



**AGENDA AND REPORTS**  
**JANUARY 18, 2023**  
**1:30 PM**

Join Zoom Meeting

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## 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 18, 2023  
1:30 PM**

**SINE DIE MEETING**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ  
FLAG SALUTE  
ROLL CALL OF 2022 EXECUTIVE COMMITTEE  
APPROVAL OF MINUTES: OCTOBER 19, 2022 Open: Appendix I**

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**CORRESPONDENCE - None**

**ADJOURN SINE DIE MEETING**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER  
ROLL CALL OF 2022 FUND COMMISSIONERS**

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

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

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

**NOMINATING COMMITTEE RECOMMENDATION**

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

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2023 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

Monthly Report.....Page 1

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

Monthly Report.....Page 9

**TREASURER – (Stephen Mayer)**

November and December 2022 Voucher List .....Page 14

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

**ATTORNEY – (John C. Sahradnik, Esq.)**

Monthly Report

**NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)**

Monthly Report.....Page 20

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

Monthly Report.....Page 27

**PRESCRIPTION ADMINISTRATOR – (Express Scripts)**

Monthly Report..... Page 34

**DENTAL ADMINISTRATOR – (Delta Dental)**

Monthly Report

**CONSENT AGENDA.....Page 37**

Resolution 1-23: Awarding Professional Fees & Contracts..... Page 38

Resolution 2-23: Designation of Process of Service ..... Page 41

Resolution 3-23: Designation of Secretary as Custodian of Records..... Page 42

Resolution 4-23: Designation of Official Newspaper ..... Page 43

Resolution 5-23: Designation of Regular Meeting Times and Place..... Page 44

Resolution 6-23: Designation of Bank Depositories & CMP..... Page 46

Resolution 7-23: Designation of Authorized Signatories ..... Page 50

Resolution 8-23: Approval of Risk Management Plan..... Page 51

Resolution 9-23: Appointment of MRHIF Fund Commissioners ..... Page 61

Resolution 10-23: Broker Contract Approval ..... Page 62

Resolution 11-23: Authorizing Treasurer to Process Contracted

Payments and Expenses ..... Page 73

Resolution 12-23: Adopting 2023 Wellness Grant Programs..... Page 74

Resolution 13-23: Amending the Program Manager Contract .....Page 75

Resolution 14-23: Approval of the November and December 2022 Bills Lists .....Page 76

**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 18, 2023

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of November 30, 2022 (page 4)

**2023 REORGANIZATION**

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

- #1-23: Approves contracts for 2023. All contracts match the RFPs and budget approved last year.
- #7-23 – September meeting is the 2<sup>nd</sup> Wednesday to avoid conference conflicts and the November meeting has been removed but can be added should there be a need.
- #9-23 – Signatories will remain the same.
- #11-23 – Current MRHIF representatives are Brian Brach and Brian Valentino.

**PROGRAM MANAGER CONTRACT AMENDMENT - CLAIMS AND OPERATIONAL AUDIT**

As approved in the budget adoption, \$40,000 has been included for annual Carrier operation and claims audits.

The Program Manager will be subcontracting with AIM, a subsidiary of Conner Strong and Buckelew, to perform the annual specialized audits. AIM is a boutique employee benefits, audit and compliance firm that specializes in self-insured claims, compliance, and operational audits to assure self-insured client's plans are being administered accurately financially and managed appropriately within the guidelines of the plan documents and adopted policies and procedures.

AIM will cater the scope of the audits to the needs of the CJHIF and market observations present at the time of each audit. The Program Manager's report includes suggested audit scope for 2023.

<https://www.aim-benefits.com/>

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF executive committee met on December 8.

The 2023 budget and assessments were adopted without amendment. The assessment included in the CJHIF 2023 budget was unchanged.

The data warehouse RFP is being reviewed and a recommendation for contract will be awarded at the next meeting.

A Medicare Advantage implementation and advocacy company was hired which the cost will be associated with new groups only.

## 2023 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2022 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  
Angela Morin  
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**

## 2023 WELLNESS GRANT APPLICATIONS

Applications for a 2023 wellness grant were emailed to the membership last month. The total budget is \$125,000 for all medical members.

Oceanport submitted an application for the continuance of its EAP program at a cost not to exceed \$3,780. The Wellness Committee has reviewed and recommending for approval.

Aberdeen has also submitted an application for similar programs in the past, including 5K registrations, health fair, biometric screenings and a farm fresh program. The total, including a stipend is \$25,585. This has also been approved by the Committee.

Resolution 12-23 approves these grants.

The **due date is June 30, 2023** for all members that are interested. The application has been included in the agenda Appendix IV.

## 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, 2022 and older. Please reach out to [jdlorenzo@permainc.com](mailto:jdlorenzo@permainc.com) for a blank form to be executed. The list was last updated on January 10, 2023.

<b>Member</b>	<b>I&amp;T end date</b>
Brick Twp Housing Authority	12/31/2021
Englishtown	12/31/2021
Plumsted Township	12/31/2021
Shrewsbury Township	12/31/2021
Western Monmouth Utilities Authority	12/31/2022
Keyport	12/31/2022
Borough of Sayreville	

## FINANCIAL FAST TRACK REPORT

AS OF	November 30, 2022
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				THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME			4,840,849	53,563,574	785,787,690	839,351,264
2.	CLAIM EXPENSES						
		Paid Claims		3,579,048	42,175,312	639,763,444	
		IBNR		(15,118)	1,226,915	3,008,029	
		Less Specific Excess		-	(872,634)	(18,112,375)	
		Less Aggregate Excess		-	-	(1,000,000)	(1,000,000)
	TOTAL CLAIMS			3,563,930	42,529,592	623,659,098	666,188,690
3.	EXPENSES						24,052,847
		MA & HMO Premiums		328,367	3,425,864	20,626,983	
		Excess Premiums		168,958	1,871,994	36,745,239	
		Administrative		326,081	3,441,620	45,561,334	
	TOTAL EXPENSES			823,406	8,739,478	102,933,556	111,673,034
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)			453,514	2,294,504	59,195,036	61,489,540
5.	INVESTMENT INCOME			29,390	(131,011)	3,742,437	3,611,426
6.	DIVIDEND INCOME			116,834	116,834	7,899,929	8,016,763
7.	STATUTORY PROFIT/(LOSS) (4+5+6)			599,738	2,280,327	70,837,402	73,117,729
8.	DIVIDEND			0	3,805,336	55,302,477	59,107,813
9.	Transferred Surplus			0	0	0	0
	STATUTORY SURPLUS (7-8+9)			599,738	(1,525,009)	15,534,925	14,009,916

***SURPLUS (DEFICITS) BY FUND YEAR***

	Closed		Surplus	127,846	(971,180)	8,517,840	7,546,660
			Cash	9,012	(1,450,806)	9,273,859	7,823,053
	2021		Surplus	38,977	(1,269,183)	1,704,080	434,896
			Cash	25,412	(1,387,769)	1,984,695	596,927
	LAKESWOOD		Surplus	49,920	(1,989,142)	5,313,006	3,323,863
			Cash	73,285	(2,753,348)	5,103,915	2,350,567
	2022		Surplus	382,996	2,704,496		2,704,496
			Cash	(546,039)	1,005,264		1,005,264

TOTAL SURPLUS (DEFICITS)	599,738	(1,525,009)	15,534,925	14,009,916
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TOTAL CASH	(438,329)	(4,586,659)	16,362,469	11,775,810
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### CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS			1,487	9,895	541,569,127	541,579,021	
FUND YEAR 2021							
	Paid Claims		5,285	3,140,485	22,407,794		25,548,279
	IBNR		(40,751)	(1,655,097)	1,747,542		92,445
	Less Specific Excess		0	(160,235)	0		(160,235)
	Less Aggregate Excess		0	0	0	0	
TOTAL FY 2021 CLAIMS			(35,466)	1,325,152	24,155,336	25,480,489	
LAKEWOOD						70,303,538 998,504 (3,099,144) 0	
	Paid Claims		948,285	11,017,960	59,285,578		
	IBNR		8,330	(261,982)	1,260,486		
	Less Specific Excess		0	(487,713)	(2,611,431)		
	Less Aggregate Excess		0	0	0		
TOTAL LAKEWOOD CLAIMS			956,615	10,268,265	57,934,634	68,202,898	
FUND YEAR 2022						27,954,754 3,143,994 (172,469) 0	
	Paid Claims		2,623,991	27,954,754			
	IBNR		17,303	3,143,994			
	Less Specific Excess		0	(172,469)			
	Less Aggregate Excess		0	0			
TOTAL FY 2022 CLAIMS			2,641,294	30,926,280		30,926,280	

COMBINED TOTAL CLAIMS	3,563,930	42,529,592	623,659,097	666,188,689
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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

