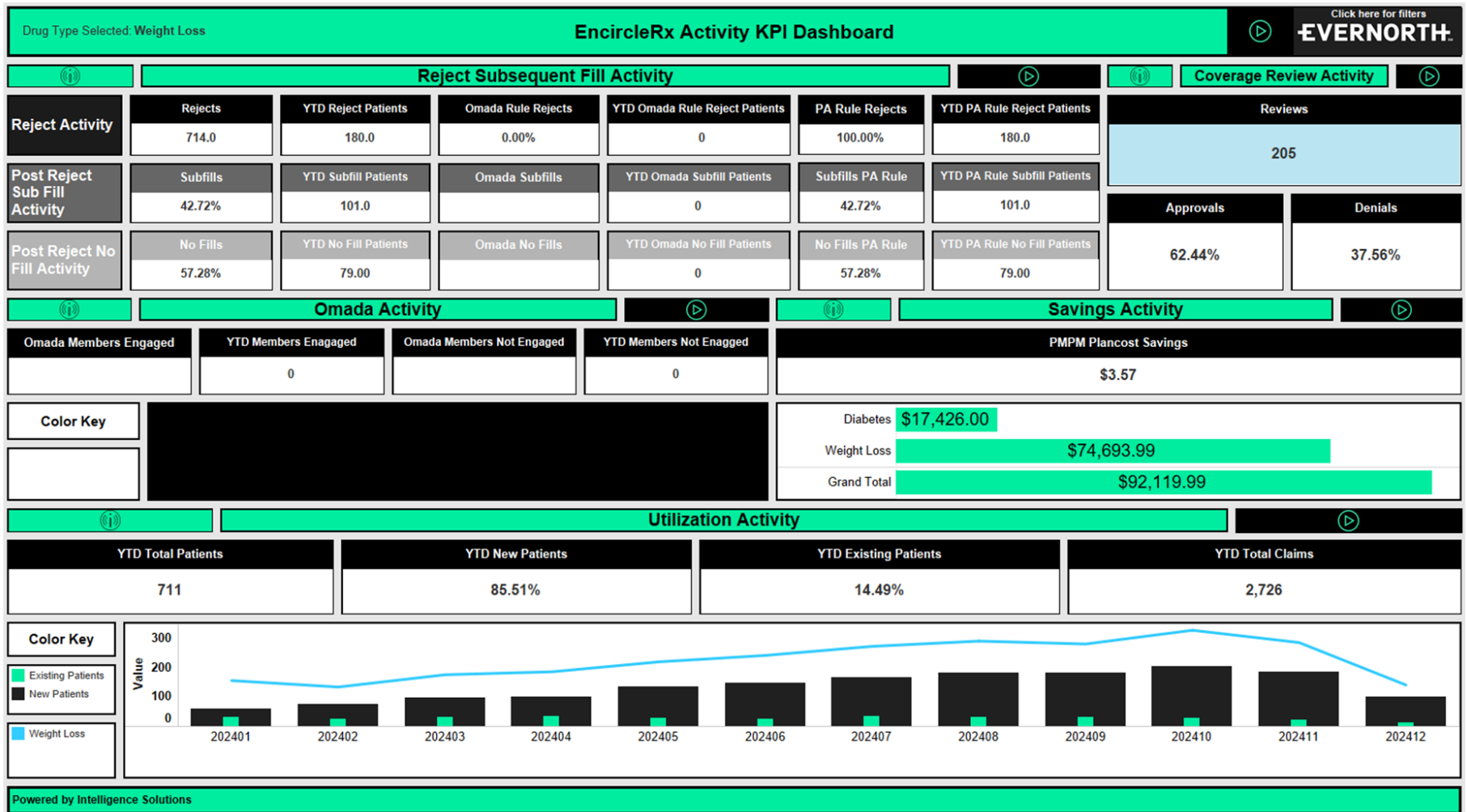
Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rx	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	25.7 %	992	\$3,936,174	\$41.53	37.2 %	32.8 %	24.3 %	612	\$1,758,188	\$30.16	49.3 %	38.9 %	37.7 %
2	1	DIABETES	25.0 %	11,943	\$3,830,731	\$40.42	32.4 %	25.6 %	30.9 %	6,967	\$2,235,276	\$38.34	31.2 %	28.0 %	5.4 %
3	4	WEIGHT LOSS	18.8 %	2,721	\$2,883,733	\$30.43	3.1 %	4.9 %	9.3 %	627	\$675,716	\$11.59	7.8 %	11.0 %	162.5 %
4	3	CANCER	10.4 %	442	\$1,583,477	\$16.71	79.2 %	75.8 %	15.3 %	268	\$1,103,483	\$18.93	78.0 %	77.6 %	-11.7 %
5	5	MIGRAINE HEADACHES	4.0 %	1,122	\$613,715	\$6.48	48.3 %	52.6 %	3.8 %	696	\$277,353	\$4.76	57.9 %	55.1 %	36.1 %
6		ATOPIC DERMATITIS	3.9 %	1,526	\$593,647	\$6.26	85.5 %	NA	4.3 %	816	\$311,971	\$5.35	85.2 %	NA	17.0 %
7	7	MULTIPLE SCLEROSIS	3.5 %	96	\$533,935	\$5.63	35.4 %	47.9 %	4.0 %	73	\$286,122	\$4.91	75.3 %	45.9 %	14.8 %
8	6	ASTHMA	3.5 %	5,829	\$532,016	\$5.61	86.7 %	88.0 %	4.6 %	3,865	\$334,193	\$5.73	77.7 %	79.4 %	-2.1 %
9	8	ANTICOAGULANT	2.7 %	903	\$409,925	\$4.33	16.7 %	18.8 %	3.4 %	613	\$249,390	\$4.28	17.8 %	21.5 %	1.1 %
10	9	CYSTIC FIBROSIS	2.5 %	27	\$381,141	\$4.02	0.0 %	7.3 %	NA		NA	NA	NA	7.2 %	NA
Total Top 10				25,601	\$15,298,492	\$161.42	45.9 %	41.5 %		14,537	\$7,231,692	\$124.05	48.2 %	43.2 %	30.1 %



