AGENDA & REPORTS JULY 28, 2025 ZOOM - CONFERENCE CALL 4:15 PM

Zoom Meeting https://permainc.zoom.us/j/99266500696

Meeting ID: 992 6650 0696

One tap mobile +13092053325,,99266500696# US +13126266799,,99266500696# US (Chicago)

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 now 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 portion 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

AGENDA ETINC: II II V 20 20

MEETING: JULY 28, 2025 4:15 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE - MOMENT OF SILENCE

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman

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

APPROVAL OF MINUTES: June 23, 2025 & July 1, 2025

Open (Appendix I)

EXECUTIVE COMMITTEE - APPOINTING FUND SECRETARY

Motion: Motion to appoint <u>Terry Shannon</u> as Fund Secretary and <u>Kenneth Cheeseman</u> from Alternate to Executive Committee Member

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman

Terry Shannon, Secretary

Louis DiAngelo, Executive Committee Member

Edward Hill, Executive Committee Member

Gary Passanante, Executive Committee Member

Brian Morrell, Executive Committee Member

Kenneth Cheeseman, Executive Committee Member

Elanor Kelly, Executive Committee Alternate

Joseph Gallagher, Executive Committee Alternate

Elizabeth Peddicord, Executive Committee Alternate

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report Page 4

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report......Page 12

TREASURER - (Verrill & Verrill)	
July 2025 Voucher List	
Treasurers Report	Page 19
Confirmation of Claims Paid/Certification of Transfers Ratification of Treasurers Report	
radication of freusurers report	
ATTORNEY - (J. Kenneth Harris)	
Monthly Report	
NETWORK & THIRD-PARTY ADMINISTRATOR - (Aetna)	
Monthly Report	Page 22
NETWORK & THIRD-PARTY ADMINISTRATOR - (AmeriHealth)	
Monthly Report	Page 26
PRESCRIPTION ADMINISTRATOR - (Express Scripts)	D 20
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DENTAL ADMINISTRATOR - (Delta Dental)	
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CONSENT AGENDA	
Revised Resolution 3-25: Designation of Secretary as Custodian of Records	Page 35
Revised Resolution 7-25: Designation of Authorized Signatories	_
Revised Resolution 9-25: Appointment of MRHIF Fund Commissioners	_
Resolution 27-25: Change to QPA Threshold	Page 38
Resolution 28-25: July 2025 Bills List	Page 39
OLD BUSINESS	
NEW BUSINESS	
PUBLIC COMMENT - Motion to Open Motion to Close	

MEETING ADJOURNED

Southern New Jersey Regional Employee Benefits Fund Executive Director's Report June 23, 2025

FINANCES & CONTRACTS

PRO FORMA REPORTS

- Fast Track Financial Reports May 31, 2025 (Page 7)
- Historical Income Statement
- > Consolidated Balance Sheet
- > Indices and Ratios Report
- Budget Status Report

UPDATING RESOLUTIONS

The following resolutions need to be updated with the newly appointed secretary.

Revised Resolution 3-25: Designation of Secretary as Custodian of Records

Revised Resolution 7-25: Designation of Authorized Signatories

Revised Resolution 9-25: Appointment of MRHIF Fund Commissioners – Commissioner Shannon and Chair Mevoli

SUBCOMMITTEES

The Sub Committees have been updated. Please note the below:

Contracts	Claims	<u>Finance</u>	Nominating
Lou DiAngelo, Chair	Terry Shannon, Chair	Terry Shannon, Chair	Lou DiAngelo, Chair
Lorraine Sacco	Elenor Kelly	Gary Passanante	Terry Shannon
Edward Hill	Ken Cheeseman	Lou DiAngelo	Edward Hill

MOTION: *Motion to accept the updated Subcommittee positions as presented.*

NO SURPRISES ACT LEGISLATION CLAIMS

Row Labels	Sum of Arb Fee	Sum of Admin Fee	Sum of Arb Decision Amount	Count of Arb Decision/Result
Closed by IDRE Due to Incorrect Batching	g	\$350.00	\$0.00	3
Dismissed		\$1,660.00		11
Loss	\$14,203.00	\$3,095.00	\$291,428.02	32
Rebutted	\$3,078.00	\$810.00		5
Summary Judgment	\$545.00	\$230.00	\$32,299.00	4
Win	\$2,492.00	\$495.00		6
Withdrawn	\$800.00	\$115.00		3
(blank)	\$2,646.00	\$810.00		
Grand Total	\$23,764.00	\$7,565.00	\$323,727.02	64

The No Surprises Act (NSA) took effect January 1, 2022, and was designed to protect patients from surprise medical bills, particularly in emergency and out-of-network (OON) situations. While successful in curbing balance billing for consumers, the implementation of the law has led to significant unintended consequences for employer-sponsored health plans, particularly those that are self-funded. The Independent Dispute Resolution (IDR) process, a core element of the NSA, has been marked by high volume, provider-favorable outcomes, and substantial administrative burdens. This summary outlines the law's mechanics, its financial and operational impact on employers, and the urgent need for reform.

Understanding the NSA and the IDR Process - Under the NSA, when a patient receives OON emergency care or services from ancillary providers at in-network facilities, the provider and health plan must negotiate reimbursement without billing the patient beyond in-network cost sharing. If no agreement is reached, either party may initiate the IDR process, wherein a certified arbitrator selects one party's proposed payment. Initially, the "Qualified Payment Amount" (QPA) was intended to serve as the primary benchmark in IDR cases. The QPA represents the median in-network rate for a service in a geographic area. However, legal challenges and court rulings have allowed arbitrators to weigh other factors more heavily, such as provider experience and case complexity. Right or wrong, this has diluted the intended cost-containment role of the QPA.

The Disproportionate Impact on Employers Plan Sponsors – Employers and Plan Sponsors, and particularly those with self-funded plans, are bearing the brunt of NSA-related cost increases. The financial impact arises from both the direct cost of arbitration awards and the indirect administrative expenses tied to compliance and dispute resolution. Here are some data points that put the added costs into perspective:

1. Provider-Favored Arbitration Outcomes

- Providers win an estimated 85% of emergency-related IDR cases.
- Average payment awards in these cases are roughly 2.7x the QPA, with some cases reaching as high as 4x Medicare rates.

2. High Prevalence of Emergency Room Disputes

- Approximately two-thirds of all IDR disputes relate to emergency services.
- From Q1 2023 to Q2 2024, about 1.24 million surprise billing disputes were filed, over 40% of which resulted in arbitration.

3. Escalating Employer Costs Consider a 'mid-sized' self-funded employer encountering 200 ER-related IDR cases annually (examples):

- QPA (benchmark): \$600
- Typical Award: \$1,620 (2.7x the QPA)
- Incremental Cost/Case: \$1,020

IMPACT:

- Annual Impact: \$204,000 in additional claims cost
- IDR Fees: \$315 to \$1,300 per case = \$63,000 to \$260,000 annually

4. National Cost Exposure

• With an estimated 500,000 ER-related disputes resolved over 15 months, total added cost to the system could be as much as \$500 million to \$700 million annually.

• Administrative and certified IDR entity fees alone add another \$105 million or more.

5. Administrative Burden and Compliance Risk

- Employers must ensure TPAs comply with IDR timelines and manage disputes. The costs of which are simply passed back to the employer.
- Compliance involves tracking QPAs, submitting documentation, and responding within strict timeframes.
- Legal volatility due to shifting federal court rulings has made consistent compliance difficult.

NSA Reform Proposals - There is growing recognition of the strain NSA has placed on employers and plan sponsors. Legislative and regulatory proposals are emerging from Congress and the administration. HR 9572 in the US House offers a series of fixes intended to rein in payments that are far more than the QPA that lead to increased financial exposure to self-funded plans.

QPA THRESHOLD

The State Treasurer recently increased the minimum bid threshold to \$53,000 for bids using a QPA. The Fund QPA recommended **Resolution 27-25** for action to recognize this change.

MRHIF UPDATE

The MRHIF met twice since the last meeting.

The following action items were taken:

- 1. Final Audit was approved and filed with the State. There were no comments or recommendations
- 2. An almost \$7M dividend was released. The SNJHIF's share of the dividend is \$466,785 and has already been received

COOPERATIVE PURCHASING SYSTEM - MEDICAL THIRD-PARTY ADMINISTRATOR (TPA) BID

The prequalification requirements were approved by the Department of Local Government and is in review by the Comptroller's office. There will be a briefing at the meeting from the Fund Attorney with a possible request for action.