<b>Central Jersey Health Insurance Fund</b>													
<b>RATIOS</b>													
		<b>FY2022</b>											
<b>INDICES</b>	<b>2021</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>
Cash Position	16,362,469	\$ 13,664,487	\$ 12,439,444	\$ 15,509,519	\$ 16,911,809	\$ 14,084,633	\$ 12,574,671	\$ 13,089,488	\$ 12,391,370	\$ 13,814,483	\$ 12,214,139	\$ 11,775,810	
IBNR	3,008,029	\$ 3,126,142	\$ 4,060,595	\$ 4,341,516	\$ 4,466,160	\$ 4,415,475	\$ 3,852,357	\$ 4,214,931	\$ 4,204,996	\$ 4,207,438	\$ 4,250,062	\$ 4,234,943	
Assets	20,000,252	\$ 20,559,268	\$ 20,958,736	\$ 21,340,307	\$ 20,198,377	\$ 18,413,286	\$ 18,375,714	\$ 18,978,738	\$ 19,211,487	\$ 18,380,120	\$ 18,286,765	\$ 18,769,166	
Liabilities	4,465,332	\$ 4,592,681	\$ 5,540,627	\$ 5,809,765	\$ 4,668,032	\$ 4,622,945	\$ 4,062,836	\$ 4,433,561	\$ 4,420,142	\$ 5,430,973	\$ 4,876,592	\$ 4,759,255	
Surplus	15,534,920	\$ 15,966,587	\$ 15,418,109	\$ 15,530,542	\$ 15,530,345	\$ 13,790,341	\$ 14,312,879	\$ 14,545,178	\$ 14,791,344	\$ 12,949,147	\$ 13,410,173	\$ 14,009,911	
Claims Paid -- Month	3,420,707	\$ 3,636,789	\$ 3,787,821	\$ 4,387,116	\$ 3,892,667	\$ 3,135,540	\$ 4,126,939	\$ 3,291,483	\$ 3,675,029	\$ 5,116,991	\$ 3,558,058	\$ 3,580,206	
Claims Budget -- Month	3,093,328	\$ 4,181,175	\$ 4,183,693	\$ 4,176,567	\$ 4,180,248	\$ 4,130,574	\$ 4,143,455	\$ 4,025,507	\$ 4,016,538	\$ 4,015,732	\$ 4,019,019	\$ 4,015,787	
Claims Paid -- YTD	35,783,579	\$ 3,636,789	\$ 7,424,610	\$ 11,811,726	\$ 15,704,393	\$ 18,839,933	\$ 22,966,872	\$ 26,258,356	\$ 29,933,384	\$ 35,050,375	\$ 38,608,433	\$ 42,188,639	
Claims Budget -- YTD	37,503,547	\$ 4,181,175	\$ 8,364,868	\$ 12,541,435	\$ 16,721,683	\$ 20,852,257	\$ 25,033,825	\$ 28,413,047	\$ 32,429,585	\$ 36,448,440	\$ 40,466,296	\$ 44,482,083	
<b>RATIOS</b>													
Cash Position to Claims Paid	4.78	3.76	3.28	3.54	4.34	4.49	3.05	3.98	3.37	2.7	3.43	3.29	
Claims Paid to Claims Budget -- Month	1.11	0.87	0.91	1.05	0.93	0.76	1.00	0.82	0.91	1.27	0.89	0.89	
Claims Paid to Claims Budget -- YTD	0.95	0.87	0.89	0.94	0.94	0.9	0.92	0.92	0.92	0.96	0.95	0.95	
Cash Position to IBNR	5.44	4.37	3.06	3.57	3.79	3.19	3.26	3.11	2.95	3.28	2.87	2.78	
Assets to Liabilities	4.48	4.48	3.78	3.67	4.33	3.98	4.52	4.28	4.35	3.38	3.75	3.94	
Surplus as Months of Claims	5.02	3.82	3.69	3.72	3.72	3.34	3.45	3.61	3.68	3.22	3.34	3.49	
IBNR to Claims Budget -- Month	0.97	0.75	0.97	1.04	1.07	1.07	0.93	1.05	1.05	1.05	1.06	1.05	

# Central Jersey Health Insurance Fund

## 2022 Budget Report

AS OF NOVEMBER 30, 2022

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renewal	22,482	23,176	34,607			
Medical Claims AmeriHealth 6/30 Renewal	279,886	305,101	320,509			
Medical Claims Aetna 12/31 Renewal	26,634,263	29,023,510	18,101,481			
Medical Claims Aetna 6/30 Renewal	410,975	446,766	404,913			
<b>Subtotal Medical Claims</b>	<b>27,347,606</b>	<b>29,798,553</b>	<b>18,861,510</b>	<b>24,552,519</b>	<b>2,818,917</b>	<b>10%</b>
Prescription Claims 12/31 Renewal	6,308,892	6,877,862	6,938,420			
Prescription Claims 6/30 Renewal	185,438	201,691	191,761			
Less Rx Rebates	(1,948,299)	(2,123,866)	(3,075,321)			
<b>Subtotal Prescription Claims</b>	<b>4,546,031</b>	<b>4,955,687</b>	<b>4,054,860</b>	<b>5,013,378</b>	<b>(467,347)</b>	<b>-10%</b>
Dental Claims 12/31 Renewal	1,582,512	1,726,191	1,732,189			
Dental Claims 6/30 Renewal	19,717	21,506	22,513			
<b>Subtotal Dental Claims</b>	<b>1,602,229</b>	<b>1,747,697</b>	<b>1,754,702</b>	<b>1,360,383</b>	<b>241,846</b>	<b>15%</b>
Vision Claims	23,830	26,006	25,222	Included in Medical Claims		
<b>Lakewood SIR Claims</b>						
Medical	8,113,102	8,855,745	8,897,203	7,497,253	615,849	8%
Prescription	2,849,285	3,109,870	3,120,890	2,771,012	78,273	3%
<b>Subtotal Claims</b>	<b>44,482,083</b>	<b>48,493,558</b>	<b>36,714,387</b>	<b>41,194,545</b>	<b>3,287,538</b>	<b>7%</b>
Medicare Advantage / EGWP	2,856,706	3,127,854	1,651,748	3,393,551	(177)	0%
Medicare Advantage - Rx	536,668	587,737	555,576	Included in Medicare Advantage / EGWP		
DMO Premiums	35,227	38,358	39,375	32,313	2,914	8%
<b>Reinsurance</b>						
Specific	966,746	1,053,738	708,768			
Lakewood - ICH	906,568	989,779	1,172,999			
<b>Subtotal Reinsurance</b>	<b>1,873,314</b>	<b>2,043,517</b>	<b>1,881,767</b>	<b>1,871,994</b>	<b>1,320</b>	<b>0%</b>
Loss Fund Contingency	350,114	381,943	381,943	0	350,114	100%
<b>Total Loss Fund</b>	<b>50,134,113</b>	<b>54,672,968</b>	<b>41,224,796</b>	<b>46,492,403</b>	<b>3,641,710</b>	<b>7%</b>
<b>Expenses</b>						
Legal	33,394	36,430	36,430	33,396	(2)	0%
Treasurer	11,458	12,500	12,500	11,458	-	0%
Administrator	472,599	515,868	406,453	472,554	45	0%
Program Manager	1,739,146	1,898,378	1,329,542	1,788,116	(35,220)	-2%
Actuary	14,942	16,300	16,300	14,941	1	0%
Auditor	18,333	20,000	20,000	18,334	(1)	0%
TPA - Aetna	944,555	1,029,934	762,307	952,395	566	0%
TPA - AmeriHealth	8,405	9,122	10,403	Included above in TPA - Aetna		
Plan Documents	13,750	15,000	15,000	Included in Program Manager		
Dental TPA	72,328	78,914	78,250	72,309	19	0%
Wellness	114,583	125,000	125,000	114,583	0	0%
Affordable Care Act	11,627	12,677	9,427	10,480	1,147	10%
A4 Retiree Surcharge	15,419	16,781	15,592	13,133	2,287	15%
Misc/Cont	19,420	21,185	21,185	7,269	12,150	63%
<b>Total Expenses</b>	<b>3,489,961</b>	<b>3,808,090</b>	<b>2,858,389</b>	<b>3,508,968</b>	<b>(19,007)</b>	<b>-1%</b>
<b>Total Budget</b>	<b>53,624,073</b>	<b>58,481,057</b>	<b>44,083,185</b>	<b>50,001,371</b>	<b>3,622,702</b>	<b>7%</b>

# Central Jersey Health Insurance Fund

## CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2022

### BY FUND YEAR

	CJ HIF 2022	CJ HIF 2021	CLOSED YEAR	LAKEWOOD	FUND BALANCE
<b>ASSETS</b>					
Cash & Cash Equivalents	1,005,264	596,927	7,823,053	2,350,567	11,775,810
Assessments Receivable (Prepaid)	2,855,496	1,983	-	997,378	3,854,857
Interest Receivable	1,305	1,338	4,199	2,671	9,512
Specific Excess Receivable	172,469	36,121	-	-	208,590
Aggregate Excess Receivable	-	-	-	971,752	971,752
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	1,359	-	-	-	1,359
Other Assets	1,947,285	-	-	-	1,947,285
<b>Total Assets</b>	<b>5,983,177</b>	<b>636,369</b>	<b>7,827,252</b>	<b>4,322,367</b>	<b>18,769,166</b>
<b>LIABILITIES</b>					
Accounts Payable	-	-	-	-	-
IBNR Reserve	3,143,994	92,445	-	998,504	4,234,943
A4 Retiree Surcharge	2,922	-	-	-	2,922
Dividends Payable	-	-	280,597	-	280,597
Retained Dividends	-	-	-	-	-
Accrued/Other Liabilities	131,765	109,028	-	-	240,793
<b>Total Liabilities</b>	<b>3,278,681</b>	<b>201,473</b>	<b>280,597</b>	<b>998,504</b>	<b>4,759,255</b>
<b>EQUITY</b>					
Surplus / (Deficit)	2,704,496	434,896	7,546,655	3,323,863	14,009,911
<b>Total Equity</b>	<b>2,704,496</b>	<b>434,896</b>	<b>7,546,655</b>	<b>3,323,863</b>	<b>14,009,911</b>
<b>Total Liabilities &amp; Equity</b>	<b>5,983,177</b>	<b>636,369</b>	<b>7,827,252</b>	<b>4,322,367</b>	<b>18,769,166</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

Fund Year allocation of claims have been estimated.

**REGULATORY**  
**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**YEAR: 2023**

<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	Filed
Annual Audit	12/31/2021 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 2023

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.

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact Austin Flinn, [aflinn@permainc.com](mailto:aflinn@permainc.com) for additional information or to request an invite.