Omada Activity

Omada Members Engaged

YTD Members Engaged

0

Omada Members Not Engaged

YTD Members Not Engaged

0

Savings Activity

PMPM Plancost Savings

\$3.57

Color Key

Diabetes

\$17,426.00

Weight Loss

\$74,693.99

Grand Total

\$92,119.99

Utilization Activity

YTD Total Patients

711

YTD New Patients

85.51%

YTD Existing Patients

14.49%

YTD Total Claims

2,726

Color Key

Existing Patients

New Patients

Weight Loss

Value

202401

202402

202403

202404

202405

202406

202407

202408

202409

202410

202411

202412

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**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
January 27, 2025**

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

Resolutions

Subject Matter

Motion_____ **Second**_____

Resolutions

Subject Matter

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Resolution 6-25: Designation of Bank Depositories & CMP	Page 49
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Resolution 10-25: Authorizing Treasurer to Process Payments	Page 66
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**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
AWARDING PROFESSIONAL FEES FOR FUND YEAR 2025**

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, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A:11-4.1et seq.) for the 2025 Fund year; and,

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-29R in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on September 24, 2024, October 22, 2024 (Deputy Treasurer) and November 22, 2024 (Auditor),

WHEREAS, the Fund recommended the award of contracts to the below listed Professional Service Providers and service organizations based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the process was administered as required by law by the Qualified Purchasing Agent who has concurred with the legality of the purchase in accord with the New Jersey Local Publics Contract Law (N.J.S.A. 40A:11-1 et seq.); and

WHEREAS, the term of contract is (3) years as authorized under N.J.S.A.40A:11-4.1 et. Seq.

WHEREAS, the Fund resolves to appoint the Professionals – noted below –commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Actuary**. The annual amount of \$17,850 has been appropriated in the Actuary Line Item of the 2025 budget.
- II. **J. Kenneth Harris, Esq.** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$23,519 has been appropriated in the Attorney Line Item of the 2025 budget.
- III. **Bowman & Company is** hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$17,750 has been appropriated in the Auditor Line Item of the 2025 budget.

- IV. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$10,000 has been appropriated in the Treasurer Line Item of the 2025 budget.

WHEREAS, the Fund resolves to appoint the Professionals – noted below –commencing on January 1, 2024 and ending on December 31, 2026 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **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 2025 budget.

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24R-27 (Executive Director) and CC# 24RR-28 (Program Manager) in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on September 24, 2024 (CC#24R-27), and December 12, 2024 (CC# 24RR-28),

WHEREAS, the Fund recommended the award of contracts to the below firms and service organization based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- 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**. \$9.58 per employee, per month will be expended to the Administrator. The estimated annual amount of \$742,802 has been appropriated in the Administrator Line Item of the 2025 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager** \$22.17 per medical employee, per month; \$6.72 per prescription employee, per month; \$3.00 per dental employee, per month; and \$0.40 per medical employee per month for Health Care Reform changes will be expended in connection with the Program Manager in 2025. Estimated annual amount of \$1,966,542 has been appropriated in the **Program Manager** Line Item of the 2025 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.

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2025 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

I. **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 \$ 1,691,403 has been appropriated in the Medical TPA Line Item of the 2025 budget.

II. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.18 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit for all groups. The estimated annual amount of \$ 135,463 has been appropriated in the Medical TPA Line Item of the 2025 budget.

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2024 and ending on December 31, 2026 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

I. **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 \$89,619 has been appropriated in the Dental TPA Line Item of the 2025 budget.

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-30 (Aetna MA) and CC# 24-31 (UHC MA) in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on October 22, 2024,

WHEREAS, the Fund recommended the award of contracts to the below firms and service organization based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

I. **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 \$8,163,169.80 has been appropriated for this Line Item of the 2025 budget.

Plan Name	Monthly Premium
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Borough of Barrington)	\$ 456.91
Medicare Advantage (Borough of Barrington)	\$ 202.30
Medicare Advantage w/ \$5/\$11/\$21 (Borough of Barrington)	\$ 418.04
Medicare Advantage w/ \$5/\$5 Rx-MAPDP (Borough of Bellmawr)	\$ 437.86
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Gibbsboro)	\$ 452.64

Medicare Advantage w/ 10% Rx - MAPDP (Gloucester City)	\$	473.58
Medicare Advantage w/ \$5/\$5 RX-MAPDP (Gloucester City)	\$	437.86
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDPD (Haddonfield Borough)	\$	418.04
Medicare Advantage w/ 10% Rx - MAPDPD (Haddonfield Borough)	\$	473.58
Medicare Advantage (Haddonfield Borough)	\$	202.30
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Monroe Township)	\$	493.64
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Borough of Mount Ephraim)	\$	418.04
Medicare Advantage w/ \$6/\$12/\$24 - MAPDP (Borough of Paulsboro)	\$	402.51
Medicare Advantage w/ 20% Rx - MAPDP (Pine Hill Borough)	\$	421.08
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Pitman)	\$	452.64
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Runnemede)	\$	452.64
Aetna Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Borough of Haddon Heights)	\$	418.04
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Mantua Township)	\$	402.51
Aetna Medicare Advantage (Winslow Township)	\$	202.30
Aetna Medicare Advantage w/ Rx \$5/\$11/\$21 (West Deptford Township)	\$	418.04
Aetna Medicare Advantage w/ Rx (Riverside Township)	\$	493.64
Aetna Medicare Advantage w/ Rx \$6/\$12/\$24 (City of Camden)	\$	455.10
Aetna Medicare Advantage w/ Rx (Springfield Township)	\$	493.64
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 (Borough of Woodbury Heights)	\$	493.64
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Delran Township)	\$	493.64
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Medford Township)	\$	493.64
Aetna Medicare Advantage \$10 with \$6/\$12/\$24 Rx (Borough of Berlin)	\$	493.64
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Borough of Oaklyn)	\$	493.64
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Township of Elk)	\$	493.64
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Township of Washington (GC))	\$	493.64
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Gloucester Township Fire Dist #2)	\$	493.64

III. United Healthcare Medicare Advantage is hereby appointed to serve as a Medicare Advantage service provider. The annual amount of \$5,052,522.84 has been appropriated for this Line Item of the 2025 budget listed by member below.

PlanName	Monthly Premium
UHC Medicare Advantage w/ Rx (Pennsauken Township)	\$ 434.15
UHC Medicare Advantage w/Rx (Camden County Board of Social Services)	\$ 457.37
UnitedHealthcare Medicare Advantage w/ Rx (Township of Gloucester)	\$ 560.00
UHC Medicare Advantage w/ Rx (Merchantville Pennsauken Water Commission)	\$ 434.15

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 2-25

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2025**

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 27, 2025

BY:_____
CHAIR

ATTEST:_____
SECRETARY

RESOLUTION NO. 3-25

**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 BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 4-25

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE BURLINGTON COUNTY TIMES AND THE COURIER POST
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2025**

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 2025 and that all official notices required to be published shall be published in the Burlington County Times, The Courier Post and the Fund Website (www.snjrebf.com)

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIR

ATTEST: _____
SECRETARY

RESOLUTION NO. 5-25

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2025**

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 2025 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 2025 at on the fourth Monday of each month (unless otherwise noted) at 4:15 p.m.

