



AGENDA AND REPORTS
JANUARY 15, 2025
1:30 PM

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STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

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

1. Sending advance written notice to The Asbury Park Press
2. Filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality.
3. Sending advance electronic mail notice of this meeting to the Clerk/ Administrator of each member municipality.
4. Posting electronic notice of this meeting on the Fund's website which notice provided the time, date and instructions for: (i) access to the Remote Public Meeting, (ii) how to provide public comment and (iii) how to access the agenda.
5. Posting a copy of the meeting notice on the public bulletin board of all member municipalities.
6. During the business session portion of this Remote Public Meeting the audio of all members of the public attending the meeting will be muted. At the end of the business session of the meeting, a time for public comment will be available. Members of the public who desire to provide comment shall raise their virtual hand in the Zoom application and/or submit a written comment via the text message section of the application. The meeting moderator will queue the members of the public that wish to provide comment and the Chairperson will recognize them in order. Public comment shall be concise and to the point and shall not contain abusive, defamatory, or obscene language.

**CENTRAL JERSEY HEALTH INSURANCE FUND
AGENDA MEETING: JANUARY 15, 2025
1:30 PM**

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2024 EXECUTIVE COMMITTEE

Thomas Nolan, Chair - Borough of Brielle
Brian Brach, Secretary- Manasquan RRSA
Diane Lapp, Executive Committee - Township of Manchester
Brian Valentino, Executive Committee- Western Monmouth MUA
Brian Dempsey, Executive Committee - Spring Lake Borough
Peter O'Reilly, Executive Committee - Borough of Lakewood
Angela Morin, Executive Committee - Aberdeen
James Gant, Executive Committee Alternate - Red Bank

APPROVAL OF MINUTES: October 16, 2024 Open: Appendix I

CORRESPONDENCE - None

ADJOURN SINE DIE MEETING

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF ALL 2025 FUND COMMISSIONERS

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

Executive Director asks for nominations. Attorney swears in Officers and Executive Committee. (Appendix III)

NOMINATING COMMITTEE RECOMMENDATION

Thomas Nolan	Borough of Brielle	Chair
Brian Brach	Manasquan RRSA	Secretary
Diane Lapp	Township of Manchester	Executive Committee
Brian Valentino	Western Monmouth MUA	Executive Committee
Brian Dempsey	Spring Lake Borough	Executive Committee
Peter O'Reilly	Borough of Lakewood	Executive Committee
James Gant	Red Bank	Executive Committee
Jason Gonter	West Long Branch Twp	Executive Committee Alternate
OPEN		Executive Committee Alternate
OPEN		Executive Committee Alternate
OPEN		Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 4

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 14

TREASURER - (Stephen Mayer)

November 2024, December 2024, and January 2025 Voucher List.....Page 19

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY - (John C. Sahradnik, Esq.)

Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)

Monthly Report.....Page 28

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)

Monthly Report.....Page 33

PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly Report..... Page 35

DENTAL ADMINISTRATOR - (Delta Dental)

No report

CONSENT AGENDA.....Page 40

Resolution 1-25: Awarding Professional Fees & Contracts..... Page 41

Resolution 2-25: Designation of Process of Service Page 44

Resolution 3-25: Designation of Secretary as Custodian of Records..... Page 45

Resolution 4-25: Designation of Official Newspaper Page 46

Resolution 5-25: Designation of Regular Meeting Times and Place..... Page 47

Resolution 6-25: Designation of Bank Depositories & CMP..... Page 48

Resolution 7-25: Designation of Authorized Signatories Page 52

Resolution 8-25: Approval of Risk Management Plan..... Page 53

Resolution 9-25: Appointment of MRHIF Fund Commissioners Page 63

Resolution 10-25: Broker Contract Approval Page 64

Resolution 11-25: Authorizing Treasurer to Process Contracted

Payments and Expenses Page 75

Resolution 12-25: Adopting 2025 Wellness Grant Programs..... Page 76

Resolution 13-25: E-Procurement Approval.....Page 77

Resolution 14-25: Approval of the November 2024, December 2024

and January 2025 Bills Lists.....Page 78

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

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

MEETING ADJOURNED

Central Jersey Health Insurance Fund
Executive Director's Report
January 15, 2025

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of November 30, 2024 (page 8)

2025 REORGANIZATION

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

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

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

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

Resolution 4-25 designates the Asbury Park Press as the Official Fund Newspaper. As per recent legislation, public notices may be print or online through 3/31/25. If there are changes, the resolution can be revised.

Resolution 5-25 sets meeting dates and times which will be posted on each entity's public bulletin board. Also includes instructions on how to access the virtual link as well as a physical location if decided to go back in person.

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

Resolution 7-25 designates authorized signatories for Fund bank accounts.

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

Resolution 9-25 appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. Current MRHIF representatives are Brian Brach and Brian Valentino.

Resolution 10-25 adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity’s rates reflect its arrangement only.

Resolution 11-25 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

2025 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2024 with several openings that need to be filled. If a Commissioner is interested in joining a committee, please reach out to Emily Koval or Chair Nolan.

<u>Finance And Contracts Committee</u>	<u>Wellness Committee</u>	<u>Operations and Claims Committee</u>	<u>Nominating Committee</u>
Tom Nolan	Diane Lapp	Diane Lapp	Brian Brach
Brian Brach	Jim Gant	Brian Brach	Jeanne Smith
OPEN	OPEN	James Tricarico	OPEN

2025 WELLNESS GRANT APPLICATIONS

Applications for a 2025 wellness grant were emailed to the membership last month. The total budget is \$150,000 for all medical members.

We’ve received one response for Wellness grants through the Fund. Bedminster and Lakewood have submitted applications for many years. The applications are included in Appendix II, which are similar to prior years to which we have approved.

1. Bedminster Township – Wellness Tournaments with healthy step challenges and prizes to continue healthy habits – request for \$7,500
2. Lakewood – Wellness workshop and initiatives, focusing on Mental Health, Health-Wellness Challenges, Wellness Fair, Office Wellbeing Initiatives and CPR courses – request for \$17,000

Resolution 12-25 approves these grants.

The **due date is June 30, 2025** for all members that are interested. The application has been sent out, if you need an extra copy, please reach out to HIFAdmin@permainc.com.

2025 PROFESSIONAL/CONSULTANTS RFP UPDATES

The following professional contracts expire at the end of 2024. The professional RFPs were released and received on November 22, 2024. The Contracts Committee reviewed the responses and evaluated which were then sent to the QPA. The committee recommends awarding the contracts as follows:

Position	Vendor	Proposed Fees
Actuary	Actuarial Solutions, LLC	2025: \$17,260 2026: \$17,600 2027: \$17,950
Auditor	Mercadien	2025: \$22,000 2026: \$22,550 2027: \$22,900
Executive Director	PERMA	2025: \$9.63 PEPM 2026: \$9.82 PEPM 2027: \$10.02 PEPM
Program Manager	Conner Strong & Buckelew	2025: \$23.36 PEPM 2026: \$23.86 PEPM 2027: \$24.34 PEPM <i>*Reduced fees for RX and Dental only. Additional fees for New Members.</i>

The summary reports for each RFP are included in Appendix II.

Treasurer and Attorney RFP closes on January 16, 2025. Once responses are received, the Contracts Committee will review, and recommendations will be provided at the next meeting.

MEDICARE ADVANTAGE RFP UPDATE - RFPs were issued due to higher-than-expected renewals for Medicare Advantage plans affected by the Inflation Reduction Act (IRA). Aetna submitted their responses by the deadline, upholding their initial proposals, so no budget changes are necessary.

Aetna is holding the rates for effective dates throughout 2025. The RFP results were shared with the Contracts Committees. On behalf of the Fund, the carriers were informed of the January 1, 2025, renewals, which will be formalized at the reorganization meeting

2025 TPA FEES

In late fall, our TPA Aetna (and AmeriHealth) provided the Funds with a continuance of their current contract for both fees and terms. At that time, most of the budgets were adopted with a projected increase of about 5%. Thanks to our TPA partners, the Funds will realize an additional savings to be collected into contingency and hopefully earned surplus. For the CJHIF, this savings was approximately \$43,000. Reorg Resolution 1-25 ratifies the new fee.

AETNA NATIONAL ADVANTAGE PROGRAM (NAP)

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

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

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

Agreement Terms:

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

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

E-PROCUREMENT SOFTWARE VENDOR

At the recommendation of the QPA, Resolution 13-25 is included in the consent allowing the Fund to utilize Bidnet for E-Procurement software vendor for competitive contracting. Costs are included in the QPA professional fee.

BROKER FEE PAYMENTS

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

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

- Early February: Committee discussion and Attorney review
- Mid-End February: Broker communication
- Mid-March: New contract and requirement documentation completed; update Executive Committee

End of March: File contracts with State
April bills list: First payment to broker by Fund

WEX 2025 COUPON UPDATE

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

2025 PERMA MANAGEMENT TEAM UPDATES

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

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

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

**CENTRAL JERSEY HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT**

		AS OF	October 31, 2024			
		<i>THIS</i>	<i>YTD</i>	<i>PRIOR</i>	<i>FUND</i>	
		<i>MONTH</i>	<i>CHANGE</i>	<i>YEAR END</i>	<i>BALANCE</i>	
1.	UNDERWRITING INCOME	4,672,973	60,067,078	905,698,054	965,765,132	
2.	CLAIM EXPENSES					
	Paid Claims	4,406,600	57,266,975	739,807,037	797,074,012	
	IBNR	(221,389)	(886,945)	5,115,122	4,228,177	
	Less Specific Excess	-	(290,872)	(20,773,569)	(21,064,441)	
	Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)	
	TOTAL CLAIMS	4,185,210	56,089,159	723,148,590	779,237,749	
3.	EXPENSES					
	MA & HMO Premiums	349,345	3,768,815	28,314,822	32,083,637	
	Excess Premiums	155,218	2,236,336	41,013,751	43,250,086	
	Administrative	254,453	3,654,654	52,865,142	56,519,795	
	TOTAL EXPENSES	759,016	9,659,804	122,193,715	131,853,519	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(271,253)	(5,681,885)	60,355,749	54,673,865	
5.	INVESTMENT INCOME	16,494	250,752	4,062,357	4,313,109	
6.	DIVIDEND INCOME	0	0	8,232,890	8,232,890	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(254,759)	(5,431,133)	72,650,997	67,219,863	
8.	DIVIDEND	0	17,695	60,992,652	61,010,348	
9.	Transferred Surplus	0	0		0	
	STATUTORY SURPLUS (7-8+9)	(254,759)	(5,448,828)	11,658,344	6,209,516	
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	6,651	91,781	10,019,178	10,110,959
		Cash	69,898	243,184	9,708,304	9,951,488
	2023	Surplus	24,662	(252,045)	(2,005,117)	(2,257,163)
		Cash	(3,365)	(624,971)	(2,273,292)	(2,898,263)
	LAKEWOOD	Surplus	(66,882)	593,047	3,644,283	4,237,330
		Cash	3,758,863	837,687	2,921,176	3,758,863
	2024	Surplus	(219,190)	(5,881,611)		(5,881,611)
		Cash	(255,132)	(6,174,376)		(6,174,376)
	TOTAL SURPLUS (DEFICITS)	(254,759)	(5,448,828)	11,658,344	6,209,516	
	TOTAL CASH	3,570,265	(5,718,477)	10,356,188	4,637,712	
CLAIM ANALYSIS BY FUND YEAR						
	TOTAL CLOSED YEAR CLAIMS	3,610	28,637	601,858,674	601,887,311	
	FUND YEAR 2023					
	Paid Claims	4,747	3,785,279	36,837,212	40,622,491	
	IBNR	(28,027)	(3,714,419)	3,736,839	22,420	
	Less Specific Excess	0	227,713	(1,076,325)	(848,612)	
	Less Aggregate Excess	0	0	0	0	
	TOTAL FY 2023 CLAIMS	(23,280)	298,573	39,497,726	39,796,299	
	LAKEWOOD					
	Paid Claims	1,477,892	15,158,368	83,685,305	98,843,673	
	IBNR	4,162	68,260	1,378,283	1,446,543	
	Less Specific Excess	0	(520,651)	(3,271,400)	(3,792,050)	
	Less Aggregate Excess	0	0	0	0	
	TOTAL LAKEWOOD CLAIMS	1,482,054	14,705,977	81,792,188	96,498,165	
	FUND YEAR 2024					
	Paid Claims	2,920,350	38,296,757		38,296,757	
	IBNR	(197,524)	2,759,215		2,759,215	
	Less Specific Excess	0	0		0	
	Less Aggregate Excess	0	0		0	
	TOTAL FY 2024 CLAIMS	2,722,825	41,055,972		41,055,972	
	COMBINED TOTAL CLAIMS	4,185,210	56,089,159	723,148,589	779,237,748	

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.

