



**AGENDA AND REPORTS**  
**JANUARY 17, 2024**  
**1:30 PM**

**ZOOM**

Join Zoom Meeting

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## **STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT**

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

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

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**AGENDA MEETING: JANUARY 17, 2024**  
**1:30 PM**

**SINE DIE MEETING**

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

**ROLL CALL OF 2023 EXECUTIVE COMMITTEE**

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

**APPROVAL OF MINUTES: OCTOBER 18, 2023 Open:** Appendix I

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**CORRESPONDENCE** - None

**ADJOURN SINE DIE MEETING**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**  
**ROLL CALL OF ALL 2024 FUND COMMISSIONERS**

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

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

**NOMINATING COMMITTEE RECOMMENDATION**

Thomas Nolan, 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  
James Gant, Executive Committee Alternate – Red Bank

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2024 EXECUTIVE COMMITTEE**

**CORRESPONDENCE** - None

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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<b>PUBLIC COMMENT</b>	
<b>RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES</b>	
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**Central Jersey Health Insurance Fund**  
Executive Director's Report  
January 17, 2024

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of November 30, 2023 (page 3)

**2024 REORGANIZATION**

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

- #1-24: Approves contracts for 2024. All contracts match the RFPs and budget approved last year.
- #5-24 – Sets the meeting dates for the 2024 Fund year which includes instructions on how to access the virtual link as well as a physical location if decided to go back in person.
- #7-24 – Signatories will remain the same.
- #9-24 – Current MRHIF representatives are Brian Brach and Brian Valentino.

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF executive committee met on December 13.

The 2024 budget and assessments were adopted without amendment. The assessment included in the CJHIF 2024 budget was unchanged.

The incumbent Benefits Administration system was approved for another one year contract. A full review of the services promised in the RFP will occur next fall and the Fund will determine whether to extend another year or go back out to RFP.

The MRHIF will have a new member on 1/1/2024 – the Metropolitan Health Insurance Fund.

**2024 COMMITTEE APPOINTMENTS**

Below are the standing Committees that were appointed in 2023 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

Nominating Committee

Brian Brach, Chair

## 2024 WELLNESS GRANT APPLICATIONS

Applications for a 2024 wellness grant were emailed to the membership last month. The total budget is \$150,000 for all medical members.

We've received 2 responses for Wellness grants through the Fund. Atlantic Highlands and Oceanport have submitted applications for many years. Their applications are included in Appendix II, which are similar to prior years to which we have approved.

1. Atlantic Highlands – Medication review by local pharmacy, blood glucose and A1C checks, gym reimbursements – request for \$9,850
2. Oceanport – Access to behavioral health professionals – request for \$3780

Resolution 12-24 approves these grants.

The **due date is June 30, 2024** for all members that are interested. The application has been included in the agenda Appendix IV.

## MRHIF INDEMNITY AND TRUST AGREEMENT

Every three years, the Fund must renew its membership with the MRHIF. Resolution 13-24 includes the standard Indemnity and Trust agreement with no changes from the prior agreement.

## 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 have expired. Please reach out to [jdelorenzo@permainc.com](mailto:jdelorenzo@permainc.com) for a blank form to be executed. The list was last updated on January 11, 2024.

Member	I&T end date
Brick Twp Housing Authority	12/31/2021
Shrewsbury Township	12/31/2021
Western Monmouth Utilities Authority	12/31/2022
Keyport	12/31/2022
Borough of Sayreville	12/31/2023
Spring Lake	12/31/2023
Highland Elementary School	12/31/2023
Matawan	12/31/2023
Bedminster Township	12/31/2023
Barnegat Light	12/31/2023

CENTRAL JERSEY HEALTH INSURANCE FUND						
FINANCIAL FAST TRACK REPORT						
			AS OF	November 30, 2023		
			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME		5,187,037	56,201,684	844,244,915	900,446,599
2.	CLAIM EXPENSES					
		Paid Claims	5,632,027	51,351,998	685,068,831	736,420,829
		IBNR	4,224	654,477	3,842,911	4,497,388
		Less Specific Excess	-	(1,743,039)	(18,029,217)	(19,772,257)
		Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
TOTAL CLAIMS			5,636,251	50,263,436	669,882,525	720,145,961
3.	EXPENSES					
		MA & HMO Premiums	329,397	3,607,938	24,379,105	27,987,044
		Excess Premiums	188,811	2,035,916	38,788,756	40,824,672
		Administrative	331,080	3,405,524	49,218,914	52,624,438
TOTAL EXPENSES			849,289	9,049,379	112,386,776	121,436,154
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)		(1,298,503)	(3,111,131)	61,975,614	58,864,483
5.	INVESTMENT INCOME		44,905	372,163	3,639,678	4,011,842
6.	DIVIDEND INCOME		0	216,127	8,016,763	8,232,890
7.	STATUTORY PROFIT/(LOSS) (4+5+6)		(1,253,598)	(2,522,840)	73,632,055	71,109,215
8.	DIVIDEND		0	1,884,839	59,107,813	60,992,652
9.	Transferred Surplus		0	0	0	0
STATUTORY SURPLUS (7-8+9)			(1,253,598)	(4,407,679)	14,524,242	10,116,563
SURPLUS (DEFICITS) BY FUND YEAR						
Closed		Surplus	19,070	(312,577)	7,483,451	7,170,874
		Cash	(170,359)	(378,712)	7,719,679	7,340,966
2022		Surplus	(26,517)	(95,551)	2,908,632	2,813,082
		Cash	318,019	1,503,545	858,649	2,362,194
LAKEWOOD		Surplus	973,637	(736,609)	4,132,158	3,395,550
		Cash	4,637,764	1,631,020	3,006,744	4,637,764
2023		Surplus	(2,219,789)	(3,262,943)		(3,262,943)
		Cash	(3,336,164)	(1,278,506)		(1,278,506)
TOTAL SURPLUS (DEFICITS)			(1,253,598)	(4,407,679)	14,524,242	10,116,562
TOTAL CASH			1,449,260	1,477,348	11,585,071	13,062,419
CLAIM ANALYSIS BY FUND YEAR						
TOTAL CLOSED YEAR CLAIMS			1,204	132,646	567,682,335	567,814,982
FUND YEAR 2022						
		Paid Claims	45,135	3,511,520	31,219,544	34,731,064
		IBNR	(20,367)	(2,699,261)	2,715,552	16,291
		Less Specific Excess	0	(544,078)	(148,454)	(692,532)
		Less Aggregate Excess	0	0	0	0
TOTAL FY 2022 CLAIMS			24,768	268,181	33,786,642	34,054,823
LAKEWOOD						
		Paid Claims	259,008	12,350,909	69,453,554	81,804,462
		IBNR	(3,070)	120,876	1,127,359	1,248,235
		Less Specific Excess	0	(96,527)	(2,167,367)	(2,263,894)
		Less Aggregate Excess	0	0	0	0
TOTAL LAKEWOOD CLAIMS			255,938	12,375,257	68,413,547	80,788,803
FUND YEAR 2023						
		Paid Claims	5,326,680	35,356,923		35,356,923
		IBNR	27,661	3,232,862		3,232,862
		Less Specific Excess	0	(1,102,434)		(1,102,434)
		Less Aggregate Excess	0	0		0
TOTAL FY 2023 CLAIMS			5,354,341	37,487,351		37,487,351
COMBINED TOTAL CLAIMS			5,636,251	50,263,436	669,882,524	720,145,960