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

### 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
  - o Member - \$0 copay
  - o Program Fee- \$2.50 per prescription
  - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
  - o Addition of medications to covered Formulary

- Member educational pieces (included in agenda)
- Quantity Limit – 1 course of treatment every 180 days

## EXPRESS-SCRIPTS UPDATE

ESI's 2023 Exclusion List has been released. The Program Manager sent the Exclusion List to all brokers with CJHIF's specific aggregate impact information on September 8th. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary (NPF), NPF Exclusions and SaveOn Drug lists were sent to brokers on November 14, 2022. CJHIF had 8 members impacted by the NPF Exclusions and no members impacted by the SaveOn Exclusions.

## OPERATIONAL UPDATES:

### End of Year/Wellness Incentive Program Reporting

In addition to the End of Year report, a Wellness Incentive Program report will be provided reflecting employees who received a gym reimbursement in 2022, as this is taxable income. Wellness incentives provided directly to members that do not go towards their health insurance premiums are considered taxable income regardless of the amount. It is the employer's responsibility to report any wellness incentive as income on the employee's W-2 and withhold all appropriate income tax.

Please note the following:

- The report will include the participant's full name and total amount received in 2022
  - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2022 through October 31, 2022**
  - Report will be sent with End of Year Report in late December
- An additional report will be provided in late January 2023 for reimbursements issued for the time period of **November 1, 2022, through December 31, 2022**
  - Employers are responsible for updating an employee's W-2 withholdings once received
- All eligible employees, spouses and dependents (those over age 18) who received a reimbursement will be included in the report separately
  - We recommend groups confirm with their tax advisor if reimbursements for spouses and dependents should be included in the employee's reporting

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

## 2022 LEGISLATIVE REVIEW

### COVID -19

1. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
  - 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 have due, including any applicable grace period
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.  
Reporting has been requested for those groups that have ESI pharmacy through the HIF, updates will be shared at the next meeting.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- 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
- Dollar Limit- Up to \$12 per taste
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government - **No longer available** effective September 2, 2022, due to lack of funding.

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
  - Ordering for more than one participant must be done separately.
- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

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.

## Medical and Rx Reporting

**Federal Extension Granted** – the Centers for Medicare and Medicaid Services (CMS), U.S. Departments of Labor, Health and Human Services, and the Treasury published an FAQ that provided an extension to the filing period for 2020 and 2021 prescription drug and health care spending reporting. The Departments have provided a submission grace period through January 31, 2023 and will not consider a plan or issuer to be out of compliance with the requirements provided a good faith submission of 2020 and 2021 data is made on or before the date. Carriers will be filing their full reporting on behalf of clients prior to January 31, 2023.

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022**.

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC). Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

## Mental Health Parity and Addiction Equity 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.



## No Surprise Billing and Transparency – Continued Delays

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

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

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

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

## 2023 Specialized Audits

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

## Appeals

### Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
4/15/2022	Medical/ Aetna	CJ-2022-10-01	Medical Necessity	Upheld	5/6/2022
11/16/2022	Medical/ Aetna	CJ-2022-12-01	Medical Necessity	Upheld	11/29/2022

### IRO Submissions:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
10/24/2022	Medical/ Aetna	CJ-2022-10-01	Medical Necessity	Upheld	11/14/2022
12/13/2022	Medical/ Aetna	CJ-2022-12-01	Medical Necessity	Overtured	12/20/2022

# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

Confirmation of Payment

November 2022

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 2022**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002156			
002156	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 11/22	325,368.87
			<b>325,368.87</b>
002157			
002157	Flagship Health System	MONTGOMERY 11/22	763.66
002157	Flagship Health System	CITY OF ASBURY 11/22	462.98
			<b>1,226.64</b>
002158			
002158	DELTACARE USA	CITY OF ASBURY 11/22	1,771.40
			<b>1,771.40</b>
002159			
002159	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 11/22	124.67
002159	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 11/22	84,606.98
			<b>84,731.65</b>
002160			
002160	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 11/22	-26.25
002160	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/22	817.79
			<b>791.54</b>
002161			
002161	PAYFLEX	OCEANPORT 10/22	111.00
002161	PAYFLEX	MRRSA 10/22	18.00
			<b>129.00</b>
002162			
002162	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/22	6,539.52
			<b>6,539.52</b>
002163			
002163	PERMA RISK MANAGEMENT SERVICES	POSTAGE 09/22 & 10/22	298.42
002163	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 11/22	48,919.90
			<b>49,218.32</b>
002164			
002164	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 11/22	3,036.00
			<b>3,036.00</b>
002165			
002165	STEPHEN MAYER	TREASURER FEE 11/22	1,041.67
			<b>1,041.67</b>
002166			
002166	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 11/22	1,250.00
002166	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/22	66,817.01
002166	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 11/22	87,835.73
002166	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/22	594.03
002166	CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/22	4,809.64
002166	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/22	1,917.28
			<b>163,223.69</b>
002167			
002167	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/22	86,413.35
			<b>86,413.35</b>
002168			
002168	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 11/22	12,965.06
002168	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 11/22	3,236.40
002168	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 11/22	66,343.20
			<b>82,544.66</b>
<b>Total Payments FY 2022</b>			<b>806,036.31</b>
<b>TOTAL PAYMENTS ALL FUND YEARS</b>			<b>806,036.31</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  
DIVIDEND BILLS LIST**

Confirmation of Payment

NOVEMBER 2022

**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>
002169			
002169	SOUTH RIVER BOROUGH	DIVIDEND 2022	85,180.00
			<b>85,180.00</b>
002170			
002170	OCEANPORT BOROUGH	DIVIDEND 2022	29,694.00
			<b>29,694.00</b>
		<b>Total Payments FY Closed</b>	<b>114,874.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>114,874.00</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

## BILLS LIST

**Resolution No. 14-23**

**DECEMBER 2022**

**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 2022**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002171			
002171	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 12/22	322,040.20
			<b>322,040.20</b>
002172			
002172	Flagship Health System	MONTGOMERY 12/22	763.66
002172	Flagship Health System	CITY OF ASBURY 12/22	462.98
			<b>1,226.64</b>
002173			
002173	DELTACARE USA	CITY OF ASBURY 12/22	1,787.84
			<b>1,787.84</b>
002174			
002174	AETNA LIFE INSURANCE COMPANY	VISION TPA - AETNA 12/22	121.94
002174	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA - AETNA 12/22	85,823.18
			<b>85,945.12</b>
002175			
002175	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 12/22	-23.75
002175	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/22	739.90
			<b>716.15</b>
002176			
002176	PAYFLEX	OCEANPORT 11/22	111.00
002176	PAYFLEX	MRRSA 11/22	18.00
			<b>129.00</b>
002177			
002177	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/22	6,605.04
			<b>6,605.04</b>
002178			
002178	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/22	1,419.33
002178	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 12/22	43,314.03
			<b>44,733.36</b>
002179			
002179	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/22	3,036.00
			<b>3,036.00</b>
002180			
002180	STEPHEN MAYER	TREASURER FEE 12/22	1,041.67
			<b>1,041.67</b>
002181			
002181	HIGHLANDS ELEMENTRAY SCHOOL DISTRICT	2022 WELLNESS GRANT 11/14/22	2,000.00
			<b>2,000.00</b>
002182			
002182	MEDICAL EVALUATION SPECIALISTS	MES CASE# 1878643 11.11.22	306.25
			<b>306.25</b>
002183			
002183	KEPRO	CLAIMS REVIEW 08.22.22	425.00
002183	KEPRO	CLAIMS REVIEW 07.13.22	425.00
002183	KEPRO	CLAIMS REVIEW 10/15/21	675.00
002183	KEPRO	CLAIMS REVIEW 03.24.22	625.00
			<b>2,150.00</b>
002184			
002184	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 12/22	1,250.00
002184	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 12/22	68,294.89
002184	CONNER STRONG & BUCKELEW	PROGRAM MGR FEES 12/22	83,402.05
002184	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 12/22	566.13
002184	CONNER STRONG & BUCKELEW	FUND COORDINATOR 12/22	5,198.78
002184	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/22	1,965.12
			<b>160,676.97</b>

002185			
002185	SHREWSBURY, BORO OF	JULY OVERPAYMENT 2022	702.00
			<b>702.00</b>
002186			
002186	ACCESS	DEPT 420 ARC/STORE CUST 224 10.31.22	68.89
002186	ACCESS	ACCT 420 ARC/STORE CUST 224 09.30.22	71.02
			<b>139.91</b>
002187			
002187	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/22	87,465.30
			<b>87,465.30</b>
002188			
002188	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - SINGLE 12/22	13,130.22
002188	WESTPORT INSURANCE CORP	AGGREGATE REINSURANCE 12/22	3,292.08
002188	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE - FAMILY 12/22	67,635.60
			<b>84,057.90</b>
		<b>Total Payments FY 2022</b>	<b>804,759.35</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>804,759.35</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 Municipal Employee Benefits Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2022 Month Ending: November										
	Medical	Dental	Rx	Vision	edicare Advantag	Reinsurance	DMO Premiums	Future	Admin	TO TAL
OPEN BALANCE	4,683,482.05	403,997.88	2,713,597.90	44,444.15	4,938,283.00	(13,529.11)	29,579.55	0.00	(585,721.07)	12,214,134.35
RECEIPTS										
Assessments	2,641,028.95	118,360.10	553,967.03	1,752.63	259,974.99	140,758.61	2,415.26	0.00	285,205.14	4,003,462.71
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	13,575.19	614.55	6,056.16	67.50	7,489.04	82.68	44.73	0.00	2.16	27,932.01
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	13,575.19	614.55	6,056.16	67.50	7,489.04	82.68	44.73	0.00	2.16	27,932.01
Other *	205,753.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	205,753.66
TOTAL	2,860,357.80	118,974.65	560,023.19	1,820.13	267,464.03	140,841.29	2,459.99	0.00	285,207.30	4,237,148.38
EXPENSES										
Claims Transfers	2,661,863.60	107,353.23	985,350.56	0.00	0.00	0.00	0.00	0.00	0.00	3,754,567.39
Expenses	440,242.87	2,998.04	0.00	0.00	0.00	168,958.01	0.00	0.00	308,711.39	920,910.31
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	3,102,106.47	110,351.27	985,350.56	0.00	0.00	168,958.01	0.00	0.00	308,711.39	4,675,477.70
END BALANCE	4,441,733.38	412,621.26	2,288,270.53	46,264.28	5,205,747.03	(41,645.83)	32,039.54	0.00	(609,225.16)	11,775,805.03