Monday, February 24, 2025	Pennsauken Country Club
Monday, March 24, 2025	Zoom
Monday, April 28, 2025	Bellmawr Community Center
Monday, May 19, 2025**	Zoom
Monday, June 23, 2025	Haddon Twp Municipal Building
Monday, July 28, 2025	Zoom
Monday, August 25, 2025	Zoom
Monday, September 22, 2025	Brooklawn Senior Center
Monday, October 27, 2025	Zoom
Monday, November 24, 2025	Collingswood Community Center
Monday, January 26, 2026	Zoom

**Denotes Meeting is the third Monday of the Month.

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://www.snjrbf.com/meeting-information/>

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

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2025 CASH MANAGEMENT AND INVESTMENT POLICY

1.) Cash Management and Investment Objectives

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

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

2.) Permissible Investments

Investments shall be limited to the following:

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

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

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

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

3.) **Authorized Depositories**

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

Citizens Bank
Parke Bank
Fulton Bank
Oceans First

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

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

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

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-25

**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 EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-25

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

2025 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2025

ADOPTED: JANUARY 27, 2025

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 \$500,000 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 covered person 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. Rates may include loss ratio adjustments of up to +2.5% depending upon member loss ratios over the past 2.5 years prior to the renewal. 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 employees (COBRA, Conversion and some retirees) and, in some cases, Dependent Age 31 participants, are billed directly by the Fund.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that choose to take such

deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment.

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

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

7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

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

8.) RATING PERIODS

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

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

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

10.) PROVISION FOR PPOs, etc.

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

11.) OPEN ENROLLMENT PROCEDURES

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

12.) COBRA AND CONVERSION OPTIONS

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

13.) DISCLOSURE OF BENEFIT LIMITS

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

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

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e.

COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

15.) RETIREES

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

16.) NEWBORN CHILDREN

All plan documents will have the following language:

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

17.) PLAN DOCUMENT

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

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When can coverage be changed.
- When does coverage end.
- COBRA provisions.

- Conversion privilege.

B.) Benefits

- Definitions.
- Description of benefits.

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

C.) Claims Procedures

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

D.) Cost Containment Programs

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

18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

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

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

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

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

19.) “RUN-IN” or “RUN-OUT” LIABILITY

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

20) CLAIMS AND OPERATIONS AUDITS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-25

**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

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-25

**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 2025.

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 27, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-25

**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 2025;

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 2025:

Group Name	Broker	Broker Rate
Berlin Borough	Hardenbergh Insurance	\$ 31.54
Bordentown	CBIZ	\$ 32.62
Collingswood	Conner Strong and Buckelew	\$ 40.38
Delran Township	Conner Strong and Buckelew	\$ 85.37
Elk Township	Insurance Solutions Inc	\$ 42.51
Evesham	Conner Strong and Buckelew	\$ 59.78
Franklin	Insurance Solutions Inc	\$ 27.59
Gloucester City	Brown & Brown Metro	\$ 8.23
Gloucester Township Fire #2	Conner Strong & Buckelew	\$ 103.13
Haddon Heights	Hardenbergh Insurance	\$ 12.05
Mantua Township	Hardenbergh Insurance	\$ 51.57
Medford Township	Hardenbergh Insurance	\$ 49.74
Merchantville Pennsauken Water Commission	Conner Strong & Buckelew	\$ 15.80
Monroe Township	Conner Strong & Buckelew	\$ 39.91
North Hanover Township	EJA/Capacity Benefits	\$ 3.48
Oaklyn	Hardenbergh Insurance	\$ 46.61
Paulsboro	Anuszewski	\$ 74.91

Pennsauken Township	Conner Strong & Buckelew	\$	14.37
Somerdale	Cherry Hill Benefits	\$	40.38
Springfield Township	EJA/Capacity Benefits	\$	65.92
Washington Township	Conner Strong & Buckelew	\$	37.47
Westampton	Hardenbergh Insurance	\$	60.11
Westville	Hardenbergh Insurance	\$	43.94
West Deptford Township	Hardenbergh Insurance	\$	39.59
Woodbury Heights	Hardenbergh Insurance	\$	66.86

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

ADOPTED: JANUARY 27, 2025

BY:_____

CHAIRPERSON

ATTEST:_____

SECRETARY

RESOLUTION NO. 12-25

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
OF AN E- PROCUREMENT SOFTWARE VENDOR THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund (Hereinafter the "Fund") has a need for electronic platform procurement services for its daily operations; and

WHEREAS, such desired services are currently available to be provided through the competitive contracting process under the New Jersey Local Publics Contract Law, (N.J.S.A. 40A:11-4.1 et. Seq., to wit:

a. The purchase or licensing of proprietary computer software designed for contracting unit purposes, which may include hardware intended for use with the proprietary software. This subsection shall not be utilized for the purpose of acquiring general purpose computer hardware or software;

; and

WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 40A:11-4.1 et. Seq.) and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Qualified Purchasing Agent (N.J.S.A. 40A:11-4.1 et. Seq.),

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Southern New Jersey Regional Employee Benefits Fund resolve to authorize the Qualified Purchasing Agent to procure the electronic procurement proprietary software offerings through the competitive contacting process in accord with (N.J.S.A. 40A:11-4.1 et. Seq.),