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

## CENTRAL JERSEY REGIONAL EMPLOYEE BENEFITS FUND RATIOS

CENTRAL JERSEY HEALTH INSURANCE FUND													
RATIOS													
		FY2023											
INDICES	2022	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	11,585,071	\$ 11,718,028	\$ 9,953,482	\$ 14,264,087	\$ 12,833,577	\$ 14,655,597	\$ 13,680,579	\$ 14,111,830	\$ 13,802,670	\$ 14,987,402	\$ 15,406,937	\$ 13,062,419	
IBNR	3,842,911	\$ 4,258,102	\$ 4,149,630	\$ 4,263,978	\$ 4,294,261	\$ 4,381,740	\$ 4,416,559	\$ 4,467,204	\$ 4,477,106	\$ 4,481,039	\$ 4,493,164	\$ 4,497,388	
Assets	18,799,786	\$ 19,020,740	\$ 19,136,052	\$ 19,244,933	\$ 18,987,764	\$ 18,804,512	\$ 17,995,347	\$ 18,280,740	\$ 17,769,402	\$ 16,608,786	\$ 16,407,414	\$ 14,982,692	
Liabilities	4,275,549	\$ 4,591,950	\$ 4,322,121	\$ 4,450,980	\$ 4,525,519	\$ 4,616,413	\$ 4,684,852	\$ 4,734,784	\$ 4,737,951	\$ 5,115,699	\$ 5,037,259	\$ 4,866,134	
Surplus	14,524,237	\$ 14,428,789	\$ 14,813,931	\$ 14,793,954	\$ 14,462,245	\$ 14,188,099	\$ 13,310,495	\$ 13,545,956	\$ 13,031,452	\$ 11,493,087	\$ 11,370,155	\$ 10,116,557	
Claims Paid -- Month	3,133,724	\$ 3,892,106	\$ 3,923,664	\$ 4,563,215	\$ 4,506,805	\$ 4,544,570	\$ 5,379,299	\$ 4,039,971	\$ 4,889,556	\$ 5,532,636	\$ 4,459,136	\$ 5,633,221	
Claims Budget -- Month	4,011,475	\$ 4,154,382	\$ 4,158,028	\$ 4,153,162	\$ 4,156,646	\$ 4,273,709	\$ 4,277,745	\$ 4,314,840	\$ 4,321,650	\$ 4,312,055	\$ 4,320,639	\$ 4,314,848	
Claims Paid -- YTD	45,322,363	\$ 3,892,106	\$ 7,815,770	\$ 12,378,986	\$ 16,885,790	\$ 21,430,360	\$ 26,809,659	\$ 30,849,630	\$ 35,739,186	\$ 41,271,822	\$ 45,730,958	\$ 51,364,179	
Claims Budget -- YTD	48,493,558	\$ 4,154,382	\$ 8,312,410	\$ 12,465,572	\$ 16,622,218	\$ 20,895,927	\$ 25,173,672	\$ 29,488,512	\$ 33,823,873	\$ 38,135,891	\$ 42,456,530	\$ 46,771,378	
RATIOS													
Cash Position to Claims Paid	3.70	3.01	2.54	3.13	2.85	3.22	2.54	3.49	2.82	2.71	3.46	2.32	
Claims Paid to Claims Budget -- Month	0.78	0.94	0.94	1.1	1.08	1.06	1.26	0.94	1.13	1.28	1.03	1.31	
Claims Paid to Claims Budget -- YTD	0.93	0.94	0.94	0.99	1.02	1.03	1.06	1.05	1.06	1.08	1.08	1.1	
Cash Position to IBNR	3.01	2.75	2.40	3.35	2.99	3.34	3.1	3.16	3.08	3.34	3.43	2.9	
Assets to Liabilities	4.40	4.14	4.43	4.32	4.2	4.07	3.84	3.86	3.75	3.25	3.26	3.08	
Surplus as Months of Claims	3.62	3.47	3.56	3.56	3.48	3.32	3.11	3.14	3.02	2.67	2.63	2.34	
IBNR to Claims Budget -- Month	0.96	1.02	1.00	1.03	1.03	1.03	1.03	1.04	1.04	1.04	1.04	1.04	



Central Jersey Health Insurance Fund						
2023 Budget Report						
AS OF NOVEMBER 30, 2023						
				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Claims AmeriHealth 12/31 Renewal	6,864	7,488	14,976			
Medical Claims AmeriHealth 6/30 Renewal	250,938	274,519	267,750			
Medical Claims Aetna 12/31 Renewal	27,475,502	29,983,380	30,386,516			
Medical Claims Aetna 6/30 Renewal	370,824	402,030	474,704			
<b>Subtotal Medical Claims</b>	<b>28,104,128</b>	<b>30,667,417</b>	<b>31,143,946</b>	<b>30,457,788</b>	<b>(2,329,168)</b>	<b>-8%</b>
Prescription Claims 12/31 Renewal	5,512,680	6,016,178	6,063,440			
Prescription Claims 6/30 Renewal	155,978	168,278	177,111			
Less Rx Rebates	(1,700,598)	(1,855,337)	(1,872,165)			
<b>Subtotal Prescription Claims</b>	<b>3,968,060</b>	<b>4,329,119</b>	<b>4,368,386</b>	<b>5,620,835</b>	<b>(1,652,775)</b>	<b>-42%</b>
Dental Claims 12/31 Renewal	1,620,037	1,768,221	1,648,979			
Dental Claims 6/30 Renewal	17,752	19,351	20,196			
<b>Subtotal Dental Claims</b>	<b>1,637,789</b>	<b>1,787,572</b>	<b>1,669,175</b>	<b>1,408,729</b>	<b>229,060</b>	<b>14%</b>
Vision Claims	24,492	26,694	26,456	Included in Medical Claims		
<b>Lakewood SIR Claims</b>						
Medical	9,788,639	10,723,735	9,417,439	9,622,391	166,248	2%
Prescription	3,248,270	3,553,669	3,214,522	2,752,866	495,404	15%
<b>Subtotal Claims</b>	<b>46,771,378</b>	<b>51,088,206</b>	<b>49,839,924</b>	<b>49,862,608</b>	<b>(3,091,230)</b>	<b>-7%</b>
Medicare Advantage / EGWP	3,014,487	3,290,862	3,270,620	<b>3,590,419</b>	<b>(1,867)</b>	<b>0%</b>
Medicare Advantage - Rx	574,064	626,875	605,606	Included in Medicare Advantage / EGWP		
DMO Premiums	18,455	18,944	37,962	<b>18,724</b>	<b>(268)</b>	<b>-1%</b>
<b>Reinsurance</b>						
Specific	997,073	1,087,978	1,092,154			
Lakewood - ICH	1,039,742	1,137,017	1,119,469			
<b>Subtotal Reinsurance</b>	<b>2,036,815</b>	<b>2,224,995</b>	<b>2,211,623</b>	<b>2,035,916</b>	<b>899</b>	<b>0%</b>
Loss Fund Contingency	333,913	364,269	364,269	<b>0</b>	<b>333,913</b>	<b>100%</b>
<b>Total Loss Fund</b>	<b>52,749,113</b>	<b>57,614,150</b>	<b>56,330,004</b>	<b>55,507,667</b>	<b>(2,758,553)</b>	<b>-5%</b>
<b>Expenses</b>						
Legal	34,062	37,159	37,159	<b>34,062</b>	<b>(0)</b>	<b>0%</b>
Treasurer	11,688	12,750	12,750	<b>11,688</b>	<b>-</b>	<b>0%</b>
Administrator	482,249	525,530	520,368	<b>482,224</b>	<b>25</b>	<b>0%</b>
Program Manager	1,775,276	1,936,916	1,923,903	<b>1,794,697</b>	<b>(5,671)</b>	<b>0%</b>
Actuary	15,217	16,600	16,600	<b>16,600</b>	<b>(1,383)</b>	<b>-9%</b>
Auditor	18,792	20,500	20,500	<b>18,788</b>	<b>4</b>	<b>0%</b>
TPA - Aetna	938,023	1,023,991	1,030,899	<b>946,429</b>	<b>(113)</b>	<b>0%</b>
TPA - AmeriHealth	8,292	9,046	9,046	Included above in TPA - Aetna		
Plan Documents	13,750	15,000	15,000	Included in Program Manager		
Dental TPA	73,631	80,158	80,387	<b>73,612</b>	<b>19</b>	<b>0%</b>
Wellness	114,583	125,000	125,000	<b>130,268</b>	<b>(15,685)</b>	<b>-14%</b>
Affordable Care Act	11,834	12,919	12,688	<b>17,241</b>	<b>(5,407)</b>	<b>-46%</b>
A4 Retiree Surcharge	13,490	14,684	15,998	<b>12,181</b>	<b>1,309</b>	<b>10%</b>
Misc/Cont	19,420	21,185	21,185	<b>8,431</b>	<b>10,989</b>	<b>57%</b>
<b>Total Expenses</b>	<b>3,530,306</b>	<b>3,851,438</b>	<b>3,841,483</b>	<b>3,546,220</b>	<b>(15,914)</b>	<b>0%</b>
<b>Total Budget</b>	<b>56,279,420</b>	<b>61,465,588</b>	<b>60,171,487</b>	<b>59,053,887</b>	<b>(2,774,468)</b>	<b>-5%</b>

# Central Jersey Health Insurance Fund

## CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2023

### BY FUND YEAR

	CJ HIF 2023	CJ HIF 2022	CLOSED YEAR	LAKEWOOD	FUND BALANCE
<b>ASSETS</b>					
Cash & Cash Equivalents	(1,278,506)	2,362,194	7,340,966	4,637,764	13,062,419
Assessments Receivable (Prepaid)	10,296	390,262	1,983	2,092	404,634
Interest Receivable	428	2,239	7,160	3,929	13,757
Specific Excess Receivable	1,102,434	81,247	36,121	-	1,219,803
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	282,080	-	-	-	282,080
<b>Total Assets</b>	<b>116,733</b>	<b>2,835,943</b>	<b>7,386,231</b>	<b>4,643,785</b>	<b>14,982,692</b>
<b>LIABILITIES</b>					
Accounts Payable	-	-	-	-	-
IBNR Reserve	3,232,862	16,291	-	1,248,235	4,497,388
A4 Retiree Surcharge	12,181	6,570	-	-	18,751
Dividends Payable	-	-	169,001	-	169,001
Retained Dividends	-	-	46,361	-	46,361
Accrued/Other Liabilities	134,633	-	-	-	134,633
<b>Total Liabilities</b>	<b>3,379,676</b>	<b>22,861</b>	<b>215,362</b>	<b>1,248,235</b>	<b>4,866,134</b>
<b>EQUITY</b>					
Surplus / (Deficit)	(3,262,943)	2,813,082	7,170,869	3,395,550	10,116,557
<b>Total Equity</b>	<b>(3,262,943)</b>	<b>2,813,082</b>	<b>7,170,869</b>	<b>3,395,550</b>	<b>10,116,557</b>
<b>Total Liabilities &amp; Equity</b>	<b>116,733</b>	<b>2,835,943</b>	<b>7,386,231</b>	<b>4,643,785</b>	<b>14,982,692</b>
<b>BALANCE</b>	<b>0</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: 2024**

<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	12/31/2022 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 2024

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:

**Aetna/South Jersey Radiology Negotiations** – Aetna and South Jersey Radiology have finalized their negotiations and have reached an agreement effective December 1, 2023. South Jersey Radiology will remain a participating provider for Aetna. Aetna will mail rescind letters to members who received notification of the pending termination.

