

# Southern Jersey <sup>FUND</sup>



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS**  
**AUGUST 25, 2025**  
**ZOOM - CONFERENCE CALL**  
**4:15 PM**

Join Zoom Meeting

<https://permainc.zoom.us/j/96937914159>

Meeting ID: 969 3791 4159

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One tap mobile

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<https://permainc.zoom.us/join/96937914159?signature=2zhIeSmqloHmMOA6AoKONFWzREoHSWbzOE-kkASALhw>

## **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**  
**MEETING: AUGUST 25, 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
- 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

**APPROVAL OF MINUTES:** July 28, 2025 Open ([Appendix I](#))

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

- Monthly Report.....Page 4
- Resolution 29-25:** Approval to go into Closed Session .....Page 11

**PROGRAM MANAGER- (Conner Strong & Buckelew)**

- Monthly Report.....Page 12

**TREASURER - (Verrill & Verrill)**

- August 2025 Voucher List .....Page 15
- Treasurers Report.....Page 17
- Confirmation of Claims Paid/Certification of Transfers
- Ratification of Treasurers Report

**ATTORNEY - (J. Kenneth Harris)**

- Monthly Report

**NETWORK & THIRD-PARTY ADMINISTRATOR - (Aetna)**

- Monthly Report.....Page 20

**NETWORK & THIRD-PARTY ADMINISTRATOR - (AmeriHealth)**

- Monthly Report.....Page 24

**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

Monthly Report.....Page 27

**DENTAL ADMINISTRATOR - (Delta Dental)**

Monthly Report..... No Report

**CONSENT AGENDA**

**Resolution 30-25: New Member Approval.....Page 32**

**Resolution 31-25: August 2025 Bills List .....Page 33**

**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  
AUGUST 25, 2025**

**FINANCES & CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** -June 30, 2025 (Page 6)
- **Historical Income Statement**
- **Consolidated Balance Sheet**
- **Indices and Ratios Report**
- **Budget Status Report**

**PROCUREMENT DISCUSSION**

Resolution 29-25 is included on page 11 to go into closed session to discuss procurements and contracts.

**MARKET/LEGISLATIVE UPDATES**

Jim Rhodes, Vice President, HIF Fund Governance will provide updates and overview on the following topics at the meeting:

- 1) *No Surprises Act*
- 2) *NJ-59-03*
- 3) *State and Labor SHBP Savings Proposals*

**NEW MEMBERS**

There was one group that applied to the Fund for Medical and Rx Coverage. Lindenwold Borough is currently in the fund for dental and requested quotes for additional lines of coverage. The Operations Committee has reviewed the below underwriting details and are recommending membership. Resolution 30-25 is included in consent.

<b>New Member Overview</b>	
<b>Fund</b>	Southern NJ HIF
<b>Entity</b>	<b>Lindenwold Borough</b>
<b>County</b>	Camden
<b>Effective Date</b>	9/1/2025-12/31/2025
<b>Lines of Coverage</b>	Medical and Prescription
<b>Enrolled Subscribers</b>	86
<b>Retiree Coverage</b>	Under and Over 65
<b>Current Arrangement</b>	State Health Benefits
<b>Broker</b>	Conner Strong & Buckelew
<b>Broker Fee</b>	2%
<b>Combined PEPM</b>	\$3,102
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodology
<b>MRHIF/Reinsurer Approval</b>	Not applicable
<b>Run Out Claims</b>	State Health Benefits
<b>Member approval?</b>	Indemnity and Trust Agreement received
<b>Additional Consideration</b>	Current Dental Member.

## 2026 BUDGET UPDATE

The Actuary has received and provided an initial projection for the 2026 budget and a Finance Committee meeting will be scheduled very soon.

The Committee will be reviewing the impact that the following items will have on the Budget that will be higher than years past:

1. No Surprise Act Claims
2. GLP1s and other specialty medications
3. Hospital Negotiations
4. Out of Network utilization
5. Overall Utilization Increase

We anticipate introduction to occur on September 22, 2025 and adoption no less than 28 days later on October 27, 2025.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**FINANCIAL FAST TRACK REPORT**

		<b>AS OF</b>		<b>June 30, 2025</b>			
		<b>THIS</b>		<b>YTD</b>		<b>FUND</b>	
		<b>MONTH</b>		<b>CHANGE</b>	<b>PRIOR</b>	<b>BALANCE</b>	
					<b>YEAR END</b>		
1.	<b>UNDERWRITING INCOME</b>	<b>11,082,963</b>		<b>64,190,672</b>		<b>1,546,987,628</b>	<b>1,611,178,299</b>
2.	<b>CLAIM EXPENSES</b>						
	Paid Claims	9,556,401		54,813,672		1,257,230,278	1,312,043,950
	IBNR	277,301		2,853,666		7,919,156	10,772,822
	Less Specific Excess	(122)		(60,660)		(22,407,016)	(22,467,676)
	Less Aggregate Excess	-		-		(1,807,360)	(1,807,360)
	<b>TOTAL CLAIMS</b>	<b>9,833,580</b>		<b>57,606,678</b>		<b>1,240,935,057</b>	<b>1,298,541,736</b>
3.	<b>EXPENSES</b>						
	MA & HMO Premiums	1,084,835		6,319,583		55,000,962	61,320,545
	Excess Premiums	180,620		1,056,661		51,768,985	52,825,646
	Administrative	640,045		3,413,514		131,170,402	134,583,917
	<b>TOTAL EXPENSES</b>	<b>1,905,500</b>		<b>10,789,758</b>		<b>237,940,349</b>	<b>248,730,107</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	<b>(656,117)</b>		<b>(4,205,765)</b>		<b>68,112,222</b>	<b>63,906,457</b>
5.	<b>INVESTMENT INCOME</b>	31,561		160,596		4,513,925	4,674,521
6.	<b>DIVIDEND INCOME</b>	-		-		11,847,139	11,847,139
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(624,556)</b>		<b>(4,045,168)</b>		<b>84,473,286</b>	<b>80,428,117</b>
8.	<b>DIVIDEND</b>	-		-		72,732,231	72,732,231
9.	<b>Transferred Surplus IN</b>	-		-		-	-
10.	<b>Transferred Surplus OUT</b>	-		-		-	-
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>(624,556)</b>		<b>(4,045,168)</b>		<b>11,741,055</b>	<b>7,695,886</b>
		<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
	<b>Closed</b>	<b>Surplus</b>	(56,639)	(214,927)	7,808,139	7,593,213	
		<b>Cash</b>	(196,103)	(327,722)	12,894,708	12,566,986	
	<b>2024</b>	<b>Surplus</b>	3,911	(380,440)	3,932,915	3,552,476	
		<b>Cash</b>	6,894	(1,951,234)	2,569,982	618,747	
	<b>2025</b>	<b>Surplus</b>	(571,828)	(3,449,802)		(3,449,802)	
		<b>Cash</b>	6,733,362	(702,279)		(702,279)	
<b>TOTAL SURPLUS (DEFICITS)</b>			<b>(624,556)</b>	<b>(4,045,168)</b>	<b>11,741,055</b>	<b>7,695,886</b>	
<b>TOTAL CASH</b>			<b>6,544,153</b>	<b>(2,981,236)</b>	<b>15,464,690</b>	<b>12,483,454</b>	
		<b>CLAIM ANALYSIS BY FUND YEAR</b>					
<b>TOTAL CLOSED YEAR CLAIMS</b>			<b>75,601</b>	<b>303,270</b>	<b>1,153,601,974</b>	<b>1,153,905,244</b>	
<b>FUND YEAR 2024</b>							
	Paid Claims	130,699		8,134,800		79,645,912	87,780,712
	IBNR	(122,747)		(7,566,753)		7,919,156	352,403
	Less Specific Excess	(122)		(59,486)		(231,982)	(291,468)
	Less Aggregate Excess	-		-		-	-
	<b>TOTAL FY 2024 CLAIMS</b>	<b>7,830</b>		<b>508,561</b>		<b>87,333,086</b>	<b>87,841,647</b>
<b>FUND YEAR 2025</b>							
	Paid Claims	9,350,101		46,374,428		46,374,428	46,374,428
	IBNR	400,048		10,420,419		10,420,419	10,420,419
	Less Specific Excess	-		-		-	-
	Less Aggregate Excess	-		-		-	-
	<b>TOTAL FY 2025 CLAIMS</b>	<b>9,750,149</b>		<b>56,794,847</b>		<b>56,794,847</b>	<b>56,794,847</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>9,833,580</b>		<b>57,606,678</b>		<b>1,240,935,060</b>	<b>1,298,541,738</b>

