



**AGENDA AND REPORTS**  
**JANUARY 19, 2022**  
**1:30 PM**

Join Zoom Meeting

<https://permainc.zoom.us/j/7737417209>

**Meeting ID: 773 741 7209**

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

**Meeting ID: 773 741 7209**

## STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Governor Murphy declared both a Public Health Emergency and State of Emergency in New Jersey by Executive Order Number 103 dated March 9, 2020. On June 4, 2021 by Executive Order Number 244, the Public Health Emergency was terminated but the State of Emergency continues in force. During a period declared as a State of Emergency local public bodies may conduct Remote Public Meetings by use of electronic communications technology

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 19, 2022  
1:30 PM**

**SINE DIE MEETING**

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

**FLAG SALUTE**

**ROLL CALL OF 2021 EXECUTIVE COMMITTEE**

**APPROVAL OF MINUTES: OCTOBER 20, 2021 Open:** Appendix I

---

**CORRESPONDENCE - None**

**ADJOURN SINE DIE MEETING**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF 2021 FUND COMMISSIONERS**

Thomas Nolan , Chair – Borough of Brielle  
William Rieker, Secretary – Township of Lakewood  
Diane Lapp, Executive Committee – Township of Manchester  
Donato Nieman, Executive Committee – Montgomery Township  
Brian Valentino, Executive Committee– Western Monmouth MUA  
Brian Brach, Executive Committee– Manasquan RRSA  
Brian Dempsey, Executive Committee– 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  
Brian Brach, Secretary– Manasquan RRSA  
Diane Lapp, Executive Committee – Township of Manchester  
Donato Nieman, Executive Committee – Montgomery Township  
Brian Valentino, Executive Committee– Western Monmouth MUA  
Brian Dempsey, Executive Committee – Spring Lake Borough  
Peter O'Reilly, Executive Committee – Borough of Lakewood  
Louis Amoruso, Executive Committee Alternate – Toms River  
Angela Morin, Executive Committee Alternate - Aberdeen

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2022 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

Monthly Report.....Page 1

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

Monthly Report.....Page 8

**TREASURER - (Stephen Mayer)**

November and December 2021 Voucher List (Confirmation of Payment) .....Page 12

January 2022 Voucher List (Resolution -22) ..... TBD

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 21

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

Monthly Report.....Page 35

**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

Monthly Report..... Page 41

**DENTAL ADMINISTRATOR - (Delta Dental)**

Monthly Report

**CONSENT AGENDA.....Page 43**

Resolution 1-22: Awarding Professional Fees & Contracts ..... Page 44

Resolution 2-22: Designation of Process of Service..... Page 47

Resolution 3-22: Designation of Secretary as Custodian of Records ..... Page 48

Resolution 4-22: Designation of Official Newspaper ..... Page 49

Resolution 5-22: Designation of Regular Meeting Times and Place ..... Page 50

Resolution 6-22: Designation of Bank Depositories & CMP ..... Page 52

Resolution 7-22: Designation of Authorized Signatories..... Page 56

Resolution 8-22: Approval of Risk Management Plan ..... Page 57

Resolution 9-22: Appointment of MRHIF Fund Commissioners..... Page 67

Resolution 10-22: Broker Contract Approval..... Page 68

Resolution 11-22: Authorizing Treasurer to Process Contracted  
Payments and Expenses ..... Page 79

Resolution 12-22: Offer Membership: Toms River Twp ..... Page 80

Resolution 13-22: Adopting 2022 Wellness Grant Programs ..... Page 81

Resolution 14-22: Approval of the November and December 2021 Bills Lists .....Page 82

**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 19, 2022

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of November 30, 2021 (page 4)

**2022 REORGANIZATION**

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

- #7-22 – September meeting is the 2<sup>nd</sup> Wednesday to avoid conference conflicts and the November meeting (if needed) is coordinated with the League of Municipalities event.
- #9-22 – New Signatories will need to be appointed per election results.
- #10-22 – RMP – Changes from last year have been highlighted.
- #11-22 – Current MRHIF representatives are Adam Hubeny and Diane Lapp. New representatives will need to be elected for 2022.

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF executive committee met on December 8.

The 2022 budget and assessments were adopted without amendment.

In addition, the Fund approved membership for the Southern Skylands HIF, although that Fund did not join this year.

The new Express Scripts Level Care contract is anticipated to be completed in the first quarter.

**JANUARY BILLS**

The January bills initially went out without the rate renewal update. This has been corrected and revised bills were sent last week. This did not affect dental only member bills.

**2022 COMMITTEE APPOINTMENTS**

Below are the standing Committees that were appointed in 2021 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  
Brian Brach  
Christopher Mullins

Wellness Committee

Diane Lapp, Chair  
Angela Morin  
**OPEN**

Operations and Claims Committee

Brian Brach, Chair

Diane Lapp

**OPEN**Nominating Committee

Brian Brach, Chair

**OPEN****OPEN****NEW MEMBERSHIP - TOMS RIVER TOWNSHIP**

After the last meeting, the Operations Committee was presented with a new member application for the Township of Toms River. The Committee reviewed the underwriting details (below) and approved membership effective January 1, 2022.

Underwriting Factor	Toms River Township	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.377	1.230	111.93%
Enrollment	560	1,588	35.26%
Claims Pick ( Per Employee Per Month)			
Medical	\$ 1,805.00	\$ 1,406.00	128.38%
Rx	\$ 559.00	\$ 485.00	0.00%
Combined	\$ 2,364.00	\$ 1,891.00	125.01%
Trend Applied + margin	9.25%	7.00%	132.14%
Risk Manager Fee Applied	1.30%		
Rate Effective Date			
From	1/1/2022		
To	12/31/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
Dental	No		
Rx	Yes		
Anticipated Commissioner Involvement	Highly Likely		

To ratify this decision, resolution 14-22 is included in consent.

**2022 WELLNESS GRANT APPLICATIONS**

Applications for a 2022 wellness grant were emailed to the membership last month. The total budget is \$125,000 for all medical members.

Three applications have been received from Oceanport, Bedminster and Highlands BOE, which are being requested for approval this month. The Wellness Committee has reviewed and recommending for approval.

The **due date has been extended to March 1, 2022** for all members that are interested. The application has been included in the agenda.

Group Name	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 ( EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
Oceanport				X		\$0.00	\$3,780.00	Preferred Behavior EHP plan for all employees
Bedminster		X			X		\$6,500.00	Tavi challenges and Health Lunch Kickoff
Highlands BOE					X	\$0.00	\$2,500.00	Wellness Bingo Challenges, Chair Massages, Acupuncture; body composition testing
<b>Totals</b>							<b>\$12,780.00</b>	
<b>Remainder available for Grants</b>							<b>\$112,220.00</b>	

## DIRECT BILLING

As discussed at the prior meeting, the direct bill coupons will be delayed. An estimated date of delivery is not available, although notification was sent to all direct bills (retirees and COBRA) advising of this delay and reconciliation instructions.

## VOUCHER PROCESS

As a reminder to all professionals and vendors to the Fund, the Fund is a public entity under the Fiscal Affairs Act, which requires a complete, signed voucher to pay all expenses, including contracted monthly fees. These vouchers must be emailed to the Fund office by the 5<sup>th</sup> of each month to make that month's bills list.

## 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, 2021 and older. Please reach out to [jdelorenzo@permainc.com](mailto:jdelorenzo@permainc.com) for a blank form to be executed. The list was last updated on January 12, 2022.

Member	I&T end date
Brick Twp Housing Authority	12/31/2021
South River	12/31/2021
Oceanport	12/31/2021
Brick Township	12/31/2021
Eatontown Sewerage Authority	12/31/2021
Englishtown	12/31/2021
Jackson Township	12/31/2021
Montgomery Township	12/31/2021
Plumsted Township	12/31/2021
Red Bank	12/31/2021
Shrewsbury Township	12/31/2021

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**FINANCIAL FAST TRACK REPORT**  
**AS OF November 30, 2021**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>3,698,996</b>	<b>40,928,621</b>	<b>741,106,666</b>	<b>782,035,287</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	2,790,796	32,345,867	603,997,730	636,343,597
IBNR	53,466	486,605	2,964,000	3,450,605
Less Specific Excess	-	(459,675)	(17,533,856)	(17,993,531)
Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
<b>TOTAL CLAIMS</b>	<b>2,844,262</b>	<b>32,372,797</b>	<b>588,427,874</b>	<b>620,800,671</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	188,767	2,052,207	18,384,885	20,437,092
Excess Premiums	148,307	1,641,169	34,955,796	36,596,965
Administrative	246,653	2,724,768	42,605,067	45,329,835
<b>TOTAL EXPENSES</b>	<b>583,727</b>	<b>6,418,144</b>	<b>95,945,748</b>	<b>102,363,892</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	271,006	2,137,680	56,733,044	58,870,724
5. <b>INVESTMENT INCOME</b>	2,094	(3,754)	3,759,838	3,756,085
6. <b>DIVIDEND INCOME</b>	0	446,793	7,453,136	7,899,929
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>273,100</b>	<b>2,580,719</b>	<b>67,946,018</b>	<b>70,526,738</b>
8. <b>DIVIDEND</b>	0	7,247,756	48,054,721	55,302,477
<b>STATUTORY SURPLUS (7-8+9)</b>	<b>273,100</b>	<b>(4,667,037)</b>	<b>19,891,297</b>	<b>15,224,261</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

Closed	Surplus	(20,026)	(3,991,370)	9,469,850	5,478,480
	Cash	(919,398)	(3,100,940)	9,826,240	6,725,300
2020	Surplus	(15,164)	143,837	2,725,675	2,869,512
	Cash	(15,216)	(1,135,590)	3,616,904	2,481,313
LAKEWOOD	Surplus	69,113	(2,067,759)	7,695,772	5,628,013
	Cash	(892,050)	(2,512,814)	6,813,446	4,300,632
2021	Surplus	239,176	1,248,254		1,248,254
	Cash	1,004,346	1,522,480		1,522,480
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>273,100</b>	<b>(4,667,037)</b>	<b>19,891,297</b>	<b>15,224,260</b>
<b>TOTAL CASH</b>		<b>(822,318)</b>	<b>(5,226,864)</b>	<b>20,256,589</b>	<b>15,029,725</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>20,977</b>	<b>188,147</b>	<b>517,844,758</b>	<b>518,032,905</b>
<b>FUND YEAR 2020</b>				
Paid Claims	15,467	2,381,254	21,922,234	24,303,488
IBNR	0	(2,109,000)	2,109,000	-
Less Specific Excess	0	(407,349)	(211,669)	(619,019)
Less Aggregate Excess	0	0	0	0
<b>TOTAL FY 2020 CLAIMS</b>	<b>15,467</b>	<b>(135,095)</b>	<b>23,819,564</b>	<b>23,684,469</b>
<b>LAKEWOOD</b>				
Paid Claims	892,591	9,662,436	48,467,839	58,130,275
IBNR	14,220	262,549	855,000	1,117,549
Less Specific Excess	0	(52,143)	(2,559,288)	(2,611,431)
Less Aggregate Excess	0	0	0	0
<b>TOTAL LAKEWOOD 2021 CLAIMS</b>	<b>906,811</b>	<b>9,872,842</b>	<b>46,763,551</b>	<b>56,636,393</b>
<b>FUND YEAR 2021</b>				
Paid Claims	1,861,761	20,113,847		20,113,847
IBNR	39,246	2,333,056		2,333,056
Less Specific Excess	0	0		0
Less Aggregate Excess	0	0		0
<b>TOTAL FY 2021 CLAIMS</b>	<b>1,901,007</b>	<b>22,446,903</b>		<b>22,446,903</b>
<b>COMBINED TOTAL CLAIMS</b>	<b>2,844,262</b>	<b>32,372,797</b>	<b>588,427,873</b>	<b>620,800,671</b>