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 13-25

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE DECEMBER 2024, AND JANUARY 2025 BILLS LIST**

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **January 27, 2025** 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 month of December 2024 and January 2025 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 2024 and January 2025 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

NOW, THEREFORE BE IT FURTHER RESOLVED, the Commissioners of the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
NOVEMBER 25, 2024
CONFERENCE CALL
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 2024 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
Gary Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Absent
Kenneth Cheeseman	Laurel Springs	Present
Elanor Kelly	Borough of Runnemede	Present
Joseph Gallagher	Winslow Twp	Present

APPOINTED PROFESSIONALS PRESENT:

Executive Director/ Adm.	PERMA Risk Management Services Jordyn Robinson
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Program Manager	Conner Strong & Buckelew Peter Mina
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Attorney	J. Kenneth Harris, Esq.
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Medical TPA – AmeriHealth	Tyler Jackson
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Medical TPA – Aetna	Jason Silverstein
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Express Scripts	Hiteksha Patel
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Treasurer	Lorraine Verrill
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Delta Dental	Absent
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OTHERS PRESENT:

Scott Davenport
Sandra DePasquale

Elizabeth Peddicord
Bonnie Taft
Patrick Yacovelli

APPROVAL OF MINUTES: October 28, 2024

MOTION TO APPROVE OPEN MINUTES OF OCTOBER 28, 2024 AS PRESENTED:

Moved:	Commissioner Wolk
Second:	Commissioner Di Angelo
Vote:	Unanimous

EXECUTIVE DIRECTOR'S REPORT

Mrs. Robinson stated that Mr. Lodics and Mrs. Koval were unable to make the meeting and she will be presenting the Executive Director's Report.

FAST TRACK FINANCIAL REPORT – Mrs. Robinson reviewed the financial fast track through September. She stated that it was a positive month for the fund with an \$800,000 Surplus gain with just over 2.2 Million dollar for the year. She stated that this has been a strong year. The claims are running 6% under the budget.

2025 BUDGET CERTIFICATION

Mrs. Robinson stated that the Actuary has reviewed and certified the 2025 adopted budget. A copy of his certification is included in the Appendix of the agenda and the has been filed with the state.

2025 PROFESSIONAL/CONSULTANT RFPS

Program Manager, Executive Director & Auditor

Mrs. Robinson stated that with the new processes the fund has put into place with the competitive contracting, there have been some road bumps along the way with timing. The executive Directors office is working together with the Attorney and QPA on ironing them out as this process is new to us as well. She stated that the Auditor RFP closed on Friday and the PM RFP is set to close in the upcoming weeks. We will ask for contract award at the reorganization meeting. The Executive Director RFP has closed. Mr. Harris is handling, and it is being reviewed by the contracts committee. We are planning to award this at the reorg meeting in January as well.

Medicare Advantage – Mrs. Robinson stated that an RFP was issued and Both Aetna and UHC both responded with no changes in the rates. She stated that since there was no change and the projected 5% increase when developing the budget for extra cushion will go into contingency.

Medical TPA Services (Health Insurance Pricing System Cooperative):

Mrs. Robinson stated that the fund is working to obtain approval for the Medical TPA from the OSC but in the meantime, both Aetna and AmeriHealth have agreed to extend their current contracts without any changes to fees. This extension will result in approximately \$87,000 in savings for 2025, which will be included in surplus regeneration.

NEW MEMBERS

Mrs. Robinson stated that the Southern fund continues to receive requests to join the fund. With the underwriter and actuary approval, Westampton and Mt. Laurel are requesting to join the fund 1/1. The Contracts committee approved, and the underwriting details are below.

Resolution 34-24 approving Westampton and Mt. Laurel to join the fund.

Moved:	Commissioner Wolk
Second:	Commissioner DiAngelo
Vote:	9 Ayes, 0 Nays

INDEMNITY AND TRUST AGREEMENTS

Mrs. Robinson stated that there are a handful of I&Ts that have either expired or are set to expire. If you need the blank forms, reach out to her and she can send them to you.

PROGRAM MANAGERS REPORT

Peter Mina reviewed the informational report listed in the agenda.

ELIGIBILITY/ENROLLMENT:

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

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@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.

Open Enrollment – 1/1/25 (Passive)

- SNJHIF OE was held October 28th through November 8th
- All OE updates should be completed in WEX by November 15th to allow time for ID cards to be delivered to members by 1/1/25
- 2025 Qualified HDHP Minimums will be updated as follows:
 - Deductible - \$1,650 single/ \$3,300 family
 - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$6,600
- OE communications were sent to brokers on 10/8/24 and will be sent to employers on 10/21/24.