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

**Southern New Jersey Regional Employee Benefits Fund**  
**CONSOLIDATED BALANCE SHEET**  
AS OF JUNE 30, 2025  
BY FUND YEAR

	SNJREBF 2025	SNJREBF 2024	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	(702,279)	618,747	12,566,986	12,483,454
Assesments Receivable (Prepaid)	5,947,729	70,691	146,777	6,165,197
Interest Receivable	-	-	20	20
Spedfic Excess Receivable	-	-	(29,700)	(29,700)
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	21,744	-	-	21,744
Other Assets	1,746,516	3,262,489	-	5,009,005
<b>Total Assets</b>	<b>7,013,710</b>	<b>3,951,928</b>	<b>12,684,083</b>	<b>23,649,721</b>
<b>LIABILITIES</b>				
Accounts Payable	-	-	-	-
IBNR Reserve	10,420,419	352,403	-	10,772,822
A4 Retiree Surcharge	-	-	40,000	40,000
Dividends Payable	-	-	-	-
Retained Dividends	-	-	5,050,870	5,050,870
Accrued/Other Liabilities	43,093	47,050	-	90,143
<b>Total Liabilities</b>	<b>10,463,512</b>	<b>399,453</b>	<b>5,090,870</b>	<b>15,953,835</b>
<b>EQUITY</b>				
Surplus / (Deficit)	(3,449,802)	3,552,476	7,593,213	7,695,886
<b>Total Equity</b>	<b>(3,449,802)</b>	<b>3,552,476</b>	<b>7,593,213</b>	<b>7,695,886</b>
<b>Total Liabilities &amp; Equity</b>	<b>7,013,710</b>	<b>3,951,928</b>	<b>12,684,083</b>	<b>23,649,721</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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.

14-Aug-25



<b>SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND</b>								
<b>RATIOS</b>								
<b>INDICES</b>	<b>2024</b>	<b>FY2025</b>						
		<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>
Cash Position	15,464,690	\$ 10,186,276	\$ 7,315,603	\$ 9,907,804	\$ 8,195,893	\$ 5,939,302	\$ 12,483,454	
IBNR	7,919,156	\$ 8,484,536	\$ 9,308,515	\$ 9,954,252	\$ 10,260,271	\$ 10,495,521	\$ 10,772,822	
Assets	24,819,405	\$ 25,613,855	\$ 26,106,547	\$ 25,677,002	\$ 24,859,266	\$ 24,023,690	\$ 23,649,721	
Liabilities	13,078,351	\$ 13,652,625	\$ 14,473,412	\$ 15,146,242	\$ 15,460,933	\$ 15,703,248	\$ 15,953,835	
Surplus	11,741,055	\$ 11,961,229	\$ 11,633,135	\$ 10,530,759	\$ 9,398,333	\$ 8,320,442	\$ 7,695,886	
Claims Paid -- Month	4,899,891	\$ 7,585,297	\$ 8,498,739	\$ 9,606,787	\$ 9,763,822	\$ 9,802,628	\$ 9,556,401	
Claims Budget -- Month	7,587,981	\$ 8,458,762	\$ 8,885,977	\$ 8,876,626	\$ 8,865,849	\$ 8,975,139	\$ 9,217,872	
Claims Paid -- YTD	84,757,066	\$ 7,585,297	\$ 16,084,035	\$ 25,690,822	\$ 35,454,643	\$ 45,257,271	\$ 54,813,672	
Claims Budget -- YTD	91,076,422	\$ 8,458,762	\$ 17,344,739	\$ 26,221,365	\$ 35,087,214	\$ 44,062,353	\$ 53,280,225	
<b>RATIOS</b>								
Cash Position to Claims Paid	3.16	1.34	0.86	1.03	0.84	0.61	1.31	
Claims Paid to Claims Budget -- Month	0.65	0.90	0.96	1.08	1.1	1.09	1.04	
Claims Paid to Claims Budget -- YTD	0.93	0.90	0.9	1.0	1.0	1.0	1.0	
Cash Position to IBNR	1.95	1.20	0.79	1	0.8	0.57	1.16	
Assets to Liabilities	1.90	1.88	1.8	1.7	1.61	1.53	1.48	
Surplus as Months of Claims	1.55	1.41	1.31	1.19	1.06	0.93	0.83	
IBNR to Claims Budget -- Month	1.04	1.00	1.05	1.12	1.16	1.17	1.17	

**Southern NJ Municipal Employee Benefits Fund**

**2024 Budget Status Report**

as of June 30, 2025

				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	36,972,847	75,448,444	65,155,266			
Medical Claims AmeriHealth - All Other	1,991,080	3,976,760	4,046,101			
Medical Claims - CCBOSS	5,853,127	11,638,823	11,897,264			
Subtotal Medical	44,817,054	91,064,026	81,098,631	46,083,742	(1,266,688)	-3%
Prescription Claims - All Other	9,285,645	19,028,068	17,116,314			
Rx Rebates - All Other	(2,971,406)	(6,088,981)	(5,477,220)			
Prescription Claims - CCBOSS	2,062,425	4,100,062	4,171,285			
Rx Rebates - CCBOSS	(701,225)	(1,394,023)	(1,418,237)			
Subtotal Prescription	7,675,439	15,645,126	14,392,142	9,942,631	(2,267,192)	-30%
Dental Claims - All Other	704,932	1,453,734	1,282,989			
Dental Claims - CCBOSS	82,800	166,128	168,192			
Subtotal Dental	787,732	1,619,862	1,451,181	768,474	19,258	2%
Subtotal Claims	53,280,225	108,329,014	96,941,953	56,794,847	(3,514,622)	-7%
Loss Fund Contingency	500,000	1,000,000	1,000,000		500,000	
DMO Premiums	1,177	2,388	2,665	8,126	(6,949)	-591%
Medicare Advantage - All Other	4,906,183	10,116,789	10,222,633			
Medicare Advantage - CCBOSS	1,432,026	2,855,362	2,859,477			
Subtotal Insured Programs	6,339,386	12,974,539	13,084,775	6,311,457	26,752	0%
Reinsurance						
Specific	1,060,011	2,150,473	1,920,000	1,056,661	3,350	0%
Total Loss Fund	61,179,622	124,454,026	112,946,728	64,171,091	(2,991,469)	-5%
Expenses						
Legal	11,760	23,519	23,519	31,533	(19,773)	-168%
Treasurer	8,280	16,560	16,560	8,217	62	1%
Administrator	394,891	802,420	742,802	393,444	1,448	0%
Program Manager	1,044,645	2,126,441	1,966,542	1,741,907	(5,247)	-1%
Brokerage	692,014	1,421,163	1,164,246	Included above in Program Manager		
TPA - Med Aetna	894,434	1,815,637	1,691,403	957,619	3,041	0%
TPA - Med AmeriHealth Admin	66,226	133,324	135,463	Included above in TPA		
TPA - Dental	48,580	99,863	89,619	48,186	394	1%
Actuary	8,925	17,850	17,850	8,920	5	0%
Auditor	8,875	17,749	17,749	8,875	(0)	0%
Medicare Advantage Implementation	0	0	0	174,924	(174,924)	-100%
Subtotal Expenses	3,178,630	6,474,525	5,865,752	3,373,624	(194,994)	-6%
Misc/Cont	10,829	21,657	21,657	60,549	(49,721)	-459%
Affordable Care Act Taxes	12,062	24,470	21,847	12,077	(15)	0%
Claims Audit	20,000	40,000	40,000	20,000	(0)	0%
Plan Documents	7,500	15,000	15,000	7,500	-	0%
Total Expenses	3,229,020	6,575,652	5,964,256	3,473,750	(244,730)	-8%
Total Budget	64,408,642	131,029,678	118,910,984	67,644,841	(3,236,200)	-5%

## REGULATORY

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	Filed (ongoing)
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	12/31/2024 Filed
Annual Audit	12/31/2024 Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A
OSC Filings	2025 Program Manager Contract – Filed on 2/13/2025

**RESOLUTION NO. 29-25**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
(THE "FUND") RESOLUTION TO ENTER INTO CLOSED SESSION**

**BE IT RESOLVED** by the Executive Committee of the Southern New Jersey Regional Employee Benefits Fund, pursuant to the provisions of the Open Public Meetings Act, that it meet in closed session to discuss the following subject matter:

- Procurement
- Contracts

**AND BE IT FURTHER RESOLVED** that, as precisely as can be determined at this time, the discussion conducted in the said closed session can be disclosed to the public upon taking final action thereon, provided disclosure shall not violate the attorney-client privilege or constitute an undue invasion of privacy; and

**BE IT FURTHER RESOLVED** that, the Executive Committee will return to open session after this meeting and may take formal action.