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



## CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

CENTRAL JERSEY HEALTH INSURANCE FUND													
RATIOS													
INDICES	2020	FY2021											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	20,256,589	\$ 16,969,190	\$ 17,230,017	\$ 20,457,346	\$ 21,533,018	\$ 22,518,667	\$ 22,391,403	\$ 21,929,727	\$ 21,098,911	\$ 19,225,780	\$ 15,852,043	\$ 15,029,725	
IBNR	2,964,000	\$ 2,996,313	\$ 3,029,029	\$ 3,053,372	\$ 3,092,120	\$ 3,169,764	\$ 3,172,796	\$ 3,209,648	\$ 3,269,343	\$ 3,344,370	\$ 3,397,139	\$ 3,450,605	
Assets	24,302,257	\$ 23,764,493	\$ 24,188,883	\$ 24,903,067	\$ 24,696,292	\$ 25,338,880	\$ 25,784,397	\$ 26,040,146	\$ 26,164,859	\$ 22,615,405	\$ 20,765,601	\$ 20,204,936	
Liabilities	4,410,965	\$ 4,151,898	\$ 4,010,784	\$ 4,051,229	\$ 4,076,221	\$ 4,135,560	\$ 3,622,829	\$ 3,665,598	\$ 6,729,453	\$ 3,482,196	\$ 3,549,642	\$ 3,615,117	
Surplus	19,891,292	\$ 19,612,595	\$ 20,178,099	\$ 20,851,839	\$ 20,620,071	\$ 21,203,320	\$ 22,161,568	\$ 22,374,548	\$ 19,435,406	\$ 19,133,209	\$ 17,215,959	\$ 16,589,818	
Claims Paid -- Month	3,368,629	\$ 3,388,155	\$ 2,595,592	\$ 2,858,043	\$ 3,372,930	\$ 2,525,276	\$ 2,679,685	\$ 2,852,442	\$ 3,012,319	\$ 3,070,267	\$ 3,216,150	\$ 2,792,014	
Claims Budget -- Month	3,228,961	\$ 3,154,394	\$ 3,153,844	\$ 3,154,624	\$ 3,160,288	\$ 3,155,419	\$ 3,146,069	\$ 3,085,869	\$ 3,091,825	\$ 3,096,140	\$ 3,103,122	\$ 3,108,625	
Claims Paid -- YTD	32,078,507	\$ 3,388,155	\$ 5,983,746	\$ 8,841,789	\$ 12,214,720	\$ 14,739,996	\$ 17,419,681	\$ 20,272,122	\$ 23,284,442	\$ 26,354,709	\$ 29,570,858	\$ 32,362,873	
Claims Budget -- YTD	38,747,532	\$ 3,154,394	\$ 6,308,238	\$ 9,462,862	\$ 12,623,150	\$ 15,778,569	\$ 18,924,638	\$ 22,010,507	\$ 25,102,332	\$ 28,198,472	\$ 31,301,594	\$ 34,410,219	
RATIOS													
Cash Position to Claims Paid	6.01	5.01	6.64	7.16	6.38	8.92	8.36	7.69	7.00	6.26	4.93	5.38	
Claims Paid to Claims Budget -- Month	1.04	1.07	0.82	0.91	1.07	0.8	0.85	0.92	0.97	0.99	1.04	0.9	
Claims Paid to Claims Budget -- YTD	0.83	1.07	0.95	0.93	0.97	0.93	0.92	0.92	0.93	0.93	0.94	0.94	
Cash Position to IBNR	6.83	5.66	5.69	6.7	6.96	7.10	7.06	6.83	6.45	5.75	4.67	4.36	
Assets to Liabilities	5.51	5.72	6.03	6.15	6.06	6.13	7.12	7.10	3.89	6.49	5.85	5.59	
Surplus as Months of Claims	6.16	6.22	6.4	6.61	6.52	6.72	7.04	7.25	6.29	6.18	5.55	5.34	
IBNR to Claims Budget -- Month	0.92	0.95	0.96	0.97	0.98	1	1.01	1.04	1.06	1.08	1.09	1.11	

**Central Jersey Health Insurance Fund**  
**2021 Budget Report**  
as of November 30, 2021

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renewal	34,552	38,032	8,060			
Medical Claims AmeriHealth 6/30 Renewal	302,464	329,693	347,319			
Medical Claims Aetna 12/31 Renewal	15,963,030	17,410,593	18,336,685			
Medical Claims Aetna 6/30 Renewal	597,837	633,932	334,875			
<b>Subtotal Medical Claims</b>	<b>16,897,883</b>	<b>18,412,250</b>	<b>19,026,939</b>	<b>15,802,067</b>	<b>1,119,541</b>	<b>7%</b>
Prescription Claims 12/31 Renewal	6,417,202	6,998,118	7,280,833			
Prescription Claims 6/30 Renewal	243,910	260,550	189,578			
Less Rx Rebates	(1,332,222)	(1,451,733)	(1,494,082)			
<b>Subtotal Prescription Claims</b>	<b>5,328,890</b>	<b>5,806,935</b>	<b>5,976,329</b>	<b>5,282,330</b>	<b>46,560</b>	<b>1%</b>
Dental Claims 12/31 Renewal	1,588,321	1,732,032	1,750,783			
Dental Claims 6/30 Renewal	20,570	22,446	0			
<b>Subtotal Dental Claims</b>	<b>1,608,891</b>	<b>1,754,478</b>	<b>1,750,783</b>	<b>1,362,506</b>	<b>246,385</b>	<b>15%</b>
Vision Claims	23,725	25,845	23,233	Included in Medical Claims		
<b>Lakewood SIR Claims</b>						
Medical	8,135,103	8,869,990	8,805,656	7,307,949	827,154	10%
Prescription	2,415,727	2,634,049	2,608,383	2,564,893	(149,166)	-6%
<b>Subtotal Claims</b>	<b>34,410,219</b>	<b>37,503,547</b>	<b>38,191,323</b>	<b>32,319,745</b>	<b>2,090,474</b>	<b>6%</b>
Medicare Advantage / EGWP	1,516,092	1,655,154	1,664,316	2,020,245	(353)	0%
Medicare Advantage - Rx	503,800	550,628	513,166	Included in Medicare Advantage / EGWP		
DMO Premiums	34,133	37,309	35,343	31,962	2,171	6%
<b>Reinsurance</b>						
Specific	710,664	774,274	780,940			
Lakewood - ICH	931,131	1,015,169	788,028			
<b>Subtotal Reinsurance</b>	<b>1,641,795</b>	<b>1,789,442</b>	<b>1,568,968</b>	<b>1,641,169</b>	<b>626</b>	<b>0%</b>
Loss Fund Contingency	145,443	158,665	158,665	0	145,443	100%
<b>Total Loss Fund</b>	<b>38,251,482</b>	<b>41,694,745</b>	<b>42,131,781</b>	<b>36,013,121</b>	<b>2,238,360</b>	<b>6%</b>
<b>Expenses</b>						
Legal	33,394	36,430	36,430	33,396	(2)	0%
Treasurer	11,220	12,240	12,240	11,220	-	0%
Administrator	364,661	397,858	395,164	364,741	(80)	0%
Program Manager	1,217,780	1,327,413	1,317,540	1,232,264	(734)	0%
Actuary	14,667	16,000	16,000	14,667	(0)	0%
Auditor	18,790	20,498	20,498	18,790	(0)	0%
TPA - Aetna	828,470	902,802	909,224	838,853	49	0%
TPA - AmeriHealth	10,432	11,369	9,780	Included above in TPA - Aetna		
Plan Documents	13,750	15,000	15,000	Included in Program Manager		
Dental TPA	71,707	78,218	77,239	71,716	(9)	0%
Wellness	114,583	125,000	125,000	114,583	0	0%
Affordable Care Act	8,739	9,523	9,516	10,563	(1,824)	-21%
A4 Retiree Surcharge	16,691	17,865	24,688	17,006	(315)	-2%
Misc/Cont	19,420	21,185	21,185	6,164	13,255	68%
<b>Total Expenses</b>	<b>2,744,304</b>	<b>2,991,402</b>	<b>2,989,503</b>	<b>2,733,964</b>	<b>10,340</b>	<b>0%</b>
<b>Total Budget</b>	<b>40,995,785</b>	<b>44,686,147</b>	<b>45,121,284</b>	<b>38,747,085</b>	<b>2,248,700</b>	<b>5%</b>

**REGULATORY**  
**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**YEAR: 2022 AS OF JANUARY 1, 2022**

<b><u>Monthly Items</u></b>	<b><u>Filing Status</u></b>
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	9/30/2021 Filed
Annual Audit	12/31/2020 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	To Be Filed pending reorg
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	To Be Filed pending reorg
Benefit Changes	N/A

## CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

### Program Manager

January 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: [kkidd@permainc.com](mailto:kkidd@permainc.com)

Enrollments/Eligibility/Billing: [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com)

Brokers: [brokerservice@permainc.com](mailto:brokerservice@permainc.com)

### ELIGIBILITY/ENROLLMENT:

Please direct any eligibility, enrollment, or system related questions to our dedicated CJHIF enrollment team.

To contact the team, email [cjhifenrollments@permainc.com](mailto:cjhifenrollments@permainc.com) or fax to 856-552-2175.

### ADMINISTRATIVE UPDATES:

#### Program Manager Team Additions

With Brandon's transition to the Executive Director's role we are excited to introduce the additions of Crystal Bailey, Program Manager and Lane Hindman, Associate Program Manager to the team.

Crystal joins the team with 27 years of Public Sector Aetna experience and 4 years of Associate and Senior Associate Consultant work at Conner Strong. With Crystal's extensive background in NJ Public Sector and familiarity with Aetna policy's and operations we are confident she is the right candidate to lead the Program Manager's team.

Lane joins us from AmeriHealth Administrators where she supported the Funds and other like NJ Public Sector Accounts as an Associate Account Executive. Lane is very familiar with the needs of the Funds and NJ Public Sector Accounts, which is why she is a natural fit to the team in assuring the Fund maintains a high level of quality in service.

### COVERAGE UPDATES:

#### Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications is to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

- 1- *Pfizer- Paxlovid*
- 2- *Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
  - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government

- Member - \$0 copay
- Program Fee- \$2.50 per prescription
- Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
  - Addition of medications to covered Formulary
  - Member educational pieces (included in agenda)
  - Quantity Limit – 1 course of treatment every 180 days

## **OPERATIONAL UPDATES:**

### **New Member Implementations**

Effective January 1, 2022, the two below groups joined the CJHIF for various lines of coverage. There implementations were complete with coverage and ID cards being in place prior to the effective date. We are working closely with the Risk Management agencies of both entities to resolve any normal transitional concerns that may arise.

1. *Hamilton Township*- Aetna Medicare Advantage eligible retirees. Roughly 400 eligible individuals (retirees + dependents)
2. *Tom River Township*- Aetna medical coverage for Active employees and pre-Medicare retirees. Roughly 560 contracts.

### **Aetna Medicare Advantage System Upgrade – *NextGen***

As a reminder, for January 1, 2022 the HIFs participated in Aetna’s system upgrade. The *NextGen* system provides improvements in different operational functions for Aetna such as billing, enrollment, claims and appeals.

For the members, they now have access to a new AetnaHealth App, secure messaging and new personalized engagement opportunities.

As a part of the system upgrade, all Aetna Medicare Advantage enrollees in the Funds received new ID cards, with updated information. This resulted in Aetna issuing roughly 800 new ID cards for CJHIF enrollees and over 3000 for all the Funds.

## **2021 LEGISLATIVE REVIEW**

### **End of Year ACA Reporting**

To assist our Fund members in annually required filings, the Fund has distributed W2 and enrollment information to each entity’s designated enrollment/eligibility manager. The reports were sent from Somerset Enrollment Box and would have been received towards the end of December.

## **COVID -19**

1. National Emergency Declaration- Extended through February 24, 2022

- Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
  - Individual has a maximum of one year from date of payment originally would be have due, including any applicable grace period
  - Under special transition rule- certain premium payments are not required to be made before 11/1/21.
2. At Home COVID-19 Testing- On January 10<sup>th</sup>, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- o Date- Starting on January 15, 2022 going forward
  - o Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
  - o Dollar Limit- Up to \$12 per taste
  - o Quantity Limit- Up to 8 tests per individual per 30 days
3. Vaccine Mandates – November 4, 2021 OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022 the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

## **Mental Health Parity and Addition Equality Act (MHPAE)**

In December of 2020 Congress passed in to Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund’s next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

## **Surprise Billing and Transparency – Continued Delays**

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

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

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

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

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

Confirmation of Payment

NOVEMBER 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 2021**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001904			
001904	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 11/21	1,250.00
001904	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/21	43,152.27
001904	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 11/21	59,540.73
001904	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/21	582.07
001904	CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/21	5,229.91
001904	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/21	1,428.99
			<b>111,183.97</b>
		<b>Total Payments FY 2021</b>	<b>111,183.97</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>111,183.97</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer



# CENTRAL JERSEY HEALTH INSURANCE FUND

## SUPPLEMENTAL BILLS LIST

### Confirmation of Payment

NOVEMBER 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 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001914			
001914	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 11/21	185,583.99
			<b>185,583.99</b>
001915			
001915	Flagship Health System	MONTGOMERY 11/21	851.75
001915	Flagship Health System	CITY OF ASBURY 11/21	439.31
			<b>1,291.06</b>
001916			
001916	DELTACARE USA	BE004661276 11/21	1,892.16
			<b>1,892.16</b>
001917			
001917	AETNA LIFE INSURANCE COMPANY	VISION TPA 11/21	119.21
001917	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 11/21	74,542.72
			<b>74,661.93</b>
001918			
001918	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 11/21	-30.00
001918	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/21	1,008.00
			<b>978.00</b>
001919			
001919	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 11/21	6,520.80
			<b>6,520.80</b>
001920			
001920	PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/21	1,234.34
001920	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 11/21	33,214.87
			<b>34,449.21</b>
001921			
001921	ACTUARIAL SOLUTIONS, LLC	4TH QTR ACTUARY FEES 2021	4,000.00
			<b>4,000.00</b>
001922			
001922	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 11/21	3,036.00
			<b>3,036.00</b>
001923			
001923	STEPHEN MAYER	TREASURER FEE 11/21	1,020.00
			<b>1,020.00</b>
001924			
001924	ACCESS	ACCT #420 - ARC. AND STOR. - 10.31.21	127.37
			<b>127.37</b>
001925			
001925	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/21	63,948.44
			<b>63,948.44</b>
001926			
001926	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 11/21	12,699.10
001926	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 11/21	4,140.00
001926	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 11/21	67,519.59
			<b>84,358.69</b>
<b>Total Payments FY 2021</b>			<b>461,867.65</b>
<b>TOTAL PAYMENTS ALL FUND YEARS</b>			<b>461,867.65</b>

\_\_\_\_\_  
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

## DIVIDEND BILLS LIST

Confirmation of Payment.