CENTRAL JERSEY HEALTH INSURANCE FUND

RATIOS

INDICES	2023	FY2024											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	10,356,188	\$ 10,516,008	\$ 7,679,861	\$ 8,917,778	\$ 9,965,914	\$ 10,065,211	\$ 7,978,471	\$ 12,904,114	\$ 8,619,224	\$ 7,946,478	\$ 4,810,536	\$ 4,637,712	\$ 3,829,015
IBNR	5,115,122	\$ 5,140,768	\$ 4,859,277	\$ 4,857,216	\$ 4,836,541	\$ 4,960,927	\$ 4,992,405	\$ 5,023,493	\$ 5,015,769	\$ 5,019,384	\$ 4,449,567	\$ 4,228,177	\$ 4,228,177
Assets	17,211,717	\$ 17,268,892	\$ 16,497,944	\$ 16,371,132	\$ 15,267,869	\$ 15,193,582	\$ 14,746,376	\$ 14,953,023	\$ 13,427,323	\$ 13,811,201	\$ 11,279,690	\$ 10,822,732	\$ 10,015,432
Liabilities	5,553,378	\$ 5,443,977	\$ 5,114,472	\$ 5,132,672	\$ 5,116,262	\$ 5,260,981	\$ 5,306,102	\$ 5,331,801	\$ 5,343,244	\$ 5,365,994	\$ 4,815,421	\$ 4,613,222	\$ 4,613,222
Surplus	11,658,339	\$ 11,824,915	\$ 11,383,472	\$ 11,238,460	\$ 10,151,607	\$ 9,932,601	\$ 9,440,274	\$ 9,621,222	\$ 8,084,079	\$ 8,445,207	\$ 6,464,270	\$ 6,209,511	\$ 5,402,211
Claims Paid -- Month	3,380,832	\$ 4,487,765	\$ 5,424,875	\$ 4,678,869	\$ 5,734,313	\$ 4,902,011	\$ 5,329,394	\$ 4,685,414	\$ 6,385,708	\$ 4,945,884	\$ 6,296,507	\$ 4,408,025	\$ -
Claims Budget -- Month	4,316,828	\$ 4,632,939	\$ 4,646,267	\$ 4,635,352	\$ 4,631,643	\$ 4,812,626	\$ 4,811,077	\$ 4,809,206	\$ 4,811,261	\$ 4,825,088	\$ 3,850,009	\$ 3,851,391	\$ 3,854,188
Claims Paid -- YTD	54,737,597	\$ 4,487,765	\$ 9,912,641	\$ 14,591,509	\$ 20,325,822	\$ 25,227,833	\$ 30,557,227	\$ 35,242,642	\$ 41,628,350	\$ 46,574,234	\$ 52,870,741	\$ 57,278,766	\$ 57,278,766
Claims Budget -- YTD	51,088,206	\$ 4,632,939	\$ 9,279,206	\$ 13,914,558	\$ 18,546,201	\$ 23,358,827	\$ 28,169,904	\$ 32,979,110	\$ 37,790,371	\$ 42,615,459	\$ 46,465,468	\$ 50,316,859	\$ 54,171,047
RATIOS													
Cash Position to Claims Paid	3.06	2.34	1.42	1.91	1.74	2.05	1.5	2.75	1.35	1.61	0.76	1.05	#DIV/0!
Claims Paid to Claims Budget -- Month	0.78	0.97	1.17	1.01	1.24	1.02	1.11	0.97	1.33	1.03	1.64	1.14	0.00
Claims Paid to Claims Budget -- YTD	1.07	0.97	1.07	1.1	1.1	1.1	1.1	1.07	1.10	1.09	1.14	1.14	1.06
Cash Position to IBNR	2.02	2.05	1.58	1.84	2.06	2.03	1.6	2.57	1.72	1.58	1.08	1.1	0.91
Assets to Liabilities	3.10	3.17	3.23	3.19	2.98	2.89	2.78	2.80	2.51	2.57	2.34	2.35	2.17
Surplus as Months of Claims	2.70	2.55	2.45	2.42	2.19	2.06	1.96	2.00	1.68	1.75	1.68	1.61	1.40
IBNR to Claims Budget -- Month	1.18	1.11	1.05	1.05	1.04	1.03	1.04	1.04	1.04	1.04	1.16	1.1	1.10

Central Jersey Health Insurance Fund

2024 Budget Report

AS OF NOVEMBER 30, 2024

				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Claims AmeriHealth 12/31 Renew	18,997	20,724	10,548			
Medical Claims AmeriHealth 6/30 Renew	350,657	385,462	364,772			
Medical Claims Aetna 12/31 Renewal	27,914,572	29,687,352	31,197,461			
Medical Claims Aetna 6/30 Renewal	376,168	412,534	391,193			
Subtotal Medical Claims	28,660,394	30,506,072	31,963,974	32,929,215	(4,235,853)	-15%
Prescription Claims 12/31 Renewal	6,095,637	6,661,587	6,384,135			
Prescription Claims 6/30 Renewal	141,948	155,931	158,420			
Less Rx Rebates	(1,871,278)	(2,045,258)	(1,962,767)			
Subtotal Prescription Claims	4,366,307	4,772,260	4,579,788	6,610,993	(2,244,686)	-51%
Dental Claims 12/31 Renewal	1,723,836	1,881,205	1,823,910			
Dental Claims 6/30 Renewal	0	0	19,042			
Subtotal Dental Claims	1,723,836	1,881,205	1,842,952	1,515,765	208,071	12%
Vision Claims	32,968	36,040	28,659	Included in Medical Claims		
Lakewood SIR Claims						
Medical	11,719,786	12,808,069	11,637,090	12,103,188	(383,402)	-3%
Prescription	3,813,568	4,167,401	3,875,960	2,602,789	1,210,779	32%
Subtotal Claims	50,316,859	54,171,047	53,928,423	55,761,949	(5,445,090)	-11%
Medicare Advantage / EGWP	3,173,115	3,471,522	3,388,905	3,764,454	(1,764)	0%
Medicare Advantage - Rx	589,575	642,888	648,588	Included in Medicare Advantage / EGWP		
DMO Premiums	4,327	4,685	6,749	4,362	(34)	-1%
Reinsurance						
Specific	1,021,083	1,091,899	1,130,121			
Lakewood - ICH	1,215,272	1,327,820	1,415,697			
Subtotal Reinsurance	2,236,355	2,419,719	2,545,818	2,236,336	20	0%
Loss Fund Contingency	263,497	287,451	287,451	0	263,497	100%
Total Loss Fund	56,583,728	60,997,313	60,805,934	61,767,100	(5,183,372)	-9%
Expenses						
Legal	33,396	36,432	36,432	33,396	-	0%
Treasurer	11,917	13,000	13,000	11,913	4	0%
Administrator	485,537	526,384	530,150	485,858	(321)	0%
Program Manager	1,833,359	1,982,343	1,976,094	1,849,109	(2,000)	0%
Actuary	15,492	16,900	16,900	15,492	(0)	0%
Auditor	19,250	21,000	21,000	19,250	-	0%
TPA - Aetna	942,785	1,013,387	1,082,664	951,589	(202)	0%
TPA - AmeriHealth	8,602	9,434	9,989	Included above in TPA - Aetna		
Plan Documents	13,750	15,000	15,000	Included in Program Manager		
Dental TPA	76,620	83,610	82,725	76,690	(70)	0%
Wellness	137,500	150,000	150,000	144,075	(6,575)	-5%
Affordable Care Act	11,886	12,778	13,015	17,417	(5,531)	-47%
A4 Retiree Surcharge	14,560	15,984	15,699	14,560	(0)	0%
Claims Audit	36,667	40,000	40,000	36,664	3	0%
Misc/Cont	19,420	21,185	21,185	10,144	9,276	48%
Total Expenses	3,660,739	3,957,438	4,023,853	3,666,157	(5,418)	0%
Total Budget	60,244,467	64,954,751	64,829,787	65,433,257	(5,188,790)	-9%

Central Jersey Health Insurance Fund
CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2024

BY FUND YEAR

	CJ HIF 2024	CJ HIF 2023	CLOSED YEAR	LAKEWOOD	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	(6,174,376)	(2,898,263)	9,951,488	3,758,863	4,637,712
Assessments Receivable (Prepaid)	2,074,466	92,533	331,222	1,296,619	3,794,840
Interest Receivable	0	0	0	0	0
Specific Excess Receivable	-	473,612	-	168,192	641,804
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	1,408	-	-	-	1,408
Other Assets	1,178,425	107,376	969	460,198	1,746,969
Total Assets	(2,920,077)	(2,224,743)	10,283,679	5,683,872	10,822,732
LIABILITIES					
Accounts Payable	-	0	-	-	0
IBNR Reserve	2,759,215	22,420	-	1,446,543	4,228,177
A4 Retiree Surcharge	8,908	-	-	-	8,908
Dividends Payable	-	-	(0)	-	(0)
Retained Dividends	-	-	172,725	-	172,725
Accrued/Other Liabilities	193,411	10,000	-	-	203,411
Total Liabilities	2,961,534	32,420	172,725	1,446,543	4,613,222
EQUITY					
Surplus / (Deficit)	(5,881,611)	(2,257,163)	10,110,954	4,237,330	6,209,511
Total Equity	(5,881,611)	(2,257,163)	10,110,954	4,237,330	6,209,511
Total Liabilities & Equity	(2,920,077)	(2,224,743)	10,283,679	5,683,872	10,822,732
BALANCE	-	-	-	-	-

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

Fund Year allocation of claims have been estimated.

**CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2025**

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Be Filed upon Re-organization
Fund Officers	Be Filed upon Re-organization
Renewal Resolutions	Be Filed upon Re-organization
Indemnity and Trust	Be Filed upon Re-organization
New Members	Filed as New Members are approved
Withdrawals	Filed as Members Withdrawal
Risk Management Plan and By Laws	Be Filed upon Re-organization
Cash Management Plan	Be Filed upon Re-organization
Unaudited Financials	Filed through Q3 2024
Annual Audit	12/31/2023 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Be Filed upon Re-organization
Benefit Changes	N/A

CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

Program Manager

January 2025

Program Manager: PERMA

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: cjhifenrollments@permainc.com

Brokers: brokerservice@permainc.com

OPERATIONAL UPDATES:

Eligibility/Enrollment:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. To contact the team, email cjhifenrollments@permainc.com or fax to 856-552-2175. System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

End of Year/Wellness Incentive Program Reporting

End of Year Reporting was sent to all CJHIF group billing contacts the week of December 30th.

Wellness Incentive Program reports reflecting employees who received a gym reimbursement in 2024 were sent to all groups. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

The report includes the participant's full name and total amount received in 2024

- Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2024 through November 30, 2024**
 - Reports were sent to group billing contacts the week of January 6th
- An additional report will be provided in late January/early February 2025 for reimbursements issued for submissions in **December 2024**.
 - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
 - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

Please note there is not an option to receive the latter report sooner than late January as the data is not available.

COVERAGE UPDATES:

Aetna:

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

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

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

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

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

Express Scripts:

2025 Formulary and SaveOn Listing

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

NPF Listing:

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

SaveOn Listing:

- Green highlighted drugs – newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program

- Red highlighted drugs – being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

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

In 3Q2024, CJHIF has saved \$299,170 for members enrolled in SaveOn, an additional \$70,227 in savings from 2Q2024. There are currently 57 participants in the program, an increase of 5 members compared to 2Q2024. In 2024, CJHIF members who used SaveOn saved a total of \$583 in copays. The average savings per prescription to date is \$1,060. See Appendix for full report.

Top 5 Therapeutic Categories:

- Inflammatory Conditions
 - 25 members, totaling \$112,544 in savings
- Asthma & Allergy
 - 16 members, totaling \$78,484 in savings
- Cancer
 - 26 members, totaling \$25,101 in savings
- Multiple Sclerosis
 - 6 members, totaling \$25,164
- Miscellaneous Diseases
 - 4 members, totaling \$11,169

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

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

Effective January 1, 2025:

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

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will

record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month

- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

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

2025 LEGISLATIVE REVIEW

Gag Clause Prohibition Compliance Attestation - Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a "contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party." The CAA 2021 prohibits "gag clauses" under group health plan (GHP) agreements. The attestation is due annually by December 31st. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern New Jersey Regional Health Insurance Fund.