**ADOPTED: AUGUST 25, 2025**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
  
\_\_\_\_\_  
**SECRETARY**

## SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

### Program Manager

August 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](mailto:sbailey@permainc.com), 856-446-9283
- Shondell Holmes-Dutton, [sholmesdutton@permainc.com](mailto:sholmesdutton@permainc.com), 856-209-0636

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact [HIFtraining@permainc.com](mailto:HIFtraining@permainc.com) for additional information or to request an invite.

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

### 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 21<sup>st</sup> 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:
  - **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

### Encircle Program (GLP-1 Weight Loss)

### Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:

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

**Effective January 1, 2025:**

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

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

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

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

**2025 Legislative Review:**

**Medical and Rx Reporting: None**

**No Surprise Billing and Transparency Act**

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

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

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

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

**2023 Specialized Audits**

As approved through an RFP through the Program Manager’s contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Southern New Jersey Health Insurance Fund (SNJHIF). AIM will complete medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna’s claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **SNJHIF audit began May 6, 2024. See Appendix.**

**Appeals**

**Carrier Appeals:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
06/20/2025	Medical/ Aetna	SNJ 2025 06 04	Therapy	Under Review	

**IRO Submissions:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
07/09/2025	Medical/ Aetna	SNJ 2025 06 01	CT Scan	Overtured	7/11/2025
07/09/2025	Medical/ Aetna	SNJ 2025 06 03	Surgery	Overtured	7/11/2025

**Small Claims Committee: None**

# SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

AUGUST 2025

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

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

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

**FUND YEAR CLOSED**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
WELLNESS COACHES USA, LLC	VOID AND REISSUE	-6,032.00 <b>-6,032.00</b>
WELLNESS COACHES USA, LLC	WELL. COACH. CCBOS -INV 38808 03/25	6,032.00 <b>6,032.00</b>
	<b>TOTAL CHECK CLOSED</b>	<b>0.00</b>
WELLNESS COACHES USA, LLC	WELLNESS COACHING FOR 08/25	6,032.00 <b>6,032.00</b>
	<b>TOTAL ACH/WIRE CLOSED</b>	<b>6,032.00</b>
	<b>Total Payments FY CLOSED</b>	<b>6,032.00</b>

**FUND YEAR 2025**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	ADMIN FEES 08/25	68,046.00
PERMA	RETIREE FIRST INV # 09012025 08/25	28,884.00
PERMA	POSTAGE 07/25	75.58
		<b>97,005.58</b>
FINIZIOS LLC	1/2 OF CATER FOR MEETING ON 6/23/25	216.29 <b>216.29</b>
INSPIRA FINANCIAL HEALTH. INC	7/25 HSA PREMIUM- MT HOLLY MUA	21.00 <b>21.00</b>
HQSI, INC	7/25 REVIEWS 4371378/4395062/4395225	2,700.00 <b>2,700.00</b>
ACCESS	INV 11646785 DEPT 419 6/30/25	180.48 <b>180.48</b>
GANNETT PENNSYLVANIA LOCALIQ	A# 791189 INV 7164506-11389418 6/9/25	60.92
GANNETT PENNSYLVANIA LOCALIQ	A# 791189 INV 7164506-11389269 6/9/25	25.58
		<b>86.50</b>
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 08/25	182,620.93 <b>182,620.93</b>
	<b>TOTAL CHECKS 2025</b>	<b>282,830.78</b>



AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 08/25	680,950.46 <b>680,950.46</b>
UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 08/25	420,711.76 <b>420,711.76</b>
FLAGSHIP HEALTH SYSTEMS	BOR LINDENWOLD A# 03603 INV 157327 8/25	25.83 <b>25.83</b>
DELTA DENTAL INSURANCE CO (DELTACARE USA)	DENTAL F1-787180000 BE006658457 8/25	1,552.25 <b>1,552.25</b>
AETNA	MEDICAL TPA FEES 08/25	154,403.70 <b>154,403.70</b>
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 08/25	11,113.49 <b>11,113.49</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 08/25	8,573.78 <b>8,573.78</b>
VERRILL & VERRILL LLC	TREASURER FEES 08/25	833.33 <b>833.33</b>
ELIZABETH PIGLIACELLI	TREASURER FEES 08/25	536.25 <b>536.25</b>
CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 08/25	23,795.22
CONNER STRONG & BUCKELEW	BROKER FEES 08/25	121,492.68
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR. FEES 08/25	7,697.94
CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 08/25	147,551.17
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 08/25	1,669.98
		<b>302,206.99</b>
J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY FEES 08/25	1,959.92
J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCS 07/10/25	552.00
		<b>2,511.92</b>
J. KENNETH HARRIS, ATTORNEY AT LAW	LEGAL- OSC/RFP REVIEWS 7/1/25-7/31/25	9,499.00 <b>9,499.00</b>
GREENBERG TRAUER LLP	ATTORNEY- PROCUREMENT REVIEW 04/25-06/25	25,643.50 <b>25,643.50</b>
	<b>TOTALACH/WIRE</b>	<b>1,618,562.26</b>
	<b>Total Payments FY 2025</b>	<b>1,901,393.04</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,907,425.04</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES  
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

Month		June							
Current Fund Year		2025							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid June	Monthly Recoveries June	Calc. Net Paid Thru June	TPA Net Paid Thru June	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2025	Med	36,533,914.79	7,538,489.70	0.00	44,072,404.49	0.00	44,072,404.49	36,533,914.79	7,538,489.70
	Dental	582,334.04	144,655.64	0.00	726,989.68	0.00	726,989.68	582,334.04	144,655.64
	Rx	10,396,982.82	2,329,812.51	0.00	12,726,795.33	0.00	12,726,795.33	10,396,982.82	2,329,812.51
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>47,513,231.65</b>	<b>10,012,957.85</b>	<b>0.00</b>	<b>57,526,189.50</b>	<b>0.00</b>	<b>57,526,189.50</b>	<b>47,513,231.65</b>	<b>10,012,957.85</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH	June									
CURRENT FUND YEAR	2025									
	<b>Description:</b>	<b>SNJ Inv.</b>	<b>Citizens Bank</b>	<b>Parke Bank</b>	<b>Fulton Bank</b>	<b>Fulton Bank - General Account</b>	<b>Fulton Bank - Admin Account</b>	<b>Ocean First Investment Account</b>	<b>New Jersey Cash Management</b>	
	<b>ID Number:</b>									
	<b>Maturity (Yrs)</b>									
	<b>Purchase Yield:</b>	<b>3.90</b>	<b>3.10</b>	<b>4.75</b>	<b>4.39</b>	<b>4.39</b>	<b>4.39</b>	<b>2.25</b>	<b>4.24</b>	
	<b>TOTAL for All Accts &amp; instruments</b>									
<b>Opening Cash &amp; Investment Balance</b>	\$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	
<b>Opening Interest Accrual Balance</b>	\$19.25	\$ 19.25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1	Interest Accrued and/or Interest Cost	-\$0.51	-\$0.51	\$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	\$41,381.97	\$19.25	\$6.59	\$11,939.91	\$13,948.30	\$10,327.85	\$371.41	\$155.53	\$4,613.13
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	\$41,381.46	\$18.74	\$6.59	\$11,939.91	\$13,948.30	\$10,327.85	\$371.41	\$155.53	\$4,613.13
9	Deposits - Purchases	\$31,434,538.74	\$0.00	\$0.00	\$0.00	\$7,000,000.00	\$22,510,133.59	\$1,924,405.15	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$24,931,768.15	\$0.00	\$0.00	\$0.00	-\$4,000,000.00	-\$18,937,363.00	-\$1,994,405.15	\$0.00	\$0.00
			OK	OK	OK	OK	OK	OK	OK	OK
	Ending Cash & Investment Balance	\$12,483,454.28	\$5,787.70	\$2,594.31	\$3,070,232.62	\$3,015,418.55	\$4,966,560.19	\$10,783.50	\$84,179.89	\$1,327,897.52
	Ending Interest Accrual Balance	\$18.74	\$18.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Plus Outstanding Checks	\$6,760.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,760.07	\$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	\$12,490,214.35	\$5,787.70	\$2,594.31	\$3,070,232.62	\$3,015,418.55	\$4,966,560.19	\$17,543.57	\$84,179.89	\$1,327,897.52