		SOUTHERN I	NEW JERSEY RE			IND
			AS OF	AST TRACK REPOR' May 31, 2025	<u> </u>	
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
	LINIDEDIA/DITINIC INI	20145				
	UNDERWRITING INC	COME	10,723,006	53,107,709	1,546,987,628	1,600,095,337
2.	Paid Claims		9,802,628	45,257,271	1,257,230,278	1,302,487,549
	IBNR		235,250	2,576,365	7,919,156	10,495,521
	Less Specific Exce	266	(1,870)	(60,538)	(22,407,016)	(22,467,555
	Less Aggregate E		-	-	(1,807,360)	(1,807,360
	TOTAL CLAIMS		10,036,008	47,773,098	1,240,935,057	1,288,708,155
-	EXPENSES		10,030,000	47,770,030	1,240,333,037	1,200,700,133
,	MA & HMO Prem	iums	1,045,274	5,234,747	55,000,962	60,235,709
	Excess Premiums		175,661	876,041	51,768,985	52,645,02
	Administrative		564,988	2,773,470	131,170,402	133,943,87
	TOTAL EXPENSES		1,785,922	8,884,258	237,940,349	246,824,607
-		T//LOSS\ /4 2 2\				
	UNDERWRITING PROFI	i/(LU33) (1-2-3)	(1,098,924)	(3,549,647)	68,112,222	64,562,574
	INVESTMENT INCOME		21,033	129,035	4,513,925	4,642,960
-	DIVIDEND INCOME	200) (5 = 5)	(4.077.004)	- /2 420 C42\	11,847,139	11,847,139
7.	STATUTORY PROFIT/(LC	OSS) (4+5+6)	(1,077,891)	(3,420,612)	84,473,286	81,052,673
3.	DIVIDEND		-	-	72,732,231	72,732,231
	T					
9.	Transferred Surplus IN		-	-	-	-
	Transferred Surplus OL		-	-	-	-
	STATUTORY SURPLU	JS (7-8+9)	(1,077,891)	(3,420,612)	11,741,055	8,320,442
			SURPLUS (DEFICI	TS) BY FUND YEAR		
	Closed	Surplus	7,901	41,686	7,993,361	8,035,048
		Cash	8,064	67,690	12,867,642	12,935,332
	2023	Surplus	(23,409)	(199,973)	(185,222)	(385,195
		Cash	(23,409)	(199,309)	27,066	(172,243
	2024	Surplus	37,703	(384,351)	3,932,915	3,548,564
		Cash	2,684,876	(1,958,128)	2,569,982	611,854
	2025	Surplus	(1,100,087)	(2,877,974)		(2,877,974
		Cash	(4,926,123)	(7,435,641)		(7,435,641
TO	TAL SURPLUS (DEFIC	its)	(1,077,891)	(3,420,612)	11,741,055	8,320,442
	TAL CASH	·	(2,256,591)	(9,525,388)	15,464,690	5,939,302
				IS BY FUND YEAR		
	TOTAL CLOSED YEAR CL	AINAC			1 100 277 747	1 100 201 56
		Alivis	1,772	13,820	1,100,277,747	1,100,291,56
	FUND YEAR 2023			245 224	55.000.500	
	5 61 .				55,286,526	55,501,550
	Paid Claims		25,717	215,024	33,200,320	
	IBNR		25,717	-	-	-
	IBNR Less Specific Exce			(1,174)	(1,962,299)	- (1,963,474
	IBNR Less Specific Exce Less Aggregate E		-	- (1,174) -	(1,962,299)	
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS			-	-	
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024		- - - 25,717	- (1,174) - 213,849	(1,962,299) - 53,324,227	53,538,070
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims		- - - 25,717	- (1,174) - 213,849 8,004,101	(1,962,299) - 53,324,227	53,538,070 87,650,01
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR	xcess	- - - - 25,717 129,892 (158,383)	(1,174) - 213,849 8,004,101 (7,444,006)	(1,962,299) - 53,324,227 79,645,912 7,919,156	53,538,070 87,650,01: 475,150
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce	xcess	- - - 25,717	- (1,174) - 213,849 8,004,101	(1,962,299) - 53,324,227	53,538,07 87,650,01 475,15
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E	xcess	- - - 25,717 129,892 (158,383) (1,870)	(1,174) - 213,849 8,004,101 (7,444,006) (59,364)	79,645,912 7,919,156 (231,982)	53,538,07 87,650,01 475,15 (291,34
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS	xcess	- - - - 25,717 129,892 (158,383)	(1,174) - 213,849 8,004,101 (7,444,006)	(1,962,299) - 53,324,227 79,645,912 7,919,156	53,538,07 87,650,01 475,15 (291,34
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025	xcess	- - 25,717 129,892 (158,383) (1,870) - (30,362)	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731	79,645,912 7,919,156 (231,982)	53,538,07 87,650,01 475,15 (291,34 - 87,833,81
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025 Paid Claims	xcess	- 25,717 129,892 (158,383) (1,870) - (30,362) 9,645,248	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731	79,645,912 7,919,156 (231,982)	53,538,07 87,650,01 475,15 (291,34 - 87,833,81 37,024,32
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025 Paid Claims IBNR	ess	- - 25,717 129,892 (158,383) (1,870) - (30,362)	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731	79,645,912 7,919,156 (231,982)	53,538,07 87,650,01 475,15 (291,34 - 87,833,81 37,024,32
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025 Paid Claims IBNR Less Specific Exce	ess	- 25,717 129,892 (158,383) (1,870) - (30,362) 9,645,248	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731	79,645,912 7,919,156 (231,982)	53,538,07 87,650,01 475,15 (291,34 - 87,833,81 37,024,32
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025 Paid Claims IBNR Less Specific Exce Less Aggregate E	ess	- 25,717 129,892 (158,383) (1,870) - (30,362) 9,645,248 393,633	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731 37,024,328 10,020,371 - -	79,645,912 7,919,156 (231,982)	53,538,070 87,650,01: 475,150 (291,34) - 87,833,81: 37,024,320 10,020,37:
	IBNR Less Specific Exce Less Aggregate E TOTAL FY 2023 CLAIMS FUND YEAR 2024 Paid Claims IBNR Less Specific Exce Less Aggregate E TOTAL FY 2024 CLAIMS FUND YEAR 2025 Paid Claims IBNR Less Specific Exce	ess	- 25,717 129,892 (158,383) (1,870) - (30,362) 9,645,248	- (1,174) - 213,849 8,004,101 (7,444,006) (59,364) - 500,731	79,645,912 7,919,156 (231,982)	67,024,328 10,020,373 47,044,699

Southern New Jersey Regional Employee Benefits Fund CONSOLIDATED BALANCE SHEET

AS OF MAY 31, 2025

BY FUND YEAR

	SNJREBF 2025	SNJREBF 2024	SNJREBF 2023	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	(7,435,641)	611,854	(172,243)	12,935,332	5,939,302
Assesstments Receivable (Prepaid)	12,831,108	70,691	-	167,243	13,069,042
Interest Receivable	-	-	-	20	20
Specific Excess Receivable	-	143,131	(172,952)	-	(29,822)
Aggregate Excess Receivable	-	-	-	-	-
Dividend Reœivable	-	-	-	-	-
Prepaid Admin Fees	23,231	-	-	-	23,231
Other Assets	1,759,428	3,262,489	-	-	5,021,917
Total Assets	7,178,125	4,088,165	(345,195)	13,102,595	24,023,690
LIABILITIES					
Accounts Payable	-	-	-	-	
IBNR Reserve	10,020,371	475,150	-	-	10,495,521
A4 Retiree Surcharge	-	-	-	-	-
Dividends Payable	-	-	-	20,466	20,466
Retained Dividends	- 25 720	-	40.000	5,047,082	5,047,082
Accrued/Other Liabilities	35,729	64,451	40,000	-	140,179
Total Liabilities	10,056,100	539,601	40,000	5,067,548	15,703,248
EQUITY					
Surplus / (Defiat)	(2,877,974)	3,548,564	(385,195)	8,035,048	8,320,442
Total Equity	(2,877,974)	3,548,564	(385,195)	8,035,048	8,320,442
Treal Linking of Facility	7 170 105	4 000 175	(245 105)	12 102 505	24.022.600
Total Liabilities & Equity	7,178,125	4,088,165	(345,195)	13,102,595	24,023,690
BALANCE	=	-	-	-	-

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

Fund Year allocation of claims have been estimated.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND **RATIOS** FY2025 INDICES 2024 JAN FEB MAR APR MAY JUN **Cash Position** 15,464,690 \$ 10,186,276 \$ 7,315,603 \$ 9,907,804 \$ 8,195,893 \$ 5,939,302 IBNR 7,919,156 \$ 8,484,536 \$ 9,308,515 \$ 9,954,252 \$ 10,260,271 \$ 10,495,521 24,819,405 \$ 25,613,855 \$ 26,106,547 \$ 25,677,002 \$ 24,859,266 \$ 24,023,690 Assets 13,078,351 \$ 13,652,625 \$ 14,473,412 \$ 15,146,242 \$ 15,460,933 \$ Liabilities 15,703,248 Surplus 11,741,055 \$ 11,961,229 \$ 11,633,135 \$ 10,530,759 \$ 9,398,333 \$ 8,320,442 Claims Paid -- Month 4,899,891 \$ 7,585,297 \$ 8,498,739 \$ 9,606,787 \$ 9,763,822 \$ 9,802,628 Claims Budget -- Month 7,587,981 \$ 8,463,080 \$ 8,891,283 \$ 8,881,941 \$ 8,874,990 \$ 8,987,906 Claims Paid -- YTD 25,690,822 \$ 35,454,643 \$ 84,757,066 \$ 7,585,297 \$ 16,084,035 \$ Claims Budget -- YTD 91,076,422 \$ 8,463,080 \$ 17,354,363 \$ 26,236,305 \$ 35,111,295 \$ 44,099,201 RATIOS Cash Position to Claims Paid 3.16 1.34 0.86 1.03 0.84 0.61 Claims Paid to Claims Budget -- Month 0.65 0.90 0.96 1.08 1.1 1.09 Claims Paid to Claims Budget -- YTD 0.93 0.90 0.9 1.0 1.0 1.0 Cash Position to IBNR 1.95 1.20 0.79 1 0.8 0.57 Assets to Liabilities 1.90 1.88 1.8 1.7 1.61 1.53 Surplus as Months of Claims 1.55 1.41 1.31 1.19 1.06 0.93 IBNR to Claims Budget -- Month 1.04 1.00 1.05 1.12 1.16 1.17