### EXPRESS-SCRIPTS UPDATE: None

### OPERATIONAL UPDATES:

#### End of Year/Wellness Incentive Program Reporting

End of Year Reporting was sent to all CJHIFs' group billing contacts on December 19<sup>th</sup>.

The Wellness Incentive Program report was sent to all CJHIF group billing contacts on December 21<sup>st</sup>. The report reflects employees who received a gym reimbursement in 2023. 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 2023
  - Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2023 through November 30, 2023**
  - Reports were sent to the group billing contacts on December 21<sup>st</sup>.
- An additional report will be provided in late January 2024 for reimbursements issued for submissions in **December 2023**
  - 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

## 2024 LEGISLATIVE REVIEW:

**FREE COVID-19 At-HomeTest** – Effective September 25, 2023, the government has reinstated free COVID-19 at home test kits. Every U.S. household is eligible to order 4 free COVID-19 at home tests.

<https://www.covid.gov/tests>

### Medical and Rx Reporting: None

### No Surprise Billing and Transparency – Continued Delays

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

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

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

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

## 2023 Specialized Audits

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

### Carrier Appeals:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
07/05/2023	Aetna/Medical	CJ 2023-10-01	Bioimpedance Spectroscopy	Upheld	07/21/2023
11/07/2023	Aetna/Medical	CJ 2023-11-01	Anesthesia	Under Review	N/A
11/20/2023	Aetna/Medical	CJ 2023-11-02	Anesthesia	Under Review	N/A
09/25/2023	Aetna/Medical	CJ 2023-11-03	Denied Bloodwork	Upheld	09/28/2023
12/18/2023	Aetna/Medical	CJ 2023-12-01	Anesthesia	Upheld	12/18/2023

**IRO Submissions:**

<b>Submission Date</b>	<b>Appeal Type</b>	<b>Appeal Number</b>	<b>Reason</b>	<b>Determination</b>	<b>Determination Date</b>
10/09/2023	Aetna/Medical	CJ 2023-10-01	Bioimpedance Spectroscopy	Overturned	10/24/2023
11/21/2023	Aetna/Medical	CJ 2023-11-03	Denied Bloodwork	Upheld	12/05/2023

**CENTRAL JERSEY HEALTH INSURANCE FUND  
SUPPLEMENTAL BILLS LIST**

**NOVEMBER 2023**

**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 2023**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
W11231			
W11231	DEPARTMENT OF TREASURY	ADD. PCORI FEES 6/23 PERIOD	161.29
			<b>161.29</b>
		<b>Total Payments FY 2023</b>	<b>161.29</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>161.29</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**

**NOVEMBER 2023**

**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>
✓002356			
✓002356	RED BANK BOROUGH	2023 DIVIDEND	77,205.00
			<b>77,205.00</b>
✓002357			
✓002357	BRICK TOWNSHIP	2023 DIVIDEND	82,845.00
			<b>82,845.00</b>
✓002358			
✓002358	WEST LONG BRANCH BOROUGH	2023 DIVIDEND	28,743.00
			<b>28,743.00</b>
		<b>Total Payments FY CLOSED</b>	<b>188,793.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>188,793.00</b>

\_\_\_\_\_  
Chairperson

Attest:

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

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

\_\_\_\_\_  
Treasurer



# CENTRAL JERSEY HEALTH INSURANCE FUND

## BILLS LIST

**NOVEMBER 2023**

**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 2023**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002359			
002359	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 11/23	328,936.70
			<b>328,936.70</b>
002360			
002360	Flagship Health System	DENTAL- MONTGOMERY 11/1/23 #147740	460.78
			<b>460.78</b>
002361			
002361	AETNA LIFE INSURANCE COMPANY	VISION TPA 11/23	128.31
002361	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 11/23	86,118.12
			<b>86,246.43</b>
002362			
002362	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 11/23	-26.25
002362	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/23	817.80
			<b>791.55</b>
002363			
002363	PAYFLEX	OCEANPORT HSA FEE FOR 10/23	105.00
002363	PAYFLEX	MRRSA HSA FEE 10/23	18.00
			<b>123.00</b>
002364			
002364	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/23	6,530.31
			<b>6,530.31</b>
002365			
002365	PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/23	1,639.76
002365	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 11/23	43,243.75
			<b>44,883.51</b>
002366			
002366	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 11/23	3,096.58
			<b>3,096.58</b>
002367			
002367	STEPHEN MAYER	TREASURER FEE 11/23	1,062.50
			<b>1,062.50</b>
002368			
002368	TOWNSHIP OF BEDMINSTER	WELLNESS CREDIT 3/23-9/23	7,499.42
			<b>7,499.42</b>
002369			
002369	KEPRO	CLAIMS REVIEW-SOINV-0048003 9/5/23	575.00
			<b>575.00</b>

002370			
002370	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 11/23	1,250.00
002370	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 11/23	69,118.74
002370	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 11/23	85,095.60
002370	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 11/23	398.78
002370	CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/23	5,338.87
002370	CONNER STRONG & BUCKELEW	2022 IMPLEMENTATION FEES	6,000.00
002370	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/23	2,067.06
			<b>169,269.05</b>
002371			
002371	ACCESS	DEPT 420 10480713 9/30/23 FOR OCT	118.25
002371	ACCESS	DEPT 420 INV 10382747 7/31/23 FOR AUG	86.77
002371	ACCESS	DEPT 420 10427855 8/31/23 FOR SEPT	84.15
			<b>289.17</b>
002372			
002372	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 11/23	91,446.74
			<b>91,446.74</b>
002373			
002373	WESTPORT INSURANCE CORP	SPECIFIC-FAMILY FEES 11/23	78,905.30
002373	WESTPORT INSURANCE CORP	AGGREGATE 11/23	3,734.64
002373	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE FEES-SINGLE 11/23	14,724.39
			<b>97,364.33</b>
		<b>Total Payments FY 2023</b>	<b>838,575.07</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>838,575.07</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

**DECEMBER 2023**

**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 2023**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002374			
002374	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 12/23	327,317.48
			<b>327,317.48</b>
002375			
002375	Flagship Health System	DENTAL- MONTGOMERY 12/1/23 INV 148221	460.78
			<b>460.78</b>
002376			
002376	AETNA LIFE INSURANCE COMPANY	VISION TPA 12/23	126.49
002376	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/23	85,841.34
			<b>85,967.83</b>
002377			
002377	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 12/23	-21.25
002377	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/23	662.02
			<b>640.77</b>
002378			
002378	PAYFLEX	OCEANPORT HSA FEE FOR 11/23	105.00
002378	PAYFLEX	MRRSA HSA FEE 11/23	18.00
			<b>123.00</b>
002379			
002379	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/23	6,546.17
			<b>6,546.17</b>
002380			
002380	PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/23	365.16
002380	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 12/23	43,317.75
			<b>43,682.91</b>
002381			
002381	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 12/23	3,096.58
			<b>3,096.58</b>
002382			
002382	STEPHEN MAYER	TREASURER FEE 12/23	1,062.50
			<b>1,062.50</b>
002383			
002383	TOMS RIVER TOWNSHIP	REIMB. FOR WELLNESS AND STIPEND 11/23	17,993.75
			<b>17,993.75</b>