NOVEMBER 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 CLOSED**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001905			
001905	BRIELLE BOROUGH	DIVIDEND - NOVEMBER 2021	140,579.05
			<b>140,579.05</b>
001906			
001906	MANCHESTER TOWNSHIP	DIVIDEND - NOVEMBER 2021	38,098.03
			<b>38,098.03</b>
001907			
001907	EATONTOWN SEWERAGE AUTHORITY	DIVIDEND - NOVEMBER 2021	21,117.84
			<b>21,117.84</b>
001908			
001908	PLUMSTED TOWNSHIP	DIVIDEND - NOVEMBER 2021	60,930.30
			<b>60,930.30</b>
001909			
001909	MANASQUAN BOROUGH	DIVIDEND - NOVEMBER 2021	13,313.24
			<b>13,313.24</b>
001910			
001910	SHIP BOTTOM BOROUGH	DIVIDEND - NOVEMBER 2021	5,861.01
			<b>5,861.01</b>
001911			
001911	MONTGOMERY TOWNSHIP	DIVIDEND - NOVEMBER 2021	481,207.09
			<b>481,207.09</b>
001912			
001912	JACKSON TOWNSHIP	DIVIDEND - NOVEMBER 2021	8,751.47
			<b>8,751.47</b>
001913			
001913	OCEANPORT BOROUGH	DIVIDEND - NOVEMBER 2021	129,382.07
			<b>129,382.07</b>
		<b>Total Payments FY CLOSED</b>	<b>899,240.10</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>899,240.10</b>

\_\_\_\_\_  
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 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 2021**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001927			
001927	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 12/21	1,250.00
001927	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 12/21	42,794.52
001927	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 12/21	59,210.89
001927	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 12/21	582.09
001927	CONNER STRONG & BUCKELEW	FUND COORDINATOR 12/21	5,198.78
001927	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/21	1,423.58
			<b>110,459.86</b>
		<b>Total Payments FY 2021</b>	<b>110,459.86</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>110,459.86</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

# CENTRAL JERSEY HEALTH INSURANCE FUND SUPPLEMENTAL BILLS LIST

## Confirmation of Payment

**DECEMBER 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 2020

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001929			
001929	RED BANK BOROUGH	OVERPAYMENT 2020	339,917.20
001929	RED BANK BOROUGH	CREDIT OVERAGE TAKEN FROM 10/21 BILL	-36,168.90
			<b>303,748.30</b>
		<b>Total Payments FY 2020</b>	<b>303,748.30</b>

### FUND YEAR 2021

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001930			
001930	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 12/21	185,537.21
			<b>185,537.21</b>
001931			
001931	Flagship Health System	MONTGOMERY 12/21	1,469.12
001931	Flagship Health System	CITY OF ASBURY 12/21	943.21
			<b>2,412.33</b>
001932			
001932	DELTACARE USA	BE004714535 12/21	1,940.88
			<b>1,940.88</b>
001933			
001933	AETNA LIFE INSURANCE COMPANY	VISION TPA 12/21	123.76
001933	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/21	74,305.02
			<b>74,428.78</b>
001934			
001934	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 12/21	-28.75
001934	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/21	966.00
			<b>937.25</b>

001935			
001935	PAYFLEX	UNDERPAYMENT - OCEANPORT 9/21	3.00
001935	PAYFLEX	MRRSA 11/21	15.00
001935	PAYFLEX	OCEANPORT 11/21	111.00
			<b>129.00</b>
001936			
001936	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/21 AND CREDIT 9/21	6,366.81
			<b>6,366.81</b>
001937			
001937	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/21	739.26
001937	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 12/21	33,117.05
			<b>33,856.31</b>
001938			
001938	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/21	3,036.00
			<b>3,036.00</b>
001939			
001939	STEPHEN MA YER	TREASURER FEE 12/21	1,020.00
			<b>1,020.00</b>
001940			
001940	MEDICAL EVALUATION SPECIALISTS	MES CASE #1572212	367.50
			<b>367.50</b>
001941			
001941	GANNETT NEW JERSEY NEWSPAPERS	ACCT# 35200 - BF & PAYMENT - 10/21	126.70
			<b>126.70</b>
001942			
001942	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/21	63,553.03
			<b>63,553.03</b>
001943			
001943	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 12/21	12,615.00
001943	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 12/21	4,149.00
001943	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 12/21	67,956.61
			<b>84,720.61</b>
		<b>Total Payments FY 2021</b>	<b>458,432.41</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>762,180.71</b>

\_\_\_\_\_  
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  
DIVIDEND BILLS LIST**

Confirmation of Payment

DECEMBER 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 CLOSED**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
001928			
001928	MANASQUAN RIVER REGIONAL SEWERAGE AUTHORITY	2021 DIVIDEND	66,224.06
			<b>66,224.06</b>
		<b>Total Payments FY CLOSED</b>	<b>66,224.06</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>66,224.06</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer

Central Jersey Health Insurance Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2021 Month Ending: November										
	Med	Dental	Rx	Vision	Medicare Advantage	Reinsurance	DMO Premiums	Future	Admin	TOTAL
OPEN BALANCE	5,644,940.80	827,653.30	4,885,185.00	82,323.55	4,972,058.56	(202,527.01)	27,155.77		(384,751.25)	15,852,038.72
RECEIPTS										
Assessments	2,156,525.56	137,670.48	667,158.04	2,023.66	172,787.46	141,657.85	3,021.05		250,902.80	3,531,746.90
Refunds			238.48							238.48
Invest Pymnts	609.66	81.46	581.35	8.01	502.56		2.59		6.04	1,791.67
Invest Adj										
Subtotal Invest	609.66	81.46	581.35	8.01	502.56		2.59		6.04	1,791.67
Other *	26,933.49									26,933.49
TOTAL	2,184,068.71	137,751.94	667,977.87	2,031.67	173,290.02	141,657.85	3,023.64		250,908.84	3,560,710.54
EXPENSES										
Claims Transfers	2,040,660.78	106,968.63	763,107.23							2,910,736.64
Expenses	899,240.10				185,583.99	148,307.13			239,160.50	1,472,291.72
Other *										
TOTAL	2,939,900.88	106,968.63	763,107.23		185,583.99	148,307.13			239,160.50	4,383,028.36
END BALANCE	4,889,108.63	858,436.61	4,790,055.64	84,355.22	4,959,764.59	(209,176.29)	30,179.41		(373,002.91)	15,029,720.90

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
Central Jersey Health Insurance Fund							
ALL FUND YEARS COMBINED							
CURRENT MONTH	November						
CURRENT FUND YEAR	2021						
	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	\$15,852,038.28		\$3,656,511.20			\$8,958,649.29	\$3,236,877.79
Opening Interest Accrual Balance	\$2,260.59					\$2,260.59	
1 Interest Accrued and/or Interest Cost	\$770.98					\$770.98	
2 Interest Accrued - discounted Instr.s							
3 (Amortization and/or Interest Cost)							
4 Accretion							
5 Interest Paid - Cash Instr.s	\$195.02		\$120.93			(\$875.23)	\$949.32
6 Interest Paid - Term Instr.s	\$468.75					\$468.75	
7 Realized Gain (Loss)	\$1,127.90					\$1,127.90	
8 Net Investment Income	\$2,093.90		\$120.93			\$1,023.65	\$949.32
9 Deposits - Purchases	\$3,558,918.80						\$3,558,918.80
# (Withdrawals - Sales)	-\$4,383,028.36						(\$4,383,028.36)
Ending Cash & Investment Balance	\$15,029,720.39		\$3,656,632.13			\$8,959,370.71	\$2,413,717.55
Ending Interest Accrual Balance	\$2,562.82					\$2,562.82	
Plus Outstanding Checks	\$11,714.80						\$11,714.80
(Less Deposits in Transit)							
Balance per Bank	\$15,041,435.19		\$3,656,632.13			\$8,959,370.71	\$2,425,432.35
Annualized Rate of Return This Month	0.16%		0.04%			0.14%	0.40%





**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

***January 19, 2022***



## CENTRAL JERSEY HEALTH INSURANCE FUND

	<b>MEDICAL CLAIMS PAID 2020</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2021</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$1,267,894	1,613	\$ 786	\$2,525,722	1,600	\$ 1,579
FEBRUARY	\$1,760,412	1,591	\$ 1,106	\$1,782,274	1,595	\$ 1,117
MARCH	\$2,343,550	1,590	\$ 1,474	\$2,242,793	1,600	\$ 1,402
APRIL	\$1,158,223	1,593	\$ 727	\$1,950,954	1,603	\$ 1,217
MAY	\$1,324,407	1592	\$ 831	\$2,074,353	1598	\$ 1,298
JUNE	\$1,635,452	1,577	\$ 1,037	\$2,464,841	1,595	\$ 1,545
JULY	\$1,854,432	1,573	\$ 1,179	\$1,842,582	1,573	\$ 1,171
AUGUST	\$1,548,802	1,569	\$ 987	\$2,337,237	1,564	\$ 1,494
SEPTEMBER	\$3,018,089	1,560	\$ 1,935	\$1,997,210	1,565	\$ 1,276
OCTOBER	\$1,819,060	1,562	\$ 1,165	\$2,228,242	1,565	\$ 1,424
NOVEMBER	\$2,410,256	1,569	\$ 1,536	\$2,237,858	1,567	\$ 1,428
DECEMBER	\$2,658,424	1,571	\$ 1,692			
<b>TOTALS</b>	<b>\$22,799,000</b>			<b>\$23,684,065</b>		
				<b>2021 Average</b>	<b>1,584</b>	<b>\$ 1,359</b>
				<b>2020 Average</b>	<b>1,580</b>	<b>\$ 1,205</b>

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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	09/01/2021 - 09/30/2021
<b>Customer:</b>	Central Jersey Health Insurance Fund	<b>Service Dates:</b>	01/01/2011 - 09/30/2021
<b>Group / Control:</b>	00143735,00285786,00659552,00737415,00866354,SI362223	<b>Line of Business:</b>	All

	Billed Amt	Paid Amt
	\$141,206.88	\$102,304.64
	\$112,941.00	\$66,087.03
<b>Total:</b>	<b>\$254,147.88</b>	<b>\$168,391.67</b>

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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	10/01/2021 - 10/31/2021
<b>Customer:</b>	Central Jersey Health Insurance Fund	<b>Service Dates:</b>	01/01/2011 - 10/31/2021
<b>Group / Control:</b>	00143735,00285786,00659552,00737415,00866354,SI362223	<b>Line of Business:</b>	All
<b>Subgroup / Suffix:</b>	All	<b>Funding Category:</b>	All

	Billed Amt	Paid Amt
	\$171,692.26	\$147,467.91
	\$158,728.91	\$65,164.61
	\$238,061.04	\$63,874.47
	\$60,145.85	\$51,559.93
	\$165,564.51	\$51,131.14
<b>Total:</b>	<b>\$794,192.57</b>	<b>\$379,198.06</b>

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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	11/01/2021 - 11/30/2021
<b>Customer:</b>	Central Jersey Health Insurance Fund	<b>Service Dates:</b>	01/01/2011 - 11/30/2021
<b>Group / Control:</b>	00143735,00285786,00659552,00737415,00866354,SI362223	<b>Line of Business:</b>	All

	Billed Amt	Paid Amt
	\$88,443.14	\$53,770.31
<b>Total:</b>	<b>\$88,443.14</b>	<b>\$53,770.31</b>



**Medical Claims Paid Per Member:  
January 2021- November 2021**

Total Medical Paid per EE: **\$1,359**

**Network Discounts**

Inpatient: **60.2%**  
Ambulatory: **64.1%**  
Physician/Other: **64.2%**  
**TOTAL: 63.3%**