Southern NJ Municipal Employee Benefits Fund 2024 Budget Status Report

as of May 31, 2025

				YTD	\$ Variance	% Varaiance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	30,550,142	75,625,772	65,155,266			
Medical Claims AmeriHealth - All Other	1,658,564	4,005,830	4,046,101			
Medical Claims - CCBOSS	4,892,368	11,617,137	11,897,264			
Subtotal Medical	37,101,074	91,248,740	81,098,631	38,390,311	(1,289,237)	-3%
Prescription Claims - All Other	7,663,089	19,055,906	17,116,314			
Rx Rebates - All Other	(2,452,188)	(6,097,890)	(5,477,220)			
Prescription Claims - CCBOSS	1,723,524	4,095,833	4,171,285			
Rx Rebates - CCBOSS	(585,999)	(1,392,581)	(1,418,237)			
Subtotal Prescription	6,348,426	15,661,268	14,392,142	8,036,154	(1,687,728)	-27%
Dental Claims - All Other	580,773	1,455,712	1,282,989			
Dental Claims - CCBOSS	68,928	165,744	168,192			
Subtotal Dental	649,701	1,621,456	1,451,181	618,233	31,468	5%
Subtotal Claims	44,099,201	108,531,464	96,941,953	47,044,699	(2,945,498)	-7%
Loss Fund Contingency	416,667	1,000,000	1,000,000		416,667	
DMO Premiums	975	2,388	2,665	6,496	(5,521)	-566%
Medicare Advantage - All Other	4,048,122	10,084,778	10,222,633	0,150	(8,821)	20070
Medicare Advantage - CCBOSS	1,192,821	2,864,508	2,859,477			
Subtotal Insured Programs	5,241,918	12,951,674	13,084,775	5,228,251	12,692	0%
Subtotal Insured Hogians	3,241,710	12,751,074	10,004,773	3,220,231	12,072	070
Reinsurance						
Specific	878,260	2,156,085	1,920,000	876,041	2,219	0%
Total Loss Fund	50,636,045	124,639,223	112,946,728	53,155,487	(2,519,442)	-5%
Expenses						
Legal	9,800	23,519	23,519	27,042	(17,242)	-176%
Treasurer	6,900	16,560	16,560	6,848	52	1%
Administrator	327,296	802,995	742,802	326,692	604	0%
Program Manager	864,845	2,128,969	1,966,542	1,437,416	(7,010)	-1%
Brokerage	565,560	1,421,018	1,164,246		in Program Man	ager
TPA - Med Aetna	740,861	1,820,698	1,691,403	793,916	2,020	0%
TPA - Med AmeriHealth Admin	55,074	133,362		Included above i	in TPA	
TPA - Dental	40,073	99,956	89,619	39,916	157	0%
Actuary	7,438	17,850	17,850	7,433	4	0%
Auditor	7,396	17,749	17,749	7,395	1	0%
Medicare Advantage Implementation	0	0	0	146,076	(146,076)	-100%
Subtotal Expenses	2,625,243	6,482,677	5,865,752	2,792,734	(167,491)	-6%
Misc/Cont	9,024	21,657	21,657	8,309	715	8%
Affordable Care Act Taxes	9,994	24,534	21,847	9,994	(0)	0%
Claims Audit	16,667	40,000	40,000	16,667	(0)	0%
Plan Documents	6,250	15,000	15,000	6,250	-	0%
Total Expenses	2,667,177	6,583,868	5,964,256	2,833,953	(166,776)	-6%
Total Budget	53,303,222	131,223,090	118,910,984	55,989,440	(2,686,219)	-5%

REGULATORY

Monthly Items Filing Status

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
Cash Management Plan Filed

Unaudited Financials 9/30/2024 Filed

Annual Audit 12/31/2024 in progress

Budget Changes N/A N/A **Transfers Additional Assessments** N/A N/A **Professional Changes Officer Changes** N/A **RMP Changes** N/A **Bylaw Amendments** N/A Filed Contracts **Benefit Changes** N/A

OSC Filings 2025 Program Manager Contract – Filed on 2/13/2025

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND Program Manager

July 2025

Program Manager: Conner Strong & Buckelew

Operational Updates:

Eligibility/Enrollment:

Please direct any eligibility, enrollment, or system related questions to our dedicated Client Services Team:

- Sheena Bailey, sbailey@permainc.com, 856-446-9283
- Shondell Holmes-Dutton, sholmesdutton@permainc.com, 856-209-0636

System training (new and refresher) is provided to all contacts with WEX access **every 3**rd **Wednesday at 10AM.** Please contact <u>HIFtraining@permainc.com</u> 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 invitation can be sent.

WEX:

WEX COBRA/Direct Bill Administration Update - Effective 7/1/2025

Effective July 1, 2025, WEX will be transitioning all COBRA and Direct Bill members from the BenefitExpress platform to their WEX Health Inc. (WEX) platform. WEX is a parent company of BenefitExpress and this update will ensure participants have access to their most enhanced platform, resources and support services.

Please note the following:

- Takeover/Welcome Notice to current participants will be sent starting June 26th through July 15th (Sent by WEX)
 - Date range reflects notices will be sent to members after their June premium payment is processed
 - The notice will include new coupons, instructions on WEX account setup and a new mailing address for future payments
- Termination Notice to current participants will be sent to starting July 7th through July 15th (Sent by WEX on behalf of BenefitExpress)
 - Notices will be sent after service through BenefitExpress expires and after the participant is issued their Takeover/Welcome Notice
 - Reference to the Termination Notice is mentioned in the Takeover/Welcome Notice

Please note to remain compliant both the Takeover/Welcome Notice and Termination Notice must be sent to all current participants, there is not an option to suppress the termination notice.

Attached is a sample of the Takeover/Welcome Notice that current participants will receive explaining the transition. Please note the following:

- WEX will transfer the participant's current contact information as it noted in BenefitExpress
- ullet WEX will transfer all active ACH accounts to the new platform and are expected to complete the process by July 1st
 - o If a participant signs into the portal and it still reflects the BenefitExpress logo information, their account has not yet been transitioned. They can call into WEX using the contact information on the attached to have their account updated. We recommend they allow time for the transition as the ACH will occur once the transition is complete; June payment is received and
- Participants who send their payments to WEX via US Mail will have a new remittance address to submit future payments, as outlined in the attached letter
 - We are currently confirming if July payments that have already been mailed will be transferred to the new PO Box and are being applied to participants' accounts with WEX

WEX is prepared to accept calls from participants and answer questions they have related to the transition, their account set up status, payment status, etc.

PLEASE NOTE: Participants' coverage will not be terminated if they experience an issue due to the transition.

New groups joining the HIFs effective 7/1/25 and after will be on the WEX platform all other groups prior to 7/1/25 will be transitioned to the new platform as outlined above

Coverage Updates:

Express Scripts:

2025 National Preferred Formulary (NPF) and SaveOn - Effective 7/1/25

Brokers were sent the updated 2025 Formulary and Exclusions lists effective July 1, 2025, the week of April 21st and May 6, 2025. There are 28 members in SNJHIF impacted by the formulary change. Please reference the appendix for the updated lists. Please note the following:

NPF:

- NPF Exclusions List, please note the following:
 - o **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 list with their providers
 - The number of impacted members will be provided later in 2025
 - \circ **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 list with their providers
- Impacted members (14) will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn - Effective 7/1/25

Brokers were sent the updated 2025 SaveOn List effective July 1, 2025, on May 6, 2025. Please note the following:

•		Drugs highlighted in green (21) were added to the list
	effective July 1, 2025	
•	•	Drugs highlighted in red (5) were removed from the list
	effective July 1, 2025	
	0	There is 1 SNJHIF member impacted by the drugs

Encircle Program (GLP-1 Weight Loss)

removed from the list

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:
 - o BMI > 32 OR
 - o BMI between 27 < 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - o 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 weighin 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	Appeal Type	Appeal	Reason	Determination	Determination
Date		Number			Date
05/28/25	Medical/Aetna	SNJ 2025	CT	Upheld	6/13/25
		0601	scan		

IRO Submissions:

Submission	Appeal Type	Appeal	Reason	Determination	Determinatio
Date		Number			n Date
06/13/25	Medical/Aet	SNJ 2025 06 01	CT scan	Under Review	
	na				

Small Claims Committee: None

SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

JULY 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
-------------	------	--------

FUND YEAR CLUSE	<u>Vendor Name</u>	Comment	Invoice Amount
	WELLNESS COACHES USA, LLC	WELL. COACH. CCBOSS -INV 39184 07/25	6,032.00 6,032.00
		TOTAL ACH-CLOSED	6,032.00
ELIND VE AD 2025		Total Payments FY CLOSED	6,032.00
FUND YEAR 2025	Vendor Name	Comment	Invoice Amount
	PERMA PERMA PERMA	RETIREE FIRST 08012025 07/25 POSTAGE 06/25 ADMIN FEES 07/25	30,816.00 46.87 69,733.58 100,596.45
	INSPIRA FINANCIAL HEALTH. INC	6/25 HSA PREMIUM- MT HOLLY MUA	21.00 21.00
	MGL PRINTING SOLUTIONS	1/25 CHECK ORDER - INV 212424	255.00 255.00
	ACCESS	INV 11573859 DEPT 419 5/31/25	174.23 174.23
	GANNETT NEW YORK NJ LOCALIQ GANNETT NEW YORK NJ LOCALIQ	A# 1122500 INV 7171696-11389498 6/10/25 A# 1122500 INV 7171696-11389459 6/10/25	81.48 35.85 117.33
	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 07/25	186,884.16 186,884.16
		TOTAL CHECKS 2025	288,048.17
	AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 07/25	704,904.65 704,904.65
	UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 07/25	424,890.03 424,890.03
	DELTA DENTAL INSURANCE CO (DELTACARE USA)	DENTAL F1-7871800000 BE006631680 07/25	1,552.25 1,552.25

Attest:	Dated:	
Chairperson		
	TOTAL PAYMENTS ALL FUND YEARS	1,962,640.17
	TOTAL ACH 2025	1,668,560.00
	Total Payments FY 2025	1,956,608.17
DEPARTMENT OF TREASURY	2025 PCORI FEES 07/25	31,153.66 31,153.66
CONNER STRONG & BUCKELEW	SELECTIVE BOND RENEWAL 5/25-5/26	2,223.00 2,223.00
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q3 2025	4,460.0 4,460.0
J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY FEES 07/25	1,959.92 6,536.9 2
J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCS 6/3/25-6/30/25	5,083.00 4,577.00
I. KENNETH HARRIS, ATTORNEY AT LAW	LEGAL- OSC/RFP REVIEWS 6/3/25-6/27/25	307,964.98 5,083.0
CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 07/25	151,010.30
CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR. FEES 07/25 HEALTH CARE REFORM 07/25	8,066.73 1,708.92
CONNER STRONG & BUCKELEW CONNER STRONG & BUCKELEW	BROKER FEES 07/25 RX- PROGRAM MANAGER FEES 07/25	122,725.00 24,453.80
ELIZABETH PIGLIACELLI	DEPUTY TREASURER FEE 07/25	536.25 536.2 5
VERRILL & VERRILL LLC	TREASURER FEE 07/25	833.3 833.3 .
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 07/25	8,984.60 8,984. 60
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 07/25	11,265.2 11,265.2
AETNA	MEDICAL TPA 07/25	158,120.4 158,120.4
FLAGSHIP HEALTH SYSTEMS	BOR LINDENWOLD A# 03603 5/25 INV 155961	25.8 25.8 .
EAGSIII IIEALIII STSTEMS	BOK EINDENWOLD A# 03003 INV 130013 1123	25.83
FLAGSHIP HEALTH SYSTEMS	BOR LINDENWOLD A# 03603 INV 156873 7/25	25.8