Medical and Rx Reporting: None

No Surprise Billing and Transparency - Continued Delays

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

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

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

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

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Central New Jersey Health Insurance Fund

(CJHIF). AIM will begin with completing medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna’s claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration. **See Appendix.**

Appeals:

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/02/24	Medical/ Aetna	CJHIF 2024 10 01	Anesthesia	Upheld	10/10/24
11/20/24	Medical/ Aetna	CJHIF 2024 11 01	Surgical Services	Upheld	12/03/24
11/26/24	Medical/ Aetna	CJHIF 2024 12 01	Anesthesia	Upheld	12/10/24
11/29/24	Medical/ Aetna	CJHIF 2024 12 02	Surgery	Overtured	12/10/24

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
11/20/24	Medical/ Aetna	CJHIF 2024 11 01	Surgical Services	Upheld	12/03/24
11/29/24	Medical/ Aetna	CJHIF 2024 12 02	Surgery	Overtured	12/10/24

CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

Resolution No.

NOVEMBER 2024

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund’s Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 11/24	348,991.03
		348,991.03
FLAGSHIP DENTAL PLANS	PLUMSTEAD- GROUP 1526 INV 153579 11/24	89.96
FLAGSHIP DENTAL PLANS	MONTGOM. 11/24 GROUP 1343 INV 153437	264.20
		354.16
AETNA LIFE INSURANCE COMPANY	VISION TPA 11/24	182.91
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 11/24	50,611.20
		50,794.11
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 11/24	-27.50
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/24	899.58
		872.08
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 10/24 143010-2010788	120.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 10/24 142292-2011554	18.00
		138.00
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/24	6,960.56
		6,960.56
PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/24	2,291.93
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 11/24	35,966.40
		38,258.33
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q4 2024	4,225.00
		4,225.00
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 11/24	3,036.00
		3,036.00
STEPHEN MAYER	TREASURER FEE 11/24	1,083.00
		1,083.00
TOWNSHIP OF BEDMINSTER	WELLNESS REIMB. 6/24-9/24	6,575.38
		6,575.38
CONNER STRONG & BUCKELEW	PLAN DOCS 11/24	1,250.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/24	50,492.98
CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 11/24	66,938.46
CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/24	388.72
CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/24	5,667.91
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/24	1,249.92
		125,987.99

ACCESS	INV 11141502 DEPT 420 9/30/24	107.32 107.32
GANNETT NEW YORK-NJ LOCALIQ	A# 1120753 INV 67286749-10630831 10/3/24	57.00 57.00
THE CANNING GROUP	QPA 11/24	166.67 166.67
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/24	42,669.45 42,669.45
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 11/24	32,935.65
SYMETRA FINANCIAL	AGGREGATE 11/24	3,960.32
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 11/24	75,652.19
		112,548.16
	Total Payments FY 2024	742,824.24
	TOTAL PAYMENTS ALL FUND YEARS	742,824.24

Chairperson

Attest:

Dated: _____

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

Treasurer

**CENTRAL JERSEY HEALTH INSURANCE FUND
BILLS LIST**

Resolution No.

DECEMBER 2024

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR CLOSED

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
BOROUGH OF ATLANTIC HIGHLANDS	OVERPAYMENT OF 2022 ASSESSMENT 12/24	1,397.00
		1,397.00
	Total Payments FY CLOSED	1,397.00

FUND YEAR 2024

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 12/24	349,957.28
			349,957.28
	FLAGSHIP DENTAL PLANS	PLUMSTEAD- GROUP 1526 INV 154041 12/24	89.96
	FLAGSHIP DENTAL PLANS	MONTGOM. 12/24 GROUP 1343 INV 153899	264.20
			354.16
	AETNA LIFE INSURANCE COMPANY	VISION TPA 12/24	176.54
	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/24	70,223.04
			70,399.58
	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 12/24	-26.25
	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/24	858.69
			832.44
	INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 12/24 143010-2029924	123.00
	INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 11/24 143010-2021312	123.00
	INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 11/24 142292-2021370	18.00
	INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 12/24 142292-2029232	18.00
			282.00
	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/24	6,920.48
			6,920.48
	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/24	141.49
	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 12/24	40,525.92
			40,667.41
	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 12/24	3,036.00
			3,036.00
	STEPHEN MAYER	TREASURER FEE 12/24	1,083.00
			1,083.00
	CONNER STRONG & BUCKELEW	PLAN DOCS 12/24	1,250.00
	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 12/24	63,190.80
	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 12/24	78,125.91
	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 12/24	385.49
	CONNER STRONG & BUCKELEW	FUND COORDINATOR 12/24	5,556.77
	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/24	1,725.12
			150,234.09

ACCESS	INV 11186066 DEPT 420 10/31/24	104.14 104.14
GANNETT NEW YORK-NJ LOCALIQ	A# 1120753 INV 6792437-10720319 11/1/24	46.00 46.00
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/24	70,421.50 70,421.50
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 12/24	35,131.36
SYMETRA FINANCIAL	AGGREGATE 12/24	3,974.88
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 12/24	73,855.70 112,961.94
	Total Payments FY 2024	807,300.02
	TOTAL PAYMENTS ALL FUND YEARS	808,697.02

Chairperson

Attest:

Dated: _____

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

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

Resolution No.

JANUARY 2025

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

BE IT RESOLVED that the Central Jersey Health Insurance Fund’s Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR 2024

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/24	92.71 92.71
ACCESS	INV 11289457 DEPT 420 11/30/24	107.32 107.32
GANNETT NEW YORK-NJ LOCALIQ	A# 1120753 INV 6849142-10833692 12/7/24	60.96 60.96
THE CANNING GROUP LLC	QPA 12/24	166.67 166.67
Total Payments FY 2024		427.66

FUND YEAR 2025

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 01/25	449,262.18 449,262.18
FLAGSHIP DENTAL PLANS	PLUMSTEAD- GROUP 1526 INV 154503 01/25	91.29
FLAGSHIP DENTAL PLANS	MONTGOM.N 01/25 GROUP 1343 INV 154361	264.20 355.49
AETNA LIFE INSURANCE COMPANY	TPA-VISION 01/25	196.56
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 01/25	72,200.04 72,396.60
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 01/25	-25.00
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 01/25	817.80 792.80
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/25	7,399.80 7,399.80
PERMA RISK MANAGEMENT SERVICES	RETIREE FIRST 01/25	14,436.00
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 01/25	42,443.75 56,879.75
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q1 2025	4,310.00 4,310.00
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 01/25	3,036.00 3,036.00
STEPHEN MAYER	TREASURER FEES 01/25	1,083.00 1,083.00

CONNER STRONG & BUCKELEW	PLAN DOCS 01/25	1,275.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 01/25	69,145.58
CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 01/25	81,764.90
CONNER STRONG & BUCKELEW	DENTAL COMMISSION 01/25	387.37
CONNER STRONG & BUCKELEW	FUND COORDINATOR 01/25	5,732.68
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 01/25	1,807.60
		160,113.13
THE CANNING GROUP LLC	QPA- 2025-01	166.67
		166.67
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 01/25	89,771.30
		89,771.30
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 01/25	38,119.64
SYMETRA FINANCIAL	AGGREGATE 01/25	4,104.98
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 01/25	78,494.88
		120,719.50
	Total Payments FY 2025	966,286.22
	TOTAL PAYMENTS ALL FUND YEARS	966,713.88

Chairperson

Attest:

Dated: _____

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

Treasurer

Central Jersey Municipal Employee Benefits Fund
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024										
Month Ending: November										
	Medical	Dental	Rx	Vision	Reinsurance	DMO Premiums	Dividend Reserw	Admin	0	TOTAL
OPEN BALANCE	1,099,403.09	511,437.80	2,466,811.02	54,377.50	(346,364.42)	3,259.13	172,542.99	849,069.31	0.00	4,810,536.42
RECEIPTS										
Assessments	3,413,044.73	159,821.92	778,159.08	3,065.61	187,372.54	369.45	0.00	302,053.72	0.00	4,843,887.05
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	10,260.50	540.51	4,734.85	57.47	0.00	3.44	182.35	897.35	0.00	16,676.47
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	10,260.50	540.51	4,734.85	57.47	0.00	3.44	182.35	897.35	0.00	16,676.47
Other *	138,397.39	0.00	423,571.28	0.00	0.00	0.00	0.00	0.00	0.00	561,968.67
TOTAL	3,561,702.62	160,362.43	1,206,465.21	3,123.08	187,372.54	372.89	182.35	302,951.07	0.00	5,422,532.19
EXPENSES										
Claims Transfers	3,466,486.98	126,527.23	1,259,517.87	0.00	0.00	0.00	0.00	0.00	0.00	4,852,532.08
Expenses	348,991.03	354.16	0.00	0.00	155,217.61	0.00	0.00	238,261.44	0.00	742,824.24
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	3,815,478.01	126,881.39	1,259,517.87	0.00	155,217.61	0.00	0.00	238,261.44	0.00	5,595,356.32
END BALANCE	845,627.70	544,918.84	2,413,758.36	57,500.58	(314,209.49)	3,632.02	172,725.34	913,758.94	0.00	4,637,712.29

Month		November							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid November	Monthly Recoveries November	Calc. Net Paid Thru November	TPA Net Paid Thru November	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	28,332,101.62	2,175,349.44	0.00	30,507,451.06	0.00	30,507,451.06	28,332,101.62	2,175,349.44
	Dental	1,254,389.97	126,527.23	0.00	1,380,917.20	0.00	1,380,917.20	1,254,389.97	126,527.23
	Rx	8,604,054.41	914,685.07	0.00	9,518,739.48	0.00	9,518,739.48	8,604,054.41	914,685.07
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	38,190,546.00	3,216,561.74	0.00	41,407,107.74	0.00	41,407,107.74	38,190,546.00	3,216,561.74
2023	Medical	3,468,163.55	4,747.48	0.00	3,472,911.03	0.00	3,472,911.03	3,468,163.55	4,747.48
	Dental	73,994.74	0.00	0.00	73,994.74	0.00	73,994.74	73,994.74	0.00
	Rx	238,373.27	0.00	0.00	238,373.27	0.00	238,373.27	238,373.27	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	3,780,531.56	4,747.48	0.00	3,785,279.04	0.00	3,785,279.04	3,780,531.56	4,747.48
2022	Medical	59,627.40	0.00	0.00	59,627.40	0.00	59,627.40	59,627.40	0.00
	Dental	596.80	0.00	0.00	596.80	0.00	596.80	596.80	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	60,224.20	0.00	0.00	60,224.20	0.00	60,224.20	60,224.20	0.00
2021	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Closed Year	Medical	(27,582.01)	3,610.47	0.00	(23,971.54)	0.00	(23,971.54)	(27,582.01)	3,610.47
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	(27,582.01)	3,610.47	0.00	(23,971.54)	0.00	(23,971.54)	(27,582.01)	3,610.47
Lakewood	Medical	5,393,945.00	1,282,779.59	0.00	6,676,724.59	0.00	6,676,724.59	5,393,945.00	1,282,779.59
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	1,484,341.38	344,832.80	0.00	1,829,174.18	0.00	1,829,174.18	1,484,341.38	344,832.80
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	6,878,286.38	1,627,612.39	0.00	8,505,898.77	0.00	8,505,898.77	6,878,286.38	1,627,612.39
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL	48,882,006.13	4,852,532.08	0.00	53,734,538.21	0.00	53,734,538.21	48,882,006.13	4,852,532.08

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS					
Central Jersey Municipal Employee Benefits Fund					
ALL FUND YEARS COMBINED					
CURRENT MONTH		November			
CURRENT FUND YEAR		2024			
Description:		N.J.C.M.F.	Investments	Ocean First Admin.	
ID Number:					
Maturity (Yrs)					
Purchase Yield:					
TO TAL for All Accts & instruments					
Opening Cash & Investment Balance	\$4,810,536.33	-	-	4,810,536.33	
Opening Interest Accrual Balance	-\$0.00	-	-	0.00	-
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$16,676.49	\$0.00	\$0.00	\$16,676.49
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$16,676.49	\$0.00	\$0.00	\$16,676.49
9	Deposits - Purchases	\$5,405,855.72	\$0.00	\$0.00	\$5,405,855.72
10	(Withdrawals - Sales)	-\$5,595,356.32	\$0.00	\$0.00	-\$5,595,356.32
	Ending Cash & Investment Balance	\$4,637,712.22	\$0.00	\$0.00	\$4,637,712.22
	Ending Interest Accrual Balance	-\$0.00	\$0.00	-\$0.00	\$0.00
	Plus Outstanding Checks	\$230,196.52	\$0.00	\$0.00	\$230,196.52
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$4,867,908.74	\$0.00	\$0.00	\$4,867,908.74