WEX 2025 Coupons – Direct Bill Enrollees: DU31, COBRA and Retirees

WEX will be sending notices to self-pay enrollees advising their 2025 coupons will be received after January 1, 2025. The notice includes instructions on how catch-up payments will be applied to the enrollee's account. Please reference the notices in the Appendix.

****Coverage will not be impacted due to the 2025 coupons being delayed****

Coverage Updates:

Onsite Flu Vaccine Clinic Vendor List

Approved onsite flu vaccine clinic vendors list are included in the Appendix. SNJHIF does not coordinate onsite flu vaccine clinics, groups can reach out to the vendors directly to schedule.

Aetna Updates:

CVS Health Virtual Care – Effective 1/1/25 – Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

****Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

AmeriHealth Updates:

Nationwide access to Cigna Healthcare PPO Network

Effective 1/1/25 all AHA PPO plan members will have nationwide access to the Cigna Healthcare PPO Network. The Cigna Healthcare PPO Network includes more than 1.5 million health care providers and 6,400 hospitals nationwide. AHA plan members can find providers using the instructions in the communication included in the Appendix.

Due to the change to the Cigna Healthcare PPO Network, AHA enrolled members will receive new ID cards with the Cigna Healthcare logo before 1/1/25. Member ID numbers will not change.

Express Scripts Updates:

2025 Formulary and SaveOn Listing

Brokers were sent the 2025 Formulary and SaveOn listings on November 11th. Please reference the appendix for the listings. Please note the following:

NPF Listing:

- NPF Exclusions Listing, please note the following:
 - Humalog - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 1/1/26

- Members should share the covered preferred alternatives provided in the listing with their providers
- Humira - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 7/1/25
 - Members should share the covered preferred alternatives provided in the listing with their providers
- Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn Listing:

- Green highlighted drugs – newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs – being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

3Q2024 SaveOn Savings (1/1/2024 through 9/22/24)

In 3Q2024, the SNJHIF has saved \$661,784 for members enrolled in SaveOn, an additional \$93,996 in savings from 2Q2024. There are currently 124 participants in the program, an increase of 14 members compared to 2Q2024. In 2024, Skyland members who used SaveOn saved a total of \$15,113 in copays. The average savings per prescription to date is \$593. See Appendix for full report.

Top 5 Therapeutic Categories:

- Inflammatory Conditions
 - 64 members, totaling \$289,039 in savings
- Asthma & Allergy
 - 29 members, totaling \$124,986 in savings
- Cancer
 - 12 members, totaling \$109,566 in savings
- Multiple Sclerosis
 - 7 members, totaling \$60,454 in savings
- Cystic Fibrosis
 - 2 members, totaling \$58,451 in savings

Notice of Creditable Coverage (NOCC)

CMS Annual Open Enrollment period for the 2025 plan year is October 15 – December 7. To meet the CMS requirement, Express Scripts mailed the NOCC letters the week of September 16th to those age 65 and older enrolled in ESI coverage through the HIFs.

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior

authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:

- BMI \geq 32 OR
- BMI between $27 \leq 32$ WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

2024 Legislative Review:

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 attestation is due annually by December 31st. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern New Jersey Regional Health Insurance Fund.

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 (SNJHIF). 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. **SNJHIF audit began May 6, 2024. See Appendix.**

Carrier Appeals: None

IRO Submissions: None

Small Claims Committee: None

TREASURER: Fund Treasurer reviewed the bills list for November bills list 2024. Fund Treasurer also reviewed the treasurers report.

MOTION TO APPROVE RESOLUTION 35-24 NOVEMBER 2024 BILLS LIST:

Moved:	Commissioner Cheeseman
Second:	Commissioner Wolk
Vote:	9 Ayes, 0 Nays

MOTION TO APPROVE THE TREASURERS REPORT:

Moved:	Commissioner DiAngelo
Second:	Commissioner Wolk
Vote:	All in favor

FUND ATTORNEY: Fund Attorney stated that in recent developments there is a free confidential service for direct support for maternal mental help 1-833-TLC-MAMA. This is a new service.

AETNA: Mr. Silverstein reviewed the claims through the month of September. He stated that there was 1 high cost claim for the month of September. He stated that the dashboard metrics continue to perform well. Mr. Silverstein stated that Medicare Advantage plans for 2025 are 4 star and 4.5 star rated plans.

AMERIHEALTH: Tyler Jackson reviewed the paid claims and enrollment report through October 2024. He stated that there were no high-cost claimants for the month of September 2024. He stated that the Cigna ID cards should be sent out by the end of the year.