Treasurer

		CERT	TIFICATION AN	D RECONCILI	ATION OF CLAIM	IS PAYMENTS	S AN	D RECO VERIES			
			SOUTHER	N NEW JERSEY	REGIONAL EMP	LO YEE BENE	EFITS	FUND			
Month		May									
Current	Fund Year	2025									
		1.	2.	3.	4.	5.		6.	7.	8.	
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net		Variance	Delinquent	Change	
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Thru Paid Thru		То Ве	Unreconciled	This	
Year	Coverage	Last Month	May	May	May	May		Reconciled	Variance From	Month	
2025	Med	28,783,876.19	7,750,038.60	0.00	36,533,914.79		0.00	36,533,914.79	28,783,876.19	7,750,038.60	
	Dental	453,361.15	128,972.89	0.00	582,334.04		0.00	582,334.04	453,361.15	128,972.89	
	Rx	8,075,716.22	2,321,266.60	0.00	10,396,982.82		0.00	10,396,982.82	8,075,716.22	2,321,266.60	
	Vision	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	

SUMMARY OF CASH AND INVESTMI	ENT INSTRUMENTS	S							
SOUTHERN NEW JERSEY REGIONAL	EMPLO YEE BENI	EFITS FUND							
ALL FUND YEARS COMBINED									
CURRENT MONTH	May								
CURRENT FUND YEAR	2025								
	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
	ID Number:								Ü
	Maturity (Yrs)								
	Purchase Yield:	3.90	3.10	4.75	4.39	4.39	4.39	2.25	4.24
	TO TAL for All								
Acc	ets & instruments								
Opening Cash & Investment Balance	\$8,195,892.59	\$ 5,749.85	\$ 2,580.92	\$ 3,045,422.67	\$ 26,422.85	\$ 3,633,871.02	\$ 79,449.52	\$ 83,863.95	\$1,318,531.81
Opening Interest Accrual Balance	\$18.60	\$ 18.60	\$ -	\$ -	\$ -	s -	s -	\$ -	\$ -
1 Interest Accrued and/or Interest Cost	\$0.65	\$0.65	\$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
3 (Amortization and/or Interest Cost)	\$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
5 Interest Paid - Cash Instr.s	\$27,227.90	\$18.60	\$6.80	\$12,870.04	\$47.40	\$8,409.50	\$962.57	\$160.41	\$4,752.58
6 Interest Paid - Term Instr.s	\$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
8 Net Investment Income	\$27,228.55	\$19.25	\$6.80	\$12,870.04	\$47.40	\$8,409.50	\$962.57	\$160.41	\$4,752.58
9 Deposits - Purchases	\$11,503,770.94	\$0.00	\$0.00	\$0.00	\$0.00	\$9,722,615.13	\$1,781,155.81	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$13,787,589.71	\$0.00	\$0.00	\$0.00	-\$25,000.00	-\$11,981,433.90	-\$1,781,155.81	\$0.00	\$0.00
		OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$5,939,301.72	\$5,768.45	\$2,587.72	\$3,058,292.71	\$1,470.25	\$1,383,461.75	\$80,412.09	\$84,024.36	\$1,323,284.39
Ending Interest Accrual Balance	\$19.25	\$19.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$6,032.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,032.00	\$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
Balance per Bank	\$5,945,333.72	\$5,768.45	\$2,587.72	\$3,058,292.71	\$1,470.25	\$1,383,461.75	\$86,444.09	\$84,024.36	\$1,323,284.39

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED Current Fund Year: 2025 Month Ending: May Med Dental $\mathbf{R}\mathbf{x}$ Vision Reinsurance Contigency Admin Closed Year etained Dividen TO TAL (304,184.52) (12,866,415.28) OPEN BALANCE 9,014,250.47 0.00 (323,660.86) 572,841.88 (829,755.93) 7,865,737.50 5,067,079.35 8,195,892.61 RECEIPTS Assessments 5,257,286.51 71,558.57 792,930.31 0.00 104,669.80 51,451.92 329,924.04 0.00 0.00 6,607,821.15 Refunds 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 14,297.31 27,227.90 Invest Pymnts 0.000.000.00 0.00538.67 230.44 7,396.61 4,764.87 Invest Adj (0.03)0.000.000.00 0.000.00 0.00 0.000.00 (0.03)Subtotal Invest 14,297.28 538.67 230.44 7,396.61 4,764.87 27,227.87 0.000.000.00 0.00 Other Receipts * 162,437.65 0.00 2,926,351.18 0.00 0.00 0.00 1,005.16 0.00 0.00 3,089,793.99 TOTAL 5,434,021,44 71,558.57 3,719,281.49 0.00 104,669.80 51,990.59 331,159,64 7,396.61 4,764.87 9,724,843.01 EXPENSES

0.00

0.00

175,660.67

175,660.67

(394,651.73)

0.00

0.00

0.00

0.00

624,832.47

0.00

0.00

554,189.38

554,189.38

(1,052,785.67)

0.00

0.00

0.00

0.00

7,873,134.11

0.00

0.00

0.00

0.00

5,071,844.22

10,200,278.09

1,781,155.81

11,981,433.90

5,939,301.72

0.00

0.00

0.00

0.00

0.00

0.00

Claims Transfers

Other Expenses *

END BALANCE

Expenses

TOTAL

7,750,038.60

1,049,825.72

8,799,864.32

5,648,407.59

0.00

128,972.89

130,452.93

1,480.04

0.00

(363,078.88) (11,468,400.39)

2,321,266.60

2,321,266.60

0.00

0.00



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Monthly Claim Activity Report

July 28, 2025



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

	MEDICAL CLAIMS + CAP				MEDICAL CLAIMS + CAF)		
	PAID 2024	# OF EES	P	ER EE	PAID 2025	# OF EES	P	ER EE
JANUARY	\$4,409,202	3,419	\$	1,290	\$5,254,659	3,627	\$	1,449
JANOART	ψ4,409,202	3,413	Ψ	1,230	ψ3,234,039	3,021	Ψ	1,443
FEBRUARY	\$4,993,975	3,412	\$	1,464	\$6,652,298	3,816	\$	1,743
MARCH	\$5,339,092	3,405	\$	1,568	\$7,476,785	3,778	\$	1,979
APRIL	\$6,588,952	3,397	\$	1,940	\$8,132,803	3,772	\$	2,156
MAY	\$5,407,814	3,400	\$	1,591	\$6,694,880	3,823	\$	1,751
JUNE	\$5,093,952	3,400	\$	1,498				
JULY	\$6,006,426	3,399	\$	1,767				
AUGUST	\$5,458,043	3,400	\$	1,605				
SEPTEMBER	\$4,952,070	3,399	\$	1,457				
OCTOBER	\$6,011,984	3,391	\$	1,773				
NOVEMBER	\$6,056,470	3,393	\$	1,785				
DECEMBER	\$6,241,293	3,387	\$	1,843				
TOTALS	\$66,559,274				\$34,211,426			
					2025 Average	3,763	\$	1,816
					2024 Average	3,400	\$	1,632

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

Plan Sponsor Unique ID: All

Customer: SNJ Regional Employee Benefits Fund

Group / Control: 00737391,00866357,Sl030217,Sl416902,Sl431318

 Paid Dates:
 05/01/2025 - 05/31/2025

 Service Dates:
 01/01/2011 - 05/31/2025

Line of Business: All

Paid Amt Diagnosis/Treatment

\$183,553.44 NONRHEUMATIC MITRAL (VALVE) PROLAPSE

\$169,770.68 VENTRICULAR TACHY CARDIA, UNSPECIFIED

Total: \$353,324.12



SNJ Regional Employee Benefits Fund

7/1/24 thru 6/30/25 (unless otherwise noted)

Darboard

Medical Claims Paid: January 2025 thru June 2025

Total Medical Paid per EE: \$1,816

Network Discounts

Inpatient: 67.6%
Ambulatory: 69.1%
Physician/Other: 61.9%
TOTAL: 66.2%

Provider Network

% Admissions In-Network: 98.4% % Physician Office: 99.0%

Aetna Book of Business:

Admissions 98.0%; Physician 92.2%

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 2025 – June 2025

Number of Claims Over \$50,000: 111
Claimants per 1000 members: 12.3
Avg. Paid per Claimant: \$111,347
Percent of Total Paid: 32.4%
• Aetna BOB- HCC account for an average of

Aetna One Flex Member Outreach: Through June 2025

Total Members Identified: **2,114** Members Targeted for 1:1 Nurse

44.4% of total Medical Cost

Support: 399

Members Targeted for Digital Activity: 1.715

Member 1:1 outreach completed: 373 Member 1:1 Outreach in Progress: 26

♥CVSHealth.

CVS Virtual Care

January 2025 – June 2025

Completed Visits in June: 14
Unique Patients in June: 13
Completed Visits in 2025 : 60
Unique Patients in 2025: 52
Total Scheduled Visits in 2025: 79

Average visit duration: 10 Minutes BoB Average First Available: 42

minutes

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution: 93.88%
Abandonment Rate: 0.45%
Avg. Speed of Answer: 15.2 sec

Claims Performance

Financial Accuracy: 98.68%*

*Q1 2025

90% processed w/in: **7.2 days** 95% processed w/in: **14.9 days**

Claims Performance (Monthly)

(March 2025)

90% processed w/in: 8.4 days
95% processed w/in: 16.8 days
(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: 99%