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
Central Jersey Municipal Employee Benefits Fund									
Month		November							
Current Fund Year		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Year		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Coverage		Last Month	November	November	November	November	Reconciled	Variance From	Month
2022	Medical	19,876,338.11	2,034,762.94	0.00	21,911,101.05	0.00	21,911,101.05	19,876,338.11	2,034,762.94
	Dental	1,127,694.26	107,353.23	0.00	1,235,047.49	0.00	1,235,047.49	1,127,694.26	107,353.23
	Rx	6,101,676.60	657,394.23	0.00	6,759,070.83	0.00	6,759,070.83	6,101,676.60	657,394.23
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	27,105,708.97	2,799,510.40	0.00	29,905,219.37	0.00	29,905,219.37	27,105,708.97	2,799,510.40

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS					
Central Jersey Municipal Employee Benefits Fund					
ALL FUND YEARS COMBINED					
CURRENT MONTH	November				
CURRENT FUND YEAR	2022				
Description:		N.J.C.M.F.	Investments	Ocean First Admin.	
ID Number:					
Maturity (Yrs)					
Purchase Yield:					
TOTAL for All Accts & instruments					
Opening Cash & Investment Balance	\$12,214,133.93	-	7,563,214.73	4,650,919.20	
Opening Interest Accrual Balance	\$7,803.28	-	7,803.28	-	
1	Interest Accrued and/or Interest Cost	\$1,927.06	\$0.00	\$1,927.06	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$7,040.78	\$0.00	\$4,973.70	\$2,067.08
6	Interest Paid - Term Instr.s	\$468.74	\$0.00	\$468.74	\$0.00
7	Realized Gain (Loss)	\$20,422.50	\$0.00	\$20,422.50	\$0.00
8	Net Investment Income	\$29,390.34	\$0.00	\$27,323.26	\$2,067.08
9	Deposits - Purchases	\$4,209,216.37	\$0.00	\$0.00	\$4,209,216.37
10	(Withdrawals - Sales)	-\$4,675,477.70	\$0.00	\$0.00	-\$4,675,477.70
Ending Cash & Investment Balance		\$11,775,804.62	\$0.00	\$7,589,079.67	\$4,186,724.95
Ending Interest Accrual Balance		\$9,261.60	\$0.00	\$9,261.60	\$0.00
Plus Outstanding Checks		\$918,252.75	\$0.00	\$0.00	\$918,252.75
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank		\$12,694,057.37	\$0.00	\$7,589,079.67	\$5,104,977.70



**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

***January 18, 2023***





## CENTRAL JERSEY HEALTH INSURANCE FUND

	<b>MEDICAL CLAIMS PAID 2021</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2022</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$2,525,722	1,600	\$ 1,579	\$2,880,916	2,158	\$1,335
FEBRUARY	\$1,782,274	1,595	\$ 1,117	\$2,916,816	2,143	\$1,361
MARCH	\$2,242,793	1,600	\$ 1,402	\$3,647,050	2,139	\$1,705
APRIL	\$1,950,954	1,603	\$ 1,217	\$3,059,121	2,140	\$1,429
MAY	\$2,074,353	1598	\$ 1,298	\$3,475,512	2,123	\$1,637
JUNE	\$2,464,841	1,595	\$ 1,545	\$2,787,005	2,124	\$1,312
JULY	\$1,842,582	1,573	\$ 1,171	\$2,546,763	2,135	\$1,193
AUGUST	\$2,337,237	1,564	\$ 1,494	\$3,260,485	2,105	\$1,549
SEPTEMBER	\$1,997,210	1,565	\$ 1,276	\$3,692,857	2,100	\$1,759
OCTOBER	\$2,228,242	1,565	\$ 1,424	\$2,622,624	2,102	\$1,248
NOVEMBER	\$2,237,858	1,567	\$ 1,428	\$3,070,780	2,106	\$1,458
DECEMBER	\$2,368,687	1,558	\$ 1,520			
<b>TOTALS</b>	<b>\$26,052,753</b>			<b>\$33,959,929</b>		
				<b>2022 Average</b>	<b>2,125</b>	<b>\$ 1,453</b>
				<b>2021 Average</b>	<b>1,582</b>	<b>\$ 1,373</b>

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

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

**Paid Dates:** 09/01/2022 - 09/30/2022  
**Service Dates:** 01/01/2011 - 09/30/2022  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$762,972.17	\$404,507.45
	\$1,167,571.03	\$369,468.62
	\$351,113.47	\$171,272.09
	\$602,703.21	\$124,969.58
	\$72,824.00	\$74,401.30
	\$354,894.44	\$65,923.38
	\$109,292.88	\$55,059.29
<b>Total:</b>	<b>\$3,421,371.20</b>	<b>\$1,265,601.71</b>

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

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

**Paid Dates:** 10/01/2022 - 10/31/2022  
**Service Dates:** 01/01/2011 - 10/31/2022  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$453,524.80	\$119,794.25
	\$70,703.15	\$102,791.54
	\$216,947.77	\$78,721.35
	\$134,042.04	\$51,736.17
<b>Total:</b>	<b>\$875,217.76</b>	<b>\$353,043.31</b>

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

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

**Paid Dates:** 11/01/2022 - 11/30/2022  
**Service Dates:** 01/01/2011 - 11/30/2022  
**Line of Business:** All

	<b>Billed Amt</b>	<b>Paid Amt</b>
	\$734,528.85	\$204,380.54
	\$159,333.16	\$108,346.42
<b>Total:</b>	<b>\$893,862.01</b>	<b>\$312,726.96</b>



**Medical Claims Paid Per Member:  
January 2022- November 2022**

Total Medical Paid per EE: **\$1,453**

**Network Discounts**

Inpatient: **65.4%**  
Ambulatory: **65.6%**  
Physician/Other: **65.9%**  
**TOTAL: 65.7%**

**Provider Network**

% Admissions In-Network: **98.4%**  
% Physician Office: **90.0%**

**Aetna Book of Business:**  
Admissions 98.5%; Physician 90.1%

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

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

**Catastrophic Claim Impact  
(January 2022 – November 2022)**

Number of Claims Over \$50,000: **83**  
Claimants per 1000 members: **15.8**  
Avg. Paid per Claimant: **\$125,583**  
Percent of Total Paid: **33.0%**  
• Aetna BOB- HCC account for an average of 41.6% of total Medical Cost

**Aetna One Flex Member Outreach:  
Through November 2022**

Total Members Identified: **900**  
Members Targeted for 1:1 Nurse Support : **185**  
Members Targeted for Digital Activity: **715**  
Member 1:1 outreach completed: **178**  
Member 1:1 Outreach in Progress: **7**

**Teladoc Activity:  
January 2022– November 2022**

Total Registrations: **178**  
Total Online Visits: **398**  
Total Net Claims Savings: **\$191,066**  
Total Visits w/ Rx: **301**  
Mental Health Visits: **15**  
Dermatology Visits: **15**

**Allentown Service Center  
Performance Goal Metrics YTD 2022**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: **93.38%**  
Abandonment Rate: **1.06%**  
Avg. Speed of Answer: **20.8 sec**

**Claims Performance**

Financial Accuracy: **99.66%**

90% processed w/in: **9.8 days**  
95% processed w/in: **18.9 days**

**Claims Performance (Monthly)  
(November 2022)**

90% processed w/in: **5.8 days**  
95% processed w/in: **10.0 days**  
(Note: This is not a PG metric)

**Performance Goals**

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

Financial Accuracy: **99%**

**Turnaround Time**

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

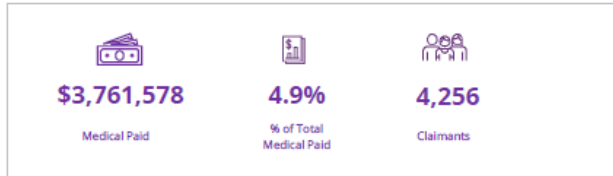
## At a glance

### COVID-19 All-time experience

Average Members: 4,332

Time period: Jan 2020 - Nov 2022, paid through November 2022

#### Key Statistics (Medical Claims Only)



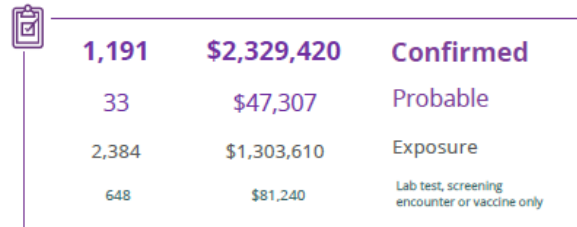
More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

#### Claimant Distribution\*

How your total claimants break down based on diagnosis code information



\*refer to Report terms on page 1

#### COVID-19 population risk\*

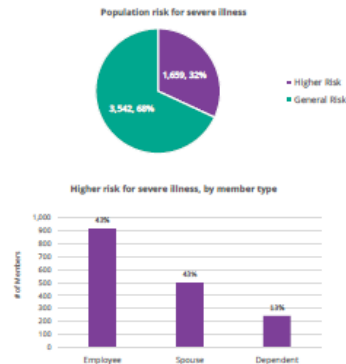


General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" factors.

The bar chart displays this information by member type.

