



**AGENDA AND REPORTS
JANUARY 15, 2020
BOROUGH OF BRIELLE
1:30 PM**

PUBLIC MEETINGS ACT - In accordance with the Open Public Meetings Act, notice of this meeting was provided by:

- I.** sending sufficient notice to the Asbury Park Press
- II.** filing advance written notice of this meeting with each member municipalities and,
- III.** posting this notice on the Public Bulletin Board of all member municipalities

Brielle Borough Municipal Building

601 Union Lane
Brielle, NJ 08730

From the Parkway South:

Take Exit 98 toward I-195/Belmar/Pt. Pleasant/Trenton. Keep Left at the fork in the ramp. Make a slight right onto Route 34 South. Route 34 South becomes Route 35. Make a right onto Higgins Road, then a left onto Route 71. Borough Hall is on the left.

From Parkway North

Take Exit 90 towards Brick Twp/Lakewood/Pt. Pleasant. Turn left onto Route 70. After 5 miles, make a slight right on Route 35. Turn left onto Howell Drive. Turn Right onto Union Lane.

CENTRAL JERSEY HEALTH INSURANCE FUND
AGENDA MEETING: JANUARY 15, 2020
BOROUGH OF BRIELLE
1:30 PM

SINE DIE MEETING

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2019 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: OCTOBER 16, 2019 Open: Appendix I

CORRESPONDENCE - None

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

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF 2019 FUND COMMISSIONERS

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

Thomas Nolan , Chair - Borough of Brielle

William Rieker, Secretary - Township of Lakewood

Joseph Gilsenan, Executive Committee - Township of Brick

Diane Lapp, Executive Committee - Township of Manchester

Adam Hubeny, Executive Committee - Borough of Atlantic Highlands

Donato Nieman, Executive Committee - Montgomery Township

Brian Valentino, Executive Committee Alternate - Western Monmouth MUA

Brian Brach, Executive Committee Alternate - Manasquan RRSA

Brian Dempsey, Executive Committee Alternate - Spring Lake Borough

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

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PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 6

TREASURER - (Stephen Mayer)

November and December 2019 Voucher List (Confirmation of Payment)..... Page 10

January 2020 Voucher List (Resolution 15-20).....TDB

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 17

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)
Monthly Report..... Page 22

PRESCRIPTION ADMINISTRATOR - (Express Scripts)
Monthly Report..... Page 25

DENTAL ADMINISTRATOR - (Delta Dental)
Monthly Report

CONSENT AGENDA

Resolution 1-20: Professional Fees..... Page 28
Resolution 2-20: EUS Contract Award..... Page 30
Resolution 3-20: Medicare Advantage Contract Award Page 31
Resolution 4-20: Designation of Service of Process Page 36
Resolution 5-20: Designation of Secretary as Custodian of Records Page 37
Resolution 6-20: Designation of Official Newspaper Page 38
Resolution 7-20: Designation of Regular Meeting Times and Place..... Page 39
Resolution 8-20: Designation of Bank Depositories & CMP..... Page 40
Resolution 9-20: Designation of Authorized Signatories Page 44
Resolution 10-20: Approval of Risk Management Plan..... Page 45
Resolution 11-20: Appointment of MRHIF Fund Commissioners Page 55
Resolution 12-20: Broker Contract Approval..... Page 56
Resolution 13-20: Authorizing Treasurer to Process Contracted
Payments and Expenses Page 67
Resolution 14-20: Adopting 2020 Wellness Grant Programs..... Page 68
Resolution 15-20: Approval of the November and December 2019
and January 2020 Bills Lists Page 69

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, 2020

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of November 30, 2019 (page 3)

2020 REORGANIZATION

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

#7-20 – September meeting is the 2nd Wednesday to avoid conference conflicts and the November meeting (if needed) is coordinated with the League of Municipalities event.

#9-20 – Current Signatories – Tom Nolan, William Rieker, Steve Mayer

#10-20 – RMP – Note the changes to the specific attachment point (+\$25,000) and the elimination of aggregate coverage.

#11-20 – Current MRHIF representatives are Adam Hubeny and Diane Lapp. Need to elect for 2020

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

MRHIF met twice in December and acted upon the following items.

1. MRHIF unanimously adopted the 2020 Budget at an overall billing **decrease** of 7.18%. Each member's renewal was impacted by prior experience.
2. PERMA will be working with the Fund Lobbyist to require the commercial marketplace to release claims experience to public entities.
3. RFPs were released for PBM Consultant and Marketing Consultant
4. The Reinsurance Contract has been approved with the attachment points to be approved at each local level.

INDEMNITY AND TRUST AGREEMENTS

In October 2019 PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements due by December 31, 2019 and older. Please reach out to kkamprath@permainc.com for a blank form to be executed. The list was last updated on January 10, 2020.

Member	Agreement End Date
Barnegat Light	12/31/2018
Brick Twp Housing Authority	12/31/2018
Manchester Township	12/31/2018
South River	12/31/2018
Western Monmouth Utilities Authority	12/31/2017

2020 WELLNESS GRANT APPLICATIONS

Applications for a 2020 wellness grant were emailed to the membership in November with an additional option of an EAP. This option allows the member to provide an employee assistance program through a third party vendor. A summary of responses is below, which the wellness committee will be reviewing prior to the meeting. The budget includes \$50,000 for grants. A resolution approving the grants as is included in consent.

Group Name	Total Census	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 (EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
Atlantic Highlands	47	\$2,585.00					\$0.00	\$2,585.00	Biometric Screenings
Bedminster	40		\$5,000.00				\$0.00	\$5,000.00	Tavi Challenges
Aberdeen	162					\$15,775.00	\$700.00	\$16,475.00	kick off, hypertension screenings, 5k run, softball, healthy cooking, 3 tavi challenges, stand up desk, health coordinators
Tuckerton School District	37					\$2,500.00		\$2,500.00	Yoga and chair massage
Montgomery	140					\$16,987.95	\$1,000.00	\$17,987.95	Biometric screenings, Wellness Days, Nutrition initiatives, DPW centered health class
Totals	426	\$2,585.00		\$0.00		\$0.00	\$1,700.00	\$44,547.95	

2020 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2019. If a Commissioner is interested in joining a committee, please reach out to Emily Koval or Chair Nolan.

Finance & Contracts Committee

Tom Nolan, Chair

William Ricker

OPEN

Wellness Committee

Diane Lapp, Chair

Joseph Gilsean

OPEN

Operations and Claims Committee

William Rieker, Chair

Joseph Gilsean

Diane Lapp

Nominating Committee

Adam Hubeny, Chair

Joseph Gilsean

CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

AS OF November 30, 2019

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	3,212,252	36,925,825	654,082,382	691,008,207
2. CLAIM EXPENSES				
Paid Claims	2,530,254	27,276,589	542,613,265	569,889,855
IBNR	(238,335)	107,421	2,978,131	3,085,552
Less Specific Excess	(3,270)	(1,386)	(15,725,410)	(15,726,797)
Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
TOTAL CLAIMS	2,288,648	27,382,624	528,865,986	556,248,610
3. EXPENSES				
MA & HMO Premiums	283,060	3,065,969	12,717,966	15,783,935
Excess Premiums	148,434	1,595,557	31,342,889	32,938,447
Administrative	187,378	2,054,002	37,472,373	39,526,376
TOTAL EXPENSES	618,873	6,715,528	81,533,229	88,248,757
4. UNDERWRITING PROFIT (1-2-3)	304,731	2,827,672	43,683,168	46,510,840
5. INVESTMENT INCOME	20,717	333,322	3,240,691	3,574,013
6. DIVIDEND INCOME	0	1,092,745	5,457,726	6,550,471
7. STATUTORY PROFIT (4+5+6)	325,448	4,253,739	52,381,585	56,635,324
8. DIVIDEND	0	11,500,000	26,650,258	38,150,258
9. STATUTORY SURPLUS (7-8)	325,448	(7,246,261)	25,731,327	18,485,066