002384			
002384	KEPRO	CLAIMS REVIEW-SOINV-0051980 12/05/23	425.00
002384	KEPRO	CLAIMS REVIEW-SOINV-0052268 10/24/23	600.00
			<b>1,025.00</b>
002385			
002385	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 12/23	1,250.00
002385	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 12/23	68,808.26
002385	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 12/23	84,976.50
002385	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 12/23	413.11
002385	CONNER STRONG & BUCKELEW	FUND COORDINATOR 12/23	5,385.56
002385	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/23	2,056.72
			<b>162,890.15</b>
002386			
002386	ACCESS	DEPT 420 INV 10543126 10/31/23 FOR NOV	83.93
			<b>83.93</b>
002387			
002387	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 12/23	90,633.17
			<b>90,633.17</b>
002388			
002388	WESTPORT INSURANCE CORP	SPECIFIC REINSURANCE FEES-SINGLE 12/23	14,636.22
002388	WESTPORT INSURANCE CORP	AGGREGATE 12/23	3,763.76
002388	WESTPORT INSURANCE CORP	SPECIFIC-FAMILY FEES 12/23	80,045.55
			<b>98,445.53</b>
002389			
002389	SYMETRA FINANCIAL	PREPAID STOP LOSS PREM. LAKELAND 1/24	107,375.91
			<b>107,375.91</b>
		<b>Total Payments FY 2023</b>	<b>947,345.46</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>947,345.46</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

**JANUARY 2024**

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

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

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

### **FUND YEAR 2023**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002390			
002390	PAYFLEX	OCEANPORT HSA FEE FOR 12/23	102.00
002390	PAYFLEX	MRRSA HSA FEE FOR 12/23	18.00
			<b>120.00</b>
002391			
002391	PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/23	67.61
			<b>67.61</b>
002392			
002392	ACCESS	INV 10628523 DEPT 420 11/30/23	86.55
			<b>86.55</b>
<b>Total Payments FY 2023</b>			<b>274.16</b>

### **FUND YEAR 2024**

<u>Check Number</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
002393			
002393	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 01/24	328,635.47
			<b>328,635.47</b>
002394			
002394	Flagship Health System	DENTAL- MONTGOMERY 1/1/24 INV 148695	321.34
			<b>321.34</b>
002395			
002395	AETNA LIFE INSURANCE COMPANY	VISION TPA 01/24	136.50
002395	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 01/24	91,088.33
			<b>91,224.83</b>
002396			
002396	AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 01/24	-26.25
002396	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 01/24	858.68
			<b>832.43</b>
002397			
002397	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/24	6,897.10
			<b>6,897.10</b>
002398			
002398	PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 01/24	44,434.08
			<b>44,434.08</b>
002399			
002399	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q1 2024	4,225.00
			<b>4,225.00</b>

002400			
002400	BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEE 01/24	3,036.00
			<b>3,036.00</b>
002401			
002401	STEPHEN MAYER	TREASURER FEE 01/24	1,083.00
			<b>1,083.00</b>
002402			
002402	CONNER STRONG & BUCKELEW	PLAN DOCUMENTS 01/24	1,250.00
002402	CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 01/24	70,893.71
002402	CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEES 01/24	87,185.73
002402	CONNER STRONG & BUCKELEW	DENTAL COMMISSION 01/24	421.37
002402	CONNER STRONG & BUCKELEW	FUND COORDINATOR 01/24	5,509.15
002402	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 01/24	2,126.40
			<b>167,386.36</b>
002403			
002403	MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 01/24	95,527.77
			<b>95,527.77</b>
002404			
002404	WESTPORT INSURANCE CORP	SPECIFIC_SINGLE 01/24	18,304.09
002404	WESTPORT INSURANCE CORP	AGGREGATE 01/24	4,525.24
002404	WESTPORT INSURANCE CORP	SPECIFIC_FAMILY 01/24	94,412.70
			<b>117,242.03</b>
		<b>Total Payments FY 2024</b>	<b>860,845.41</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>861,119.57</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 Municipal Employee Benefits Fund										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2023 Month Ending: November										
	Medical	Dental	Rx	Vision	Reinsurance	DMO Premiums	Dividend Reserve	Admin	0	TOTAL
OPEN BALANCE	9,063,992.81	553,511.30	5,526,313.00	48,560.90	(13,433.65)	15,818.09	46,223.39	165,950.29	0.00	15,406,936.13
RECEIPTS										
Assessments	2,873,336.93	110,980.22	492,021.76	1,623.81	137,199.62	313.31	0.00	273,973.36	0.00	3,889,449.01
Refunds	0.00	0.00	5,200.49	0.00	0.00	0.00	0.00	0.00	0.00	5,200.49
Invest Pymnts	26,204.39	1,447.09	14,765.97	126.96	0.00	41.35	120.85	642.56	0.00	43,349.17
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	26,204.39	1,447.09	14,765.97	126.96	0.00	41.35	120.85	642.56	0.00	43,349.17
Other *	387,014.58	0.00	320,345.00	0.00	0.00	0.00	0.00	0.00	0.00	707,359.58
TOTAL	3,286,555.90	112,427.31	832,333.22	1,750.77	137,199.62	354.66	120.85	274,615.92	0.00	4,645,358.25
EXPENSES										
Claims Transfers	4,680,206.54	134,788.81	1,147,351.14	0.00	0.00	0.00	0.00	0.00	0.00	5,962,346.49
Expenses	517,729.70	460.78	0.00	0.00	188,811.07	0.00	0.00	320,527.81	0.00	1,027,529.36
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	5,197,936.24	135,249.59	1,147,351.14	0.00	188,811.07	0.00	0.00	320,527.81	0.00	6,989,875.85
END BALANCE	7,152,612.47	530,689.02	5,211,295.08	50,311.67	(65,045.10)	16,172.75	46,344.24	120,038.40	0.00	13,062,418.53

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES										
Central Jersey Municipal Employee Benefits Fund										
Month		November								
Current Fund Year		2023								
		1.	2.	3.	4.	5.	6.	7.	8.	
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change	
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This	
Year	Coverage	Last Month	November	November	November	November	Reconciled	Variance From	Month	
2023	Medical	24,019,004.48	4,617,419.86	0.00	28,636,424.34	0.00	28,636,424.34	24,019,004.48	4,617,419.86	
	Dental	1,145,134.40	134,769.81	0.00	1,279,904.21	0.00	1,279,904.21	1,145,134.40	134,769.81	
	Rx	6,636,836.74	828,129.94	5,200.49	7,459,766.19	0.00	7,459,766.19	6,636,836.74	822,929.45	
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	31,800,975.62	5,580,319.61	5,200.49	37,376,094.74	0.00	37,376,094.74	31,800,975.62	5,575,119.12	

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS				
Central Jersey Municipal Employee Benefits Fund				
ALL FUND YEARS COMBINED				
CURRENT MONTH	November			
CURRENT FUND YEAR	2023			
		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	\$15,406,936.76	-	5,826,277.44	9,580,659.32
Opening Interest Accrual Balance	\$12,074.95	-	12,074.95	-
1	Interest Accrued and/or Interest Cost	\$1,681.56	\$0.00	\$1,681.56 \$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	\$27,026.17	\$0.00	\$10,209.71 \$16,816.46
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00 \$0.00
7	Realized Gain (Loss)	\$16,323.00	\$0.00	\$16,323.00 \$0.00
8	Net Investment Income	\$45,030.73	\$0.00	\$28,214.27 \$16,816.46
9	Deposits - Purchases	\$4,602,009.08	\$0.00	\$0.00 \$4,602,009.08
10	(Withdrawals - Sales)	-\$6,989,876.15	\$0.00	\$0.00 -\$6,989,876.15
Ending Cash & Investment Balance		\$13,062,418.86	\$0.00	\$5,852,810.15 \$7,209,608.71
Ending Interest Accrual Balance		\$13,756.51	\$0.00	\$13,756.51 \$0.00
Plus Outstanding Checks		\$0.00	\$0.00	\$0.00 \$0.00
(Less Deposits in Transit)		\$0.00	\$0.00	\$0.00 \$0.00
Balance per Bank		\$13,062,418.86	\$0.00	\$5,852,810.15 \$7,209,608.71





**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

***January 17, 2024***



## CENTRAL JERSEY HEALTH INSURANCE FUND

	<b>MEDICAL CLAIMS PAID 2022</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2023</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$2,880,916	2,158	\$ 1,335	\$3,609,993	2,143	\$ 1,685
FEBRUARY	\$2,916,816	2,143	\$ 1,361	\$2,923,452	2,138	\$ 1,367
MARCH	\$3,647,050	2,139	\$ 1,705	\$3,416,354	2,127	\$ 1,606
APRIL	\$3,059,121	2,140	\$ 1,429	\$3,334,315	2,129	\$ 1,566
MAY	\$3,475,512	2123	\$ 1,637	\$4,258,066	2,161	\$ 1,970
JUNE	\$2,787,005	2,124	\$ 1,312	\$3,874,228	2,164	\$ 1,790
JULY	\$2,546,763	2,135	\$ 1,193	\$3,060,025	2,181	\$ 1,403
AUGUST	\$3,260,485	2,105	\$ 1,549	\$4,296,915	2,175	\$ 1,976
SEPTEMBER	\$3,692,857	2,100	\$ 1,759	\$4,522,360	2,167	\$ 2,087
OCTOBER	\$2,622,624	2,102	\$ 1,248	\$3,976,935	2,173	\$ 1,830
NOVEMBER	\$3,070,780	2,106	\$ 1,458	\$4,299,056	2,170	\$ 1,981
DECEMBER	\$3,329,912	2,117	\$ 1,573			
<b>TOTALS</b>	<b>\$37,289,841</b>			<b>\$41,571,700</b>		
				<b>2023 Average</b>	<b>2,157</b>	<b>\$ 1,751</b>
				<b>2022 Average</b>	<b>2,124</b>	<b>\$ 1,463</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: 09/01/2023 - 09/30/2023  
Service Dates: 01/01/2011 - 09/30/2023  
Line of Business: All