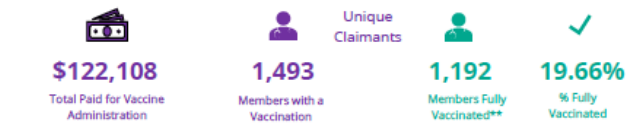
\* See page one for High Risk definition.



#### Testing



#### Vaccine Administration (Medical & Pharmacy)\*



\*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

\*\*The unique count of members >= 5 years of age who have received all of the required doses based on claims received



**AmeriHealth**®  
ADMINISTRATORS



2022 Central HIF						2021 Central HIF					
		MEDICAL CLAIMS PAID 2022	TOTAL	# OF EES	PER EE			MEDICAL CLAIMS PAID 2021	TOTAL	# OF EES	PER EE
JANUARY		\$32,550.64	\$32,550.64	21	\$1,550.03	JANUARY		\$14,028.00	\$14,028.00	23	\$609.91
FEBRUARY		\$28,606.05	\$28,606.05	21	\$1,362.19	FEBRUARY		\$9,664.00	\$9,664.00	23	\$420.17
MARCH		\$21,255.39	\$21,255.39	21	\$1,012.16	MARCH		\$17,132.08	\$17,132.08	23	\$744.87
APRIL		\$26,860.85	\$26,860.85	26	\$1,033.10	APRIL		\$16,600.48	\$16,600.48	23	\$721.76
MAY		\$19,086.93	\$19,086.93	21	\$908.90	MAY		\$17,013.00	\$17,013.00	23	\$739.69
JUNE		\$20,333.68	\$20,333.68	21	\$968.27	JUNE		\$10,937.00	\$10,937.00	23	\$475.52
JULY		\$17,348.99	\$17,348.99	21	\$826.14	JULY		\$20,295.62	\$20,295.62	23	\$882.41
AUGUST		\$18,790.86	\$18,790.86	21	\$864.80	AUGUST		\$16,469	\$16,469	24	\$686.20
SEPTEMBER		\$16,550.86	\$16,550.86	19	\$871.09	SEPTEMBER		\$19,682	\$19,682	25	\$787.28
OCTOBER		\$26,932.30	\$26,932.30	19	\$1,417.48	OCTOBER		\$17,985.22	\$17,985.22	25	\$719.40
NOVEMBER		\$32,348.13	\$32,348.13	19	\$1,702.53	NOVEMBER		\$30,446.86	\$30,446.86	24	\$1,268.61
DECEMBER		\$27,532.01	\$27,532.01	19	\$1,449.05	DECEMBER		\$82,516.58	\$82,516.58	23	\$3,587.67
TOTALS		\$288,196.69				TOTALS		\$272,769.84			
			2022 Average	21	\$1,163.81				2021 Average	24	\$970.29





## CENTRAL NEW JERSEY HEALTH INSURANCE FUND - 0002189322

Claims Incurred between 3/1/2020 and 1/11/2023 and Paid between 3/1/2020 and 1/11/2023

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, J0248, M0201, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	3	5	\$1,078.52	\$215.70	\$67.41
1-5	5	16	\$1,886.28	\$117.89	\$14.97
6-18	13	53	\$5,951.92	\$112.30	\$12.00
19-25	4	15	\$1,641.03	\$109.40	\$10.45
26-39	9	39	\$5,958.50	\$152.78	\$20.41
40-64	25	121	\$18,202.92	\$150.44	\$20.32
65+	1	7	\$656.00	\$93.71	\$20.50
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	20	114	\$15,003.87	\$131.61	\$20.17
Spouse	13	52	\$9,813.55	\$188.72	\$20.88
Dependent	25	90	\$10,557.75	\$117.31	\$13.18

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Female	31	171	\$24,087.38	\$140.86	\$22.47
Male	27	85	\$11,287.79	\$132.80	\$11.97
Undisclosed	0	0	\$0.00	\$0.00	\$0.00
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
NJ	58	256	\$35,375.17	\$138.18	\$17.56

### 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	4	6	\$8,066.51	\$1,344.42	\$4.00
Emergency Room With Observation Bed	1	1	\$0.00	\$0.00	\$0.00
Office Physician Visit	6	7	\$918.86	\$131.27	\$0.46
Other Physician Visit	3	4	\$345.72	\$86.43	\$0.17
Pathology (Laboratory)	52	158	\$15,520.16	\$98.23	\$7.70
Urgent Care	27	57	\$9,286.75	\$162.93	\$4.61

### Inpatient Cost and Utilization by Age Band

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

**TOP PROVIDERS(TOP 25 BY NET PAYMENT)**

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Southern Ocean Medical Center	17	28	\$6,712.16	\$239.72	\$3.33
Labcorp Raritan	33	49	\$4,515.59	\$92.15	\$2.24
GENESIS LABORATORY MANAGEMENT	8	16	\$4,306.50	\$269.16	\$2.14
AtlantiCare Physician Group	12	25	\$3,914.88	\$156.60	\$1.94
EMEDICAL OFFICES	4	9	\$1,998.00	\$222.00	\$0.99
Summit Medical Group	6	10	\$1,787.08	\$178.71	\$0.89
Atlanticare Regional Medical Center	1	1	\$1,638.78	\$1,638.78	\$0.81
Pediatric Affiliates PA	6	22	\$1,090.71	\$49.58	\$0.54
Quest Diagnostics Inc	10	11	\$1,042.13	\$94.74	\$0.52
MVP Medical Associates	4	7	\$850.00	\$121.43	\$0.42
Barron Emergency Physicians	1	1	\$849.39	\$849.39	\$0.42
Bio Reference Laboratory Inc	3	4	\$670.00	\$167.50	\$0.33
Marlboro Medical Center LLC	2	3	\$636.59	\$212.20	\$0.32
Jersey Irish Medical	2	3	\$450.00	\$150.00	\$0.22
ATLANTICARE CLINICAL LABORATOR	3	4	\$436.00	\$109.00	\$0.22
Minute Clinic Dgnstc Of New Jersey L	13	24	\$427.77	\$17.82	\$0.21
THERANOSTIX INC	1	2	\$400.00	\$200.00	\$0.20
CentraState Family Medicine Residency Practice	1	1	\$326.04	\$326.04	\$0.16
Atlantic Emergency Assoc Pa	1	1	\$324.20	\$324.20	\$0.16
TEMPUS LABS INC.	3	3	\$300.00	\$100.00	\$0.15
Urgent Care Physicians of New Jersey Llc	1	4	\$280.00	\$70.00	\$0.14
Barnabas Health Medical Group PC North	1	2	\$247.55	\$123.78	\$0.12
	3	3	\$223.87	\$74.62	\$0.11
Community Medical Center	2	2	\$208.26	\$104.13	\$0.10
Accu Reference Medical Lab	1	1	\$200.00	\$200.00	\$0.10

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91304, 91305, 91306, 91307

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	3rd Dose Vaccine CLAIMANT COUNT	Booster Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	0	0	\$0.00	
1-5	0	0	0	0	0	\$0.00	
6-18	0	2	0	0	1	\$139.24	\$46.41
19-25	0	1	0	0	0	\$94.38	\$94.38
26-39	0	1	0	0	0	\$94.34	\$94.34
40-64	0	7	1	0	0	\$355.94	\$44.49
65+	0	1	0	0	0	\$39.00	\$39.00
Unknown	0	0	0	0	0	\$0.00	

## COVID19 Claims for Urgent Care and Retail Clinics Only

### Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	2	2	\$444.00	\$222.00
6-18	6	8	\$1,625.00	\$270.83
19-25	2	6	\$904.52	\$452.26
26-39	5	10	\$1,952.00	\$390.40
40-64	12	28	\$3,950.75	\$329.23
65+	1	3	\$410.48	\$410.48
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



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## **FORMULARY UPDATE ON HUMIRA**

Humira is a biologic drug used to treat numerous auto-immune diseases such as Rheumatoid Arthritis, Ulcerative Colitis, and Crohn's Disease, to name a few. Although it is not the only drug in its class, Humira is often considered as superior due to its simpler dosing and improved side effect profile when compared to others in its class. Humira was FDA approved in 2002 and has since become one of the top-selling drugs in the market.

Biosimilars are biologic drugs that are similar in structure, function, and produce a similar clinical response to innovator biologic drugs, such as Humira. Prior to biosimilars entering the market, manufacturers were able to set high prices on drugs like Humira due to the absence of competition. However, with the rising number of biologics gaining FDA approval, there is promise in driving down rising medication costs for patients. In 2023, there are potentially 10 new drugs launching that are biosimilars to Humira.

With these exciting changes in the upcoming year, Express Scripts has decided to keep Humira as a preferred inflammatory therapy on all standard commercial formularies. Patients who have been receiving Humira will not experience any disruption as there is no change to its position on our formularies. Humira biosimilars will be added at the same formulary position as Humira starting in 2023. We are co-preferring the innovator brand and biosimilar drug to deliver the lowest cost to our clients and patients regardless if the prescriber chooses the innovator drug or biologic.

