

# Southern Jersey <sup>FUND</sup>



SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

**AGENDA & REPORTS  
FEBRUARY 23, 2026  
ZOOM CONFERENCE CALL  
5:15 PM**

<https://permainc.zoom.us/j/99605765242>

**STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT**

NOTICE OF THIS MEETING WAS GIVEN BY (1) SENDING SUFFICIENT NOTICE HEREWITH 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 AND (3) POSTING A COPY OF THE MEETING NOTICE ON THE PUBLIC BULLETIN BOARD OF ALL MEMBER MUNICIPALITIES.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**  
**AGENDA**  
**MEETING: FEBRUARY 23, 2026**  
**5:15 PM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**FLAG SALUTE - MOMENT OF SILENCE**

**ROLL CALL OF 2026 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  
Bonnie Taft, Executive Committee Alternate

**APPROVAL OF MINUTES:** January 26, 2026 Open (Appendix I)

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**CORRESPONDENCE - None.**

**PUBLIC COMMENT -** *Agenda items only during this portion of the meeting.*

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA) - James Rhodes**

Monthly Report.....Page 3

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

Monthly Report.....Page 11

**TREASURER - (Verrill & Verrill) - Lorraine Verrill**

February 2026 Voucher List .....Page 15

Treasurers Report.....Page 18

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

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

Monthly Report

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

Monthly Report.....Page 22

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

Monthly Report.....Page 25

**PRESCRIPTION ADMINISTRATOR - (Express Scripts) - Hiteksha Patel**  
Monthly Report.....Page 28

**DENTAL ADMINISTRATOR - (Delta Dental) - Crista O'Donnell**  
Monthly Report.....Page 32

**CONSENT AGENDA**  
REVISED Resolution 8-25: Approval of Risk Management Plan ..... Page 34  
Resolution 14-25: New Member Approvals .....Page 48  
Resolution 15-25: Approval of the February 2026 Bills List.....Page 49

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES**  
**PERSONNEL - CLAIMS - LITIGATION**

**MEETING ADJOURNED**

**Southern New Jersey Regional Employee Benefits Fund  
Executive Director's Report  
February 23, 2026**

**FINANCES & CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** – as of December 31, 2025 (page 5)
- **Historical Income Statement**
- **Consolidated Balance Sheet**
- **Indices and Ratios Report**
- **Budget Status Report**

**2026 RISK MANAGEMENT PLAN (RMP) UPDATE**

As part of the Risk Management Plan Resolution approved at the last meeting, the plan has been updated to incorporate the New Jersey Out-of-Network Consumer Protection, Transparency, Cost Containment, And Accountability Act (P.L. 2018, c. 32). This addition strengthens the protections related to out-of-network services. A revised Resolution 8-26 is included in consent agenda.

**2026 MEL, MR HIF & NJCE JIF Educational Seminar:**

The 16th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 24th and Friday May 1st from 9AM to 12PM.

We expect the seminar to qualify for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance producers, as well as personnel who work for services companies associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal Reinsurance Health Insurance Fund (MR HIF) and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF).

Enclosed in **Appendix II** is the latest in a series of Power of Collaboration advertisements to be published in the League of Municipalities magazine which highlights the educational seminar.

**LOCKBOXES**

As previously reported, the lockbox is now posted on the monthly invoices and is live for remittance of assessments.

Lockbox Name	<b>Southern NJ Regional EBF</b>
Remit to Address	PO Box 4732 Lancaster, PA 17604

**GASB 75 REPORTING**

The Fund is contracted with an actuary to prepare GASB 75 reports for its medical members. If your audit requires a complete report or an update to the previous year’s report, please contact Jordyn Robinson at [jrobinson@permainc.com](mailto:jrobinson@permainc.com). Please note that during peak periods, report turnaround time may be up to six weeks.

**INDEMNITY AND TRUST AGREEMENTS**

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have Indemnity and Trust Agreements that have expired or are set to expire. Please reach out to [hifadmin@permainc.com](mailto:hifadmin@permainc.com) for a blank form for the Indemnity and Trust Agreement and Resolution to be executed. The list was last updated on February 13, 2026. Blank I&T Agreements and Resolutions are in the Appendix.

<b>Member</b>	<b>I&amp;T End Date</b>
BOROUGH OF BELLMAWR	12/31/2023
PINE HILL BOROUGH	12/31/2024
BOROUGH OF MERCHANTVILLE	12/31/2024
HADDONFIELD BOROUGH	12/31/2024
PALMYRA	12/31/2024
BOROUGH OF MAGNOLIA	12/31/2025
BOROUGH OF PITMAN	12/31/2025
Camden City	12/31/2025
Riverside	12/31/2025
BOROUGH OF GIBBSBORO	12/31/2025
BOROUGH OF WENONAH	12/31/2025
GLOUCESTER CITY	12/31/2025
Springfield Twp	12/31/2025
TOWNSHIP OF BORDENTOWN	12/31/2025
Oaklyn	12/31/2025

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
FINANCIAL FAST TRACK REPORT**

		AS OF		December 31, 2025		
		THIS	YTD	PRIOR		FUND
		MONTH	CHANGE	YEAR END		BALANCE
1.	<b>UNDERWRITING INCOME</b>	<b>11,340,725</b>	<b>132,055,340</b>	<b>1,546,987,628</b>		<b>1,679,042,968</b>
2.	<b>CLAIM EXPENSES</b>					
	Paid Claims	11,870,136	117,107,167	1,257,230,278		1,374,337,445
	IBNR	79,650	3,484,540	7,919,156		11,403,696
	Less Specific Excess	(646,510)	(910,838)	(22,407,016)		(23,317,854)
	Less Aggregate Excess	-	-	(1,807,360)		(1,807,360)
	<b>TOTAL CLAIMS</b>	<b>11,303,276</b>	<b>119,680,869</b>	<b>1,240,935,057</b>		<b>1,360,615,927</b>
3.	<b>EXPENSES</b>					
	MA & HMO Premiums	1,094,825	12,969,226	55,000,962		67,970,187
	Excess Premiums	193,409	2,177,401	51,768,985		53,946,385
	Administrative	476,069	6,990,450	131,170,402		138,160,852
	<b>TOTAL EXPENSES</b>	<b>1,764,304</b>	<b>22,137,076</b>	<b>237,940,349</b>		<b>260,077,424</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	(1,726,854)	(9,762,605)	68,112,222		58,349,616
5.	<b>INVESTMENT INCOME</b>	31,000	335,977	4,513,925		4,849,902
6.	<b>DIVIDEND INCOME</b>	-	466,785	11,847,139		12,313,924
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(1,695,854)</b>	<b>(8,959,843)</b>	<b>84,473,286</b>		<b>75,513,443</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>(1,695,854)</b>	<b>(8,959,843)</b>	<b>11,741,055</b>		<b>2,781,212</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>						
Closed	Surplus	7,077	395,327	7,808,139		8,203,466
	Cash	10,795	259,880	12,894,708		13,154,588
2024	Surplus	(437,989)	(3,758,195)	3,932,915		174,721
	Cash	(10,428)	(2,698,861)	2,569,982		(128,879)
2025	Surplus	(1,264,942)	(5,596,975)			(5,596,975)
	Cash	3,122,828	(2,958,951)			(2,958,951)
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(1,695,854)</b>	<b>(8,959,843)</b>	<b>11,741,055</b>		<b>2,781,212</b>
<b>TOTAL CASH</b>		<b>3,123,194</b>	<b>(5,397,932)</b>	<b>15,464,690</b>		<b>10,066,758</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>						
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>8,472</b>	<b>283,854</b>	<b>1,153,601,974</b>		<b>1,153,885,828</b>
<b>FUND YEAR 2024</b>						
	Paid Claims	474,454	12,174,939	79,645,912		91,820,851
	IBNR	(19,798)	(7,919,156)	7,919,156		-
	Less Specific Excess	-	(263,153)	(231,982)		(495,136)
	Less Aggregate Excess	-	-	-		-
	<b>TOTAL FY 2024 CLAIMS</b>	<b>454,656</b>	<b>3,992,629</b>	<b>87,333,086</b>		<b>91,325,715</b>
<b>FUND YEAR 2025</b>						
	Paid Claims	11,387,210	104,647,200			104,647,200
	IBNR	99,448	11,403,696			11,403,696
	Less Specific Excess	(646,510)	(646,510)			(646,510)
	Less Aggregate Excess	-	-			-
	<b>TOTAL FY 2025 CLAIMS</b>	<b>10,840,148</b>	<b>115,404,386</b>			<b>115,404,386</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>11,303,276</b>	<b>119,680,869</b>	<b>1,240,935,060</b>		<b>1,360,615,929</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 DECEMBER 31, 2025  
BY FUND YEAR

	SNJREBF 2025	SNJREBF 2024	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	(2,958,951)	(128,879)	13,154,588	10,066,758
Assesments Receivable (Prepaid)	6,503,470	99,932	146,777	6,750,179
Interest Receivable	-	-	18	18
Spefic Excess Receivable	646,510	203,668	(29,700)	820,478
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	1,661,718	-	-	1,661,718
<b>Total Assets</b>	<b>5,852,747</b>	<b>174,721</b>	<b>13,271,683</b>	<b>19,299,150</b>
<b>LIABILITIES</b>				
Accounts Payable	-	-	-	-
IBNR Reserve	11,403,696	-	-	11,403,696
A4 Retiree Surcharge	-	-	-	-
Dividends Payable	-	-	-	-
Retained Dividends	-	-	5,068,217	5,068,217
Accrued/Other Liabilities	46,026	-	-	46,026
<b>Total Liabilities</b>	<b>11,449,722</b>	<b>-</b>	<b>5,068,217</b>	<b>16,517,939</b>
<b>EQUITY</b>				
Surplus / (Deficit)	(5,596,975)	174,721	8,203,466	2,781,212
<b>Total Equity</b>	<b>(5,596,975)</b>	<b>174,721</b>	<b>8,203,466</b>	<b>2,781,212</b>
<b>Total Liabilities &amp; Equity</b>	<b>5,852,747</b>	<b>174,721</b>	<b>13,271,683</b>	<b>19,299,150</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.