	Billed Amt	Paid Amt
	\$2,059,600.65	\$917,778.79
	\$325,334.73	\$249,600.84
	\$144,184.87	\$97,021.68
	\$58.00	\$78,196.71
	\$121,449.55	\$58,120.15
	\$159,130.05	\$56,791.13
Total:	\$2,809,757.85	\$1,457,509.30

## 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:** 10/01/2023 - 10/31/2023  
**Service Dates:** 01/01/2011 - 10/31/2023  
**Line of Business:** All

	Billed Amt	Paid Amt
	\$408,249.34	\$141,329.96
	\$211,786.37	\$92,271.49
	\$85,802.73	\$85,105.67
	\$112,919.94	\$84,363.09
	\$266,022.10	\$69,145.64
<b>Total:</b>	<b>\$1,084,780.48</b>	<b>\$472,215.85</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: 11/01/2023 - 11/30/2023  
Service Dates: 01/01/2011 - 11/30/2023  
Line of Business: All

	Billed Amt	Paid Amt
	\$550,481.57	\$187,371.26
	\$171,615.32	\$138,797.04
	\$243,405.40	\$137,407.15
	\$141,047.15	\$136,404.19
	\$390,576.00	\$120,991.97
	\$114,644.16	\$91,723.58
	\$7,900.00	\$50,728.67
Total:	\$1,619,669.60	\$863,423.86



**Medical Claims Paid :  
January 2023 - November 2023**

Total Medical Paid per EE: **\$1,751**

**Network Discounts**

Inpatient: **61.1%**  
Ambulatory: **64.9%**  
Physician/Other: **68.2%**  
**TOTAL: 65.5%**

**Provider Network**

% Admissions In-Network: **97.8%**  
% Physician Office: **90.6%**

**Aetna Book of Business:**  
Admissions 98.7%; Physician 90.8%

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

- Jersey Shore Medical
- Community Medical Center
- RWJUH New Brunswick
- Ocean University Medical Center
- Monmouth Medical Center

**Catastrophic Claim Impact  
January 2023 – November 2023**

Number of Claims Over \$50,000: **122**  
Claimants per 1000 members: **23.2**  
Avg. Paid per Claimant: **\$115,428**  
Percent of Total Paid: **37.3%**  
• **Aetna BOB- HCC account for an average of 43.7% of total Medical Cost**

**Aetna One Flex Member Outreach:  
Through November 2023**

Total Members Identified: **1,011**  
Members Targeted for 1:1 Nurse Support : **244**  
Members Targeted for Digital Activity: **767**  
Member 1:1 outreach completed: **241**  
Member 1:1 Outreach in Progress: **3**

**Teladoc Activity:  
January 2023– November 2023**

Total Registrations: **96**  
Total Online Visits: **356**  
Total Net Claims Savings: **\$172,884**  
Total Visits w/ Rx: **254**  
Mental Health Visits: **27**  
Dermatology Visits: **19**

**Allentown Service Center  
Performance Goal Metrics YTD 2023**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: **94.03%**  
Abandonment Rate: **0.61%**  
Avg. Speed of Answer: **18.0 sec**

**Claims Performance**

Financial Accuracy: **98.25%**  
-  
90% processed w/in: **7.8 days**  
95% processed w/in: **15.1 days**

\*\*\*\*\*

**Claims Performance (Monthly)  
(November 2023)**

90% processed w/in: **5.8 days**  
95% processed w/in: **10.5 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**





																
2022 Central HIF						2023 Central HIF										
		MEDICAL CLAIMS PAID 2022	TOTAL	# OF EES	PER EE				MEDICAL CLAIMS PAID 2023		TOTAL		# OF EES		PER EE	
JANUARY		\$32,550.64	\$32,550.64	21	\$1,550.03		JANUARY		\$18,830.18		\$18,830.18		19		\$991.05	
FEBRUARY		\$28,606.05	\$28,606.05	21	\$1,362.19		FEBRUARY		\$36,311.57		\$36,311.57		19		\$1,911.13	
MARCH		\$21,255.39	\$21,255.39	21	\$1,012.16		MARCH		\$53,195.75		\$53,195.75		20		\$2,659.78	
APRIL		\$26,860.85	\$26,860.85	26	\$1,033.10		APRIL		\$43,552.88		\$43,552.88		20		\$2,177.64	
MAY		\$19,086.93	\$19,086.93	21	\$908.90		MAY		\$25,227.03		\$25,227.03		20		\$1,261.35	
JUNE		\$20,333.68	\$20,333.68	21	\$968.27		JUNE		\$42,298.41		\$42,298.41		20		\$2,114.92	
JULY		\$17,348.99	\$17,348.99	21	\$826.14		JULY		\$27,313.74		\$27,313.74		22		\$1,241.53	
AUGUST		\$18,790.86	\$18,790.86	21	\$864.80		AUGUST		\$21,973.90		\$21,973.90		21		\$1,046.38	
SEPTEMBER		\$16,550.86	\$16,550.86	19	\$871.09		SEPTEMBER		\$10,677.28		\$10,677.28		21		\$508.44	
OCTOBER		\$26,932.30	\$26,932.30	19	\$1,417.48		OCTOBER		\$17,067.79		\$17,067.79		20		\$853.38	
NOVEMBER		\$32,348.13	\$32,348.13	19	\$1,702.53		NOVEMBER		\$17,991.29		\$17,991.29		20		\$899.56	
DECEMBER		\$27,532.01	\$27,532.01	19	\$1,449.05		DECEMBER		\$17,885.50		\$17,885.50		21		\$851.69	
TOTALS		\$288,196.69					TOTALS		\$332,325.32				20.25		\$1,376.40	
			2022 Average	21	\$1,163.81											





**EXPRESS SCRIPTS®**

Central Jersey Health Insurance Fund

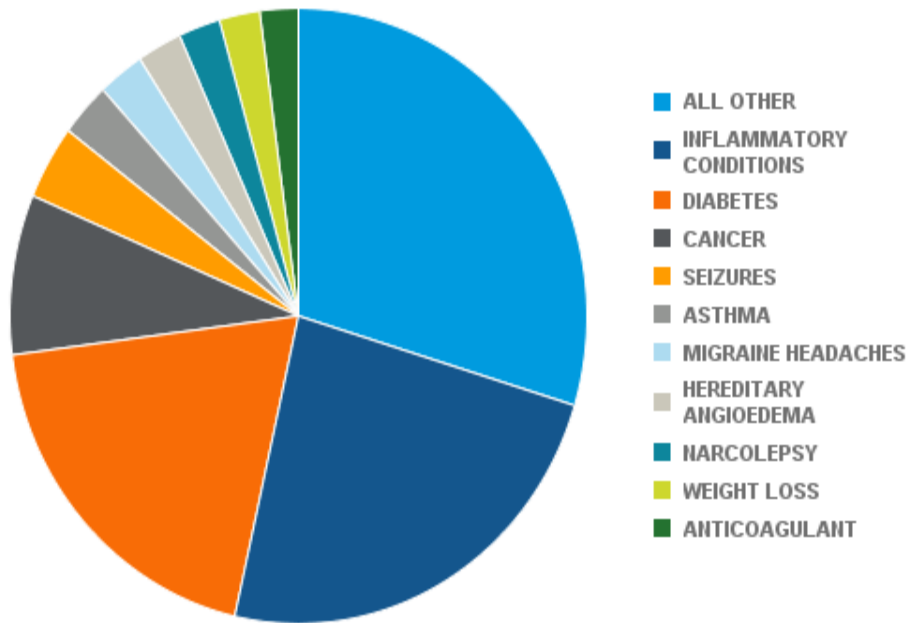
Total Component/ Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	3,065	3,062	3,057	3,061	3,060	3,064	3,071	3,065	3,069	3,036	3,005	3,037	3,012	3,022	3,020	3,018	3,045
Total Days	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	117,313	108,796	345,012	1,377,343
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	1,190	1,202	1,862	2,517
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	\$591,460	\$536,992	\$1,799,100	\$7,269,779
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%	83.8%	84.0%	83.0%	84.8%
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	\$195.72	\$177.81	\$198.71	198.94
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	\$243,333	\$224,717	\$809,647	\$3,298,271
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%	41.1%	41.8%	45.0%	45.4%

