



AGENDA AND REPORTS
JANUARY 20, 2021
1:30 PM

Join Zoom Meeting

<https://permainc.zoom.us/j/97180321516>

Meeting ID: 971 8032 1516

Dial by your location

+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington D.C)
+1 312 626 6799 US (Chicago)

Meeting ID: 971 8032 1516

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

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

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

CENTRAL JERSEY HEALTH INSURANCE FUND
AGENDA MEETING: JANUARY 20, 2021
1:30 PM

SINE DIE MEETING

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF 2020 EXECUTIVE COMMITTEE

APPROVAL OF MINUTES: OCTOBER 21, 2020 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 2020 FUND COMMISSIONERS

Thomas Nolan , Chair – Borough of Brielle

William Rieker, Secretary – Township of Lakewood

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 – Western Monmouth MUA

Brian Brach, Executive Committee Alternate – Manasquan RRSA

Brian Dempsey, Executive Committee Alternate – Spring Lake Borough

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

NOMINATING COMMITTEE RECOMMENDATION

Thomas Nolan , Chair – Borough of Brielle

William Rieker, Secretary – Township of Lakewood

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– Western Monmouth MUA

Brian Brach, Executive Committee– Manasquan RRSA

Brian Dempsey, Executive Committee Alternate – Spring Lake Borough

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2021 EXECUTIVE COMMITTEE

CORRESPONDENCE - None

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 7

TREASURER - (Stephen Mayer)

November and December 2020 Voucher List (Confirmation of Payment).....Page 9

January 2021 Voucher List (Resolution 16-21)..... Page 14

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 19

NETWORK & THIRD PARTY ADMINISTRATOR - (AmeriHealth)

Monthly Report..... Page 25

PRESCRIPTION ADMINISTRATOR - (Express Scripts)

Monthly Report..... Page 31

DENTAL ADMINISTRATOR - (Delta Dental)

Monthly Report

CONSENT AGENDAPage 33

Resolution 1-21: Professional Fees..... Page 34

Resolution 2-21: EUS Contract Award..... Page 36

Resolution 3-21: Medicare Advantage Contract Award Page 37

Resolution 4-21: Designation of Service of Process Page 42

Resolution 5-21: Designation of Secretary as Custodian of Records Page 43

Resolution 6-21: Designation of Official Newspaper Page 44

Resolution 7-21: Designation of Regular Meeting Times and Place..... Page 45

Resolution 8-21: Designation of Bank Depositories & CMP..... Page 47

Resolution 9-21: Designation of Authorized Signatories Page 51

Resolution 10-21: Approval of Risk Management Plan..... Page 52

Resolution 11-21: Appointment of MRHIF Fund Commissioners Page 62

Resolution 12-21: Broker Contract Approval..... Page 63

Resolution 13-21: Authorizing Treasurer to Process Contracted

Payments and Expenses Page 74

Resolution 14-21: Adopting 2021 Wellness Grant Programs..... Page 75

Resolution 15-21: Adopting Procedures for Remote Meetings Page 76

Resolution 16-21: Approval of the November and December 2020

and January 2021 Bills Lists Page 78

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

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

MEETING ADJOURNED

Central Jersey Health Insurance Fund

Executive Director's Report

January 20, 2021

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of November 30, 2020 (page 4)

2021 REORGANIZATION

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

#7-21 – September meeting is the 2nd Wednesday to avoid conference conflicts and the November meeting (if needed) is coordinated with the League of Municipalities event.

#9-21 – Current Signatories – Tom Nolan, William Rieker, Steve Mayer

#10-21 – RMP – The Reinsurance terms have been updated for Lakewood. No changes to the rest of the Fund.

#11-21 – Current MRHIF representatives are Adam Hubeny and Diane Lapp. Need to elect for 2021

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF met on December 9 in which the 2021 budget was adopted as originally introduced. The reinsurance renewal for CJHIF that was included in the budget had not changed.

2021 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2020 with several openings that need to be filled. If a Commissioner is interested in joining a committee, please reach out to Emily Koval or Chair Nolan.

Finance & Contracts Committee

Tom Nolan, Chair

William Ricker

Christopher Mullins

Wellness Committee

Diane Lapp, Chair

OPEN

OPEN

Operations and Claims Committee

William Rieker, Chair

Diane Lapp

OPEN

Nominating Committee

Adam Hubeny, Chair

OPEN

OPEN

2021 WELLNESS GRANT APPLICATIONS

Applications for a 2021 wellness grant were emailed to the membership in December 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 \$125,000 for grants. A resolution approving the grants is included in consent.

Group Name	Option 2 (Tavi Challenges)	Option 4 (EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
South River			X		\$9,500.00	Onsite Biometric Screening & Advanta Gym Reimbursement
Highlands Elementary			X		\$2,500.00	Wellness challenge with raffle prize, 4 wellness days which include chair massage
Bedminster	X				\$5,000.00	Tavi Challenge
Lakewood			X	\$1,500.00	\$17,000.00	Health and Wellness Challenge, Wellness Workshop, Wellness Fair, Office wellbeing initiatives
Aberdeen			X	\$2,100.00	\$25,425.00	Healthy Lunch/Kickoff, Gym Challenges, Softball Challenge, Healthy Cooking, 3 Health Coordinators, Stand up desk top, Peddle Desk, All in 1 Trainer, Karetodo
Totals					\$59,425.00	
Remainder available for Grants					\$65,575.00	

INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members who have renewing agreements due by December 31, 2020 and older. Please reach out to kkamprath@permainc.com for a blank form to be executed. The list was last updated on January 14, 2021.

Member	I&T end date
Borough of Sayreville	in progress
Barnegat Light	12/31/2018 - reminder sent 1/13/21
Ship Bottom Borough	12/31/2020 - reminder sent 1/13/21
Spring Lake	12/31/2020 - including on next board agenda

OPEN PUBLIC MEETINGS ACT - REMOTE MEETING CHANGES

There were some updates the Open Public Meetings act and the following changes are recommended by the Fund Attorney to consider for Zoom meetings. Resolution 15-21 formalizes these changes and is included in the consent agenda.

1. Adopt via a resolution standard procedures and requirements for public comment (included in consent)

2. Prepare standard notice of meeting which is to contain clear & concise instructions for public access to the meeting, how to submit public comment and where the agenda/meeting documents can be found
3. Revise the annual meeting notice to state that due to the Governor's State of Emergency Declaration that meetings will be conducted as remote meetings until further notice;
4. Post copies of each meeting notice and the revised annual meeting notice on the Fund's website and on the door to the main public entrance of the municipality where the in person meeting would have been held & on the main handicapped access door;
5. Have a link on the meeting notice or on the Fund website near where the meeting notice is posted for the download of the meeting agenda by the public;

Prepare a standard form of announcement to be read at the beginning of each remote meeting that adequate & electronic notice of the remote meeting was provided, stating the time, place and manner in which the notice was provided.

CENTRAL JERSEY HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT
AS OF November 30, 2020

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	3,764,957	41,689,768	695,564,256	737,254,025
2. CLAIM EXPENSES				
Paid Claims	3,247,772	28,688,558	571,937,112	600,625,670
IBNR	53,587	422,774	2,011,000	2,433,774
Less Specific Excess	-	(904,771)	(16,195,232)	(17,100,003)
Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
TOTAL CLAIMS	3,301,358	28,206,560	556,752,880	584,959,440
3. EXPENSES				
MA & HMO Premiums	186,167	2,115,755	16,066,100	18,181,856
Excess Premiums	155,412	1,712,993	33,089,412	34,802,405
Administrative	234,371	2,681,741	39,687,626	42,369,366
TOTAL EXPENSES	575,950	6,510,489	88,843,138	95,353,627
4. UNDERWRITING PROFIT (1-2-3)	(112,351)	6,972,719	49,968,239	56,940,958
5. INVESTMENT INCOME	7,560	159,202	3,596,342	3,755,544
6. DIVIDEND INCOME	0	902,665	6,550,471	7,453,136
7. STATUTORY PROFIT (4+5+6)	(104,792)	8,034,586	60,115,051	68,149,637
8. DIVIDEND	0	9,904,463	38,150,258	48,054,721
STATUTORY SURPLUS (7-8+9)	(104,792)	(1,869,877)	21,964,793	20,094,916

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	1,895	(5,284,828)	9,949,338	4,664,510
	Cash	(1,905,895)	(5,468,946)	10,792,901	5,323,955
2019	Surplus	(11,938)	1,046,136	3,776,418	4,822,554
	Cash	(11,303)	1,659,496	3,246,782	4,906,278
LAKEWOOD	Surplus	(46,105)	(1,552,709)	8,239,037	6,686,328
	Cash	(3,610,221)	(3,126,114)	7,345,281	4,219,168
2020	Surplus	(48,644)	3,921,525		3,921,525
	Cash	533,695	4,134,862		4,134,862
TOTAL SURPLUS (DEFICITS)		(104,792)	(1,869,877)	21,964,793	20,094,916
TOTAL CASH		(4,993,725)	(2,800,701)	21,384,964	18,584,263

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	999	(83,570)	499,909,311	499,825,740
FUND YEAR 2019				
Paid Claims	22,418	334,047	17,685,051	18,019,098
IBNR	0	(1,335,869)	1,335,869	-
Less Specific Excess	0	(18,158)	(2,724)	(20,882)
Less Aggregate Excess	0	0	0	0
TOTAL FY 2019 CLAIMS	22,418	(1,019,979)	19,018,196	17,998,216
LAKEWOOD				
Paid Claims	1,011,702	9,582,104	38,707,584	48,289,688
IBNR	15,687	56,270	568,000	624,270
Less Specific Excess	0	(687,648)	(1,450,212)	(2,137,859)
Less Aggregate Excess	0	0	0	0
TOTAL LAKEWOOD 2020 CLAIMS	1,027,389	8,950,726	37,825,373	46,776,099
FUND YEAR 2020				
Paid Claims	2,212,653	18,749,125		18,749,125
IBNR	37,899	1,809,504		1,809,504
Less Specific Excess	0	(199,245)		(199,245)
Less Aggregate Excess	0	0		0
TOTAL FY 2020 CLAIMS	2,250,553	20,359,384		20,359,384
COMBINED TOTAL CLAIMS	3,301,358	28,206,560	556,752,879	584,959,439