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

JANUARY 15, 2024



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2023			MEDICAL CLAIMS PAID 2024		
	# OF EES	PER EE	# OF EES	PER EE		
JANUARY	\$3,609,993	2,143	\$ 1,685	\$4,175,822	2,205	\$ 1,894
FEBRUARY	\$2,923,452	2,138	\$ 1,367	\$3,968,434	2,198	\$ 1,805
MARCH	\$3,416,354	2,127	\$ 1,606	\$3,663,556	2,193	\$ 1,671
APRIL	\$3,334,315	2,129	\$ 1,566	\$5,029,716	2,191	\$ 2,296
MAY	\$4,258,066	2,161	\$ 1,970	\$3,785,711	2,305	\$ 1,642
JUNE	\$3,874,228	2,164	\$ 1,790	\$4,376,641	2,301	\$ 1,902
JULY	\$3,060,025	2,181	\$ 1,403	\$4,393,165	2,303	\$ 1,908
AUGUST	\$4,296,915	2,175	\$ 1,976	\$4,600,973	2,297	\$ 2,003
SEPTEMBER	\$4,522,360	2,167	\$ 2,087	\$3,900,226	2,293	\$ 1,701
OCTOBER	\$3,976,935	2,173	\$ 1,830	\$4,925,529	1,782	\$ 2,764
NOVEMBER	\$4,299,056	2,170	\$ 1,981	\$3,588,689	1,784	\$ 2,012
DECEMBER	\$3,644,271	2,180	\$ 1,672			
TOTALS	\$45,215,972			\$46,408,463		
				2024 Average	2,168	\$ 1,963
				2023 Average	2,159	\$ 1,744

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

Plan Sponsor Unique ID : All
Customer: Central New Jersey Health Insurance Fund
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

Paid Dates: 09/01/2024 - 09/30/2024
Service Dates: 01/01/2011 - 09/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$131,084.53	ENCOUNTER FOR ANTINEOPLASTIC
	\$117,431.30	CHRONIC OR UNSPECIFIED DUODENAL ULCER WITH
	\$108,261.66	SEPSIS, UNSPECIFIED ORGANISM
Total:	\$356,777.49	

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

Plan Sponsor Unique ID : All
Customer: Central New Jersey Health Insurance Fund
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

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

	Paid Amt	Diagnosis/Treatment
	\$163,859.03	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$144,352.78	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$101,323.14	MULTIPLE SCLEROSIS
Total:	\$409,534.95	

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

Plan Sponsor Unique ID : All
Customer: Central New Jersey Health Insurance Fund
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223

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

	Paid Amt	Diagnosis/Treatment
	\$180,127.57	LIGHT CHAIN (AL) AMYLOIDOSIS
	\$106,818.84	ACUTE EMBOLISM AND THROMBOSIS OF LEFT
Total:	\$286,946.41	



Medical Claims Paid :
January 2024 - November 2024

Total Medical Paid per EE: **\$1,963**

Network Discounts

Inpatient:	59.8%
Ambulatory:	65.4%
Physician/Other:	68.0%
TOTAL:	65.3%

Provider Network

% Admissions In-Network:	97.2%
% Physician Office:	91.3%

Aetna Book of Business:
Admissions 98.7%; Physician 906%

Top Facilities Utilized
(by total Medical Spend)

- Jersey Shore Medical
- Community Medical Center
- Ocean University Medical Center
- Monmouth Medical Center
- Riverview Medical Center

Catastrophic Claim Impact
January 2024 – November 2024

Number of Claims Over \$50,000: **133**
Claimants per 1000 members: **25.3**
Avg. Paid per Claimant: **\$125,375**
Percent of Total Paid: **39.1%**

• Aetna BOB- HCC account for an average of 43.7% of total Medical Cost

Aetna One Flex Member Outreach:
Through November 2024

Total Members Identified: **1,568**
Members Targeted for 1:1 Nurse Support : **417**
Members Targeted for Digital Activity: **1,151**
Member 1:1 outreach completed: **384**
Member 1:1 Outreach in Progress: **62**

Teladoc Activity:
January 2024–November 2024

Total Registrations:**117**
Total Online Visits: **350**
Total Net Claims Savings: **\$168,620**
Total Visits w/ Rx: **256**
Mental Health Visits: **47**
Dermatology Visits: **17**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

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

Claims Performance

Financial Accuracy:	98.68%*
<small>*Q2 2024</small>	
-	
90% processed w/in:	6.3 days
95% processed w/in:	11.7 days

Claims Performance (Monthly)
(November 2024)

90% processed w/in:	6.2 days
95% processed w/in:	10.8 days
<small>(Note: This is not a PG metric)</small>	

Performance Goals

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

Financial Accuracy: 99%

Turnaround Time

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





2024 Central HIF

2023 Central HIF

		MEDICAL CLAIMS PAID 2024	TOTAL	# OF EES	PER EE			MEDICAL CLAIMS PAID 2023	TOTAL	# OF EES	PER EE
JANUARY		\$11,473.96	\$11,473.96	21	\$546.37	JANUARY		\$18,830.18	\$18,830.18	19	\$991.05
FEBRUARY		\$17,614.16	\$17,614.16	20	\$880.70	FEBRUARY		\$36,311.57	\$36,311.57	19	\$1,911.13
MARCH		\$17,270.46	\$17,270.46	20	\$863.52	MARCH		\$53,195.75	\$53,195.75	20	\$2,659.78
APRIL		\$13,834.99	\$13,834.99	19	\$728.15	APRIL		\$43,552.88	\$43,552.88	20	\$2,177.64
MAY		\$12,505.16	\$12,505.16	19	\$658.16	MAY		\$25,227.03	\$25,227.03	20	\$1,261.35
JUNE		\$16,428.54	\$16,428.54	18	\$912.69	JUNE		\$42,298.41	\$42,298.41	20	\$2,114.92
JULY		\$14,764.78	\$14,764.78	19	\$777.25	JULY		\$27,313.74	\$27,313.74	22	\$1,241.53
AUGUST		\$23,088.14	\$23,088.14	19	\$1,215.16	AUGUST		\$21,973.90	\$21,973.90	21	\$1,046.38
SEPTEMBER		\$31,629.86	\$31,629.86	20	\$1,581.49	SEPTEMBER		\$10,677.28	\$10,677.28	21	\$508.44
OCTOBER		\$56,531.34	\$56,531.34	21	\$2,691.97	OCTOBER		\$17,067.79	\$17,067.79	20	\$853.38
NOVEMBER		\$31,844.55	\$31,844.55	21	\$1,516.40	NOVEMBER		\$17,991.29	\$17,991.29	20	\$899.56
DECEMBER		\$29,737.00	\$29,737.00	20	\$1,486.85	DECEMBER		\$17,885.50	\$17,885.50	21	\$851.69
TOTALS		\$276,722.94				TOTALS		\$332,325.32		20.25	\$1,376.40
			2024 Average	20	\$1,154.89						



EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

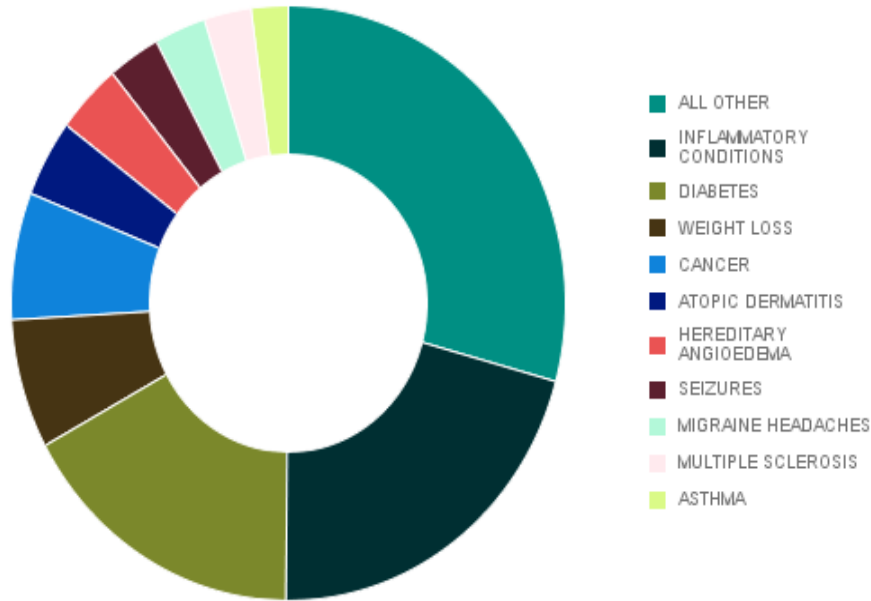
Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,984	2,990	2,993	2,989	2,993	3,001	2,999	2,998	3,014	3,020	3,012	3,015	3,015	3,015	3,030	3,020	3,006
Total Days	127,961	112,223	118,710	358,894	119,821	122,117	116,188	358,126	119,316	126,752	113,534	359,602	122,815	119,802	114,322	356,939	1,433,561
Total Patients	1,213	1,149	1,180	1,809	1,114	1,168	1,120	1,746	1,126	1,118	1,102	1,743	1,240	1,213	1,223	1,875	2,512
Total Plan Cost	\$627,286	\$520,265	\$572,443	\$1,719,993	\$675,806	\$641,844	\$699,647	\$2,017,298	\$663,079	\$722,742	\$651,629	\$2,037,450	\$775,505	\$729,104	\$739,631	\$2,244,240	\$8,018,981
Generic Fill Rate (GFR) - Total	83.5%	84.7%	84.5%	84.2%	85.2%	86.4%	85.2%	85.6%	86.8%	86.1%	83.4%	85.5%	84.1%	85.4%	85.6%	85.0%	85.1%
Plan Cost PMPM	\$210.22	\$174.00	\$191.26	\$191.81	\$225.80	\$213.88	\$233.29	\$224.32	\$220.00	\$239.32	\$216.34	\$225.23	\$257.22	\$241.83	\$244.10	\$247.71	222.34
Total Specialty Plan Cost	\$240,775	\$223,675	\$228,988	\$693,438	\$308,751	\$273,943	\$361,613	\$944,307	\$300,422	\$354,660	\$279,421	\$934,504	\$397,773	\$330,448	\$390,625	\$1,118,846	\$3,691,094
Specialty % of Total Specialty Plan Cost	38.4%	43.0%	40.0%	40.3%	45.7%	42.7%	51.7%	46.8%	45.3%	49.1%	42.9%	45.9%	51.3%	45.3%	52.8%	49.9%	46.0%

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	3,045	3,020	3,029	3,031	3,021	3,271	3,272	3,188	3,275	3,248	3,269	3,264	3,288	3,275			
Total Days	129,293	124,083	116,824	370,200	124,360	133,054	123,809	381,223	136,078	131,975	128,302	396,355	140,343	128,543			
Total Patients	1,228	1,225	1,207	1,882	1,175	1,244	1,208	1,891	1,239	1,242	1,232	1,904	1,365	1,306			
Total Plan Cost	\$755,968	\$735,690	\$757,826	\$2,249,484	\$728,351	\$887,209	\$894,099	\$2,509,658	\$963,913	\$910,589	\$997,975	\$2,872,477	\$978,582	\$739,826			
Generic Fill Rate (GFR) - Total	86.5%	86.0%	87.5%	86.6%	86.0%	86.4%	85.4%	85.9%	85.9%	85.3%	81.6%	84.3%	81.8%	85.0%			
Plan Cost PMPM	\$248.27	\$243.61	\$250.19	\$247.36	\$241.10	\$271.23	\$273.26	\$262.41	\$294.32	\$280.35	\$305.28	\$293.35	\$297.62	\$225.90			
% Change Plan Cost PMPM	18.1%	40.0%	30.8%	29.0%	6.8%	26.8%	17.1%	17.0%	33.8%	17.1%	41.0%	30.2%	15.6%	-6.6%			
Total Specialty Plan Cost	\$369,803	\$324,198	\$395,648	\$1,089,649	\$318,327	\$419,220	\$425,545	\$1,163,091	\$490,408	\$443,790	\$497,777	\$1,431,976	\$465,530	\$272,583			
Specialty % of Total Specialty Plan Cost	48.9%	44.1%	52.2%	48.4%	43.7%	47.3%	47.6%	46.3%	50.9%	48.7%	49.9%	49.9%	47.6%	36.8%			