**Provider Network**

% Admissions In-Network: **97.0%**  
% Physician Office: **89.3%**

Aetna Book of Business:  
Admissions 98.2%; Physician 90.6%

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

- Monmouth Medical Center
- Jersey Shore Medical
- Community Medical Center
- Riverview Medical Center
- RWJUH New Brunswick

**Catastrophic Claim Impact  
(January 2021 – November 2021)**

Number of Claims Over \$50,000: **54**  
Claimants per 1000 members: **13.8**  
Avg. Paid per Claimant: **\$110,950**  
Percent of Total Paid: **27.4%**  
• Aetna BOB- HCC account for an  
average of 41.3% of total Medical Cost

**Nurse Case Member Outreach:  
YTD 2021**

Unique Members Identified: **57**  
Outreach Opportunities Identified: **58**  
Outreach in Progress: **1**  
Completed Outreach: **48**

Newly Engaged cases: **14**  
Unable to Reach: **34**  
Member Declined: **0**

**Teladoc Activity:  
Jan 2021– November 2021**

Total Registrations: **91**  
Total Online Visits: **217**  
Total Net Claims Savings: **\$32,925**  
Total Visits w/ Rx: **163**  
Mental Health Visits: **18**  
Dermatology Visits: **5**

**New**

**Allentown Service Center  
Performance: Metrics thru NOV 2021**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: **95.0%**  
Abandonment Rate: **8.9%**  
Avg. Speed of Answer: **193.9 sec**

**Claims Performance**

Financial Accuracy: **98.78%**  
90% processed w/in: **10.6 days**  
95% processed w/in: **23.3 days**

**Performance Goals**

1<sup>st</sup> 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**

## COVID-19 population alerts

## Hot Spots in the United States - Map (to the right)

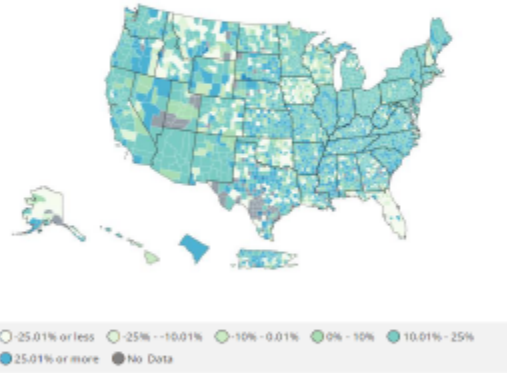
The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

## County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. We are providing this information to inform you where you have membership in counties that are experiencing a high or emerging rate of new cases.

The CDC collects new case counts at the county level. We are using this information to calculate a "7 day average new case count." This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information below is for your top 25 counties (by membership) which have been identified as having either a high (>25) or emerging (10-24) average daily case rate. Note: There could be less than 25 counties in the tables or none at all if the alert criteria is not met in counties where you have membership.



Heat map of recent growth by county: This map shows the percentage change in cases between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend. Last Updated: 12/06/2021 | Source: CDC

High risk counties (red) had greater than 25 daily new cases per 100,000 people last week

Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 people last week

Scroll to the end of this report for a list of the top 50 counties with the highest average daily new case counts where you membership

## High Risk (&gt;25 new cases per 100,000 individuals)\*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Ocean	607,186	1,548	55.2
NJ, Monmouth	618,795	993	52.1
NJ, Middlesex	825,062	770	31.8
NJ, Somerset	328,934	166	30.4
NJ, Hunterdon	124,371	67	45.4
NJ, Mercer	367,430	60	34.3
NJ, Burlington	445,349	37	48.1
NJ, Warren	105,267	35	66.9
NJ, Morris	491,845	23	46.9
NJ, Union	556,341	14	28.7
NJ, Atlantic	263,670	10	40.2
NJ, Essex	798,975	7	27.0
MA, Norfolk	706,775	5	33.6
AZ, Maricopa	4,485,414	5	47.2
NJ, Sussex	140,488	4	71.4
OH, Delaware	209,177	4	53.8
NJ, Cape May	92,039	4	52.2
PA, Bucks	628,270	3	38.7
DE, Sussex	234,225	3	45.6
NC, Henderson	117,417	3	36.9
VA, Franklin	56,042	2	35.2
PA, Monroe	170,271	2	59.5
PA, Carbon	64,182	2	86.8
AZ, Mohave	212,181	2	47.7
NY, Washington	61,204	2	99.7

## Emerging Risk (10-24 new cases per 100,000 individuals)\*

State, County	County population	Your members	Avg daily new cases per 100K
SC, Horry	354,081	15	16.9
FL, Lee	770,577	10	12.6
FL, Collier	384,902	9	14.3
FL, Polk	724,777	7	12.9
NC, Mecklenburg	1,110,356	5	24.1
FL, Broward	1,952,778	5	13.4
FL, Lake	367,118	4	12.9
SC, Oconee	79,546	3	21.9
FL, Palm Beach	1,496,770	3	12.0
SC, Georgetown	62,680	2	11.4
FL, Hillsborough	1,471,968	2	14.3
FL, Brevard	601,942	1	12.0
FL, Flagler	115,081	1	16.1
GA, Cobb	760,141	1	16.4
NV, Clark	2,266,715	1	23.8

\* Counties with less than 20 new cases in the prior week will not appear in this report. New case data is not available for approximately thirty counties. County population is based on 2010 Census data. \*Your members\* represents your total Aetna self-insured membership.







## COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnosis and/or testing?

Use these insights to:

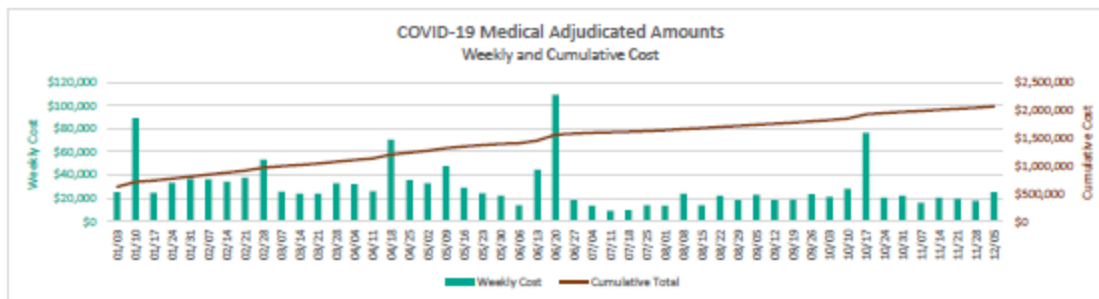
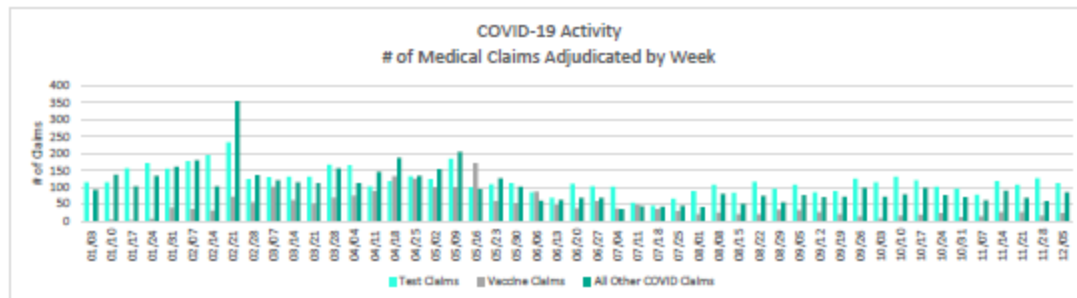
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

### At a glance

	 COVID-19 paid	Number of Claims		Unique Claimants (claimants may be counted in each category)		
		 Tests	 Vaccine	 Tests	 Vaccine Administration*	 All Other C
Current Week	\$25,144	112	23	98	23	73
3/01/20 - 12/05/21	\$2,062,090	8,692	2,218	2,710	1,207	2,220

\*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?



## Telemedicine Monitor

What is the recent Telemedicine claims activity?

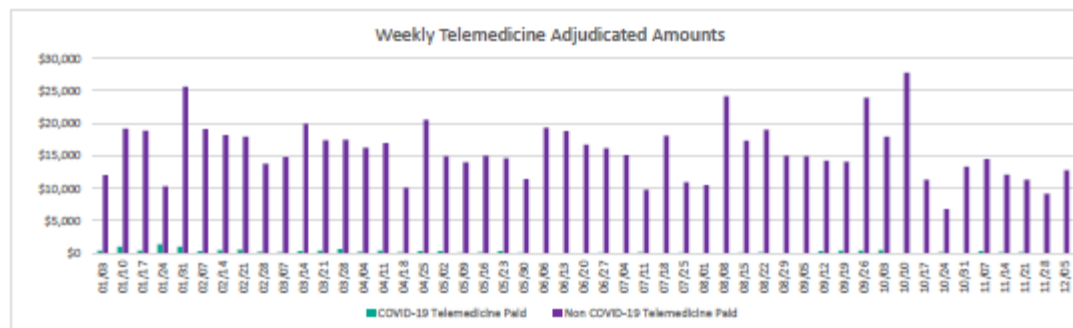
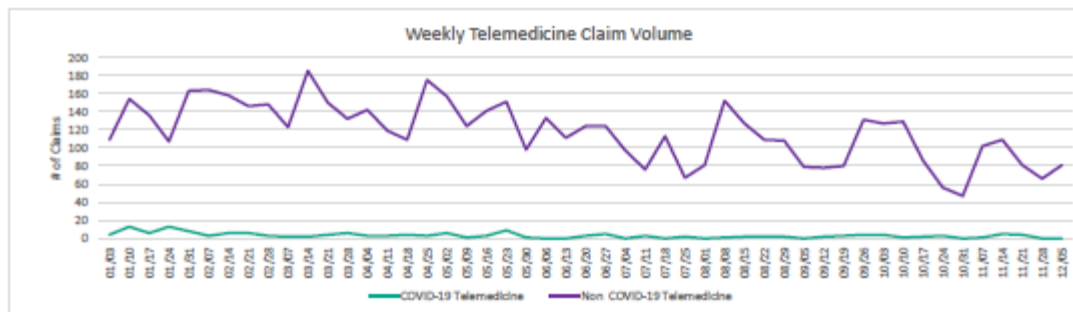
Use these insights to

- Review monthly growth of both Triadex and community based providers providing approved telemedicine services
- Understand trends driven by COVID-19 related claims versus overall utilization for non-virus related conditions

## At a glance

	 COVID-19 telemedicine paid	 Non COVID-19 telemedicine paid	 COVID-19 telemedicine claims	 Non COVID-19 telemedicine claims
Current Week	\$0	\$12,804	0	81
3/01/20 - 12/05/21	\$29,130	\$1,407,319	394	10,950

## How is Telemedicine changing over time?





Actual paid claim amounts may vary from this report since claims are finalized.  
 The information in this report is intended to provide weekly insights as a leading indicator based on the information available, which may differ from final results.  
**Data in this report is from March 1, 2020 to current (excluding graphs)**

## Total Weekly Adjudicated Medical Claims

What is the overall adjudicated claim activity on a weekly basis?

Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

## At a glance



**Total medical paid  
(current week)**  
 \$542,283



**Total medical claims  
(current week)**  
 1,545

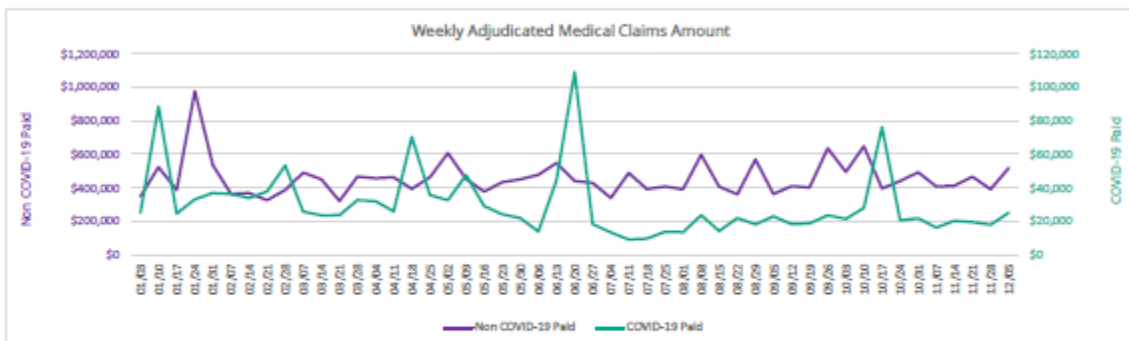
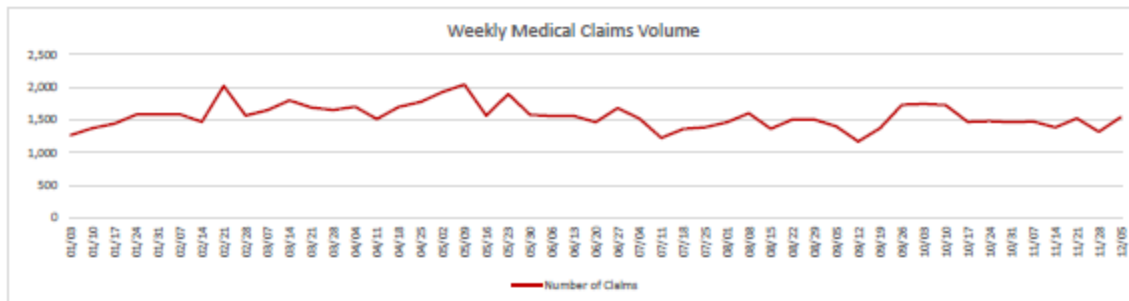


**Current week paid  
(change from last week)**  
 32.4%



**COVID-19 % of total medical paid  
(3/1/20 - 12/05/21)**  
 4.8%

How does this week compare to previous weeks?