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

CENTRAL JERSEY HEALTH INSURANCE FUND												
RATIOS												
	FY2020											
INDICES	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	\$ 20,922,967	\$ 18,961,597	\$ 19,369,527	\$ 22,396,084	\$ 24,490,841	\$ 25,662,510	\$ 24,505,456	\$ 27,572,009	\$ 27,596,727	\$ 23,577,988	\$ 18,584,263	
IBNR	\$ 2,300,835	\$ 2,391,435	\$ 2,026,179	\$ 2,053,575	\$ 2,148,761	\$ 2,208,534	\$ 2,251,060	\$ 2,298,615	\$ 2,332,030	\$ 2,380,187	\$ 2,433,774	
Assets	\$ 25,747,051	\$ 26,342,114	\$ 26,928,341	\$ 27,887,900	\$ 28,303,571	\$ 30,640,980	\$ 30,467,507	\$ 31,339,531	\$ 32,082,762	\$ 29,811,316	\$ 24,279,141	
Liabilities	\$ 3,809,523	\$ 3,968,402	\$ 3,593,541	\$ 3,610,296	\$ 3,302,863	\$ 3,360,946	\$ 12,982,789	\$ 13,100,420	\$ 13,006,941	\$ 9,611,613	\$ 4,184,229	
Surplus	\$ 21,937,528	\$ 142,303	\$ 23,334,800	\$ 24,277,604	\$ 25,000,708	\$ 27,280,034	\$ 17,484,718	\$ 18,239,111	\$ 19,075,821	\$ 20,199,703	\$ 20,094,911	
Claims Paid -- Month	\$ 2,781,482	\$ 2,939,994	\$ 2,738,681	\$ 2,280,316	\$ 2,091,550	\$ 2,006,632	\$ 3,073,151	\$ 2,421,807	\$ 3,137,182	\$ 1,989,369	\$ 3,249,713	
Claims Budget -- Month	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	\$ 3,228,961	
Claims Paid -- YTD	\$ 2,781,482	\$ 5,721,477	\$ 8,460,157	\$ 10,740,474	\$ 12,832,024	\$ 14,838,656	\$ 17,911,808	\$ 20,333,614	\$ 23,470,796	\$ 25,460,165	\$ 28,709,878	
Claims Budget -- YTD	\$ 3,228,961	\$ 6,457,922	\$ 9,686,883	\$ 12,915,844	\$ 16,144,805	\$ 19,373,766	\$ 22,602,727	\$ 25,831,688	\$ 29,060,649	\$ 32,289,610	\$ 35,518,571	
RATIOS												
Cash Position to Claims Paid	7.52	6.45	7.07	9.82	11.71	12.79	7.97	11.38	8.8	11.85	5.72	
Claims Paid to Claims Budget -- Month	0.86	0.91	0.85	0.71	0.65	0.62	0.95	0.75	0.97	0.62	1.01	
Claims Paid to Claims Budget -- YTD	0.86	0.89	0.87	0.83	0.79	0.77	0.79	0.79	0.81	0.79	0.81	
Cash Position to IBNR	9.09	7.93	9.56	10.91	11.40	11.62	10.89	12.00	11.83	9.91	7.64	
Assets to Liabilities	6.76	6.64	7.49	7.72	8.57	9.12	2.35	2.39	2.47	3.1	5.8	
Surplus as Months of Claims	6.79	0.04	7.23	7.52	7.74	8.45	5.41	5.65	5.91	6.26	6.22	
IBNR to Claims Budget -- Month	0.71	0.74	0.63	0.64	0.67	0.68	0.70	0.71	0.72	0.74	0.75	

REGULATORY
CENTRAL JERSEY HEALTH INSURANCE FUND
YEAR: 2021 AS OF JANUARY 1, 2021

<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	9/30/2020 Filed
Annual Audit	12/31/2019 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 2021

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 at brokerservices@permainc.com.

SPECIAL OPEN ENROLLMENT REQUEST

The Borough of South River is requesting a one-time Special Open Enrollment this Spring for changes effective July 1.

CONNER STRONG COVID-19 RESOURCES

Conner Strong & Buckelew has compiled a database of COVID-19 resources available to our clients. To access the resource center please use the link below.

- Link-<https://www.connerstrong.com/insights/covid-19-resource-center/>

AETNA UPDATE

Teladoc Mailing

Aetna announced they began a member communication campaign for Teladoc. Welcome Letters containing information on Teladoc as well as member cost-share information for the 2021 plan-year, are being mailed to Aetna members.

LEGISLATIVE UPDATES

COVID-19 VACCINE UPDATES

- **Vaccine Coverage**
 - In December 2020 the U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUAs) for the use of the Pfizer-BioNTech and Moderna COVID-19 Vaccines for the prevention of coronavirus disease. Vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive

Services Task Force (USPSTF) will be covered under the plan. The cost of the vaccine itself, will be paid by the federal government for the foreseeable future. The plan will fully cover the cost of administering the vaccine at participating and non-participating providers/facilities.

- **Vaccine Eligibility**

- The New Jersey Department of Health (DOH) released a memorandum concerning the eligibility of individuals who may currently receive the COVID-19 vaccine under Phase 1A of the State's vaccination plan of which includes (1) healthcare workers; (2) long-term care facility residents; and, (3) sworn law enforcement officers, firefighters, and other first responders.

UPDATED INDEXED DOLLAR LIMITS

The Internal Revenue Service (IRS) recently announced the below 2021 limits regarding High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA).

	2020	2021
HDHP Minimum Required Deductible- Self Only	\$1,400	\$1,400
HDHP Minimum Required Deductible- Family	\$2,800	\$2,800
HSA Contribution Limit- Self only HDHP	\$3,550	\$3,600
HSA Contribution Limit- Family HDHP	\$7,100	\$7,200
HSA/HDHP OOP Maximum- Self Only	\$6,900	\$7,000
HSA/HDHP OOP Maximum- Family	\$13,800	\$14,000

COVID-19 FSA RELIEF

The recently passed COVID-19 relief bill permits employers to allow members with Flexible Spending Accounts (FSAs) to roll over unused funds.

Key provisions of the new ruling include:

- option to amend cafeteria plans and FSAs to allow employees to:
 - carryover unused amounts from plan year ending in 2020 to the 2021 plan year
 - carryover unused amounts from plan year ending in 2021 to the 2022 plan year
 - provide a 12-month grace period at the end of the 2020 and/or 2021 plan years
- option to amend FSAs allowing employees to make prospective election changes for plan years ending in 2021 (with no change in status)
- allowing employees who cease participation in an FSA during calendar years 2020 or 2021 to receive post-termination reimbursements from unused benefits through the end of the plan year when participation ceases (including grace period if applicable)

ADMINISTRATIVE AUTHORIZATIONS

There are no appeal ratifications to report at this time.

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Confirmation of Payment

NOVEMBER 2020

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>
001676			
001676	HOLMAN, FRENIA, ALLISON, P.C.	PROFESSIONAL SERVICES 8.21.2019	1,908.33
001676	HOLMAN, FRENIA, ALLISON, P.C.	PROFESSIONAL SERVICES 8.21.2019	1,908.33
			3,816.66
		Total Payments FY 2019	3,816.66

FUND YEAR 2020

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001677			
001677	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 11/20	183,240.61
			183,240.61
001678			
001678	Flagship Health System	PROF. FEES - MONTGOMERY TWP 11/20	445.02
001678	Flagship Health System	PROF. FEES - CITY OF ASBURY PARK 11/20	405.22
			850.24
001679			
001679	DELTACARE USA	DENTAL 11/20	2,076.40
			2,076.40
001680			
001680	AETNA LIFE INSURANCE COMPANY	VISION 11/20	121.03
001680	AETNA LIFE INSURANCE COMPANY	MEDICAL 11/20	77,580.36
			77,701.39
001681			
001681	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 11/20	-27.50
001681	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/20	924.00
			896.50
001682			
001682	PAYFLEX	OCEANPORT 11/20 & OCEANPORT ARREARS	297.00
001682	PAYFLEX	MRRSA 11/20 & MRRSA ARREARS	27.00
			324.00
001683			
001683	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 11/20	6,174.48
			6,174.48
001684			
001684	PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/20	790.35
001684	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 11/20	32,214.86
			33,005.21
001685			
001685	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 11/20	2,976.00
			2,976.00
001686			
001686	STEPHEN MAYER	TREASURER FEE 11/20	1,000.00
			1,000.00
001687			
001687	ASBURY PARK PRESS	ACCT#128965 - MTG CHANGE - 9.9.20	72.80
001687	ASBURY PARK PRESS	ACCT:ASB-128965 - EST - 9.14.20	71.45
001687	ASBURY PARK PRESS	ACCT#ASB-128965 - AD - 10.29.20	18.90
			163.15
001688			
001688	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 - ARC & STOR - 9.30.20	64.81
			64.81
001689			
001689	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 11/20	1,250.00
001689	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/20	43,341.22
001689	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 11/20	57,223.98
001689	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/20	577.75
001689	CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/20	4,974.76
001689	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/20	1,410.53
			108,778.24

001690			
001690	MUNICIPAL REINSURANCE H.I.F.	REINSURANCE 11/20	90,027.69
			90,027.69
001691			
001691	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 11/20	8,819.88
001691	WESTPORT INSURANCE CORP	AGGREGATE 11/20	2,435.16
001691	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 11/20	54,128.88
			65,383.92
		Total Payments FY 2020	572,662.64