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

<b>Current Fund Year: 2025</b>										
<b>Month Ending: June</b>										
	<b>Med</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Reinsurance</b>	<b>Contingency</b>	<b>Admin</b>	<b>Closed Year</b>	<b>Retained Dividend</b>	<b>TOTAL</b>
OPEN BALANCE	5,648,407.62	(363,078.88)	(11,468,400.39)	0.00	(394,651.73)	624,832.47	(1,052,785.67)	7,873,134.11	5,071,844.22	5,939,301.75
RECEIPTS										
Assessments	14,145,950.49	193,801.63	2,157,278.52	0.00	281,176.40	134,994.67	914,407.96	0.00	0.00	17,827,609.67
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	21,686.97	0.00	0.00	0.00	0.00	890.78	349.69	11,224.05	7,230.49	41,381.98
Invest Adj	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.04)
Subtotal Invest	21,686.93	0.00	0.00	0.00	0.00	890.78	349.69	11,224.05	7,230.49	41,381.94
Other Receipts *	138,731.51	0.00	465,443.74	0.00	0.00	0.00	8,348.67	0.00	0.00	612,523.92
<b>TOTAL</b>	<b>14,306,368.93</b>	<b>193,801.63</b>	<b>2,622,722.26</b>	<b>0.00</b>	<b>281,176.40</b>	<b>135,885.45</b>	<b>923,106.32</b>	<b>11,224.05</b>	<b>7,230.49</b>	<b>18,481,515.53</b>
EXPENSES										
Claims Transfers	7,538,489.70	144,655.64	2,329,812.51	0.00	0.00	0.00	0.00	0.00	0.00	10,012,957.85
Expenses	1,083,205.56	1,629.77	0.00	0.00	180,619.89	0.00	658,949.93	0.00	0.00	1,924,405.15
Other Expenses *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>8,621,695.26</b>	<b>146,285.41</b>	<b>2,329,812.51</b>	<b>0.00</b>	<b>180,619.89</b>	<b>0.00</b>	<b>658,949.93</b>	<b>0.00</b>	<b>0.00</b>	<b>11,937,363.00</b>
<b>END BALANCE</b>	<b>11,333,081.29</b>	<b>(315,562.66)</b>	<b>(11,175,490.64)</b>	<b>0.00</b>	<b>(294,095.22)</b>	<b>760,717.92</b>	<b>(788,629.28)</b>	<b>7,884,358.16</b>	<b>5,079,074.71</b>	<b>12,483,454.28</b>



**SOUTHERN NEW JERSEY REGIONAL  
EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

*August 25, 2025*



**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	<u>PAID 2024</u>	<u># OF EES</u>	<u>PER EE</u>	<u>PAID 2025</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$4,409,202	3,419	\$ 1,290	\$5,254,659	3,627	\$ 1,449
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	\$7,220,160	3,914	\$ 1,845
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			
<b>TOTALS</b>	<b>\$66,559,274</b>			<b>\$41,431,586</b>		
				<b>2025 Average</b>	<b>3,788</b>	<b>\$ 1,821</b>
				<b>2024 Average</b>	<b>3,400</b>	<b>\$ 1,632</b>

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

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

**Paid Dates:** 06/01/2025 - 06/30/2025  
**Service Dates:** 01/01/2011 - 06/30/2025  
**Line of Business:** All

	<b>Paid Amt</b>	<b>Diagnosis/Treatment</b>
	\$220,757.68	ENCOUNTER FOR ANTINEOPLASTIC
	\$161,051.66	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
	\$108,233.62	ENCOUNTER FOR ANTINEOPLASTIC
<b>Total:</b>	<b>\$490,042.96</b>	



**SNJ Regional Employee Benefits Fund**  
7/1/24 thru 6/30/25 (unless otherwise noted)

**Dashboard**

**Medical Claims Paid:**  
**January 2025 thru June 2025**  
Total Medical Paid per EE: **\$1,821**

**Network Discounts**

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

**Provider Network**

% Admissions In-Network:	<b>98.4%</b>
% Physician Office:	<b>99.0%</b>

**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 **44.4%** of total Medical Cost

**Aetna One Flex Member Outreach:**  
**Through June 2025**

Total Members Identified: **2,114**  
Members Targeted for 1:1 Nurse Support : **399**  
Members Targeted for Digital Activity: **1,715**  
Member 1:1 outreach completed: **373**  
Member 1:1 Outreach in Progress: **26**

**CVS Health.** **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**

1 <sup>st</sup> Call Resolution:	<b>93.91%</b>
Abandonment Rate:	<b>0.56%</b>
Avg. Speed of Answer:	<b>15.8 sec</b>

**Claims Performance**

Financial Accuracy:	<b>97.95%*</b>
<small>*Q1 2025</small>	
90% processed w/in:	<b>8.7 days</b>
95% processed w/in:	<b>15.3 days</b>

\*\*\*\*\*

**Claims Performance (Monthly)**  
(June 2025)

90% processed w/in:	<b>9.8 days</b>
95% processed w/in:	<b>14.3 days</b>

(Note: This is not a PG metric)

\*\*\*\*\*

**Performance Goals**

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

2025 SNJ HIF					
	<u>MEDICAL CLAIMS PAID 2025</u>	<u>TOTAL</u>	<u># OF EES</u>	<u>PER EE</u>	
JANUARY	\$ 455,167.96	\$ 455,167.96	292	\$ 1,558.79	
FEBRUARY	\$ 308,779.98	\$ 308,779.98	291	\$ 1,061.09	
MARCH	\$ 229,821.20	\$ 229,821.20	288	\$797.99	
APRIL	\$ 406,328.69	\$ 406,328.69	288	\$ 1,410.86	
MAY	\$ 383,803.47	\$ 383,803.47	292	\$ 1,314.39	
JUNE	\$ 268,834.49	\$ 268,834.49	293	\$ 917.52	
JULY	\$ 529,205.05	\$ 529,205.05	293	\$ 1,806.16	
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
<b>TOTALS</b>	<b>\$2,581,940.84</b>	<b>2025 Average</b>	<b>291</b>	<b>\$ 1,266.69</b>	



**Group:** Southern New Jersey HIF  
**Paid Dates:** 7/1/25-7/31/25  
**Network Service:** ALL

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

Claimant	Paid	Diagnosis
Spouse	\$154,349	Aortic; Peripheral; And Visceral Artery Aneurysms
<b>Total</b>		