EXPRESS SCRIPTS: Mrs. Patel stated that Humalog will be excluded in 2026 and Humira will be excluded in July 2025. Letters will be sent to the membership. She reviewed the utilization report included in the agenda through the 3rd quarter. She reviewed the top ten indications and top 25 medications. She stated that GLP1 oral meds are set to come out in 2027 which will be more cost effective than the injection drugs.

DENTAL ADMINISTRATOR: No report.

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: Mr. Mevoli stated that if the zoom meetings are to get hacked like they have in the past, we ask everyone to leave the meeting immediately and re-enter after 5 minutes and identify yourself.

MOTION TO ADJOURN:

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

MEETING ADJOURNED: 4:57 pm

NEXT MEETING: January 27, 2025 4:15PM

Jordyn Robinson , Assisting Secretary
for

JOSEPH WOLK, SECRETARY

MINUTES

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.



Your care. Your way.

Convenient and affordable virtual care wherever you need it*

From your therapy appointments to quick care, we've got you covered. You can use CVS Health Virtual Care™ in addition to your traditional network of providers. Access is included as part of your medical plan from Aetna®, a CVS Health® company because **healthier happens together™**.



On-demand care

Access 24/7 quick care for minor illnesses and injuries



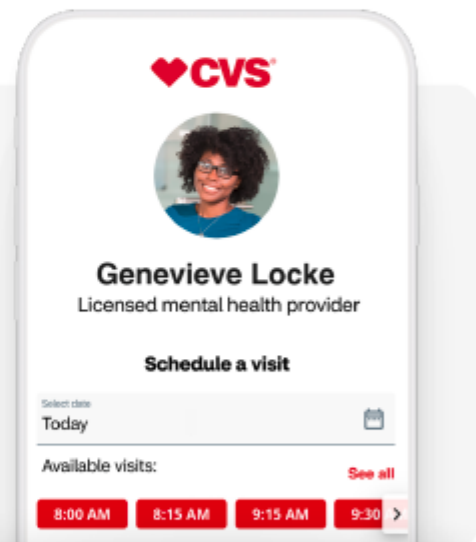
Mental health services

Get counseling for things like anxiety and stress, plus psychiatry services for medication management

Extend to in-person care when needed, at nearby MinuteClinic® locations** or in-network provider clinics.

Get started today with CVS Health Virtual Care

- 1 Activate your virtual care benefit by visiting [CVS.com/virtual-care](https://www.cvs.com/virtual-care) or scan the QR code below
- 2 Create an account and confirm your details
- 3 Schedule a mental health appointment, or request on-demand care 24/7/365



Register today at [CVS.com/virtual-care](https://www.cvs.com/virtual-care)

*Age restrictions do apply. Mental Health services coverage varies by employer. Make sure to check specific plan benefits to better understand covered mental health services.

**MinuteClinic® in-person services are not included with this product and are subject to plan benefit.

Aetna® and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies. Limitations may apply based on services and location.

This material is for informational purposes only. Refer to [aetna.com](https://www.aetna.com) for more information about Aetna plans and for a full list of participating providers.

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1191151-11-01



APPENDIX III

OATH OF OFFICE

**State of New Jersey
County of Camden**

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

Name: _____

**Sworn and subscribed to
before me this 27th day of January 2025**

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

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

INDEMNITY AND TRUST AGREEMENT

THIS AGREEMENT made this [REDACTED] day of [REDACTED] 2025, in the County of

[REDACTED], State of New Jersey, By and Between the **Southern New Jersey Regional**

Employee Benefits Fund referred to as “FUND” and the governing body of the

[REDACTED] a duly constituted LOCAL UNIT OF GOVERNMENT, hereinafter referred to as “LOCAL UNIT”.

WITNESSETH:

WHEREAS, the governing bodies of various local units of government, as defined in N.J.A.C. 11:15-3.2, have collectively formed a Joint Insurance Fund as such an entity is authorized and described in N.J.S.A. 40A:10-36 et. seq. and the administrative regulations promulgated pursuant thereto; and

WHEREAS, the LOCAL UNIT has agreed to become a member of the FUND in accordance with and to the extent provided for in the Bylaws of the FUND and in consideration of such obligations and benefits to be shared by the membership of the FUND;

NOW THEREFORE, it is agreed as follows:

1. The LOCAL UNIT accepts the FUND’s Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of said Bylaws and the pertinent statutes and administrative regulations pertaining to same.

2. The LOCAL UNIT agrees to participate in the FUND with respect to health insurance, as defined in N.J.S.A. 17B:17-4, and as authorized in the LOCAL UNIT’s resolution to join.