TOTAL PAYMENTS ALL FUND YEARS \$ 576,479.30

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

DIVIDENDS BILLS LIST

Confirmation of Payment

NOVEMBER 2020

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

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

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

FUND YEAR CLOSED

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001692			
001692	ENGLISHTOWN BOROUGH	DIVIDENDS 11/20	20,068.00
			20,068.00
001693			
001693	LAKEWOOD TOWNSHIP	DIVIDENDS 11/20	3,580,396.00
			3,580,396.00
001694			
001694	INTERLAKEN BOROUGH	DIVIDENDS 11/20	35,869.00
			35,869.00
001695			
001695	MANASQUAN BOROUGH	DIVIDENDS 11/20	80,206.00
			80,206.00
001696			
001696	ABERDEEN TOWNSHIP	DIVIDENDS 11/20	819,076.00
			819,076.00
001697			
001697	KEYPORT BOROUGH	DIVIDENDS 11/20	9,639.00
			9,639.00
001698			
001698	LAKEWOOD TWP FIRE DEPT	DIVIDENDS 11/20	73,257.00
			73,257.00
001699			
001699	MATAWAN BOROUGH	DIVIDENDS 11/20	11,535.00
			11,535.00
001700			
001700	SOUTH RIVER BOROUGH	DIVIDENDS 11/20	462,941.00
			462,941.00
001701			
001701	TUCKERTON BOROUGH SCHOOL DISTRICT	DIVIDENDS 11/20	90,498.00
			90,498.00
001702			
001702	BRICK TOWNSHIP HOUSING AUTHORITY	DIVIDENDS 11/20	8,935.00
			8,935.00
Total Payments FY CLOSED			5,192,420.00
TOTAL PAYMENTS ALL FUND YEARS			\$5,192,420.00

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 2020

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>
001703			
001703	HOLMAN, FRENIA, ALLISON, P.C.	PROGRESS BILL 11 OF 12	1,908.33
			1,908.33
		Total Payments FY 2019	1,908.33

FUND YEAR 2020

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001704			
001704	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 12/20	201,035.94
			201,035.94
001705			
001705	Flagship Health System	CITY OF ASBURY PARK 12/20	11.15
			11.15
001706			
001706	DELTA CARE USA	CITY OF ASBURY PARK 12/20	1,982.11
			1,982.11
001707			
001707	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 12/20 - LAKEWOOD	6,471.25
001707	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 12/20	5,563.50
			12,034.75
001708			
001708	AETNA LIFE INSURANCE COMPANY	VISION 12/20	111.02
001708	AETNA LIFE INSURANCE COMPANY	MEDICAL 12/20	77,284.44
			77,395.46
001709			
001709	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/20	-26.25
001709	AMERIHEALTH ADMINISTRATORS	MEDICAL 12/20	882.00
			855.75
001710			
001710	PAYFLEX	UNDERPAYMENT 12/20	3.00
001710	PAYFLEX	MRRSA 12/20	9.00
001710	PAYFLEX	OCEANPORT 12/20	99.00
			111.00
001711			
001711	DELTA DENTAL OF NEW JERSEY INC	DENTAL 12/20	6,355.44
			6,355.44
001712			
001712	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/20	17.20
001712	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 12/20	31,892.27
			31,909.47
001713			
001713	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/20	2,976.00
			2,976.00
001714			
001714	STEPHEN MAYER	TREASURER FEE 12/20	1,000.00
			1,000.00
001715			
001715	ASBURY PARK PRESS	ACCT: ASB-0000001489 - AD - 10.16.20	139.37
			139.37
001716			
001716	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 12/20	1,250.00
001716	CONNER STRONG & BUCKELEW	NEW MEMBER COMM 12/20	43,248.97
001716	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 12/20	57,040.09
001716	CONNER STRONG & BUCKELEW	DENTAL 12/20	561.38
001716	CONNER STRONG & BUCKELEW	FUND COORD 12/20	4,990.02
001716	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/20	1,404.32
			108,494.78

001717			
001717	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 - ARC & STOR - 10.31.20	64.81
			64.81
001718			
001718	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/20	89,870.98
			89,870.98
001719			
001719	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 12/20	9,412.26
001719	WESTPORT INSURANCE CORP	AGGREGATE 12/20	2,407.86
001719	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 12/20	51,700.02
			63,520.14
		Total Payments FY 2020	597,757.15
		TOTAL PAYMENTS ALL FUND YEARS \$	599,665.48

Chairperson

Attest:

Dated: _____

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

Treasurer

CENTRAL JERSEY HEALTH INSURANCE FUND

BILLS LIST

Resolution No. 16-21

JANUARY 2021

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>
001720			
001720	HOLMAN, FRENIA, ALLISON, P.C.	AUDIT 8.21.2019	1,908.33
			1,908.33
		Total Payments FY 2019	1,908.33

FUND YEAR 2020

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001707			
001707	SaveonSP LLC	VOID	-6,471.25
001707	SaveonSP LLC	VOID	-5,563.50
			-12,034.75
001721			
001721	PA YFLEX	OCEANPORT ARREARS 12/20	3.00
			3.00
001722			
001722	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/20	19.60
			19.60
001723			
001723	ASBURY PARK PRESS	ACCT:ASB-128965 - AD - 12.17.20	61.10
			61.10
001724			
001724	MEDICAL EVALUATION SPECIALISTS	MES CASE # 1287734	367.50
			367.50
001725			
001725	ALLSTATE INFORMATION MANAGEMNT	ACCT#420 -ARC & STOR - 11.30.20	64.81
			64.81
		Total Payments FY 2020	-11,518.74

FUND YEAR 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001726			
001726	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 1/21	182,793.46
			182,793.46
001727			
001727	DELTACARE USA	ASBURY PARK CITY 1/21	2,030.83
			2,030.83
001728			
001728	AETNA LIFE INSURANCE COMPANY	VISION 1/21	123.76
001728	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 1/21	76,368.54
			76,492.30
001729			
001729	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 1/21	-27.50
001729	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 1/21	924.00
			896.50
001730			
001730	DELTA DENTAL OF NEW JERSEY INC	DENTAL 1/21	6,520.80
			6,520.80
001731			
001731	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 1/2021	33,188.19
			33,188.19

001732			
001732	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 1ST QTR 2021	4,000.00
			4,000.00
001733			
001733	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 1/21	3,036.00
			3,036.00
001734			
001734	STEPHEN MAYER	TREASURER FEE 1/21	1,020.00
			1,020.00
001735			
001735	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 1/21	65,643.21
			65,643.21
001736			
001736	WESTPORT INSURANCE CORP	SPECIFIC - SINGLE 1/21	12,615.00
001736	WESTPORT INSURANCE CORP	AGGREGATE 1/21	4,113.00
001736	WESTPORT INSURANCE CORP	SPECIFIC - FAMILY 1/21	67,082.57
			83,810.57
001737			
001737	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 1/21	59,959.85
001737	CONNER STRONG & BUCKELEW	DENTAL 1/21	579.60
001737	CONNER STRONG & BUCKELEW	FUND COORDINATOR 1/21	5,081.58
001737	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 1/21	1,454.99
001737	CONNER STRONG & BUCKELEW	PLAN DOCUMENT FEE 1/21	1,250.00
001737	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 1/21	43,830.72
			112,156.74
		Total Payments FY 2021	571,588.60
		TOTAL PAYMENTS ALL FUND YEARS \$	561,978.19

Chairperson

Attest:

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

Dated: _____

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Health Insurance Fund									
Month		November							
Current Fund Year		2020							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Year	Coverage	Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
		Last Month	November	November	November	November	Reconciled	Variance From	Month
2020	Med	10,793,395.06	1,697,346.20	39.23	12,490,702.03		12,490,702.03	10,793,395.06	1,697,306.97
	Dental	979,748.68	114,007.79		1,093,756.47		1,093,756.47	979,748.68	114,007.79
	Rx	5,488,444.65	479,384.37		5,967,829.02		5,967,829.02	5,488,444.65	479,384.37
	Vision								
	Total	17,261,588.39	2,290,738.36	39.23	19,552,287.52		19,552,287.52	17,261,588.39	2,290,699.13
2019	Med	11,454,533.29	22,079.20		11,476,612.49		11,476,612.49	11,454,533.29	22,079.20
	Dental	1,511,231.64	319.00		1,511,550.64		1,511,550.64	1,511,231.64	319.00
	Rx	6,555,175.35	19.99		6,555,195.34		6,555,195.34	6,555,175.35	19.99
	Vision								
	Total	19,520,940.28	22,418.19		19,543,358.47		19,543,358.47	19,520,940.28	22,418.19
2018	Med	11,982,623.11	995.09		11,983,618.20		11,983,618.20	11,982,623.11	995.09
	Dental	1,331,867.97			1,331,867.97		1,331,867.97	1,331,867.97	
	Rx	6,184,930.24	3.73		6,184,933.97		6,184,933.97	6,184,930.24	3.73
	Vision								
	Total	19,499,421.32	998.82		19,500,420.14		19,500,420.14	19,499,421.32	998.82
2017	Med	175,998,356.53			175,998,356.53		175,998,356.53	175,998,356.53	
	Dental	73,216,661.91			73,216,661.91		73,216,661.91	73,216,661.91	
	Rx	73,216,661.91			73,216,661.91		73,216,661.91	73,216,661.91	
	Vision								
	Total	322,431,680.35			322,431,680.35		322,431,680.35	322,431,680.35	
2016	Med	14,330,553.04	792,279.71		15,122,832.75		15,122,832.75	14,330,553.04	792,279.71
	Dental								
	Rx	4,839,117.93	219,421.97		5,058,539.90		5,058,539.90	4,839,117.93	219,421.97
	Vision								
	Total	19,169,670.97	1,011,701.68		20,181,372.65		20,181,372.65	19,169,670.97	1,011,701.68
Closed	Med								
	Dental								
	Rx								
	Vision								
	Total								
	TOTAL	397,883,301.31	3,325,857.05	39.23	401,209,119.13		401,209,119.13	397,883,301.31	3,325,817.82