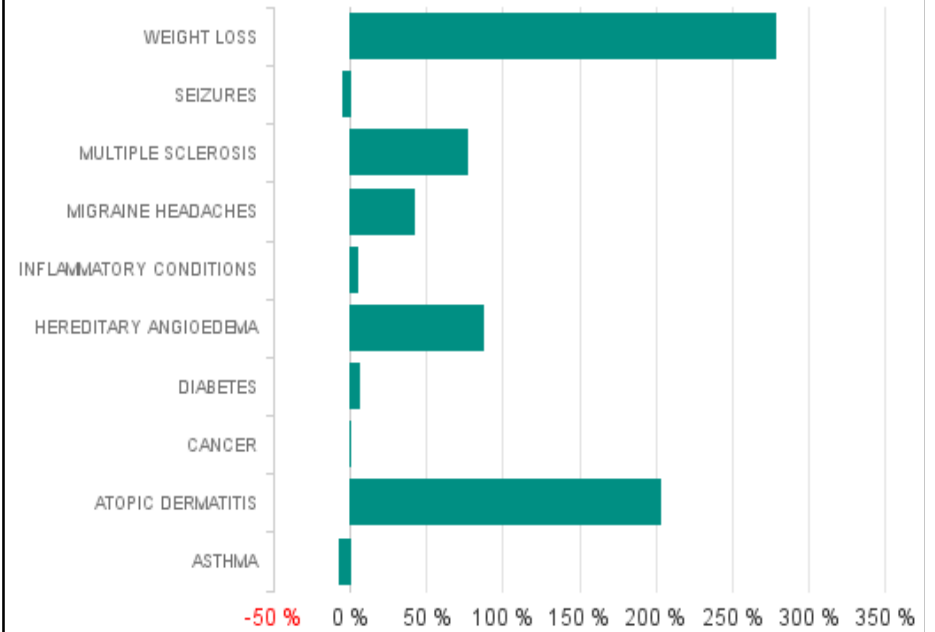
Top Indications

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	29.5 %	440	\$1,957,906	\$55.92	40.7 %	32.8 %	34.8 %	370	\$1,759,619	\$53.26	41.4 %	38.9 %	5.0 %
2	1	DIABETES	23.9 %	4,548	\$1,585,407	\$45.28	27.9 %	25.6 %	27.8 %	4,513	\$1,408,938	\$42.65	29.0 %	28.0 %	6.2 %
3	4	WEIGHT LOSS	10.0 %	626	\$660,503	\$18.86	2.2 %	4.9 %	3.3 %	155	\$164,825	\$4.99	5.2 %	11.0 %	278.1 %
4	3	CANCER	9.8 %	253	\$647,060	\$18.48	83.8 %	75.8 %	12.0 %	212	\$609,739	\$18.46	74.1 %	77.6 %	0.1 %
5		ATOPIC DERMATITIS	5.9 %	599	\$393,333	\$11.23	79.5 %	NA	2.4 %	459	\$122,671	\$3.71	88.7 %	NA	202.5 %
6	9	HEREDITARY ANGIOEDEMA	5.4 %	11	\$359,854	\$10.28	0.0 %	14.3 %	3.6 %	12	\$181,695	\$5.50	0.0 %	10.8 %	86.9 %
7	8	SEIZURES	4.3 %	1,049	\$286,012	\$8.17	90.3 %	96.8 %	5.6 %	1,033	\$283,046	\$8.57	85.8 %	96.7 %	-4.7 %
8	5	MIGRAINE HEADACHES	4.2 %	389	\$281,276	\$8.03	37.3 %	52.6 %	3.7 %	276	\$187,609	\$5.68	35.5 %	55.1 %	41.5 %
9	7	MULTIPLE SCLEROSIS	3.9 %	42	\$257,644	\$7.36	28.6 %	47.9 %	2.7 %	27	\$138,172	\$4.18	44.4 %	45.9 %	75.9 %
10	6	ASTHMA	3.1 %	2,201	\$202,514	\$5.78	86.2 %	88.0 %	4.1 %	2,207	\$206,730	\$6.26	77.7 %	79.4 %	-7.6 %
Total Top 10				10,158	\$6,631,510	\$189.40	50.7 %	48.4 %		9,264	\$5,063,044	\$153.26	51.2 %	50.0 %	23.6 %

Top Drugs

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	6	STELARA	INFLAMMATORY CONDITIONS	Y	45	5	\$638,473	\$18.24	56	7	\$741,884	\$22.46	-18.8 %
2	3	OZEMPIC	DIABETES	N	639	73	\$555,179	\$15.86	409	51	\$345,987	\$10.47	51.4 %
3	4	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	66	6	\$499,986	\$14.28	55	5	\$472,629	\$14.31	-0.2 %
4	11	WEGOVY	WEIGHT LOSS	N	282	57	\$344,681	\$9.84	106	18	\$130,623	\$3.95	149.0 %
5	13	ZEPBOUND	WEIGHT LOSS	N	308	51	\$301,311	\$8.61	NA	NA	NA	NA	NA
6		DUPIXENT PEN	ATOPIC DERMATITIS	Y	75	11	\$256,961	\$7.34	16	5	\$38,698	\$1.17	526.5 %
7	64	HUMIRA PEN	INFLAMMATORY CONDITIONS	Y	23	3	\$251,993	\$7.20	21	3	\$223,327	\$6.76	6.5 %
8	154	LENVIMA	CANCER	Y	10	1	\$222,297	\$6.35	12	1	\$184,876	\$5.60	13.5 %
9	12	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	31	3	\$197,069	\$5.63	NA	NA	NA	NA	NA
10	176	HAEGARDA	HEREDITARY ANGIOEDEMA	Y	7	1	\$183,949	\$5.25	12	1	\$181,695	\$5.50	-4.5 %
11	60	SPRYCEL	CANCER	Y	11	1	\$182,390	\$5.21	8	2	\$82,837	\$2.51	107.7 %
12	447	ORLADEYO	HEREDITARY ANGIOEDEMA	Y	4	1	\$175,905	\$5.02	NA	NA	NA	NA	NA
13	1	MOUNJARO	DIABETES	N	164	24	\$161,688	\$4.62	39	6	\$36,516	\$1.11	317.8 %
14	22	FARXIGA	DIABETES	N	276	26	\$145,065	\$4.14	269	31	\$136,580	\$4.13	0.2 %
15	20	RINVOQ	INFLAMMATORY CONDITIONS	Y	21	2	\$124,547	\$3.56	16	2	\$89,859	\$2.72	30.8 %
16	28	NURTEC ODT	MIGRAINE HEADACHES	N	82	14	\$113,500	\$3.24	30	9	\$42,610	\$1.29	151.3 %
17	10	JARDIANCE	DIABETES	N	206	24	\$111,589	\$3.19	222	22	\$118,588	\$3.59	-11.2 %
18	45	REVLIMID	CANCER	Y	7	1	\$110,380	\$3.15	7	1	\$98,950	\$3.00	5.3 %
19		DUPIXENT SYRINGE	ATOPIC DERMATITIS	Y	32	5	\$87,167	\$2.49	20	2	\$48,372	\$1.46	70.0 %
20	137	ZEPOSIA	MULTIPLE SCLEROSIS	Y	11	1	\$85,332	\$2.44	6	1	\$35,156	\$1.06	129.0 %
21	351	AVONEX	MULTIPLE SCLEROSIS	Y	12	1	\$74,028	\$2.11	9	1	\$47,982	\$1.45	45.6 %
22	43	QULIPTA	MIGRAINE HEADACHES	N	68	11	\$69,525	\$1.99	66	11	\$64,108	\$1.94	2.3 %
23	230	TROKENDI XR	SEIZURES	N	25	2	\$68,511	\$1.96	49	4	\$69,180	\$2.09	-6.6 %
24	39	JANUVIA	DIABETES	N	133	14	\$68,363	\$1.95	170	20	\$82,996	\$2.51	-22.3 %
25	40	UBRELVY	MIGRAINE HEADACHES	N	57	16	\$64,404	\$1.84	66	15	\$65,166	\$1.97	-6.7 %
Total Top 25					2,595		\$5,094,293	\$145.50	1,664		\$3,338,618	\$101.06	44.0 %

Reject Subsequent Fill Activity **Coverage Review Activity**

Reject Activity	Rejects	YTD Reject Patients	Omada Rule Rejects	YTD Omada Rule Reject Patients	PA Rule Rejects	YTD PA Rule Reject Patients	Reviews	
	241.0	69.00	0.00%	0	100.00%	69.00	64	
Post Reject Sub Fill Activity	Subfills	YTD Subfill Patients	Omada Subfills	YTD Omada Subfill Patients	Subfills PA Rule	YTD PA Rule Subfill Patients	Approvals	Denials
	39.42%	33.00		0	39.42%	33.00	54.69%	45.31%
Post Reject No Fill Activity	No Fills	YTD No Fill Patients	Omada No Fills	YTD Omada No Fill Patients	No Fills PA Rule	YTD PA Rule No Fill Patients		
	60.58%	36.00		0	60.58%	36.00		

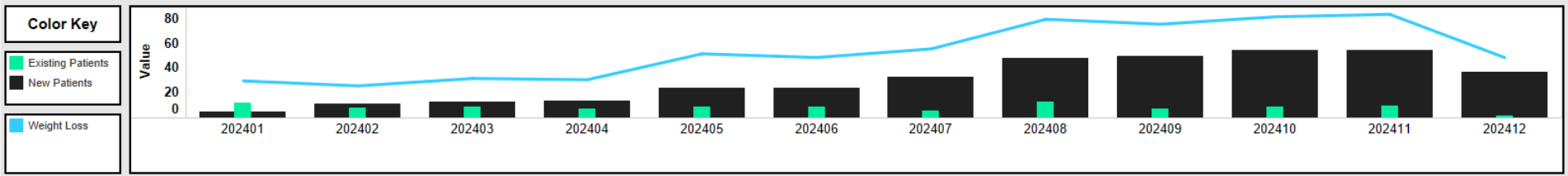
Omada Activity **Savings Activity**

Omada Members Engaged	YTD Members Engaged	Omada Members Not Engaged	YTD Members Not Engaged	PMPM Plancost Savings
	0		0	\$5.94



Utilization Activity

YTD Total Patients	YTD New Patients	YTD Existing Patients	YTD Total Claims
176	81.25%	18.75%	647



**CENTRAL JERSEY HEALTH INSURANCE FUND
 CONSENT AGENDA
 JANUARY 15, 2024**

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

Resolutions	Subject Matter
Motion _____	Second _____
Resolution 1-25: Awarding Professional Fees & Contracts.....	Page 41
Resolution 2-25: Designation of Process of Service	Page 44
Resolution 3-25: Designation of Secretary as Custodian of Records.....	Page 45
Resolution 4-25: Designation of Official Newspaper	Page 46
Resolution 5-25: Designation of Regular Meeting Times and Place.....	Page 47
Resolution 6-25: Designation of Bank Depositories & CMP.....	Page 48
Resolution 7-25: Designation of Authorized Signatories	Page 52
Resolution 8-25: Approval of Risk Management Plan.....	Page 53
Resolution 9-25: Appointment of MRHIF Fund Commissioners	Page 63
Resolution 10-25: Broker Contract Approval	Page 64
Resolution 11-25: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 75
Resolution 12-25: Adopting 2025 Wellness Grant Programs.....	Page 76
Resolution 13-25: E-Procurement Approval.....	Page 77
Resolution 14-25: Approval of the November 2024, December 2024 and January 2025 Bills Lists.....	Page 78

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING PROFESSIONALS AND AWARDED CONTRACTS
FOR FUND YEAR 2025**

WHEREAS, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

WHEREAS, Each of the business entities identified below with a contract value of \$17,500 per annum; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

WHEREAS, the Executive Committee of the Central Jersey Health Insurance Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspcifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspcifiable Services so that the work of the FUND may continue;

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

- I. **Actuarial Solutions, LLC** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$17,260 has been appropriated in the Actuary Line Item of the 2025 budget.
- II. **Mercadien P.C. is** hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$22,000 has been appropriated in the Auditor Line Item of the 2025 budget.

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

- I. **PERMA Risk Management Services as Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$9.63 per employee, per month will be expended to the Administrator. The estimated annual amount of \$498,000 has been appropriated in the Administrator Line Item of the 2024 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$23.36 per medical employee, per month, \$9.46 per non-medical employees per month and \$1.00 per employee per month for health care reform will be expended in connection with the Program Manager in 2025. The estimated annual amount of \$1,810,853 has been appropriated in the **Program Manager** Line Item of the 2025 budget. In addition, the Program Manager will be paid \$15,000 for plan documents and \$40,000 for specialized claim and operations audits through a sub producer to be paid upon services.

III. **Aetna Medicare Advantage** is hereby appointed to serve as the FUND's Medicare Advantage service provider at the following per member, per month fee:

PlanName	Premium Monthly
Medicare Advantage w/ \$5/\$5 Rx - MAPDP(Borough of Red Bank)	\$ 464.33
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Red Bank)	\$ 479.05
Medicare Advantage (Borough of Red Bank)	\$ 226.10
Medicare Advantage w/ \$5/\$5/5 Rx - MAPDP (Eatontown Sewerage Authority)	\$ 464.33
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	\$ 483.28
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	\$ 464.33
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Shrewsbury)	\$ 464.33
PDP \$5/\$11/\$21 (Brick Township)	\$ 229.80
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Aberdeen)	\$ 464.33
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Township of Aberdeen)	\$ 483.28
Medicare Advantage w/ 20% Rx - MAPDP (Township of Aberdeen)	\$ 479.05
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Montgomery Township)	\$ 429.21
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Montgomery Township)	\$ 444.65
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Bedminster Township)	\$ 429.21
Medicare Advantage w/ 10% Rx - MAPDP (Borough of West Long Branch)	\$ 499.83
Medicare Advantage w/\$6/\$12/\$24 Rx - MAPDP (Toms River MUA)	\$ 429.21
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of South River)	\$ 429.21
Aetna Medicare Advantage (Borough of Sayreville)	\$ 348.95
Aetna Medicare Advantage (Hamilton Township)	\$ 351.23
Aetna Medicare Advantage \$10 w \$6/\$22/\$44 Rx (Lakewood MUA)	\$ 493.63
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Seaside Park Borough)	\$ 493.63
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Borough of Highland Park)	\$ 493.63
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Bayshore Regional Sewerage Authority)	\$ 493.63

IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$88,040 has been appropriated in the Dental TPA Line Item of the 2025 budget.