## Total Weekly Adjudicated Medical Claims

What is the overall adjudicated claim activity on a weekly basis?

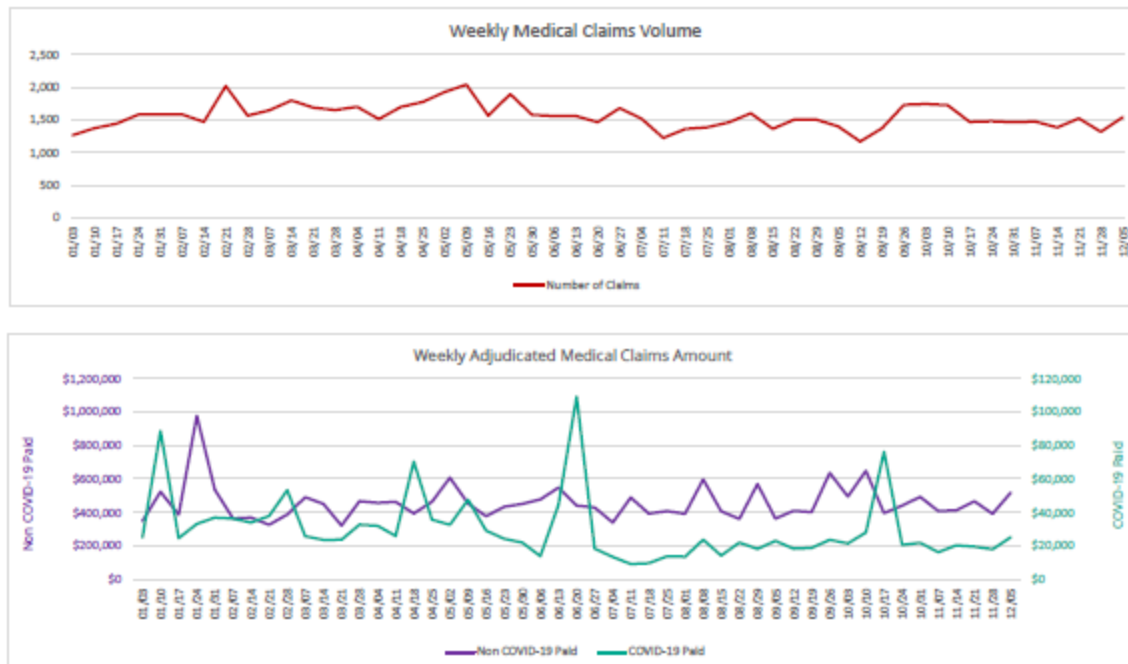
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

## At a glance



How does this week compare to previous weeks?





Actual paid claim amounts may vary from this report once claims are finalized.  
 The information in this report is intended to provide weekly insight as a leading indicator based on the information available, which may differ from final results.  
 Data in this report is from March 1, 2020 to current (excluding graphs)

## By the numbers

What are the COVID-19 activity details by week?

Period Ending	# of Claimants*			# of Claims			Adjudicated Amount			
	All Other	Tests	Vaccine Admin.	All Other	Tests	Vaccine Admin.	All Other	Tests	Vaccine Admin.	Total
Mar. 2020	2	0	0	2	0	0	\$1,241	\$0	\$0	\$1,241
Apr. 2020	40	45	0	48	46	0	\$8,682	\$2,429	\$0	\$11,110
May 2020	166	191	0	176	198	0	\$77,832	\$16,290	\$0	\$94,121
June 2020	121	281	0	130	289	0	\$13,564	\$21,469	\$0	\$35,033
July 2020	93	175	0	99	181	0	\$11,786	\$15,325	\$0	\$27,111
Aug. 2020	217	307	0	224	326	0	\$46,447	\$31,419	\$0	\$77,866
Sept. 2020	169	283	0	176	307	0	\$26,749	\$31,762	\$0	\$58,511
Oct. 2020	150	364	0	158	390	0	\$23,906	\$32,464	\$0	\$56,370
Nov. 2020	348	514	0	363	549	0	\$54,730	\$57,663	\$0	\$112,393
Dec. 2020	412	575	0	459	630	0	\$63,502	\$56,795	\$0	\$120,296
Jan. 2021	562	649	55	627	709	55	\$146,113	\$61,005	\$1,205	\$208,323
Feb. 2021	648	624	186	770	727	195	\$93,719	\$60,324	\$7,277	\$161,320
03/07/21	107	116	100	121	130	102	\$11,603	\$11,274	\$2,849	\$25,726
03/14/21	105	120	60	115	131	62	\$9,986	\$11,798	\$1,789	\$23,573
03/21/21	105	114	51	111	131	51	\$12,582	\$9,550	\$1,552	\$23,684
03/28/21	143	150	68	156	166	69	\$16,215	\$14,237	\$2,259	\$32,711
04/04/21	103	147	74	112	165	75	\$15,650	\$13,495	\$2,775	\$31,921
04/11/21	127	97	87	146	103	88	\$13,829	\$8,838	\$3,278	\$25,945
04/18/21	165	104	131	186	117	133	\$56,329	\$8,815	\$5,274	\$70,417
04/25/21	114	112	122	134	133	125	\$19,473	\$11,370	\$4,781	\$35,624
05/02/21	135	104	100	153	124	100	\$18,080	\$10,669	\$3,854	\$32,603
05/09/21	174	166	100	205	183	100	\$28,910	\$14,607	\$3,990	\$47,507
05/16/21	83	86	164	94	100	170	\$14,024	\$7,892	\$7,163	\$29,079
05/23/21	93	96	57	127	109	58	\$12,623	\$9,035	\$2,559	\$24,216
05/30/21	85	95	47	101	112	53	\$10,664	\$8,893	\$2,393	\$21,950
06/06/21	55	78	85	60	85	87	\$4,444	\$6,767	\$2,665	\$13,876
06/13/21	58	67	46	63	69	47	\$36,521	\$5,889	\$2,083	\$44,494
06/20/21	61	108	38	70	110	38	\$98,232	\$9,242	\$1,750	\$109,223
06/27/21	64	88	57	70	103	58	\$7,403	\$7,799	\$3,168	\$18,370
07/04/21	32	83	37	35	102	37	\$5,487	\$5,960	\$1,894	\$13,341
07/11/21	38	49	39	44	54	48	\$3,343	\$4,530	\$1,241	\$9,114
07/18/21	37	45	36	42	46	36	\$3,474	\$3,989	\$2,191	\$9,654
07/25/21	45	62	27	46	66	29	\$5,435	\$7,121	\$1,183	\$13,740
08/01/21	39	73	20	41	88	21	\$6,059	\$6,526	\$835	\$13,420
08/08/21	64	87	23	81	107	25	\$12,590	\$10,071	\$991	\$23,653
08/15/21	45	71	21	51	84	21	\$6,541	\$6,702	\$855	\$14,098
08/22/21	64	90	20	75	116	20	\$10,174	\$10,885	\$843	\$21,903
08/29/21	54	83	34	56	96	34	\$7,239	\$9,301	\$1,591	\$18,132
09/05/21	70	97	32	76	108	33	\$11,889	\$9,484	\$1,612	\$22,985
09/12/21	64	77	21	71	86	26	\$9,703	\$7,511	\$1,060	\$18,274
09/19/21	69	79	19	73	89	20	\$10,715	\$7,152	\$866	\$18,734
09/26/21	88	109	14	98	125	15	\$12,117	\$10,743	\$668	\$23,528
10/03/21	63	102	9	72	114	9	\$11,073	\$9,869	\$458	\$21,400
10/10/21	75	114	16	79	131	16	\$14,955	\$12,316	\$731	\$28,001
10/17/21	92	111	19	98	120	19	\$63,722	\$11,617	\$923	\$76,261
10/24/21	68	85	21	77	101	24	\$10,280	\$8,914	\$1,251	\$20,444
10/31/21	68	83	12	71	95	12	\$12,338	\$8,885	\$600	\$21,822
11/07/21	54	76	15	62	78	15	\$8,320	\$7,054	\$777	\$16,151
11/14/21	74	104	26	90	118	26	\$10,218	\$8,958	\$1,160	\$20,336
11/21/21	65	94	27	69	107	27	\$8,478	\$9,617	\$1,339	\$19,434
11/28/21	51	105	16	59	126	16	\$6,614	\$10,473	\$820	\$17,907
12/05/21	73	98	23	85	112	23	\$13,673	\$10,474	\$997	\$25,144
<b>Total</b>				<b>6,807</b>	<b>8,692</b>	<b>2,218</b>	<b>\$1,219,274</b>	<b>\$755,265</b>	<b>\$87,550</b>	<b>\$2,062,090</b>

\* Claimants are unique to the individual week, so the same individual may be counted in multiple weeks

IMPORTANT: Testing and treatment for the new coronavirus is still evolving and as a result claims experience may be effected as the industry adapts to the changing circumstances. Information is believed to be accurate as of the production date; however, it is subject to change. Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee its accuracy or completeness. Aetna shall not be liable for any act or omissions made in reliance on the information.

## Appendix:

### Alerts for the top 50 counties with high new cases rates in which you have membership

State, County	County population	Your members	Avg. daily new cases per 100K	Risk Level
NY, Washington	61,204	2	99.7	High Risk
PA, Carbon	64,182	2	86.8	High Risk
PA, Bradford	60,323	2	82.7	High Risk
NJ, Sussex	140,488	4	71.4	High Risk
NJ, Warren	105,267	35	66.9	High Risk
DE, Kent	180,786	1	62.9	High Risk
VT, Washington	58,409	1	60.7	High Risk
PA, Monroe	170,271	2	59.5	High Risk
PA, Adams	103,009	2	57.3	High Risk
NJ, Ocean	607,186	1,548	55.2	High Risk
OH, Delaware	209,177	4	53.8	High Risk
NJ, Cape May	92,039	4	52.2	High Risk
NJ, Monmouth	618,795	993	52.1	High Risk
NJ, Burlington	445,349	37	48.1	High Risk
AZ, Mohave	212,181	2	47.7	High Risk
AZ, Maricopa	4,485,414	5	47.2	High Risk
NJ, Morris	491,845	23	46.9	High Risk
DE, Sussex	234,225	3	45.6	High Risk
NJ, Hunterdon	124,371	67	45.4	High Risk
CO, Teller	25,388	1	42.8	High Risk
NJ, Atlantic	263,670	10	40.2	High Risk
PA, Montgomery	830,915	1	39.4	High Risk
NC, Iredell	181,806	2	39.2	High Risk
PA, Bucks	628,270	3	38.7	High Risk
NC, Henderson	117,417	3	36.9	High Risk
VA, Franklin	56,042	2	35.2	High Risk
NJ, Mercer	367,430	60	34.3	High Risk
MA, Norfolk	706,775	5	33.6	High Risk
NJ, Middlesex	825,062	770	31.8	High Risk
PA, Delaware	566,747	1	31.7	High Risk
NJ, Somerset	328,934	166	30.4	High Risk
VA, Winchester city	28,078	1	30.0	High Risk
NJ, Union	556,341	14	28.7	High Risk
VA, Augusta	75,558	2	28.0	High Risk
NJ, Essex	798,975	7	27.0	High Risk
NC, Mecklenburg	1,110,356	5	24.1	Emerging Risk
NV, Clark	2,266,715	1	23.8	Emerging Risk
SC, Oconee	79,546	3	21.9	Emerging Risk
SC, Horry	354,081	15	16.9	Emerging Risk
GA, Cobb	760,141	1	16.4	Emerging Risk
FL, Flagler	115,081	1	16.1	Emerging Risk
FL, Collier	384,902	9	14.3	Emerging Risk
FL, Hillsborough	1,471,968	2	14.3	Emerging Risk
FL, Broward	1,952,778	5	13.4	Emerging Risk
FL, Lake	367,118	4	12.9	Emerging Risk
FL, Polk	724,777	7	12.9	Emerging Risk
FL, Lee	770,577	10	12.6	Emerging Risk
FL, Palm Beach	1,496,770	3	12.0	Emerging Risk
FL, Brevard	601,942	1	12.0	Emerging Risk
SC, Georgetown	62,680	2	11.4	Emerging Risk

#### County Alerts

This table shows the rate of average daily new cases per 100,000 individuals by county. These rates are reflective of the overall general population of the county, not of your specific membership in that county. We are providing this information to inform you which counties you have membership in that are experiencing a high incidence rate of new cases.