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

<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>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Cash Position	15,464,690	\$ 10,186,276	\$ 7,315,603	\$ 9,907,804	\$ 8,195,893	\$ 5,939,302	\$ 12,483,454	\$ 11,160,413	\$ 7,551,740	\$ 7,872,839	\$ 8,190,062	\$ 6,943,563	\$ 10,066,758
IBNR	7,919,156	\$ 8,484,536	\$ 9,308,515	\$ 9,954,252	\$ 10,260,271	\$ 10,495,521	\$ 10,772,822	\$ 10,890,047	\$ 10,922,507	\$ 11,076,228	\$ 11,145,713	\$ 11,324,046	\$ 11,403,696
Assets	24,819,405	\$ 25,613,855	\$ 26,106,547	\$ 25,677,002	\$ 24,859,266	\$ 24,023,690	\$ 23,649,721	\$ 23,156,513	\$ 22,108,666	\$ 21,462,704	\$ 20,498,670	\$ 20,888,724	\$ 19,299,150
Liabilities	13,078,351	\$ 13,652,625	\$ 14,473,412	\$ 15,146,242	\$ 15,460,933	\$ 15,703,248	\$ 15,953,835	\$ 16,051,289	\$ 16,093,527	\$ 16,146,307	\$ 16,228,734	\$ 16,411,658	\$ 16,517,939
Surplus	11,741,055	\$ 11,961,229	\$ 11,633,135	\$ 10,530,759	\$ 9,398,333	\$ 8,320,442	\$ 7,695,886	\$ 7,105,224	\$ 6,015,139	\$ 5,316,397	\$ 4,269,936	\$ 4,477,066	\$ 2,781,212
Claims Paid -- Month	4,899,891	\$ 7,585,297	\$ 8,498,739	\$ 9,606,787	\$ 9,763,822	\$ 9,802,628	\$ 9,556,401	\$ 10,178,353	\$ 10,179,060	\$ 10,190,118	\$ 10,781,416	\$ 9,094,413	\$ 11,870,136
Claims Budget -- Month	7,587,981	\$ 8,463,849	\$ 8,891,369	\$ 8,884,417	\$ 8,876,776	\$ 8,984,245	\$ 9,226,019	\$ 9,201,173	\$ 9,195,699	\$ 9,404,307	\$ 9,392,201	\$ 9,588,399	\$ 9,547,209
Claims Paid -- YTD	84,757,066	\$ 7,585,297	\$ 16,084,035	\$ 25,690,822	\$ 35,454,643	\$ 45,257,271	\$ 54,813,672	\$ 64,992,025	\$ 75,171,085	\$ 85,361,203	\$ 96,142,619	\$ 105,237,031	\$ 117,107,167
Claims Budget -- YTD	91,076,422	\$ 8,463,849	\$ 17,355,218	\$ 26,239,635	\$ 35,116,411	\$ 44,100,655	\$ 53,326,674	\$ 62,527,847	\$ 71,723,546	\$ 81,127,853	\$ 90,520,054	\$ 100,108,453	\$ 109,655,662
<b>RATIOS</b>													
Cash Position to Claims Paid	3.16	1.34	0.86	1.03	0.84	0.61	1.31	1.10	0.74	0.77	0.76	0.76	0.85
Claims Paid to Claims Budget -- Month	0.65	0.90	0.96	1.08	1.1	1.09	1.04	1.11	1.11	1.08	1.15	0.95	1.24
Claims Paid to Claims Budget -- YTD	0.93	0.90	0.9	1.0	1.0	1.0	1.0	1.04	1.05	1.05	1.06	1.05	1.07
Cash Position to IBNR	1.95	1.20	0.79	1	0.8	0.57	1.16	1.02	0.69	0.71	0.73	0.61	0.88
Assets to Liabilities	1.90	1.88	1.8	1.7	1.61	1.53	1.48	1.44	1.37	1.33	1.26	1.27	1.17
Surplus as Months of Claims	1.55	1.41	1.31	1.19	1.06	0.93	0.83	0.77	0.65	0.57	0.45	0.47	0.29
IBNR to Claims Budget -- Month	1.04	1.00	1.05	1.12	1.16	1.17	1.17	1.18	1.19	1.18	1.19	1.18	1.19

**Southern NJ Municipal Employee Benefits Fund**

**2024 Budget Status Report**

as of December 31, 2025

				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims - All Other	76,073,449	76,073,449	65,155,266			
Medical Claims AmeriHealth - All Other	4,563,640	4,563,640	4,046,101			
Medical Claims - CCBOSS	11,587,047	11,587,047	11,897,264			
Subtotal Medical	92,224,137	92,224,137	81,098,631	92,384,286	(160,149)	0%
Prescription Claims - All Other	19,284,413	19,284,413	17,116,314			
Rx Rebates - All Other	(6,171,013)	(6,171,013)	(5,477,220)			
Prescription Claims - CCBOSS	4,086,298	4,086,298	4,171,285			
Rx Rebates - CCBOSS	(1,389,341)	(1,389,341)	(1,418,237)			
Subtotal Prescription	15,810,357	15,810,357	14,392,142	21,506,772	(5,696,416)	-36%
Dental Claims - All Other	1,455,041	1,455,041	1,282,989			
Dental Claims - CCBOSS	166,128	166,128	168,192			
Subtotal Dental	1,621,169	1,621,169	1,451,181	1,513,327	107,841	7%
Subtotal Claims	109,655,662	109,655,662	96,941,953	115,404,386	(5,748,724)	-5%
Loss Fund Contingency	1,000,000	1,000,000	1,000,000		1,000,000	
DMO Premiums	2,560	2,560	2,665	17,257	(14,697)	-574%
Medicare Advantage - All Other	10,111,700	10,111,700	10,222,633			
Medicare Advantage - CCBOSS	2,840,268	2,840,268	2,859,477			
Subtotal Insured Programs	12,954,528	12,954,528	13,084,775	12,951,968	(0)	0%
Reinsurance						
Specific	2,177,401	2,177,401	1,920,000	2,177,401	0	0%
Total Loss Fund	125,787,591	125,787,591	112,946,728	130,551,012	(4,763,421)	-4%
Expenses						
Legal	23,519	23,519	23,519	36,153	(12,634)	-54%
Treasurer	16,560	16,560	16,560	16,435	125	1%
Administrator	805,929	805,929	742,802	805,995	(66)	0%
Program Manager	2,143,434	2,143,434	1,966,542	3,679,039	(5,764)	0%
Brokerage	1,529,841	1,529,841	1,164,246	Included above in Program Manager		
TPA - Med Aetna	1,824,138	1,824,138	1,691,403	1,809,981	162,805	9%
TPA - Med AmeriHealth Admin	148,648	148,648	135,463	Included above in TPA		
TPA - Dental	99,936	99,936	89,619	99,936	-	0%
Actuary	17,850	17,850	17,850	17,850	-	0%
Auditor	17,749	17,749	17,749	17,749	0	0%
Medicare Advantage Implementation	0	0	0	357,624	(357,624)	-100%
Subtotal Expenses	6,627,604	6,627,604	5,865,752	6,840,761	(213,157)	-3%
Misc/Cont	21,657	21,657	21,657	250,820	(229,163)	-1058%
Affordable Care Act Taxes	24,776	24,776	21,847	31,154	(6,377)	-26%
Claims Audit	40,000	40,000	40,000	0	40,000	100%
Plan Documents	15,000	15,000	15,000	15,000	-	0%
Total Expenses	6,729,037	6,729,037	5,964,256	7,137,735	(408,698)	-6%
Total Budget	132,516,628	132,516,628	118,910,984	137,688,747	(5,172,119)	-4%

## REGULATORY

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed with Reorganization
Fund Officers	Filed with Reorganization
Renewal Resolutions	Filed with Reorganization
Indemnity and Trust	Filed (ongoing)
New Members	Filed (ongoing)
Withdrawals	N/A
Risk Management Plan and By Laws	Filed with Reorganization
Cash Management Plan	Filed with Reorganization
Unaudited Financials	9/30/2025 Filed
Annual Audit	12/31/2025 To Be Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	Filed with Reorganization
Officer Changes	Filed with Reorganization
RMP Changes	Filed with Reorganization
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

Contract	Professional	Contract Received	Insurance Received	Contract Term
Executive Director	PERMA	Y	Y	1/1/2025-12/31/2027
Program Manager	CSB	Y	Y	1/1/2025-12/31/2027
Attorney	Harris Law	Y	Y	1/1/2025-12/31/2027
Treasurer	Elizabeth Pigliacelli	Y	Y	1/1/2024-12-31-2026
Auditor	Bowman	Y	Y	1/1/2025-12/31/2027
Deputy Treasurer	Verrill & Verrill	Y	Y	1/1/2025-12/31/2027
Actuary	Actuarial Solutions - John Vataha	Y	Y	1/1/2025-12/31/2027
Medical TPA	Aetna	Y	Y	1/1/2026-12/31/2026
Medical TPA	AHA	Y	Y	1/1/2026-12/31/2026
QPA	The Canning Group	Y	Y	1/1/2026-12/31/2026

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
CONTACTS  
YEAR: 2026**

**Executive Director Team:** This team handles all the administrative and financial aspects of the Fund such as rates, state regulatory compliance, and Executive Committee and subcommittee meetings.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Executive Director	Jim Rhodes	jrhodes@permainc.com	856-552-4920
Associate Executive Director	Emily Koval	emilyk@permainc.com	201-518-7028
Assistant Account Manager	Jordyn Robinson	jrobinson@permainc.com	856-446-9287

**Program Management Team:** This team handles all the benefits aspects of the Fund such as plan design, claim issues, cost containment strategies, and Third-Party communications.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Public Entity & HIF Business Leader	Tammy Brown	tbrown@connerstrong.com	856-552-4694
HIF Business Leader	John Lajewski	jlajewski@connerstrong.com	856-552-4922
Senior Associate Consultant	Patrick Yacovelli	pyacovelli@connerstrong.com	856-446-9264
Vice President, Business Development Executive	Jason Edelman	jedelman@connerstrong.com	856-552-4692

**Client Services Team:** This team handles all the enrollment and billing aspects of the Fund such as sending monthly invoices, open enrollment, and adjustments throughout the year.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Director of Client Services	Crystal Bailey	cbailey@connerstrong.com	856-552-4914
Director of Benefits Operations	Karen Kidd	kkidd@connerstrong.com	856-552-4644
Client Service Specialist	Shondell Holmes-Dutton	sholmesdutton@permainc.com	856-209-0636

*Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC ("PERMA"), as administrator of the Southern New Jersey Regional Employee Benefits Fund ("the Fund"), and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in Conner Strong & Buckelew Companies, LLC, which is a servicing organization for the Fund.*

## SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND PROGRAM MANAGERS REPORT

### Agenda

- Industry Update
- Fund Performance/Observations
- New Fund Member Activity
- Client Services/Eligibility/Enrollment
- Previously Reported Information

### Industry Updates

- Food and Drug Administration approved the first oral version of Wegovy, Novo Nordisk's blockbuster GLP-1 weight-loss drug. This marks the first GLP-1 approved for weight loss in pill form. A competing oral GLP-1 from Eli Lilly is expected to receive approval in the coming months
- Shifts in the markets have begun to address current GLP-1 utilization levels most recently, Horizon BCBSNJ amended the BMI requirement for GLP-1 for weight loss to 35 effective January 1, 2026 for their public sector clients

### Fund Performance/Observations

#### **Medical - Aetna**

- Current market pressures are making it more difficult to manage the finances of the Fund. Even with access to a robust network, utilization of out-of-net network providers requires monitoring
- The current out of network fee schedules that are paying the 90th percentile of FAIR may be valued at 300% to 350% (or more) of Medicare. These more generous fee schedules are based on billed provider charges and promote more out of network utilization resulting from predatory provider billing practices.
- While current out of network utilization for the Fund is in line with Aetna book of business parameters, a small increase in out of network utilization can have a noticeable impact to the financial position of the Fund
- A detailed analysis and recommendation on the utilization of the Fund medical program(s), inclusive of out of network provider reimbursement levels, and strategies to consider will be presented to the Fund Strategic Committee prior to the next monthly Fund meeting

#### **Pharmacy - Express Scripts (ESI)**

- Absent plan changes, it is clear the Fund needs to address the rising utilization and associate costs with GLP-1 medications used specifically for weight loss
- After their initial evaluation, the oral version of Wegovy has been placed on the ESI National Preferred Formulary (NPF) exclusion list for weight loss
- GLP-1 (oral versions) for weight loss will continue to be evaluated for formula placement

- A detailed analysis and recommendation on the utilization of the Fund pharmacy program(s) and strategies to consider will be presented to the Fund Strategic Committee prior to the next monthly Fund meeting

**New Fund Member Activity**

- The following employers have petitioned to enter SNJREBF, both with an April 1<sup>st</sup> effective date. Resolution 14-26 is included in consent.