Total Component/ Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4	2023 YTD
Membership	2,984	2,990	2,993	2,989	2,993	3,001	2,999	2,998	3,014	3,020	3,012	3,015	3,015	3,015			
Total Days	127,933	112,223	118,710	358,894	119,678	122,117	116,139	358,126	119,316	126,403	113,464	359,532	122,829	120,083			
Total Patients	1,212	1,149	1,180	1,809	1,110	1,168	1,118	1,746	1,126	1,115	1,100	1,742	1,239	1,198			
Total Plan Cost	\$627,280	\$520,265	\$572,443	\$1,719,993	\$675,794	\$641,844	\$699,617	\$2,017,298	\$663,079	\$720,050	\$651,629	\$2,037,450	\$772,838	\$690,188			
Generic Fill Rate (GFR) - Total	83.5%	84.7%	84.5%	84.2%	85.1%	86.4%	85.3%	85.6%	86.8%	86.1%	83.4%	85.5%	84.1%	85.7%			
Plan Cost PMPM	\$210.21	\$174.00	\$191.26	\$191.81	\$225.79	\$213.88	\$233.28	\$224.32	\$220.00	\$238.43	\$216.34	\$225.23	\$256.33	\$228.92			
%Change Plan Cost PMPM	14.5%	-6.0%	-13.9%	-2.6%	30.3%	7.6%	7.9%	14.4%	8.7%	4.4%	19.5%	10.4%	15.1%	17.0%			
Total Specialty Plan Cost	\$240,775	\$223,675	\$228,988	\$693,438	\$308,751	\$273,943	\$361,613	\$944,307	\$300,422	\$352,242	\$279,421	\$934,504	\$397,773	\$290,855			
Specialty %of Total Specialty Plan Cost	38.4%	43.0%	40.0%	40.3%	45.7%	42.7%	51.7%	46.8%	45.3%	48.9%	42.9%	45.9%	51.5%	42.1%			

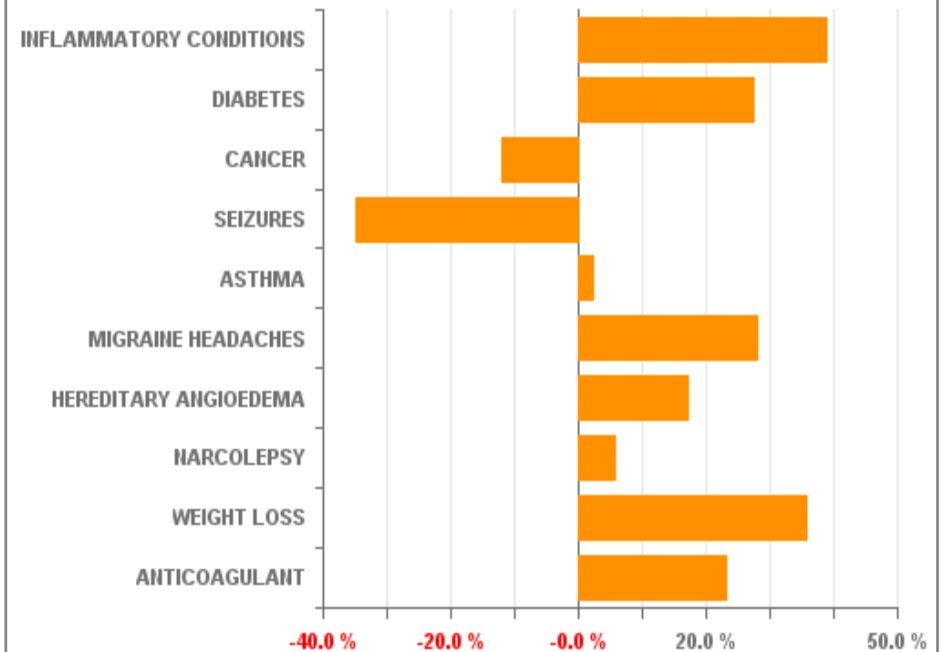
## Top Indications

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2023 - 11/2023 vs. Previous Period 11/2022 - 11/2022) Peer = Commercial

Top Indications by Plan Cost



Plan Cost PMPM % Change (Trend)



			Current Period							Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM	
1	1	INFLAMMATORY CONDITIONS	33.97%	369	\$1,733,447	\$52.47	415 %	40.1%	28.42%	26	\$114,249	\$37.81	30.8 %	40.8 %	38.8 %	
2	2	DIABETES	27.61%	4,513	\$1,408,938	\$42.65	29.0 %	34.8 %	25.18%	352	\$101,237	\$33.50	29.8 %	37.5 %	27.3 %	
3	3	CANCER	11.95%	212	\$609,739	\$18.46	74.1%	75.1%	15.77%	20	\$63,391	\$20.98	75.0 %	75.0 %	-12.0 %	
4	8	SEIZURES	5.55%	1,033	\$283,046	\$8.57	85.8 %	96.0 %	9.87%	99	\$39,668	\$13.13	79.8 %	95.8 %	-34.7 %	
5	6	ASTHMA	4.06%	2,214	\$206,930	\$6.26	77.7 %	77.0 %	4.60%	216	\$18,495	\$6.12	76.4 %	77.3 %	2.4 %	
6	7	MIGRAINE HEADACHES	3.68%	275	\$187,609	\$5.68	35.3 %	56.5 %	3.33%	39	\$13,401	\$4.43	66.7 %	59.3 %	28.1 %	
7	10	HEREDITARY ANGIOEDEMA	3.56%	12	\$181,695	\$5.50	0.0 %	15.2 %	3.53%	1	\$14,194	\$4.70	0.0 %	15.9 %	17.1 %	
8	9	NARCOLEPSY	3.33%	11	\$169,753	\$5.14	0.0 %	0.0 %	3.65%	1	\$14,689	\$4.86	0.0 %	0.0 %	5.7 %	
9	4	WEIGHT LOSS	3.23%	155	\$164,825	\$4.99	5.2 %	9.5 %	2.77%	11	\$11,120	\$3.68	18.2 %	22.1 %	35.6 %	
10	5	ANTICOAGULANT	3.06%	354	\$156,175	\$4.73	10.2 %	20.1%	2.89%	37	\$11,614	\$3.84	32.4 %	21.7 %	23.0 %	
Total Top 10				9,148	\$5,102,158	\$154.44	47.7 %	51.6 %		802	\$402,057	\$133.04	51.4 %	55.3 %	16.1 %	

**CENTRAL JERSEY HEALTH INSURANCE FUND  
CONSENT AGENDA  
JANUARY 17, 2024**

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

**Resolutions**

**Subject Matter**

**Motion** \_\_\_\_\_ **Second** \_\_\_\_\_

Resolution 1-24: Awarding Professional Fees & Contracts .....	<b>Page 33</b>
Resolution 2-24: Designation of Process of Service.....	<b>Page 36</b>
Resolution 3-24: Designation of Secretary as Custodian of Records .....	<b>Page 37</b>
Resolution 4-24: Designation of Official Newspaper.....	<b>Page 38</b>
Resolution 5-24: Designation of Regular Meeting Times and Place .....	<b>Page 39</b>
Resolution 6-24: Designation of Bank Depositories & CMP .....	<b>Page 40</b>
Resolution 7-24: Designation of Authorized Signatories.....	<b>Page 44</b>
Resolution 8-24: Approval of Risk Management Plan .....	<b>Page 45</b>
Resolution 9-24: Appointment of MRHIF Fund Commissioners.....	<b>Page 55</b>
Resolution 10-24: Broker Contract Approval.....	<b>Page 56</b>
Resolution 11-24: Authorizing Treasurer to Process Contracted Payments and Expenses.....	<b>Page 67</b>
Resolution 12-24: Adopting 2024 Wellness Grant Programs .....	<b>Page 68</b>
Resolution 13-24: MRHIF I&T Agreement .....	<b>Page 69</b>
Resolution 14-24: Approval of the November, December 2023 and January 2024 Bills Lists .....	<b>Page 71</b>

**RESOLUTION NO. 1-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2024**

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

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

**WHEREAS**, the Executive Committee of the Central Jersey Health Insurance Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and 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 2024:

- I. **John Vataha** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$16,900 has been appropriated in the Actuary Line Item of the 2024 budget.
- II. **Berry, Sahradnik, Kotzas & Benson** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$36,432 has been appropriated in the Attorney Line Item of the 2024 budget.
- III. **Mercadien P.C. is** hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$21,000 has been appropriated in the Auditor Line Item of the 2024 budget.
- IV. **Stephen Mayer** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$13,000 has been appropriated in the Treasurer Line Item of the 2024 budget.

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee authorize certain contracts for Extraordinary and Unspecifiable Services and are hereby made for 2024:

- I. **PERMA Risk Management Services** as **Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$9.44 per employee, per month will be expended to the Administrator. The estimated annual amount of \$530,150 has been appropriated in the Administrator Line Item of the 2024 budget.

- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$22.99 per medical employee, per month, \$9.11 per non-medical employees per month and \$0.96 per employee per month for health care reform will be expended in connection with the Program Manager in 2024. The estimated annual amount of \$1,976,094 has been appropriated in the **Program Manager** Line Item of the 2024 budget. In addition, the Program Manager will be paid \$15,000 for plan documents and \$40,000 for specialized claim and operations audits through a sub producer.
- III. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$39.54 per employee, per month and .91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$1,031,183 as been appropriated in the Medical TPA Line Item of the 2024 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	Annual Member 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/ 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 (Borough of Sayreville)	\$ 475.00
Aetna Medicare Advantage (Hamilton Township)	\$ 333.00
Aetna Medicare Advantage \$10 w \$6/\$22/\$44 Rx (Lakewood MUA)	\$ 477.00

- 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 \$9,989 has been appropriated in the Medical TPA Line Item of the 2024 budget.

- VI. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**.  
\$3.34 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$82,725 has been appropriated in the Dental TPA Line Item of the 2024 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 17, 2024**

**BY**

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**CHAIRPERSON**

**ATTEST:**

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**SECRETARY**

**RESOLUTION NO. 2-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2024**

**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 17, 2024**

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

**ATTEST:**

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



**RESOLUTION NO. 3-24**

**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 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 4-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING  
THE ASBURY PARK PRESS AS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2024**

**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 2024 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 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 5-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2024**

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

**NOW THEREFORE BE IT RESOLVED**, that the Executive Committee of the Central Jersey Health Insurance Fund hereby approves the following 2024 meeting dates, times and location for the Central Jersey Health Insurance Fund:

<b>DATE</b>	<b>LOCATION</b>	<b>TIME</b>
March 20, 2024	Brielle Borough Hall	1:30 pm
May 15, 2024	Brielle Borough Hall	1:30 pm
July 17, 2024	Brielle Borough Hall	1:30 pm
September 18, 2024	Brielle Borough Hall	1:30 pm
October 16, 2024	Brielle Borough Hall	1:30 pm
January 15, 2025	Brielle Borough Hall	1:30 pm

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

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

**ADOPTED: JANUARY 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 6-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2024**

**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  
Citizens 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 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 7-24**

**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 17, 2024**

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

**ATTEST:**

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



<b>RESOLUTION NO. 8-24</b>
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**CENTRAL JERSEY HEALTH INSURANCE FUND  
2024 RISK MANAGEMENT PLAN**

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

**1.) COVERAGE OFFERED**

- Medical

The Fund offers a “point of services” and “open access” plan designs. These plans have both in network and out of network benefit. The Fund can offer other plans as may meet the needs of the members. Starting in 2012, the Fund also offers “low cost plans” to allow members options to comply with contribution requirements under Chapter 78 and for those covered under Chapter 44. Included as options are a health savings account-consumer directed health plan, a core PPO program, a buy up PPO program, and the plans for those covered under Chapter 44. For Medicare aged retirees, the Fund also offers fully insured “Medicare Advantage” plans.

- Dental

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

- Prescription

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

- Vision

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

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

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

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



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

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

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

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

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

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

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

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

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

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

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

**9.) RATING PERIODS**

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

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

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

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

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

**12.) OPEN ENROLLMENT PROCEDURES**

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

**13.) COBRA AND CONVERSION OPTIONS**

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

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

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

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

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

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

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

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

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

All plan documents will have the following language:

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

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

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

A.) General Information

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

B.) Benefits

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

C.) Claims Procedures

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

D.) Cost Containment Programs

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

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

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

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

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

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

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

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

**21) CLAIMS AND OPERATIONS AUDITS**

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

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

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

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

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

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

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

4. The Program Manager, within five (5) business days of the assignment of the IRO, shall deliver to the IRO any documents and information considered in making the adverse benefit determination or the final internal adverse benefit determination. The IRO may terminate the external review and decide to reverse the adverse benefit



determination or final internal adverse benefit determination if the Program Manager does not provide such information in a timely manner. In such event, the IRO shall notify the claimant and the Program Manager of the decision within one (1) business day.

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

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

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

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

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

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

- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

## **23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS**

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

## **24.) PARTIAL MONTH ENROLLMENTS**

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

charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16<sup>th</sup> and the 31<sup>st</sup> of the month.

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

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

**ADOPTED: January 17, 2024**

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

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

**RESOLUTION NO. 9-24**

**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 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 10-24**

**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 2024;

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 2024:

Group Name	Risk Manager	Dental Assmt/ per EE	Fund Coordinator/ per EE	New Member/ per EE
Brick Township	Fairview Insurance Agency			\$ 12.88
Brick Twp Housing Authority	Fairview Insurance Agency			\$ 16.02
Englishtown	Danskin Agency	\$ 5.70		
Hamilton Township	Eagle Rock			\$ 25.50
Keyport	Danskin Agency	\$ 2.47		
Monmouth County Bayshore	Danskin Agency			\$55.96
Red Bank	Fairview Insurance Agency			\$ 33.71
Sayreville Borough	Reliance Insurance		\$ 15.88	\$ 47.63
South River	Integrity Consulting Group			\$ 29.18
Toms River Township	Conner Strong			\$ 25.97
Tuckerton Borough School District	Brown & Brown Metro			\$ 62.35
West Long Branch	Brown & Brown Metro			\$ 38.87
Western Monmouth Utilities Authority	Danskin Agency	\$ 5.69		

Note: Sayreville has two risk manager vendors

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

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 17, 2024**

**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 \_\_\_\_\_, 2024.

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

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

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

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

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

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

**I. SERVICES OF BENEFIT RISK MANAGER:**

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

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

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

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

## **II. TERM**

The term of this agreement shall commence on January 1, 2024, 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 \_\_\_\_\_  
\_\_\_\_\_ 2024 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, 2024. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

**RESOLUTION NO. 11-24**

**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 2024.

**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 17, 2024**

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

**ATTEST:**

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

**RESOLUTION NO. 12-24****CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2024 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, 2024 through December 31, 2024. This budget includes \$150,000 for individual member wellness grants;

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

Group Name	Biometric Screenings (option 1)	Option 2 (Wellness Days)	Option 3 (Build Own)	Amount Requested	Wellness Champion Stipend	Total	Notes
Oceanport			X	\$3,780.00		\$3,780.00	Preferred Behavior EHP plan for all employees;
Atlantic Highlands			X			\$9,850.00	Medication Review by local pharmacy; blood glucose and A1C checks; Gym memberships
<b>Totals</b>						<b>\$13,630.00</b>	
<b>Remainder available for Grants</b>						<b>\$136,370.00</b>	

**WHEREAS**, on January 17, 2024, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling \$13,630:

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 17, 2024**

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

**ATTEST:**

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



**RESOLUTION NO. 13-24**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
MUNICIPAL REINSURANCE HEALTH INSURANCE FUND  
INDEMNITY AND TRUST AGREEMENT**

**THIS AGREEMENT** made this 17th day of January, 2024, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the Central Jersey Health Insurance Fund, hereinafter referred to as the "FUND".

**WITNESSETH:**

**WHEREAS**, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

**WHEREAS**, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

**NOW, THEREFORE**, be it agreed as follows:

- 1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.
- 2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.
- 3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, the commencement of which shall commence effective January 1, 2024.
- 4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.
- 5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.
- 6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or

court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.

- 7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as fiduciaries for the benefit of REINSURANCE FUND claimants, all in accordance with administrative regulations.
- 8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.
- 9.) Each FUND who shall become a member of the REINSURANCE FUND shall be obligated to execute this agreement.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 17, 2024**

\_\_\_\_\_  
Chairman

Attest:

\_\_\_\_\_  
Secretary

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

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **January 17, 2024** 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 2023 and January 2024 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 2023 and January 2024 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 17, 2024**

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

**ATTEST:**

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

# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**OPEN MINUTES**  
**October 18, 2023**  
**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 2023 EXECUTIVE COMMITTEE**

<b>CHAIRPERSON</b>		
Thomas Nolan	Borough of Brielle	Present
<b>SECRETARY</b>		
Brian Brach	Manasquan RRSA	Present
<b>EXECUTIVE</b>	<b>COMMITTEE</b>	
Diane Lapp	Township of Manchester	Present
Brian Valentino	Western Monmouth MUA	Absent
Brian Dempsey	Spring Lake Borough	Absent
Peter O'Reilly	Borough of Lakewood	Present
<b>ALTERNATES:</b>		
Louis Amoruso	Toms River	Absent
Angela Morin	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>Amy Lehrer</b>	Absent
Rx Administrator	Express Scripts	<b>Hiteksha Patel</b>	Present
Auditor	Mercadien	<b>Digesh Patel</b> <b>Jack Hammell</b>	Absent Absent

**OTHERS PRESENT:**

Beata Roefaro  
Brian Kiely  
Cindy Toye  
Ian Dalton  
Sarah Scala  
Scott Davenport  
Tyler Jackson

**APPROVAL OF MINUTES: September 13, 2023 OPEN:**

**MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 13, 2023**

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

**CORRESPONDENCE:** None

**EXECUTIVE DIRECTOR'S REPORT**

Emily Koval reviewed the Financials through August 31 2023. She stated that August shows a slight loss which is being seen throughout the state. She stated that there was a high-cost claimant that his in the August month which means the fund should be getting a reimbursement from the stop loss.