The CDC collects new case counts at the county level. We use this information to calculate a "7 day average new case count." This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information is for your top 50 counties in which you have membership that have the highest average daily new cases over the past seven days. Average daily new cases of 25 per 100k members are denoted as high risk (red) and those with 10-24.9 are denoted as emerging risk (orange).

Note: There may be less than 50 counties or none at all depending upon where you have membership vs. the counties with the highest risk. Counties with less than 20 new cases will not appear in this list.

## COVID-19 population alerts

### Hot Spots in the United States - Map (to the right)

The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

### County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. This data is to highlight where you have membership in counties experiencing high or emerging rates of new cases.

We use information collected by the CDC to calculate a "7 day average new case count." This data is normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, caused by data collection fluctuations.

The data below is for your top 25 counties (by membership) that are identified as having either a high or emerging average daily case rates. There could be less than 25 counties in the tables (or none) if the alert criteria is not met.



**Heat map of recent growth by county:** This map shows the average growth between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend.  
Last Updated: 12/07/2021. Source: CDC

**High risk counties (red) had greater than 25 daily new cases per 100,000 individuals**  
**Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 individuals**

Data is for week ending:  
12/05/2021

Note: Counties with less than 20 new cases in the prior week will not appear in this report. New case data is not available for approximately 30 counties. "Your members" represents your total commercial Aetna self-insured membership.

### High Risk (>=25 new cases per 100,000 individuals)

State, County	County population	Your members	Avg daily new cases per 100K
New Jersey, Ocean	607,186	1,555	55.2
New Jersey, Monmouth	618,795	1,003	52.1
New Jersey, Middlesex	825,062	774	31.8
New Jersey, Somerset	328,934	163	30.4
New Jersey, Hunterdon	124,371	65	45.4
New Jersey, Mercer	367,430	58	34.3
New Jersey, Burlington	445,349	36	48.1
New Jersey, Warren	105,267	35	66.9
New Jersey, Morris	491,845	23	46.9
New Jersey, Union	556,341	14	28.7
New Jersey, Atlantic	263,670	10	40.2
New Jersey, Essex	798,975	7	27.0
Massachusetts, Norfolk	706,775	5	33.6
Arizona, Maricopa	4,485,414	5	47.2
Ohio, Delaware	209,177	4	53.8
New Jersey, Cape May	92,039	4	52.2
New Jersey, Sussex	140,488	4	71.4
Pennsylvania, Bucks	628,270	3	38.7
North Carolina, Henderson	117,417	3	36.9
Delaware, Sussex	234,225	3	45.6
Arizona, Mohave	212,181	2	47.7
New York, Washington	61,204	2	99.7
Pennsylvania, Carbon	64,182	2	86.8
Pennsylvania, Adams	103,009	2	57.3
Pennsylvania, Bradford	60,323	2	82.7

### Emerging Risk (10-24 new cases per 100,000 individuals)

State, County	County population	Your members	Avg daily new cases per 100K
South Carolina, Horry	354,081	14	16.9
Florida, Lee	770,577	10	12.6
Florida, Collier	384,902	9	14.3
Florida, Broward	1,952,778	6	13.4
North Carolina, Mecklenburg	1,110,356	5	24.1
Florida, Lake	367,118	4	12.9
Florida, Polk	724,777	4	12.9
Florida, Sarasota	433,742	3	15.9
South Carolina, Oconee	79,546	3	21.9
Florida, Palm Beach	1,496,770	3	12.0
South Carolina, Georgetown	62,680	2	11.4
Florida, Hillsborough	1,471,968	2	14.3
Florida, Flagler	115,081	1	16.1
Nevada, Clark	2,266,715	1	23.8
Georgia, Cobb	760,141	1	16.4
Florida, Brevard	601,942	1	12.0

## COVID-19 All-time experience details

Time period: Jan 2020 - Nov 2021, paid through November 2021

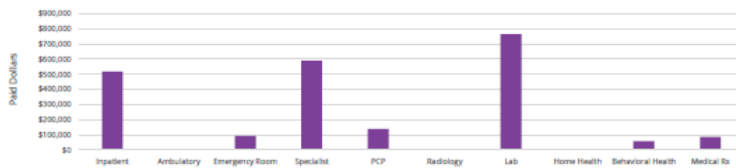
Average Members: 3,920

### COVID-19 Cost Detail Breakdown (Medical Claims Only)

**\$2,256,220**

represents COVID-related claims for **3,180**  
unique claimants across these medical cost categories:

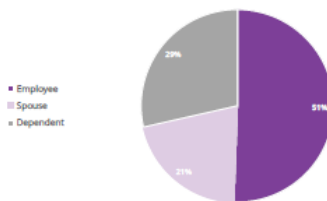
COVID-19 represents **5.3%**  
of total medical cost for experience period



#### Spotlight on specific categories


	<b>25</b> Admissions Inpatient Paid	<b>90</b> Visits Emergency Room Paid	<b>731</b> Visits Telemedicine Paid
	<b>\$516,733</b>	<b>\$93,092</b>	<b>\$97,112</b>

#### Percent Paid by Member Type



#### Claimant distribution - All Members\*


how your total medical claimants break down based on diagnosis code

	<b>561</b>	<b>\$1,147,088</b>	<b>Confirmed</b>
	38	\$48,815	Probable
	2,058	\$1,003,124	Exposure
	523	\$57,193	Lab test, screening encounter or vaccine only

\*refer to Report terms on page 1

#### Claimant distribution - Employees\*


how your total claimants break down based on diagnosis code information

	<b>280</b>	<b>\$650,136</b>	<b>Confirmed</b>
	15	\$23,827	Probable
	859	\$442,757	Exposure
	232	\$24,710	Lab test, screening encounter or vaccine only

\*refer to Report terms on page 1

#### Claimant distribution - Spouse & Dependents\*

how your total claimants break down based on diagnosis code information

	<b>281</b>	<b>\$496,952</b>	<b>Confirmed</b>
	23	\$24,988	Probable
	1,199	\$560,367	Exposure
	291	\$32,483	Lab test, screening encounter or vaccine only

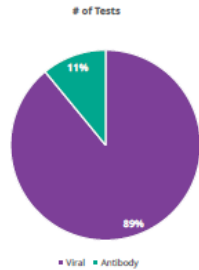
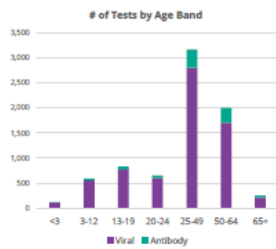
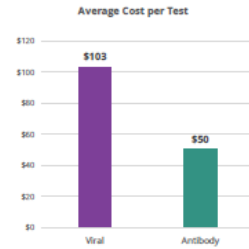
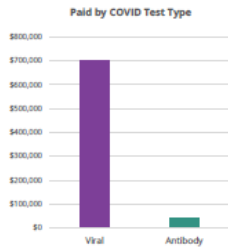
\*refer to Report terms on page 1

## COVID-19 All-time experience - Testing and Vaccination

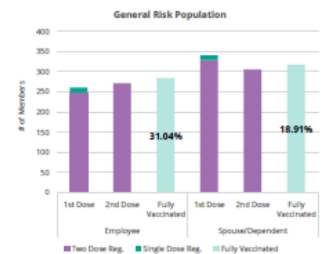
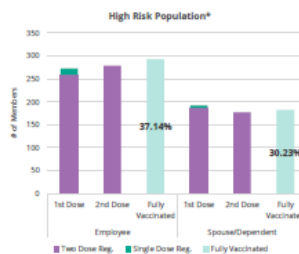
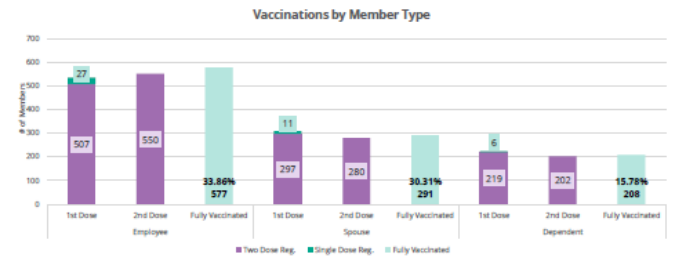
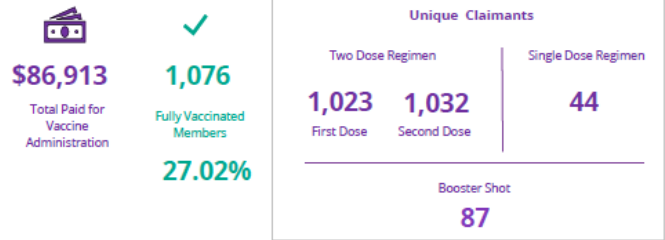
Average Members: 3,920

Time period: Jan 2020 - Nov 2021, paid through November 2021

### COVID-19 testing



### COVID-19 Vaccine Administration (Medical & Pharmacy)



\* See page one for High Risk definition



**AmeriHealth**®  
ADMINISTRATORS

[illegible]





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

<b>Group:</b>	Central New Jersey HIF	<b>Service Dates:</b>	-
<b>Paid Dates:</b>	12/1/2021-13/31/2021	<b>Line of Business:</b>	All
<b>Network Service</b>	ALL	<b>Product Line:</b>	All

Member	Condition	Paid Amount
Subscriber	Cancer of breast	\$59,908.19

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



## CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 1/13/2022 and Paid between 3/1/2020 and 1/13/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, M0201, M0239, M0240, M0241, M0243, M0244,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	0	0	\$0.00	\$0.00	\$0.00
1-5	2	5	\$357.88	\$71.58	\$4.47
6-18	12	36	\$4,095.43	\$113.76	\$12.05
19-25	3	9	\$1,026.65	\$114.07	\$10.37
26-39	8	20	\$2,488.46	\$124.42	\$13.90
40-64	23	85	\$14,342.16	\$168.73	\$23.02
65+	1	5	\$302.00	\$60.40	\$15.10
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	18	70	\$8,835.69	\$126.22	\$17.46
Spouse	12	39	\$8,296.93	\$212.74	\$26.76
Dependent	18	51	\$5,479.96	\$107.45	\$10.40

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	25	108	\$16,181.23	\$149.83	\$22.05
Male	23	52	\$6,431.35	\$123.68	\$10.56
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	48	160	\$22,612.58	\$141.33	\$16.84

## 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	3	5	\$7,203.83	\$1,440.77	\$5.36
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	5	5	\$652.90	\$130.58	\$0.49
Pathology (Laboratory)	40	97	\$8,676.22	\$89.45	\$6.46
Telemedicine	1	1	\$30.29	\$30.29	\$0.02
Urgent Care	17	34	\$5,255.73	\$154.58	\$3.91

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Southern Ocean Medical Center	14	21	\$5,538.69	\$263.75	\$4.12
Labcorp Raritan	24	34	\$3,059.10	\$89.97	\$2.28
AtlantiCare Physican Group	8	18	\$2,953.94	\$164.11	\$2.20
Atlanticare Regional Medical Center	1	1	\$1,638.78	\$1,638.78	\$1.22
GENESIS LABORATORY MANAGEMENT	3	4	\$1,231.50	\$307.88	\$0.92
SUMMIT MEDICAL GROUP PA	6	7	\$1,200.00	\$171.43	\$0.89
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$0.63
Bio Reference Laboratory Inc	3	4	\$670.00	\$167.50	\$0.50
Quest Diagnostics Inc	5	6	\$542.13	\$90.36	\$0.40
MVP Medical Associates	2	4	\$530.00	\$132.50	\$0.39
Marlboro Medical Center LLC	2	2	\$458.18	\$229.09	\$0.34
Minute Clinic Diagnostic of New Jersey LLC	12	20	\$356.63	\$17.83	\$0.27
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.24
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.22
Pediatric Affiliates PA	4	7	\$293.86	\$41.98	\$0.22
Jersey Irish Medical	2	2	\$285.00	\$142.50	\$0.21
Urgent Care Physicians of New Jersey Llc	1	4	\$280.00	\$70.00	\$0.21
ATLANTICARE CLINICAL LABORATOR	2	2	\$218.00	\$109.00	\$0.16
Accu Reference Medical Lab	1	1	\$200.00	\$200.00	\$0.15
THERANOSTIX INC	1	1	\$200.00	\$200.00	\$0.15
AEGIS SCIENCES CORPORATION	2	2	\$200.00	\$100.00	\$0.15
City Medical of New Jersey PC	1	1	\$180.00	\$180.00	\$0.13
KENNEDY UNIVERSITY HOSPITAL GAC	1	1	\$154.91	\$154.91	\$0.12
CLARITY LABORATORIES LLC	1	1	\$150.00	\$150.00	\$0.11
Central Jersey Urgent Care LLC	1	1	\$140.00	\$140.00	\$0.10