Central Jersey Health Insurance Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2020										
Month Ending: November										
	Med	Dental	Rx	Vision	Healthcare Advant	Reinsurance	DMO Premiums	Future	Admin	TOTAL
OPEN BALANCE	6,644,070.04	210,310.11	(2,568,211.16)	154,596.78		651,614.74	27,382.03	170,561.29	7,817,999.43	13,108,323.26
RECEIPTS										
Assessments	2,086,782.23	105,059.20	514,657.93	1,713.73		165,242.52			170,577.07	3,044,032.68
Refunds										
Invest Pymnts	(1,591.34)	(52.64)	(66.22)	(29.97)		(142.14)	(5.31)	(33.06)	(1,659.72)	(3,580.40)
Invest Adj										
Subtotal Invest	(1,591.34)	(52.64)	(66.22)	(29.97)		(142.14)	(5.31)	(33.06)	(1,659.72)	(3,580.40)
Other										
TOTAL	2,085,190.89	105,006.56	514,591.71	1,683.76		165,100.38	(5.31)	(33.06)	168,917.35	3,040,452.28
EXPENSES										
Claims Transfers	2,283,462.96	95,026.00	583,844.35							2,962,333.31
Expenses						193,059.48			2,102,640.05	2,295,699.53
Other										
TOTAL	2,283,462.96	95,026.00	583,844.35			193,059.48			2,102,640.05	5,258,032.84
END BALANCE	6,445,797.97	220,290.67	(2,637,463.80)	156,280.54		623,655.64	27,376.72	170,528.23	5,884,276.73	10,890,742.70
Month Ending:	November									
FUND YEAR	Med	Dental	Rx	Vision		Reinsurance	Disability	Future	Admin	TOTAL
2011	(1,760,716.83)	63,840.46	(2,076,144.75)	9,621.30		(30,650.63)			(223,293.47)	(4,017,343.92)
FUND YEAR										
2010	6,206,013.48	217,672.33	(902,797.22)	72,971.14		(78,685.94)		13,842.89	(302,119.71)	5,226,896.97
FUND YEAR										
2009	2,000,501.32	(61,222.12)	341,478.17	73,688.10		255.23	27,376.72	156,685.34	(237,593.77)	2,301,168.99
FUND YEAR										
Closed Year's						732,736.98			6,647,283.68	7,380,020.66
	6,445,797.97	220,290.67	(2,637,463.80)	156,280.54		623,655.64	27,376.72	170,528.23	5,884,276.73	10,890,742.70

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Central Jersey Health Insurance Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH	November						
CURRENT FUND YEAR	2020						
	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	\$23,577,983.31		\$3,654,959.52			\$8,984,742.72	\$10,938,281.07
Opening Interest Accrual Balance	\$6,823.17					\$6,823.17	
1 Interest Accrued and/or Interest Cost	\$12,499.19					\$12,499.19	
2 Interest Accrued - discounted Instr.s							
3 (Amortization and/or Interest Cost)							
4 Accretion							
5 Interest Paid - Cash Instr.s	\$6,515.11		\$155.36			(\$917.54)	\$7,277.29
6 Interest Paid - Term Instr.s	\$16,873.33					\$16,873.33	
7 Realized Gain (Loss)	-\$11,454.58					(\$11,454.58)	
8 Net Investment Income	\$7,559.72		\$155.36			\$127.07	\$7,277.29
9 Deposits - Purchases	\$4,089,097.32						\$4,089,097.32
# (Withdrawals - Sales)	-\$9,094,756.35						(\$9,094,756.35)
Ending Cash & Investment Balance	\$18,584,258.14		\$3,655,114.88			\$8,989,243.93	\$5,939,899.33
Ending Interest Accrual Balance	\$2,449.03					\$2,449.03	
Plus Outstanding Checks	\$5,427,888.69						\$5,427,888.69
(Less Deposits in Transit)							
Balance per Bank	\$24,012,146.83		\$3,655,114.88			\$8,989,243.93	\$11,367,788.02
Annualized Rate of Return This Month	0.43%		0.05%			0.02%	1.03%



CENTRAL JERSEY HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 20, 2021



CENTRAL JERSEY HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2019	# OF EES	PER EE	MEDICAL CLAIMS PAID 2020	# OF EES	PER EE
JANUARY	\$1,316,912	1,078	\$ 1,222	\$1,267,894	1,613	\$ 786
FEBRUARY	\$1,330,036	1,070	\$ 1,243	\$1,760,412	1,591	\$ 1,106
MARCH	\$1,257,366	1,077	\$ 1,167	\$2,343,550	1,590	\$ 1,474
APRIL	\$1,652,510	1,081	\$ 1,529	\$1,158,223	1,593	\$ 727
MAY	\$1,497,164	1,088	\$ 1,376	\$1,324,407	1592	\$ 831
JUNE	\$1,289,194	1,085	\$ 1,188	\$1,635,452	1,577	\$ 1,037
JULY	\$1,710,184	1,085	\$ 1,576	\$1,854,432	1,573	\$ 1,179
AUGUST	\$1,137,006	1,080	\$ 1,053	\$1,548,802	1,569	\$ 987
SEPTEMBER	\$1,294,446	1,077	\$ 1,202	\$3,018,089	1,560	\$ 1,935
OCTOBER	\$1,722,514	1,081	\$ 1,593	\$1,819,060	1,562	\$ 1,165
NOVEMBER	\$1,216,124	1,086	\$ 1,120	\$2,410,256	1,569	\$ 1,536
DECEMBER	\$1,368,500	1,092	\$ 1,253			
TOTALS	\$16,791,957			\$20,140,576		
				2020 Average	1,581	\$ 1,160
				2019 Average	1,082	\$ 1,294

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

Plan Sponsor Unique ID :	All	Paid Dates:	09/01/2020 - 09/30/2020
Customer:	CENTRAL JERSEY HEALTH INSURANCE FUND	Service Dates:	01/01/1900 - 09/30/2020
Group / Control:	00143735,00285786,00659552,00737415,00866354,SI362223	Line of Business:	All
Subgroup / Suffix:	All	Funding Category:	All

	Billed Amt	Paid Amt
	\$783,736.97	\$489,190.66
	\$803,695.63	\$401,596.75
	\$43,208.51	\$59,278.18
	\$104,715.39	\$55,816.05
TOTAL:	\$1,735,356.50	\$1,005,881.64

© 2021 Aetna Inc.

THIS DOCUMENT CONTAINS PROPRIETARY AND/OR CONFIDENTIAL HEALTH INFORMATION.
DISCLOSURE IS STRICTLY PROHIBITED EXCEPT AS PERMITTED OR REQUIRED BY APPLICABLE LAW.

IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee

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

Plan Sponsor Unique ID :	All	Paid Dates:	10/01/2020 - 10/31/2020
Customer:	CENTRAL JERSEY HEALTH INSURANCE FUND	Service Dates:	01/01/1900 - 10/31/2020
Group / Control:	00143735,00285786,00659552,00737415,00866354,SI362223	Line of Business:	All

	Billed Amt	Paid Amt
	\$344,546.99	\$65,639.36
	\$119,790.42	\$63,926.89
TOTAL:	\$464,337.41	\$129,566.25

© 2021 Aetna Inc.

THIS DOCUMENT CONTAINS PROPRIETARY AND/OR CONFIDENTIAL HEALTH INFORMATION.
DISCLOSURE IS STRICTLY PROHIBITED EXCEPT AS PERMITTED OR REQUIRED BY APPLICABLE LAW.

IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee

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

Plan Sponsor Unique ID : All
Customer: CENTRAL JERSEY HEALTH INSURANCE FUND
Group / Control: 00143735,00285786,00659552,00737415,00866354,SI362223
Subgroup / Suffix: All

Paid Dates: 11/01/2020 - 11/30/2020
Service Dates: 01/01/1900 - 11/30/2020
Line of Business: All
Funding Category: All

	Billed Amt	Paid Amt
	\$451,749.10	\$293,701.85
	\$296,131.50	\$123,877.18
	\$285,244.56	\$120,861.61
	\$182,383.69	\$85,303.18
	\$117,562.07	\$53,587.26
TOTAL:	\$1,333,070.92	\$677,331.08

© 2021 Aetna Inc.

THIS DOCUMENT CONTAINS PROPRIETARY AND/OR CONFIDENTIAL HEALTH INFORMATION.
DISCLOSURE IS STRICTLY PROHIBITED EXCEPT AS PERMITTED OR REQUIRED BY APPLICABLE LAW.

IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee



Central Jersey Health Insurance Fund
12/1/2019 through 11/30//2020 (Unless otherwise noted)

**Medical Claims Paid Per Member:
Jan 2020- November 2020**

Total Medical Paid per EE: **\$1,160**

Network Discounts

Inpatient: **61.1%**
Ambulatory: **67.9%**
Physician/Other: **63.7%**
TOTAL: 64.6%

Provider Network

% Admissions In-Network: **97.7%**
% Physician Office: **88.6%**

Aetna Book of Business:
Admissions 97.7%; Physician 91.0%

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

- Jersey Shore Medical
- Riverview Medical Center
- Ocean Medical Center
- Community Medical Center
- Morristown Memorial

**Catastrophic Claim Impact
(YTD Jan- November 2020)**

Number of Claims Over \$50,000: **45**
Claimants per 1000 members: **11.4**
Avg. Paid per Claimant: **\$132,506**
Percent of Total Paid: **31.0%**
• Aetna BOB- HCC account for an
average of 42.5% of total Medical Cost

**Nurse Case Member Outreach:
YTD 2020**

Unique Members Identified: **196**
Outreach Opportunities Identified: **230**
Outreach in Progress: **35**
Completed Outreach: **200**

Closed with Engagement: **64**
Unable to Reach: **133**
Member Declined: **3**

Teladoc Activity: Jan – NOV 2020

Total Registrations: **176**
Total Online Visits: **229**
Total Net Claims Savings: **\$39,757**
Total Visits w/ Rx: **158**
Member Satisfaction Rating / Avg.
71% Outstanding 23% Good

**Allentown Service Center
Performance: Metrics thru Nov 2020**

Customer Service Performance

Call Quality: **98.3%**
1st Call Resolution: **94.3%**
Abandonment Rate: **1.6%**
Avg. Speed of Answer: **36.1 sec**

Claims Performance

Financial Accuracy: **97.7%**
90% processed w/in: **7.5 days**
95% processed w/in: **12.2 days**

Performance Goals

Call Quality: **95%**
1st Call Resolution: **90%**
Abandonment Rate less than: **2.5%**
Average Speed of Answer: **30 sec**