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



**EXPRESS SCRIPTS®**

Southern New Jersey Regional Employee Benefits Fund

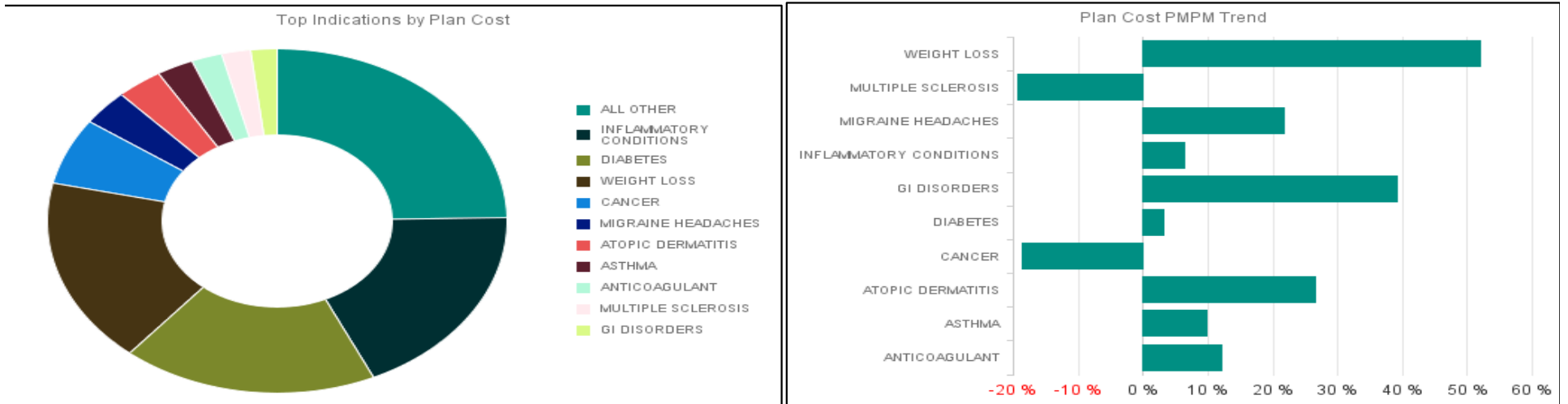
Total Component/ Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	8,692	8,620	8,602	8,638	8,611	8,633	8,612	8,619	8,614	8,589	8,592	8,598	8,594	8,615	8,602	8,604	8,615
Total Days	372,505	337,435	340,008	1,049,948	359,472	360,992	336,719	1,057,183	361,605	358,958	339,116	1,059,679	369,095	346,087	359,426	1,074,608	4,241,418
Total Patients	3,367	3,332	3,232	5,111	3,354	3,362	3,167	4,998	3,311	3,327	3,284	4,943	3,504	3,448	3,472	5,176	6,925
Total Plan Cost	\$1,576,065	\$1,532,700	\$1,655,478	\$4,764,243	\$1,919,375	\$1,844,313	\$1,956,297	\$5,719,984	\$2,033,244	\$2,074,514	\$2,145,723	\$6,253,481	\$2,057,305	\$2,037,140	\$2,232,062	\$6,326,507	\$23,064,215
Generic Fill Rate (GFR) - Total	87.6%	88.5%	88.1%	88.1%	87.2%	87.1%	86.9%	87.0%	85.9%	84.9%	82.7%	84.5%	82.7%	84.3%	86.5%	84.5%	86.0%
<b>Plan Cost PMPM</b>	<b>\$181.32</b>	<b>\$177.81</b>	<b>\$192.45</b>	<b>\$183.85</b>	<b>\$222.90</b>	<b>\$213.64</b>	<b>\$227.16</b>	<b>\$221.22</b>	<b>\$236.04</b>	<b>\$241.53</b>	<b>\$249.73</b>	<b>\$242.43</b>	<b>\$239.39</b>	<b>\$236.46</b>	<b>\$259.48</b>	<b>\$245.11</b>	<b>\$223.11</b>
Total Specialty Plan Cost	\$540,576	\$630,635	\$690,256	\$1,861,467	\$881,071	\$723,612	\$877,048	\$2,481,731	\$845,018	\$845,631	\$952,146	\$2,642,795	\$813,574	\$819,147	\$1,024,319	\$2,657,040	\$9,643,033
Specialty %of Total Specialty Plan Cost	34.3%	41.1%	41.7%	39.1%	45.9%	39.2%	44.8%	43.4%	41.6%	40.8%	44.4%	42.3%	39.5%	40.2%	45.9%	42.0%	41.8%

Total Component/ Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	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	9,601	9,388	9,578								
Total Days	387,299	362,978	385,163	1,135,440	391,203	395,250	396,051	1,182,504	409,281								
Total Patients	3,607	3,632	3,640	5,539	3,621	3,687	3,651	5,462	3,736								
Total Plan Cost	\$1,700,433	\$1,737,321	\$2,258,756	\$5,696,510	\$2,165,210	\$2,194,491	\$2,292,917	\$6,652,618	\$2,180,473								
Generic Fill Rate (GFR) - Total	88.5%	87.9%	86.3%	87.6%	86.0%	85.7%	86.0%	85.9%	86.0%								
<b>Plan Cost PMPM</b>	<b>\$192.71</b>	<b>\$188.04</b>	<b>\$244.75</b>	<b>\$208.72</b>	<b>\$234.71</b>	<b>\$235.03</b>	<b>\$238.82</b>	<b>\$236.22</b>	<b>\$227.65</b>								
<b>%Change Plan Cost PMPM</b>	<b>6.1%</b>	<b>5.7%</b>	<b>27.1%</b>	<b>13.4%</b>	<b>5.2%</b>	<b>10.0%</b>	<b>5.1%</b>	<b>6.7%</b>	<b>-3.6%</b>								
Total Specialty Plan Cost	\$602,885	\$557,751	\$930,639	\$2,091,275	\$782,184	\$820,535	\$935,918	\$2,538,636	\$748,031								
Specialty %of Total Specialty Plan Cost	35.5%	32.1%	41.2%	36.7%	36.1%	37.4%	40.8%	38.2%	34.3%								

PMPM	
2024 Q2	\$221.22
2025 Q2	\$236.22
<b>Trend 01 23-24</b>	<b>6.8%</b>

## Top Indications

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2025 - 07/2025 vs. Previous Period 01/2024 - 07/2024) Peer = Government - National Preferred Formulary



Rank	Peer Rank	Indication	Current Period						Previous Period						Trend
			Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	24.5 %	755	\$2,693,637	\$41.42	36.8 %	30.3 %	25.7 %	653	\$2,349,799	\$38.91	39.4 %	33.9 %	6.4 %
2	1	DIABETES	23.8 %	7,810	\$2,624,289	\$40.35	31.7 %	23.9 %	25.9 %	7,557	\$2,364,046	\$39.15	32.6 %	25.8 %	3.1 %
3	4	WEIGHT LOSS	23.2 %	2,433	\$2,550,647	\$39.22	2.8 %	4.1 %	17.1 %	1,492	\$1,558,435	\$25.81	3.9 %	5.5 %	52.0 %
4	3	CANCER	8.3 %	280	\$913,357	\$14.04	84.6 %	75.6 %	11.4 %	286	\$1,041,315	\$17.24	77.3 %	76.2 %	-18.6 %
5	6	MIGRAINE HEADACHES	4.4 %	784	\$486,957	\$7.49	44.6 %	51.3 %	4.1 %	695	\$371,220	\$6.15	49.6 %	52.6 %	21.8 %
6	5	ATOPIC DERMATITIS	4.3 %	1,137	\$473,103	\$7.27	85.7 %	80.6 %	3.8 %	973	\$347,311	\$5.75	86.2 %	84.2 %	26.5 %
7	7	ASTHMA	3.4 %	3,787	\$377,727	\$5.81	87.7 %	88.1 %	3.5 %	3,676	\$319,650	\$5.29	85.9 %	87.8 %	9.7 %
8	9	ANTICOAGULANT	2.9 %	716	\$315,244	\$4.85	20.7 %	18.5 %	2.9 %	579	\$261,391	\$4.33	18.3 %	19.3 %	12.0 %
9	8	MULTIPLE SCLEROSIS	2.7 %	58	\$297,376	\$4.57	32.8 %	48.2 %	3.7 %	68	\$342,059	\$5.66	36.8 %	47.5 %	-19.3 %
10	10	GI DISORDERS	2.5 %	610	\$272,465	\$4.19	61.1 %	57.9 %	2.0 %	553	\$181,825	\$3.01	59.7 %	56.7 %	39.1 %
<b>Total Top 10</b>				<b>18,370</b>	<b>\$11,004,802</b>	<b>\$169.22</b>	<b>44.9 %</b>	<b>43.2 %</b>		<b>16,532</b>	<b>\$9,137,051</b>	<b>\$151.32</b>	<b>47.2 %</b>	<b>45.6 %</b>	<b>11.8 %</b>