<b>New Member Overview</b>	
<b>Fund</b>	Southern NJ HIF
<b>Entity</b>	<b>Cinnaminson Fire District</b>
<b>County</b>	Burlington
<b>Effective Date</b>	4/1/2025-12/31/2025
<b>Lines of Coverage</b>	Medical and Prescription
<b>Enrolled Subscribers</b>	19
<b>Retiree Coverage</b>	Under and Over 65
<b>Current Arrangement</b>	State Health Benefits
<b>Broker</b>	TC Irons
<b>Broker Fee</b>	3%
<b>Combined PEPM</b>	\$3,335
<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>	None

<b>New Member Overview</b>	
<b>Fund</b>	Southern NJ HIF
<b>Entity</b>	<b>Camden County MUA</b>
<b>County</b>	Camden
<b>Effective Date</b>	4/1/2025-12/31/2025
<b>Lines of Coverage</b>	Medical and Prescription
<b>Enrolled Subscribers</b>	18
<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>	3%
<b>Combined PEPM</b>	\$3,740
<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>	None

- A resolution approving the above employers to join the SNJREBF is attached for consideration.
- All requests for new Fund member participation are coordinated by Jason Edelman, VP, Business Development Executive

**Client Services/Eligibility/Enrollment Team**

- Please direct all service requests to both Shondell Holmes-Dutton and Crystal Bailey
- All outstanding service requests will be addressed and resolved by Shondell and Crystal

- System training (new and refresher) is provided to all contacts with WEX access every 3rd Wednesday at 10AM. Please contact HIFtraining@permainc.com for additional information or to request an invite
- **2026 WEX Coupon Book Mailing** - As a result of a technical issue related to enhancements to the WEX coupon generation process, we have been advised there will be delays in the distribution of the 2026 coupons
- 2026 Coupon booklets are expected to be released shortly

**Carrier Appeals:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination on Date
11/07/2025	Medical/Aetna	SNJ 2025 11 01	Surgery	Upheld	01/13/2026
11/18/2025	Medical/Aetna	SNJ 2025 11 02	Medication	Upheld	01/13/2026
11/19/2025	Medical/Aetna	SNJ 2025 11 03	MRI	Upheld	01/13/2026
11/15/2025	Medical/Aetna	SNJ 2025 11 04	Implant	Upheld	01/13/2026
01/09/2026	Medical/Aetna	SNJ 2026 01 01	Anesthesia	Upheld	01/28/2026

**IRO Submissions:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
01/13/2026	Medical/Aetna	SNJ 2025 11 01	Surgery	Overtured	01/15/2026
01/13/2026	Medical/Aetna	SNJ 2025 11 02	Medication	Under Review	
01/13/2026	Medical/Aetna	SNJ 2025 11 03	MRI	Overtured	01/15/2026
01/13/2026	Medical/Aetna	SNJ 2025 11 04	Implant	Upheld	01/19/2026

**Previously Reported Information**

**Express Scripts**

- 2026 National Preferred Formulary (NPF) – Effective 1/1/2026
- NPF Exclusions list- Effective 1/1/2026
- SaveOn List – Effective 1/1/2026

All impacted members were sent communications from ESI letting them know about the upcoming change(s) to their medications. The communications also include preferred alternatives medication(s). We recommend impacted members share communication with their provider to

discuss next steps. Those that are unable to take the preferred alternative medication(s) will need an approved PA to continue to take their current medication(s).

#### **No Surprise Billing and Transparency Act**

- Transition to State Arbitration - Effective January 1, 2026:
- As a result of the transition, enrolled members will be receiving new ID cards from Aetna prior to January 1st. subscriber ID numbers and Fund member group numbers will not be changing.

#### **DISCLOSURE**

*Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the **Southern New Jersey Regional Employee Benefits Fund (“the Fund”)**, and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in PERMA, LLC, which is the Administrator for the Fund.*

# SOUTHERN NJ REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

**FEBRUARY 2026**

**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 2025**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	AATRIX 2025 1099 FILING FEE	62.00 <b>62.00</b>
THE CANNING GROUP LLC	QPA SERVICES 01/25 - 12/25 INV 2025-01	3,000.00 <b>3,000.00</b>
HQSI, INC	CASE# 4543775 INV 250930-MRHIF-4	500.00 <b>500.00</b>
	<b>TOTAL CHECKS 2025</b>	<b>3,562.00</b>
GREENBERG TRAURIG LLP	ATTORNEY - PROCUREMENT REVIEW FOR 12/25	4,448.32 <b>4,448.32</b>
	<b>TOTAL ACH 2025</b>	<b>4,448.32</b>
	<b>Total Payments FY 2025</b>	<b>8,010.32</b>

**FUND YEAR 2026**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	RETIREE FIRST INV# 03012026 02/26	31,896.00
PERMA	RETIREE FIRST INV# 02012026 02/26	29,904.00
PERMA	ADMIN FEES 02/26	72,820.84
PERMA	POSTAGE 01/26	156.33
		<b>134,777.17</b>
INSPIRA FINANCIAL HEALTH. INC	MT HOLLY HSA 156444-2130954 01/26	57.00 <b>57.00</b>
THE CANNING GROUP LLC	QPA SERVICES INV 2026-02 02/26	250.00
THE CANNING GROUP LLC	QPA SERVICES INV 2026-01 01/26	250.00 <b>500.00</b>
HQSI, INC	260115-MRHIF-2 CASE# 5144195/5144558	1,800.00 <b>1,800.00</b>
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 02/26	242,814.33 <b>242,814.33</b>
	<b>TOTAL CHECKS 2026</b>	<b>379,948.50</b>

AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 02/26	825,901.97 <b>825,901.97</b>
UHC-MEDICARE ADVANTAGE	MEDICARE ADVANTAGE 02/26	529,536.89 <b>529,536.89</b>
DELTA DENTAL INSURANCE CO (DELTACARE USA)	DENTAL F1-7871800000 BE006901746 02/26	1,403.72 <b>1,403.72</b>
AETNA	MEDICAL TPA FEES 02/26	146,220.90 <b>146,220.90</b>
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 02/26	14,839.09 <b>14,839.09</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 02/26	9,104.84 <b>9,104.84</b>
VERRILL & VERRILL LLC	TREASURER FEES 02/26	854.17 <b>854.17</b>
ELIZABETH PIGLIACELLI	TREASURER FEES 02/26	546.98 <b>546.98</b>
CONNER STRONG & BUCKELEW	RX- PROGRAM MGR FEES 02/26	26,967.89
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR FEES 02/26	8,174.72
CONNER STRONG & BUCKELEW	MEDICAL- PROGRAM MGR FEES 02/26	159,924.67
CONNER STRONG & BUCKELEW	HEALTHCARE REFORM 02/26	1,860.10
		<b>196,927.38</b>
CONNER STRONG & BUCKELEW	BROKER FEES 02/26	90,200.02 <b>90,200.02</b>
STEVE ANUSZEWSKI FINANCIAL SERVICES	BROKER FEES 02/26	5,959.98 <b>5,959.98</b>
BROWN & BROWN METRO, LLC	BROKER FEES 02/26	11,002.50 <b>11,002.50</b>
CBIZ BENEFITS & INS. SERVICES, INC.	BROKER FEES 02/26	1,663.50 <b>1,663.50</b>
EDGEWOOD PARTNERS INSURANCE CENTER	BROKER FEES 02/26	1,323.71 <b>1,323.71</b>

FAIRVIEW INSURANCE AGENCY ASSOCIATES	BROKER FEES 02/26	1,214.08 <b>1,214.08</b>
FOUNDATION RISK PARTNERS, CORP	BROKER FEES 02/26	6,194.51 <b>6,194.51</b>
HARDENBERGH INSURANCE GROUP, INC	BROKER FEES 02/26	39,605.69 <b>39,605.69</b>
INSURANCE CONSULTING SERVICES, LLC	BROKER FEES 02/26	5,354.68 <b>5,354.68</b>
INSURANCE SOLUTIONS INC	BROKER FEES 02/26	11,061.57 <b>11,061.57</b>
J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCS 01/26	5,025.00
J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY FEES 02/26	1,999.17 <b>7,024.17</b>
J. KENNETH HARRIS, ATTORNEY AT LAW	OSC REVIEW 01/26	828.00 <b>828.00</b>
	<b>TOTAL ACH 2026</b>	<b>1,906,768.35</b>
	<b>Total Payments FY 2026</b>	<b>2,286,716.85</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>2,294,727.17</b>