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

V. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$38.94 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$9,504 has been appropriated in the Medical TPA Line Item of the 2025 budget.

- VI. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.54 per employee, per month and \$0.91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$888,077 as been appropriated in the Medical TPA Line Item of the 2025 budget.

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

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: January 15, 2025

BY

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2025**

BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2023 or until its successor has be appointed and qualified.

ADOPTED: January 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING CUSTODIAN OF FUND RECORDS**

BE IT RESOLVED that Brian Brach, the Secretary of the Central Jersey Health Insurance Fund is hereby designated as the custodian of the Fund records, which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

ADOPTED: January 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING THE ASBURY PARK PRESS AS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2025**

BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that the Asbury Park Press is hereby designated as the official newspaper for the Central Jersey Health Insurance Fund for the year 2025 and that all official notices required to be published shall be published in this paper and on the Fund website (www.cjhif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Central Jersey Health Insurance Fund shall give notice of said meetings to the Asbury Park Press and Fund website (www.cjhif.com)

ADOPTED: January 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2025**

WHEREAS, under the Open Public Meetings Act of New Jersey, each public entity is required to publish the date and place for its public meetings;

NOW THEREFORE BE IT RESOLVED, that the Executive Committee of the Central Jersey Health Insurance Fund hereby approves the following 2025 meeting dates, times and location for the Central Jersey Health Insurance Fund:

DATE	LOCATION	TIME
March 19, 2025	Brielle Borough Hall	1:30 pm
May 21, 2025	Brielle Borough Hall	1:30 pm
July 16, 2025	Brielle Borough Hall	1:30 pm
September 17, 2025	Brielle Borough Hall	1:30 pm
October 15, 2025	Brielle Borough Hall	1:30 pm
January 21, 2026	Brielle Borough Hall	1:30 pm

BE IT FURTHER RESOLVED that the meetings will be conducted in a hybrid format and the public can find information about how to access the public meeting remotely at the following link: <https://www.cjhif.com/> Please be advised that in the event that technology does not provide adequate service to the meeting, members of the public should be made aware that they can attend in public or request an audio portion of the meeting in the event of a technology failure. The remote access is an additional benefit for members of the public. In the event remote access is terminated due to power outage, information technology deficiency, the public meeting will continue.

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Asbury Park Press and post a copy of the same on the Fund Website (<https://www.cjhif.com/>)

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2025**

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

1.) *Cash Management and Investment Objectives*

The CENTRAL JERSEY HEALTH INSURANCE FUND (hereinafter referred to as the FUND) objectives in this area are:

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

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.

- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

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

3.) **Authorized Depositories**

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

- TD Bank
- Ocean First
- New Jersey Cash Management
- Wilmington Trust

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

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

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

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

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

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

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

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

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**CENTRAL JERSEY HEALTH INSURANCE FUND
2025 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2024 Fund year:

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 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and the plans for those covered under Chapter 44. For Medicare aged retirees, the Fund also offers fully insured “Medicare Advantage” plans.

- 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. For Medicare retirees, “Employer Group Waiver Plans” are also offered.

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member plan design.

3.) RISK RETAINED BY THE FUND

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at conclusion. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted based on earned underwriting income and the number of months since the inception of the Fund year. This accrual is the adjusted at the end of the year in accordance with the actuary's projections.

6.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the year, the Fund adopts a budget for the upcoming year based on the most recent census. Per covered person rates are computed for each line of coverage for each Fund member, and are approved by the Fund as a part of the budget adoption and rate certification process. These rates are used to compute the members' monthly assessment based on the updated census, and are mailed to the members approximately 15 days before the beginning of the month. Rates may include loss ratio adjustments of up to +2.5% depending upon member loss ratios over the past 2.5 years prior to the renewal. The billing also includes the member's updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former employees (COBRA, Conversion and some retirees) and, in some cases, Dependent Age 31 participants, are billed directly by the Fund.

Given its large size and its preference to be individually rated, medical and Rx rates for Lakewood are based upon their own claims experience and stop loss arrangements. As such, the Lakewood is solely responsible for funding its claims, owns all surplus, and would be responsible for its own deficits.

7.) 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 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.

8.) 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 the Fund's base rates. 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 Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Loss experience 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 can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, an increase may be applied to remaining lines of coverage, and it shall not be eligible for membership in the dropped line of coverage for a three year period.

9.) 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).

10.) 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.

11.) 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.

12.) 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 that may take place.

13.) 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.

14.) DISCLOSURE OF BENEFIT LIMITS

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

15.) 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.

16.) RETIREES

The Fund duplicates coverage for eligible retirees and provides "Medicare Advantage" plans for Medicare aged 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.

17.) 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). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

18.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.

Eligible services and supplies.

Deductibles and co-payments.

Examples as needed.

Exclusions.

Retiree coverage, before age 65 or after (if any).

C.) Claims Procedures

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

D.) Cost Containment Programs

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

19.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every 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.

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.

20.) “RUN-IN” or “RUN-OUT” LIABILITY

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

21) CLAIMS AND OPERATIONS AUDITS

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

22.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS

If an appeal to the Executive Committee results in a decision is to deny a 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 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 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. 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/

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.) PARTIAL MONTH ENROLLMENTS

When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

25.) MEDICARE ADVANTAGE/EGWP ONLY

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

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONERS TO
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

WHEREAS, The Central Jersey Health Insurance Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

WHEREAS, by virtue of the conditions of membership contained in the by-laws of the fund, the Central Jersey Health Insurance Fund must appoint a Fund Commissioner and an Alternate;

NOW THEREFORE BE IT RESOLVED, Central Jersey Health Insurance Fund as follows:

1. That _____ is hereby appointed as Fund Commissioner.

2. That _____ is hereby appointed as Alternate.

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

WHEREAS, The Central Jersey Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

WHEREAS, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

NOW THEREFORE BE IT RESOLVED, that the Central Jersey Health Insurance Fund establishes the following producer plan for 2025;

1. The Fund will include producer compensation in each entity’s assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract attached hereto.
3. The following sub-producers with the designated compensation levels are approved for 2025:

Group Name	Risk Manager	Dental Assmt/ per EE	Fund Cordinator/ per EE	New Member/ per EE
Bayshore Regional SA	Conner Strong & Buckelew			\$90.12
Brick Township	IMAC Insurance			\$ 13.14
Brick Twp Housing Authority	Fairview Insurance Agency			\$ 16.34
Englishtown	Danskin Agency	\$ 5.82		
Hamilton Township	Eagle Rock			\$ 26.01
Highland Park	Oxygen Benefits Consulting			\$67.00
Keyport	Danskin Agency	\$ 2.52		
Monmouth County Bayshore	Danskin Agency			\$57.08
Red Bank	Fairview Insurance Agency			\$ 34.38
Sayreville Borough	Reliance Insurance		\$ 16.19	\$48.59
South River	Integrity Consulting Group			\$ 29.77
Tuckerton Borough School District	Brown & Brown Metro			\$ 63.60
West Long Branch	Brown & Brown Metro			\$ 39.65
Western Monmouth Utilities Authority	Danskin Agency	\$ 5.81		

Note: Sayreville has two risk manager vendors

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

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**Benefit Risk Manager Agreement
Between
Conner Strong & Buckelew, Inc.
and**

This agreement is entered into between Connor Strong & Buckelew, Inc. TRIAD1828 CENTRE 2 Cooper St Camden, NJ, PO Box 99106 Camden, NJ 08101 (“CSB”) (“CSB”) and _____, (“Benefits Risk Manager” or “BRM”), on this ____ day of _____, 2025.

WHEREAS, the _____ Health Insurance Fund, (the “Fund”), has been organized pursuant to N.J.S.A. 40A:10-36 et seq. and/or N.J.S.A. 18A:18B-1et seq ; and

WHEREAS, CSB has been appointed the Program Manager of the Fund and is responsible for marketing the Fund’s programs and services to members to identify potential Benefit Risk Managers to be approved to place business with the Fund and manage the on-going selection and approval of Benefit Risk Managers authorized to work with the Funds; and

WHEREAS, member(s) of the Fund as listed on Exhibit A, have appointed BRM to serve as the members’ benefits risk managers to the Fund; and

WHEREAS, CSB has determined that it is in the best interest of the Fund and member(s) to enter into an agreement with BRM for the purpose of coordinating services and the distribution of information as necessary to service the health insurance needs of member(s) and its employees and other covered persons; and

WHEREAS, BRM shall be required to comply with all laws and regulations governing the operations of health insurance providers and administrators and adhere to a high level of professionalism in the performance of its duties under this Agreement.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein the parties agree as follows:

I. SERVICES OF BENEFIT RISK MANAGER:

During the term of this Agreement, BRM agrees to perform the following services:

- A. BRM shall take all steps necessary to ensure that member(s) receives all materials provided by CSB for the Fund and provide information assistance to members in the selection process for the Benefits Risk Manager
- B. BRM agrees that to the extent that member(s) requests additional information regarding the Fund, the request shall be sent in writing to CSB.
- C. BRM shall fully comply with all Federal, State and local laws, including but not limited to, all compensation disclosure laws.
- D. BRM shall produce a properly formatted broker of record letter from each member with whom they have been retained as Broker of Record and BRM. In the event the BRM loses such BOR designation they shall immediately make the Fund aware of such

changes and the Fund shall cease BRM services on any impacted member in accordance with the member's written instructions. The BRM shall present any new BOR designations on any new member during the application process.

- E. BRM agrees to comply with the by-laws and any other requirements adopted by the Fund's Executive Committee which may be amended time to time. A copy of the current by-laws are attached hereto as Exhibit B.
- F. BRM shall assist in the evaluation of the member(s) health insurance needs and communicate such information to CSB.
- G. BRM shall explain the various coverage available by the Fund and assist the member(s) in the selection of proper coverage for the member's employees and other covered persons.
- H. BRM shall assist member(s) in preparing applications, census data and disclosure forms, etc., required as by the Fund or CSB.
- I. BRM shall assist CSB in presenting the Fund's programs to officials and employees of member(s) and bargaining units, employees or other covered persons and shall attend all meetings necessary to communicate and coordinate the implementation or maintenance of the Fund's programs.
- J. BRM shall assist the member(s) in reviewing the Fund's plan documents including any amendments regarding the benefits provided and all procedural requirements.
- K. BRM shall assist and provide support to CSB and act as liaison between the Fund and member(s), collective bargaining units and employees and any other covered person for the purpose of providing current information regarding the Fund's health insurance benefits.
- L. BRM shall assist CSB with the distribution of information to member regarding initial enrollment and annual open enrollment and coordinate the enrollment process between CSB and the Fund.
- M. BRM shall return any other related documents or records that may be required by CSB and the Fund.
- N. BRM shall comply with the applicable data transmission, security, and privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191.
- O. BRM shall work responsibly to promote the Fund in the Marketplace
- P. BRM shall be paid in accordance with article III compensation. Changes or deviations may only be enacted with the written approval and direction of the individual member entity.

II. TERM

The term of this agreement shall commence on January 1, 2025, and shall continue through December 31, 2025, and shall renew in accordance with the terms and conditions of this Agreement unless

terminated earlier in accordance with this Agreement, or if CSB has not been reappointed as Program Manager for the Fund or BRM has not been reappointed by the member.

III. COMPENSATION

BRM shall be compensated for services rendered in accordance with the compensation schedule established by the Fund and approved by the members in accordance with its governing documents for all services rendered by BRM.

CSB shall pay BRM a fee for the term of this agreement based on the Member's monthly billing, on behalf of the member, through the Fund, for Field Service and Marketing activities performed for Fund Member(s) listed in Exhibit C.

All payments due to BRM under this Agreement shall be remitted by member(s) in the member's monthly premium payment. In the event that member(s) fails to remit (BRM's) compensation as set forth herein, CSB shall have no obligation to forward any payment to BRM for services rendered. CSB is not be responsible for BRM's expenses.

IV. RELATIONSHIP OF PARTIES

Both CSB and BRM agree that BRM is an independent contractor acting on behalf of its Fund member in the performance of the duties under this Agreement. BRM shall not be deemed to have been granted any right or authority to assume or create any obligation or responsibility on behalf of or in the name of CSB or the Fund. Nothing in this Agreement creates a joint venture, partnership or association of any kind between CSB and BRM or the Fund and BRM.