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	10,102	(5,306,038)	13,263,933	7,957,895
	Cash	4,607,117	(3,919,190)	14,536,646	10,617,456
2018	Surplus	7,640	(280,671)	3,835,814	3,555,142
	Cash	447	99,412	3,148,088	3,247,500
LAKESWOOD	Surplus	126,852	(2,783,053)	8,631,580	5,848,527
	Cash	(4,502,515)	(1,740,885)	8,861,143	7,120,259
2019	Surplus	180,854	1,123,501		1,123,501
	Cash	(226,027)	1,492,541		1,492,541
TOTAL SURPLUS (DEFICITS)	325,448	(7,246,261)	25,731,327	18,485,066	
TOTAL CASH	(120,978)	(4,068,122)	26,545,878	22,477,756	

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	(457)	59,934	481,277,155	481,337,088
FUND YEAR 2018				
Paid Claims	12,285	1,983,510	16,507,299	18,490,809
IBNR	(14,466)	(1,655,662)	1,862,793	207,131.03
Less Specific Excess	(3,270)	(4,549)	(8,023)	(12,572)
Less Aggregate Excess	0	0	0	0
TOTAL FY 2018 CLAIMS	(5,452)	323,299	18,362,068	18,685,368
LAKESWOOD				
Paid Claims	868,612	8,193,817	29,114,984	37,308,800
IBNR	5,560	54,809	1,105,339	1,160,148
Less Specific Excess	0	3,163	(993,560)	(990,397)
Less Aggregate Excess	0	0	0	0
TOTAL LAKESWOOD 2019 CLAIMS	874,172	8,251,789	29,226,762	37,478,551
FUND YEAR 2019				
Paid Claims	1,649,814	17,029,329		17,029,329
IBNR	(229,429)	1,718,273		1,718,273
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
TOTAL FY 2019 CLAIMS	1,420,385	18,747,602		18,747,602
COMBINED TOTAL CLAIMS	2,288,648	27,382,624	528,865,985	556,248,609

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 REGIONAL EMPLOYEE BENEFITS FUND RATIOS

INDICES	2018	FY2019											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	26,545,878	\$ 27,831,854	\$ 25,927,057	\$ 28,579,352	\$ 29,697,117	\$ 29,760,883	\$ 30,875,985	\$ 26,760,802	\$ 21,604,578	\$ 23,341,729	\$ 22,598,734	\$ 22,477,756	
IBNR	2,978,131	\$ 3,028,687	\$ 3,065,759	\$ 3,166,410	\$ 3,206,507	\$ 3,220,979	\$ 3,228,743	\$ 3,275,861	\$ 3,303,947	\$ 3,310,634	\$ 3,323,887	\$ 3,085,552	
Assets	30,473,975	\$ 30,811,982	\$ 31,284,558	\$ 32,299,000	\$ 32,465,775	\$ 33,602,183	\$ 33,885,588	\$ 29,273,276	\$ 24,904,709	\$ 25,206,401	\$ 24,695,227	\$ 24,756,431	
Liabilities	4,742,654	\$ 4,785,663	\$ 4,757,276	\$ 4,834,297	\$ 16,586,044	\$ 16,295,517	\$ 16,276,338	\$ 11,167,387	\$ 6,567,570	\$ 6,548,287	\$ 6,535,614	\$ 6,271,370	
Surplus	25,731,322	\$ 26,026,319	\$ 26,527,282	\$ 27,464,703	\$ 15,879,731	\$ 17,306,666	\$ 17,609,249	\$ 18,105,888	\$ 18,337,139	\$ 18,658,114	\$ 18,159,613	\$ 18,485,061	
Claims Paid -- Month	1,730,284	\$ 2,458,965	\$ 2,577,801	\$ 1,926,864	\$ 2,664,101	\$ 2,573,243	\$ 2,842,614	\$ 2,360,191	\$ 2,625,449	\$ 1,624,965	\$ 3,104,649	\$ 2,532,369	
Claims Budget -- Month	2,764,227	\$ 2,826,484	\$ 2,828,421	\$ 2,830,435	\$ 2,842,562	\$ 2,866,057	\$ 2,866,975	\$ 2,863,909	\$ 2,861,087	\$ 2,856,737	\$ 2,867,450	\$ 2,874,936	
Claims Paid -- YTD	26,189,768	\$ 2,458,965	\$ 5,036,767	\$ 6,963,631	\$ 9,627,732	\$ 12,200,976	\$ 15,043,590	\$ 17,403,781	\$ 20,029,230	\$ 21,654,195	\$ 24,758,844	\$ 27,291,213	
Claims Budget -- YTD	33,008,972	\$ 2,826,484	\$ 5,654,906	\$ 8,485,341	\$ 11,327,903	\$ 14,193,961	\$ 17,060,936	\$ 19,924,845	\$ 22,785,933	\$ 25,642,670	\$ 28,510,120	\$ 31,385,057	
RATIOS													
Cash Position to Claims Paid	15.34	11.32	10.06	14.83	11.15	11.57	10.86	11.34	8.23	14.36	7.28	8.88	
Claims Paid to Claims Budget -- Month	0.63	0.87	0.91	0.68	0.94	0.9	0.99	0.82	0.92	0.57	1.08	0.88	
Claims Paid to Claims Budget -- YTD	0.79	0.87	0.89	0.82	0.85	0.86	0.88	0.87	0.88	0.84	0.87	0.87	
Cash Position to IBNR	8.91	9.19	8.46	9.03	9.26	9.24	9.56	8.17	6.54	7.05	6.8	7.28	
Assets to Liabilities	6.43	6.44	6.58	6.68	1.96	2.06	2.08	2.62	3.79	3.85	3.78	3.95	

REGULATORY
CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2020 AS OF JANUARY 1, 2020

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed pending reorg
Fund Officers	To Be Filed pending reorg
Renewal Resolutions	To Be Filed pending reorg
Indemnity and Trust	To Be Filed pending reorg
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed pending reorg
Cash Management Plan	To Be Filed pending reorg
Unaudited Financials	9/30/2019 Filed
Annual Audit	12/31/2018 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	To Be Filed pending reorg
Benefit Changes	N/A

Central Jersey Health Insurance Fund

Program Manager's Report

January 15, 2020

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: kkidd@permainc.com

Enrollments/Eligibility/Billing: cjhifenrollments@permainc.com

Brokers: brokerservice@permainc.com

ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. The team can be reached by email at cjhifenrollments@permainc.com or by fax at 856-552-2175.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by Fund policy.* If you find a discrepancy, please report it to the CJHIF eligibility/enrollment team cjhifenrollments@permainc.com or by fax at 856-552-2175.

BROKER CONTACT INFORMATION

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated CJHIF Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

ID CARD UPDATE

As we reported at recent HIF Public meetings, new NJ State legislation requires that medical ID cards include certain additional member cost-share information. Please note *there are no changes to benefits, group and ID numbers*. Aetna has advised that to be compliant with the new law, they will be sending new ID cards to HIF members in mid-February. However members who recently transitioned from Qualcare to Aetna, as well as any member who made an Open Enrollment change effective 1/1/2020 will NOT be receiving new ID cards because their current cards contain the updated information. The PERMA enrollment team will send the attached flyer to groups with Aetna membership in early February.

AmeriHealth advised that ID cards were mailed to members the week of 12/23/2019. The PERMA enrollment team emailed the attached flyer in early December to group enrollment contacts who have members in AmeriHealth plans.