Turnaround Time

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





	2024	1 SNJ HIF		1		2025	SNJ HIF		T	
		 					+			
	MEDICAL CLAIMS PAID 2024	TOTAL	# OF EES	PER EE		MEDICAL CLAIMS PAID 2025	TOTAL	# OF EES	PER EE	
JANUARY	\$ 115,974.39	\$ 115,974.39	276	\$ 420.19	JANUARY	\$ 455,167.96	\$ 455,167.96	292	\$ 1,558.79	
				,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FEBRUARY	\$ 229,433.52	\$ 229,433.52	279	\$ 822.34	FEBRUARY	\$ 308,779.98	\$ 308,779.98	291	\$ 1,061.09	
MARCH	\$ 383,241.29	\$ 383,241.29	278	\$ 1,378.56	MARCH	\$ 229,821.20	\$ 229,821.20	288	\$797.99	
APRIL	\$ 487,306.47	\$ 487,306.47	280	\$ 1,740.38	APRIL	\$ 406,328.69	\$ 406,328.69	288	\$ 1,410.86	
MAY	\$ 564,409.29	\$ 564,409.29	280	\$ 2,015.74	MAY	\$ 383,803.47	\$ 383,803.47	292	\$ 1,314.39	
JUNE	\$ 377,090.01	\$ 377,090.01	280	\$ 1,346.75	JUNE	\$ 268,834.49	\$ 268,834.49	293	\$ 917.52	
JULY	\$ 332,115.20	\$ 332,115.20	281	\$1,181.90	JULY					
AUGUST	\$ 403,440.00	\$ 403,440.00	277	\$ 1,456.46	AUGUST					
SEPTEMBER	\$ 371,909.85	\$ 371,909.85	278	\$ 1,337.80	SEPTEMBEF	2				
OCTOBER	\$ 442,564.71	\$ 442,564.71	284	\$1,558.32	OCTOBER					
NOVEMBER	\$ 259,647.56	\$ 259,647.56	286	\$ 907.85	NOVEMBER	2				
DECEMBER	\$ 512,361.81	\$ 512,361.81	291	\$ 1,760.69	DECEMBER					
TOTALS	\$ 4,479,494.10	2024 Average	281	\$ 1,327.25	TOTALS	\$2,052,735.79	2025 Average	291	\$ 1,176.77	

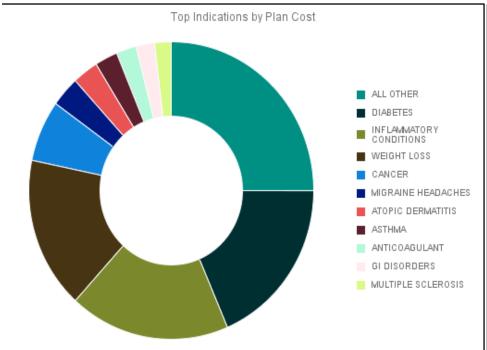


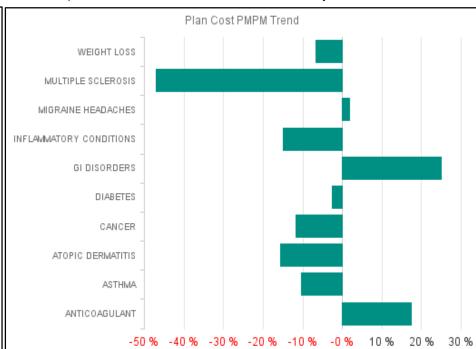
Southern New Jersey Regional Employee Benefits Fund

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	8,602	8,604	8,615
Total Days	372,589	337,438	340,008	1,050,035	359,702	361,322	336,715	1,057,739	361,605	358,963	339,116	1,059,684	369,252	346,982	359,882	1,076,116	4,243,574
Total Patients	3,212	3,171	3,074	4,975	3,200	3,180	3,034	4,867	3,138	3,153	3,093	4,782	3,324	3,269	3,314	5,047	6,839
Total Plan Cost	\$1,578,882	\$1,532,996	\$1,656,036	\$4,767,914	\$1,920,686	\$1,845,277	\$1,956,353	\$5,722,316	\$2,033,295	\$2,075,291	\$2,145,812	\$6,254,397	\$2,057,626	\$2,038,606	\$2,233,329	\$6,329,561	\$23,074,188
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%	84.3%	86.5%	84.5%	86.0%
Plan Cost PMPM	\$181.65	\$177.84	\$192.52	\$183.99	\$223.05	\$213.75	\$227.17	\$221.31	\$236.05	\$241.62	\$249.75	\$242.47	\$239.43	\$236.63	\$259.63	\$245.23	\$223.21
Total Specialty Plan Cost	\$540,671	\$630,635	\$690,351	\$1,861,656	\$881,165	\$723,707	\$877,142	\$2,482,014	\$845,112	\$845,631	\$952,146	\$2,642,889	\$813,574	\$819,147	\$1,024,319	\$2,657,040	\$9,643,599
Specialty % of Total Specialty Plan Cost	34.2%	41.1%	41.7%	39.0%	45.9%	39.2%	44.8%	43.4%	41.6%	40.7%	44.4%	42.3%	39.5%	40.2%	45.9%	42.0%	41.8%
Total Component/Date of Service (Month)	al Component/Date of Service (Month) 2025 01 2025 02 2025 03 2025 Q1 2025 Q4 2025 Q5 2025 Q2 2025 Q7 2025 Q8 2025 Q9 2025 Q3 2025 10 2025 11 2025 12 2025 Q4 2025 YTD																
Membership	8,824	9,239	9,229	9,097	9,225	9,337	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 110
	-,	-,	5,225	-,	-,	-,											
Total Days	387,299	362,978	385,103	1,135,380	390,976	395,106											
Total Patients	3,607	3,632	3,640	5,539	3,620	3,684											
Total Plan Cost	\$1,700,433	\$1,737,321	\$2,258,741	\$5,696,495	\$2,165,149	\$2,194,417											
Generic Fill Rate (GFR) - Total	88.5%	87.9%	86.3%	87.6%	86.0%	85.7%											
Plan Cost PMPM	\$192.71	\$188.04	\$244.74	\$208.72	\$234.70	\$235.02											
% Change Plan Cost PMPM	6.1%	5.7%	27.1%	13.4%	5.2%	10.0%											
Total Specialty Plan Cost	\$602,885	\$557,751	\$930,639	\$2,091,275	\$782,184	\$820,535											
Specialty % of Total Specialty Plan Cost	35.5%	32.1%	41.2%	36.7%	36.1%	37.4%											

Top Indications

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2025 - 05/2025 vs. Previous Period 08/2024 - 12/2024) Peer = Government - National Preferred Formulary





			Current Period							Previous Period					Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	1	DIABETES	24.7 %	5,561	\$1,864,452	\$40.66	31.6 %	24.1 %	23.1 %	5,461	\$1,792,705	\$41.70	32.1 %	25.1 %	-2.5 %
2	2	INFLAMMATORY CONDITIONS	24.3 %	515	\$1,829,311	\$39.89	37.1 %	30.1 %	26.0 %	457	\$2,017,751	\$46.93	34.8 %	30.9 %	-15.0 %
3	4	WEIGHT LOSS	22.0 %	1,589	\$1,660,782	\$36.22	2.7 %	4.3 %	21.5 %	1,552	\$1,667,492	\$38.79	2.0 %	4.3 %	-6.6 %
4	3	CANCER	8.9 %	205	\$670,357	\$14.62	84.4 %	75.4 %	9.2 %	194	\$712,709	\$16.58	81.4 %	75.5 %	-11.8 %
5	6	MIGRAINE HEADACHES	4.4 %	543	\$330,907	\$7.22	46.0 %	51.4 %	3.9 %	531	\$305,068	\$7.10	46.9 %	52.6 %	1.7 %
6	5	ATOPIC DERMATITIS	3.9 %	778	\$294,306	\$6.42	86.4 %	80.2 %	4.2 %	699	\$326,631	\$7.60	84.0 %	81.1 %	-15.5 %
7	7	ASTHMA	3.5 %	2,714	\$260,233	\$5.68	88.3 %	88.2 %	3.5 %	2,787	\$272,400	\$6.34	88.3 %	88.5 %	-10.4 %
8	9	ANTICOAGULANT	3.0 %	516	\$229,071	\$5.00	19.6 %	18.5 %	2.4 %	406	\$182,838	\$4.25	16.0 %	18.0 %	17.5 %
9	10	GI DISORDERS	2.8 %	424	\$211,395	\$4.61	56.8 %	58.2 %	2.0 %	406	\$158,602	\$3.69	56.4 %	56.6 %	25.0 %
10	8	MULTIPLE SCLEROSIS	2.5 %	40	\$190,018	\$4.14	35.0 %	48.2 %	4.3 %	47	\$336,116	\$7.82	27.7 %	49.5 %	-47.0 %
		Total Top 10		12,885	\$7,540,829	\$164.45	45.3 %	43.6 %		12,540	\$7,772,312	\$180.79	45.5 %	44.4 %	-9.0 %

Top Drugs

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2025 - 05/2025 vs. Previous Period 08/2024 - 12/2024) Peer = Government - National Preferred Formulary

						Curre	ent Period			Previ	ious Period		Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	8	ZEPBOUND	WEIGHT LOSS	N	969	248	\$957,650	\$20.88	737	182	\$708,856	\$16.49	26.7 %
2	16	WEGOVY	WEIGHT LOSS	N	550	156	\$689,112	\$15.03	754	194	\$938,510	\$21.83	-31.2 %
3	4	OZEMPIC	DIABETES	N	595	131	\$533,233	\$11.63	552	115	\$486,717	\$11.32	2.7 %
4	1	MOUNJARO	DIABETES	N	495	115	\$496,347	\$10.82	438	92	\$430,907	\$10.02	8.0 %
5	24	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Υ	45	12	\$252,786	\$5.51	56	13	\$409,912	\$9.53	-42.2 %
6	7	STELARA	INFLAMMATORY CONDITIONS	Υ	24	5	\$251,467	\$5.48	31	7	\$326,237	\$7.59	-27.7 %
7	9	DUPIXENT PEN	ATOPIC DERMATITIS	Υ	67	17	\$197,575	\$4.31	70	14	\$195,323	\$4.54	-5.2 %
8		VITRAKVI	CANCER	Υ	6	1	\$196,631	\$4.29	5	1	\$196,949	\$4.58	-6.4 %
9	14	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Υ	25	5	\$191,932	\$4.19	19	4	\$150,001	\$3.49	20.0 %
10	12	JARDIANCE	DIABETES	N	340	78	\$190,307	\$4.15	329	67	\$183,519	\$4.27	-2.8 %
11	27	ELIQUIS	ANTICOAGULANT	N	334	79	\$177,137	\$3.86	253	64	\$133,831	\$3.11	24.1 %
12	34	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Υ	18	3	\$176,665	\$3.85	16	3	\$169,547	\$3.94	-2.3 %
13	25	FARXIGA	DIABETES	N	210	52	\$113,675	\$2.48	181	43	\$95,180	\$2.21	12.0 %
14	21	TREMFYA ONE-PRESS	INFLAMMATORY CONDITIONS	Υ	21	6	\$107,398	\$2.34	20	5	\$119,312	\$2.78	-15.6 %
15	219	CALQUENCE	CANCER	Υ	7	2	\$105,158	\$2.29	8	2	\$103,691	\$2.41	-4.9 %
16	96	LENALIDOMIDE	CANCER	Υ	5	1	\$99,712	\$2.17	5	1	\$99,712	\$2.32	-6.2 %
17	44	QULIPTA	MIGRAINE HEADACHES	N	87	24	\$93,621	\$2.04	64	15	\$64,865	\$1.51	35.3 %
18	18	RINVOQ	INFLAMMATORY CONDITIONS	Υ	18	4	\$93,039	\$2.03	9	3	\$46,786	\$1.09	86.4 %
19	35	NURTEC ODT	MIGRAINE HEADACHES	N	55	29	\$92,953	\$2.03	58	21	\$94,727	\$2.20	-8.0 %
20	20	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Υ	15	3	\$89,277	\$1.95	22	5	\$165,007	\$3.84	-49.3 %
21	113	DASATINIB	CANCER	Υ	7	2	\$81,395	\$1.78	NA	NA	NA	NA	NA
22	30	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Υ	16	4	\$79,247	\$1.73	16	5	\$109,454	\$2.55	-32.1 %
23	53	BIMZELX AUTOINJECTOR	INFLAMMATORY CONDITIONS	Υ	4	2	\$77,134	\$1.68	NA	NA	NA	NA	NA
24	169	ERLEADA	CANCER	Υ	5	1	\$73,901	\$1.61	NA	NA	NA	NA	NA
25	47	KESIMPTA PEN	MULTIPLE SCLEROSIS	Υ	11	3	\$71,857	\$1.57	13	3	\$117,641	\$2.74	-42.7 %
			To	otal Top 25	3,929		\$5,489,211	\$119.71	3,656		\$5,346,684	\$124.36	-3.7 %