\_\_\_\_\_  
Chairperson

Attest:  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Treasurer

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

<b>Current Fund Year: 2025</b>										
<b>Month Ending: December</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>etained Dividen</b>	<b>TOTAL</b>
OPEN BALANCE	9,267,384.46	477,488.94	(15,221,516.48)	0.00	(420,946.83)	1,143,665.16	(1,347,954.96)	7,934,236.75	5,111,206.31	6,943,563.35
<b>RECEIPTS</b>										
Assessments	12,683,350.48	167,716.67	1,923,978.62	0.00	254,627.69	117,337.28	840,748.56	0.00	0.00	15,987,759.30
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	20,512.91	917.81	0.00	0.00	0.00	1,530.53	330.81	10,618.08	6,840.13	40,750.27
Invest Adj	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.02
Subtotal Invest	20,512.93	917.81	0.00	0.00	0.00	1,530.53	330.81	10,618.08	6,840.13	40,750.29
Other Receipts *	143,718.54	0.00	579,408.94	0.00	0.00	0.00	35,381.60	0.00	0.00	758,509.08
<b>TOTAL</b>	<b>12,847,581.95</b>	<b>168,634.48</b>	<b>2,503,387.56</b>	<b>0.00</b>	<b>254,627.69</b>	<b>118,867.81</b>	<b>876,460.97</b>	<b>10,618.08</b>	<b>6,840.13</b>	<b>16,787,018.67</b>
<b>EXPENSES</b>										
Claims Transfers	9,305,182.86	150,591.44	2,430,889.04	0.00	0.00	0.00	0.00	0.00	0.00	11,886,663.34
Expenses	1,093,291.85	1,532.86	0.00	0.00	193,409.44	0.00	488,926.69	0.00	0.00	1,777,160.84
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>10,398,474.71</b>	<b>152,124.30</b>	<b>2,430,889.04</b>	<b>0.00</b>	<b>193,409.44</b>	<b>0.00</b>	<b>488,926.69</b>	<b>0.00</b>	<b>0.00</b>	<b>13,663,824.18</b>
<b>END BALANCE</b>	<b>11,716,491.70</b>	<b>493,999.12</b>	<b>(15,149,017.96)</b>	<b>0.00</b>	<b>(359,728.58)</b>	<b>1,262,532.97</b>	<b>(960,420.68)</b>	<b>7,944,854.83</b>	<b>5,118,046.44</b>	<b>10,066,757.84</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS									
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND									
ALL FUND YEARS COMBINED									
CURRENT MONTH		December							
CURRENT FUND YEAR		2025							
Description:	SNJ Inv.	Parke Bank	Fulton Bank	Fulton Bank - General Account	Fulton Bank - Admin Account	Ocean First Investment Account	New Jersey Cash Management		
ID Number:									
Maturity (Yrs)									
Purchase Yield:	3.80	4.00	3.83	3.83	3.83	2.14	3.68		
TOTAL for All Accts & instruments									
Opening Cash & Investment Balance	\$6,943,563.37	\$ 5,880.74	\$ 3,129,246.54	\$ 33,624.42	\$ 3,538,632.37	\$ 13,000.73	\$ 84,977.56	\$ 138,201.01	
Opening Interest Accrual Balance	\$18.36	\$ 18.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	-\$0.26	-\$0.26	\$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	\$40,750.27	\$18.29	\$11,273.86	\$112.88	\$28,093.45	\$655.24	\$152.63	\$443.92	
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	\$40,750.01	\$18.03	\$11,273.86	\$112.88	\$28,093.45	\$655.24	\$152.63	\$443.92	
9 Deposits - Purchases	\$18,523,429.22	\$0.00	\$0.00	\$0.00	\$16,746,268.38	\$1,777,160.84	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$15,440,985.02	\$0.00	\$0.00	\$0.00	-\$13,663,824.18	-\$1,777,160.84	\$0.00	\$0.00	\$0.00
		OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$10,066,757.84	\$5,899.03	\$3,140,520.40	\$33,737.30	\$6,649,170.02	\$13,655.97	\$85,130.19	\$138,644.93	
Ending Interest Accrual Balance	\$18.10	\$18.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$70,966.54	\$0.00	\$0.00	\$0.00	\$0.00	\$70,966.54	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	-\$7,684.56	\$0.00	\$0.00	\$0.00	-\$7,684.56	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$10,130,039.82	\$5,899.03	\$3,140,520.40	\$33,737.30	\$6,641,485.46	\$84,622.51	\$85,130.19	\$138,644.93	

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

<b>Month</b>		<b>December</b>							
<b>Current Fund Year</b>		<b>2025</b>							
		<b>1.</b>	<b>2.</b>	<b>3.</b>	<b>4.</b>	<b>5.</b>	<b>6.</b>	<b>7.</b>	<b>8.</b>
<b>Policy Year</b>	<b>Coverage</b>	<b>Calc. Net Paid Thru Last Month</b>	<b>Monthly Net Paid December</b>	<b>Monthly Recoveries December</b>	<b>Calc. Net Paid Thru December</b>	<b>TPA Net Paid Thru December</b>	<b>Variance To Be Reconciled</b>	<b>Delinquent Unreconciled Variance From</b>	<b>Change This Month</b>
2025	Med	82,023,568.00	9,305,182.86	0.00	91,328,750.86	0.00	91,328,750.86	82,023,568.00	9,305,182.86
	Dental	1,310,427.79	150,591.44	0.00	1,461,019.23	0.00	1,461,019.23	1,310,427.79	150,591.44
	Rx	25,324,774.06	2,430,889.04	0.00	27,755,663.10	0.00	27,755,663.10	25,324,774.06	2,430,889.04
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>108,658,769.85</b>	<b>11,886,663.34</b>	<b>0.00</b>	<b>120,545,433.19</b>	<b>0.00</b>	<b>120,545,433.19</b>	<b>108,658,769.85</b>	<b>11,886,663.34</b>



**SOUTHERN NEW JERSEY REGIONAL  
EMPLOYEE BENEFITS FUND**

**Monthly Claim Activity Report**

***February 23, 2026***



## 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	\$7,330,651	3,897	\$ 1,881
AUGUST	\$5,458,043	3,400	\$ 1,605	\$7,385,304	3,893	\$ 1,897
SEPTEMBER	\$4,952,070	3,399	\$ 1,457	\$8,441,693	3,912	\$ 2,158
OCTOBER	\$6,011,984	3,391	\$ 1,773	\$6,284,501	3,899	\$ 1,612
NOVEMBER	\$6,056,470	3,393	\$ 1,785	\$6,974,360	3,983	\$ 1,751
DECEMBER	\$6,241,293	3,387	\$ 1,843	\$8,913,385	3,984	\$ 2,237
<b>TOTALS</b>	<b>\$66,559,274</b>			<b>\$86,761,479</b>		
				<b>2025 Average</b>	<b>3,858</b>	<b>\$ 1,872</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:** 12/01/2025 - 12/31/2025  
**Service Dates:** 01/01/2011 - 12/31/2025  
**Line of Business:** All

	<b>Paid Amt</b>	<b>Diagnosis/Treatment</b>
	\$230,740.72	SPINAL STENOSIS, LUMBAR REGION WITHOUT
	\$214,425.79	Low back pain, unspecified
	\$129,050.54	MYOCARDIAL INFARCTION TYPE 2
	\$128,481.44	CONGENITAL DEFORMITY OF SPINE
	\$118,672.79	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
	\$100,695.31	NONRHEUMATIC PULMONARY VALVE
<b>Total:</b>	<b>\$922,066.59</b>	



**SNJ Regional Employee Benefits Fund**  
1 /1/25 thru 12/31/25 (unless otherwise noted)

**Dashboard**

**Medical Claims Paid:**  
**January 2025 thru December 2025**  
Total Medical Paid per EE: **\$1,872**

**Network Discounts**

Inpatient:	<b>69.2%</b>
Ambulatory:	<b>69.0%</b>
Physician/Other:	<b>62.3%</b>
<b>TOTAL:</b>	<b>66.7%</b>

**Provider Network**

% Admissions In-Network:	<b>98.3%</b>
% Physician Office:	<b>99.1%</b>

**Aetna Book of Business:**  
Admissions 97.9%; Physician 92.4%

**Top Facilities Utilized**  
(by total Medical Spend)

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

**Catastrophic Claim Impact**  
**January 2025 – December 2025**

Number of Claims Over \$50,000: **242**  
Claimants per 1000 members: **26.1**  
Avg. Paid per Claimant: **\$125,290**  
Percent of Total Paid: **38.7%**

- Aetna BOB- HCC account for an average of **45.1%** of total Medical Cost

**Aetna One Flex Care Mgmt Member Outreach:**

Total Members Identified: **2,267 (22.2%)**  
Members Targeted for 1:1 Nurse Support : **437 (24.7% engaged)**  
Members identified for Digital Activity: **1,830 (82.5%)**  
Members receiving Aetna Advice: **2,027 (24.4%)**  
Average Aetna Advice outreaches per member: **1.4**

**CVSHealth. CVS Virtual Care**  
**January 2025 – December 2025**

Completed Visits : **20**  
Unique Patients : **17**  
Completed Visits in 2025 : **146**  
Unique Patients in 2025: **107**  
Total Scheduled Visits in 2025: **193**  
Average visit duration: **8 Minutes**  
BoB Average First Available: **38 minutes**  
Bob Average First Available (6am-6pm) **36 Minutes**

**Service Center Performance Goal Metrics YTD 2025**

**Customer Service Performance**

1 <sup>st</sup> Call Resolution:	<b>93.68%</b>
Abandonment Rate:	<b>0.43%</b>
Avg. Speed of Answer:	<b>12.0 sec</b>

**Claims Performance**

Financial Accuracy:	<b>97.76%</b>
<small>*Q3 2025</small>	
-	
90% processed w/in:	<b>7.4 days</b>
95% processed w/in:	<b>15.3 days</b>
*****	

**Claims Performance (Monthly)**  
(December 2025)

90% processed w/in:	<b>6.9 days</b>
95% processed w/in:	<b>13.6 days</b>
<small>(Note: This is not a PG metric)</small>	
*****	

**Performance Goals**

1 <sup>st</sup> Call Resolution:	<b>90%</b>
Abandonment Rate less than:	<b>3.0%</b>
Average Speed of Answer:	<b>30 sec</b>

**Financial Accuracy:** **99%**

**Turnaround Time**

90% processed w/in:	<b>14 days</b>
95% processed w/in:	<b>30 days</b>





2026 SNJ HIF					
	MEDICAL CLAIMS PAID 2026	TOTAL	# OF EES	PER EE	
JANUARY	\$ 418,194.43	\$ 418,194.43	414	\$ 1,010.13	
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
<b>TOTALS</b>	<b>\$ 418,194.43</b>		<b>414</b>	<b>\$ 1,010.13</b>	

2025 SNJ HIF					
	MEDICAL CLAIMS PAID 2025	TOTAL	# OF EES	PER EE	
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	\$ 328,060.60	\$ 328,060.60	295	\$ 1,112.06	
SEPTEMBER	\$ 358,057.32	\$ 358,057.32	374	\$ 957.37	
OCTOBER	\$ 731,904.89	\$ 731,904.89	396	\$ 1,848.24	
NOVEMBER	\$ 409,535.87	\$ 409,535.87	396	\$ 1,034.18	
DECEMBER	\$ 665,052.21	\$ 665,052.21	401	\$ 1,658.48	
<b>TOTALS</b>	<b>\$5,074,551.73</b>	<b>2025 Average</b>	<b>325</b>	<b>\$ 1,289.76</b>	



**Group:** Southern New Jersey HIF  
**Paid Dates:** 1/1/26-1/31/26  
**Network Service:** ALL

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

Claimant	Paid	Diagnosis
Dependent	\$56,089	Short Gestation; Low Birth Weight; And Fetal Growth Retardation
<b>Total</b>	<b>\$56,089</b>	

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**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	372,589	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%