QUALCARE TRANSITION UPDATE

The transition of QualCare members to equivalent Aetna plans has been completed. Impacted members received Aetna Medical and Vision ID cards prior to January 1st. We are continuing to work with QualCare on 2019 claim issues and are in the process of having Summary Plan Documents drafted for the new Aetna plans. The new document drafts will be shared with Risk Managers for their review as soon as the drafts ready.

2020 SUMMARY PLAN DOCUMENT (SPD) RESTATEMENTS

The CJHIF will be restating SPDs for 2020. Below are the major updates:

- **Newborn Coverage** - updated to comply with the NJ State legislation requiring newborns to be automatically enrolled for 60 days
- **Sex Changes (Gender Re-assignment)**- exclusion removed

- **Donated Breast Milk** – coverage included to comply with NJ Mandate
- **Non-Network and In-Network** language was updated throughout the document for transparency and clarity to more clearly reflect the Funds’ administration of benefits
- **Infertility Mandates** – updated to comply with NJ State Mandate

We will be delivering draft restated documents to risk managers to review with their groups. As a reminder, the finalization of a document requires approval and signature of the group or their Risk Manager. The final document is issued upon receipt of the executed signature page.

LEGISLATIVE UPDATES

Cadillac Tax-The Cadillac Tax, a tax on high-cost health care plans, was originally set to take effect in 2018 but was delayed twice until 2022. The Tax is now permanently repealed and will never go into effect. It was originally passed as an ACA provision to finance health care expansion and control the cost of health care. It’s estimated that the repeal of the Cadillac Tax will cost \$200 billion over 10 years.

Health Insurance Tax (HIT)-The HIT tax has gone into effect and been delayed several times. It was originally effective beginning in 2015 but was under a moratorium for 2017 and 2019. Although the HIT is levied on insurers, the tax is passed through to employers and employees in the form of increased health insurance costs. The HIT is now permanently repealed as of January 1, 2021, however, the HIT will remain in effect for the 2020 plan year. It’s estimated that the repeal of the HIT will cost almost \$151 billion over ten years.

PCORI-The Patient-Centered Outcomes Research Institute (PCORI) fee was established as a part of the ACA to fund medical research. Insurers and employers with self-insured plans are subject to the fee. The last PCORI fee payment was expected to occur on July 31, 2019 (or July 31, 2020 for non-calendar year plans). The PCORI fee is not extended for another 10 years, which means employers with self-insured plans must continue paying the administratively burdensome PCORI fee.

Mandate Compliance-effective January 1, 2020 the Fund comply with the following mandates:

- Donated Breast Milk- allows the coverage of donated breast milk for infants who are unable to receive their mother’s breast milk due to specific conditions outlined in the legislation
- Infertility- it was discovered that some historical groups were never updated to comply
-

Please feel free to have your risk manager reach out to us if you’d like to discuss your entity’s coverage specifically.



Central Jersey FUND

CENTRAL JERSEY HEALTH INSURANCE FUND



AmeriHealth Administrators

NEW 2020 ID CARDS

Prior to January 1, 2020, AmeriHealth Administrator members will receive new ID cards due to recently enacted NJ State Legislation. The new legislation requires that certain benefit information be displayed on Medical ID cards.

WHAT YOU NEED TO KNOW:

- **YOUR BENEFITS ARE NOT CHANGING** unless you specifically requested a plan change during Open Enrollment.
- Your new ID card will list key benefits including "deductible may apply" language, even if your plan does NOT require a deductible.
- Your ID and Group numbers will remain the same.
- Your other employer provided benefits, such as Prescription Drugs and Dental plans will not be impacted.

WHAT YOU NEED TO DO:

- Keep an eye out for your new AmeriHealth Medical ID cards.
- Be sure to update your Medical providers with your new ID cards after January 1, 2020.
- Destroy your old ID cards after you receive your new cards.

CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

NOVEMBER 2019

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 2019

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001365			
001365	ACTUARIAL SOLUTIONS, LLC	VOID	-20,250.00
			-20,250.00
001453			
001453	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 11/19	281,076.23
			281,076.23
001454			
001454	DELTACARE USA	DMO 11/19	1,983.97
			1,983.97
001455			
001455	SaveonSP LLC	CLAIMS ADMIN FEE - ESI -10/19 - LAKEWOOD	6,162.50
001455	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 11/19	13,979.50
			20,142.00
001456			
001456	QUALCARE, INC.	VISION 11/19	99.33
001456	QUALCARE, INC.	OUT OF NETWORK 11/19	847.60
001456	QUALCARE, INC.	COST CONTAINMENT 10/19	2,662.13
001456	QUALCARE, INC.	MEDICAL TPA 11/19	6,249.42
			9,858.48
001457			
001457	AETNA LIFE INSURANCE COMPANY	VISION 11/19	42.77
001457	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 11/19	55,271.64
			55,314.41
001458			
001458	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 11/19	-23.75
001458	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/19	798.00
			774.25
001459			
001459	PA YFLEX	MRSSA & OCEANPORT 11.12.19	210.00
			210.00
001460			
001460	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 11/19	6,236.88
			6,236.88
001461			
001461	PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/19	7.50
001461	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 11/19	28,121.28
			28,128.78
001462			
001462	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 11/19	2,976.00
			2,976.00

001463				
001463	HOLMAN, FRENIA, ALLISON, P.C.	PROFESSIONAL SERVICES 10/19	1,908.33	
			1,908.33	
001464				
001464	STEPHEN MAYER	TREASURER FEE 11/19	982.00	
			982.00	
001465				
001465	ASBURY PARK PRESS	ACCT:ASB-128965 - NOTICE - 10.22.19	64.76	
			64.76	
001466				
001466	MEDICAL EVALUATION SPECIALISTS	MES CASE# 977899 10.4.19	225.00	
			225.00	
001467				
001467	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 - ARC & STOR - 9.30.19	74.16	
			74.16	
001468				
001468	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 11/19	48,027.49	
001468	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 11/19	1,250.00	
001468	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/19	519.43	
001468	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/19	1,091.58	
001468	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/19	20,078.96	
			70,967.46	
001469				
001469	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/19	76,621.40	
001469	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE REINSURANCE 11/19	5,690.75	
			82,312.15	
001470				
001470	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 11/19	8,510.13	
001470	WESTPORT INSURANCE CORP	AGGREGATE 11/19	4,442.84	
001470	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 11/19	53,169.33	
			66,122.30	
		Total Payments FY 2019	609,107.16	
		TOTAL PAYMENTS ALL FUND YEARS	\$609,107.16	

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**

Confirmation of Payment

DECEMBER 2019

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 2019

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001471			
001471	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 12/19	280,181.69
			280,181.69
001472			
001472	DELTACARE USA	DMO 12/19	1,983.97
			1,983.97
001473			
001473	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 11/19 - LAKEWOOD	6,541.50
001473	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 11/19	6,504.50
			13,046.00
001474			
001474	QUALCARE, INC.	VISION 12/19	100.62
001474	QUALCARE, INC.	OUT OF NETWORK 12/19	837.20
001474	QUALCARE, INC.	COST CONTAINMENT 12/19	4,332.88
001474	QUALCARE, INC.	MEDICAL TPA 12/19	6,172.74
			11,443.44
001475			
001475	AETNA LIFE INSURANCE COMPANY	VISION 12/19	42.77
001475	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 12/19	56,246.72
			56,289.49
001476			
001476	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/19	-23.75
001476	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/19	798.00
			774.25
001477			
001477	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/19	6,299.28
			6,299.28
001478			
001478	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/19	9.00
001478	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 12/19	28,437.53
			28,446.53
001479			
001479	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/19	2,976.00
			2,976.00
001480			
001480	HOLMAN, FRENIA, ALLISON, P.C.	PROFESSIONAL SERVICES 11/19	1,908.33
			1,908.33
001481			
001481	STEPHEN MAYER	TREASURER FEE 12/19	1,018.00
			1,018.00
001482			
001482	MEDICAL EVALUATION SPECIALISTS	MES CASE # 1013775 11/19	225.00
			225.00