BRM is not an agent or employee of CSB or the Fund for any purposes, and is not eligible for any benefits available to employees of CSB or the Fund. Accordingly, BRM shall be solely responsible for payment of all taxes including Federal, State and local taxes arising out of BRM's activities in accordance with this Agreement including, by way of illustration but not limitation, Federal and State income tax, Social Security tax, unemployment insurance taxes, and any other taxes or business license fees as required. CSB is not obligated to withhold or deduct any of the above listed taxes or payroll related deductions from any payments to be made to the BRM under this Agreement.

V. INSURANCE

BRM shall at all times during the term of this Agreement maintain current producer's license for health insurance pursuant to N.J.S.A. 17:22A-1 et. seq., and maintain the following insurance coverage:

1. Comprehensive General Liability: Minimum limit of liability per occurrence of \$1,000,000/2,000,000 CSL for bodily Injury, property damage, personal injury.
2. Professional Liability Insurance (Errors and Omissions): A minimum limit of liability of \$1,000,000/1,000,000 aggregate.
3. Workers' Compensation: Statutory - \$100,000/\$500,000/\$100,000 Employers' liability.

Copies of BRM's license and certificates of insurance shall be provided to CSB upon the execution of this Agreement, upon any renewals of this Agreement and at such times as requested. Failure by

BRM to supply such written evidence shall be considered as a default of this Agreement. BRM shall name CSB as an "additional named insured" on any certificate of insurance.

The insurance companies for the above required coverages must be licensed, solvent and in good standing in all jurisdictions in which they are authorized to conduct business. BRM shall not take any action to cancel or materially change any of the above insurance required under this Agreement without written notification to CSB. Maintenance of insurance pursuant to this Agreement shall not relieve BRM of any filing of liability and award of damages which may exceed the insurance coverage set forth herein.

VI. TERMINATION

A. This Agreement shall terminate upon the member's withdrawal from the Fund and/or the member's termination of services of BRM.

B. CSB and the Fund shall have the right to terminate the Agreement immediately, without prior notice, in the event of any misconduct by BRM which CSB or the Fund determine, in their sole discretion, that BRM has failed to comply with any by-law or other rule of the Fund or any term of this Agreement.

C. This Agreement shall terminate immediately in the event the Fund terminates or does not request CSB as Program Manager.

D. In the event of a termination of its appointment as benefits risk manager by its member, BRM shall return all claims records and files to the Fund, in the Fund's standard format as instructed by CSB, no later than ten (10) business days following the termination date.

E. This Agreement may be voided by the Trustees/Executive Committee of the Fund if BRM fails to disclose an conflict of interest as defined in the Fund's by-laws, or pursuant to N.J.S.A. 40A: 9-22.1 et. seq. (the "Local Government Ethics Laws").

F. BRM shall not be entitled to any further compensation if this Agreement is terminated, unless such compensation is paid directly outside the Fund by the Member.

VII. CONFIDENTIAL INFORMATION

A. BRM agrees that any information received through CSB or otherwise on behalf of the Fund in furtherance of its obligations in accordance with this Agreement, which concerns the personnel, financial, proprietary or other affairs of CSB, the Fund or any member of the Fund, will be treated by BRM in full confidence and will not be revealed to any other persons, firms or organizations, during the term of this Agreement or anytime thereafter without the express written consent of CSB.

B. BRM further agrees not to reproduce, make copies of, or disclose any confidential or proprietary information of CSB, the Fund or any member of the Fund, including but not limited to the Fund's member lists, member accounts, policy terms and expiration dates, policy conditions and rates, member information (prospective and existing), marketing, product development and information, research, financial information, sales and sales strategies (collectively referred to as "Confidential Information"), except as required in the performance of this Agreement. Upon termination of this Agreement for any reason whatsoever, BRM agrees to promptly deliver to CSB all of the confidential or proprietary information, property, equipment, computer files, documentation, correspondence, literature, memorandum, files, and any other materials of the Fund or CSB in its possession, custody or control. This section shall survive the termination of this Agreement.

VIII. NON-DISPARAGEMENT

BRM agrees that it will not, in any way or in any manner, disparage, or make negative, disparaging or derogatory comments or statements about the Fund, CSB (including any affiliates or subsidiaries), its employees, officers, representatives or directors, its reputation or operations. CSB agrees that its officers and directors will not make negative, disparaging, or derogatory comments or statements about BRM.

IX. INDEMNIFICATION

BRM shall indemnify and hold harmless the Fund, CSB and their agents, officers, trustees, directors and employees, from any and all claims, liability, cost, damage or expense for or on account of any claim for damage or loss occurring by any reason of any of BRM's breach, negligence, misrepresentation, misconduct, error, omission or other actions or inactions.

X. AFFIRMATIVE ACTION

BRM shall not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. BRM will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. BRM agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the designated public agency compliance officer setting forth provisions of this nondiscrimination clause;

BRM, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of BRM, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

BRM, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract of understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers representative of BRM's commitments under this Agreement and shall put copies of the notice in conspicuous places available to employees and applicants for employment.

BRM, where applicable, agrees to comply with the regulations promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c. 127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

BRM agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time or in accordance with a biding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A 10:5-31 et seq., as amended and supplemented from time to time.

BRM agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

BRM agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

BRM agrees to review all procedures relating to transfers, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and conforms with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable federal court decisions.

BRM shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to subchapter 10 of the Administrative Code (NJAC 17:27).

XI. OWNERSHIP OF RECORDS

A. All records and data of any kind relating to the Fund shall belong to the Fund, and be surrendered to the Fund upon expiration or termination of this Agreement. Notwithstanding the foregoing, BRM shall be entitled to maintain one (1) copy of all files to the extent such retention is required by law. For purposes of clarification, continued maintenance of any such records required by law shall also be subject to the confidentiality provisions of this Agreement.

B. At all times during the term of this Agreement and for a period of two (2) years following any termination or expiration, the Fund, its appointed officials and other designated representatives, as authorized by the Fund, shall have access to records and files maintained by the BRM for the Fund during normal business hours. Furthermore, such records, books, and files relating to the operation and business of the Fund are the property of the Fund, regardless of site where stored.

C. Information released to BRM by the Fund and/or CSB for the purpose of performing the services as outlined herein shall be used only in connection with the performance of said duties and shall not be used in any form or manner for other than Fund purposes without the prior written consent of the Fund and CSB.

XII. REMEDIES IN EVENT OF BREACH

If either party brings a law suit in order to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.

XIII. MISCELLANEOUS

A. **Governing Law.** This Agreement shall be construed in accordance with and governed in all respects, whether as to validity, construction, capacity performance, or otherwise by the laws of the State

of New Jersey. Any litigation arising out of and/or related to this Agreement shall be filed exclusively in the State and/or Federal Courts of Burlington County, New Jersey.

B. **Severability and Independence.** If any provision of this Agreement or any part of any provision of this Agreement is determined to be unenforceable for any reason whatsoever, it shall be severable from the rest of this Agreement and shall not invalidate or affect the other portions of the Agreement, which shall remain in full force and effect and be enforceable according to their terms. Furthermore, no provision herein shall be dependent upon any other provision herein. Each provision shall stand independently and be enforceable without regard to any other provision of this Agreement.

C. **Amendments, Waivers and Termination.** No amendment, waiver or termination of any of the provisions of this Agreement shall be effective unless made in writing and signed by the party against whom it is sought to be enforced.

D. **Successors In Interest.** No rights or obligations of either party under this Agreement may be assigned or transferred, except that CSB and BRM shall require any successor (whether direct or indirect, by purchase, merger, consolidation or otherwise) to all or substantially all of the business and/or assets of CSB or BRM, as applicable, to expressly assume and agree to perform this Agreement in the same manner and to the same extent that their respective successor(s) in interest would be required to perform it if no such succession had taken place. As used in this section, "CSB" and "BRM" shall include any successor to its business and/or assets (by merger, purchase or otherwise) which executes and delivers the agreement provided hereunder or which otherwise becomes bound by all the terms and provisions of this Agreement by operation of law.

E. **Assignment.** No portion of this Agreement or any of (BRM's) rights, duties or obligations under this Agreement may be assigned or delegated by BRM to any other individual or entity.

F. **No Conflicts.** BRM represents and warrants that it is not bound by, and will not enter into, any oral or written agreement with another party that conflicts in any way with (BRM's) obligations under this Agreement or any agreement made or to be made in connection with this Agreement.

G. **Notice.** All notices, requests, demands and other communications under this Agreement shall be in writing and shall be deemed to have been duly given if delivered by: hand with delivery receipt; or certified or registered mail, return receipt requested, with package prepaid; or overnight or express courier with receipt-for-delivery tracking system.

All notices are to be delivered to the following addresses or to such other address as either party may designate by like notice:

If to BRM, to:

If to CSB, to:

General Counsel
Connor Strong & Buckelew, Inc.
TRIAD1828 CENTRE 2 Cooper St
Camden, NJ, PO Box 99106 Camden, NJ 08101

and to such other or additional persons as either party shall have designated to the other party in writing by like notice.

H. **Entire Agreement.** This Agreement constitutes the entire agreement and understanding of the parties and cannot be modified or changed unless both parties agree in writing. This Agreement supersedes and terminates any oral or written agreements which were in existence between the parties prior to the date of the Agreement.

I. **Captions.** The captions or paragraph headings contained in this Agreement are solely for purpose of convenience and shall not be deemed part of the Agreement for the purpose of construing the meaning thereof or for any other purpose.

J. **Modification.** No modification of this Agreement shall be valid or binding unless the modification be in writing and executed by CSB and BRM.

IN WITNESS WHEREOF, this Agreement has been executed on this _____
_____ 2025 for the purposes and term specified herein.

Connor Strong & Buckelew, Inc.

Print Name

Print Name

Attest: _____

Attest: _____

EXHIBIT A

Member local governmental unit(s) Fund Member(s), desiring _____ to perform professional services as outlined in this Agreement: This fee is calculated on the aggregate membership of the group for the lines of coverage within the Fund as of January 1, 2025. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

RESOLUTION NO. 11-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
AUTHORIZING COMMISSION TREASURER TO PROCESS
CONTRACTED PAYMENTS AND EXPENSES**

WHEREAS, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

WHEREAS, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

BE IT RESOLVED by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2025.

BE IT FURTHER RESOLVED that the Executive Committee of the Central Jersey Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTING 2025 WELLNESS GRANT PROGRAMS**

WHEREAS, the Central Jersey Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Commissioners set forth a budget for the Central Jersey Health Insurance Fund members for the year of January 1, 2025 through December 31, 2025. This budget includes \$150,000 for individual member wellness grants;

WHEREAS, the Central Jersey Health Insurance Fund Executive Committee requested grant applications from Fund members which were received and reviewed by the Committee and deemed appropriate and within budget;

Group Name	Biometric Screenings (option 1)	Option 2 (Wellness Days)	Option 3 (Build Own)	Amount Requested	Wellness Champion Stipend	Total	Notes
Lakewood Township			X	\$15,500.00	\$1,500.00	\$17,000.00	Callenge, Wellness Workshops, Fair, Wellbeing initiatives
Bedminster			X			\$7,500.00	Kickball Tournament with healthy lunch, step challenges by Terryberry with prizes
Totals						\$24,500.00	
Remainder available for Grants						\$125,500.00	

WHEREAS, on January 15, 2025, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling **\$24,500**.

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**CENTRAL JERSEY FUND RESOLUTION AUTHORIZING THE HIRING
OF AN E- PROCUREMENT SOFTWARE VENDOR THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Central Jersey Fund (Hereinafter the "Fund") has a need for electronic platform procurement services for its daily operations; and

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

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

; and

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

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

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

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

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

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-25

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE NOVEMBER 2024, DECEMBER 2024, AND JANUARY 2025 BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **January 15, 2025** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2024, December 2024 and January 2025 for consideration and approval of the Executive Committee; and

WHEREAS, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of November for all Fund Years for consideration and approval of the Executive Committee; and

WHEREAS, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for November 2024, December 2024 and January 2025 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

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

ADOPTED: JANUARY 15, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
October 16, 2024
ZOOM MEETING
1:30 PM**

Meeting called to order by Chairman Thomas Nolan. The Open Public Meeting notice read into record.