**2024 CJHIF BUDGET - ADOPTION** - Mrs. Koval stated that all the draft rates were sent to the brokers and are now finalized.

<b>Motion:</b>	<i>Motion to open the Public Hearing on the 2024 Budget</i>
<b>MOTION:</b>	Commissioner Brach
<b>SECOND:</b>	Commissioner Morin
<b>VOTE:</b>	All in Favor

**Discussion of Budget and Assessments**

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

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

**Motion:** *Motion to adopt resolution 32-23 and approve the 2024 Central Jersey Health Insurance Fund Budget in the amount of \$64,904,777*

<b>MOTION:</b>	Commissioner Brach
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**SECOND:  
VOTE:**

Commissioner Morin  
4 Ayes, 0 Nays

**LAKEWOOD DIVIDEND**

Mrs. Koval stated that Lakewood requested a dividend in the amount of \$1,300,000. Resolution 33-23 approved the dividend declaration and is in consent.

**MEDICAL TPA RFP**

Mrs. Koval reviewed the memo included in the agenda that was reviewed by the contracts committee and unanimously agreed upon to move forward with the recommended incumbents. Resolution 34-23 awards the Medical TPA contracts from January 1, 2024 through December 31, 2024 to Aetna and AmeriHealth. EUS Certifications for both carriers is included. Mr. Brach asked if we did the TPA at the MRHIF level would it give us cost savings. Mrs. Koval stated that yea that is the goal due to the large scale and having more potential savings.

**INDEMNITY AND TRUST AGREEMENTS**

The following member's Fund agreements have expired or are expiring at the end of this year. Please include the Resolution to renew on your next local meeting.

**PROGRAM MANAGER'S REPORT**

Ms. Bailey reviewed the agenda reports.

**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.

**COVERAGE UPDATES:**

**Aetna Medicare Advantage** – Effective January 1, 2024, Aetna Medicare Advantage PPO plans will transition to a new CMS contract. Retirees will automatically be moved to the new contract, there is nothing employers needs to do for the transition. As a result, retirees will receive new ID cards prior to January 1, 2024. **Aetna ID numbers and the service center information currently listed on retiree ID cards will not change.** The only change to the ID card will be the contract number, located under the ID number. All age ins for December 2023 will receive the new ID card. Aetna will send notification to retirees the 1<sup>st</sup> week of December 2023. The Program Manager sent all brokers information which included the letter that will be sent to all retirees enrolled in the Medicare Advantage PPO plan on August 18th.

**EXPRESS-SCRIPTS UPDATE** - Mrs. Bailey stated that CMS Annual Open Enrollment period for the 2024 plan year is October 15 – December 7. ESI has begun gathering information needed for their annual mailing campaign for the 2024 Notice of Creditable Coverage (NOCC). To meet the CMS requirement, Express Scripts will mail the NOCC letters the week of September 18<sup>th</sup> to those age 65 and older enrolled in ESI coverage through the HIFs. The Program Manager team has provided ESI with an updated letter template for the new plan year in preparation of the mailing.

The Program Manager visited Express Scripts headquarters and mail order facility in St. Louis, MO. ESI

provided details on their continuous efforts to provide appropriate programs based on the ever-changing pharmacy market. They shared their overall format for implementing pilot programs and how they review individual customers data to determine how their customers can be better served. ESI's mail order facility regulated by the government compliance guidelines represented impressive efficiencies within their entire process. Their current accuracy rate is over 98% resulting in 2% of the total prescriptions filled in a day needing to be quality reviewed by their 24-hour on-site pharmacists.

## **OPERATIONAL UPDATES:**

## **OPERATIONAL UPDATES:**

### **Open Enrollment – 1/1/24 (Passive)**

- CJHIF OE will be held October 30<sup>th</sup> through November 10<sup>th</sup>
- All OE updates should be completed in WEX by November 17<sup>th</sup> to allow time for ID cards to be delivered to members by 1/1/24
- OE guides are currently being updated and will be sent once finalized

## **2023 LEGISLATIVE REVIEW:**

**FREE COVID-19 At-HomeTest** – Effective September 25, 2023, the government has reinstated free COVID-19 at home test kits. Every U.S. household is eligible to order 4 free COVID-19 at home tests.

<https://www.covid.gov/tests>

**Gag Clause Prohibition Compliance Attestation** – Beginning December 2023, health insurance issuers and self-funded (ASO) or partially self-funded group health plans are required to submit an annual Gag Clause Prohibition Compliance Attestation (GCPCA) per the requirements established by the 2021 Consolidated Appropriations Act (CAA 2021). A gag clause is a “contractual term that directly or indirectly restricts specific data and information that a plan or issuer can make available to another party.” The CAA 2021 prohibits “gag clauses” under group health plan (GHP) agreements. The first attestation is due by December 31, 2023. The submission covers the period beginning December 27, 2020 through the date of the attestation, September 21, 2023. Subsequent attestations are due each December 31. The attestation was submitted by the Program Manager on September 21, 2023, for all groups with medical and/or prescription coverage in the Central Jersey HIF. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Central Jersey HIF.

**Medical and Rx Reporting: None**

**No Surprise Billing and Transparency – Continued Delays**

**2023 Specialized Audits- See Appendix.**

### **Carrier Appeals:**

<b>Submission Date</b>	<b>Appeal Type</b>	<b>Appeal Number</b>	<b>Reason</b>	<b>Determination</b>	<b>Determination Date</b>
08/30/2023	Medical/Aetna	CJHIF 2023-08-02	Lab Testing	Upheld	09/07/2023

**IRO Submissions: None**



**TREASURER** – Fund Treasurer Steve Mayer stated that the bills are in the agenda and the Resolution is in the consent agenda.

**ATTORNEY:** Nothing to report.

**AETNA:** Mr. Silverstein reviewed the claims for the month of August 2023. He stated that there were 5 high-cost claimants over the threshold of \$50,000 for the month of August. He stated that all dashboard metrics continue to perform well.

**AMERIHEALTH:** Kristina Strain reviewed the claims for September 2023. There were no high claimants for the month of August.

**EXPRESS SCRIPTS:** Mrs. Patel reviewed the claims for the 3<sup>rd</sup> Quarter of 2023. She reviewed the total plan costs, generic fill rate and average cost per member per month. She reviewed the Top indications report that was included in the agenda. She stated that most of the cost comes from inflammatory conditions and diabetes. She reviewed the Top Drugs utilized in the fund.

**DELTA DENTAL:** Absent

**MOTION TO APPROVE THE CONSENT AGENDA NOT INCLUDING THE BUDGET ADOPTION WHICH WAS PASSED EARLIER IN THE MEETING:**

Resolution 33-23: Authorizing Refund from Closed Year Account – Lakewood

Resolution 34-23: Awarding EUS Contracts Medical TPA

Resolution 35-23: Approval of the October 2023 and Dividend Bills Lists

Resolution 36-23: Approving the addition of Dental and Vision lines of coverage.

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

**OLD BUSINESS:** None

**NEW BUSINESS:** None.

**PUBLIC COMMENT:** None.

**MOTION TO ADJOURN MEETING:**

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

**MEETING ADJOURNED: 1:57 pm**

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

**Next Meeting: January 17, 2024 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 ( 17th day of January 2024)**

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

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

# APPENDIX IV



Date: December 11, 2023

To: CJHIF Fund Commissioners

Re: 2024 Wellness Grant Program

For the eighth 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 \$150,000 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. Stipend is to be paid out by the Twp/Borough.*

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, 2024. 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>	

**Municipality name:** \_\_\_\_\_

**Option 3: Build your own** – Please describe below or attach your desired program.

Detailed description of program	
Location(s) where program will be held	
Implementation timeline	
Other requirements	
Cost	

**Agreed to and authorized by:**

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

- **The Fund will reimburse approved expenses monthly by submitting a complete voucher (enclosed) to HIFFinance@permainc.com . Please include the signed voucher along with back up documents and receipts.**
- **Only approved wellness expenses will be reimbursed.**
- **All reimbursements will be made payable to the Township/Municipality only, not individual employees, including stipends.**
- **Please allow up to 45 days for payment.**

# Central Jersey Health Insurance Fund

PERMA  
c/o Conner Strong and Buckelew  
PO Box 99106  
Camden, NJ 08101

Pay To : \_\_\_\_\_

Address : \_\_\_\_\_

Taxpayer Identification # : \_\_\_\_\_ Purchase Order #: \_\_\_\_\_

NOTE: All Bills Must Be Properly Certified Before Payment

DATE	ITEMS	TOTAL
	TOTAL OF THIS BILLING	0.00

## Claimant's Certification and Declaration

I solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons in the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and the amount charged is a reasonable one. I further certify that I am an Equal Opportunity Employer and that I have complied with the Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Vendor's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## OFFICERS CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

APPROPRIATIONS OR ACCOUNTS CHARGED		PAYMENT AUTHORIZED
		Payment approved at a meeting on
		Date
		PAYMENT RECORD