Healthy



Peers 38%

These members had preventive care only

Moderate



Peers 18%

These members primarily had preventive care and treatment

Serious



Peers 12%

These members had emergency care only or extensive care

No Visit



Peers 28%

These members had no dental claims

Your Oral Health Score



38th Percentile

Your national benchmark comparison comes from Healthentic's database of over 60 million members from all 50 states

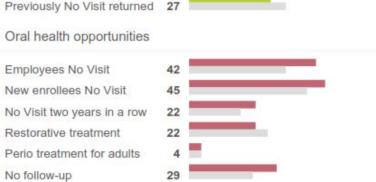
Members with care

Continuity of care

Routine care

Fluoride





% of Members Age



Your Group Peers

Your Peer Comparison

19 groups in Insurance Carriers and Related Activities, statewide

100+ members

High % of visits in NJ (your group has 93%)

Dental Action Report





SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND CONSENT AGENDA July 28, 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.

Res	olutions	Subject Matter
Motion	Second	
Resolutions	Subject Matter	
Revised Resolution 7-25: A Revised Resolution 9-25: A Resolution 27-25: Change to	Designation of Authorized Signappointment of MRHIF Fundon QPA Threshold	•
Resolution 28-25: July 2025	Bills List	Page 39

REVISED RESOLUTION NO. 3-25

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

BE IT RESOLVED that Terry Shannon, 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 FUN	ID
ADOPTED: JULY 28, 2025	
BY: CHAIR	
ATTEST:SECRETARY	

REVISED 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
Terry Shannon	- Secretary
Elizabeth Pigliacelli	- Fund Treasurer
Kenneth Verrill/Lorraine Verrill	- Deputy Treasurer (one, but never both)
SOUTHERN NEW JERSEY REGIONAL EMP ADOPTED: JULY 28, 2025	LOYEE BENEFITS FUND
BY:CHAIRPERSON	
ATTEST:	
SECRETARY	

REVISED 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 Terry Shannon is hereby appointed as Fund Commissioner.
- 2. That Mike Mevoli is hereby appointed as Alternate.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JULY 28, 2025	
BY:	
CHAIRPERSON	
ATTEST:	
SECRETARY	

RESOLUTION NO. 27-25

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND RESOLUTION TO INCREASE BID THRESHOLD

WHEREAS, pursuant to *N.J.S.A.* 40A:11-3, the State Treasurer increased the minimum bid threshold to \$53,000.00 for the execution of contracts without public bid by the Qualified Purchasing Agent when said contracts do not exceed \$53,000.00 in aggregate for the contract year in those municipalities whose purchasing agents possess a Qualified Purchasing Agent (QPA) certificate awarded by the Division of Local Government Services; and

WHEREAS, as a result the new quote threshold for the above noted municipalities with a Qualified Purchasing Agent (QPA) is now \$7,950.00 (15% of the \$53,000 QPA bid threshold); and

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund has had an appointed Qualified Purchasing Agent (QPA) as required under *N.J.S.A.* 40A:11-3 and in accordance with *N.J.S.A.* 40A:11-9; and

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund finds it is in the interest of efficiency and economy for the Municipal Reinsurance Health Insurance Fund to continue with the increase in the bid threshold and as a result the quote threshold, pursuant to *N.J.S.A.* 40A:11-3; and.

NOW, THEREFORE, BE IT RESOLVED by the Southern New Jersey Regional Employee Benefits Fund, pursuant to *N.J.S.A.* 40A:11-3, that its bid threshold is increased to \$53,000.00 and as a result the quote threshold shall be \$7,950.00.

BE IT FURTHER RESOLVED, that such contracts as may be awarded under this Resolution shall comply with all other applicable laws, including but not limited to certification of funds by the Chief Financial Officer where required.

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JULY 28, 2025	
BY:	
CHAIRPERSON	
ATTEST:	
SECRETARY	

RESOLUTION NO. 28-25

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND APPROVAL OF THE JULY 2025 BILLS LIST

WHEREAS, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **July 28**, **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 July 2025 for consideration and approval of the Executive Committee; and

WHEREAS, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of May for all Fund Years 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 July 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.

ADO	PTED: July 28, 2025	
BY:		
D1	CHAIRPERSON	
ATTI	EST:	
	SECRETARY	

APPENDIX I

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND OPEN MINUTES

JUNE 23, 2025

Haddon Twp Municipal Building

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 2025 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman	Borough of Brooklawn	Present
Louis Di Angelo	Borough of Bellmawr	Present
Terry Shannon	Borough of Barrington	Present
Edward Hill	CCBOSS	Absent
Gary Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Present
Kenneth Cheeseman	Laurel Springs	Present
Elanor Kelly	Borough of Runnemede	Present
Joseph Gallagher	Winslow Twp	Present
Elizabeth Peddicord	Pennsauken	Present

APPOINTED PROFESSIONALS PRESENT:

Executive Director/Adm. PERMA Risk Management Services

Brandon Lodics Jordyn Robinson

Program Manager Conner Strong & Buckelew

John Lajewski Crystal Bailey

Attorney J. Kenneth Harris, Esq.

Medical TPA – AmeriHealth Kristina Strain

Medical TPA – Aetna Jason Silverstein

Express Scripts Charles Yuk
Hiteksha Patel

Treasurer Lorraine Verrill

Delta Dental Crista O'Donnell

OTHERS PRESENT: see sign in sheet on last page

APPROVAL OF MINUTES: May 19, 2025

MOTION TO APPROVE OPEN MINUTES OF May 19, 2025 AS PRESENTED:

Moved: Commissioner DiAngelo Second: Commissioner Cheeseman

Vote: Unanimous

EXECUTIVE DIRECTOR'S REPORT

Resolution 22-25 Honoring Mayor Joe Wolk was read by Jordyn Robinson. The Executive committee had an emotional conversation about Mr. Wolk. Stating how he was a great Mayor, had a great family, he was the first Chairman ever for the SNJHIF and that he will be truly missed by all.

FAST TRACK FINANCIAL REPORT - Mr. Lodics reviewed the financial fast track through April - Month of April is stating very large defecate although the claims are running to budget. He sated that stop loss reimbursements that have not been materialized or reflected in this FFT.

2024 FUND YEAR AUDIT

Dennis Skalkowski from Bowman and Company was in attendance and reviewed the 2024 Audit. He reviewed the audit report stating that there was no findings or recommendations

Commissioner DiAngelo thanked Bowman and Co for doing such a great job. He stated that from 23-24 there was a large increase in membership. Chair Mevoli thanked the fund professionals. Mr. Lodics gave kudos to the Executive Committee. 23-25 approving audit is in consent.

Terry stated that PERMA and Treasurer work hard and are the reason that we have clean audits. Mr. Lodics stated that once this audit is filed, PERMA recommends the closure of Fund Year 2023. All IBNR has been expensed and there are no outstanding accounts receivable or payable. **Resolution 24-25** allows for closing this year.

FUND QUALIFIED PURCHASING AGENT (QPA) - Mr. Lodics stated that at the last meeting, the Fund was authorized to issue quotes for a QPA since the estimated contract was below the bid threshold. The incumbent QPA, the Canning Group, was the only responder to the deadline of May 21, 2025. The proposal included a fee of \$3,000 for all SNJHIF related RFPs issued in the next Fund year.

We recommend issuing a contract to the Canning Group through the 2025 fund year via **Resolution 25- 25.**

COOPERATIVE PURCHASING SYSTEM - MEDICAL THIRD-PARTY ADMINISTRATOR (TPA) BID

After months of discussion with the Office of the State Comptroller, the Health Insurance Cooperative Purchasing System (HICPS) is preparing Medical TPA prequalification regulations that must be presented and adopted at a public hearing prior to bid release. Before this hearing, there will be a HICPS Zoom meeting to allow all local Fund HICPS representatives to review on June 19th at 10am via zoom.

Since this fund is the lead agent, the prequalification approval must go through a public hearing held by the Southern HIF executive committee. A public hearing will be held on July 1st at 3:00 PM via Zoom. The Zoom link to attend the meeting is located at https://www.snjrebf.com/meeting-information/. This hearing will be specifically to allow the opportunity to comment, review and adoption of the prequalification regulations which will be used to determined qualified bidders for the Medical TPA bid specification for all Funds within the HICPS.

Once the hearing is complete, the certified copy of the prequalification regulations must be filed with the Division of Local Government Services (delete of Community Affairs and the State Comptroller's office for approval) within ten days of the meeting. They then have 30 days to approve. Once approved, the prequalification regulations will be advertised, and prospective bidders will be invited to submit responses. The responses from the prospective bidders will be reviewed and those that are determined to be qualified bidders will receive the bid specifications for the TPA services.