Financial Accuracy: **99%**
Turnaround Time
90% processed w/in: **14 days**
95% processed w/in: **30 days**

Proprietary



AmeriHealth[®]
ADMINISTRATORS



2020 Central HIF						2019 Central HIF													
		MEDICAL CLAIMS PAID 2020	TOTAL	# OF EES	PER EE				ADMINIS TRATION		MEDICAL CLAIMS PAID 2019		TOTAL		# OF EES		PER EE		
JANUARY		\$10,516.00	\$10,516.00	19	\$553.47		JANUARY		\$714.00		\$14,638.71		\$15,352.71		17		\$903.10		
FEBRUARY		\$10,869.00	\$10,869.00	19	\$572.05		FEBRUARY		\$714.00		\$57,236.00		\$57,950.00		17		\$3,048.00		
MARCH		\$26,204.71	\$26,204.71	19	\$1,379.19		MARCH		\$714.00		\$12,414.00		\$13,128.00		17		\$772.00		
APRIL		\$15,189.60	\$15,189.60	19	\$799.45		APRIL		\$714.00		\$25,643.00		\$26,357.00		17		\$1,550.00		
MAY		\$7,611.95	\$7,611.95	19	\$400.63		MAY		\$714.00		\$17,976.00		\$18,690.00		17		\$1,099.41		
JUNE		\$47,480.76	\$47,480.76	19	\$2,498.97		JUNE		\$714.00		\$49,655.00		\$50,369.00		17		\$2,962.00		
JULY		\$24,806.65	\$24,806.65	20	\$1,240.33		JULY		\$714.00		\$13,514.00		\$14,228.00		17		\$836.94		
AUGUST		\$20,738.50	\$20,738.50	20	\$1,036.92		AUGUST		\$714.00		\$32,460.00		\$33,174.00		17		\$1,951.41		
SEPTEMBER		\$24,811.89	\$24,811.89	20	\$1,240.59		SEPTEMBER		\$714.00		\$10,039.00		\$10,753.00		19		\$565.94		
OCTOBER		\$19,372.83	\$19,372.83	21	\$922.51		OCTOBER		\$714.00		\$14,741.00		\$15,455.00		19		\$813.43		
NOVEMBER		\$43,247.91	\$43,247.91	21	\$2,059.42		NOVEMBER		\$714.00		\$13,323.00		\$14,037.00		19		\$738.79		
DECEMBER		\$17,966.15	\$17,966.15	22	\$855.53		DECEMBER		\$714.00		\$12,339.00		\$13,053.00		19		\$687.00		
TOTALS		\$268,815.95	\$268,815.95				TOTALS				\$273,978.71		\$282,546.71						
			2020 Average	20	\$1,129.92								2019 Average		18		\$1,327.34		



CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Paid between 3/1/2020 and 1/13/2021

COVID19 Claims currently are consider to be claims with Procedure codes

'U0001','U0002','G2023','G2024','87635','86328','86769','U0003','U0004','C9803','G2025','0202U','E0445','87426','0223U','0224U','86408','86409','0225U','0226U','86413','99072','0240U','0241U','87636','87637','87811','0001A','0002A','0011A','0012A','91300','91301','Q0239','M0239','87428','Q0243','M0243' or a Dx Code of

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	0	0	\$0.00	\$0.00	\$0.00
1-5	1	1	\$53.00	\$53.00	\$1.26
6-18	2	4	\$611.21	\$152.80	\$3.92
19-25	3	6	\$410.03	\$68.34	\$8.04
26-39	2	7	\$25,370.64	\$3,624.38	\$333.82
40-64	10	29	\$6,397.96	\$220.62	\$22.22
65+	1	1	\$87.75	\$87.75	\$10.97
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	7	18	\$773.32	\$42.96	\$3.47
Spouse	5	18	\$31,083.03	\$1,726.84	\$217.36
Dependent	7	12	\$1,074.24	\$89.52	\$4.21

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	10	28	\$31,950.94	\$1,141.10	\$96.53
Male	9	20	\$979.65	\$48.98	\$3.38
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	19	48	\$32,930.59	\$686.05	\$53.03

Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	1	2	\$3,328.96	\$1,664.48	\$5.36
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	2	2	\$163.23	\$81.62	\$0.26
Pathology (Laboratory)	13	17	\$1,954.18	\$114.95	\$3.15
Telemedicine	3	4	\$173.56	\$43.39	\$0.28
Urgent Care	6	8	\$1,286.00	\$160.75	\$2.07

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0	\$0.00	\$0.00	0
1-5	0	0	0	\$0.00	0	\$0.00	\$0.00	0
6-18	0	0	0	\$0.00	0	\$0.00	\$0.00	0
19-25	0	0	0	\$0.00	0	\$0.00	\$0.00	0
26-39	1	1	1	\$24,394.64	158.4	\$24,394.64	\$320.98	1
40-64	0	0	0	\$0.00	0	\$0.00	\$0.00	0
65+	0	0	0	\$0.00	0	\$0.00	\$0.00	0
Unknown	0	0	0	\$0.00	0	\$0.00	\$0.00	0

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Atlanticare Regional Medical Center	1	1	\$24,394.64	\$24,394.64	\$39.28
Southern Ocean Medical Center	3	5	\$4,476.43	\$895.29	\$7.21
Labcorp Raritan	7	9	\$900.00	\$100.00	\$1.45
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$1.37
AtlantiCare Physician Group	3	6	\$795.08	\$132.51	\$1.28
MVP Medical Associates	2	2	\$290.00	\$145.00	\$0.47
The Urgent Care Group PA	2	2	\$280.00	\$140.00	\$0.45
GENESIS LABORATORY MANAGEMENT	1	1	\$256.50	\$256.50	\$0.41
CLARITY LABORATORIES LLC	1	1	\$150.00	\$150.00	\$0.24
Urgent Care Physicians of New Jersey Llc	1	2	\$140.00	\$70.00	\$0.23
COMMUNITY MEDICAL CENTER	1	1	\$139.62	\$139.62	\$0.22
Cedar Bridge Pediatrics	1	1	\$64.71	\$64.71	\$0.10
Robert Wood Johnson Univ Hosp	1	1	\$58.44	\$58.44	\$0.09
Pediatric Affiliates PA	1	1	\$53.00	\$53.00	\$0.09
Quest Diagnostics Inc	1	1	\$42.13	\$42.13	\$0.07
Meridian Lab Physicians	1	1	\$26.50	\$26.50	\$0.04
Coastal Imaging	1	1	\$14.15	\$14.15	\$0.02
Chestnut Hill Allergy And Asth	1	2	\$0.00	\$0.00	\$0.00
Ocean Pulmonary Assoc Pa	1	1	\$0.00	\$0.00	\$0.00
Joseph P Orourke Dc	1	8	\$0.00	\$0.00	\$0.00



EXPRESS SCRIPTS®

Central Jersey Health Insurance Fund

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	3,219	3,218	3,200
Total Days	128,496	117,292	119,574	365,362	123,916	127,483	114,309	365,708	125,703	124,143	118,332	368,178	131,990	116,474	128,971	377,435	1,476,683
Total Patients	1,298	1,263	1,270	1,980	1,234	1,239	1,161	1,875	1,181	1,201	1,169	1,836	1,278	1,236	1,314	1,979	2,661
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	\$572,514	\$1,591,430	\$630,039	\$499,213	\$614,634	\$1,743,886	\$6,493,956
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%	82.8%	81.5%	81.5%
Plan Cost PMPM	\$168.66	\$155.30	\$175.47	\$166.48	\$156.34	\$180.24	\$157.21	\$164.58	\$161.18	\$154.96	\$178.02	\$164.71	\$195.79	\$155.23	\$190.94	\$180.66	\$169.13
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	\$196,912	\$540,109	\$1,721,284
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%	32.4%	27.8%	32.0%	31.0%	26.5%

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Membership	3,185	3,175	3,175	3,178	3,190	3,173	3,173	3,179	3,171	3,166	3,150	3,162	3,151	3,146			
Total Days	134,092	121,687	143,315	399,094	125,054	117,060	122,211	364,325	122,058	117,629	119,976	359,663	121,769	115,042			
Total Patients	1,329	1,266	1,283	1,975	1,080	1,019	1,104	1,644	1,099	1,077	1,116	1,726	1,120	1,080			
Total Plan Cost	\$538,858	\$593,799	\$613,812	\$1,746,469	\$510,765	\$581,440	\$531,348	\$1,623,553	\$568,861	\$645,954	\$501,924	\$1,716,739	\$527,918	\$610,958			
Generic Fill Rate (GFR) - Total	83.3%	82.6%	81.4%	82.4%	82.1%	80.6%	81.7%	81.5%	82.7%	81.1%	82.7%	82.2%	81.4%	81.4%			
Plan Cost PMPM	\$169.19	\$187.02	\$193.33	\$183.16	\$160.11	\$183.25	\$167.46	\$170.26	\$179.39	\$204.03	\$159.34	\$180.96	\$167.54	\$194.20			
% Change Plan Cost PMPM	0.3%	20.4%	10.2%	10.0%	2.4%	1.7%	6.5%	3.4%	11.3%	31.7%	-10.5%	9.9%	-14.4%	25.1%			
Total Specialty Plan Cost	\$153,988	\$160,142	\$179,998	\$494,129	\$136,915	\$193,021	\$174,930	\$504,867	\$184,804	\$263,653	\$110,907	\$559,363	\$137,706	\$241,856			
Specialty % of Total Specialty Plan Cost	28.6%	27.0%	29.3%	28.3%	26.8%	33.2%	32.9%	31.1%	32.5%	40.8%	22.1%	32.6%	26.1%	39.6%			

PMPM	
Jan - Nov 2019	\$167.13
Jan - Nov 2020	\$178.62
Trend - Jan - Nov 2020	6.9%