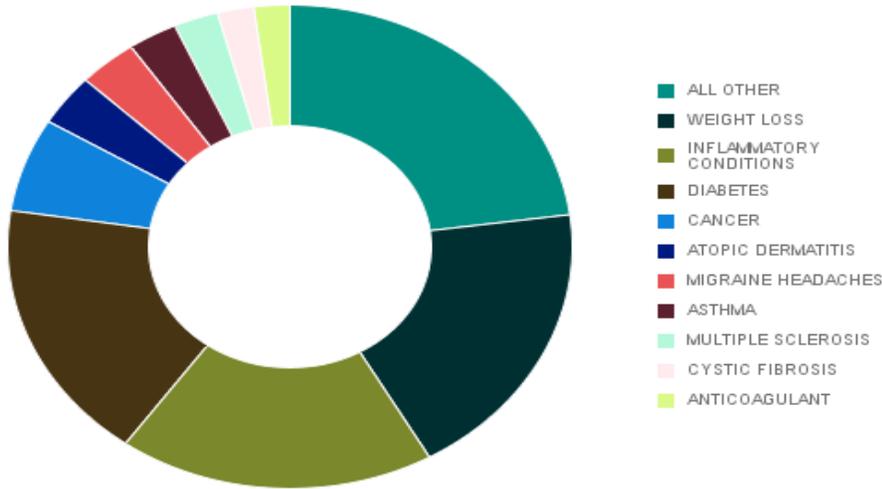
  

Total Component/ Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 YTD
Membership	8,824	9,239	9,229	9,097	9,225	9,337	9,601	9,388	9,578	9,579	9,858	9,672	9,854	10,067	10,083	10,001	9,540
Total Days	387,773	362,981	385,163	1,135,917	391,248	395,731	395,247	1,182,226	408,675	385,822	419,226	1,213,723	433,120	399,309	446,043	1,279,467	4,811,363
Total Patients	3,440	3,451	3,434	5,371	3,431	3,466	3,479	5,302	3,536	3,395	3,640	5,434	3,748	3,559	4,120	5,935	7,971
Total Plan Cost	\$1,700,809	\$1,737,321	\$2,258,756	\$5,696,886	\$2,165,210	\$2,196,098	\$2,362,053	\$6,723,361	\$2,194,866	\$2,497,024	\$2,433,940	\$7,125,830	\$2,528,974	\$2,345,866	\$2,621,763	\$7,499,464	27,110,330
Generic Fill Rate (GFR) - Total	88.5%	87.9%	86.3%	87.6%	86.0%	85.7%	86.0%	85.9%	86.0%	84.3%	83.5%	84.6%	82.7%	83.9%	85.3%	84.0%	85.5%
Plan Cost PMPM	\$192.75	\$188.04	\$244.75	\$208.74	\$234.71	\$235.20	\$246.02	\$238.73	\$229.16	\$260.68	\$246.90	\$245.59	\$256.64	\$233.03	\$260.02	\$249.95	236.83
%Change Plan Cost PMPM	6.1%	5.7%	27.1%	13.5%	5.2%	10.0%	8.3%	7.9%	-2.9%	8.0%	-1.1%	1.3%	7.3%	-1.5%	0.2%	2.0%	6.1%
Total Specialty Plan Cost	\$602,876	\$557,751	\$930,639	\$2,091,266	\$782,184	\$820,535	\$1,015,536	\$2,618,255	\$762,281	\$1,054,049	\$909,578	\$2,725,908	\$993,475	\$865,726	\$977,270	\$2,836,470	\$10,336,689
Specialty % of Total Specialty Plan Cost	35.4%	32.1%	41.2%	36.7%	36.1%	37.4%	43.0%	38.9%	34.7%	42.2%	37.4%	38.3%	39.3%	36.9%	37.3%	37.8%	38.1%

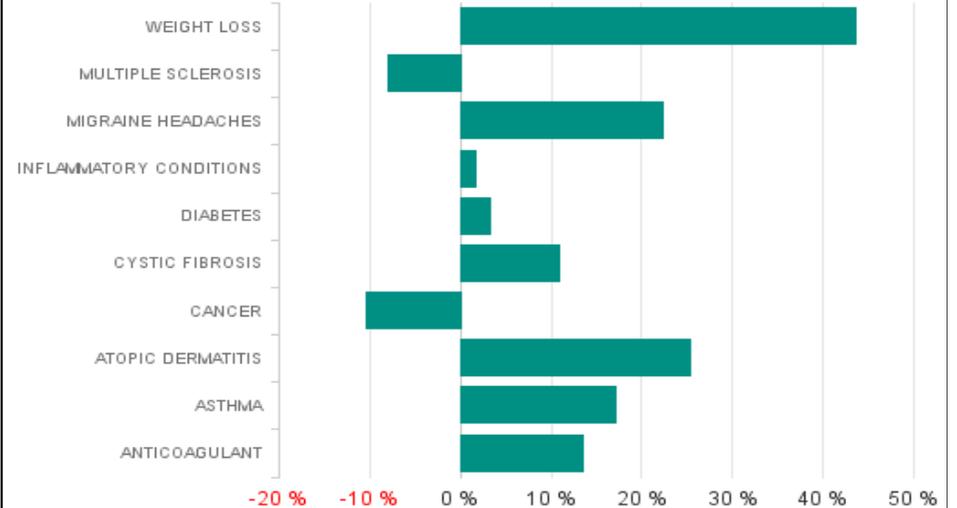
**Top Indications**

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

Top Indications by Plan Cost



Plan Cost PMPM Trend



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	4	WEIGHT LOSS	24.5 %	4,836	\$5,128,014	\$44.80	2.4 %	3.7 %	19.0 %	3,044	\$3,225,927	\$31.21	2.9 %	5.0 %	43.6 %
2	2	INFLAMMATORY CONDITIONS	23.5 %	1,361	\$4,913,785	\$42.92	37.6 %	28.7 %	25.7 %	1,110	\$4,367,549	\$42.25	37.5 %	32.1 %	1.6 %
3	1	DIABETES	22.7 %	13,761	\$4,749,255	\$41.49	31.0 %	23.3 %	24.5 %	13,018	\$4,156,751	\$40.21	32.4 %	25.4 %	3.2 %
4	3	CANCER	8.1 %	522	\$1,700,521	\$14.86	84.7 %	75.1 %	10.1 %	478	\$1,711,862	\$16.56	79.3 %	75.7 %	-10.3 %
5	5	ATOPIC DERMATITIS	4.5 %	1,883	\$934,885	\$8.17	83.5 %	78.9 %	4.0 %	1,672	\$673,943	\$6.52	85.3 %	82.8 %	25.3 %
6	6	MIGRAINE HEADACHES	4.4 %	1,394	\$915,350	\$8.00	42.4 %	50.7 %	4.0 %	1,226	\$676,288	\$6.54	48.5 %	52.7 %	22.2 %
7	7	ASTHMA	3.7 %	6,535	\$768,227	\$6.71	86.5 %	88.0 %	3.5 %	6,463	\$592,050	\$5.73	86.9 %	88.2 %	17.2 %
8	8	MULTIPLE SCLEROSIS	3.3 %	104	\$691,691	\$6.04	34.6 %	46.8 %	4.0 %	115	\$678,175	\$6.56	33.0 %	48.6 %	-7.9 %
9	10	CYSTIC FIBROSIS	2.7 %	34	\$566,477	\$4.95	0.0 %	6.1 %	2.7 %	31	\$461,447	\$4.46	0.0 %	6.8 %	10.9 %
10	9	ANTICOAGULANT	2.7 %	1,242	\$558,799	\$4.88	19.3 %	18.3 %	2.6 %	985	\$444,229	\$4.30	17.4 %	18.7 %	13.6 %
<b>Total Top 10</b>				<b>31,672</b>	<b>\$20,927,004</b>	<b>\$182.81</b>	<b>42.4 %</b>	<b>41.5 %</b>		<b>28,142</b>	<b>\$16,988,221</b>	<b>\$164.33</b>	<b>46.0 %</b>	<b>44.6 %</b>	<b>11.2 %</b>

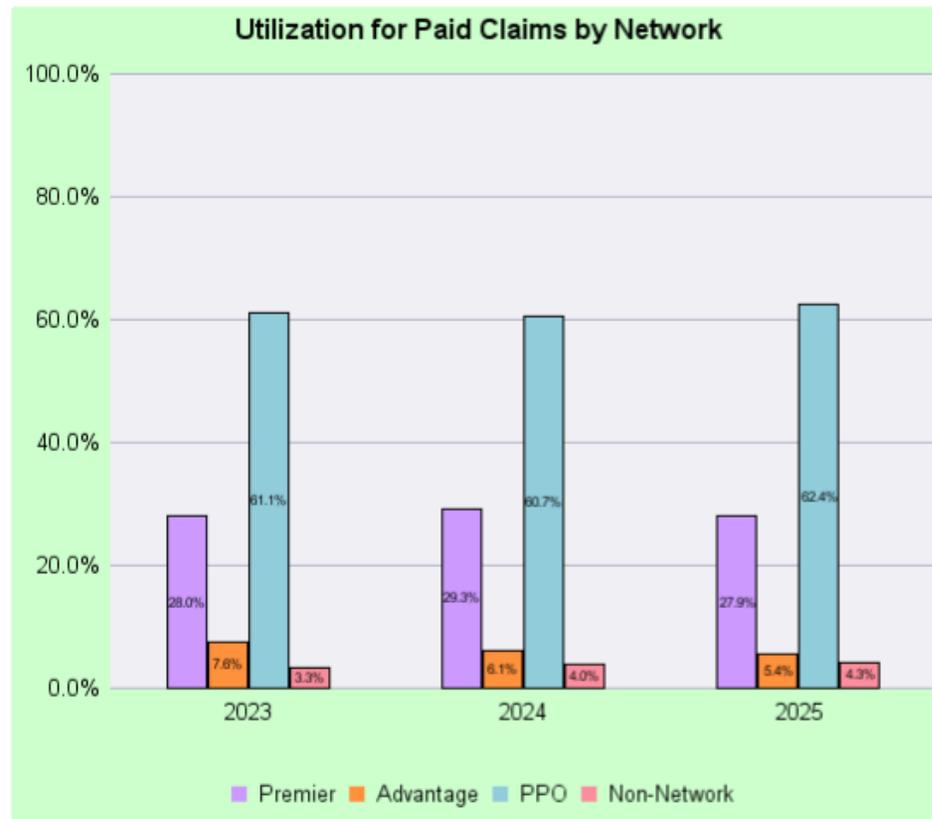
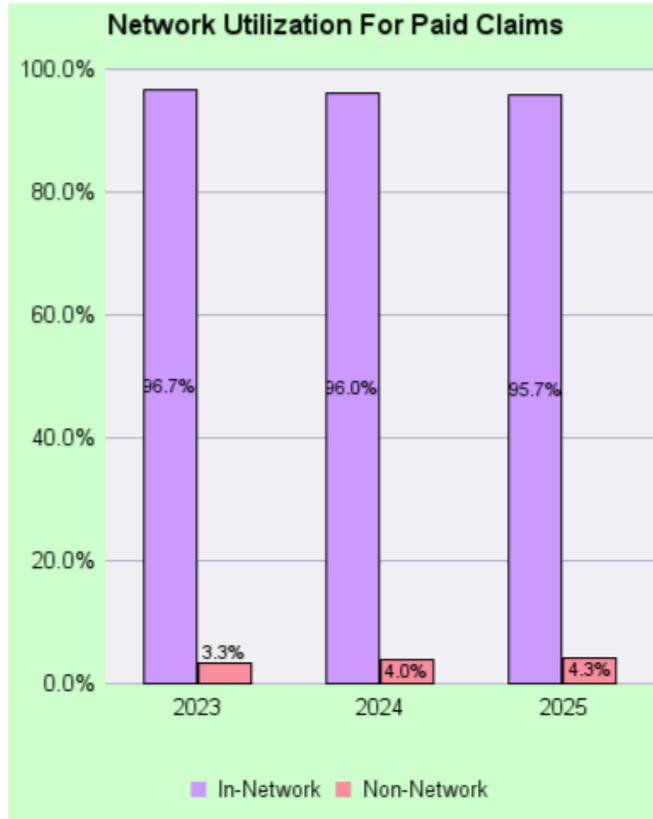
## Top Drugs