001483			
001483	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 - ARC & STOR - 11.30.19	59.89
001483	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 - ARC & STOR - 10.30.19	59.89
			119.78
001484			
001484	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 12/19	48,942.20
001484	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 12/19	1,250.00
001484	CONNER STRONG & BUCKELEW	DENTAL 12/19	551.61
001484	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/19	1,106.28
001484	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 12/19	20,551.00
			72,401.09
001485			
001485	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/19	77,645.49
001485	MUNICIPAL REINSURANCE H.I.F.	AGGREGATE 12/19	5,775.75
			83,421.24
001486			
001486	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 12/19	8,312.22
001486	WESTPORT INSURANCE CORP	AGGREGATE 12/19	4,503.98
001486	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 11/19	54,728.04
			67,544.24
		Total Payments FY 2019	628,078.33
		TOTAL PAYMENTS ALL FUND YEARS	\$628,078.33

Chairperson

Attest:

Dated: _____

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

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

Central Jersey Health Insurance Fund

Month		November							
Current Fund Year		2019							
		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
		2019	Med	17,415,704.94	1,588,327.90		19,004,032.84		19,004,032.84
	Dental	1,277,753.09	116,215.98		1,393,969.07		1,393,969.07	1,277,753.09	116,215.98
	Rx	5,344,184.04	542,924.38		5,887,108.42		5,887,108.42	5,344,184.04	542,924.38
	Vision								
	Total	24,037,642.07	2,247,468.26		26,285,110.33		26,285,110.33	24,037,642.07	2,247,468.26
2018	Med	9,621,659.14			9,621,659.14		9,621,659.14	9,621,659.14	
	Dental	1,258,375.74			1,258,375.74		1,258,375.74	1,258,375.74	
	Rx	6,057,198.34			6,057,198.34		6,057,198.34	6,057,198.34	
	Vision								
	Total	16,937,233.22			16,937,233.22		16,937,233.22	16,937,233.22	
2017	Med	10,756,464.42			10,756,464.42		10,756,464.42	10,756,464.42	
	Dental	1,263,137.05			1,263,137.05		1,263,137.05	1,263,137.05	
	Rx	8,256,760.81			8,256,760.81		8,256,760.81	8,256,760.81	
	Vision								
	Total	20,276,362.28			20,276,362.28		20,276,362.28	20,276,362.28	
2016	Med	165,164,996.11			165,164,996.11		165,164,996.11	165,164,996.11	
	Dental	7,539,659.41			7,539,659.41		7,539,659.41	7,539,659.41	
	Rx	64,959,903.89			64,959,903.89		64,959,903.89	64,959,903.89	
	Vision								
	Total	237,664,559.41			237,664,559.41		237,664,559.41	237,664,559.41	
2015	Med								
	Dental								
	Rx								
	Vision								
	Total								
Closed	Med								
	Dental								
	Rx								
	Vision								
	Total								
TOTAL		298,915,796.98	2,247,468.26		301,163,265.24		301,163,265.24	298,915,796.98	2,247,468.26

Central Jersey Health Insurance Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2019 Month Ending: November										
	Med	Dental	Rx	Vision	Medicare Advantage	Reinsurance	DMO Premiums	Future	Admin	TOTAL
OPEN BALANCE	21,512,748.74	736,483.04	5,236,225.27	41,932.49	4,250,368.99	971,677.33	38,065.18	3,538.72	(10,212,560.80)	22,578,478.96
RECEIPTS										
Assessments	1,664,864.71	124,755.33	669,468.54	1,448.99	239,454.35	128,164.70	3,340.99		161,887.94	2,993,385.55
Refunds										
Invest Pymnts	8,642.59	248.98	1,800.29	12.56	1,618.84	265.72	9.21	1.13		12,599.32
Invest Adj	827.17	22.52	165.87	1.28	160.89	33.49	1.16	0.11		1,212.49
Subtotal Invest	9,469.76	271.50	1,966.16	13.84	1,779.73	299.21	10.37	1.24		13,811.81
Other *						11,293.57				11,293.57
TOTAL	1,674,334.47	125,026.83	671,434.70	1,462.83	241,234.08	139,757.48	3,351.36	1.24	161,887.94	3,018,490.93
EXPENSES										
Claims Transfers	1,588,327.90	116,215.98	542,924.38							2,247,468.26
Expenses			262,643.34		281,076.23	148,434.45			179,596.48	871,750.50
Other *										
TOTAL	1,588,327.90	116,215.98	805,567.72		281,076.23	148,434.45			179,596.48	3,119,218.76
END BALANCE	21,598,755.31	745,293.89	5,102,092.25	43,395.32	4,210,526.84	963,000.36	41,416.54	3,539.96	(10,230,269.34)	22,477,751.13

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Central Jersey Health Insurance Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH							
CURRENT FUND YEAR							
	November						
	2019						
	Description:	Instrument #1	Instr #2	Instr #3	Instr #4	Instr #5	Instr #6
	ID Number:		N.J.C.M.F.	Bank of NY	TD Bank	Investments	Ocean First Admin.
	Maturity (Yrs)				Admin		
	Purchase Yield:			Old			
	TOTAL for All						
	Accts & instruments						
Opening Cash & Investment Balance	\$22,578,477.96	\$3,625,091.55			\$8,894,717.14	\$10,058,669.27	
Opening Interest Accrual Balance	\$12,080.15				\$12,080.15		
1 Interest Accrued and/or Interest Cost	\$25,677.82				\$25,677.82		
2 Interest Accrued - discounted Instr.s							
3 (Amortization and/or Interest Cost)	\$1,212.51				\$1,212.51		
4 Accretion							
5 Interest Paid - Cash Instr.s	\$13,099.81	\$5,386.94			\$1,687.21	\$6,025.66	
6 Interest Paid - Term Instr.s	\$18,772.50				\$18,772.50		
7 Realized Gain (Loss)	-\$19,272.98				(\$19,272.98)		
8 Net Investment Income	\$20,717.16	\$5,386.94			\$9,304.56	\$6,025.66	
9 Deposits - Purchases	\$3,024,929.13					\$3,024,929.13	
# (Withdrawals - Sales)	-\$3,139,468.76					(\$3,139,468.76)	
Ending Cash & Investment Balance	\$22,477,750.17	\$3,630,478.49			\$8,897,116.38	\$9,950,155.30	
Ending Interest Accrual Balance	\$18,985.47				\$18,985.47		
Plus Outstanding Checks	\$660,942.37					\$660,942.37	
(Less Deposits in Transit)							
Balance per Bank	\$23,138,692.54	\$3,630,478.49			\$8,897,116.38	\$10,611,097.67	
Annualized Rate of Return This Month	1.10%	1.78%			1.26%	0.72%	



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 15, 2020



CENTRAL JERSEY HEALTH INSURANCE FUND

	<u>MEDICAL CLAIMS PAID 2019</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$1,316,912	1078	1,222
FEBRUARY	\$1,330,036	1070	1,243
MARCH	\$1,257,366	1077	1,167
APRIL	\$1,652,510	1081	1,529
MAY	\$1,497,164	1088	1,376
JUNE	\$1,289,194	1085	1,188
JULY	\$1,710,184	1085	1,576
AUGUST	\$1,137,006	1080	1,053
SEPTEMBER	\$1,294,446	1077	1,202
OCTOBER	\$1,722,514	1081	1,593
NOVEMBER	\$1,216,124	1086	1,120
DECEMBER			
TOTAL	\$15,423,456		
	2019 Average	1081	\$ 1,297
	2018 Average	1029	\$ 1,177