## Top Drugs

SOUTH. NJ REGIONAL EMP.BNFT (Current Period 01/2025 - 07/2025 vs. Previous Period 01/2024 - 07/2024) Peer = Government - National Preferred Formulary

Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Current Period				Previous Period				Trend
					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	1,519	306	\$1,515,583	\$23.30	611	156	\$584,837	\$9.69	140.6 %
2	12	WEGOVY	WEIGHT LOSS	N	809	177	\$1,016,018	\$15.62	772	183	\$949,752	\$15.73	-0.7 %
3	4	OZEMPIC	DIABETES	N	828	144	\$748,084	\$11.50	728	141	\$622,716	\$10.31	11.5 %
4	1	MOUNJARO	DIABETES	N	709	131	\$713,886	\$10.98	486	88	\$472,887	\$7.83	40.2 %
5	7	STELARA	INFLAMMATORY CONDI	Y	31	6	\$346,625	\$5.33	35	6	\$299,618	\$4.96	7.4 %
6	29	HUMIRA(CF) PEN	INFLAMMATORY CONDI	Y	55	12	\$324,726	\$4.99	81	12	\$553,285	\$9.16	-45.5 %
7		VITRAKVI	CANCER	Y	9	1	\$319,526	\$4.91	8	1	\$244,217	\$4.04	21.5 %
8	9	DUPIXENT PEN	ATOPIC DERMATITIS	Y	97	19	\$297,369	\$4.57	83	16	\$218,666	\$3.62	26.3 %
9	10	JARDIANCE	DIABETES	N	488	85	\$273,976	\$4.21	418	67	\$225,354	\$3.73	12.9 %
10	11	SKYRIZI PEN	INFLAMMATORY CONDI	Y	35	6	\$268,269	\$4.13	24	5	\$169,629	\$2.81	46.8 %
11	31	SKYRIZI ON-BODY	INFLAMMATORY CONDI	Y	26	4	\$257,364	\$3.96	22	3	\$182,113	\$3.02	31.2 %
12	22	ELIQUIS	ANTICOAGULANT	N	461	89	\$246,580	\$3.79	359	72	\$188,196	\$3.12	21.7 %
13	19	TREMFYA ONE-PRESS	INFLAMMATORY CONDI	Y	31	9	\$171,978	\$2.64	18	5	\$103,584	\$1.72	54.2 %
14	23	FARXIGA	DIABETES	N	303	57	\$164,037	\$2.52	306	54	\$157,481	\$2.61	-3.3 %
15	43	KESIMPTA PEN	MULTIPLE SCLEROSIS	Y	21	3	\$153,980	\$2.37	12	2	\$75,199	\$1.25	90.1 %
16	14	RINVOQ	INFLAMMATORY CONDI	Y	25	4	\$140,233	\$2.16	16	2	\$96,301	\$1.59	35.2 %
17	45	BIMZELX AUTOINJECTOR	INFLAMMATORY CONDI	Y	6	2	\$139,693	\$2.15	NA	NA	NA	NA	NA
18	95	LENALIDOMIDE	CANCER	Y	7	1	\$139,597	\$2.15	14	3	\$162,307	\$2.69	-20.1 %
19	42	QULIPTA	MIGRAINE HEADACHES	N	126	27	\$135,582	\$2.08	67	14	\$65,840	\$1.09	91.2 %
20	33	NURTEC ODT	MIGRAINE HEADACHES	N	80	33	\$130,741	\$2.01	75	25	\$114,227	\$1.89	6.3 %
21	26	TALTZ AUTOINJECTOR	INFLAMMATORY CONDI	Y	22	4	\$121,701	\$1.87	35	5	\$207,526	\$3.44	-45.5 %
22	212	CALQUENCE	CANCER	Y	8	2	\$121,589	\$1.87	5	2	\$74,977	\$1.24	50.6 %
23	158	ERLEADA	CANCER	Y	9	1	\$118,242	\$1.82	NA	NA	NA	NA	NA
24	18	ENBREL SURECLICK	INFLAMMATORY CONDI	Y	20	5	\$116,686	\$1.79	34	7	\$178,113	\$2.95	-39.2 %
25	32	OTEZLA	INFLAMMATORY CONDI	Y	29	5	\$106,197	\$1.63	32	6	\$108,722	\$1.80	-9.3 %
<b>Total Top 25</b>					<b>5,754</b>		<b>\$8,088,261</b>	<b>\$124.37</b>	<b>4,241</b>		<b>\$6,055,546</b>	<b>\$100.28</b>	<b>24.0 %</b>

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
CONSENT AGENDA  
August 25, 2025**

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

**Resolutions**

**Subject Matter**

**Motion** \_\_\_\_\_ **Second** \_\_\_\_\_

**Resolutions**

**Subject Matter**

**Resolution 30-25: New Member Approval.....Page 32**  
**Resolution 31-25: August 2025 Bills List .....Page 33**



**RESOLUTION NO. 30-25**

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

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

**WHEREAS**, the Fund held a Public Meeting on **August 25, 2025** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for Lindenwold Borough commend offers of membership; and

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

1. Lindenwold Borough – Medical & RX – Effective on or around 9/1/2025

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

**BE IT RESOLVED**, that the Southern New Jersey Regional Employee Benefits Fund hereby offers membership to the above mentioned entity’s for medical and prescription coverage, contingent upon receipt acceptance of the conditions stated above.

**ADOPTED: August 25, 2025**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:** \_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 31-25**

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

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **August 25, 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 August 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 June 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 August 2025 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

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

**ADOPTED: August 25, 2025**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**  
  
\_\_\_\_\_  
**SECRETARY**

# APPENDIX I

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**  
**OPEN MINUTES**  
**JULY 28, 2025**  
**ZOOM - Conference Call**  
**4:15 PM**

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

**PLEDGE OF ALLEGIANCE AND MOMENT OF SILENCE**  
**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 and July 1, 2025

**MOTION TO APPROVE OPEN MINUTES OF JUNE 23, 2025 AND JULY 1, 2025 AS PRESENTED:**

Moved:	Commissioner DiAngelo
Second:	Commissioner Gallagher
Vote:	Unanimous

**EXECUTIVE COMMITTEE - APPOINTING FUND SECRETARY**

*Motion: Motion to appoint Terry Shannon as Fund Secretary and Kenneth Cheeseman from Alternate to Executive Committee Member*

**ROLL CALL OF 2025 EXECUTIVE COMMITTEE**

Michael Mevoli, Chairman	Borough of Brooklawn	Present
Terry Shannon, Secretary	Borough of Barrington	Present
Louis Di Angelo	Borough of Bellmawr	Present
Edward Hill	CCBOSS	Present
Gary Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Present
Kenneth Cheeseman	Laurel Springs	Present
Elanor Kelly	Borough of Runnemede	Present

Joseph Gallagher  
Elizabeth Peddicord

Winslow Twp  
Pennsauken

Present  
Present

**APPOINTED PROFESSIONALS PRESENT:**

Executive Director/Adm.

PERMA Risk Management Services  
**Brandon Lodics**  
**Emily Koval**  
**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:**

Amyann Powers	Bernadette Twist	Bonnie Taft
Brett Solomen	Brittany Vozza	Carrie Specht
Dave Vozza	Jaclyn Lindsey	Jacque Maddren
John Lajewski	Joe Gallagher	Joe Madera
Kimberly Porter	Lorraine Sacco	Robert Weil
Scott Davenport	Sophie	Steve Carr
Steve Whalen	Susan Panto	Suzanne Wood
Tyler Jackson	Vikki Holmstrom	

**EXECUTIVE DIRECTOR’S REPORT**

**FAST TRACK FINANCIAL REPORT** – Mr. Lodics reviewed the Financial Fast Track report through May 2025. He noted a developing deficit for Plan Year 2025, driven by higher-than-expected claims in March and April, as reflected in the Aetna reports. Pharmacy costs continue to exceed budget, particularly due to weight loss medications, despite the Omada program being in place. Additionally, there were new cancer medication fills in May, which had not occurred in prior years. Mr. Lodics advised that both prescription and potentially medical renewals are expected to be higher than in past years due

to prevailing market trends, comparable to the challenges faced by the state health benefits program. While the fund remains subject to similar market pressures.