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

					Current Period				Previous 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	6	ZEPBOUND	WEIGHT LOSS	N	3,135	409	\$3,167,315	\$27.67	1,348	228	\$1,293,693	\$12.51	121.1 %
2	13	WEGOVY	WEIGHT LOSS	N	1,528	228	\$1,929,149	\$16.85	1,526	238	\$1,888,262	\$18.27	-7.7 %
3	1	MOUNJARO	DIABETES	N	1,356	173	\$1,376,998	\$12.03	924	114	\$903,794	\$8.74	37.6 %
4	4	OZEMPIC	DIABETES	N	1,448	164	\$1,324,792	\$11.57	1,280	158	\$1,109,433	\$10.73	7.8 %
5	11	STELARA	INFLAMMATORY CONDITIONS	Y	50	6	\$616,474	\$5.39	66	7	\$625,856	\$6.05	-11.0 %
6	8	DUPIXENT PEN	ATOPIC DERMATITIS	Y	189	22	\$612,493	\$5.35	153	18	\$413,989	\$4.00	33.6 %
7	26	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	52	5	\$553,830	\$4.84	38	3	\$351,660	\$3.40	42.2 %
8		VITRAKVI	CANCER	Y	14	1	\$524,350	\$4.58	13	1	\$441,166	\$4.27	7.3 %
9	10	JARDIANCE	DIABETES	N	879	102	\$497,041	\$4.34	747	73	\$408,873	\$3.96	9.8 %
10	23	ELIQUIS	ANTICOAGULANT	N	815	110	\$442,764	\$3.87	612	90	\$322,027	\$3.12	24.2 %
11	9	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	53	8	\$429,666	\$3.75	43	5	\$319,630	\$3.09	21.4 %
12	20	TREMFYA ONE-PRESS	INFLAMMATORY CONDITIONS	Y	69	13	\$423,204	\$3.70	38	6	\$222,896	\$2.16	71.5 %
13	19	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	50	7	\$333,515	\$2.91	56	7	\$343,120	\$3.32	-12.2 %
14	45	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	55	12	\$324,726	\$2.84	137	14	\$963,196	\$9.32	-69.6 %
15	25	FARXIGA	DIABETES	N	563	70	\$305,625	\$2.67	487	60	\$252,661	\$2.44	9.2 %
16	12	RINVOQ	INFLAMMATORY CONDITIONS	Y	49	7	\$293,242	\$2.56	25	3	\$143,088	\$1.38	85.1 %
17	88	LENALIDOMIDE	CANCER	Y	14	3	\$274,207	\$2.40	19	3	\$262,019	\$2.53	-5.5 %
18	221	KALYDECO	CYSTIC FIBROSIS	Y	12	1	\$272,333	\$2.38	14	1	\$275,961	\$2.67	-10.9 %
19	33	NURTEC ODT	MIGRAINE HEADACHES	N	163	45	\$259,545	\$2.27	133	29	\$208,953	\$2.02	12.2 %
20	43	KESIMPTA PEN	MULTIPLE SCLEROSIS	Y	33	3	\$257,566	\$2.25	25	3	\$192,840	\$1.87	20.6 %
21	40	TRIKAFTA	CYSTIC FIBROSIS	Y	11	1	\$256,151	\$2.24	7	1	\$158,894	\$1.54	45.6 %
22	47	QULIPTA	MIGRAINE HEADACHES	N	238	37	\$254,420	\$2.22	131	18	\$130,706	\$1.26	75.8 %
23	41	BIMZELX AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	11	2	\$249,172	\$2.18	NA	NA	NA	NA	NA
24	24	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	38	5	\$234,910	\$2.05	51	6	\$316,979	\$3.07	-33.1 %
25	51	XOLAIR	ASTHMA	Y	81	9	\$229,294	\$2.00	55	5	\$111,858	\$1.08	85.1 %
<b>Total Top 25</b>					<b>10,906</b>		<b>\$15,442,784</b>	<b>\$134.90</b>	<b>7,928</b>		<b>\$11,661,552</b>	<b>\$112.81</b>	<b>19.6 %</b>

## Network Utilization

January 2025 - December 2025



Everyone Deserves a Healthy Smile

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
CONSENT AGENDA  
February 23, 2026**

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**

REVISED Resolution 8-25: Approval of Risk Management Plan .....	<b>Page 34</b>
Resolution 14-25: New Member Approvals .....	<b>Page 48</b>
Resolution 15-25: Approval of the February 2026 Bills List.....	<b>Page 49</b>

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**

**2026 RISK MANAGEMENT PLAN**

**Effective: JANUARY 1, 2026**

**Adopted: JANUARY 26, 2026**

**Revised: February 23, 2026**

**1.) COVERAGE OFFERED**

- **Medical**

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offers “low-cost plans” to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan. Effective in 2013, the Fund also began offering Medicare Advantage programs.

- **Dental**

The Fund offers customized dental plans as required by the members.

- **Prescription**

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options. The Fund also offers “Employer Group Waiver Programs” that are coordinated with Medicare Advantage offerings.

- **Vision**

The Fund offers customized vision plans as required by the members.

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member and plan design.

**3.) RISK RETAINED BY THE FUND**



or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the fiscal impact to the Fund. The Committee will approve/deny the request within 45 days.

Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that choose to take such deferments shall advise the Fund Executive Director's office in writing at least one month prior to taking the deferment.

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

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

**7.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

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

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

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

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

Requests for additional claims data from Fund members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the Fund or its vendors for data extraction and formatting costs.

Unless otherwise authorized as part of the offer of membership, when a member joins during a FUND year, the member's initial rates are only valid through the end of the then current FUND year at which time the rates are adjusted for all members to reflect the new budget. Prospective members may be offered entry rates of up to eighteen (18) months to allow for the alignment of renewals with the fiscal years of the FUND or of the entity.

**8.) RATING PERIODS**

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

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

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

**10.) PROVISION FOR PPOs, etc.**

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

**11.) OPEN ENROLLMENT PROCEDURES**

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

**12.) COBRA AND CONVERSION OPTIONS**

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

**13.) DISCLOSURE OF BENEFIT LIMITS**

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

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

All assessments, including additional assessments and dividends, are the responsibility of the member, not the employee or former employee. Employee contributions, if any, are solely an internal policy of the member which shall not impact on the member's obligations to the Fund or confer any additional rights to the employees. Where the Fund directly bills an employee, (i.e. COBRA, etc.), this shall be considered as a service to reduce the member's administrative burden, and the member shall be responsible in the event of non-payment.

**15.) RETIREES**

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

**16.) NEWBORN CHILDREN**

All plan documents will have the following language:

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

**17.) PLAN DOCUMENT**

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

A.) General Information

- \* Enrollment procedures and eligibility.
- \* Dependent eligibility.
- \* When coverage begins.
- \* When can coverage be changed.
- \* When does coverage end.
- \* COBRA provisions.
- \* Conversion privilege
- \* Enrollment forms and instructions.

B.) Benefits

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

C.) Claims Procedures

- \* Submission of claim.
- \* Proof of loss.
- \* Appeal procedures. Shall be in accordance with applicable governing law. See also Plan Document and FUND Risk Management Plan and Bylaws

D.) Cost Containment Programs

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

**18.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**

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

entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

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

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

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

#### **19.) "RUN-IN" or "RUN-OUT" LIABILITY**

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

#### **20.) CLAIMS, OPERATIONS AND ENROLLMENT AUDITS**

The Fund retains a claim auditor experienced in auditing self-insured claims and operations. Claims and/or operational audits will be performed after the first year of operation and at least every three (3) years thereafter.

The FUND may require enrollment audits for new and existing members to ensure that benefits are paid only for persons meeting eligibility requirements.

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

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

A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request, shall be accompanied by a copy of the determination letter issued by the TPA.

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

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

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

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

notify the claimant and the Program Manager of the decision within one (1) business day.

5. The IRO shall complete the external review and provide written notice of its final external review decision within forty-five (45) days of the receipt of the request for the external review. In the case of a request for expedited external review of an adverse benefit determination or final internal adverse benefit determination where delay would seriously jeopardize the life or health of the claimant or the ability to regain maximum function, the IRO shall provide notice of the final external review decision as expeditiously as possible but in no event more than 72 hours after the receipt of the request for an expedited external review. If the notice is not in writing, the IRO must provide written confirmation of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

(i) a general description of reason for the external review with sufficient information to identify the claim, claim amount, diagnosis and treatment codes and reason for previous denial;

(ii) the date the IRO was assigned and date of the IRO's decision;

(iii) references to the documentation/information considered;

(iv) a discussion of the rationale for the IRO's decision and any evidence-based standards relied upon in making the decision;

(v) a statement that the decision is binding on the claimant and the Fund subject to the claimant's right to seek judicial review of the same; and

(vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

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

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

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

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

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

**23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS**

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

**24.) MEDICARE ADVANTAGE/EGWP ONLY**

The Fund may offer retiree coverage with a fully insured Medicare Advantage and/or Employer Group Waiver Program membership to an entity that does not have its active members in the Fund. The carrier will provide the Fund with a per employee, per month cost for a plan that matches equal to, or better to the current retiree plan. The Fund may add additional expenses to the price per employee. The entity would be required to sign an Indemnity and Trust agreement.

**25.) QUALITY AND CLINICAL PLAN MANAGEMENT**

The FUND shall have right to review, evaluate, and then implement certain Quality and Clinical Management programs related to the Medical, Pharmacy and Dental plans, as may be warranted from time to time, to address new and emerging issues related to the effective administration of the FUND. None of the programs shall constitute a change in benefit and shall not increase participant cost sharing. These programs may include and is not limited to Pharmacy and Medical quality and utilization programs that require a plan member to participate in a program intended to manage quality and improve outcome. If adopted by the FUND, such programs shall apply to all members of the FUND. The FUND shall utilize a formulary of preferred medications. The formulary will change from time to time as managed by the FUND's contracted Pharmacy Benefit Manager. Any changes to the formulary impacting a plan member will be addressed through advance notice to plan members. There will always be alternative medications available in each therapeutic class.