Central Jersey Health Insurance Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
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	3,087	3,085	3,108
Total Days	118,409	109,552	127,836	355,797	120,113	135,386	117,483	372,982	111,788	123,980	119,494	355,262	111,939	118,519	116,928	347,386	1,431,427
Total Patients	1,072	999	1,130	1,670	1,090	1,176	1,119	1,714	1,119	1,125	1,115	1,733	1,119	1,139	1,166	1,740	2,418
Total Plan Cost	\$493,344	\$604,746	\$621,560	\$1,719,649	\$580,492	\$695,641	\$557,038	\$1,833,171	\$534,820	\$635,822	\$608,084	\$1,778,725	\$598,566	\$484,145	\$627,854	\$1,710,565	\$7,042,110
Generic Fill Rate (GFR) - Total	84.9%	84.1%	82.8%	83.9%	84.1%	85.3%	84.1%	84.6%	85.6%	85.1%	85.0%	85.2%	84.3%	86.1%	86.2%	85.6%	84.8%
Plan Cost PMPM	\$157.82	\$193.95	\$198.64	\$183.47	\$185.28	\$222.25	\$178.54	\$195.37	\$171.03	\$207.04	\$196.73	\$191.49	\$194.34	\$156.73	\$203.39	\$184.81	\$188.79
Total Specialty Plan Cost	\$187,077	\$274,690	\$244,301	\$706,068	\$228,316	\$327,857	\$223,147	\$779,320	\$204,468	\$264,380	\$270,664	\$739,512	\$236,264	\$181,447	\$280,003	\$697,713	\$2,922,613
Specialty % of Total Specialty Plan Cost	37.9%	45.4%	39.3%	41.1%	39.3%	47.1%	40.1%	42.5%	38.2%	41.6%	44.5%	41.6%	39.5%	37.5%	44.6%	40.8%	41.5%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,065	3,062	3,057	3,061	3,060	3,064	3,071	3,065	3,069	3,036	3,005	3,037	3,012	3,022			
Total Days	122,231	107,143	123,032	352,406	109,613	115,997	117,017	342,627	111,640	122,724	102,934	337,298	118,760	113,141			
Total Patients	1,137	1,062	1,188	1,748	1,101	1,136	1,130	1,743	1,118	1,143	1,073	1,734	1,183	1,167			
Total Plan Cost	\$562,553	\$566,723	\$679,414	\$1,808,690	\$530,168	\$608,968	\$663,919	\$1,803,055	\$621,206	\$693,630	\$544,098	\$1,858,934	\$668,018	\$520,656			
Generic Fill Rate (GFR) - Total	85.7%	84.9%	86.7%	85.9%	86.4%	85.9%	84.9%	85.7%	86.1%	83.9%	84.3%	84.8%	81.3%	84.3%			
Plan Cost PMPM	\$183.54	\$185.08	\$222.25	\$196.94	\$173.26	\$198.75	\$216.19	\$196.09	\$202.41	\$228.47	\$181.06	\$204.05	\$221.79	\$172.29			
% Change Plan Cost PMPM	16.3%	-4.6%	11.9%	7.3%	-6.5%	-10.6%	21.1%	0.4%	18.3%	10.3%	-8.0%	6.6%	14.1%	9.9%			
Total Specialty Plan Cost	\$188,196	\$264,065	\$337,295	\$789,556	\$225,808	\$288,971	\$342,244	\$857,023	\$298,438	\$324,540	\$219,068	\$842,045	\$341,596	\$189,430			
Specialty % of Total Specialty Plan Cost	33.5%	46.6%	49.6%	43.7%	42.6%	47.5%	51.5%	47.5%	48.0%	46.8%	40.3%	45.3%	51.1%	36.4%			

PMPM	
Q3 2021	\$191.49
Q3 2022	\$204.05
Trend - 2022 YTD	6.6%



**CENTRAL JERSEY HEALTH INSURANCE FUND  
CONSENT AGENDA  
JANUARY 18, 2023**

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 1-23: Awarding Professional Fees & Contracts .....	<b>Page 38</b>
Resolution 2-23: Designation of Process of Service.....	<b>Page 41</b>
Resolution 3-23: Designation of Secretary as Custodian of Records .....	<b>Page 42</b>
Resolution 4-23: Designation of Official Newspaper.....	<b>Page 43</b>
Resolution 5-23: Designation of Regular Meeting Times and Place .....	<b>Page 44</b>
Resolution 6-23: Designation of Bank Depositories & CMP .....	<b>Page 46</b>
Resolution 7-23: Designation of Authorized Signatories.....	<b>Page 50</b>
Resolution 8-23: Approval of Risk Management Plan .....	<b>Page 51</b>
Resolution 9-23: Appointment of MRHIF Fund Commissioners.....	<b>Page 61</b>
Resolution 10-23: Broker Contract Approval.....	<b>Page 62</b>
Resolution 11-23: Authorizing Treasurer to Process Contracted Payments and Expenses.....	<b>Page 73</b>
Resolution 12-23: Adopting 2023 Wellness Grant Programs .....	<b>Page 74</b>
Resolution 13-23: Amending the Program Manager Contract .....	<b>Page 75</b>
Resolution 14-23: Approval of the November and December 2022 Bills Lists	<b>Page 76</b>

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2023**

**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 2023:

- I. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$16,600 has been appropriated in the Actuary Line Item of the 2023 budget.
- II. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$37,159 has been appropriated in the Attorney Line Item of the 2023 budget.
- III. **Mercadien P.C.** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$20,500 has been appropriated in the Auditor Line Item of the 2023 budget.
- IV. **Stephen Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$12,750 has been appropriated in the Treasurer Line Item of the 2023 budget.

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2023:

- I. **PERMA Risk Management Services** as **Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$9.25 per employee, per month will be

expended to the Administrator. The estimated annual amount of \$520,368 has been appropriated in the Administrator Line Item of the 2023 budget.

- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$22.54 per medical employee, per month, \$8.93 per non-medical employees per month and \$0.94 per employee per month for health care reform will be expended in connection with the Program Manager in 2023. In addition, the Program Manager will be paid \$15,000 for plan documents and \$40,000 for specialized claim and operations audits through a sub producer. The estimated annual amount of \$1,923,903 has been appropriated in the **Program Manager** Line Item of the 2023 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 \$1,030,899 has been appropriated in the Medical TPA Line Item of the 2023 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)	\$ 236.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP(Borough of Red Bank)	\$ 433.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP(Borough of Red Bank)	\$ 433.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP(Borough of Red Bank)	\$ 433.00
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Red Bank)	\$ 431.00
Medicare Advantage w/ \$5/\$5/5 Rx - MAPDP (Eatontown Sewerage Authority)	\$ 468.00
Medicare Advantage Plan 2 w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	\$ 487.00
Medicare Advantage Plan 2 w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	\$ 477.00
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	\$ 487.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	\$ 477.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Shrewsbury)	\$ 560.00
PDP \$5/\$11/\$21 (Brick Township)	\$ 275.00
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Township of Aberdeen)	\$ 621.00
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Aberdeen)	\$ 599.00
Medicare Advantage w/ 20% Rx - MAPDP (Township of Aberdeen)	\$ 562.00
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Montgomery Township)	\$ 475.00
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Montgomery Township)	\$ 459.00
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Bedminster Township)	\$ 465.00
Medicare Advantage w/ 10% Rx - MAPDP (Borough of West Long Branch)	\$ 509.00
Medicare Advantage w/\$6/\$12/\$24 Rx - MAPDP (Toms River MUA)	\$ 384.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of South River)	\$ 345.00
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of South River)	\$ 345.00
Aetna Medicare Advantage (Borough of Sayreville)	\$ 475.00
Aetna Medicare Advantage (Hamilton Township)	\$ 333.00

- V. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$38.94 per medical employee, per month will be expended to

the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$9,046 has been appropriated in the Medical TPA Line Item of the 2023 budget.

- VI. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.18 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$80,387 has been appropriated in the Dental TPA Line Item of the 2023 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 18, 2023**

**BY**

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**CHAIRPERSON**

**ATTEST:**

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**SECRETARY**

**RESOLUTION NO. 2-23**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2023**

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

**ADOPTED: January 18, 2023**

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

**ATTEST:**

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

<b>RESOLUTION NO. 3-23</b>
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**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 18, 2023**

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

**ATTEST:**

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

<b>RESOLUTION NO. 4-23</b>
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**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING  
THE ASBURY PARK PRESS AS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2023**

**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 2023 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 18, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 5-23**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2023**

**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 2023 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 15, 2023	Brielle Borough	1:30pm
May 17, 2023	Brielle Borough	1:30pm
July 19, 2023	Brielle Borough	1:30pm
*September 13, 2023	Brielle Borough	1:30pm
October 18, 2023	Brielle Borough	1:30pm
January 17, 2024	Brielle Borough	1:30pm

\* 2nd Wednesday \*

**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 18, 2023**

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

**ATTEST:**

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

RESOLUTION NO. 6-23
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**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2023**

**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 18, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 7-23**

**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

Brian Brach - Secretary

Stephen Mayer - Treasurer

**ADOPTED: January 18, 2023**

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

**ATTEST:**

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

<b>RESOLUTION NO. 8-23</b>
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**CENTRAL JERSEY HEALTH INSURANCE FUND  
2023 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund’s Risk Management Plan for the 2023 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.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

Medical and Prescription – For all members with such coverage except Lakewood Township:

- **Specific Coverage:** The Fund self-insures for the first \$375,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
  
  - **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under it specific Coverage listed above.
- 
- |   |                |           |
|---|----------------|-----------|
| ▪ | Specific Limit | Unlimited |
|---|----------------|-----------|
- 
- |   |        |                                     |
|---|--------|-------------------------------------|
| ▪ | Basis: | Incurred 12 months, paid 24 months. |
|---|--------|-------------------------------------|

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

4.) RISK RETAINED BY LOCAL UNITS - APPLICABLE TO LAKEWOOD TOWNSHIP ONLY -  
NO RISK RETAINED BY HEALTH INSURANCE FUND (9/1/16-12/31/2023)

Medical and Prescription:

- Specific Retention: \$200,000
- Aggregate Retention: \$14,627,132
- Specific Limit Unlimited
- Aggregate Limit \$1,000,000, Medical and Rx
- Basis: Incurred 60 months, paid 12 months (run out claims and IBNR retained by Lakewood Township)
- Stop Loss Carrier: Swiss Re (North American Specialty Insurance Company)



**5.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.**

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

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

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

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

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

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

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

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

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

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

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

**9.) RATING PERIODS**

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

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

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

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

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

**12.) OPEN ENROLLMENT PROCEDURES**

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

**13.) COBRA AND CONVERSION OPTIONS**

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

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

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

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

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

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

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

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

All plan documents will have the following language:

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

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

## 18.) PLAN DOCUMENT

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

### A.) General Information

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

### B.) Benefits

- Definitions.
- Description of benefits.