Large Claimant Report (Drilldown) - Claims Over \$50000

Plan Sponsor Unique ID : All
Customer: CENTRAL JERSEY HEALTH INSURANCE FUND
Group / Control: 00285786,00659552,00737415,00866354,S1362223

Paid Dates: 10/01/2019 - 10/31/2019
Service Dates: 01/01/1900 - 10/31/2019
Line of Business: All

	Billed Amt	Paid Amt
	\$201,827.49	\$168,845.38
	\$122,168.68	\$90,431.93
	\$174,621.94	\$71,275.59
	\$116,440.57	\$61,762.06
	\$183,929.70	\$51,214.48
TOTAL:	\$798,988.38	\$443,529.44

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Plan Sponsor Unique ID : All
Customer: CENTRAL JERSEY HEALTH INSURANCE FUND
Group / Control: 00285786,00659552,00737415,00866354,S1362223

Paid Dates: 11/01/2019 - 11/30/2019
Service Dates: 01/01/1900 - 11/30/2019
Line of Business: All

	Billed Amt	Paid Amt
	\$87,183.00	\$62,902.89
TOTAL:	\$87,183.00	\$62,902.89

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Central Jersey Health Insurance Fund
12/1/2018 through 11/30/2019

**Medical Claims Paid Per Member:
Jan 19 – Nov 19**

Total Medical Paid per EE: **\$1,297**

Network Discounts

Inpatient: **65.8%**
Ambulatory: **69.6%**
Physician/Other: **66.1%**
TOTAL: 67.4%

Provider Network

% Admissions In-Network: **99.4%**
% Physician Office: **89.3%**

Aetna Book of Business:
Admissions 98.1%; Physician 90.6%

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

- Jersey Shore Medical
- Ocean Medical Center
- Community Medical Center
- Morristown Medical Center
- RWJUH New Brunswick

Catastrophic Claim Impact

Number of Claims Over \$50,000: **44**
Claimants per 1000 members: **16.0**
Avg. Paid per Claimant: **\$111,339**
Percent of Total Paid: **31.7%**
• Aetna BOB- HCC account for an average of 39.2% of total Medical Cost

**Nurse Case Member Outreach:
Q3 2019**

Unique Members Identified: **80**
Outreach Opportunities Identified: **110**
Outreach in Progress: **15**
Completed Outreach: **95**

Closed with Engagement: **37 (38.9%)**
Unable to Reach: **58 (61.1%)**
Member Declined: **0**

Teladoc Activity: Jan - Nov 2019

Total Registrations: **91**
Total Online Visits: **117**
Total Net Claims Savings: **\$19,487**
Total Visits w/ Rx: **86**
Member Satisfaction Rating / Avg. **100% Outstanding**
Member Rating of Provider: **100% Outstanding**

**Allentown Service Center
Performance: Q3 2019 Metrics**

Customer Service

Call Quality: **98.4%**
1st Call Resolution: **95.3%**
Abandonment Rate: **1.5%**
Avg. Speed of Answer: **36.0 sec**

Claims Performance

Financial Accuracy: **99.5%**
Turnaround w/in 15 days: **6.0 days**
Turnaround w/in 31 days: **9.1 days**

Performance Goals

Call Quality: **94%**
1st Call Resolution: **89%**
Abandonment Rate less than: **3.5%**
Average Speed of Answer: **31sec**

Financial Accuracy: **98%**

Turnaround Time

90% processed w/in: **15 days**
95% processed w/in: **31 days**



AmeriHealth[®]
ADMINISTRATORS



2019 Central HIF

	ADMINISTRATION	MEDICAL CLAIMS PAID 2019	TOTAL	# OF EES	PER EE
JANUARY	\$714.00	\$14,638.71	\$15,352.71	17	\$903.10
FEBRUARY	\$714.00	\$57,236.00	\$57,950.00	17	\$3,048.00
MARCH	\$714.00	\$12,414.00	\$13,128.00	17	\$772.00
APRIL	\$714.00	\$25,643.00	\$26,357.00	17	\$1,550.00
MAY	\$714.00	\$17,976.00	\$18,690.00	17	\$1,099.41
JUNE	\$714.00	\$49,655.00	\$50,369.00	17	\$2,962.00
JULY	\$714.00	\$13,514.00	\$14,228.00	17	\$836.94
AUGUST	\$714.00	\$32,460.00	\$33,174.00	17	\$1,951.41
SEPTEMBER	\$714.00	\$10,039.00	\$10,753.00	19	\$565.94
OCTOBER	\$714.00	\$14,741.00	\$15,455.00	19	\$813.43
NOVEMBER	\$714.00	\$13,323.00	\$14,037.00	19	\$738.79
DECEMBER	\$714.00	\$12,339.00	\$13,053.00	19	\$687.00
TOTALS		\$273,978.71	\$282,546.71		
			2019 Average	18	\$1,327.34



PLAN SPONSOR INFORMATION SERVICES
Large Claimant Report- Claims Over \$50,000.00

Group:	Central New Jersey HIF	Service Dates:	-
Paid Dates:	12/1/19- 12/31/19	Line of Business:	All
Network Service	ALL	Product Line:	All

Member Number	Billed Amount	Paid Amount
	No claimant over 50K w	

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EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

Total Component/Date of Service (Month)	201801	201802	201803	2018Q1	201804	201805	201806	2018Q2	201807	201808	201809	2018Q3	201810	201811	201812	2018Q4	2018YTD
Membership	3,362	3,127	3,205	3,231	3,200	3,200	3,214	3,205	3,197	3,186	3,182	3,188	3,215	3,199	3,209	3,208	3,208
Total Days	141,838	115,154	120,286	377,278	121,672	128,658	115,248	365,578	126,286	119,715	109,944	355,945	130,515	118,658	120,340	369,513	1,468,314
Total Patients	1,392	1,255	1,204	2,047	1,196	1,220	1,174	1,867	1,195	1,159	1,157	1,847	1,252	1,216	1,243	1,917	2,738
Total Plan Cost	\$612,654	\$486,395	\$537,050	\$1,636,099	\$458,438	\$586,260	\$508,229	\$1,552,927	\$445,148	\$507,241	\$489,749	\$1,442,138	\$508,388	\$447,030	\$538,265	\$1,493,683	\$6,124,847
Generic Fill Rate (GFR) - Total	81.5%	81.1%	80.1%	81.0%	81.5%	80.4%	80.4%	80.8%	81.4%	79.8%	79.6%	80.3%	81.0%	81.5%	82.2%	81.5%	80.9%
Plan Cost PMPM	\$182.23	\$155.55	\$167.57	\$168.77	\$143.26	\$183.21	\$158.13	\$161.53	\$139.24	\$159.21	\$153.91	\$150.77	\$158.13	\$139.74	\$167.74	\$155.22	\$159.10
Total Specialty Plan Cost	\$146,259	\$93,998	\$131,007	\$371,264	\$96,849	\$172,432	\$143,231	\$412,512	\$90,181	\$141,982	\$156,109	\$388,272	\$115,247	\$83,218	\$169,093	\$367,559	\$1,539,607
Specialty % of Total Specialty Plan Cost	23.9%	19.3%	24.4%	22.7%	21.1%	29.4%	28.2%	26.6%	20.3%	28.0%	31.9%	26.9%	22.7%	18.6%	31.4%	24.6%	25.1%

Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Membership	3,178	3,170	3,175	3,174	3,167	3,178	3,214	3,186	3,221	3,225	3,216	3,221	3,218	3,216			
Total Days	128,496	117,292	119,574	365,362	123,916	127,483	114,309	365,708	125,703	124,143	118,248	368,094	131,709	116,398			
Total Patients	1,298	1,263	1,270	1,980	1,234	1,239	1,161	1,875	1,181	1,201	1,168	1,835	1,275	1,233			
Total Plan Cost	\$536,010	\$492,303	\$557,118	\$1,585,432	\$495,133	\$572,789	\$505,287	\$1,573,209	\$519,167	\$499,749	\$572,494	\$1,591,410	\$628,822	\$499,251			
Generic Fill Rate (GFR) - Total	82.7%	81.9%	81.6%	82.1%	81.8%	81.3%	81.5%	81.5%	81.3%	79.9%	80.9%	80.7%	80.2%	81.6%			
Plan Cost PMPM	\$168.66	\$155.30	\$175.47	\$166.48	\$156.34	\$180.24	\$157.21	\$164.58	\$161.18	\$154.96	\$178.01	\$164.71	\$195.41	\$155.24			
% Change Plan Cost PMPM	-7.4%	-0.2%	4.7%	-1.4%	9.1%	-1.6%	-0.6%	1.9%	15.8%	-2.7%	15.7%	9.2%	23.6%	11.7%			
Total Specialty Plan Cost	\$142,908	\$120,463	\$142,181	\$405,552	\$101,574	\$153,367	\$123,406	\$378,347	\$130,103	\$95,810	\$171,362	\$397,275	\$204,364	\$138,833			
Specialty % of Total Specialty Plan Cost	26.7%	24.5%	25.5%	25.6%	20.5%	26.8%	24.4%	24.0%	25.1%	19.2%	29.9%	25.0%	32.5%	27.8%			

PMPM	
Jan-Nov 2018	\$158.25
Jan-Nov 2019	\$167.10
Trend - Jan - Nov 2019	5.6%

**CENTRAL JERSEY HEALTH INSURANCE FUND
 CONSENT AGENDA
 JANUARY 15, 2020**

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

Resolutions	Subject Matter
Motion _____	Second _____
Resolutions	Subject Matter
1-20	Professional Fees
2-20	EUS Contract Award
3-20	Medicare Advantage Contract Award
4-20	Designation of Service of Process
5-20	Designation of Secretary as Custodian of Records
6-20	Designation of Official Newspapers
7-20	Designation of Regular Meeting Times and Place
8-20	Designation of Bank Depositories & Cash Management Plan
9-20	Designation of Authorized Signatories
10-20	Approval of Risk Management Plan
11-20	Appointment of MRHIF Commissioners
12-20	Broker Contract Approval
13-20	Authorizing Treasurer to Process Contracted Payments and Expenses
14-20	Adopting Wellness Grant Programs
15-20	Approval of the November and December 2019 and January 2020 Bills Lists

RESOLUTION NO. 1-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2020**

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 an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; 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 unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following appointments and contract awards be and are hereby made for 2020:

- I. **PERMA Risk Management Services as Administrator, Paul Laracy** is hereby appointed as **Executive Director** and as **agent for process of service**. \$8.72 per employee, per month will be expended to the Administrator. The estimated annual amount of \$345,357 has been appropriated in the Administrator Line Item of the 2020 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$20.83 per medical employee, per month, \$8.34 per non-medical employees per month and \$0.88 per employee per month for health care reform will be expended in connection with the Program Manager in 2020. In addition, the Program Manager will be paid \$15,000 for plan documents. The estimated annual amount of \$859,535 has been appropriated in the **Program Manager** Line Item of the 2020 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$49.04 per employee, per month and .91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$734,611 has been appropriated in the Medical TPA Line Item of the 2020 budget.
- IV. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$42.00 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 \$8,313 has been appropriated in the Medical TPA Line Item of the 2020 budget.

- V. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$74,843 has been appropriated in the Dental TPA Line Item of the 2020 budget.
- VI. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$41,300 has been appropriated in the Actuary Line Item of the 2020 budget.
- VII. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$35,716 has been appropriated in the Attorney Line Item of the 2020 budget.
- VIII. **Mercadien P.C. is** hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$20,096 has been appropriated in the Auditor Line Item of the 2020 budget.
- IX. **Steven Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$12,000 has been appropriated in the Treasurer Line Item of the 2020 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, 2020

BY

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION AWARD OF CONTRACT
FOR INSURANCE SERVICES AND COVERAGES**

WHEREAS, the Central Jersey Health Insurance Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

WHEREAS, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

NOW, THEREFORE, BE IT RESOLVED that the following insurance contracts be awarded for the periods of January 1, 2020 through December 31, 2020:

Medical Third Party Administrator – Aetna
Medical Third Party Administrator – Amerihealth
Dental Third Party Administrator – Delta Dental

BE IT FURTHER RESOLVED that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

ADOPTED: January 15, 2020

BY: _____
CHAIR

ATTEST:

SECRETARY

RESOLUTION NO. 3-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION AWARD OF CONTRACT
FOR INSURANCE SERVICES AND COVERAGES**

WHEREAS, the Central Jersey Health Insurance Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

WHEREAS, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

NOW, THEREFORE, BE IT RESOLVED that the following insurance contracts be awarded for the periods of January 1, 2020 through December 31, 2020:

Medicare Advantage and Employer Group Waiver Program Provider – Aetna Medicare Advantage
Estimated Annual Cost: \$2,215,728.72

BE IT FURTHER RESOLVED that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund’s official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

ADOPTED: January 15, 2020

BY: _____
CHAIR

ATTEST:

SECRETARY

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Executive Committee, CJHIF
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 15, 2020
SUBJECT: This is a contract for selection of a Medical TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was
prepare/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical TPA services for the CJHIF

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Executive Committee, CJHIF
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 15, 2020
SUBJECT: This is a contract for selection of a Dental TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Delta Dental
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Dental TPA services for the CJHIF

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Executive Committee, CJHIF
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 15, 2020
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna Medicare Advantage
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical and Prescription Medicare and Employer Group Waiver fully insured plans for Medicare retirees for the Central Jersey Health Insurance Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and with input from the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process. This resulted in equal coverage, no disruption to retirees, and a cost reduction of 33% or \$1.1 million.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

**STANDARD CERTIFICATION DECLARATION FOR
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Executive Committee, CJHIF
FROM: Paul Laracy, PERMA Risk Management Services
DATE: January 15, 2020
SUBJECT: This is a contract for selection of a Medical TPA

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Amerihealth
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))
Purpose: Provide Medical TPA services for the CJHIF

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. Provide a clear description of the nature of the work to be done.

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. Describe in detail why the contract meets the provisions of the statute and rules:

N.J.S.A. 40A:11-5(1)(m).

3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:

Not applicable.

4. Describe the informal solicitation of quotations:

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.

Respectfully,

Name _____
(Signature)

Title _____

RESOLUTION NO. 4-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2020**

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 2020 or until its successor has be appointed and qualified.

ADOPTED: January 15, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-20

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

BE IT RESOLVED that William Rieker, 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, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING
THE ASBURY PARK PRESS AS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2020**

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 2020 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, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2019**

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, by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund shall hold public meetings during the year 2020 on the third Wednesday of the following months at 1:30 PM at the following locations:

DATE	LOCATION
March 18	Brielle Borough Hall
May 20	Brielle Borough Hall
July 15	Brielle Borough Hall
September 9	Brielle Borough Hall ** 2 nd Wednesday
October 21	Brielle Borough Hall
January 20, 2021	Brielle Borough Hall

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in Asbury Park Press.

ADOPTED: January 15, 2020

BY:

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2020**

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
- Investors Bank
- 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, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
2020 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2020 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. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and an HMO plan. 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

- Basis: Incurred 24 months, paid 12 months (run out claims and IBNR retained by Lakewood Township)
- Stop Loss Carrier: Westport Insurance Corporation

5.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

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 and aggregate 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. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

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.

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.) CLAIM AUDIT

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted every three years. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

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.