**CENTRAL JERSEY HEALTH INSURANCE FUND
CONSENT AGENDA
JANUARY 20, 2021**

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

Resolutions

Subject Matter

Motion _____ **Second** _____

Resolution 1-21: Professional Fees.....	Page 34
Resolution 2-21: EUS Contract Award.....	Page 36
Resolution 3-21: Medicare Advantage Contract Award	Page 37
Resolution 4-21: Designation of Service of Process	Page 42
Resolution 5-21: Designation of Secretary as Custodian of Records	Page 43
Resolution 6-21: Designation of Official Newspaper	Page 44
Resolution 7-21: Designation of Regular Meeting Times and Place.....	Page 45
Resolution 8-21: Designation of Bank Depositories & CMP.....	Page 47
Resolution 9-21: Designation of Authorized Signatories	Page 51
Resolution 10-21: Approval of Risk Management Plan.....	Page 52
Resolution 11-21: Appointment of MRHIF Fund Commissioners	Page 62
Resolution 12-21: Broker Contract Approval.....	Page 63
Resolution 13-21: Authorizing Treasurer to Process Contracted Payments and Expenses	Page 74
Resolution 14-21: Adopting 2021 Wellness Grant Programs.....	Page 75
Resolution 15-21: Adopting Procedures for Remote Meetings	Page 76
Resolution 16-21: Approval of the November and December 2020 and January 2021 Bills Lists	Page 78

RESOLUTION NO. 1-21

CENTRAL JERSEY HEALTH INSURANCE FUND APPOINTING PROFESSIONALS AND AWARDED CONTRACTS FOR FUND YEAR 2021

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

WHEREAS, Each of the business entities identified below with a contract value of \$17,500 per annum 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 2021:

- I. **PERMA Risk Management Services** as **Administrator, Paul Laracy** is hereby appointed as **Executive Director** and as **agent for process of service**. \$8.89 per employee, per month will be expended to the Administrator. The estimated annual amount of \$395,164 has been appropriated in the Administrator Line Item of the 2021 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$21.66 per medical employee, per month, \$8.58 per non-medical employees per month and \$0.90 per employee per month for health care reform will be expended in connection with the Program Manager in 2021. In addition, the Program Manager will be paid \$15,000 for plan documents. The estimated annual amount of \$1,317,540 has been appropriated in the **Program Manager** Line Item of the 2021 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$47.82 per employee, per month and .91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$909,224 has been appropriated in the Medical TPA Line Item of the 2021 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 \$9,780 has been appropriated in the Medical TPA Line Item of the 2021 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 \$77,239 has been appropriated in the Dental TPA Line Item of the 2021 budget.
- VI. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$16,000 has been appropriated in the Actuary Line Item of the 2021 budget.
- VII. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$36,430 has been appropriated in the Attorney Line Item of the 2021 budget.
- VIII. **Mercadien P.C. is** hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$20,498 has been appropriated in the Auditor Line Item of the 2021 budget.
- IX. **Steven Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$12,240 has been appropriated in the Treasurer Line Item of the 2021 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 20, 2021

BY

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 2-21

**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, 2021 through December 31, 2021:

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 20, 2021

BY: _____
CHAIR

ATTEST:

SECRETARY

RESOLUTION NO. 3-21

**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, 2021 through December 31, 2021:

Medicare Advantage and Employer Group Waiver Program Provider – Aetna Medicare Advantage
Estimated Annual Cost: \$2,177,482

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 20, 2021

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 20, 2021
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 20, 2021
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
prepare/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 20, 2021
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 20, 2021
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 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 _____

RESOLUTION NO. 4-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2021**

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 2021 or until its successor has be appointed and qualified.

ADOPTED: January 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-21

**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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING
THE ASBURY PARK PRESS AS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2021**

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 2021 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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2021**

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;

WHEREAS, pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

WHEREAS, a local public body may hold a remote public meeting to conduct public business during a declared emergency if the emergency reasonably prevents a local public body from safely conducting public business at a physical location with members of the public present.

WHEREAS, a declared State of Emergency currently exists which reasonably prevents the Central Jersey Health Insurance Fund (the "Fund") from safely conducting public business at a physical location with members of the public present so until further notice is provided, and in lieu of the public meetings that would be held on the dates and locations set forth below, the Fund will conduct a remote public meeting on the dates and times set forth below and the public shall have the opportunity to participate in the meeting in the same capacities as members and staff of the Fund.

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund shall hold remote public meetings during the year 2021 while a declared State of Emergency exists on the dates and times set forth below and once State of Emergency no longer exists, at the following location:

March 17, 2021	Brielle Borough	1:30pm
May 19, 2021	Brielle Borough	1:30pm
July 21, 2021	Brielle Borough	1:30pm
September 8, 2021	Brielle Borough	1:30pm
October 20, 2021	Brielle Borough	1:30pm

BE IT FURTHER RESOLVED that the public may access the remote public meeting by clicking the following link or dialing in on the following telephone line PLEASE INCLUDE THE INFORMATION REQUIRED TO BE PROVIDED WHICH IS AS FOLLOWS:(If the local public body expects to conduct remote public meetings for a series of regularly scheduled meetings advertised in its annual notice, the annual notice shall be revised at least seven days prior to the next regularly scheduled meeting, indicating which meeting(s) will be held as a remote public meeting **and shall contain clear and concise instructions for accessing those remote public meetings, the means for making public comment, and where relevant documents, if any, will be made available.**)

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Asbury Park Press and listed on the Fund Website (www.cjhif.com)

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 8-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2021**

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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

BE IT RESOLVED by the Central Jersey Health Insurance Fund that all funds of the Central Jersey Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

Thomas Nolan - Chairperson

William Rieker - Secretary

Stephen Mayer - Treasurer

ADOPTED: January 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
2021 RISK MANAGEMENT PLAN**

BE IT RESOLVED that the following shall be the Fund's Risk Management Plan for the 2021 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

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

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. The Fund is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the Fund's local specific retention and purchases an excess insurance policy that is filed with the Department of Banking and Insurance in accordance with the applicable regulations.

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

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

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment. Loss experience used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three year period including de-identified specific claims at 50% of the Fund's self insured retention. Requests for additional claims data can be considered based upon the availability of data, the feasibility of extracting the data, and the reimbursement to the Fund or its vendors of data extraction and formatting costs. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, an increase may be applied to remaining lines of coverage, and it shall not be eligible for membership in the dropped line of coverage for a three year period.

9.) RATING PERIODS

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

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

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

11.) PROVISION FOR PPOs, etc.

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

12.) OPEN ENROLLMENT PROCEDURES

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

13.) COBRA AND CONVERSION OPTIONS

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA

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

14.) DISCLOSURE OF BENEFIT LIMITS

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

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

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

16.) RETIREES

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

17.) NEWBORN CHILDREN

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change. Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

18.) PLAN DOCUMENT

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

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.

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

C.) Claims Procedures

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

D.) Cost Containment Programs

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

19.) PROCEDURES FOR THE CLOSURE OF FUND YEARS

Approximately every six months after the end of a Fund year, the Fund evaluates the results to determine if dividends or additional assessments are warranted. Most claims are paid within twelve months of year end, and at that time the Fund begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely.

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.

24.) PARTIAL MONTH ENROLLMENTS

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

ADOPTED: January 20, 2021

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 11-21

**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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-21

**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 2021;

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 2021:

Group Name	Risk Manager	Dental Assmt/per EE	New Member/per EE
Asbury Park City	Otterstedt Insurance Agency	\$1.87	
Brick Township	Fairview Insurance Agency		\$12.63
Englishtown	Danskin Agency	\$5.59	
Highland Elementary School	Brown & Brown Advisors		\$60.58
Keyport	Danskin Agency	\$2.42	
Sayreville Borough	Reliance Insurance		\$46.71
South River	Integrity Consulting Group		\$28.61
Tuckerton Borough School District	Brown & Brown Advisors		\$61.13
West Long Branch	Brown & Brown Metro		\$38.11
Western Monmouth Utilities Authority	Danskin Agency	\$5.58	
Sayreville Borough	Eagle Rock Management Group		\$15.57

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

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

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

This agreement is entered into between Connor Strong & Buckelew, Inc. TRIAD1828 CENTRE 2 Cooper St Camden, NJ, PO Box 99106 Camden, NJ 08101 (“CSB”) (“CSB”) and _____, (“Benefits Risk Manager” or “BRM”), on this ____ day of _____, 2021.

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, 2021, and shall continue through December 31, 2021, 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 binding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A 10:5-31 et seq., as amended and supplemented from time to time.

BRM agrees to inform in writing appropriate recruitment agencies in the area, including

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

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

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

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

XI. OWNERSHIP OF RECORDS

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

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

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

XII. REMEDIES IN EVENT OF BREACH

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

XIII. MISCELLANEOUS

A. **Governing Law.** This Agreement shall be construed in accordance with and governed in all respects, whether as to validity, construction, capacity performance, or otherwise by the laws of the State of New Jersey. Any litigation arising out of and/or related to this Agreement shall be filed exclusively in the State and/or Federal Courts of Burlington County, New Jersey.

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

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

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

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

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

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

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

If to BRM, to:

If to CSB, to:

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

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

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

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

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

IN WITNESS WHEREOF, this Agreement has been executed on this _____
_____ 2021 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, 2021. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

RESOLUTION NO. 13-21

**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 2021.

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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTING 2021 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, 2021 through December 31, 2021. This budget includes \$125,000 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	Option 2 (Tavi Challenges)	Option 4 (EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
South River			X		\$9,500.00	Onsite Biometric Screening & Advanta Gym Reimbursement
Highlands Elementary			X		\$2,500.00	Wellness challenge with raffle prize, 4 wellness days which include chair massage
Bedminster	X				\$5,000.00	Tavi Challenge
Lakewood			X	\$1,500.00	\$17,000.00	Health and Wellness Challenge, Wellness Workshop, Wellness Fair, Office wellbeing initiatives
Aberdeen			X	\$2,100.00	\$25,425.00	Healthy Lunch/Kickoff, Gym Challenges, Softball Challenge, Healthy Cooking, 3 Health Coordinators, Stand up desk top, Peddle Desk, All in 1 Trainer, Karetodo
Totals					\$59,425.00	
Remainder available for Grants					\$65,575.00	

WHEREAS, on January 20, 2021, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling \$59,425.00:

CENTRAL JERSEY HEALTH INSURANCE FUND

ADOPTED: JANUARY 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NUMBER 15-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
ADOPTION OF PROCEDURES AND REQUIREMENTS FOR PUBLIC COMMENT AT REMOTE
PUBLIC MEETINGS**

WHEREAS, pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey;

WHEREAS, on March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency;

WHEREAS, the Department of Community Affairs issued regulations requiring local public bodies to adopt standard procedures and requirements for public comment made during Remote Public Meetings and for public comment submitted in writing to such meeting;

WHEREAS, the Executive Committee met on January 20, 2021 in Public Session to adopt standard procedures and requirements for public comment made during Remote Public Meetings and for public comment submitted in writing to such meetings.