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

### C.) Claims Procedures

- Submission of claim.
- Proof of loss.

- Appeal procedures.

#### D.) Cost Containment Programs

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

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

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

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

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

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

### 20.) “RUN-IN” or “RUN-OUT” LIABILITY

The Fund covers the “run-out” liability of all members - i.e., liability for claims incurred but not reported by a former Fund member during the period it was a member. Upon approval of the Executive Committee, the Fund may also cover the run-in liability of a perspective member (i.e.,

the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to joining the Fund). When the Fund covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the Fund's actuary and approved by the Executive Committee. The assessment shall be paid entirely within the Fund year the member joined the Fund.

## **21) CLAIMS AND OPERATIONS AUDITS**

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

## **22.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS**

If an appeal to the Executive Committee results in a decision is to deny a claim, the appeal shall be subject to the "adverse benefit determination" appeal process that is required pursuant to applicable law. The plan participant (hereinafter sometimes referred to as "claimant") shall at that time be advised that the adverse benefit determination may be appealed to the Fund's Independent Review Organization ("IRO"). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

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

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

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

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

4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

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

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

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

- (iii) references to the documentation/information considered;

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

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

- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO

**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 18, 2023**

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

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



<b>RESOLUTION NO. 9-23</b>
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**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 18, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 10-23**

**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 2023;

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 2023:

Group Name	Risk Manager	Dental Assmt/ per EE	Fund Coordinator/ 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	Eagle Rock			\$ 25.00
Keyport	Danskin Agency	\$ 2.42		
Red Bank	Fairview Insurance Agency			\$ 33.05
Sayreville Borough	Reliance Insurance		\$ 15.57	\$ 46.71
South River	Integrity Consulting Group			\$ 28.61
Toms River Township	Conner Strong			\$ 25.46
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 18, 2023**

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

**ATTEST:**

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

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

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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 \_\_\_\_\_, 2023.

**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, 2023, and shall continue through December 31, 2023 and shall renew in accordance with the terms and conditions of this Agreement unless

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

### **III. COMPENSATION**

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

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

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

### **IV. RELATIONSHIP OF PARTIES**

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

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

### **V. INSURANCE**

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

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

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

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

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

## **VI. TERMINATION**

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

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

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

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

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

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

## **VII. CONFIDENTIAL INFORMATION**

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

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

## **VIII. NON-DISPARAGEMENT**

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

## **IX. INDEMNIFICATION**

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

## **X. AFFIRMATIVE ACTION**

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

#### **XIII. MISCELLANEOUS**

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

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

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

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

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

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

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

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

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

If to BRM, to:

If to CSB, to:

General Counsel  
Connor Strong & Buckelew, Inc.  
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 \_\_\_\_\_  
\_\_\_\_\_ 2023 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, 2023. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

**RESOLUTION NO. 11-23**

**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 2023.

**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 18, 2023**

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

**ATTEST:**

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

**RESOLUTION NO. 12-23**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2023 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, 2023 through December 31, 2023. 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 (Wellness Days)	Option 3 (Build Own)	Amount Requested	Wellness Champion Stipend	Total	Notes
Oceanport			X	\$3,780.00		\$3,780.00	Preferred Behavior EHP plan for all employees;
Aberdeen					\$700.00	\$25,585.00	farm fresh program, health fair, biometric screening
<b>Totals</b>						<b>\$29,365.00</b>	
<b>Remainder available for Grants</b>						<b>\$95,635.00</b>	

**WHEREAS**, on January 18, 2023, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling \$29,365:

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 18, 2023**

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

**ATTEST:**

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

**CENTRAL JERSEY HEALTH INSURANCE FUND  
AMENDING  
PROGRAM MANAGER CONTRACT**

**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;

**WHEREAS**, the Fund resolved on January 18, 2023 a contract to Conner Strong and Buckelew to include a fee of \$40,000 a year to be entirely passed through to subcontractor, AIM;

**WHEREAS**, the Program Manager recommended the additional serves of specialized claim and operational audits to be determined by the Executive Committee as they see fit;

**WHEREAS**, the 2023 Budget was approved with the additional fee to be paid to Conner Strong & Buckelew as a pass through to AIM as a subproducer;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee approve the amendment of the Program Manager contract to amend the following language in the SERVICES section:

M. Provide specialized audits on an annual basis to ensure evaluated the performance and quality of the services performed by the Fund Professionals.

**BE IT FURTHER RESOLVED** by the Executive Committee approve the amendment of the Program Manager contract to amend the following language in the COMPENSTAION section:

And \$40,000 will be paid to AIM upon completion of special audits as requested by the Executive Committee;

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Extraordinary Unspecified Services 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 ;

**ADOPTED January 18, 2023**

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

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

**CHAIRPERSON**

**SECRETARY**

**RESOLUTION NO. 14-23**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE NOVEMBER AND DECEMBER 2022 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **January 18, 2023** 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 2022 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 18, 2023**

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

**ATTEST:**

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



# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND  
OPEN MINUTES  
OCTOBER 19, 2022  
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 2022 EXECUTIVE COMMITTEE**

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

**APPOINTED OFFICIALS PRESENT:**

Executive Director/ Administrator	PERMA Risk Management Services	<b>Brandon Lodics</b> <b>Emily Koval</b> <b>Jordyn DeLorenzo</b>	Present Present Present
Program Manager	Conner Strong & Buckelew	<b>Crystal Bailey</b>	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>	Absent
Rx Administrator	Express Scripts	<b>Hiteksha Patel</b>	Present
Auditor	Mercadien	<b>Matthew Daly</b>	Absent

**OTHERS PRESENT:**

Amy Spera  
Anthony Tonzini  
Cindy Toye  
Danskin Agency  
Diane Peterson  
Jim Diaz  
John Lajewski

Kevin O'shea  
Lori Savron  
Sarah Zimmer-Scarpelli  
Scott Carew  
Scott Davenport

**APPROVAL OF MINUTES: SEPTEMBER 7, 2022 OPEN:**

**MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 7, 2022**

<b>MOTION:</b>	Commissioner Brach
<b>SECOND:</b>	Commissioner Lapp
<b>VOTE:</b>	<b>All in Favor</b> <b>One Abstained</b> – Chair Nolan

**CORRESPONDENCE:** None

**EXECUTIVE DIRECTOR'S REPORT**

**PRO FORMA REPORTS** - Mr. Lodics reviewed the Financial Fast Track Report for August 2022. He stated that August was a good month financially overall. There was over \$200,000 surplus generated with a total surplus holdings of just about \$15 million. The fund continues to stay strong financially.

**2023 BUDGET ADOPTION** – Mr. Lodics stated that there has been no changes to the budget since introduction.

**MOTION TO OPEN THE PUBLIC HEARING ON THE 2023 BUDGET**

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

**MOTION TO OPEN THE PUBLIC HEARING ON THE 2023 BUDGET**

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

**MOTION TO ADOPT RESOLUTION 27-22 AND APPROVE THE 2023 CENTRAL JERSEY HEALTH INSURANCE FUND BUDGET IN THE AMOUNT OF \$60,211,488**

<b>MOTION:</b>	Commissioner Valentino
<b>SECOND:</b>	Commissioner Lapp
<b>VOTE:</b>	7 Ayes, 0 Nays

**MRHIF MEETING** – Mr. Lodics stated that the MRHIF met on September 15, 2022 and took the following action items:

1. *Introduction of the 2023 Budget* – The MRHIF Budget was introduced at an overall increase of \$9.5%. Each member's assessment is weighed 25% for 5 years' experience in the Fund; and 75% weight on the average increase. The Fund's estimated premium is \$1,092,154 for January 1, 2023- December 31, 2023 (+3.13%).
2. *RFP Approvals* – the Committee approved Professional Contract RFPs for 2023 and an extension for the approval date of the Data Warehouse RFP. We expect a contract to be awarded in December.
3. *Dividend Release* – The Committee approved a \$1.5 million dividend. CJHIF will receive a check for \$116,834 in October.

Mr. Brach who is a MRHIF executive committee member commented on the dividend decision saying that they wanted to stay conservative this year and that is why they went with \$1.5 million which is lower than usual. He stated that the MRHIF is looking into the growth of the fund.

**AETNA – PG PAYOUT** - Aetna's 2021 performance guarantee metric for member services was not met. The Fund received a payout of \$44,115.

**NEW MEMBERS** - Mr. Lodics stated the Fund has seen many prospects across the State. At this time, there are no new member prospects for January 1 but anticipate some for February or March 2023. We will contact the Operations Committee prior to Executive approval.

**DIVIDEND-** The dividend option letter was sent last month. Should a group not send a response by the end of the year, a check will be cut.

## **Program Manager's Report**

Program Manager Crystal Bailey reviewed the agenda reports.

### **COVERAGE UPDATES:**

Ms. Bailey stated that there are no new updated and just as a reminder, she mentioned in the last meeting there that the FDA has approved 2 oral antiviral medications for Emergency Use Authorizations and the information on those are included in the agenda.

She said Funding from the government for free COVID-19 tests has ended but there is still an option to get them through ESI.

### **EXPRESS-SCRIPTS UPDATE**

ESI's 2023 Exclusion List has been released. The Program Manager I sent the Exclusion List to all brokers with CJHIF's specific aggregate impact information on September 8th. Impacted members, physicians, and pharmacists will be notified about the upcoming 2023 medication exclusions. The 2023 National Preferred Formulary list will be available late October/early November.