- Drug Utilization Management – The FUND may adopt or amend drug utilization management programs intended to impact the appropriate use of medications. These may include and are not limited to step therapy, generics preferred, formulary, retail network, prior authorization, and other programs provided for by the FUND's contracted Pharmacy Benefit Manager.
- Medical Care Management – The FUND may adopt or amend medical management plans intended to ensure member safety and efficacy of the health care program. This may include and not be limited to programs provided by the FUND's contracted Third-Party Administrator or others that can administer such programs.

- Out of Network Fee Schedules - The FUND shall adopt and amend the out of network fee schedule (“the schedule”) used from time to time. The schedule shall be based on an independent methodology, generally Medicare plus a markup (i.e., 150% of Medicare) that ensures fairness and reasonableness related to the provider type, type of procedure and geography. If adopted by the FUND such programs shall apply to all members of the FUND. Individual members may separately be exempted from the application of such programs only with the express approval of the TRUSTEES and after agreeing to an appropriate rate adjustment.

## **26.) New Jersey Protections for Involuntary, Inadvertent and Emergency Out of Network Claims**

The below information is applicable to New Jersey residents who are enrolled in the plan. In response to surprise bill concerns, the New Jersey Department of Insurance enacted the Out-Of-Network Consumer Protection, Transparency, Cost, Containment and Accountability Act (Act) (N.J.S.A. 26:2SS-1). This Act provides certain consumer protections for surprise bills for out-of-network health care services. Your employer has voluntarily elected that the plan participates in this Act.

The Act provides protections for the two types of claims specified below:

### **1. Involuntary and inadvertent out-of-network services**

You are protected from balance bills by a New Jersey out-of-network health care professional for covered services when you use an in-network health care facility (e.g. hospital, ambulatory surgery center, etc.) located in New Jersey and, for any reason, in-network health care services are unavailable at that facility (an “inadvertent out-of-network service”). This includes laboratory testing (e.g., imaging, X-rays, blood tests and anesthesia).

Except as provided below, you should not be balance billed by an out-of-network health care professional or facility, for any amount in excess of what your deductible, copayment, or coinsurance amounts (also known as “cost-sharing”) would be if you received the same service in-network. If you receive a bill for any other amount, please contact us at the number on your Identification Card and we will help address it. You may also file a complaint with the Department of Banking and Insurance by visiting <https://www.state.nj.us/dobi/consumer.htm>.

If you receive a bill for an amount above of your cost-sharing responsibilities for an inadvertent out-of-network service, Aetna and the out-of-network health care professional or facility may negotiate and settle on an amount for the service. If that negotiated amount exceeds what was shown on your initial Explanation of Benefits (EOB), your out-of-pocket cost-sharing responsibility may increase. If this occurs, you will be provided a second EOB showing your total cost-sharing responsibility.

If an agreement cannot be reached, Aetna or the out-of-network health care professional or facility may initiate binding arbitration to determine the amount to be paid for the inadvertent out-of-network service. The amount awarded by the arbitrator may exceed what Aetna has already

paid to the out-of-network health care professional or facility; however, any additional payment for the arbitration award **will not** increase your cost-sharing responsibility above the amount indicated on your second EOB. In addition, if an arbitration takes place, you will also receive a final EOB showing the total allowed charge/amount for the service(s).

## 2. **Medically necessary treatment on an emergency or urgent basis**

You have additional protections from balance bills by any New Jersey facility involving medically necessary treatment on an emergency or urgent basis. Under this heading, “emergency and urgent care basis” means all emergency and urgent care services including, but not limited to, the services required pursuant to N.J.A.C. 11:24-5.3, which includes: (1) medical and psychiatric care, which shall be available 24 hours a day, seven days a week; (2) coverage for trauma services at any designated Level I or II trauma center as medically necessary (such coverage shall continue at least until, in the judgment of the attending physician, you are medically stable, no longer require critical care, and can be safely transferred to another facility); (3) coverage for out-of-service area medical care when medically necessary for urgent or emergency conditions where you cannot reasonably access in-network services; (4) prehospital care and hospital services regardless of location when medically necessary for injury or emergency illness; and (5) upon a your arrival in a hospital, coverage of a medical screening examination, as required by the Federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, and as specified in N.J.A.C. 8:43G-12.

Except as discussed below, you should not be billed by any facility, for any amount in excess of any deductible, copayment, or coinsurance amounts (also known as “cost-sharing”) would be if you received the same service in-network. If you receive a bill for any other amount, please contact us at the number on your Identification Card and we will help address it. You may also file a complaint with the Department of Banking and Insurance by visiting <http://www.state.nj.us/dobi/consumer.htm>.

If you receive a bill from an out-of-network health care professional or facility for an amount above of your cost-sharing responsibilities involving medically necessary treatment on an emergency or urgent basis, Aetna and the out-of-network health care professional or facility may negotiate and settle on an amount for the service. If that negotiated amount exceeds what was shown on your initial Explanation of Benefits (EOB), your out-of-pocket cost-sharing responsibility may increase. If this occurs, you will be provided a second EOB showing your total cost-sharing responsibility.

If an agreement cannot be reached, Aetna or the out-of-network health care professional or facility initiate binding arbitration to determine the amount to be paid for the medically necessary treatment on an emergency or urgent basis. The amount awarded by the arbitrator may exceed what Aetna has already paid to the out-of-network health care professional or facility; however, any additional payment for the arbitration award **will not** increase your cost-sharing responsibility above the amount indicated on your second EOB. In addition, if an arbitration takes place, you will also receive a final EOB showing the total allowed charge/amount for the service(s).

**ADOPTED: FEBRUARY 23, 2026**

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

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

**RESOLUTION NO. 14-26**

**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 **February 23, 2026** for the purposes of conducting the official business of the Fund; and

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

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

1. Camden County MUA – Effective on or around April 1, 2026 – Medical and Rx
2. Cinnaminson Fire District - Effective on or around April 1, 2026 – Medical and Rx

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

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

**ADOPTED: February 23, 2026**

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

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

**RESOLUTION NO. 15-26**

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE FEBRUARY 2026 BILLS LIST**

**WHEREAS**, the Southern New Jersey Regional Employee Benefits Fund held a Public Meeting on **February 23, 2026** 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 February 2026 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 February 2026 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: FEBRUARY 23, 2026**

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

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

# APPENDIX I

**SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND**  
**OPEN MINUTES**  
**January 26, 2026**  
**Conference Call**  
**5:15 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	Borough of Brooklawn	Present
Terry Shannon, Secretary	Borough of Barrington	Present
Louis DiAngelo	Borough of Bellmawr	Absent
Edward Hill	CCBOSS	Present
Gary Passanante	Borough of Somerdale	Present
Brian Morrell	Gloucester City	Absent
Kenneth Cheeseman	Laurel Springs	Present
Elanor Kelly	Borough of Runnemede	Present
Joseph Gallagher	Winslow Twp	Present
Elizabeth Peddicord	Pennsauken	Present

**APPROVAL OF MINUTES:** November 24, 2025

**MOTION TO APPROVE OPEN MINUTES OF NOVEMBER 24, 2025 PRESENTED:**

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

**APPOINTED PROFESSIONALS PRESENT:**

Executive Director/ Adm.	PERMA Risk Management Services <b>Brandon Lodics</b> <b>Emily Koval</b> <b>Jim Rhodes</b> <b>Jordyn Robinson</b>
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Program Manager	Conner Strong & Buckelew <b>John Lajewski</b>
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Attorney **J. Kenneth Harris, Esq.**

Medical TPA - AmeriHealth **Tyler Jackson**

Medical TPA - Aetna **Jason Silverstein**

Express Scripts **Hiteksha Patel**

Treasurer **Lorraine Verrill**

Delta Dental **Crista O'Donnell**

**CORRESPONDENCE** - Correspondence from the Department of Banking and Insurance was noted, specifically a questionnaire regarding the Fund's financial position and response. This item was deferred for discussion during the Executive Director's report.

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

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF 2026 FUND COMMISSIONERS - ALL MEMBERS**

<b>MEMBER ENTITY</b>	<b>COMMISSIONER/CONTACT</b>	<b>Attendance</b>	<b>Ballot Response</b>
Barrington	Terry Shannon	Present	Full Slate
Bellmawr	Louis DiAngelo		
Borough of Berlin	Michael Kwasizur		
Township of Berlin	Catherine Underwood		
Bordentown	Michael Theokas		
Brooklawn	Michael Mevoli	Present	
Camden City			
CCBOSS	Edward Hill	Present	Full Slate
Chesilhurst	William Hales		
Cinnaminson Township	Eric Schubiger	Present	Full Slate
Collingswood	Casandra Duffy		
Delran Township	Jamey Eggers		Full Slate
Elk Township	Stephen Considine		
Evesham Township	Larry Phillips		
Franklin Township	Barbara Freijomil		
Gibbsboro			
Gloucester City	Brian Morrell	Present	
Gloucester Township			
Gloucester Township Fire District #2	William Rob		
Haddon Heights	Kelly Santosusso		
Haddonfield	Kevin Roche		
Laurel Springs	Ken Cheeseman	Present	Full Slate
Lindenwold	Dawn Thompson		Full Slate
Lumberton Township	Carrie Gregory		Full Slate
Magnolia	Steve Whalen	Present	
Mantua	Jemmica Bileci		

Mantua Township MUA	Charles Jones		Full Slate
Maple Shade			
Medford Lakes	Robert Burton		
Medford Twp	Katherine Burger		
Merch/Pennsauken Water Commission	Jack Killion		
Merchantville	Edward Brennan		
Monroe	James DeHart	Present	
Mt Ephraim	Terry Shannon	Present	Full Slate
Mount Laurel	Brett Solomen		Full Slate
Mount Holly MUA	Michael Dehoff		Full Slate
NJ Schools Insurance Group	Jill Deitch		
North Hanover Twp	Scout Beyer		Full Slate
Oaklyn Borough	Bonnie Taft	Present	
Palmyra	Donna Condo		
Paulsboro	Gary Stevenson		
Pennsauken	Elizabeth Peddicord	Present	
Pine Hill	Pat Hendricks		Full Slate
Pitman	Michael Razzo		
Riverside	Meghan Jack		
Runnemede	Elenenor Kelly	Present	
Somerdale, Boro of	Gary Passanante	Present	Full Slate
Springfield Township	Brandy C. Boyington		
Washington Township	James Walker		
Township of Waterford	Daniel Cormaney		Full Slate
Wenonah	Karen Sweeney		
Westampton			
Westville Borough	Ryan Giles		
West Deptford	Michael Kwasizur		
Willingboro	Dwayne Harris		
Winslow Twp	Joseph Gallagher	Present	
Winslow Township Fire District	Lorraine Sacco	Present	Full Slate
Woodbury City	Lina Dever		
Woodbury Heights	Vikki Holmstrom		Full Slate
Borough of Lawnside	Angelique Rankins		

#### **ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES**

Executive Director asks for nominations. Attorney swears in Officers and Executive Committee.