ADOPTED: January 15, 2020

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-20

**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, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-20

**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 2019;

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 2020:

Group Name	Risk Manager	Dental Assmt/per EE	New Member/per EE
Asbury Park City	Otterstedt Insurance Agency	\$1.83	
Brick Township	Fairview Insurance Agency		\$12.38
Brick Twp Housing Authority	Brown & Brown Metro		\$15.40
Englishtown	Danskin Agency	\$5.48	
Highland Elementary School	Brown & Brown Advisors		\$59.40
Keyport	Danskin Agency	\$2.37	
Sayreville Borough	Reliance Insurance		\$45.79
South River	Integrity Consulting Group		\$28.05
Tuckerton Borough School District	Brown & Brown Advisors		\$59.93
West Long Branch	Brown & Brown Metro		\$37.36
Western Monmouth Utilities Authority	Danskin Agency	\$5.47	

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

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 15, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

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

This agreement is entered into between Connor Strong & Buckelew, Inc., 40 Lake Center Executive Park, 401 Route 73 North, Marlton, NJ 08053 (“CSB”) and _____, (“Benefits Risk Manager” or “BRM”), on this ____ day of _____, 2020.

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-1 et 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, 2020, and shall continue through December 31, 2020, 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 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.
40 Lake Center Executive Park
Suite 300
401 Route 73 North
Marlton, New Jersey 08053

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 _____
_____ 2020 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, 2020. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

RESOLUTION NO. 13-20

**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 2020.

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 by Central Jersey Health Insurance Fund at a properly noticed meeting held on January 15, 2020.

ADOPTED: January 15, 2020

BY: _____
Chairperson

ATTEST:

Secretary

RESOLUTION NO. 14-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTING 2020 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, 2020 through December 31, 2020. This budget includes \$50,000 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	Total Census	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 (EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
Atlantic Highlands	47	\$2,585.00					\$0.00	\$2,585.00	Biometric Screenings
Bedminster	40		\$5,000.00				\$0.00	\$5,000.00	Tavi Challenges
Aberdeen	162					\$15,775.00	\$700.00	\$16,475.00	kick off, hypertension screenings, 5k run, softball, healthy cooking, 3 tavi challenges, stand up desk, health coordinators
Tuckerton School District	37					\$2,500.00		\$2,500.00	Yoga and chair massage
Montgomery	140					\$16,987.95	\$1,000.00	\$17,987.95	Biometric screenings, Wellness Days, Nutrition initiatives, DPW centered health class
Totals	426	\$2,585.00		\$0.00		\$0.00	\$1,700.00	\$44,547.95	

WHEREAS, on January 15, 2020, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs for the following members totaling \$44,547.95:

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 15, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 15-20

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE NOVEMBER AND DECEMBER 2019 AND JANUARY 2020 BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **January 15, 2020** 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 and December 2019 and January 2020 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 December 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 and December 2019 and January 2020 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, 2020

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
OCTOBER 16, 2019
BRIELLE BOROUGH MUNICIPAL BUILDING
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 2019 EXECUTIVE COMMITTEE:

CHAIRPERSON		
Thomas Nolan	Borough of Brielle	Present
SECRETARY		
William Rieker	Township of Lakewood	Present
EXECUTIVE	COMMITTEE	
Joseph Gilseman	Township of Brick	Absent
Diane Lapp	Township of Manchester	Absent
Adam Hubeny	Borough of Atlantic Highlands	Present
Donato Nieman	Township of Montgomery	Present
Brian Valentino	Western Monmouth MUA	Present
ALTERNATES:		
Brian Brach	Manasquan RRSA	Present
Brian Dempsey	Spring Lake	Absent

APPOINTED OFFICIALS PRESENT:

Executive Director/ Administrator	PERMA Risk Management Services	Paul Laracy Emily Koval	Present Present
Program Manager	Conner Strong & Buckelew	Brandon Lodics Marybeth Visconti	Present Present
Attorney	Berry, Sahradnik, Kotzas & Benson	Mathew Thompson	Present
Treasurer		Stephen Mayer	Present
Network & Medical Claims Service	Qualcare Inc.	Gary Epstein	Absent
Network & Medical Claims Service	Aetna	Joseph Rodrigues	Present
Network & Medical Claims Service	AmeriHealth	Kristina Strain	Present

Dental Claims Service	Delta Dental	Luhra Ebarle	Absent
Rx Administrator	Express Scripts	Kyle Colalillo Ken Rostkowski	Present Absent
Auditor	Holman & Frenia	Lauren Holman	Absent

OTHERS PRESENT:

Cindy Toye, Toms River MUA
Chris Mullins, Highlands Boe
Dom Cinelli, Brown & Brown
Charles Casagrande, Danskin
John Casagrande, Danskin
Joseph Zanga, South River
Anthony Tonzini, Integrity

CORRESPONDENCE: None

APPROVAL OF MINUTES: September 11, 2019 OPEN AND CLOSED:

MOTION TO APPROVE OPEN AND CLOSED MINUTES SEPTEMBER 11, 2019:

MOTION: Commissioner
SECOND: Commissioner
VOTE:

EXECUTIVE DIRECTOR’S REPORT

FINANCIAL FAST TRACK

Executive Director said the surplus for all years combined is over \$18 million.

2020 BUDGET ADOPTION

Executive Director said the budget was introduced in September and is included for Adoption. He said a slightly revised version was distributed. He said the only assessment that changed was Red Bank due to the addition of a broker fee.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2020 BUDGET:

MOTION: Commissioner Hubeny
SECOND: Commissioner Nieman
VOTE: All in Favor

MOTION TO CLOSE THE HEARING ON THE 2020 BUDGET:

MOTION: Commissioner Hubeny
SECOND: Commissioner Nieman
VOTE: All in Favor

MOTION TO ADOPT RESOLUTION 25-19 ADOPTING THE 2020 BUDGET IN THE AMOUNT OF \$39,365,592 AS AMENDED:

MOTION:	Commissioner Nieman
SECOND:	Commissioner Brach
VOTE:	6 Ayes 0 Nays

MEMBERSHIP APPLICATION

Executive Director said Sayreville is considering membership in the CJHIF. This entity was part of a feasibility study to form a Metropolitan HIF centered on but not limited to urbanized communities in Essex County. Sayreville is seeking membership in CJHIF and then may wish to join the Metropolitan HIF at a future date. He said they are asking for a 6-12 month deferral to implement Medicare Advantage, and if approved he is recommending the Fund reserves the right to adjust their future assessments if the radiology and chiropractic cost get out of control. In response to Commissioner Hubeny, Executive Director said they are currently fully insured with Aetna. In response to Commissioner Valentino, Executive Director said the pro to the fund is that even if they moved into the Metro HIF down road they would still be part of the overall HIF structure and the fixed costs are based on the whole MRHIF book of business. He said this would also increase the lives in the CJHIF to 1100. In response to Commissioner Hubeny, Executive Director said currently any member has the option to leave the Fund with 90 days' notice. In response to Chair Nolan, Executive Director said there could be a downside if they left and their experience was good.

MRHIF ACTIONS AND OUTCOMES IMPACTING CJHIF

Executive Director said there are several items occurring at the MRHIF or State-wide HIF level that are impacting CJHIF:

- We are at the mid-point of a 3 year agreement with Express Scripts and have completed a contractually allowed "market check" process. This process will result in an improvement in discounts of .5% and a significant increase in the formulary rebate guaranty.
- MRHIF will be issuing an RFP for Pharmacy Benefit Management Services for a 2021 through 2023 contract.
- Aetna has agreed to a reduction of 3.9% in its administrative fees for 2020.
- AHA and Delta Dental administrative fees will remain flat for 2020.
- MRHIF introduced its 2020 budget with a reduction overall of 7.18% and a reduction for CJHIF of 16.72%.
- The AHA claims audit is scheduled for this Fall.
- We are starting the process of lobbying the legislature to require the commercial market to release claims experience for groups under 150 employees. Currently, the HIFs and the SEHBP are required to release experience for all groups.
- MRHIF has established a State-wide subcommittee to review common contracts (Aetna, AHA, Delta, etc.) and to also review and establish best purchasing practices for the HIFs. We are seeking one representative from each HIF to serve on the committee.