**UPDATING RESOLUTIONS** - Mr. Lodics announced that Commissioner Shannon will serve as Secretary, with related resolutions on the consent agenda. This includes her official designation, authorization as a signatory, and participation on the MRHIF, alongside Chair Mevoli, who will act as alternate. There is only one MRHIF meeting remaining this year, in September, which is also the budget meeting unless a special meeting is called. With Commissioner Wolk's passing, committee vacancies have been filled.

*Motion to accept the updated Subcommittee positions as presented*

Moved:	Commissioner Shannon
Second:	Commissioner Kelly
Vote:	Unanimous

### **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.

**NO SURPRISES ACT LEGISLATION CLAIMS** - Mr. Lodics presented on the impact of the No Surprises Act (NSA), noting that this fund experienced \$330,000 in related claim reversals and arbitration fees, the lowest among similar funds statewide. The Act, implemented federally in 2021, aims to protect patients from surprise out-of-network balance billing, but loopholes have allowed out-of-network providers to secure significantly higher payments through arbitration. Mr. Lodics explained that some claims from as far back as 2022 have been reprocessed at drastically higher amounts. This issue was compounded by a two-year backlog in the federal arbitration system, leading to a surge in processed claims earlier this year.

Mr. Passanante, Mrs. Shannon, and Mr. Harris discussed how the lack of required patient notification and the absence of caps on arbitration awards enable providers to bypass negotiated qualified payment amounts. Mr. Harris added that arbitrators often rule in favor of providers, awarding amounts two to three times higher than the amounts. Mr. Lodics noted that equity firms are now assisting providers in pursuing these claims, creating a new revenue stream.

Mr. Silverstein of Aetna emphasized the need for legislative reform, with carriers and sponsors lobbying in Washington to close these loopholes. Letters from MRHIF and individual commissioners will be prepared for legislators. Mr. Lodics also suggested considering the New Jersey version of the NSA, which uses an "80th percentile of fair" measure to provide a budget-able baseline. Members expressed concern

that, without changes, there is little incentive for providers to join networks, potentially undermining managed care.

**QPA THRESHOLD** - Mr. Lodics noted that Resolution 27-25, included in the consent agenda, acknowledges the recent increase in bid thresholds recommended by the QPA and approved through the Comptroller's office.

**COOPERATIVE PURCHASING SYSTEM - MEDICAL THIRD-PARTY ADMINISTRATOR (TPA) BID** - Mr. Lodics referenced the July 1st special meeting regarding the status of the TPA RFPs and stated that Mr. Harris would provide an update during the executive session.

**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

### **PROGRAM MANAGERS REPORT**

Crystal Bailey reviewed the informational report listed in the agenda.

### **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 26<sup>th</sup> through July 15<sup>th</sup> (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 7<sup>th</sup> through July 15<sup>th</sup> (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
- WEX will transfer all active ACH accounts to the new platform and are expected to complete the process by July 1<sup>st</sup>
  - 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 21<sup>st</sup> 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:
  - **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
  - **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





**TREASURER:** Fund Treasurer Pigliacelli reviewed the bills list for July 2025 bills list. Fund Treasurer also reviewed the treasurers report.

**MOTION TO APPROVE THE TREASURERS REPORT:**

Moved: Commissioner Shannon  
Second: Commissioner Peddicord  
Vote: 10 ayes, 0 nays

**FUND ATTORNEY:** Fund Attorney Ken Harris stated that he will discuss his report in executive session.

**AETNA:** Mr. Silverstein presented the Aetna report, noting May claims of \$6,694,880 with a per employee per month cost of \$1,751. Two high-cost claims exceeded \$100,000, totaling \$353,324.12. Dashboard metrics remain strong.

**AMERIHEALTH:** Kristina Strain reported for AmeriHealth, noting June claims of \$268,834.49 across 293 contracts, with no high-cost claims.

**EXPRESS SCRIPTS:** Ms. Patel presented the Express Scripts report, highlighting a May plan cost of \$2,194,417 and a generic fill rate of 85.7%. Specialty drugs represented 37.4% of total costs. Multiple sclerosis costs decreased by 47% due to fewer prescriptions, while cancer-related costs reached \$670,000, reflecting new targeted therapies entering the market.

**DENTAL ADMINISTRATOR:** Ms. O'Donnell presented the Delta Dental behavioral utilization report for calendar year 2024, showing 32% of members in the "healthy" category, 17% in "moderate," 12% in "serious," and 39% with "no visit." She encouraged preventive care to reduce long-term costs.

**CONSENT AGENDA**

**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  
**Resolution 27-25:** Change to QPA Threshold  
**Resolution 28-25:** July 2025 Bills List

Moved: Commissioner Shannon  
Second: Commissioner DiAngelo  
Vote: 10 ayes, 0 nays

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**PUBLIC COMMENT:** None

**EXECUTIVE SESSION:** The Committee entered an executive session to discuss potential litigation and the status of OSC filings for the TPA and Program Manager RFPs. Upon return, Mr. Harris moved that the Committee continue working with the OSC to resolve issues related to the TPA RFP and explore options to expedite the approval process.

Moved:	Commissioner Shannon
Second:	Commissioner Hill
Vote:	10 Ayes, 0 Nays

**MOTION TO ADJOURN:**

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

**MEETING ADJOURNED: 5:20 pm**  
**NEXT MEETING: August 25, 2025 4:15PM**  
**ZOOM**

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Jordyn Robinson , Assisting Secretary  
for

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**Terry Shannon, SECRETARY**

# APPENDIX II

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

INDEMNITY AND TRUST AGREEMENT

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

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

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

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

**WITNESSETH:**

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

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

NOW THEREFORE, it is agreed as follows:

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

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

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

4. The LOCAL UNIT certifies that it has never defaulted on payment of any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date of this Agreement.

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

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

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

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

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

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

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

**ADOPTED:** \_\_\_\_\_  
Date

**BY:** \_\_\_\_\_

**ATTEST:** \_\_\_\_\_

**RESOLUTION NO. \_\_\_\_\_**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**RESOLUTION to RENEW/JOIN**

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

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

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

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

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

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

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

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

**ADOPTED:** \_\_\_\_\_  
Date

**BY:** \_\_\_\_\_

**ATTEST:** \_\_\_\_\_



# APPENDIX III

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

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

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

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

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

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

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

# APPENDIX IV



August 12, 2025

Honorable Representative Donald Norcross  
United States House of Representatives  
10 Melrose Ave.  
Suite 210  
Cherry Hill, NJ 08003

Re: The No Surprises Act

Dear Representative Norcross,

I am writing to request your help concerning issues relating to the federal No Surprises Act (NSA). The Act, intended to protect patients from surprise medical bills, is now creating financial havoc for New Jersey local government and school district employers who provide employee health benefits through one of eight Health Insurance Funds (HIF) in the State. The Funds are governed by the member organizations, pooling resources to provide choice and value for employees while delivering savings for member employers. Surpluses belong to the members, not insurance companies, and the combined purchase strength delivers flexible, affordable, and customizable health benefits for tens of thousands of participants. They are the finest example of shared services, and they've been around for over 30 years.

As employer health insurance providers, we pride ourselves on the equitable payment to health care providers who may be out of network (OON). The Act's Independent Dispute Resolution (IDR) process was designed to protect the claimant, the insurer and the provider in such cases. Unfortunately, the IDR process and its resulting fee structure permits abuse by service providers as well as unleashing a cottage industry of companies who are using these features to secure unreasonable awards and fees for OON claims. These awards and accompanying fees have no rational basis. They are adversely affecting the financial integrity of our Funds and encouraging OON providers to set unreasonable fees for their services to secure awards that are difficult to justify by any standard measure.

To date, New Jersey HIFs have experienced \$29 million in unforeseen arbiter awards accompanied by almost \$1.3 million in arbitration fees, after the claims were originally paid, representing an increase of over \$30 million in unforeseen claims paid by the HIF system. This cannot be sustained by the HIFs and

will cause instability and financial harm. Unless addressed, the IDR process will ultimately harm taxpayers and public employees. The enclosed information provides background, details, and context.