**PLEDGE OF ALLEGIANCE
MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER
ROLL CALL OF 2024 EXECUTIVE COMMITTEE**

CHAIRPERSON		
Thomas Nolan	Borough of Brielle	Present
SECRETARY		
Brian Brach	Manasquan RRSA	Present
EXECUTIVE	COMMITTEE	
Diane Lapp	Township of Manchester	Present
Brian Valentino	Western Monmouth MUA	Absent
Brian Dempsey	Spring Lake Borough	Absent
Peter O'Reilly	Borough of Lakewood	Present
Angela Morin	Aberdeen	Present
ALTERNATES:		
James Gant	Red Bank	Present

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Brandon Lodics Emily Koval Caitlin Perkins Jordyn DeLorenzo	Present Present
Program Manager	Conner Strong & Buckelew	Crystal Bailey Peter Mina	Present
Attorney	Berry, Sahradnik, Kotzas & Benson	Jack Sahradnik	Present
Treasurer		Stephen Mayer	Present
Network & Medical Claims Service	Aetna	Jason Silverstein	Present
Network & Medical Claims Service	AmeriHealth	Kristina Strain	Present
Dental Claims Service	Delta Dental	Crista O'Donnell	Present
Rx Administrator	Express Scripts	Charles Yuk	Absent

OTHERS PRESENT:

Jim Diaz	Jacque Maddren
Beata Roefaro	Caleb Roca
Thomas Flarity	John Casagrande
Anthony Tonzini	Sara Zimmer-Scarpelli
Diane Lapp	Lisa Narcise
Ian Dalton	Catherine LaPorta
John Lajewski	Tyler Jackson
Peter Moore	D. Scoblete
Rob Ferragina	Lindsay Klein
Lindsey Becker	Jennifer Santiago
Condy Toye	David Balken
Tom Fletcher	Lori Savron

APPROVAL OF MINUTES: September 18, 2024 OPEN:

MOTION TO APPROVE OPEN MINUTES OF September 18, 2024

MOTION: Commissioner Brach
SECOND: Commissioner Lapp
VOTE: All in Favor

EXECUTIVE DIRECTOR REPORT

PRO FORMA REPORTS - Executive Director reviewed the July fast track report, highlighting a surplus primarily driven by contributions from Lakewood, resulting in an overall positive month. She noted that while there is a year-to-date loss, the Fund remains in a surplus position. Addressing the 2025 budget, she reiterated points discussed during the budget introduction and finance committee meetings, stating that the higher-than-usual budget aligns with market trends and should be adequate as we move into 2025.

2025 CJHIF BUDGET - ADOPTION - Executive Director noted a small change since the budget introduction, specifically that the MRHIF CJHIF increase was higher than initially projected. It is recommended to maintain the current deductible due to market trends and the loss of a large group. Despite this adjustment, it did not impact member assessments, which remain unchanged from those approved at the budget introduction. She encouraged groups to reach out if they would like a finalized copy of their rate reports.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION: Commissioner Brach

SECOND: Commissioner O'Reilly
ROLL CALL: All in favor

Chair Nolan commended the professional staff for their hard work in preparing the 2025 budget and the finance committee for their thorough review.

MOTION TO CLOSE THE PUBLIC HEARING ON THE 2025 BUDGET

MOTION: Commissioner Brach
SECOND: Commissioner O'Reilly
ROLL CALL: All in favor

MOTION TO APPROVE THE ADOPTION OF THE 2025 BUDGET

MOTION: Commissioner Brach
SECOND: Commissioner O'Reilly
ROLL CALL: All in favor

NEW MEMBERS - Executive Director highlighted two new entities requesting membership in the CJHIF. She reviewed the new member overview for Bayshore Regional Sewer Authority, set to join effective January 1, 2025. Additionally, she provided an overview for Lakewood MUA, which is transitioning from its current arrangement to full CJHIF membership under the MRHIF arrangement, also effective January 1, 2025.

QPA APPROVAL- Executive Director reviewed the QPA RFP and noted the recommendation for a QPA to establish a direct contract with the individual Funds. The sole response came from The Canning Group, which currently serves as the MRHIF QPA. She mentioned that several QPA agreements need to be finalized before the end of the year. The Canning Group has provided a proposal for the remainder of 2024, and the Fund can issue a new RFP for 2025.

Chair Nolan shared his experience with The Canning Group, stating that they do an excellent job and expressing his endorsement.

SPLIT BILLS AND DECEMBER BILLS - Executive Director shared that groups with split bill arrangements should inform the enrollment team of any changes to ensure accurate coupon distribution. Additionally, if the January bills are delayed, members may receive a bill reflecting the 2024 rates to maintain cash flow. Ms. Koval clarified that the February bills will include the 2025 rates, along with any adjustments from the January bill, and updates will be provided accordingly.

MOTION TO APPROVE THE CONTRACTS COMMITTEE TO ISSUE A BID REQUEST FOR QUALIFIED PURCHASING AGENDA FOR CJHIF

MOTION: Commissioner Brach
SECOND: Commissioner Morin
ROLL CALL: 4 Ayes, 0 Nays

SUB COMMITTEE UPDATE - Chair Nolan sent out an email regarding open slots for subcommittees and Executive Director noted there are two openings still available. These subcommittees will continue into the 2025 year. She noted there is someone interested in joining the Executive Committee so the name will be sent to the nominating committee for election in January.

INDEMNITY AND TRUST AGREEMENTS - Executive Director noted the list of agreements that are out of date and need some assistance in receiving these agreements since this is part of the annual audit filing.

PROGRAM MANAGER'S REPORT - Mr. Mina reviewed the following items:

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. To contact the team, email cjhifenrollments@permainc.com or fax to 856-552-2175. System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM**. Please contact HIFtraining@permainc.com for additional information or to request an invite.

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

OPERATIONAL UPDATES:

Open Enrollment - 1/1/25 (Passive)

- CJHIF OE will be held October 28th through November 8th
- All OE updates should be completed in WEX by November 15th to allow time for ID cards to be delivered to members by 1/1/25
- 2025 Qualified HDHP Minimums will be updated as follows:
 - Deductible - \$1,650 single/ \$3,300 family
 - Maximum Out of Pocket (MOOP) - \$3,300 single/ \$\$6,600
- OE guides are currently being updated and will be sent once finalized

**** Subject to change pending approval of the 2025 Budget****

Direct Bill Enrollees: Dependent to 31, COBRA and Retirees:

On behalf of the Fund, WEX will be sending out notices to self-pay enrollees notifying them that their 2025 coupons will likely be received after January 1st. For your reference those notices are included in Appendix II of your agenda.

COVERAGE UPDATES:

Onsite Flu Vaccine Clinic Vendor List

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

Aetna UPDATES:

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

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

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

Please reference the CVS Health Virtual Care flyer included as an attachment to this agenda for additional information including instructions for to activate the benefit and create an account.

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

EXPRESS SCRIPTS UPDATE:

Mail Order - Less than 35-day supply

Beginning October 22, 2024, ESI will no longer dispense prescriptions written for less than 35-day supply for most medications at their mail order facilities. Members who want or need to continue filling prescriptions written for less than a 35-day supply, rather than moving to an extended day supply will be required to fill at one of ESI retail participating pharmacies.

There will be a limited number of drug categories where ESI will continue to dispense less than a 35-day supply. These drug categories are limited to drug classes where consolidation or a longer supply is not appropriate, such as the following:

- State and federally controlled drugs
- Over-the-counter medications
- Diabetic supplies
- Some maintenance medications
 - Mood altering medications
 - Sublingual nitroglycerin
 - Warfarin

Members currently receiving less than a 35-day supply from ESI were notified the week of October 8th. The communication will inform the member to contact their physician to confirm if a longer day

supply is appropriate, and if not, advise them they will need to transfer their existing prescription to a participating retail pharmacy.

Notice of Creditable Coverage (NOCC)

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

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

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

Effective January 1, 2025:

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

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

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

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

LEGISLATIVE REVIEW

Medical and Rx Reporting: None

No Surprise Billing and Transparency - Continued Delays

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

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

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

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

2023 Specialized Audits

As approved through an RFP through the Program Manager's contract, the HIFs has acquired the services of AIM to conduct specialized audits for the Central New Jersey Health Insurance Fund (CJHIF). AIM will begin with completing medical claims audits for claims administered by Aetna. The claim audit being performed will determine Aetna's claim processing and financial accuracy of medical claims. AIM will also perform an Operation Review. Aim will perform an in-depth evaluation of the controls employed by the Aetna to ensure quality administration.

Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
8/5/2024	Aetna/Medical	CJ 2024-09-01	Surgical Services	Upheld	8/14/2024

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
9/5/2024	Aetna/Medical	CJ 2024-09-01	Surgical Services	Overtured	9/10/2024

TREASURER – Fund Treasurer Steve Mayer reviewed the Octobers bills list in the agenda. Fund Treasurer continued to review the summary of the cash transactions.

ATTORNEY: Fund Attorney had nothing to report.

AETNA: Mr. Silverstein reviewed the claims for the months of August 2024. The high claimant report showed four claims for August above \$100,000. Mr. Silverstein happily reported that the dashboard metrics through the month of August continue to perform well.

AMERIHEALTH: Ms. Strain reviewed the claims for the month of September 2024. There were no high claimants for September.

EXPRESS SCRIPTS: Mr. Yuk reviewed the monthly utilization report for August 2024. Mr. Yuk reviewed the top 10 indications for 2024 and commented that weight loss and skin condition trend continues to be the top trend drivers.

DELTA DENTAL: Ms. O’Donnell reviewed the special healthcare needs benefit, which has been implemented for members with intellectual or developmental disabilities to support their oral health care. This benefit includes additional cleanings and treatment delivery modifications. This information is included in the open enrollment packet.

OLD BUSINESS: None

NEW BUSINESS: None.

PUBLIC COMMENT: None.

MOTION TO APPROVE THE CONSENT AGENDA, INCLUDING RESOLUTIONS 31-24, 32-24, AND 33-24:

MOTION:	Commissioner Gant
SECOND:	Commissioner Brach
VOTE:	All in Favor

MOTION TO ADJOURN MEETING:

MOTION:	Commissioner Brach
SECOND:	Commissioner Gant
VOTE:	All in Favor

MEETING ADJOURNED: 2:00 pm
Next Meeting: January 15, 2025 at 1:30 pm, Zoom Meeting
Minutes Prepared by: Caitlin Perkins, Assisting Secretary

APPENDIX II

**CJHIF
24-20 CJHIF Actuary**

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Actuarial Solutions LLC	40.00	38.63	19.98	98.61

Reason for selection: Actuarial Solutions LI has provided for the most advatnageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Actuarial Solutions LLC
Technical criteria:	
(Max Points 40)	
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	5.00
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	5.00
(3) Has the past performance of the vendor's proposed methodology been documented?	5.00
(4) Does the vendor's proposal use innovative technology and techniques?	
SUB TOTAL TECHNICAL	40.00
Management criteria:	
(Max Points 40)	
(1) Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?	5.00
(2) Does the vendor document industry or program experience?	5.00
(3) Are the availability of in-house and contract resources documented?	4.50
SUB TOTAL MANAGERIAL	38.63
Cost criteria:	
(Max Points 20)	
(1) Relative cost: How does the cost compare to other similarly scored proposals?	5.00
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	5.00
(3) Does the proposal include quality control and assurance programs?	5.00
SUB TOTAL COST	19.98
RANKINGS POINTS	98.61

**CJHIF
24-20 CJHIF Actuary**

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Actuarial Solutions LLC	40.00	38.63	19.98	98.61

Reason for selection: Actuarial Solutions LI has provided for the most advatnageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Actuarial Solutions LLC
Technical criteria:	
(Max Points 40)	
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	5.00
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	5.00
(3) Has the past performance of the vendor's proposed methodology been documented?	5.00
(4) Does the vendor's proposal use innovative technology and techniques?	
SUB TOTAL TECHNICAL	40.00
Management criteria:	
(Max Points 40)	
(1) Does the vendor document a record of reliability of timely delivery and on-time and on- budget implementation?	5.00
(2) Does the vendor document industry or program experience?	5.00
(3) Are the availability of in- house and contract resources documented?	4.50
SUB TOTAL MANAGERIAL	38.63
Cost criteria:	
(Max Points 20)	
(1) Relative cost: How does the cost compare to other similarly scored proposals?	5.00
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	5.00
(3) Does the proposal include quality control and assurance programs?	5.00
SUB TOTAL COST	19.98
RANKINGS POINTS	98.61

**CJHIF
CC 24-19 CJHIF Program Manager**

Vendor	Technical (Max Points 40)	Managerial (Max Points 40)	Cost (Max Points 20)	Final
Connor, Strong, & Buckelew	38.00	39.96	19.98	97.94

Reason for selection: Connor, Strong, & B. has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Connor, Strong, & Buckelew	
Technical criteria:		
(Max Points 40)		
SUB TOTAL TECHNICAL	38.00	
Management criteria:		
(Max Points 40)		
SUB TOTAL MANAGERIAL	39.96	
Cost criteria:		
(Max Points 20)		
SUB TOTAL MANAGERIAL	19.98	
RANKINGS POINTS	97.94	