3. The LOCAL UNIT agrees to become a member of the FUND and to participate in the health insurance coverages offered for an initial period, (subject to early release or termination pursuant to the Bylaws), such membership to commence on **January 1, 2025** and ending on **December 31, 2027** at 12:01 AM provided, however, that the LOCAL UNIT may withdraw at any time upon 90 day written notice to the FUND.

4. The LOCAL UNIT certifies that it has never defaulted on payment of 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 of this Agreement.

5. In consideration of membership in the FUND, the LOCAL UNIT agrees that it shall jointly and severally assume and discharge the liability of each and every member of the FUND, for the periods during which the member is receiving coverage, all of whom as a condition of membership in the FUND shall execute an Indemnity and Trust Agreement similar to this Agreement and by execution hereto, the full faith and credit of the LOCAL UNIT is pledged to the punctual payments of any sums which shall become due to the FUND in accordance with the Bylaws thereof, this Agreement or any applicable Statute. However, nothing herein shall be construed as an obligation of the LOCAL UNIT for claims and expenses that are not covered by the FUND, or for that portion of any claim or liability within the LOCAL UNIT retained limit or in an amount which exceeds the FUND’s limit of coverage.

6. If the FUND in the enforcement of any part of this Agreement shall incur necessary expenses or become obligated to pay attorney's fees and/or court costs, the LOCAL UNIT agrees to reimburse the FUND for all such reasonable expenses, fees, and costs on demand.

7. The LOCAL UNIT and the FUND agree that the FUND shall hold all moneys in excess of the LOCAL UNIT's retained loss fund paid by the LOCAL UNIT to the FUND as fiduciaries for the benefit of FUND claimants all in accordance with N.J.A.C. 11:15-3 et. seq.

8. The FUND shall establish and maintain Claims Trust Accounts for the payment of health insurance claims in accordance with N.J.S.A. 40A:10-36 et. seq., N.J.S.A. 40A:5-1 and such other statutes and regulations as may be applicable. More specifically, the aforementioned Trust Accounts shall be utilized solely for the payment of claims, allocated claim expense and stop loss insurance or reinsurance premiums for each risk or liability as follows:

- a) Employer contributions to group health insurance
- b) Employee contributions to contributory group health insurance
- c) Employer contributions to contingency account
- d) Employee contributions to contingency account
- e) Other trust accounts as required by the Commissioner of Insurance

9. Notwithstanding 8 above, to the contrary, the FUND shall not be required to establish separate trust accounts for employee contributions provided the FUND provides a plan in its Bylaws for the recording and accounting of employee contributions of each member.

10. Each LOCAL UNIT of government who shall become a member of the FUND shall be obligated to execute an Indemnity and Trust Agreement similar to this Agreement.

ADOPTED: _____
Date

BY: _____

ATTEST: _____

RESOLUTION NO. _____

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

RESOLUTION to RENEW/JOIN

WHEREAS, a number of public entities in the State of New Jersey have joined together to form the **Southern New Jersey Regional Employee Benefits Fund**, hereafter referred to as "FUND", as permitted by N.J.S.A. 11:15-3, 17:1-8.1, and 40A:10-36 et seq., and;

WHEREAS, the FUND was approved to become operational by the Departments of Insurance and Community Affairs and has been operational since that date, and;

WHEREAS, the statutes and regulations governing the creation and operation of a joint insurance fund, contain certain elaborate restrictions and safeguards concerning the safe and efficient administration of the public interest entrusted to such a FUND;

WHEREAS, the governing body of _____, hereinafter referred to as "LOCAL UNIT" has determined that membership in the FUND is in the best interest of the LOCAL UNIT.

NOW, THEREFORE, BE IT RESOLVED that the governing body of the LOCAL UNIT hereby agrees as follows:

- i. Become a member of the FUND for the period outlined in the LOCAL UNIT's Indemnity and Trust Agreements.
- ii. Will participate in the following type (s) of coverage (s):
 - a.) Health Insurance and/or Prescription Insurance and/or Dental Insurance as defined pursuant to N.J.S.A. 17B:17-4, the FUND's Bylaws, and Plan of Risk Management.
- iii. Adopts and approves the FUND's Bylaws.
- iv. Execute an application for membership and any accompanying certifications.

BE IT FURTHER RESOLVED that the governing body of the LOCAL UNIT is authorized and directed to execute the Indemnity and Trust Agreement and such other documents signifying membership in the FUND as required by the FUND's Bylaws, and to deliver these documents to the FUND's Executive Director with the express reservation that these documents shall become effective only upon:

- i. Approval of the LOCAL UNIT by the FUND.
- ii. Receipt from the LOCAL UNIT of a Resolution accepting assessment.
- iii. Approval by the New Jersey Department of Insurance and Department of Community Affairs.

ADOPTED: _____
Date

BY: _____

ATTEST: _____