The NSA has succeeded in reducing patient exposure to surprise medical bills, *but at a substantial and rising cost to employer-sponsored health plans*. The current IDR system disproportionately favors providers and leads to awards significantly above market benchmarks. Combined with administrative burdens and legal uncertainty, the system places employers at risk of financial strain and compliance errors. Patient protection can be achieved without the unreasonable burdens imposed by the IDR process.

My colleagues and I would welcome the opportunity to meet with you at your earliest convenience to discuss remedies we believe will address the shortfalls of the current IDR process while maintaining patient protection and the integrity of the law.

Sincerely,

**Members of the Municipal Reinsurance Health Insurance Fund**



Richard Kunze  
Borough of Oakland  
201-337-8111 ext. 2005  
boroadmin@oakland-nj.org  
Chair, the Municipal Reinsurance Health Insurance Fund  
On behalf of the Chairs of New Jersey's Local Health Insurance Funds

Richard Davidson  
Millville BOE  
Chair, Southern Coastal Regional Employees Fund

Thomas S. Russo, Jr.  
Town of Newton  
Chair, North Jersey Municipal Employees Benefits Fund

Michael Mevoli  
Borough of Brooklawn  
Chair, Southern Jersey Regional Employees Benefits Fund

Gregory C. Hart  
Borough of Franklin Lakes  
Chair, Bergen Municipal (Gateway/BMED) Employee Benefits Fund

Thomas Nolan  
Borough of Brielle  
Chair, Central Jersey Health Insurance Fund

Joseph Collins  
Delsea Regional BOE  
Chair, Schools Health Insurance Fund

Jenny Mundell  
Bloomfield Public Library  
Chair, Metropolitan Health Insurance Fund

**Health Insurance Cooperative Purchasing Member**

Colleen Mahr  
Somerset County  
Chair, Southern Skyland Regional Health Insurance Fund

Encls.

Cc:  
James Rhodes ([jrhodes@permainc.com](mailto:jrhodes@permainc.com))  
Brandon Lodics ([blodics@permainc.com](mailto:blodics@permainc.com))  
Emily Koval ([emilyk@permainc.com](mailto:emilyk@permainc.com))

## SHBP Recurring Savings – State and Labor Proposals

**State Proposal** – to Significantly Exceed \$100 million in Recurring Savings in 1<sup>st</sup> Six Months

- Scale back total number of available plan options
- Increase material differences for co-pays, co-insurance levels for higher/lower cost services and Rx
- Higher deductibles with increased OOP & co-insurance annual maximums
- Lower actuarial values of the plans as compared to AVs of most subscribed PPO plans (which exceed 97 percent AV)

Proposals include:

1. Eliminate all current plans, replace them with two options, including a modified Unity PPO plan and a modified Tiered Network plan
  2. Modify Rx co-pays across all plans – with GLP-1 member cost share
  3. Exclude coverage of GLP-1 drugs for weight loss only
  4. Limit GLP-1 access to members with >35 BMI
  5. Retain all current plans, increase deductibles & OOP maximums, both INN & OON
  6. Implement a spousal surcharge of \$50 if access to other SHBP coverage
  7. Eliminate PPO10 & PPO15, and all others except current Unity PPO & Tiered Network
  8. Eliminate Medicare Supplement plans, migrate to Advantage PPO15
  9. 30 visit per year limit for physical therapy and chiropractic services
  10. Expand Centers of Excellence pilot program
  11. Increase member cost share for GLP-1, mandate participation in behavioral modification/lifestyle management “point solution” program
- Details and projected savings for each of the proposals are included in the State’s report

**Labor Proposal** – FY2026 SHBP Cost Reductions

- “Our proposals do not scapegoat or shift costs onto employees as the solution...”
- Proposals subject to amendment because “still waiting for requested information”
- The proposal then lists the requirements of the FY2026 Appropriations Act
- **Adjustment of 2026 Premium Rate Recommendations**
  - AON rate recommendations do not include the \$200 million required reduction, it does account for local government \$200 million loan repayment
  - Outcomes & agreements from NJ State bargaining unit reopener tables shall be scored to reduce premiums for PY2026
  - Claims review of not less than 50 percent of all claims, INN & OON, and at least 50 percent of out of state claims
- **Control Medical and Hospital Prices**
  - **Implement reference-based pricing across all SHBP Plans**

- No balance billing for covered employees or dependents if over referenced pricing
  - INN reimbursement rates paid the lesser of (a) billed charges, (b) TPA contracted rate, or (c) CMS allowances
  - OON paid at the lesser of (a) billed charges, (b) TPA contracted rates, or (c) 200 percent of CMS allowances
  - Labor submits reference-based pricing of 200 percent of CMS INN and 200 percent of CMS OON submitted for scoring by AON
- **High-Deductible Plans**
  - Provide employee incentives for lower cost plans, including HDHPs, combined with lower employee contributions and increased HRA & HAS plans
- **Implement site neutral payments**
  - Current inappropriate payment coding enforcement inadequate
  - This strategy intended to address this – submitted for scoring by AON
- **Require and audit appropriate emergency room coding**
- **Implement Center of Excellence (COE) for certain surgical procedures and score savings starting January 1, 2026**
  - Previously approved by the PDC, implementation has been slow. Calls on State to expedite process for selectin provider
- **Expand Centers of Excellence**
  - Colonoscopies, cataract surgery, and other routine procedures, no later than October 1, 2025
  - Pilot employee incentives, and higher tier copays at non-COE facilities
- **Competitive Plan Premium Rates**
  - AON will analyze and recommend rates for carriers based on each carriers claims and trend – Horizon and Aetna should be separated
- **Direct primary care medical home referrals**
  - Require referrals to only COE providers medical home providers
- **Evaluate care management programs**
  - Those not generating anticipated ROI – renegotiate or terminate
- **Take back control of Prescription Formulary**
  - State losing out on rebates by ceding bargaining power to PBM
  - **Audit all net prices for top 100 highest spend medications given recent reductions found on Amjevita and GLP1 prices**
    - Refer to Lilly’s direct-to-consumer \$499 pricing for Zepbound
    - Rx pricing is not favorable given the SHBP size
    - Implement audit of all medications on quarterly basis for new rebates and discounts, compare to private market
  - **Clinical Effectiveness Brand Formulary**
    - Require procurement solicitations to be issued within 90 days of approval
  - **Quarterly review of FDA-approved medications**



- Require majority vote to add new medications to formulary
- **Reverse Auction the PBM Contract**
  - Past reverse auctions that saved \$2.5 billion as of 2022.
  - Call for a September 1, 2025 reverse auction and every two years after
- **GLP1s**
  - Currently no counseling and monitoring program in place
  - End early refills for GLP1 anti-obesity meds effective September 1, 2025
  - Implement counseling and monitoring program
    - Vendor/provider fee structure tied to measurable results, assess after six months of treatment for BMI reduction and other factors to continue GLP1 treatment
  - Have plan actuary score two separate tiered copay options for GLP1s for anti-obesity
    - Option 1 - Implement three-tier copay for GLP1 anti-obesity effective January 1, 2026: Brand preferred at \$35 monthly, brand non-preferred at \$50 monthly
    - Option 2 - Reduce plan payment for Wegovy to \$447.05 per month or 90 percent of best negotiated price by utilizing rebates and other measures. Implement 9/1/2025.
- **Purchase certain higher cost medications directly from manufacturers or through FDA-approved alternative sources**
  - Example of Florida purchasing from Canada
- **Charge medications through the least costly method**
  - Evaluate medical vs PBM appropriateness and savings potential
- **Biosimilars - Plan-Wide**
  - Audit top 100 drugs to identify available biosimilars
  - Effective 1/1/2026 implement mandatory step therapy to require biosimilars
- **Review J Codes for the Rx Products**
  - Drugs administered vis medical plan in doctor's office - Move to PBM
- **Diabetes/Insulin**
  - Determine if treatment can be moved at lower cost to third party vendor
- **Formulary Controls**
  - Have two formulary advisors not aligned with the PBM or TPAs, one for general pharmaceuticals, and one to assist with specialty medications.