CMS Annual Open Enrollment period for the 2023 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2023 Notice of Creditable Coverage

(NOCC). The Program Manager team provided ESI with an updated letter template for the new plan year for each HIF in preparation of the mailing. To meet the CMS requirement, Express Scripts mailed NOCC letters the week of September 19<sup>th</sup> and September 26<sup>th</sup> to those age 65 and older enrolled in ESI coverage through the HIFs.

**OPERATIONAL UPDATES** – Mrs. Bailey reviewed the State Health Benefit Plan for Local Governments has adopted the rates for 2023. Premium increases are based on the results presented at the July 13, 2022 Commission Meeting. There are no changes to the Local Government plans. Below is an outline of the overall rate increases:

<b>2023 Rate Action</b>	<b>State Plan - Government</b>
Active Medical	24%
Active Pharmacy	3.7%
Early Retiree Medical	16.6%
Early Retiree Pharmacy	-5.7%
Medicare Plan	0.7%

The State Educators Health Benefit Plan has adopted the rates for 2023. Premium increases are based on the results presented at the July 13, 2022 Commission Meeting. There are no changes to the State Educators Health Benefit plans. Below is an outline of the overall rate increases:

<b>2023 Rate Action</b>	<b>State Plan - Educators</b>
NJ Direct 10/15	15.6%
NJEHP	15.6%
Pharmacy	10.8%
Early Retiree NJEHP	13.6%
Medicare Plan	(0.1%)

#### **Open Enrollment – 1/1/23 (Passive)**

1. Central Jersey HIF OE will be held October 31<sup>st</sup> through November 11<sup>th</sup>
2. All OE updates should be completed in Benefit Express by November 18<sup>th</sup> to allow time for ID cards to be delivered to members by 1/1/23
3. Garden State Plan will be added to all **school** groups that did not add the plan previously
4. OE guide guides are currently being updated and will be sent once finalized

**COVID -19** – Mrs. Bailey stated that FREE Tests from the Government – **No longer available** effective September 2, 2022, due to lack of funding.

#### **Medical and Rx Reporting**

The Medical and Rx Reporting provision (section 204) of the Consolidated Appropriations Act (CAA) requires health plans and payors to report information on plan medical costs and prescription drug spending to the Secretaries of Health and Human Services, Labor, and the Treasury on an annual basis. This requirement applies to insurers and self-funded health plans offering group or individual health insurance coverage.

On Aug. 20, 2021, the government released additional guidance on Consolidated Appropriations Act (CAA) implementation in a [Frequently Asked Questions \(FAQs\)](#) document. In the FAQ, the Departments of Health and Human Services, Labor, and Treasury indicated that enforcement of the first Medical and Rx report submission will be deferred, pending the issuance of regulations or further guidance. Until regulations or further guidance is issued, the Departments strongly encouraged plans and issuers to start working to ensure that they are in a position to be able to begin reporting the required information with respect to **2020 and 2021 data by Dec. 27, 2022.**

On Nov. 17, 2021, the departments released an interim final rule with request for comments (IFC). Based on the IFC guidance, Express Scripts will submit an aggregated file for Rx data only to the government during the mandated filing period of Dec.1 – Dec.27, 2022. The Program Manager Team has provided ESI with the requested information to submit the filing.

Aetna and AmeriHealth will submit filings to the government on behalf of the HIFs using information in their system.

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

Ms. Bailey stated that nothing has changed since the last meeting but they are watching this very closely so as soon as they receive additional information, they will let everyone know.

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

Ms. Bailey stated that nothing has changed since the last meeting but they are watching this very closely so as soon as they receive additional information, they will let everyone know.

**TREASURER** – Fund Treasurer Steve Mayer reviewed the bills lists for October 2022. He stated that approval is in the consent agenda. No further report.

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

**AETNA:** Mr. Silverstein reviewed the claims for August 2022. Mr. Silverstein stated there was 3 high cost claimants for August over the threshold of \$50,000. He also reviewed the dashboard report stating that all metrics continue to perform well including the metric for claims turnaround time and average speed to answer. He reviewed the Covid reporting for September stating that there is a slight increase in up from August .

**AMERIHEALTH:** Kristina Strain reviewed the paid claims and enrollment report through September 2022. She stated that there was no high-cost claimants for the month of September. He reviewed the covid reports and stated that everything has stayed consistent and not much stands out compared to the last couple months.

**EXPRESS SCRIPTS:** Hiteksha Patel reviewed the claims for August 2022. The trend is continuing to run well. She reviewed the utilization in specialty drug plans which looks like it had dropped compared to the previous month.

**DELTA DENTAL:** Absent

### **MOTION TO APPROVE THE CONSENT AGENDA WHICH INCLUDES THE FOLLOWING:**

**Resolution 28-22: Approval of the October 2022 Bills**

<b>MOTION:</b>	Commissioner Valentino
<b>SECOND:</b>	Commissioner Dempsey
<b>ROLL CALL:</b>	7 Ayes, 0 Nays

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**PUBLIC COMMENT:** None

**MOTION TO ADJOURN MEETING:**

<b>MOTION:</b>	Commissioner Brach
<b>SECOND:</b>	Commissioner Lapp
<b>VOTE:</b>	All in Favor

**MEETING ADJOURNED:** 2:50 pm

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

**Next Meeting:** January 18, 2023 1:30 pm, Zoom Meeting

## **APPENDIX II**



## **Central Jersey Health Insurance Fund 2023 Operations Review and Medical Claims Audit**

A health care claims audit is designed to assess whether claims are being adjudicated correctly, in accordance with the provisions of the plan of benefits, and paid only on behalf of eligible participants as determined by the provisions of the plan. Best practice is to look beyond just the claims and to identify operational or administrative issues that may lead to broader claims processing and service issues, allowing for real-world recommendations for resolution.

AIM will perform an Operations Review of Aetna, which is an in-depth evaluation of the controls employed by the administrator to ensure quality administration.

- In an Operations Review (OR), a comprehensive Request for Information (RFI) is prepared and sent to Aetna in advance of the scheduled OR meeting.
- During the OR, interviews are conducted with key management and operations personnel to review Aetna's responses, procedures and methodologies.
- The OR encompasses such areas as system capabilities, staffing levels and turnover, performance standards, quality assurance for claim processing and customer service, Aetna's actual performance vs. client-specific and/or industry standards for accuracy, timeliness of claims adjudication, reporting capabilities, coordination with other administrative areas/vendors, and cost-management activities such as overpayment recovery, pricing controls and TPL investigations.
- Findings are compared to industry best practices.
- An OR can identify weaknesses in administrative controls that lead to poor performance.

In conjunction with the Operations Review, a medical claims audit will also be conducted on the administration by Aetna for the HIF employee medical plan. The medical claims audit will be conducted on a sample of claims finalized during the identified audit period. The audit will assess whether claims are being adjudicated correctly, in accordance with the provisions of the HIF plan of benefits and paid on behalf of eligible participants as determined by the provisions of the plan.

The purpose of the audit is to provide an assessment of Aetna's overall claims processing and financial accuracy performance during the audit period versus industry standards and applicable contractual standards.

**Claim Audit Methodology** - The principal objective of the claims audit will be to determine Aetna's claim processing accuracy and financial accuracy on medical claims. The financial accuracy calculation will identify the financial impact (and potential recoveries) for payment errors. In addition, a critical component of the audit process will be to identify the causes of errors. AIM's audit findings and recommendations will specifically identify these causes and recommend solutions that can help Aetna improve its claims administration and eliminate the kinds of errors identified through the audit process.

# APPENDIX III

## **OATH OF OFFICE**

**State of New Jersey**

**County of Monmouth**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the state of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this state, under the authority of the people and that I will faithfully, impartially, and justly perform all the duties as a member of the Executive Committee of the Central Jersey Health Insurance Fund, according to the best of my ability. (so help me God).

\_\_\_\_\_

**Sworn and subscribed to**

**before me this ( 18th day of January 2023)**

\_\_\_\_\_, Esquire

**Attorney-at-law of New Jersey**

# APPENDIX IV



Date: January 1, 2023

To: CJHIF Fund Commissioners

Re: 2023 Wellness Grant Program

For the seventh year in a row, The Central Jersey Health Insurance Fund is excited to offer an opportunity for member entities to apply for a health and wellness grant for eligible employees. The Fund has budgeted \$125,000 for such projects.

To allocate the funds appropriately, each entity must select the grant level that will best meet their needs and which will also allow them to develop and sustain an employee wellness program OR opt out of the program entirely.

The following programs are available:

Option 1	<b>Comprehensive Biometric Screenings</b> – onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met.
Option 2	<b>Comprehensive Biometric Screenings</b> - onsite finger stick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting if stated minimum participation is met. <b>Wellness Days</b> – 2-3 times a year, the district may offer educational seminars, healthy cooking instructions or light fitness classes to employees.
Option 3	<b>Design Your Own Program</b> – This option will allow the member to continue with an existing program or design a new wellness plan for this Fund Year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund. <b>Complete the attached form.</b>

***Each option must include a Wellness Champion/Leader to encourage engagement and facilitate the program. Please submit who this representative and an optional stipend for this position.***



The Township/Borough of \_\_\_\_\_ selects Option

\_\_\_\_\_ and is willing to commit to management resources and will be financially responsible for any wellness expenses outside of the program, including employee incentives. The municipality will also form a Committee that must meet at least twice a year, lead by a Wellness Champion/Leader that has the ability to lead and sustain the program after the grant is expended. The Municipality elects

\_\_\_\_\_ to be its Wellness Champion/Leader who will be paid

\$\_\_\_\_\_ for the year.

OR

The \_\_\_\_\_ Municipality opts out of the Central Jersey Health Insurance Fund Wellness Grant Program entirely.

**Applications will be accepted through June 30, 2023. Please send all completed and signed applications to: [HIFAdmin@permainc.com](mailto:HIFAdmin@permainc.com)**

**Agreed to and authorized by:**

<b>Name:</b>	
<b>Title:</b>	
<b>Date:</b>	