NOW, THEREFORE, BE IT RESOLVED that the Executive Committee of the Central Jersey Health Insurance Fund hereby adopts the following procedures and requirements for public comment made during Remote Public Meetings:

Public comment will be accepted that is submitted in written form or via electronic mail received at the office of the Executive Director of the Central Jersey Health Insurance Fund (hereinafter the "Fund") at least two business days before the date of the meeting.

At the end of the regular business session of a Remote Public Meeting of the Fund, a reasonable period of time will be provided for public comment. Members of the public attending the Remote Public Meeting will be able to submit comments by raising their virtual hand in the Zoom meeting application or by typing in their information in the comment section of the application. The moderator of the Zoom Meeting will recognize those members of the public that wish to submit a comment and, if more than one, will establish a queue for those wishing to comment. The Chair will recognize, in order, each member of the public that desires to provide public comment. When recognized, the member of the public shall identify themselves by name, address and, if applicable, the group or organization that they represent.

Members of the public participating in a Remote Public Meeting shall conduct themselves with decorum, shall not use abusive, defamatory, or obscene language and any comments made shall be concise and to the point. The Chairperson, in his/her discretion, may interrupt, warn, or mute the individual's ability to speak if their conduct/comment is abusive, defamatory, obscene, or overly long.

BE IT FURTHER RESOLVED that copies of this resolution shall be sent to each Commissioner and Governing Body, the New Jersey Department of Banking and Insurance, and the New Jersey Department of Community Affairs.

ADOPTED: JANUARY 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-21

**CENTRAL JERSEY HEALTH INSURANCE FUND
APPROVAL OF THE NOVEMBER AND DECEMBER 2020 AND JANUARY 2021 BILLS LISTS**

WHEREAS, the Central Jersey Health Insurance Fund held a Public Meeting on **January 20, 2021** 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 2020 and January 2021 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 2020 and January 2021 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 20, 2021

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND
OPEN MINUTES
OCTOBER 21, 2020
ZOOM MEETING
1:30 PM**

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

PLEDGE OF ALLEGIANCE

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2020 EXECUTIVE COMMITTEE:

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

APPOINTED OFFICIALS PRESENT:

Executive Director/Administrator	PERMA Risk Management Services	Emily Koval	Present
Program Manager	Conner Strong & Buckelew	Brandon Lodics Marybeth Visconti	Present Present
Attorney	Berry, Sahradnik, Kotzas & Benson	Jack Sahradnik	Present
Treasurer		Stephen Mayer	Absent
Network & Medical Claims Service	Aetna	Jason Silverstein	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	Absent Present
Auditor	Holman & Frenia	Lauren Holman	Absent

OTHERS PRESENT:

Karen Kamprath, PERMA
Lori Cole
Allison Kelly
Jacob Krakower
Judy Sullivan
John Casagrande
James Diaz
Angela M.
Liz
Kayle Loik
Tom Fletcher
Chris Mullins
Beata

CORRESPONDENCE: None

APPROVAL OF MINUTES: SEPTEMBER 9, 2020 OPEN:

MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 9, 2020

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

EXECUTIVE DIRECTOR'S REPORT

FINANCIAL FAST TRACK as of August 31, 2020 – Executive Director said overall the statutory surplus is about \$18 million.

2021 BUDGET ADOPTION

Executive Director said the 2021 budget is included for adoption with no changes from the introduced budget.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2021 BUDGET

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

MOTION TO CLOSE THE PUBLIC HEARING

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

DIVIDENDS

Executive Director said at the last meeting a dividend was declared with members having the option to receive their dividend as a check, bill credit or have the balance retained by the Fund. Below is a list of members that have not responded. Please reach out to kkamprath@permainc.com with your decision by November 1st. If a response is not received, a check will be cut with the November bills list.

Dividend Illustration as of 6/30/2020	Dividend	2018/2019 Delinquent Assessments	Dividend to be Paid Out
Aberdeen	\$ 819,076.00	\$ -	\$ 819,076.00
Englishtown Borough	\$ 20,068.00	\$ -	\$ 20,068.00
Housing Authority of Brick Township	\$ 11,593.00	\$ (2,658.00)	\$ 8,935.00
Interlaken	\$ 35,869.00	\$ (20,720.00)	\$ 15,149.00
Keyport	\$ 9,639.00	\$ -	\$ 9,639.00
Lakewood Twp Fire Dept	\$ 78,533.00	\$ (5,276.00)	\$ 73,257.00
Manasquan	\$ 80,206.00	\$ -	\$ 80,206.00
Matawan	\$ 17,714.00	\$ (6,179.00)	\$ 11,535.00
South River	\$ 462,941.00	\$ -	\$ 462,941.00
Tuckerton Borough School District	\$ 94,538.00	\$ (4,040.00)	\$ 90,498.00
Lakewood Township	\$ 3,580,396.00	\$ -	\$ 3,580,396.00

INDEMNITY AND TRUST AGREEMENTS

Executive director said in order to be in compliance with the Fund bylaws all members should have a current indemnity & trust agreement with the Fund that also needs to be filed with the State.

Included on page 8 is a list of members who have renewing agreements due by December 31, 2020 and older. Please reach out to kkamprath@permainc.com for a blank form and resolution to renew membership to be executed.

Central Jersey Municipal Employee Benefits Fund				
2021 Certified Budget		Print date	03-Sep-20	
Census:				
		Census All Members	Census Excl Lakewood	
Medical AmeriHealth	20	240	20	240
Medical Aetna	1,582	18,984	1,132	13,584
Rx	1,677	20,124	1,227	14,724
Dental	2,063	24,756	1,459	17,508
Vision Aetna	129	1,548	129	1,548
Medicare Advantage - Medical	630	7,560	507	6,084
Medicare Advantage - Rx Only (Brick)	242	2,904	242	2,904
Rx No Medical (Incl in Rx above)	515	6,180	515	6,180
Dental No Med No Rx (Incl in Dental above)	1087	13,044	924	11,088
DMO Only	70	840	70	840
Medicare Advantage Only	187	2,244	162	1,944
Medicare Advantage METRO Only	0			
LINE ITEMS	2020 Annualized Budget	2021 Proposed Budget	\$ Change	% Change
1 Medical Claims AmeriHealth 12/31 Renewal	\$ 7,985	\$ 8,060	\$ 75	0.94%
2 Medical Claims AmeriHealth 6/30 Renewal	\$ 347,206	\$ 347,319	\$ 113	0.03%
3 Medical Claims Aetna 12/31 Renewal	\$ 18,244,724	\$ 18,336,685	\$ 91,961	0.50%
4 Medical Claims Aetna 6/30 Renewal	\$ 333,697	\$ 334,875	\$ 1,178	0.35%
5 Subtotal Medical Claims	\$ 18,933,612	\$ 19,026,939	\$ 93,327	0.49%
6 Prescription Claims 12/31 Renewal	\$ 7,138,361	\$ 7,280,833	\$ 142,472	2.00%
7 Prescription Claims 6/30 Renewal	\$ 185,736	\$ 189,578	\$ 3,842	2.07%
8 Subtotal Prescription Claims	\$ 7,324,097	\$ 7,470,411	\$ 146,314	2.00%
9				
10 Lakewood S/R Claims:				
11 Medical	\$ 8,831,246	\$ 8,805,656	\$ (25,590)	-0.29%
12 Prescription	\$ 2,567,944	\$ 2,608,383	\$ 40,439	1.57%
13				
14 Less Rx Rebates	\$ (1,098,615)	\$ (1,494,082)	\$ (395,467)	-36.00%
15				
16 Dental Claims 12/31 Renewal	\$ 1,814,643	\$ 1,750,783	\$ (63,860)	-3.52%
17 Dental Claims 6/30 Renewal	\$ -	\$ -	\$ -	0.00%
18 Subtotal Dental Claims	\$ 1,814,643	\$ 1,750,783	\$ (63,860)	-3.52%
19 Vision Claims	\$ 23,233	\$ 23,233	\$ -	0.00%
20				
21 Subtotal Claims	\$ 38,396,160	\$ 38,191,323	\$ (204,837)	-0.53%
22				
23 Medicare Advantage/ EGWP	\$ 1,781,355	\$ 1,664,316	\$ (117,038.88)	-6.57%
24 Medicare Advantage - Rx	\$ 527,395	\$ 513,166	\$ (14,229.60)	-2.70%
25 DMO Premiums	\$ 35,343	\$ 35,343	\$ -	0.00%
26				
27 Reinsurance				
28 Specific	\$ 1,083,153	\$ 780,940	\$ (302,214)	-27.90%
29 Lakewood-ICH	\$ 788,028	\$ 788,028	\$ -	0.00%
30 Subtotal Reinsurance	\$ 1,871,181	\$ 1,568,968	\$ (302,214)	-16.15%
31				
32 Loss Fund Contingency	\$ 55,263	\$ 158,665	\$ 103,402.00	187.11%
33				
34 Total Loss Fund	\$ 41,666,698	\$ 41,131,761	\$ (534,937)	-1.25%
35				
36 Expenses				
37				
38 Legal	\$ 35,716	\$ 36,430	\$ 714	2.00%
39 Treasurer	\$ 12,000	\$ 12,240	\$ 240	2.00%
40 Administrator	\$ 387,415	\$ 395,164	\$ 7,748	2.00%
41 Program Manager	\$ 1,291,687	\$ 1,317,540	\$ 25,852	2.00%
42 Actuary	\$ 41,300	\$ 16,000	\$ (25,300)	-61.26%
43 Auditor	\$ 20,096	\$ 20,498	\$ 402	2.00%
44 TPA - AmeriHealth	\$ 9,780	\$ 9,780	\$ -	0.00%
45 TPA - Aetna	\$ 937,700	\$ 909,224	\$ (28,476)	-3.04%
46 Plan Documents	\$ 15,000	\$ 15,000	\$ -	0.00%
47 Dental TPA	\$ 77,239	\$ 77,239	\$ -	0.00%
48 Wellness	\$ 50,000	\$ 125,000	\$ 75,000	150.00%
49 Affordable Care Act	\$ 9,516	\$ 9,516	\$ -	0.00%
50 A4 Retiree Surcharge	\$ 25,206	\$ 24,688	\$ (517)	-2.05%
51 Misc/Cont	\$ 21,263	\$ 21,185	\$ (78)	-0.37%
52				
53 Total Expenses	\$ 2,933,917	\$ 2,989,503	\$ 55,586	1.89%
54				
55 Total Budget	\$ 45,600,616	\$ 45,121,284	\$ (479,331)	-1.05%
56 Total Billing	\$ 45,732,804	\$ 45,121,284	\$ (611,520)	-1.34%