2020 BUDGET FOR ADOPTION

Following is the proposed 2020 budget reflecting an average assessment decrease of 5.87%.

CLAIMS FUND

The overall claims projection is down by 3.55% reflecting low single digit decreases for medical and Rx. Dental claims are flat. AHA claims are rising significantly but this population is small and not actuarially credible. As discussed, the Qualcare lives will transfer to Aetna on 1/1/2020 using the Aetna rate change factor.

REINSURANCE AND INSURED PROGRAMS

The reinsurance line is estimated to drop by 11.17% for specific claims. We are recommending eliminating aggregate coverage because such coverage is unlikely to be needed and in recognition of the overall health of the CJHIF. However, the MRHIF budget is still in development and the estimate can change prior to introduction.

We are also recommending eliminating aggregate coverage. This coverage is limited to \$10 million and only applies when the claims budget is exceeded by 25%. A mature HIF has never had an aggregate claim.

A separate line item is included for the stop loss insurance that will be purchased for the Lakewood program. This program's underwriting process is still underway.

The Medicare Advantage renewal is down by 32.51% and the related standalone Rx coverage is down by 35.56%. This outcome was achieved after a competitive process involving United Healthcare and Aetna.

CONTRACTS AND EXPENSES

The Professional Services RFP responses were reviewed by the Finance and Contracts Committee. There was competition for 2 professional positions and one change is being recommended.

Aetna has agreed to a 3.9% reduction in administrative fees.

ASSESSMENTS

Assessments are prepared using Fund policy developed over the last several years:

- The medical and Rx rate change is - 2.3% for Aetna and ESI and +8.8% for Amerihealth;
- Dental rates are flat;
- Medicare Advantage rates are dropping by 32%;
- Loss ratio adjustment factors of +2.5% are applied at the entity level;
- Lakewood's projections are being reviewed and may change.

PROGRAM MANAGER'S REPORT

ELIGIBILITY/ENROLLMENT

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team. The team can be reached by email at cjhifenrollments@permainc.com or by fax at 856-552-2175.

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. *Please confirm the invoice detail as retro adjustments are limited to two months by Fund policy.* If you find a discrepancy, please report it to the CJHIF eligibility/enrollment team cjhifenrollments@permainc.com or by fax at 856-552-2175.

BROKER CONTACT INFORMATION

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated CJHIF Client Servicing Team. The team can be reached by email at brokerservices@permainc.com.

OPEN ENROLLMENT UPDATE

2020 OPEN ENROLLMENT (OE)

Ms. Visconti said as a reminder Open Enrollment is passive and only members who wish to make plan changes or dependent coverage changes need to submit enrollment forms. Members who are not making changes will automatically continue with the same coverage they had in 2019. Ms. Visconti said Open Enrollment will begin on October 21st and materials and instructions will be delivered electronically. She said the deadline to submit changes to be entered into Benefit Express is November 15th.

COLGATE & ZDENTAL DISCOUNTS

Ms. Visconti said all members enrolled in an Aetna medical plan are eligible for discounts from Colgate and zDental. The discounts are for teeth whitening through Colgate as well as a Colgate Smart Electric Toothbrush.

QUALCARE TRANSITION UPDATE

Ms. Visconti said PERMA's operation team continues to hold weekly implementation meetings with Aetna and the set-up of the new plans needed for the transition are well under way.

NOTICE OF CREDITABLE COVERAGE (NOCC)-

Ms. Visconti said as a courtesy to CJHIF entities, PERMA prepared and distributed the federally required annual Notices of Creditable Coverage (NOCC) to Commission retirees. The notices were mailed during the week of 9/30 to the home addresses on file for retirees enrolled in a Prescription Drug plan through the Commission.

FEDERAL INDIVIDUAL MANDATE

Since the ACA exchanges opened for business in fall of 2019, NJ has used the federally run exchange (HealthCare.gov), like a majority of states. For 2020 Open Enrollment, New Jersey will provide its

own exchange coverage and open enrollment runs from 11/1/19 thru 12/20/19. Federal Individual Mandate has been eliminated.

NJ INDIVIDUAL MANDATE

NJ plans to begin running its own health insurance exchange intended to be operational by November 2020 in time for Open Enrollment for 2021 coverage. NJ intends to use its own enrollment platform instead of HealthCare.gov for the 2021 coverage. This will allow NJ greater control over its health insurance market and improves healthcare access for many NJ residents, it also allows NJ to set its own open enrollment period, which are just a few of the advantages.

NJ INDIVIDUAL MANDATE PENALTY

This will be structured much the same as the ACA's individual mandate penalty. The penalty will be asses on the state tax returns rather than federal returns starting early 2020 for 2019 returns. The revenue collected from the penalty will be used to provide state funding for reinsurance program.

NJ INDIVIDUAL MANDATE REPORTING

Reporting requirements vary depending on whether employers is fully insured, self-insured or a participant in a multiemployer plan; size of company also effects reporting requirements. You can visit the NJ website at <https://nj.gov/treasury/njhelathinsurancemandate/index.shtml> for guidance on the individual mandate and employer responsibly for reporting. NJ has also launched a new website, <https://nj.gov/governor/getcoverednj/>, to promote health insurance enrollment, coordinate public awareness about plan options and to provide contact information for navigators and enrollment assister who can help resident's access coverage.

TRANSPORTATION BENEFITS

NJ employers with 20 or more employees will soon be required to offer pre-tax transportation benefits to their employees. Covered employers must offer pre-tax commuter benefits to their collectively bargained employees when their CBAs that were in effective on March 1, 2019 expire. Pre-tax transportation benefits allow employees deduct certain commuter transportation costs-including commuter rail costs- from their gross income on a pre-tax basis. We recommend the subject of commuter benefit should be included in negotiation of any new or renewal CBA that takes effect after 3/1/19.

TREASURER – Report included in Agenda

OCTOBER 2019 – Resolution 27-19

FUND YEAR 2019	\$647,091.14
TOTAL ALL FUND YEARS	\$647,091.14

ATTORNEY: None

QUALCARE: None

AETNA: Mr. Rodrigues said the total paid claims through August 2019 is \$11.1 million with an average pepm of \$1,294. He said there were 17 large claims for August. He also reviewed the dashboard report

and noted that the average speed of answer is still slightly elevated however it has decreased. He said the financial accuracy metric is on target for Q2.

AMERIHEALTH: Ms. Strain reviewed the claims paid through September. She said the total paid claims are slightly over \$233,000 with an average pepm of \$1,520.

EXPRESS SCRIPTS: Mr. Colalillo said the trend through August is 1.5%. He said there is a lower specialty cost for this reporting period.

DELTA DENTAL: No Report

**MOTION TO APPROVE THE CONSENT AGENDA INCLUDING RESOLUTIONS
26-19 AND 27-19, AS DISCUSSED:**

MOTION:	Commissioner Rieker
SECOND:	Commissioner Valentino
VOTE:	6 Ayes, 0 Nays

NEW BUSINESS: None

OLD BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN

MOTION:	Commissioner Hubeny
SECOND:	Commissioner Valentino
VOTE:	Unanimous

MEETING ADJOURNED: 2:00 pm

NEXT MEETING: January 15, 2020
Brielle Borough
1:30 P.M.

Karen Kamprath, Assisting Secretary
Date Prepared: November 27, 2019