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0064A, 0071A, 0072A, 91300, 91301, 91303 91306 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	\$0.00	
1-5	0	0	0	\$0.00	
6-18	0	1	3	\$139.24	\$34.81
19-25	0	0	0	\$0.00	
26-39	0	1	0	\$51.87	\$51.87
40-64	0	6	2	\$261.56	\$32.70
65+	0	0	0	\$0.00	
Unknown	0	0	0	\$0.00	

**Urgent Care**

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	5	7	\$1,325.00	\$265.00
19-25	1	4	\$584.52	\$584.52
26-39	3	3	\$620.00	\$206.67
40-64	8	18	\$2,630.73	\$328.84
65+	1	2	\$95.48	\$95.48
Unknown	0	0	\$0.00	\$0.00

**Retail Clinic**

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	0	0	\$0.00	\$0.00
26-39	0	0	\$0.00	\$0.00
40-64	0	0	\$0.00	\$0.00
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00



**EXPRESS SCRIPTS®**

**Central Jersey Health Insurance Fund**

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	20212	202Q4	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	3,160	3,152	3,168
Total Days	134,092	121,687	143,315	399,094	125,054	117,060	122,211	364,325	122,058	117,585	119,916	359,559	121,769	115,114	124,768	361,651	1,484,629
Total Patients	1,329	1,266	1,284	1,975	1,080	1,019	1,104	1,644	1,100	1,078	1,116	1,727	1,120	1,082	1,105	1,715	2,486
Total Plan Cost	\$538,858	\$593,799	\$613,812	\$1,746,469	\$510,765	\$581,440	\$531,348	\$1,623,553	\$571,356	\$645,724	\$501,656	\$1,718,736	\$527,918	\$610,958	\$548,684	\$1,687,560	\$6,776,318
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%	82.8%	82.2%	81.4%	81.4%	82.7%	81.8%	82.0%
Plan Cost PMPM	\$169.19	\$187.02	\$193.33	\$183.16	\$160.11	\$183.25	\$167.46	\$170.26	\$180.18	\$203.96	\$159.26	\$181.17	\$167.54	\$194.20	\$173.63	\$178.45	\$178.25
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	\$197,055	\$576,616	\$2,134,975
Specialty % of Total Specialty Plan Cost	28.6%	27.0%	29.3%	28.3%	26.8%	33.2%	32.9%	31.1%	32.3%	40.8%	22.1%	32.5%	26.1%	39.6%	35.9%	34.2%	31.5%

Total Component/Date of Service (Month)	202101	202102	202103	2021Q1	202104	202105	202106	2021Q2	202107	202108	202109	2021Q3	202110	202111	202112	2021Q4	2021YTD
Membership	3,126	3,118	3,129	3,124	3,133	3,130	3,120	3,128	3,127	3,071	3,091	3,096	3,080	3,089			3,110
Total Days	118,409	109,551	127,833	355,793	120,112	135,386	117,483	372,981	111,788	123,980	119,494	355,262	112,030	115,723			1,311,789
Total Patients	1,072	999	1,129	1,669	1,090	1,176	1,119	1,714	1,119	1,125	1,115	1,733	1,117	1,124			2,349
Total Plan Cost	\$493,344	\$604,723	\$621,457	\$1,719,524	\$580,452	\$695,641	\$557,038	\$1,833,131	\$534,820	\$635,822	\$608,067	\$1,778,708	\$598,539	\$470,336			6,400,238
Generic Fill Rate (GFR) - Total	84.9%	84.2%	82.9%	84.0%	84.2%	85.3%	84.1%	84.6%	85.6%	85.1%	85.0%	85.2%	84.3%	86.0%			84.7%
Plan Cost PMPM	\$157.82	\$193.95	\$198.61	\$183.46	\$185.27	\$222.25	\$178.54	\$195.37	\$171.03	\$207.04	\$196.72	\$191.49	\$194.33	\$152.26			187.06
% Change Plan Cost PMPM	-6.7%	3.7%	2.7%	0.2%	15.7%	21.3%	6.6%	14.7%	-5.1%	1.5%	23.5%	5.7%	16.0%	-21.6%			5.2%
Total Specialty Plan Cost	\$175,727	\$261,778	\$233,397	\$670,901	\$219,212	\$315,183	\$218,503	\$752,897	\$188,162	\$256,403	\$261,387	\$705,953	\$227,400	\$153,870			\$2,511,021
Specialty % of Total Specialty Plan Cost	35.6%	43.3%	37.6%	39.0%	37.8%	45.3%	39.2%	41.1%	35.2%	40.3%	43.0%	39.7%	38.0%	32.7%			39.2%

PMPM	
Jan-Nov 2020	\$178.67
Jan-Nov 2021	\$187.06
Trend - 2021 YTD	4.7%

**CENTRAL JERSEY HEALTH INSURANCE FUND  
 CONSENT AGENDA  
 JANUARY 19, 2022**

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 1-22: Awarding Professional Fees & Contracts.....	<b>Page 44</b>
Resolution 2-22: Designation of Process of Service .....	<b>Page 47</b>
Resolution 3-22: Designation of Secretary as Custodian of Records.....	<b>Page 48</b>
Resolution 4-22: Designation of Official Newspaper .....	<b>Page 49</b>
Resolution 5-22: Designation of Regular Meeting Times and Place.....	<b>Page 50</b>
Resolution 6-22: Designation of Bank Depositories & CMP.....	<b>Page 52</b>
Resolution 7-22: Designation of Authorized Signatories .....	<b>Page 56</b>
Resolution 8-22: Approval of Risk Management Plan.....	<b>Page 57</b>
Resolution 9-22: Appointment of MRHIF Fund Commissioners .....	<b>Page 67</b>
Resolution 10-22: Broker Contract Approval .....	<b>Page 68</b>
Resolution 11-22: Authorizing Treasurer to Process Contracted Payments and Expenses .....	<b>Page 79</b>
Resolution 12-22: Offer Membership: Toms River Twp.....	<b>Page 80</b>
Resolution 13-22: Adopting 2022 Wellness Grant Programs.....	<b>Page 81</b>
Resolution 14-22: Approval of the November and December 2021 Bills Lists	<b>Page 82</b>

**RESOLUTION NO. 1-22**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2022**

**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 professional service appointments and contract awards be and are hereby made for 2022:

- I. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$16,300 has been appropriated in the Actuary Line Item of the 2022 budget.
- II. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$36,432 has been appropriated in the Attorney Line Item of the 2022 budget.
- III. **Mercadien P.C. is** hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$20,000 has been appropriated in the Auditor Line Item of the 2022 budget.
- IV. **Stephen Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$12,500 has been appropriated in the Treasurer Line Item of the 2022 budget.

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2022:



- I. **PERMA Risk Management Services as Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$9.07 per employee, per month will be expended to the Administrator. The estimated annual amount of \$406,453 has been appropriated in the Administrator Line Item of the 2022 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$22.09 per medical employee, per month, \$8.75 per non-medical employees per month and \$0.92 per employee per month for health care reform will be expended in connection with the Program Manager in 2022. In addition, the Program Manager will be paid \$15,000 for plan documents. The estimated annual amount of \$1,344,542 has been appropriated in the **Program Manager** Line Item of the 2022 budget.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$40.54 per employee, per month and .91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$762,307 has been appropriated in the Medical TPA Line Item of the 2022 budget.
- IV. **Aetna Medicare Advantage** is hereby appointed to serve as the FUND's Medicare Advantage service provider at the following per member, per month fee:

PlanName	Premium
Medicare Advantage (Borough of Red Bank)	\$ 173.85
Medicare Advantage Plan 2 w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	\$ 371.61
Medicare Advantage Plan 2 w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	\$ 357.04
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Lakewood Township Fire Dept)	\$ 371.61
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	\$ 371.61
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Township of Aberdeen)	\$ 371.61
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Montgomery Township)	\$ 341.90
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	\$ 357.04
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Aberdeen)	\$ 357.04
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Shrewsbury)	\$ 357.04
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Borough of Red Bank)	\$ 357.04
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Bedminster Township)	\$ 330.03
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Montgomery Township)	\$ 330.03
Medicare Advantage w/ 10% Rx - MAPDP (Borough of West Long Branch)	\$ 384.34
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Red Bank)	\$ 368.35
Medicare Advantage w/ 20% Rx - MAPDP (Township of Aberdeen)	\$ 368.35
Medicare Advantage w/\$6/\$12/\$24 Rx - MAPDP (Toms River MUA)	\$ 330.03
PDP \$5/\$11/\$21 (Brick Township)	\$ 176.71
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of South River)	\$ 330.03
Medicare Advantage w/ \$5/\$5/5 Rx - MAPDP (Eatontown Sewerage Authority)	\$ 357.04
Aetna Medicare Advantage (Hamilton Township)	\$ 270.08

- V. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$38.94 per medical employee, per month will be expended to the TPA, with the reduction of \$1v.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$10,403 has been appropriated in the Medical TPA Line Item of the 2022 budget.

- VI. **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 \$78,250 has been appropriated in the Dental TPA Line Item of the 2022 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 19, 2022**

**BY**

---

**CHAIRPERSON**

**ATTEST:**

---

**SECRETARY**

<b>RESOLUTION NO. 2-22</b>
----------------------------

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2022**

**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 2022 or until its successor has be appointed and qualified.

**ADOPTED: January 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

<b>RESOLUTION NO. 3-22</b>
----------------------------

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

**BE IT RESOLVED** that\_\_\_\_\_, 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 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 4-22**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING  
THE ASBURY PARK PRESS AS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2022**

**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 2022 and that all official notices required to be published shall be published in this paper and on the Fund website ([www.cjhif.com](http://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](http://www.cjhif.com))

**ADOPTED: January 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

## RESOLUTION NO. 5-22

### CENTRAL JERSEY HEALTH INSURANCE FUND FIXING PUBLIC MEETING DATES FOR THE YEAR 2022

**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 2022 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 16, 2022	Brielle Borough	1:30pm
May 18, 2022	Brielle Borough	1:30pm
July 20, 2022	Brielle Borough	1:30pm
September 8, 2022	Brielle Borough	1:30pm
October 19, 2022	Brielle Borough	1:30pm
January 18, 2023	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](http://www.cjhif.com))

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2022**

**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 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 7-22**

**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

\_\_\_\_\_ - Secretary

Stephen Mayer - Treasurer

**ADOPTED: January 19, 2022**

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

**ATTEST:**

SECRETARY

**CENTRAL JERSEY HEALTH INSURANCE FUND  
2022 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 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and the plans for those covered under Chapter 44. For Medicare aged retirees, the Fund also offers fully insured "Medicare Advantage" plans.

- Dental

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

- Prescription

The Fund offers customized prescription plans as required by the members, including plans that are coordinated with the low cost medical plan options. For Medicare retirees, "Employer Group Waiver Plans" are also offered.

- Vision

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

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

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

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



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

#### **6.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS**

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

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

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

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

#### **8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

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

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

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

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

**9.) RATING PERIODS**

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

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

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

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

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

**12.) OPEN ENROLLMENT PROCEDURES**

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

**13.) COBRA AND CONVERSION OPTIONS**

The Fund provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The Fund has arranged for a COBRA administrator to enroll eligible participants and to collect the premium. Where provided for in a member's plan document, the Fund provides a conversion option at rates established by the Fund. Unless otherwise specified in the member's plan document, the conversion option



duplicates the conversion option offered by the SHBC. The Fund's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the Fund, or otherwise ceases to be a member of the Fund.

#### **14.) DISCLOSURE OF BENEFIT LIMITS**

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

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

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

#### **16.) RETIREES**

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

#### **17.) NEWBORN CHILDREN**

All plan documents will have the following language:

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

#### **18.) PLAN DOCUMENT**

The Fund prepares a detailed plan document for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook

provides a summary of the coverage provided by the plan. Each booklet (or certificate) shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

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

B.) Benefits

- Definitions.
- Description of benefits.

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

C.) Claims Procedures

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

D.) Cost Containment Programs

- Pre-admission.

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

## **19.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**

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

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

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

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

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

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

## **21.) 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/](mailto: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 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> of the month.