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

#### **ELECTION OF OFFICERS, EXECUTIVE COMMITTEE, AND ALTERNATES**

Nominations for officers, executive committee members, and alternates were requested. The Nominating Committee recommended Chair Mevoli as Chairman, Mrs. Shannon as Secretary, and Mr. DiAngelo, Mr. Hill, Mr. Passanante, Mr. Morrell, and Mr. Cheeseman as Executive Committee members, with Mrs. Kelly, Mr. Gallagher, Mrs. Peddicord, and Mrs. Taft as alternates. No other nominations were received. The slate was approved, and Mr. Harris administered the oath of office to the newly elected officers and committee members.

#### **OATH OF OFFICE**

## MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

### ROLL CALL OF 2026 EXECUTIVE COMMITTEE

Michael Mevoli, Chairman	Present
Terry Shannon, Secretary	Present
Louis DiAngelo, Executive Committee Member	Absent
Edward Hill, Executive Committee Member	Present
Gary Passanante, Executive Committee Member	Present
Brian Morrell, Executive Committee Member	Present
Kenneth Cheeseman, Executive Committee Member	Present
Elanor Kelly, Executive Committee Alternate	Present
Joseph Gallagher, Executive Committee Alternate	Present
Elizabeth Peddicord, Executive Committee Alternate	Present
Bonnie Taft, Executive Committee Alternate	Present

### PUBLIC COMMENT - *Agenda Items Only*

### EXECUTIVE DIRECTOR'S REPORT

**FAST TRACK FINANCIAL REPORT** – Mr. Rhodes and Mrs. Koval presented the monthly report, beginning with a review of correspondence from the Department of Banking and Insurance. The Fund's response detailed the causes of the current year deficit, including increased facility claim payments due to hospital contract negotiations, a higher number of high-cost claimants, increased GLP-1 utilization for weight loss, and the impact of No Surprises Act claims. The Fund outlined its plan to monitor financials, include surplus regeneration in the 2026 budget, and enforce a 10% penalty for delinquent invoices. The Fund has not released dividends in the past three years and maintains procedures for supplemental assessments for departing members.

### **2026 REORGANIZATION**

The reorganization resolutions were reviewed, including awards of professional contracts, designation of PERMA as agent for process of service, appointment of Mrs. Shannon as custodian of records, designation of official newspapers, setting of meeting dates, adoption of the cash management plan, designation of authorized signatories, approval of the risk management plan, appointment of MRHIF Fund Commissioners, authorization for the Treasurer to process payments and adoption of broker fees. The resolutions were included in the consent agenda for approval.

### **COMMITTEE APPOINTMENTS**

During the meeting, Chair Mevoli and Mrs. Shannon announced the annual appointments to the Fund's standing committees and introduced two new subcommittees for 2026, reflecting the Fund's growth and evolving needs. The Operations Committee, chaired by Mrs. Shannon, was established to review and manage matters related to new member admissions, special enrollment requests, and operational challenges. This committee will serve as the first point of review for any member seeking exceptions or special consideration, such as late enrollments due to missed open enrollment periods or qualified life events. The Operations Committee will evaluate these requests anonymously, assess their fiscal impact, and make recommendations to the Executive Committee. Mrs. Shannon encouraged additional commissioners to volunteer for this committee, emphasizing that participation is not limited to executive board members and that broader involvement would strengthen the Fund's operations.

The Strategic Planning Committee, chaired by Mr. Passanante, was created to focus on long-term initiatives and policy decisions that affect the Fund as a whole. This committee will be responsible for evaluating and recommending strategies related to cost containment, plan design changes, and management of out-of-network fee schedules. For example, the committee may consider adopting new approaches to control costs associated with high-cost medications or adjusting reimbursement methodologies for out-of-network providers. Mrs. Shannon and Mrs. Peddicord were also named to the Strategic Planning Committee. Chair Mevoli stressed the importance of these committees, noting that they perform the essential groundwork and bring recommendations to the Executive Committee for final approval. He invited all commissioners, regardless of their current committee status, to join either the Operations or Strategic Planning Committees, highlighting the value of diverse perspectives and active engagement as the Fund continues to expand.

Chair Mevoli reiterated that committee work is vital to the Fund’s success and encouraged commissioners to contact Mrs. Koval if interested in joining any committee, assuring that opportunities for involvement are open and flexible.

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

**NEW MEMBERS**

Mrs. Koval reported that four new entities are joining the Fund: Willingboro Municipal Utilities Authority, Riverton Borough, Berlin Township, and Haddon Township Board of Fire Commissioners, District 1. Each group is moving from the State Health Benefits Program and will receive medical and prescription coverage, with retiree benefits included. The effective dates for membership are February 1, 2026 for Willingboro MUA and Riverton Borough, March 1, 2026 for Berlin Township, and April 1, 2026 for Haddon Township Board of Fire Commissioners.

All new members have been reviewed and certified by the Fund Actuary using standard underwriting methodology. Indemnity and Trust Agreements are in progress or received, and each entity has passed or is finalizing resolutions to leave their prior program. Mrs. Koval noted that the Fund’s 2026 budget includes surplus regeneration to ensure these new members contribute positively to the Fund’s financial position. The Executive Committee approved their admission contingent upon completion of all required agreements, formalized through Resolution 12-26.

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND** - Mrs. Koval provided an update stating met in December to adopt its 2026 budget. The Express Scripts contract through the Level Pharmacy Coalition was extended for one final year due to the inability to issue a formal RFP; the RFP process is expected to begin in early spring for 2027. Commissioners were updated on the audit of Express Scripts claims from 2024, which should be starting soon.

**2026BILLING UPDATES**

Direct Bills: WEX implemented changes to its direct bill service platform. Members who are directly billed should continue paying their 2025 rates until new coupons are issued, as there is a processing delay of 20–30 business days after renewal information is provided.

Monthly Invoices: A new process was implemented where invoices are now sent via a secure OneDrive link, with a separate email containing an authentication password. Members were advised to check spam/junk folders if they do not receive the message and to contact the Client Services Team for assistance.

**LOCK BOX** - Mrs. Koval reported that the lock box has officially been set up. The lock box can now be used and will appear on January invoices.

**PROGRAM MANAGERS REPORT** - Manager John Lajewski provided an industry update, noting FDA approval of oral Wegovy and anticipated approval of a competing GLP-1 medication. He highlighted the need to address rising costs associated with GLP-1 medications, outlining strategies under evaluation such as tighter utilization management protocols, plan design exclusions, increased member cost share, and direct-to-consumer acquisition channels.

Fund performance observations included monitoring out-of-network provider utilization and the impact of generous fee schedules. Recommendations for adjusting out-of-network reimbursement strategies are forthcoming.

Client services and eligibility/enrollment issues are managed by Mrs. Holmes-Dutton and Mrs. Bailey. System training is available for WEX access, and ongoing communication with WEX is addressing delays in coupon distribution. Members should continue to pay based on 2025 coupons, and coverage will not be impacted.

Carrier appeals were summarized, with four appeals upheld and three under review.

**TREASURER REPORT:**

Mrs. Verrill presented the December 2025 and January 2026 voucher lists, totaling \$1,777,160.84 and \$2,210,046.25 respectively. The Treasurer's report included confirmation of claims paid, certification of transfers, summary of cash transactions, and reconciliation of claims payments and recoveries. The report was ratified by the Executive Committee.

**MOTION TO APPROVE RESOLUTION 13-26 BILLS:**

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

**MOTION TO APPROVE THE TREASURERS REPORT:**

Moved:	Commissioner Shannon
Second:	Commissioner Cheeseman
Vote:	All in Favor

**FUND ATTORNEY:** Mr. Harris provided a summary of recent Department of Labor opinion letters regarding compliance with the Fair Labor Standards Act and Family Medical Leave Act. He explained the inclusion of incentive bonuses in overtime calculations and clarified requirements for intermittent

leave under FMLA.

**AETNA:** Mr. Silverstein presented the Aetna report, detailing medical claims activity, network discounts, provider utilization, catastrophic claim impacts, and customer service performance metrics.

**AMERIHEALTH:** AmeriHealth's report, delivered by Mrs. Strain, summarized medical claims paid and high-cost claimants.

**EXPRESS SCRIPTS:** Express Scripts' report, presented by Ms. Patel, focused on specialty medication costs, formulary changes, and top indications and drugs driving plan costs. No Delta Dental report was provided for the month.

**DENTAL ADMINISTRATOR:** N/A

**CONSENT AGENDA:**

The consent agenda, covering Resolutions 1-26 through 13-26, was presented and approved.

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

**OLD BUSINESS:** None

**NEW BUSINESS:** None.

**PUBLIC COMMENT:** None

**MOTION TO ADJOURN:**

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

**MEETING ADJOURNED: 5:46 pm**

**NEXT MEETING: February 23, 2026 5:15 PM**

**Pennsauken Municipal Building**

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Jordyn Robinson , Assisting Secretary  
for

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**Terry Shannon, SECRETARY**

# APPENDIX II



# 16TH ANNUAL MEL, MRHIF & NJCE EDUCATIONAL SEMINAR

## SAVE THE DATES

FRIDAY, APRIL 24 ▶ 9:00 AM – 12:00 PM

FRIDAY, MAY 1 ▶ 9:00 AM – 12:00 PM

## Available Online at No Cost to Members

Designed specifically for elected officials, commissioners, municipal, county and authority personnel, risk managers and related professionals

This online seminar is pending approval for the following continuing education credits:

- CFO/CMFO Public Works and Clerks
- Insurance Producers
- Accountants (CPA) and Lawyers (CLE)
- Water Supply and Wastewater Licensed Operators (Total Contract Hours)
- Registered Public Purchasing Officials (RPPO)
- Qualified Purchasing Agents (QPA)

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**NEW JERSEY COUNTIES  
EXCESS JOINT INSURANCE FUND**

## AGENDA

### FRIDAY, APRIL 24

- Local Government Health Benefits Crisis
- Police Accreditation Plus Initiative
- Controlling Workers Compensation Costs

### FRIDAY, MAY 1

- Anti-Harassment Programs for Volunteer Organizations
- Cyber JIF at 3
- Local Government Ethics Act

### TO REGISTER

Connect to [njmel.org](http://njmel.org)  
or email Jaime Testa at [jainet@permainc.com](mailto:jainet@permainc.com)

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# APPENDIX III

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

INDEMNITY AND TRUST AGREEMENT

THIS AGREEMENT made this [REDACTED] day of [REDACTED] 2026, 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, 2026** and ending on **December 31, 2028** 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:** \_\_\_\_\_