The final evaluation will be reviewed by the Cooperative representatives from each local Fund then recommend contract award in early Fall.

COOPER CANCER SCREENING EVENT - Mr. Lodics stated that Cooper Hospital has approached the Fund to provide a cancer screening event to our members at their location in Voorhees, NJ. We are working with the team at Cooper to select a date in early fall. Communications will be sent to members within a certain radius of the location.

The offerings will be:

- * Oral cancer screening
- * Skin cancer screening
- * Prostate cancer screening for persons 45 and older
- * Low dose CT for eligible people who smoke or have a history of heavy smoking and are 50+
- * Mammograms for persons 40 and older
- * Several options for colorectal cancer screening for persons 45 and older
- * Blood pressure screening
- * Glucose test

PCORI FEES

The PCORI is an independent, nonprofit research organization that seeks to empower patients and others with actionable information about their health and healthcare choices.

As part of the Affordable Care Act (ACA) group health plans are required to pay an annual fee, which is a certain dollar amount per enrollee contributing to the PCORI effort. The fee is considered in the Fund's budget development and paid by the PERMA Accounting team on behalf of all our medical groups. This fee will be paid in July.

PROGRAM MANAGERS REPORT

Crystal Bailey reviewed the informational report listed in the agenda.

Eligibility/Enrollment:

Coverage Updates:

Express Scripts:

2025 National Preferred Formulary (NPF) and SaveOn - Effective 7/1/25

Brokers were sent the updated 2025 Formulary and Exclusions lists effective July 1, 2025, the week of April 21st and May 6, 2025. There are 28 members in SNJHIF impacted by the formulary change. Please reference the appendix for the updated lists. Please note the following:

NPF:

- NPF Exclusions List, please note the following:
 - \circ **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 list with their providers
 - The number of impacted members will be provided later in 2025
 - \circ **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 list with their providers
 - Impacted members (14) will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn - Effective 7/1/25

Brokers were sent the updated 2025 SaveOn List effective July 1, 2025, on May 6, 2025. Please note the following:

Drugs highlighted in green (21) were added to the list effective July 1, 2025 Drugs highlighted in red (5) were removed from the list effective July 1, 2025 There is 1 SNJHIF member impacted by the drugs removed from the list

Encircle Program (GLP-1 Weight Loss) - No new updates

2025 Legislative Review:

No Surprise Billing and Transparency Act - Continued Delays

Appeals

Carrier Appeals:

Submission	Appeal Type	Appeal	Reason	Determination	Determination
Date		Number			Date
05/28/25	Medical/Aetna	SNJ 2025 0601	CT scan	Upheld	6/13/25

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/13/25	Medical/Aetna	SNJ 2025 06 01	CT scan	Under Review	

Small Claims Committee: None

TREASURER: Fund Treasurer reviewed the bills list for June 2025 bills list. Fund Treasurer also reviewed the treasurers report.

MOTION TO APPROVE THE TREASURERS REPORT:

Moved: Commissioner DiAngelo Second: Commissioner Shannon

Vote: All in Favor

CONSENT AGENDA

Resolution 22-25: Honoring Mayor Joseph Wolk

Resolution 23-25: 2024 Annual Audit
Resolution 24-25: Closing Fund Year 2023
Resolution 25-25: QPA Contract for 2025
Resolution 26-25: June 2025 Bills List

Moved: Commissioner Shannon
Second: Commissioner Cheeseman

Vote: 9 ayes, 0 nays

FUND ATTORNEY: Fund Attorney Ken Harris gave kudos to the strong underwriting process that has been developed that has allowed the fund to grow responsibly. There was a lengthy discussion about how the hifs operate, how members are getting underwritten to join and how the fund quotes potential members.

Mrs. Shannon asked about glp1s and the costs of them. The funds have yet to see data about seeing if there is a roi of health conditions because of the GLP1s. Mrs. Patel is stating that obese patients are seeing benefits – there is no way to fully track this progress.

AETNA: Mr. Silverstein reviewed the report included in the agenda for April 2025 Aetna Claims. He stated that there were 2 high-cost claimants for the month of April and the dashboard metrics are preforming well.

AMERIHEALTH: Kristina Strain reviewed the paid claims for the month of May. She stated that there were no high cost claimant for the month of May.

EXPRESS SCRIPTS: Hiteksha Patel presented the May 2025 pharmacy plan performance, reporting a total plan cost and a generic fill rate of 85.9%. The plan cost per member per month (PMPM) was \$224.60, reflecting a 5% increase compared to May 2024.

Reviewing the top 10 indications from April 2025, most categories showed a decrease in plan cost compared to the prior quarter. Notably, the weight loss category dropped attributed to the Encircle program.

DENTAL ADMINISTRATOR: no report.

OLD BUSINESS: None

NEW BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN:

Moved: Commissioner Gallagher Second: Commissioner Cheeseman

Vote: All In Favor

MEETING ADJOURNED: 5:06 pm NEXT MEETING: July 28, 2025 4:15PM

ZOOM

Jordyn Robinson , Assisting Secretary for

SECRETARY

PERMA

RISK MANAGEMENT SERVICES

SIGN IN SHEET			
SNJHIF – June 23, 2025			
NAME	AGENCY		
Poria Morall	Glovastar Cos		
Hyr Linges	Affermy		
JOE MADERA	Hardenbergh las. Group		
J. m Rhodos	PERMA		
Dennis Skulkowski	Barnas		
Kaalvesh Swers	Bowman		
Corrare Venul	VenukVizie		
Elizabeth Peddicord	Pennsauken		
Scott Downerst	CSB		
Hiteksha Patel	ESI		
Sada DePasgunh	HIG		
Lleanor Kelly	Russem Ede,		
Mirtina Wain	Pricer, Keath		

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

OPEN MINUTES July 1, 2025 ZOOM MEETING 3:00 PM

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

PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman	Borough of Brooklawn	Present
Louis Di Angelo	Borough of Bellmawr	Absent
Terry Shannon	Borough of Barrington	Absent
Edward Hill	CCBOSS	Present
Gary Passanante	Borough of Somerdale	Absent
Brian Morrell	Gloucester City	Absent
Kenneth Cheeseman	Laurel Springs	Present
Elanor Kelly	Borough of Runnemede	Absent
Joseph Gallagher	Winslow Twp	Present
Elizabeth Peddicord	Pennsauken	Present

APPOINTED PROFESSIONALS PRESENT:

Executive Director/Adm. PERMA Risk Management Services

Brandon Lodics Emily Koval Jordyn Robinson

Program Manager Conner Strong & Buckelew

Crystal Bailey John Lajewski

Attorney J. Kenneth Harris, Esq.

Medical TPA – AmeriHealth Kristina Strain

Medical TPA – Aetna Jason Silverstein

Express Scripts Absent

Treasurer Lorraine Verrill

Delta Dental Absent

OTHERS PRESENT:

Joseph DiBella	Robert Weil
Vikki Holmstrom	Tyler Jackson
Sean Canning	Robert Weil
Richard Kunze	Randi Gerber
Dave Vozza	Lorraine Sacco
G Hayes	Georganna Marian
Carrie Specht	

FUND ATTORNEY:

Chairman Mevoli asked Mr. Harrris to address the primary item for discussion.

Mr. Harris explained the primary agenda item for discusion was related to the SNJ Fund serving as the Lead Agency for 297HICPS and the necessary process to advance seeking bids for the provision of third party claim administration services for all of the Registered Members of the 297HICPS.

Mr. Harris spoke in detail about the two separate prequalification regulations that were the focus of the discussion. The first regulation identified as Prequal. Reg. 2025-01, pertains to the Aetna network. The second, Prequal. Reg. 2025-02, relates to the AmeriHealth network. These regulations are designed to establish the baseline capabilities of potential third-party administrators who may seek to manage services for the health insurance funds associated with the Cooperative. The adoption of the prequalification regulations is an essential step to the ultimate release of bid specifications.

Mr. Harris provided a thorough explanation of the contents and purpose of the presented documents. He noted that the regulations outline specific requirements that potential bidders must address in their submissions. One key element is the inclusion of census data. For the Aetna network, this data covers all seven member funds: Bergen Municipal Employee Benefits Fund, Central Jersey Health Insurance Fund, Metropolitan Health Insurance Fund, North Jersey Regional Employee Benefits Fund, Schools Health Insurance Fund, Southern Coastal Regional Employee Benefits Fund and the SNJ Fund. The data identifies each enrolled employee's location by zip code and their type of enrollment, whether it be single, employee plus family, or employee plus dependent.

Another component of the prequalification package includes a complete listing of all plan designs used by each member of the Cooperative, down to the individual municipality or school board level. Mr. Harris emphasized that this level of detail ensures bidders have a full understanding of the diversity and complexity of coverage needs within the Cooperative.

Further, the regulations require that bidders disclose their management and reporting capabilities. This section provides insight into how each administrator handles oversight, data reporting, and day-to-day operations. Bidders are also asked to provide any performance guarantees they are willing to commit to as part of their proposal.

Lastly, Mr. Harris described the requirement for bidders to report on the discounts they are able to secure from their provider networks—referred to as self-reported discounts. This allows the Cooperative to evaluate the relative financial advantages each network may bring based on provider reimbursement rates and negotiated discounts.