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

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

**ADOPTED: January 19, 2022**

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

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

<b>RESOLUTION NO. 9-22</b>
----------------------------

**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 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 10-22**

**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 2022;

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 2022:

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
Brick Twp Housing Authority	Fairview Insurance Agency		15.71
Englishtown	Danskin Agency	5.59	
Hamilton Township			25.00
Keyport	Danskin Agency	2.42	
Red Bank			33.05
Sayreville Borough	Reliance Insurance		46.71
South River	Integrity Consulting Group		28.61
Tuckerton Borough School District	Brown & Brown Metro		61.13
West Long Branch	Brown & Brown Metro		38.11
Western Monmouth Utilities Authority	Danskin Agency	5.58	

Note there are two Sayreville – they have two risk managers.



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

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 19, 2022**

**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 \_\_\_\_\_, 2022.

**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, 2022, and shall continue through December 31, 2022 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 a conflict of interest as defined in the Fund's by-laws, or pursuant to N.J.S.A. 40A: 9-22.1 et. seq. (the "Local Government Ethics Laws").

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

## **VII. CONFIDENTIAL INFORMATION**

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

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

## **VIII. NON-DISPARAGEMENT**

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

#### **IX. INDEMNIFICATION**

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

#### **X. AFFIRMATIVE ACTION**

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

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

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

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

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

BRM agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on

the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

#### **XI. OWNERSHIP OF RECORDS**

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

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

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

#### **XII. REMEDIES IN EVENT OF BREACH**

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

#### **XIII. MISCELLANEOUS**

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

B. **Severability and Independence.** If any provision of this Agreement or any part of any

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

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

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

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

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

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

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

If to BRM, to:

If to CSB, to:

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

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



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

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

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

IN WITNESS WHEREOF, this Agreement has been executed on this \_\_\_\_\_  
\_\_\_\_\_ 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, 2022. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

<b>RESOLUTION NO. 11-22</b>
-----------------------------

**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 2022.

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

**ADOPTED: January 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO 12-22**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP  
TOWNSHIP OF TOMS RIVER**

**WHEREAS**, a number of local public entities in the state of New Jersey have joined together to form a Joint Insurance Fund, entitled the Fund, (the "Fund") as permitted by chapter 372 Laws of 1983 (40A: 10-36); and

**WHEREAS**, the Fund held a Public Meeting on **January 19, 2022** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund received applications to the Fund for municipalities and school boards and has reviewed the risk, underwriting detail, and actuarial projections for the Fund and recommends an annual total assessment as presented in detail; and

**WHEREAS**, it appears that the inclusion of the Township of Toms River in the Fund would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund's By-laws; now, therefore,

**BE IT RESOLVED**, that the Central Jersey Health Insurance Fund hereby offers membership to Toms River Township at rates presented.

**ADOPTED: JANUARY 19, 2022**

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

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

**RESOLUTION NO. 13-22**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2022 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, 2022 through December 31, 2022. 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	Biometric Screenings (option 1)	Option 2 (Tavi Challenges)	Option 3 (Wellness Days)	Option 4 ( EAP)	Option 5 - Build own	Wellness Champion Stipend	Total	Notes
Oceanport				X		\$0.00	\$3,780.00	Preferred Behavior EHP plan for all employees
Bedminster		X			X		\$6,500.00	Tavi challenges and Health Lunch Kickoff
Highlands BOE					X	\$0.00	\$2,500.00	Wellness Bingo Challenges, Chair Massages, Acupuncture; body composition testing
<b>Totals</b>							<b>\$12,780.00</b>	
<b>Remainder available for Grants</b>							<b>\$112,220.00</b>	

**WHEREAS**, on January 19, 2022, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling \$12,780:

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 14-22**

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

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **January 19, 2022** 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 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 November for all Fund Years for consideration and approval of the Executive Committee; and

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

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for November and December 2021 and January 2022 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 19, 2022**

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

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**OPEN MINUTES**  
**October 20, 2021**  
**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 2021 EXECUTIVE COMMITTEE**

<b>CHAIRPERSON</b>		
Thomas Nolan	Borough of Brielle	Present
<b>SECRETARY</b>		
William Rieker	Township of Lakewood	Present
<b>EXECUTIVE</b>	<b>COMMITTEE</b>	
Diane Lapp	Township of Manchester	Present
Donato Nieman	Township of Montgomery	Present
Brian Valentino	Western Monmouth MUA	Present
Brian Brach	Manasquan RRSA	Present
<b>ALTERNATES:</b>		
Brian Dempsey	Spring Lake Borough	Present

**APPOINTED OFFICIALS PRESENT:**

Executive Director/Administrator	PERMA Risk Management Services	<b>Paul Laracy</b> <b>Emily Koval</b> <b>Jordyn DeLorenzo</b>	Present Present Present
Program Manager	Conner Strong & Buckelew	<b>Brandon Lodics</b> <b>Jozsef Pfeiffer</b>	Present Present
Attorney	Berry, Sahradnik, Kotzas & Benson	<b>Jack Sahradnik</b>	Present
Treasurer		<b>Stephen Mayer</b>	Present
Network & Medical Claims Service	Aetna	<b>Jason Silverstein</b>	Present
Network & Medical Claims Service	AmeriHealth	<b>Kristina Strain</b>	Present
Dental Claims Service	Delta Dental	<b>Brian Remlinger</b>	Present
Rx Administrator	Express Scripts	<b>Chris Auberger</b>	Absent
Auditor	Mercadien	<b>Digesh Patel</b>	Absent



**OTHERS PRESENT:**

Mike Stahl  
Scott Carew  
Robin Ray  
Chris Mullins  
Beata Roefaro  
Angela Morin  
Tom Fletcher  
Anthony Tonzini  
Danskin Agency  
Alison Kelly  
Sam DiMarini

**APPROVAL OF MINUTES: September 8, 2021 OPEN:**

**MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 8, 2021**

<b>MOTION:</b>	Commissioner Brach
<b>SECOND:</b>	Commissioner Valentino
<b>VOTE:</b>	Unanimous

**CORRESPONDENCE:** None

**EXECUTIVE DIRECTOR'S REPORT**

Executive Director Koval stated that Executive Committee Member Adam Hubeny has retired. Commissioner Dempsey will move from Alternate to Commissioner. Since Mr. Hubeny was the only member on the nomination committee, the fund will need a few volunteers to make a recommendation for next year's Executive and Sub Committees.

**FINANCIAL FAST TRACK** as of August 31, 2021- Executive Director Koval stated that overall YTD the fund has profited \$2.5 million making the statutory surplus \$19.4 million. Currently YTD the fund is running about 7% under budget as far as the claims and that is good.

**2022 BUDGET ADOPTION**

Executive Director Koval stated that there have been no changes to the budget or assessments since the last meeting when the budget was introduced. Executive Director Koval opened the floor to any member who wished for her to review the 2022 Budget again. No questions were asked.

**Motion:**      *Motion to open the Public Hearing on the 2022 Budget*

<b>MOTION:</b>	Commissioner Nieman
<b>SECOND:</b>	Commissioner Valentino
<b>VOTE:</b>	Unanimous

## **Discussion of Budget and Assessments**

**Motion:**       *Motion to close the Public Hearing*

<b>MOTION:</b>	Commissioner Nieman
<b>SECOND:</b>	Commissioner Valentino
<b>VOTE:</b>	Unanimous

### **DIVIDEND RESOLUTION**

Executive Director Koval stated that at the last meeting the Committee approved a dividend of a little over \$4.2 million. The members of the fund were sent decision letters to advise the Fund how they would like to receive their dividend. Resolution 32-21 is in consent and approves this dividend. ED Koval reiterated that Lakewood's dividend was approved at the last meeting.

### **CONTRACT AWARD RESOLUTIONS - EUS SERVICES**

Executive Director Koval informed the Committee that there is another resolution in consent for the funds TPA and Medicare Advantage providers awarding them the contract.

### **DIRECT BILL COUPONS - RETIREES AND COBRA**

Executive Director Koval stated that Benefits Express requires at least 90 days to guarantee updated direct bill retiree coupons and ACH debits by January 1 and since the budget is just being adopted, that timeframe cannot be met. PERMA will work diligently with BE to expedite the coupons, but there is a chance there will be a delay. In preparation, the attached communication will be sent to all direct billed members in the next month.

### **OPIOID SETTLEMENT**

Executive Director Koval stated that there will be an email sent out soon about the opioid settlement that we qualify for. The MRHIF has hired a 3<sup>rd</sup> party attorney to look into this for the funds. The only direction that we have gotten so far was to opt in. There will be more instruction when that information becomes available.

## **Program Manager's Report**

October 2021

### **Online Enrollment system Update – Security Enhancement**

Program Manager Pfeiffer explained that Benefit Express is updating to a multifactor authentication log in process for security purposes. This means all system users will be required to provide a second form of logon authentication when logging on to the system. The Program Managers office is making sure that this goes smoothly since open enrollment time is here. Friday November 5<sup>th</sup> is the deadline to get any changes into the Benefit Express system.

### **Aetna Update**

#### **Jefferson Health**

Program Manager Pfeiffer stated that the Aetna contract with Jefferson Health extended through December 1, 2021. Aetna is involved in active negotiations with Jefferson and working toward an agreement. We are following this very closely with our Aetna team and are going to provide updates as they become available. To date, negotiations are very amicable and a settlement agreement expected soon.

### **EXPRESS SCRIPTS UPDATE**

Program Manager Pfeiffer explained the National Preferred Formulary Update (NPF)

Mr. Pfeiffer explained that ESI announced their NPF update for January 1, 2022. 32 additional products will be added to the exclusion list included in the agenda. There are 58 CJHIF members identified as having filled scripts for one or more of these products in the past year which is a very small percentage total impacted within the fund. Impacted members will receive notification from ESI that includes therapeutically equivalent alternatives and are encouraged to discuss them with their physician. PM Pfeiffer explained that however, the prescribing physician does have the opportunity to get a formulary exception. This is an additional level of authorization in order for that member to access the non-formulary medication if clinically necessary.

### **Annual Notices of Credible Coverage**

Program Manager Pfeiffer explained what the notices they received from Express Scripts. As you may recall, these are annual notices required by Medicare to be sent to all plan participants who are age 65 and older, or members who will be reaching age 65 in 2022. The notices were mailed on or before September 15th. A sample of this year's NOCC is included with your agenda.

### **Appeals**

There will be an executive session at the end of the meeting.

**TREASURER** – Fund Treasurer said the bills list and treasurer's report is included in the Agenda.

### **October 2021– Resolution 35-21**

<b>FUND YEAR 2021</b>	<b>\$561,207.40</b>
-----------------------	---------------------

### **October Dividend 2021 – Confirmation of Payment**

<b>TOTAL ALL FUND YEARS</b>	<b>\$1,799,355.26</b>
-----------------------------	-----------------------

**ATTORNEY:** Mr. Sahradnik stated he has nothing to report.

**AETNA:** Mr. Silverstein reviewed the claims for August 2021 with an average pepm of \$1,494. Mr. Silverstein stated there were 2 high cost claimants for August over the threshold of \$50,000. He also reviewed the dashboard report and the weekly covid reporting included with the agenda.

**AMERIHEALTH:** Kristina Strain reviewed the claims for September 2021 with an average pepm of \$787.28. Rounding out the year paid medical claims the fund is at \$141,821.18. There were no high claimants for the month of September. She reviewed the covid reporting included in agenda.

**EXPRESS SCRIPTS:** Kyle Colalillo stated that the trend thru 2021 YTD is 6.5% and at \$189.75 PEPm. Specialty costs are running a little bit higher and there was an increase in specialty utilization since last year. There are no high dollar claims to report. Mr. Colalillo reviewed the covid drug that has been in clinical trials.

**DELTA DENTAL:** Mr. Remlinger stated there was nothing to report.

**MOTION TO APPROVE THE CONSENT AGENDA:**

<b>MOTION:</b>	Commissioner Valentino
<b>SECOND:</b>	Commissioner Brach
<b>ROLL CALL:</b>	5 Ayes, 0 Nays

**NEW BUSINESS:** None

**OLD BUSINESS:** None

**PUBLIC COMMENT:** Chuck Casagrande asked if there will be federal moneys that will be issued through the counties like there has been at the JIF level. Executive Director Koval stated that it is being kept at the JIF level at this time and they are discussing further getting the HIFs involved and will keep everyone updated.

**MOTION TO GO INTO EXECUTIVE SESSION SPECIFIED PERSONAL CLAIMS LITIGATION:**

<b>MOTION:</b>	Commissioner Brach
<b>SECOND:</b>	Commissioner Nieman
<b>ROLL CALL:</b>	5 Ayes, 0 Nays

**MOTION TO ADJOURN MEETING:**

<b>MOTION:</b>	Commissioner Valentino
<b>SECOND:</b>	Commissioner Nieman
<b>VOTE:</b>	Unanimous

**MEETING ADJOURNED: 2:30 pm**

**Minutes Prepared by: Jordyn DeLorenzo , Assisting Secretary**

Next Meeting: January 19, 2022 1:30 pm, Zoom Meeting

## **APPENDIX II**