Central Jersey Municipal Employee Benefits Fund												
2021 ASSESSMENTS ANNUALIZED vs PROPOSED												
	Annualized Assessments FY2020			Proposed Assessments FY2021			Difference \$			Difference %		
Group Name	Member Billed	Direct Billed	Total	Member Billed	Direct Billed	Total	Member Billed	Direct Billed	Total	Member Billed	Direct Billed	Total
Aberdeen	3,316,224	-	3,316,224	3,221,664	-	3,221,664	(94,560)	-	(94,560)	-2.85%	0.00%	-2.85%
Allentown	198,252	-	198,252	193,272	-	193,272	(4,980)	-	(4,980)	-2.51%	0.00%	-2.51%
Asbury Park City	89,940	1,380	91,320	89,940	1,380	91,320	-	-	-	0.00%	0.00%	0.00%
Atlantic Highlands Borough	1,216,332	-	1,216,332	1,187,196	-	1,187,196	(29,136)	-	(29,136)	-2.40%	0.00%	-2.40%
Barnegat Light	18,012	-	18,012	18,012	-	18,012	-	-	-	0.00%	0.00%	0.00%
Bedminster Township	797,256	6,528	803,784	815,796	6,456	822,252	18,540	(72)	18,468	2.33%	-1.10%	2.30%
Brick Township	4,008,336	3,372	4,011,708	3,900,636	3,288	3,903,924	(107,700)	(84)	(107,784)	-2.69%	-2.49%	-2.69%
Brick Twp Housing Authority	54,288	-	54,288	54,288	-	54,288	-	-	-	0.00%	0.00%	0.00%
Brielle Borough	900,120	42,288	942,408	890,568	41,844	932,412	(9,552)	(444)	(9,996)	-1.06%	-1.05%	-1.06%
Eatontown Sewerage Authority	157,380	-	157,380	153,840	-	153,840	(3,540)	-	(3,540)	-2.25%	0.00%	-2.25%
Englishtown	11,772	-	11,772	11,772	-	11,772	-	-	-	0.00%	0.00%	0.00%
Harvey Cedars	23,244	-	23,244	23,244	-	23,244	-	-	-	0.00%	0.00%	0.00%
Highland Elementary School	647,616	-	647,616	638,988	-	638,988	(8,628)	-	(8,628)	-1.33%	0.00%	-1.33%
Jackson Township	60,024	-	60,024	60,024	-	60,024	-	-	-	0.00%	0.00%	0.00%
Keyport	32,352	576	32,928	32,352	576	32,928	-	-	-	0.00%	0.00%	0.00%
Lakewood Township	13,963,680	4,440	13,968,120	13,775,916	4,440	13,780,356	(187,764)	-	(187,764)	-1.34%	0.00%	-1.34%
Manasquan	45,804	1,740	47,544	45,804	1,740	47,544	-	-	-	0.00%	0.00%	0.00%
Manasquan River Regional Sewerage Authority	357,360	-	357,360	348,816	-	348,816	(8,544)	-	(8,544)	-2.39%	0.00%	-2.39%
Manchester Township	257,544	-	257,544	257,544	-	257,544	-	-	-	0.00%	0.00%	0.00%
Matawan	73,104	-	73,104	73,104	-	73,104	-	-	-	0.00%	0.00%	0.00%
Montgomery Township	2,887,920	145,044	3,032,964	2,817,324	138,336	2,955,660	(70,596)	(6,708)	(77,304)	-2.44%	-4.62%	-2.55%
Oceanport	883,752	-	883,752	862,968	-	862,968	(20,784)	-	(20,784)	-2.35%	0.00%	-2.35%
Plumsted Township	407,592	-	407,592	397,428	-	397,428	(10,164)	-	(10,164)	-2.49%	0.00%	-2.49%
Red Bank	3,490,021	36,971	3,526,992	3,556,140	37,800	3,593,940	66,119	829	66,948	1.89%	2.24%	1.90%
Sayreville Borough	5,810,688	7,884	5,818,572	5,810,688	7,884	5,818,572	-	-	-	0.00%	0.00%	0.00%
Seaside Heights BOE	36,288	-	36,288	36,288	-	36,288	-	-	-	0.00%	0.00%	0.00%
Ship Bottom Borough	35,976	576	36,552	35,976	576	36,552	-	-	-	0.00%	0.00%	0.00%
Shrewsbury Township	31,224	-	31,224	30,168	-	30,168	(1,056)	-	(1,056)	-3.38%	0.00%	-3.38%
South River	2,191,500	19,308	2,210,808	2,129,232	18,672	2,147,904	(62,268)	(636)	(62,904)	-2.84%	-3.29%	-2.85%
Spring Lake	51,564	-	51,564	51,564	-	51,564	-	-	-	0.00%	0.00%	0.00%
Toms River MUA	1,035,276	12,972	1,048,248	1,028,820	12,972	1,041,792	(6,456)	-	(6,456)	-0.62%	0.00%	-0.62%
Tuckerton Borough School District	949,080	-	949,080	925,440	-	925,440	(23,640)	-	(23,640)	-2.49%	0.00%	-2.49%
West Long Branch	1,330,812	-	1,330,812	1,291,116	-	1,291,116	(39,696)	-	(39,696)	-2.98%	0.00%	-2.98%
Western Monmouth Utilities Authority	78,108	1,284	79,392	78,108	1,284	79,392	-	-	-	0.00%	0.00%	0.00%
Totals:	45,448,441	284,363	45,732,804	44,844,036	277,248	45,121,284	(604,405)	(7,115)	(611,520)	-1.33%	-2.50%	-1.34%

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 at brokerservices@permainc.com.

OPEN ENROLLMENT UPDATE

Annual Open Enrollment – Program Manager said as a reminder, the annual CJHIF Open Enrollment is currently underway and will close on **10/30/2020**. The deadline for entities to enter changes in Benefit Express is **11/6/2020**. Members who want to keep their current elections do not need to take any action.

AETNA UPDATE

Medicare Advantage Member Packages – Program Manager said Aetna mailed boxes of Over-the-Counter (OTC) items to Medicare Advantage members enrolled in a group retiree plan on or prior to 8/1/2020. The intent of the one-time mailing is to promote wellness and good health among the Medicare Advantage population.

ESI UPDATE

Pharmacy Network Update- Program Manager said, effective November 1, 2020, ESI announced they are removing a select group of pharmacies from their National Plus Network which is utilized by the CJHIF. The pharmacies that will no longer be participating are Kroger, Safeway, and Publix. Based on past utilization, there are 4 impacted CJHIF members who will receive notification from ESI.

LEGISLATIVE UPDATE

Executive Order #172- Program Manager said at our September meeting we reported on Governor Murphy's executive order #172, which allows entities in the State Health Benefit Plan (SHBP) to waive the normal waiting period for new hires to enroll in health benefits upon date of hire during the COVID-19 pandemic. Fund entities wishing to comply with the legislation are required to complete a Plan Document Amendment form. To date, we have not received any completed Amendments from CJHIF groups.

COMPLIANCE UPDATE

Annual Notice of Creditable Coverage (NOCC) Mailing – Program Manager said as in previous years, ESI has mailed the annual Notice of Creditable Coverage to all plan members (active and retirees) who are currently age 65 or older, or will be reaching age 65 in 2021. A sample of the NOCC mailed in early October, is included with your agenda.

ADMINISTRATIVE AUTHORIZATION

There are no authorizations to report at this time.

TREASURER – Chair Nolan said the bills list and Treasurers report is included in the agenda.

October 2020 – Resolution 29-20

FUND YEAR 2019	\$1,908.33
FUND YEAR 2020	\$579,334.80
TOTAL ALL FUND YEARS	\$734,339.69

ATTORNEY: None

AETNA: Mr. Silverstein reviewed the claims for August. The average pepm was \$987. He said there were 2 claims over \$50,000 for August. He reviewed the dashboard and noted metrics continue to perform well. He reviewed the Covid weekly reporting distributed with the Agenda. He said the report now includes a heat map.

AMERIHEALTH: Ms. Strain reviewed the claims for September. The average pepm was \$1,240.59. She said there were no claims over \$50,000. She also reviewed the Covid reporting included with the agenda.

EXPRESS SCRIPTS: Mr. Rostkowski said the overall trend through September is about 7.5% with the primary driver being specialty costs. He reviewed the current Covid vaccine updates and treatment options.

DELTA DENTAL: None

MOTION TO APPROVE THE CONSENT AGENDA AS DISCUSSED TO INCLUDE RESOLUTIONS 28-20 AND 29-20:

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

NEW BUSINESS: None

OLD BUSINESS: None

PUBLIC COMMENT: None

MOTION TO ADJOURN MEETING:

MOTION:	Commissioner Nieman
SECOND:	Commissioner Valentino
VOTE:	Unanimous

MEETING ADJOURNED: 2:00 pm

Minutes Prepared by: Karen Kamprath , Assisting Secretary

Next Meeting: January 20, 2021 1:30 pm