Mr. Harris concluded the presentation by reiterating the comprehensive nature of the two proposed prequalification regulations and the importance of ensuring that all bidders meet the high standards expected by the Cooperative. Mr. Harris suggested that the meeting be opened to the public and that the prequalifications be read aloud for purposes of absolute clarity:

MOTION TO OPEN THE MEETING TO THE PUBLIC TO READ THE PREQUALIFICATIONS REQUIREMENTS OF 2025-01

Moved: Commissioner Mevoli Second: Commissioner Peddicord

Vote: All In Favor

Mrs. Koval read the entirety of the below Prequalification Regulations Statements of General Notice and the Statements of Bidders Qualifications/Criteria for Evaluating Prospective Bidders:

PREQUALIFICATION REGULATIONS FOR THIRD PARTY CLAIM ADMINISTRATION SERVICES

Southern New Jersey Regional Employee Benefits Fund ("SNJ Fund") as the Lead Agency for 297HICPS (Health Insurance Cooperative Pricing System)

STATEMENT OF GENERAL NOTICE

The SNJ Fund as the Lead Agency for 297HICPS, consisting of the following joint self-insured health plans: Bergen Municipal Employee Benefits Fund, Central Jersey Health Insurance Fund, Metropolitan Health Insurance Fund, North Jersey Regional Employee Benefits Fund, Schools Health Insurance Fund, Southern Coastal Regional Employee Benefits Fund, Southern New Jersey Regional Employee Benefits Fund (collectively the Registered Members" and individually, "Registered Member") is seeking bids for the provision of third party claim administration services for all of the Registered Members of the 297HICPS. The successful bidder must be able to provide access to a network of healthcare providers serving the 21 counties in New Jersey as well as nationally to accommodate active members in New Jersey and retired participants that may reside outside of New Jersey or active members who may need to access care outside of New Jersey. The current network provider is Aetna.

The scope of work consists of a single contract for: Third party claim administration services inclusive of the provision of a comprehensive national provider network; provide a robust plan design selection that will match existing benefit designs so that they are "equal to or better than" current designs; strong claim administration processes inclusive of claims adjudication, medical care management and medical policy administration; accept electronic enrollment and eligibility in pre-formatted structure to allow individual entities to be separately tracked with individualized reporting; provide detailed monthly reporting of paid claims and other reports to measure performance and claim management effectiveness; accept electronic claim payments on a weekly basis and provide claims and data reports on an individual basis.

The owner's project contact is Brandon Lodics, Executive Director, 2 Cooper Street Camden, NJ 08102.

Phone: 856-552-4628 Email Address: blodics@permainc.com.

The Qualified Purchasing Agent for this contract is: The Canning Group, LLC, 45 S. Park Place 183, Morristown, NJ 07960 Attn: Sean P. Canning

Phone: 862-228-3563 Email Address: scanning@thecanninggroup.org

Fact Sheets providing plan design information, census data, reporting and data collection requirements and related administrative services information are attached.

Procurement regulations require that prospective bidders must submit a completed Qualifications Statement as set forth herein. A completed Bidder's Qualifications Statement must be submitted in four (4) hard copies and one (1) electronic copy to **PERMA Risk Management Services 2 Cooper Street Camden, NJ 08102 Attn: Brandon Lodics** by 3:00 P.M. prevailing time on July 29, 2025. Failure to complete the Bidder's Qualifications Statement could result in disqualification of the prospective bidder.

The qualifications of prospective bidders will be evaluated by representatives of the SNJ Fund and the QPA in accordance with the Evaluation Criteria set forth herein. Prospective bidders whose Bidder's Qualifications Statements are determined to be acceptable will be identified as Qualified Bidders. Prospective bidders who are not identified as Qualified Bidders will be notified.

The SNJ Fund will notify in writing the Prospective Bidders who have been determined to be Qualified Bidders. The SNJ Fund's governing body will issue bid proposal forms and specifications only to Qualified Bidders. Only bids received from Qualified Bidders will be opened.

STATEMENT OF BIDDER'S QUALIFICATIONS/CRITERIA FOR EVALUATING PROSPECTIVE BIDDERS

The following six (6) criteria will be used for evaluating the qualifications of prospective bidders. The evaluation will be based on information in the Statement of Qualifications provided by prospective bidders as well as information supplied by the bidders' references.

- Comprehensive National Prover Network Provide a network of contracted providers that meets reasonable access and disruption standards over the 21 counties in New Jersey and nationally to accommodate active members in New Jersey, retired participants that may reside outside of New Jersey or active members who may need to access care outside of New Jersey. A comprehensive network will be able to provide reasonable access to a broad range of network providers and offer a network that has limited disruption when compared to the current network of providers used by the Registered Members. For New Jersey, acceptable access (distance) and disruption (match) results need to minimally be 90% or more. See the attached Exhibit "A" which contains census data for the Lead Agency and Registered Members of the 297HICPS. Prospective bidders must be able to serve this population.
- Structural Plan Design Be able to duplicate the plan of benefits for the local units of the Lead Agency and Registered Members so that the benefit designs are "equal to or better than" current plan designs. This includes and is not limited to matching structural items like copayments, coinsurance, deductibles, visit limits or maximums and out of network fee schedules. To satisfy this requirement, bidders must submit a letter of attestation that they shall comply with this

- criteria. See the attached Exhibit "B" which contains a listing of all of the plan designs currently in place for the Lead Agency and the Registered Members of the 297HICPS.
- Administrative Design and Management Be able to administer the plan design as it related to claims administration and medical management in a way that largely replicates the current administration as outlined in the attached Exhibit "C" which contains a detailed listing of the services to be provided. This includes administration around claims adjudication (i.e., coordination of benefits handling, subrogation, etc.), medical care management and medical policy administration. This also includes a willingness and capacity to collaborate around the reasonable administration of policies that may be requested. To satisfy this requirement, bidders must submit a letter of attestation that they shall comply with this criteria. See the attached Exhibit "C" which outlines the administrative and reporting requirements that a prospective bidder must be able to provide to the Lead Agency and the Registered Members of the 297HICPS as well as performance criteria and network discounts .
- *Eligibility* Be able to accept electronic enrollment and eligibility in a pre-formatted structure that allows for each entity to be separated for tracking and reporting purposes. This includes accepting weekly electronic eligibility files, process eligibility updates, issue discrepancy reporting and issue timely ID cards and enrollment data from said files. To satisfy this requirement, bidders must submit a letter of attestation that they shall comply with this criteria.
- Reporting Be able to issue a monthly complete, detailed paid claims report in the specified record
 layout to the claims data warehouse used. Further, issue other performance and claims
 management reporting applicable to allow for performance management and oversight. To satisfy
 this requirement, bidders must submit a letter of attestation that they shall comply with this
 criteria.
- Banking and Treasury Be able to accept claim payments electronically, on a weekly basis, for the SNJ Fund and the Registered Members as whole and structurally, be able to properly allocate claims and data reports as such on a group by group basis. To satisfy this requirement, bidders must submit a letter of attestation that they shall comply with this criteria.

Commissioner Mevoli opened the meeting to the public and asked for any questions or comments. There were none.

MOTION TO CLOSE THE MEETING TO THE PUBLIC TO READ THE PREQUALIFICATIONS REQUIREMENTS OF 2025-01

Moved: Commissioner Cheeseman Second: Commissioner Gallagher

Vote: 5 ayes, 0 nays

MOTION TO OPEN THE MEETING TO THE PUBLIC TO READ THE PREQUALIFICATIONS REQUIREMENTS OF 2025-02

Moved: Commissioner Mevoli Second: Commissioner Gallagher

Vote: All In Favor

Mr. Harris continued the meeting by addressing the second of the two prequalification regulations, Prequal. Reg. 2025-02, which pertains specifically to the AmeriHealth network. He stated that there are four funds that utilize the AmeriHealth network: the Central Jersey Health Insurance Fund, the Southern Coastal Regional Employee Benefits Fund, the Schools Health Insurance Fund, and the Southern New Jersey Regional Employee Benefits Fund.

Mr. Harris explained that this prequalification regulation is identical in structure and content to the one pertaining to the Aetna network, with the exception of the data and exhibits being tailored to the AmeriHealth network. Specifically, the census data in this version reflects only the members and geographic data associated with the four AmeriHealth-participating funds. Likewise, Exhibit B, which contains plan design information, outlines only the health plans used by these four funds under the AmeriHealth network.

Mr. Harris further clarified that the managerial criteria and the section on self-reported discounts are identical in both versions of the regulations. These sections provide a consistent framework for evaluating each potential administrator's capabilities and provider network performance.

Mr. Harris noted that while the textual content of the two prequalification regulations remains consistent, the only distinctions are those directly related to the respective networks – Aetna in Prequal. Reg. 2025-01 and AmeriHealth in Prequal. Reg. 2025-02.

Commissioner Mevoli opened the meeting to the public and asked for any questions or comments. There were none.

MOTION TO CLOSE THE MEETING TO THE PUBLIC TO READ THE PREQUALIFICATIONS

REQUIREMENTS OF 2025-02

Moved: Commissioner Cheeseman Second: Commissioner Peddicord

Vote: All In Favor

MOTION TO APPROVE RESOLUTION 27-25:

Moved: Commissioner Gallagher Second: Commissioner Cheeseman

Vote: 5 Ayes, 0 Nays

With the adoption of both Resolutions, Mr. Harris indicated that the Prequalifications will be submitted to the Department of Local Government Services.

OLD BUSINESS: None

NEW BUSINESS: Mr. Lodics took a moment to acknowledge and express appreciation for the efforts of key contributors involved in the development of the prequalification regulations. He recognized the valuable work of the Qualified Purchasing Agent Sean Canning, the Fund Attorney, and the team at Conner Strong & Buckelew. Mr. Lodics noted that their collaboration and support were instrumental in bringing the process to its current stage of completion.

MOTION TO DESIGNATE MRS. ROBINSON AS THE CLERK FOR THE PURPOSES OF SIGNING THE CERTIFICATIONS IN ABSENCE OF THE FUND SECRETARY:

Moved: Commissioner Cheeseman Second: Commissioner Peddicord

Vote: All In Favor

PUBLIC COMMENT: Chair Mevoli thanked everyone for their efforts in this matter.

MOTION TO ADJOURN:

Moved: Commissioner Gallagher Second: Commissioner Cheeseman

Vote: All In Favor

MEETING ADJOURNED: 3:45pm NEXT MEETING: July 28, 2025 4:15PM

ZOOM

Jordyn Robinson

Jordyn Robinson, Assisting Secretary

for

SECRETARY

APPENDIX II

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

INDEMNITY AND TRUST AGREEMENT

THIS AGREEMENT made this	day of	2025, in the County of	
, State of N	New Jersey, By and I	Between the Southern New Jersey Regional	
Employee Benefits Fund referred to as "l	FUND" and the gov	erning body of the	
"LOCAL UNIT".	constituted LOCAL	UNIT OF GOVERNMENT, hereinafter referred to	as

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, 202**5 and ending on **December 31, 202**7 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.

Date				
BY:				
ATTEST:				

ADOPTED:

RESOLUTION NO.	
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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.

	Date		-
BY:			
ATTEST:			

ADOPTED: