



**AGENDA AND REPORTS**  
**MARCH 19, 2025**  
**1:30 PM**

**ZOOM**

Join Zoom Meeting  
<https://permainc.zoom.us/j/96527487119>

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One tap mobile  
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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: MARCH 19, 2025**  
**1:30 PM**

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

**FLAG SALUTE**

**ROLL CALL OF 2025 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
- Bryan Dempsey, Executive Committee - Spring Lake Borough
- Peter O'Reilly, Executive Committee - Lakewood Township
- James Gant, Executive Committee - Red Bank
- Jason Gonter, Executive Committee Alternate - West Long Branch Township

**APPROVAL OF MINUTES: January 15, 2025, Open** Appendix I

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**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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

Monthly Report.....Page 12

**TREASURER - (Stephen Mayer)**

February and March 2025 Voucher List.....Page 15  
Confirmation of Claims Paid/Certification of Transfers  
Ratification of Treasurers Report

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

Monthly Report .....Page 22

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

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

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**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

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**DENTAL ADMINISTRATOR - (Delta Dental)**

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

Resolution 15-25: Awarding Professional Fees & Contracts..... **Page 38**

Resolution 16-25: Adopting 2025 Wellness Grant Programs..... **Page 40**

Resolution 17-25: Approval of the February and March 2025 Bills Lists .....**Page 41**

Resolution 18-25: Resolution to Authorize Settlement .....**Page 42**

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

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

**MEETING ADJOURNED**

**Central Jersey Health Insurance Fund**  
 Executive Director's Report  
 March 19, 2025

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of December 31, 2024 (page 7)

**QPA RFP**

Last year, the Fund approved a release of quotes for the QPA at the local Fund through the end of 2024. We recommend continuing the services of a QPA for the RFPs to go out this year, particularly for some of the larger contracts. Due to the expected cost of the QPA, we are requesting to go out for quotes for 2025.

**MOTION:**      *Motion to allow PERMA to go out for quotes for QPA services.*

**2025 PROFESSIONAL/CONSULTANTS RFP UPDATES**

The following professional contracts expire at the end of 2024. The Attorney and Treasurer RFPs were released and received on January 16, 2025, where the incumbents were the only responders. The Program Manager RFP had to be re-released due to an advertisement oversight. The RFP was released and received on February 27. The summary reports are in Appendix II. The committee recommends awarding the contracts as follows:

Position	Vendor	Proposed Fees
Attorney	Berry, Sahradnik, Kotzas & Benson	2025: \$36,432 2026: \$37,160 2027: \$37,903
Treasurer	Stephen Mayer	2025: \$13,260 2026: \$13,525 2027: \$13,796
Program Manager	Conner Strong & Buckelew	2025: \$23.36 PEPM 2026: \$23.86 PEPM 2027: \$24.34 PEPM <i>*Reduced fees for RX and Dental only. Additional fees for New Members.</i>

**2025 WELLNESS GRANT APPLICATIONS**

Applications for a 2025 wellness grant were emailed to the membership last month. The total budget is \$150,000 for all medical members.

We've received four responses for Wellness grants through the Fund. Atlantic Highlands, Oceanport, Red Bank, and Toms River MUA. The applications have similar programs and initiatives which have been previously approved.

1. Atlantic Highlands – Wellness Fair/Day that has local vendors providing educational presentations – request for \$9,850
2. Oceanport – Employee Assistance Program managed by Preferred Behavioral Health Group – request for \$9,400
3. Red Bank – Wellness Program focusing on mental health resources, physical health initiatives, health education and team-building activities – request for \$10,500
4. Toms River MUA – Advanta Active Fit Program – request for \$5,000

## **FINANCE COMMITTEE**

The Finance Committee met on February 20<sup>th</sup> to review the Year End financial status presented by PERMA. Minutes are included in Appendix III and the presentation is included as an attachment. An executive summary review will be provided at the meeting for the Executive Committee.

## **SCHOOL BOARD COVID-19 GRANT AWARD**

On behalf of the HIFs and our School Board members, PERMA has been working with the Zita Group, MRHIF Lobbyist to receive reimbursements for medical claims attributed to Executive Order No. 253 (August 23, 2021), which required routine COVID-19 testing for School Board employees who were unvaccinated. The initiative began in the Summer of 2023.

At the end of October, we were contacted by the Division of Finance and Business Services that the HIFs with School Boards would be receiving a \$1M grant as reimbursement for claims paid in 2021 and 2022, and the CJHIF's share will be \$969. Appendix IV includes a memo from our office with additional detail.

## **Hi FUND MARKETING UPDATE**

As Executive Director of the MRHIF, PERMA oversees a marketing platform to help educate, promote, and advance the various health insurance funds. To assist in this, several years back the MRHIF awarded a contract to Princeton Public Affairs ("Princeton") to develop in a common marketing brand that could help improve marketplace knowledge and familiarity with HIFs. Princeton also does marketing work for the MEL. They created the hi Fund brand as a creative way to help achieve the goal of further education and promotion state-wide. The hi Fund branding has been helpful to centrally deliver the value proposition of the HIFs.

More recently, the office of state comptroller had questions about the hi Fund, what it is and its purpose. We have educated them as best as possible. Furthermore, to ensure there is no ambiguity, we have added the text below to every page at the hi Fund web site, so it is clear what the purpose of the brand is. This is as follows:

*The term "hi Funds" is a branding name that is used to help promote and educate public entities about Health Insurance Funds (HIFs) which are permitted pursuant to NJ law under 40A:10-36. PERMA is currently the appointed executive director of HIFs that collectively advertise and educate the marketplace under the banner " The hi Funds". The "hi Funds is not a company or an entity and is used merely to help in the promotion, education, and advancement of HIFs in New Jersey. Each HIF maintains a separate web site as required by statute, all of which are available at this site.*

Each Fund's web site is posted on the hi Fund site as well.

We see value in the continuation of the hi Fund branding and wanted you to be fully aware of this. If you have any questions or comments with the use of the hi Fund or would like to discuss, please let us know.

### **PHARMACY BENEFIT MANAGER (PBM\_ RFP)**

The current Level Care (ESI) Contract is in its final extension through December 31, 2025. In 2021, the statewide Funds collectively issued an RFP through the MRHIF to award this contract. The Health Insurance Pricing System Cooperative has since been set up and approved for PBM procurement on behalf of the local Funds and will begin the initial stages of pre- approval by the OSC. We will continue to update the Co-Op representatives as we move forward and hope to have approval mid-summer for a January 1, 2026, effective date.

### **COOPERATIVE PRICING SYSTEM TPA RFP - LEGAL BILLING**

The Fund Attorney of the SNJHIF, lead agent of the Cooperative Pricing System has submitted bills to the SNJHIF for his contributions and efforts in the Third-Party Administrator RFPs that required Comptroller Review and Approval. The amount of legal work is outside the Fund Attorney scope and would fall under the hourly fee in his contract. The SNJHIF will bill a pro-rated share to the other Fund members. The total invoiced amount was \$1909.00 and the CJHIF prorated share is \$60.89, based on percentage of statewide medical enrollment.

### **VOUCHERS**

Starting with the April vouchers, PERMA will be sending both vouchers and backup exclusively through DocuSign. Please reach out to [HIFfinance@permainc.com](mailto:HIFfinance@permainc.com) to confirm the current email address that vouchers are sent to can continue to be used to send via DocuSign.

### **GASB 75**

The Fund contracts with an Actuary to provide GASB 75 reports on behalf of its medical members. Please reach out to Jordyn Robinson ([jrobinson@permainc.com](mailto:jrobinson@permainc.com)) if your audit requires a full report or update to last year's report. During its 'busy' season, reports can take up to six weeks to turn around.

### **2025 MEL, MR HIF & NJCE JIF Educational Seminar:**

The 15th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 25th and Friday May 2nd from 9AM to 12PM.

The seminar qualifies for Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees, insurance providers, as well as personnel who work for services companies associated with the Municipal Excess Liability Joint Insurance Fund (MEL JIF), Municipal Reinsurance Health Insurance Fund (MR HIF), and New Jersey Counties Excess Joint Insurance Fund (NJCE JIF).

Please see Appendix V for more information.

## **I&T AGREEMENTS**

An outreach was made on March 5<sup>th</sup> to the brokers of those groups who have outstanding I&T agreements. An updated list will be provided at the next meeting.

**CENTRAL JERSEY HEALTH INSURANCE FUND  
FINANCIAL FAST TRACK REPORT**

		<b>AS OF</b>	<b>December 31, 2024</b>		
		<i>THIS</i>	<i>YTD</i>	<i>PRIOR</i>	<i>FUND</i>
		<i>MONTH</i>	<i>CHANGE</i>	<i>YEAR END</i>	<i>BALANCE</i>
1.	<b>UNDERWRITING INCOME</b>	<b>4,762,417</b>	<b>64,829,495</b>	<b>905,698,054</b>	<b>970,527,549</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	4,153,237	61,420,212	739,807,037	801,227,249
	IBNR	(141,169)	(1,028,114)	5,115,122	4,087,008
	Less Specific Excess	(700,028)	(990,899)	(20,773,569)	(21,764,468)
	Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
	<b>TOTAL CLAIMS</b>	<b>3,312,040</b>	<b>59,401,199</b>	<b>723,148,590</b>	<b>782,549,789</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	350,311	4,119,127	28,314,822	32,433,949
	Excess Premiums	183,383	2,419,719	41,013,751	43,433,470
	Administrative	194,449	3,849,102	52,865,142	56,714,244
	<b>TOTAL EXPENSES</b>	<b>728,144</b>	<b>10,387,948</b>	<b>122,193,715</b>	<b>132,581,663</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	722,233	(4,959,652)	60,355,749	55,396,097
5.	<b>INVESTMENT INCOME</b>	10,072	260,824	4,062,357	4,323,181
6.	<b>DIVIDEND INCOME</b>	0	0	8,232,890	8,232,890
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>732,305</b>	<b>(4,698,828)</b>	<b>72,650,997</b>	<b>67,952,168</b>
8.	<b>DIVIDEND</b>	0	17,695	60,992,652	61,010,348
9.	<b>Transferred Surplus</b>	0	0		0
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>732,305</b>	<b>(4,716,523)</b>	<b>11,658,344</b>	<b>6,941,821</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
<b>Closed</b>	<b>Surplus</b>	6,217	97,998	10,019,178	10,117,176
	<b>Cash</b>	4,931	248,115	9,708,304	9,956,419
<b>2023</b>	<b>Surplus</b>	96,484	(155,561)	(2,005,117)	(2,160,678)
	<b>Cash</b>	136,662	(488,309)	(2,273,292)	(2,761,601)
<b>LAKEWOOD</b>	<b>Surplus</b>	1,608,895	2,201,942	3,644,283	5,846,225
	<b>Cash</b>	6,220,443	3,299,267	2,921,176	6,220,443
<b>2024</b>	<b>Surplus</b>	(979,292)	(6,860,902)		(6,860,902)
	<b>Cash</b>	(415,563)	(6,589,940)		(6,589,940)
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>732,305</b>	<b>(4,716,523)</b>	<b>11,658,344</b>	<b>6,941,821</b>
<b>TOTAL CASH</b>		<b>5,946,473</b>	<b>(3,530,867)</b>	<b>10,356,188</b>	<b>6,825,321</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>1</b>	<b>28,638</b>	<b>601,858,674</b>	<b>601,887,313</b>
<b>FUND YEAR 2023</b>					
	Paid Claims	(43,906)	3,741,373	36,837,212	40,578,585
	IBNR	(22,420)	(3,736,839)	3,736,839	-
	Less Specific Excess	(19,326)	208,387	(1,076,325)	(867,937)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2023 CLAIMS</b>	<b>(85,651)</b>	<b>212,922</b>	<b>39,497,726</b>	<b>39,710,648</b>
<b>LAKEWOOD</b>					
	Paid Claims	356,778	15,515,146	83,685,305	99,200,451
	IBNR	2,800	71,060	1,378,283	1,449,343
	Less Specific Excess	(556,506)	(1,077,156)	(3,271,400)	(4,348,556)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL LAKEWOOD CLAIMS</b>	<b>(196,928)</b>	<b>14,509,049</b>	<b>81,792,188</b>	<b>96,301,238</b>
<b>FUND YEAR 2024</b>					
	Paid Claims	3,840,363	42,137,121		42,137,121
	IBNR	(121,549)	2,637,665		2,637,665
	Less Specific Excess	(124,196)	(124,196)		(124,196)
	Less Aggregate Excess	0	0		0
	<b>TOTAL FY 2024 CLAIMS</b>	<b>3,594,618</b>	<b>44,650,590</b>		<b>44,650,590</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>3,312,040</b>	<b>59,401,199</b>	<b>723,148,589</b>	<b>782,549,788</b>

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

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**RATIOS**

INDICES	2023	FY2024											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	10,356,188	\$ 10,516,008	\$ 7,679,861	\$ 8,917,778	\$ 9,965,914	\$ 10,065,211	\$ 7,978,471	\$ 12,904,114	\$ 8,619,224	\$ 7,946,478	\$ 4,810,536	\$ 4,637,712	\$ 6,825,321
IBNR	5,115,122	\$ 5,140,768	\$ 4,859,277	\$ 4,857,216	\$ 4,836,541	\$ 4,960,927	\$ 4,992,405	\$ 5,023,493	\$ 5,015,769	\$ 5,019,384	\$ 4,449,567	\$ 4,228,177	\$ 4,087,008
Assets	17,211,717	\$ 17,268,892	\$ 16,497,944	\$ 16,371,132	\$ 15,267,869	\$ 15,193,582	\$ 14,746,376	\$ 14,953,023	\$ 13,427,323	\$ 13,811,201	\$ 11,279,690	\$ 10,822,732	\$ 11,333,414
Liabilities	5,553,378	\$ 5,443,977	\$ 5,114,472	\$ 5,132,672	\$ 5,116,262	\$ 5,260,981	\$ 5,306,102	\$ 5,331,801	\$ 5,343,244	\$ 5,365,994	\$ 4,815,421	\$ 4,613,222	\$ 4,391,598
Surplus	11,658,339	\$ 11,824,915	\$ 11,383,472	\$ 11,238,460	\$ 10,151,607	\$ 9,932,601	\$ 9,440,274	\$ 9,621,222	\$ 8,084,079	\$ 8,445,207	\$ 6,464,270	\$ 6,209,511	\$ 6,941,816
Claims Paid -- Month	3,380,832	\$ 4,487,765	\$ 5,424,875	\$ 4,678,869	\$ 5,734,313	\$ 4,902,011	\$ 5,329,394	\$ 4,685,414	\$ 6,385,708	\$ 4,945,884	\$ 6,296,507	\$ 4,408,025	\$ 4,154,662
Claims Budget -- Month	4,316,828	\$ 4,632,939	\$ 4,646,267	\$ 4,635,352	\$ 4,631,643	\$ 4,812,626	\$ 4,811,077	\$ 4,809,206	\$ 4,811,261	\$ 4,825,088	\$ 3,850,009	\$ 3,851,391	\$ 3,854,188
Claims Paid -- YTD	54,737,597	\$ 4,487,765	\$ 9,912,641	\$ 14,591,509	\$ 20,325,822	\$ 25,227,833	\$ 30,557,227	\$ 35,242,642	\$ 41,628,350	\$ 46,574,234	\$ 52,870,741	\$ 57,278,766	\$ 61,433,428
Claims Budget -- YTD	51,088,206	\$ 4,632,939	\$ 9,279,206	\$ 13,914,558	\$ 18,546,201	\$ 23,358,827	\$ 28,169,904	\$ 32,979,110	\$ 37,790,371	\$ 42,615,459	\$ 46,465,468	\$ 50,316,859	\$ 54,171,047
<b>RATIOS</b>													
Cash Position to Claims Paid	3.06	2.34	1.42	1.91	1.74	2.05	1.5	2.75	1.35	1.61	0.76	1.05	1.64
Claims Paid to Claims Budget -- Month	0.78	0.97	1.17	1.01	1.24	1.02	1.11	0.97	1.33	1.03	1.64	1.14	1.08
Claims Paid to Claims Budget -- YTD	1.07	0.97	1.07	1.1	1.1	1.1	1.1	1.07	1.10	1.09	1.14	1.14	1.13
Cash Position to IBNR	2.02	2.05	1.58	1.84	2.06	2.03	1.6	2.57	1.72	1.58	1.08	1.1	1.67
Assets to Liabilities	3.10	3.17	3.23	3.19	2.98	2.89	2.78	2.80	2.51	2.57	2.34	2.35	2.58
Surplus as Months of Claims	2.70	2.55	2.45	2.42	2.19	2.06	1.96	2.00	1.68	1.75	1.68	1.61	1.80
IBNR to Claims Budget -- Month	1.18	1.11	1.05	1.05	1.04	1.03	1.04	1.04	1.04	1.04	1.16	1.1	1.06

**Central Jersey Health Insurance Fund**

**2024 Budget Report**

AS OF DECEMBER 31, 2024

				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Claims AmeriHealth 12/31 Renew	20,724	20,724	10,548			
Medical Claims AmeriHealth 6/30 Renew	385,462	385,462	364,772			
Medical Claims Aetna 12/31 Renewal	29,687,352	29,687,352	31,197,461			
Medical Claims Aetna 6/30 Renewal	412,534	412,534	391,193			
<b>Subtotal Medical Claims</b>	<b>30,506,072</b>	<b>30,506,072</b>	<b>31,963,974</b>	<b>35,722,877</b>	<b>(5,180,765)</b>	<b>-17%</b>
Prescription Claims 12/31 Renewal	6,661,587	6,661,587	6,384,135			
Prescription Claims 6/30 Renewal	155,931	155,931	158,420			
Less Rx Rebates	(2,045,258)	(2,045,258)	(1,962,767)			
<b>Subtotal Prescription Claims</b>	<b>4,772,260</b>	<b>4,772,260</b>	<b>4,579,788</b>	<b>7,279,676</b>	<b>(2,507,416)</b>	<b>-53%</b>
Dental Claims 12/31 Renewal	1,881,205	1,881,205	1,823,910			
Dental Claims 6/30 Renewal	0	0	19,042			
<b>Subtotal Dental Claims</b>	<b>1,881,205</b>	<b>1,881,205</b>	<b>1,842,952</b>	<b>1,648,037</b>	<b>233,168</b>	<b>12%</b>
Vision Claims	36,040	36,040	28,659	<b>Included in Medical Claims</b>		
<b>Lakewood SIR Claims</b>						
Medical	12,808,069	12,808,069	11,637,090	11,631,450	1,176,619	9%
Prescription	4,167,401	4,167,401	3,875,960	2,877,599	1,289,802	31%
<b>Subtotal Claims</b>	<b>54,171,047</b>	<b>54,171,047</b>	<b>53,928,423</b>	<b>59,159,639</b>	<b>(4,988,592)</b>	<b>-9%</b>
Medicare Advantage / EGWP	3,471,522	3,471,522	3,388,905	<b>4,114,411</b>	-	<b>0%</b>
Medicare Advantage - Rx	642,888	642,888	648,588	<b>Included in Medicare Advantage / EGWP</b>		
DMO Premiums	4,685	4,685	6,749	<b>4,716</b>	<b>(31)</b>	<b>-1%</b>
<b>Reinsurance</b>						
Specific	1,091,899	1,091,899	1,130,121			
Lakewood - ICH	1,327,820	1,327,820	1,415,697			
<b>Subtotal Reinsurance</b>	<b>2,419,719</b>	<b>2,419,719</b>	<b>2,545,818</b>	<b>2,419,719</b>	<b>-</b>	<b>0%</b>
Loss Fund Contingency	287,451	287,451	287,451	<b>0</b>	<b>287,451</b>	<b>100%</b>
<b>Total Loss Fund</b>	<b>60,997,313</b>	<b>60,997,313</b>	<b>60,805,934</b>	<b>65,698,485</b>	<b>(4,701,172)</b>	<b>-8%</b>
<b>Expenses</b>						
Legal	36,432	36,432	36,432	<b>36,432</b>	-	<b>0%</b>
Treasurer	13,000	13,000	13,000	<b>12,996</b>	<b>4</b>	<b>0%</b>
Administrator	526,384	526,384	530,150	<b>526,384</b>	-	<b>0%</b>
Program Manager	1,982,343	1,982,343	1,976,094	<b>1,999,343</b>	<b>(2,000)</b>	<b>0%</b>
Actuary	16,900	16,900	16,900	<b>16,900</b>	-	<b>0%</b>
Auditor	21,000	21,000	21,000	<b>21,000</b>	-	<b>0%</b>
TPA - Aetna	1,013,387	1,013,387	1,082,664	<b>1,022,821</b>	-	<b>0%</b>
TPA - AmeriHealth	9,434	9,434	9,989	<b>Included above in TPA - Aetna</b>		
Plan Documents	15,000	15,000	15,000	<b>Included in Program Manager</b>		
Dental TPA	83,610	83,610	82,725	<b>83,610</b>	-	<b>0%</b>
Wellness	150,000	150,000	150,000	<b>66,575</b>	<b>83,425</b>	<b>56%</b>
Affordable Care Act	12,778	12,778	13,015	<b>17,417</b>	<b>(4,639)</b>	<b>-36%</b>
A4 Retiree Surcharge	15,984	15,984	15,699	<b>15,985</b>	<b>(1)</b>	<b>0%</b>
Claims Audit	40,000	40,000	40,000	<b>39,997</b>	<b>3</b>	<b>0%</b>
Misc/Cont	21,185	21,185	21,185	<b>10,978</b>	<b>10,207</b>	<b>48%</b>
<b>Total Expenses</b>	<b>3,957,438</b>	<b>3,957,438</b>	<b>4,023,853</b>	<b>3,870,439</b>	<b>86,999</b>	<b>2%</b>
<b>Total Budget</b>	<b>64,954,751</b>	<b>64,954,751</b>	<b>64,829,787</b>	<b>69,568,924</b>	<b>(4,614,173)</b>	<b>-7%</b>

**Central Jersey Health Insurance Fund**  
**CONSOLIDATED BALANCE SHEET**

AS OF DECEMBER 31, 2024

**BY FUND YEAR**

	CJ HIF 2024	CJ HIF 2023	CLOSED YEAR	LAKEWOOD	FUND BALANCE
<b>ASSETS</b>					
Cash & Cash Equivalents	(6,589,940)	(2,761,601)	9,956,419	6,220,443	6,825,321
Assesmtments Receivable (Prepaid)	1,121,863	610	332,619	12,643	1,467,736
Interest Receivable	0	0	0	0	0
Specific Excess Receivable	124,196	492,937	-	622,780	1,239,914
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	-	-	-	-	-
Other Assets	1,252,398	107,376	968	439,701	1,800,443
<b>Total Assets</b>	<b>(4,091,482)</b>	<b>(2,160,678)</b>	<b>10,290,006</b>	<b>7,295,568</b>	<b>11,333,414</b>
<b>LIABILITIES</b>					
Accounts Payable	428	0	-	-	428
IBNR Reserve	2,637,665	-	-	1,449,343	4,087,008
A4 Retiree Surcharge	10,333	-	-	-	10,333
Dividends Payable	-	-	(0)	-	(0)
Retained Dividends	-	-	172,835	-	172,835
Accrued/Other Liabilities	120,994	(0)	-	-	120,994
<b>Total Liabilities</b>	<b>2,769,420</b>	<b>(0)</b>	<b>172,835</b>	<b>1,449,343</b>	<b>4,391,598</b>
<b>EQUITY</b>					
Surplus / (Deficit)	(6,860,902)	(2,160,678)	10,117,171	5,846,225	6,941,816
<b>Total Equity</b>	<b>(6,860,902)</b>	<b>(2,160,678)</b>	<b>10,117,171</b>	<b>5,846,225</b>	<b>6,941,816</b>
<b>Total Liabilities &amp; Equity</b>	<b>(4,091,482)</b>	<b>(2,160,678)</b>	<b>10,290,006</b>	<b>7,295,568</b>	<b>11,333,414</b>
<b>BALANCE</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.					

**CENTRAL JERSEY HEALTH INSURANCE FUND  
YEAR: 2025**

<b><u>Monthly Items</u></b>	<b><u>Filing Status</u></b>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Be Filed upon Re-organization
Fund Officers	Be Filed upon Re-organization
Renewal Resolutions	Be Filed upon Re-organization
Indemnity and Trust	Be Filed upon Re-organization
New Members	Filed as New Members are approved
Withdrawals	Filed as Members Withdrawal
Risk Management Plan and By Laws	Be Filed upon Re-organization
Cash Management Plan	Be Filed upon Re-organization
Unaudited Financials	Filed through Q3 2024
Annual Audit	12/31/2023 filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	Be Filed upon Re-organization
Benefit Changes	N/A

## CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND

### Program Manager

March 2025

Program Manager: PERMA

#### OPERATIONAL UPDATES:

##### Eligibility/Enrollment:

Please direct any eligibility, enrollment, or system related questions to our dedicated Client Service Team member:

- Marlene Robinson, [mrobinson@permainc.com](mailto:mrobinson@permainc.com), 856-552-4818
- Sheena Bailey, [sbailey@permainc.com](mailto:sbailey@permainc.com), 856-446-9283

System training (new and refresher) is provided to all contacts with WEX access **every 3<sup>rd</sup> Wednesday at 10AM**. Please contact [HIFtraining@permainc.com](mailto:HIFtraining@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:

##### Express Scripts:

##### Encircle Program (GLP-1 Weight Loss)

##### Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
  - BMI  $\geq$  32 OR
  - BMI between  $27 \leq 32$  WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
  - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval
- PA renewals will need to include documentation to support the above BMI requirements for all members, regardless of members have been approved in the past.

##### Effective January 1, 2025:

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The

scale is programmed to the member’s ESI active account prior to delivery. The scale will record each weigh-in and will update the member’s file automatically. Members must weigh-in a minimum of 4 times a month

- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

## 2025 LEGISLATIVE REVIEW

### 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 attachment sent with the agenda.**

### Appeals:

#### Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
1/13/25	Medical/Aetna	CJHIF 2025 01 01	Surgical Services	Upheld	2/7/25

1/15/25	Medical/Aetna	CJHIF 2025 01 02	Anesthesia	Upheld	02/10/25
1/29/25	Medical/Aetna	CJHIF 2024 01 03	Skilled Nursing	Under Review	

**IRO Submissions:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
1/13/25	Medical/Aetna	CJHIF 2025 01 01	Surgical Services	Upheld	2/7/25
1/29/25	Medical/Aetna	CJHIF 2024 01 03	Skilled Nursing	Under Review	

# CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

**Resolution No.**

**FEBRUARY 2025**

**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 2024**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA RISK MANAGEMENT SERVICES	2024 AATRIX 1099 FILING	17.99
		<b>17.99</b>
MONTGOMERY TOWNSHIP	2024 WELLNESS PROGRAM REIMB.	9,540.86
		<b>9,540.86</b>
ATLANTIC HIGHLANDS MEDICAL ASSOCIATES	09/24 WELLNESS FAIR VENDOR FEE	1,000.00
		<b>1,000.00</b>
BAYSHORE PHARMACY	09/24 WELLNESS HEALTH FAIR EXPENSE	2,051.25
		<b>2,051.25</b>
EASTPOINTE HEALTH & FITNESS	2024 WELLNESS FAIR EXPENSE 09/24	4,800.00
		<b>4,800.00</b>
HQSI, INC.	REVIEW CASE 3719838- 9/6/24	900.00
		<b>900.00</b>
	<b>Total Payments FY 2024</b>	<b>18,310.10</b>

**FUND YEAR 2025**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 02/25	444,434.40
		<b>444,434.40</b>
FLAGSHIP DENTAL PLANS	PLUMSTEAD- GRP. 1526 INV 154503 02/25	119.39
FLAGSHIP DENTAL PLANS	MONTG. TWP 02/25 GROUP 1343-154823	264.20
		<b>383.59</b>
AETNA LIFE INSURANCE COMPANY	VISION TPA 02/25	212.94
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 02/25	71,686.02
		<b>71,898.96</b>
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 02/25	-25.00
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 02/25	817.80
		<b>792.80</b>
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 01/25 143010-2038198	123.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 01/25 142292-2035372	18.00
		<b>141.00</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 02/25	7,466.34
		<b>7,466.34</b>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 01/25	38.42
PERMA RISK MANAGEMENT SERVICES	RETIREE FIRST INV 02012025	14,436.00
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 02/25	42,251.17
		<b>56,725.59</b>

BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 02/25	3,036.00 <b>3,036.00</b>
STEPHEN MAYER	TREASURER FEE 02/25	1,083.00 <b>1,083.00</b>
CONNER STRONG & BUCKELEW	PLAN DOCS 02/25	1,275.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 02/25	69,374.06
CONNER STRONG & BUCKELEW	PROGRAM MANAGER FEE 02/25	81,410.28
CONNER STRONG & BUCKELEW	DENTAL COMMISSION 02/25	401.50
CONNER STRONG & BUCKELEW	FUND COORDINATOR 02/25	5,716.48
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 02/25	1,794.89
		<b>159,972.21</b>
ACCESS	INV 11313085 DEPT 420 12/31/24 FOR JAN	107.32 <b>107.32</b>
GANNETT NEW YORK-NJ LOCALIQ	A# 1120753 AD 10968926 1/27/25	55.24 <b>55.24</b>
THE CANNING GROUP LLC	QPA - INV CJHIF 2025-02 02/25	166.67 <b>166.67</b>
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 02/25	88,825.58 <b>88,825.58</b>
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 02/25	36,991.84
SYMETRA FINANCIAL	AGGREGATE 02/25	4,112.92
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 02/25	79,848.24
		<b>120,953.00</b>
	<b>Total Payments FY 2025</b>	<b>956,041.70</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>974,351.80</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

**Resolution No.**

**MARCH 2025**

**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 2025**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 03/25	454,322.43
		<b>454,322.43</b>
FLAGSHIP DENTAL PLANS	PLUMSTEAD- GRP. 1526 INV 155421 03/25	119.39
FLAGSHIP DENTAL PLANS	MONTG. TWP 03/25 GROUP 1343-155285	310.58
		<b>429.97</b>
AETNA LIFE INSURANCE COMPANY	VISION TPA 03/25	209.30
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 03/25	72,041.88
		<b>72,251.18</b>
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDIT 03/25	-21.25
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 03/25	695.13
		<b>673.88</b>
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 02/25 143010-2044036	123.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA FEE 02/25 142292-2043400	18.00
		<b>141.00</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 03/25	7,459.45
		<b>7,459.45</b>
PERMA RISK MANAGEMENT SERVICES	RETIREE FIRST - 03012025	14,436.00
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 03/25	42,597.81
PERMA RISK MANAGEMENT SERVICES	POSTAGE 02/25	81.33
		<b>57,115.14</b>
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 03/25	3,036.00
		<b>3,036.00</b>
SOUTHERN NJ REG. EMPLOYEE BENEFITS	COOP. PRICING SYST. TPA RFP- LEGAL 3/25	60.89
		<b>60.89</b>
STEPHEN MAYER	TREASURER FEE 03/25	1,149.00
		<b>1,149.00</b>
HQSI, INC.	CASE 4034167-INV 250215-MRHIF-1 2/7/25	900.00
		<b>900.00</b>
CONNER STRONG & BUCKELEW	PLAN DOCS 03/25	1,275.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSION 03/25	70,674.72
CONNER STRONG & BUCKELEW	PROGRAM MANAGER 03/25	82,194.87
CONNER STRONG & BUCKELEW	DENTAL COMMISSION 03/25	390.65
CONNER STRONG & BUCKELEW	FUND COORDINATOR 03/25	5,748.87
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 03/25	1,800.74
		<b>162,084.85</b>

ACCESS	INV 11368526 DEPT 420 1/31/25	93.95
		<b>93.95</b>
THE CANNING GROUP LLC	QPA- INV 2025-03 03/25	166.67
		<b>166.67</b>
MUNICIPAL REINSURANCE H.I.F.	SPECIFIC REINSURANCE 03/25	89,501.15
		<b>89,501.15</b>
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-SINGLE 03/25	35,864.04
SYMETRA FINANCIAL	AGGREGATE 03/25	4,081.16
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE-FAMILY 03/25	80,073.80
		<b>120,019.00</b>
	<b>Total Payments FY 2025</b>	<b>969,404.56</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>969,404.56</b>

\_\_\_\_\_  
Chairperson

Attest:

\_\_\_\_\_

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

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

\_\_\_\_\_  
Treasurer

**Central Jersey Municipal Employee Benefits Fund**  
**SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

<b>Current Fund Year: 2024</b>										
<b>Month Ending: December</b>										
	<b>Medical</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Reinsurance</b>	<b>DMO Premiums</b>	<b>Dividend Reserve</b>	<b>Admin</b>	<b>0</b>	<b>TOTAL</b>
OPEN BALANCE	845,627.70	544,918.84	2,413,758.36	57,500.58	(314,209.49)	3,632.02	172,725.34	913,758.94	0.00	4,637,712.29
RECEIPTS										
Assessments	4,913,770.76	229,731.91	1,121,827.11	4,408.16	269,218.04	531.43	0.00	435,917.55	0.00	6,975,404.96
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	6,218.15	346.52	2,887.70	36.56	0.00	2.31	109.84	581.08	0.00	10,182.16
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	6,218.15	346.52	2,887.70	36.56	0.00	2.31	109.84	581.08	0.00	10,182.16
Other *	138,504.88	0.00	421,608.47	0.00	0.00	0.00	0.00	0.00	0.00	560,113.35
<b>TOTAL</b>	<b>5,058,493.79</b>	<b>230,078.43</b>	<b>1,546,323.28</b>	<b>4,444.72</b>	<b>269,218.04</b>	<b>533.74</b>	<b>109.84</b>	<b>436,498.63</b>	<b>0.00</b>	<b>7,545,700.47</b>
EXPENSES										
Claims Transfers	3,083,266.94	126,486.63	1,339,640.32	0.00	0.00	0.00	0.00	0.00	0.00	4,549,393.89
Expenses	349,957.28	354.16	0.00	0.00	183,383.44	0.00	0.00	273,605.14	0.00	807,300.02
Other *	1,397.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,397.00
<b>TOTAL</b>	<b>3,434,621.22</b>	<b>126,840.79</b>	<b>1,339,640.32</b>	<b>0.00</b>	<b>183,383.44</b>	<b>0.00</b>	<b>0.00</b>	<b>273,605.14</b>	<b>0.00</b>	<b>5,358,090.91</b>
<b>END BALANCE</b>	<b>2,469,500.27</b>	<b>648,156.48</b>	<b>2,620,441.32</b>	<b>61,945.30</b>	<b>(228,374.89)</b>	<b>4,165.76</b>	<b>172,835.18</b>	<b>1,076,652.43</b>	<b>0.00</b>	<b>6,825,321.85</b>

**Central Jersey Municipal Employee Benefits Fund**

Month		December							
Current Fund Year		2024							
Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net Paid Thru Last Month	Monthly Net Paid December	Monthly Recoveries December	Calc. Net Paid Thru December	TPA Net Paid Thru December	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	30,507,451.06	3,046,331.66	0.00	33,553,782.72	0.00	33,553,782.72	30,507,451.06	3,046,331.66
	Dental	1,380,917.20	126,301.24	0.00	1,507,218.44	0.00	1,507,218.44	1,380,917.20	126,301.24
	Rx	9,518,739.48	949,709.35	0.00	10,468,448.83	0.00	10,468,448.83	9,518,739.48	949,709.35
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>41,407,107.74</b>	<b>4,122,342.25</b>	<b>0.00</b>	<b>45,529,449.99</b>	<b>0.00</b>	<b>45,529,449.99</b>	<b>41,407,107.74</b>	<b>4,122,342.25</b>
2023	Medical	3,472,911.03	(44,091.20)	0.00	3,428,819.83	0.00	3,428,819.83	3,472,911.03	(44,091.20)
	Dental	73,994.74	185.39	0.00	74,180.13	0.00	74,180.13	73,994.74	185.39
	Rx	238,373.27	0.00	0.00	238,373.27	0.00	238,373.27	238,373.27	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>3,785,279.04</b>	<b>(43,905.81)</b>	<b>0.00</b>	<b>3,741,373.23</b>	<b>0.00</b>	<b>3,741,373.23</b>	<b>3,785,279.04</b>	<b>(43,905.81)</b>
2022	Medical	59,627.40	0.00	0.00	59,627.40	0.00	59,627.40	59,627.40	0.00
	Dental	596.80	0.00	0.00	596.80	0.00	596.80	596.80	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>60,224.20</b>	<b>0.00</b>	<b>0.00</b>	<b>60,224.20</b>	<b>0.00</b>	<b>60,224.20</b>	<b>60,224.20</b>	<b>0.00</b>
2021	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Closed Year	Medical	(23,971.54)	0.00	0.00	(23,971.54)	0.00	(23,971.54)	(23,971.54)	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>(23,971.54)</b>	<b>0.00</b>	<b>0.00</b>	<b>(23,971.54)</b>	<b>0.00</b>	<b>(23,971.54)</b>	<b>(23,971.54)</b>	<b>0.00</b>
Lakewood	Medical	6,676,724.59	81,026.48	0.00	6,757,751.07	0.00	6,757,751.07	6,676,724.59	81,026.48
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	1,829,174.18	389,930.97	0.00	2,219,105.15	0.00	2,219,105.15	1,829,174.18	389,930.97
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>8,505,898.77</b>	<b>470,957.45</b>	<b>0.00</b>	<b>8,976,856.22</b>	<b>0.00</b>	<b>8,976,856.22</b>	<b>8,505,898.77</b>	<b>470,957.45</b>
0	Medical	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL</b>		<b>53,734,538.21</b>	<b>4,549,393.89</b>	<b>0.00</b>	<b>58,283,932.10</b>	<b>0.00</b>	<b>58,283,932.10</b>	<b>53,734,538.21</b>	<b>4,549,393.89</b>

<b>SUMMARY OF CASH AND INVESTMENT INSTRUMENTS</b>			
<b>Central Jersey Municipal Employee Benefits Fund</b>			
<b>ALL FUND YEARS COMBINED</b>			
<b>CURRENT MONTH</b>	<b>December</b>		
<b>CURRENT FUND YEAR</b>	<b>2024</b>		
	<b>Description:</b>	<b>Ocean First Admin.</b>	
	<b>ID Number:</b>		
	<b>Maturity (Yrs)</b>		
	<b>Purchase Yield:</b>		
	<b>TOTAL for All Accts &amp; instruments</b>		
<b>Opening Cash &amp; Investment Balance</b>	<b>\$4,637,712.22</b>	<b>4637712.22</b>	
<b>Opening Interest Accrual Balance</b>	<b>-\$0.00</b>	<b>0</b>	
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$10,182.16	\$10,182.16
6	Interest Paid - Term Instr.s	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00
8	Net Investment Income	\$10,182.16	\$10,182.16
9	Deposits - Purchases	\$7,535,518.32	\$7,535,518.32
10	(Withdrawals - Sales)	-\$5,358,090.91	-\$5,358,090.91
	<b>Ending Cash &amp; Investment Balance</b>	<b>\$6,825,321.79</b>	<b>\$6,825,321.79</b>
	<b>Ending Interest Accrual Balance</b>	<b>-\$0.00</b>	<b>\$0.00</b>
	<b>Plus Outstanding Checks</b>	<b>\$557,729.88</b>	<b>\$557,729.88</b>
	<b>(Less Deposits in Transit)</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Balance per Bank</b>	<b>\$7,383,051.67</b>	<b>\$7,383,051.67</b>

FRANKLIN H. BERRY, JR. ♦□  
JOHN C. SAHRADNIK\* ♦□  
STEPHEN B. KOTZAS Δ♦□  
LAURA M. BENSON ♦□  
ROBERT D. BUDESA  
MARY JANE LIDAKA ♦  
MATHEW B. THOMPSON ♦□  
LAURA E. COMER

\* NJ & FL Bars  
Δ Admitted to the U.S. Tax Court  
♦ Admitted to U.S. Court of Appeals, 3rd Circuit  
□ Admitted to U.S. Supreme Court



**BERRY, SAHRADNIK,  
KOTZAS & BENSON**  
ATTORNEYS AT LAW

212 Hooper Ave. / P.O. Box 757  
Toms River, NJ 08754-0757  
732-349-4800

FRANKLIN H. BERRY 1941 – 1975  
WILLIAM W. WHITSON 1941-1967  
MAJA L. BERRY 1948-1961

COUNSEL  
EDWARD T. FEUREY ♦□Δ

Toll Free: 800-991-9279  
Fax: 732-349-1983  
[www.bskb-law.com](http://www.bskb-law.com)  
[jsahradnik@bskb-law.com](mailto:jsahradnik@bskb-law.com)

## Central Jersey Health Insurance Fund Attorney's Report March 19, 2025, Meeting

There is a Resolution on today's agenda to authorize the settlement of 2 out-of-network provider claims.

These claims started with an email from Eric Katz, Esq., counsel for Northeast Surgical in connection with two outstanding invoices for out-of-network services rendered to a Fund member.

The claims relate to DOS for 8/12/22 and 3/29/24 and total approximately \$20,000. The provider, Northeast Surgical, asserts that it contacted Aetna before the procedures and was told payment would be at 80% of reasonable and customary rate but was then only allowed 150% of the Medicare rate. Aetna confirmed that it got one phone call, but not the other, although Mr. Katz provided a call reference number for each.

After continued negotiations, the provider ultimately agreed to settle both claims for \$13,000. The Fund member has paid their share, and the provider will not pursue any action against the Fund member.

Rather than engage in protracted litigation, we believe that settlement is the most cost-effective way to resolve this matter. In addition, this matter has also been reviewed by the Fund's Claims Committee which likewise recommends the settlement of these claims.

*Advocating for you and the communities in which we live*



**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

***MARCH 19, 2024***



**CENTRAL JERSEY HEALTH INSURANCE FUND**

	<b>MEDICAL CLAIMS PAID 2023</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2024</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$3,609,993	2,143	\$ 1,685	\$4,175,822	2,205	\$ 1,894
FEBRUARY	\$2,923,452	2,138	\$ 1,367	\$3,968,434	2,198	\$ 1,805
MARCH	\$3,416,354	2,127	\$ 1,606	\$3,663,556	2,193	\$ 1,671
APRIL	\$3,334,315	2,129	\$ 1,566	\$5,029,716	2,191	\$ 2,296
MAY	\$4,258,066	2,161	\$ 1,970	\$3,785,711	2,305	\$ 1,642
JUNE	\$3,874,228	2,164	\$ 1,790	\$4,376,641	2,301	\$ 1,902
JULY	\$3,060,025	2,181	\$ 1,403	\$4,393,165	2,303	\$ 1,908
AUGUST	\$4,296,915	2,175	\$ 1,976	\$4,600,973	2,297	\$ 2,003
SEPTEMBER	\$4,522,360	2,167	\$ 2,087	\$3,900,226	2,293	\$ 1,701
OCTOBER	\$3,976,935	2,173	\$ 1,830	\$4,925,529	1,782	\$ 2,764
NOVEMBER	\$4,299,056	2,170	\$ 1,981	\$3,588,689	1,784	\$ 2,012
DECEMBER	\$3,644,271	2,180	\$ 1,672	\$3,428,593	1,783	\$ 1,923
<b>TOTALS</b>	<b>\$45,215,972</b>			<b>\$49,837,056</b>		
				<b>2024 Average</b>	<b>2,136</b>	<b>\$ 1,960</b>
				<b>2023 Average</b>	<b>2,159</b>	<b>\$ 1,744</b>



**CENTRAL JERSEY HEALTH INSURANCE FUND**

	<u>MEDICAL CLAIMS PAID 2024</u>	<u># OF EES</u>	<u>PER EE</u>	<u>MEDICAL CLAIMS PAID 2025</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$4,175,822	2,205	\$ 1,894	\$2,988,119	1,821	\$ 1,641
FEBRUARY	\$3,968,434	2,198	\$ 1,805			
MARCH	\$3,663,556	2,193	\$ 1,671			
APRIL	\$5,029,716	2,191	\$ 2,296			
MAY	\$3,785,711	2,305	\$ 1,642			
JUNE	\$4,376,641	2,301	\$ 1,902			
JULY	\$4,393,165	2,303	\$ 1,908			
AUGUST	\$4,600,973	2,297	\$ 2,003			
SEPTEMBER	\$3,900,226	2,293	\$ 1,701			
OCTOBER	\$4,925,529	1,782	\$ 2,764			
NOVEMBER	\$3,588,689	1,784	\$ 2,012			
DECEMBER	\$3,428,593	1,783	\$ 1,923			
<b>TOTALS</b>	<b>\$49,837,056</b>			<b>\$2,988,119</b>		
				<b>2025 Average</b>	<b>1,821</b>	<b>\$ 1,641</b>
				<b>2024 Average</b>	<b>2,136</b>	<b>\$ 1,960</b>

## Large Claimant Report (Drilldown) - Claims Over \$100000

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

**Paid Dates:** 12/01/2024 - 12/31/2024  
**Service Dates:** 01/01/2011 - 12/31/2024  
**Line of Business:** All

	Paid Amt	Diagnosis/Treatment
	\$100,201.89	SECONDARY MALIGNANT NEOPLASM OF BONE
<b>Total:</b>	<b>\$100,201.89</b>	

## Large Claimant Report (Drilldown) - Claims Over \$100000

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

**Paid Dates:** 01/01/2025 - 01/31/2025  
**Service Dates:** 01/01/2011 - 01/31/2025  
**Line of Business:** All

	Paid Amt	Diagnosis/Treatment
	\$124,883.25	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	\$121,793.04	PRESSURE ULCER OF SACRAL REGION, STAGE 4
	\$117,430.61	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE
	\$102,942.83	MALIGNANT NEOPLASM OF PROSTATE
<b>Total:</b>	<b>\$467,049.73</b>	



<p><b>Medical Claims Paid :</b> January 2025 - January 2025</p> <p>Total Medical Paid per EE: <b>\$1,641</b></p>
--

<b>Network Discounts</b>	
Inpatient:	<b>59.3%</b>
Ambulatory:	<b>65.1%</b>
Physician/Other:	<b>67.7%</b>
<b>TOTAL:</b>	<b>65.0%</b>

<b>Provider Network</b>	
% Admissions In-Network:	<b>96.8%</b>
% Physician Office:	<b>91.7%</b>
<b>Aetna Book of Business:</b> Admissions 98.6%; Physician 90.6%	

<b>Top Facilities Utilized</b> (by total Medical Spend)	
<ul style="list-style-type: none"> <li>• Jersey Shore Medical</li> <li>• Community Medical Center</li> <li>• Ocean University Medical Center</li> <li>• Monmouth Medical Center</li> <li>• Riverview Medical Center</li> </ul>	

<b>Catastrophic Claim Impact</b> January 2025 – January 2025	
Number of Claims Over \$50,000:	<b>7</b>
Claimants per 1000 members:	<b>1.6</b>
Avg. Paid per Claimant:	<b>\$93,117</b>
Percent of Total Paid:	<b>20.9%</b>
<ul style="list-style-type: none"> <li>• Aetna BOB- HCC account for an average of 44.4 % of total Medical Cost</li> </ul>	

<b>Aetna One Flex Member Outreach:</b> Through January 2025	
Total Members Identified:	<b>1,376</b>
Members Targeted for 1:1 Nurse Support :	<b>399</b>
Members Targeted for Digital Activity:	<b>977</b>
Member 1:1 outreach completed:	<b>364</b>
Member 1:1 Outreach in Progress:	<b>65</b>

<b>Teladoc Activity:</b> January 2024–December 2024	
Total Registrations:	<b>129</b>
Total Online Visits:	<b>400</b>
Total Net Claims Savings:	<b>\$192,126</b>
Total Visits w/ Rx:	<b>256</b>
Mental Health Visits:	<b>49</b>
Dermatology Visits:	<b>18</b>

<b>Service Center Performance Goal Metrics YTD 2024</b>	
<b>Customer Service Performance</b>	
1 <sup>st</sup> Call Resolution:	<b>93.68%</b>
Abandonment Rate:	<b>0.33%</b>
Avg. Speed of Answer:	<b>12.6 sec</b>
<b>Claims Performance</b>	
Financial Accuracy:	<b>98.68%*</b>
*Q2 2024	
-	
90% processed w/in:	<b>6.9 days</b>
95% processed w/in:	<b>12.7 days</b>
*****	
<b>Claims Performance (Monthly)</b> (January 2025)	
90% processed w/in:	<b>6.9 days</b>
95% processed w/in:	<b>12.7 days</b>
(Note: This is not a PG metric)	
*****	
<b>Performance Goals</b>	
1 <sup>st</sup> Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec
Financial Accuracy:	99%
<b>Turnaround Time</b>	
90% processed w/in:	14 days
95% processed w/in:	30 days





2024 Central HIF

2025 Central HIF

		MEDICAL CLAIMS PAID 2024	TOTAL	# OF EES	PER EE			MEDICAL CLAIMS PAID 2025	TOTAL	# OF EES	PER EE
JANUARY		\$11,473.96	\$11,473.96	21	\$546.37	JANUARY		\$38,709.83	\$38,709.83	19	\$2,037.35
FEBRUARY		\$17,614.16	\$17,614.16	20	\$880.70	FEBRUARY		\$45,329.74	\$45,329.74	19	\$2,385.77
MARCH		\$17,270.46	\$17,270.46	20	\$863.52	MARCH					
APRIL		\$13,834.99	\$13,834.99	19	\$728.15	APRIL					
MAY		\$12,505.16	\$12,505.16	19	\$658.16	MAY					
JUNE		\$16,428.54	\$16,428.54	18	\$912.69	JUNE					
JULY		\$14,764.78	\$14,764.78	19	\$777.25	JULY					
AUGUST		\$23,088.14	\$23,088.14	19	\$1,215.16	AUGUST					
SEPTEMBER		\$31,629.86	\$31,629.86	20	\$1,581.49	SEPTEMBER					
OCTOBER		\$56,531.34	\$56,531.34	21	\$2,691.97	OCTOBER					
NOVEMBER		\$31,844.55	\$31,844.55	21	\$1,516.40	NOVEMBER					
DECEMBER		\$29,737.00	\$29,737.00	20	\$1,486.85	DECEMBER					
TOTALS		\$276,722.94				TOTALS		\$84,039.57		19	\$2,211.56
			2024 Average	20	\$1,154.89						



**EXPRESS SCRIPTS®**

**Central Jersey Health Insurance Fund**

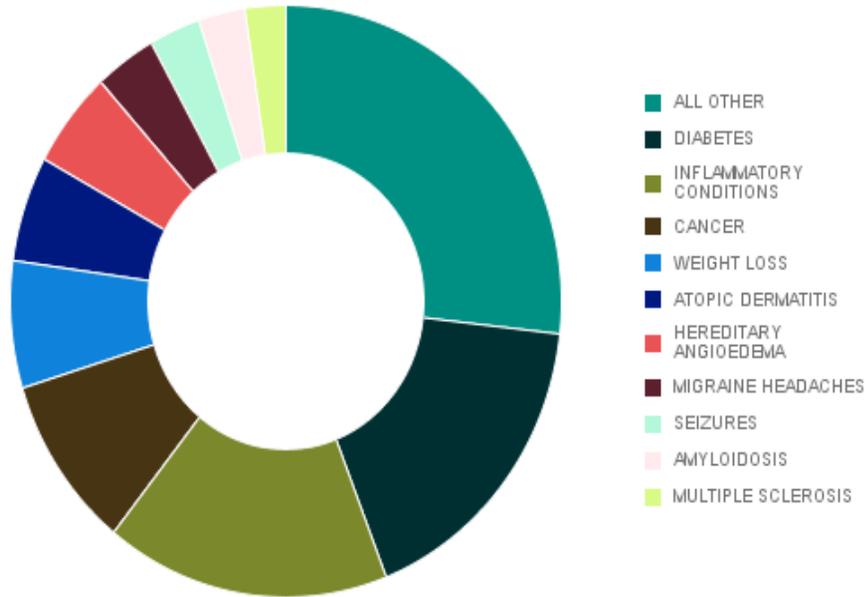
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4
Membership	3,045	3,020	3,029	3,031	3,021	3,271	3,272	3,188	3,275	3,248	3,269	3,264	3,288	3,275	3,272	3,278
Total Days	129,293	124,083	116,824	370,200	124,360	133,054	123,809	381,223	136,078	132,005	128,332	396,415	140,433	128,568	131,943	400,944
Total Patients	1,228	1,225	1,207	1,882	1,175	1,244	1,208	1,891	1,239	1,243	1,233	1,904	1,366	1,311	1,333	2,036
Total Plan Cost	\$755,968	\$735,690	\$757,826	\$2,249,484	\$728,351	\$887,209	\$894,099	\$2,509,658	\$963,913	\$910,595	\$997,981	\$2,872,489	\$978,588	\$760,867	\$951,007	\$2,690,462
Generic Fill Rate (GFR) - Total	86.5%	86.0%	87.5%	86.6%	86.0%	86.4%	85.4%	85.9%	85.9%	85.3%	81.6%	84.3%	81.9%	85.0%	85.8%	84.2%
<b>Plan Cost PMPM</b>	<b>\$248.27</b>	<b>\$243.61</b>	<b>\$250.19</b>	<b>\$247.36</b>	<b>\$241.10</b>	<b>\$271.23</b>	<b>\$273.26</b>	<b>\$262.41</b>	<b>\$294.32</b>	<b>\$280.36</b>	<b>\$305.29</b>	<b>\$293.35</b>	<b>\$297.62</b>	<b>\$232.33</b>	<b>\$290.65</b>	<b>\$273.56</b>
Total Specialty Plan Cost	\$369,803	\$324,198	\$395,648	\$1,089,649	\$318,327	\$419,220	\$425,545	\$1,163,091	\$490,408	\$443,790	\$497,777	\$1,431,976	\$465,530	\$295,128	\$474,968	\$1,235,626
Specialty % of Total Specialty Plan Cost	48.9%	44.1%	52.2%	48.4%	43.7%	47.3%	47.6%	46.3%	50.9%	48.7%	49.9%	49.9%	47.6%	38.8%	49.9%	45.9%

Total Component/Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4
Membership	3,326															
Total Days	142,842															
Total Patients	1,365															
Total Plan Cost	\$966,276															
Generic Fill Rate (GFR) - Total	86.9%															
<b>Plan Cost PMPM</b>	<b>\$290.52</b>															
<b>% Change Plan Cost PMPM</b>	<b>17.0%</b>															
Total Specialty Plan Cost	\$486,534															
Specialty % of Total Specialty Plan Cost	50.4%															

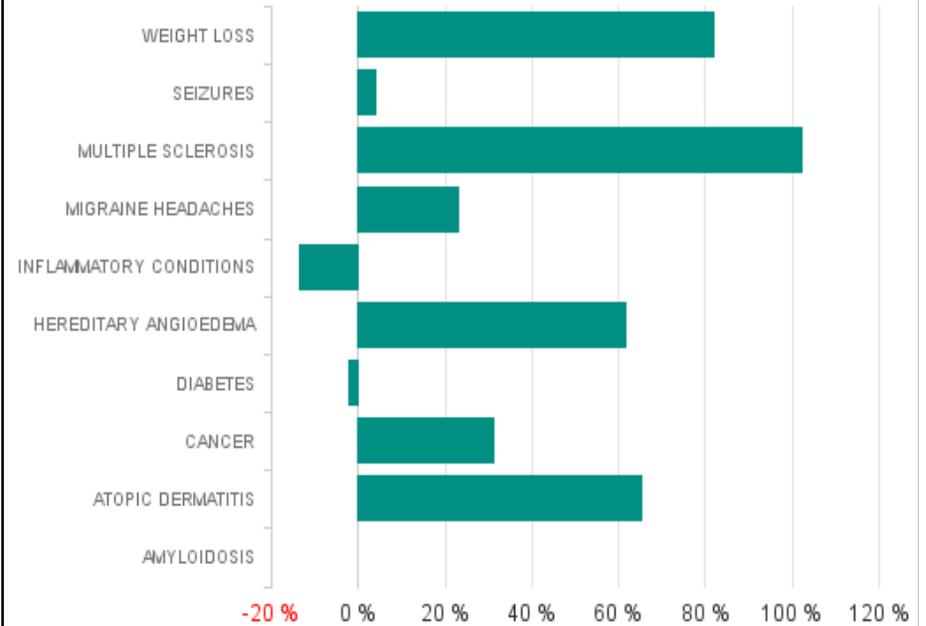
## Top Indications

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2025 - 02/2025 vs. Previous Period 01/2024 - 02/2024) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



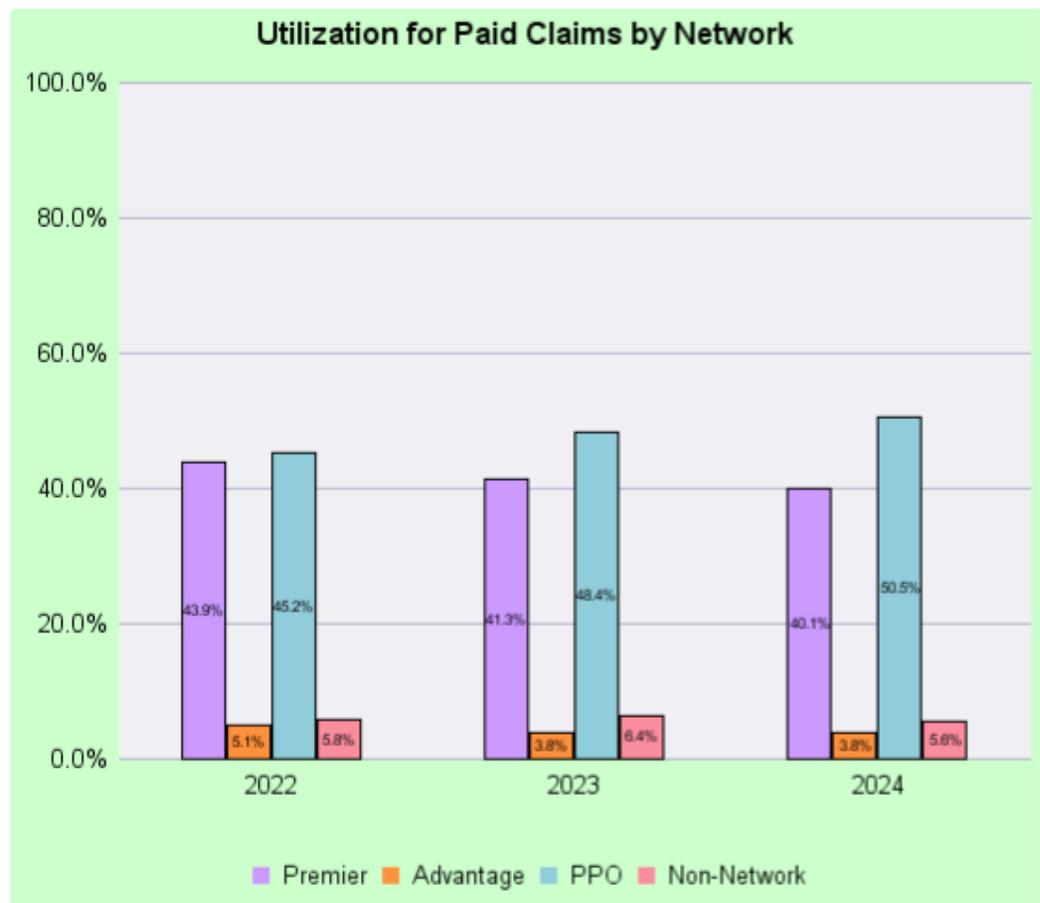
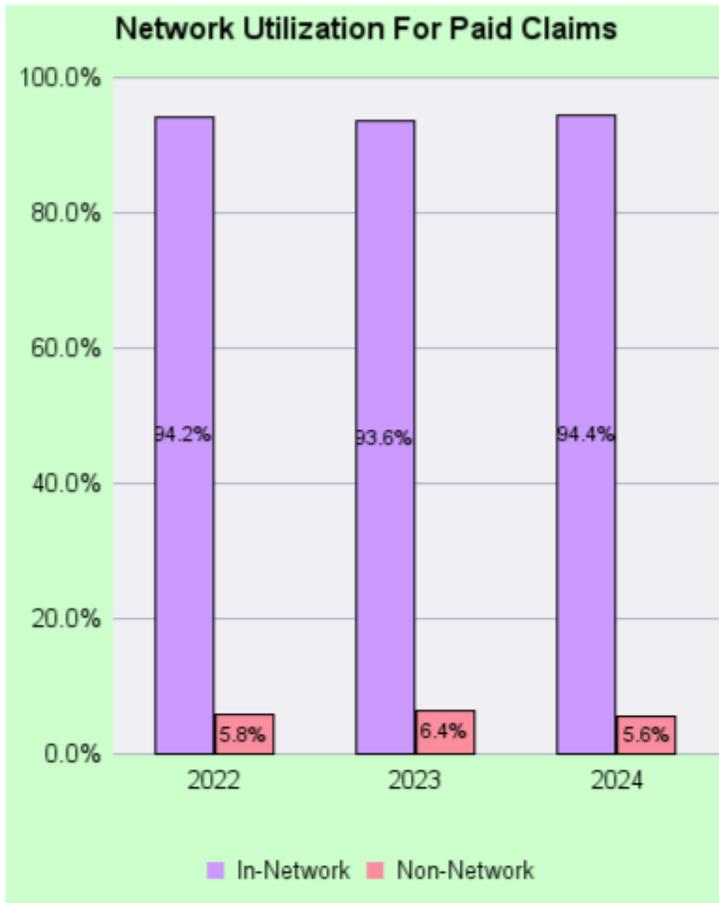
			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	2	INFLAMMATORY CONDITIONS	24.3 %	88	\$315,695	\$47.49	40.9 %	31.8 %	33.0 %	83	\$333,202	\$54.94	36.1 %	36.4 %	-13.5 %
2	1	DIABETES	23.2 %	785	\$301,486	\$45.36	32.0 %	24.6 %	27.9 %	822	\$281,193	\$46.36	27.1 %	26.4 %	-2.2 %
3	3	CANCER	12.7 %	68	\$165,769	\$24.94	76.5 %	76.8 %	11.4 %	42	\$115,484	\$19.04	81.0 %	77.1 %	31.0 %
4	4	WEIGHT LOSS	9.3 %	118	\$120,848	\$18.18	2.5 %	4.6 %	6.0 %	59	\$60,686	\$10.01	5.1 %	6.2 %	81.7 %
5	5	ATOPIC DERMATITIS	7.7 %	117	\$100,391	\$15.10	73.5 %	81.9 %	5.5 %	102	\$55,483	\$9.15	81.4 %	85.9 %	65.1 %
6	9	HEREDITARY ANGIOEDEMA	7.1 %	2	\$92,350	\$13.89	0.0 %	7.3 %	5.2 %	2	\$52,128	\$8.59	0.0 %	13.9 %	61.6 %
7	6	MIGRAINE HEADACHES	4.8 %	73	\$62,737	\$9.44	31.5 %	52.4 %	4.6 %	66	\$46,554	\$7.68	37.9 %	53.6 %	23.0 %
8	8	SEIZURES	4.0 %	189	\$52,325	\$7.87	91.0 %	96.9 %	4.6 %	195	\$45,950	\$7.58	89.7 %	96.8 %	3.9 %
9	10	AMYLOIDOSIS	3.7 %	3	\$47,554	\$7.15	0.0 %	0.0 %	NA		NA	NA	NA	0.0 %	NA
10	7	MULTIPLE SCLEROSIS	3.2 %	9	\$41,824	\$6.29	33.3 %	49.0 %	1.9 %	3	\$18,863	\$3.11	0.0 %	46.6 %	102.3 %
<b>Total Top 10</b>				<b>1,452</b>	<b>\$1,300,979</b>	<b>\$195.72</b>	<b>43.1 %</b>	<b>41.6 %</b>		<b>1,374</b>	<b>\$1,009,542</b>	<b>\$166.45</b>	<b>41.7 %</b>	<b>44.2 %</b>	<b>17.6 %</b>

## Top Drugs

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2025 - 02/2025 vs. Previous Period 01/2024 - 02/2024) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	2	OZEMPIC	DIABETES	N	109	42	\$100,990	\$15.19	114	44	\$97,387	\$16.06	-5.4 %
2	418	ORLADEYO	HEREDITARY ANGIOEDEMA	Y	2	1	\$92,350	\$13.89	NA	NA	NA	NA	NA
3	22	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	13	5	\$79,084	\$11.90	19	6	\$111,997	\$18.47	-35.6 %
4	6	STELARA	INFLAMMATORY CONDITIONS	Y	6	3	\$78,114	\$11.75	6	3	\$102,595	\$16.92	-30.5 %
5	8	ZEPBOUND	WEIGHT LOSS	N	70	34	\$69,622	\$10.47	26	14	\$24,712	\$4.07	157.1 %
6	9	DUPIXENT PEN	ATOPIC DERMATITIS	Y	17	7	\$58,015	\$8.73	13	6	\$38,311	\$6.32	38.2 %
7	1	MOUNJARO	DIABETES	N	52	21	\$52,172	\$7.85	21	10	\$20,068	\$3.31	137.2 %
8	12	WEGOVY	WEIGHT LOSS	N	40	21	\$49,174	\$7.40	30	13	\$35,974	\$5.93	24.7 %
9	164	VYNDAMAX	AMYLOIDOSIS	Y	3	1	\$47,554	\$7.15	NA	NA	NA	NA	NA
10	109	NUBEQA	CANCER	Y	4	1	\$40,325	\$6.07	NA	NA	NA	NA	NA
11	202	HUMIRA PEN	INFLAMMATORY CONDITIONS	Y	3	2	\$38,545	\$5.80	4	2	\$41,999	\$6.92	-16.3 %
12	104	LENVIMA	CANCER	Y	2	1	\$33,295	\$5.01	2	1	\$33,108	\$5.46	-8.2 %
13	67	BIMZELX AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	3	1	\$32,844	\$4.94	NA	NA	NA	NA	NA
14	13	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	6	2	\$30,535	\$4.59	3	1	\$14,521	\$2.39	91.9 %
15	194	CALQUENCE	CANCER	Y	2	1	\$27,933	\$4.20	NA	NA	NA	NA	NA
16	44	VERZENIO	CANCER	Y	2	1	\$26,817	\$4.03	NA	NA	NA	NA	NA
17	47	KISQALI	CANCER	Y	2	1	\$24,874	\$3.74	NA	NA	NA	NA	NA
18	23	FARXIGA	DIABETES	N	43	15	\$23,930	\$3.60	56	18	\$29,090	\$4.80	-24.9 %
19	16	RINVOQ	INFLAMMATORY CONDITIONS	Y	4	2	\$22,968	\$3.46	6	2	\$27,292	\$4.50	-23.2 %
20	32	DUPIXENT SYRINGE	ATOPIC DERMATITIS	Y	7	4	\$21,468	\$3.23	5	2	\$12,819	\$2.11	52.8 %
21	41	UBRELVY	MIGRAINE HEADACHES	N	17	11	\$21,138	\$3.18	12	8	\$13,757	\$2.27	40.2 %
22	138	ZEPOSIA	MULTIPLE SCLEROSIS	Y	3	1	\$19,712	\$2.97	3	1	\$18,863	\$3.11	-4.6 %
23	30	NURTEC ODT	MIGRAINE HEADACHES	N	12	7	\$18,544	\$2.79	12	8	\$16,361	\$2.70	3.4 %
24		A VONEX (4 PACK)	MULTIPLE SCLEROSIS	Y	3	1	\$17,414	\$2.62	NA	NA	NA	NA	NA
25	21	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	3	1	\$16,087	\$2.42	NA	NA	NA	NA	NA
<b>Total Top 25</b>					<b>428</b>		<b>\$1,043,504</b>	<b>\$156.99</b>	<b>332</b>		<b>\$638,854</b>	<b>\$105.33</b>	<b>49.0 %</b>





## Paid Claims by Procedure Category

Procedure Category	2022	2023	2024	Book of Business
Diagnostic	24.6%	23.3%	24.0%	25.8%
Preventive	21.4%	19.8%	20.2%	21.5%
Restorative	11.8%	10.9%	11.5%	12.1%
Crowns/Inlays	16.5%	17.5%	17.0%	11.4%
Endodontic	7.0%	7.5%	5.9%	5.3%
Periodontal	3.8%	3.7%	3.3%	4.4%
Prosthodontics (removable)	0.9%	1.4%	1.2%	0.9%
Prosthodontics (fixed)	2.9%	3.7%	3.4%	3.8%
Oral Surgery	4.9%	5.3%	6.4%	6.1%
Orthodontic	4.3%	4.6%	4.9%	6.0%
Miscellaneous	2.0%	2.2%	2.2%	2.5%

Definitions for each 'Procedure Category' are in the Glossary.

*Everyone Deserves a Healthy Smile*

**CENTRAL JERSEY HEALTH INSURANCE FUND  
CONSENT AGENDA  
MARCH 19, 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 15-25: Awarding Professional Fees & Contracts..... **Page 38**  
Resolution 16-25: Adopting 2025 Wellness Grant Programs..... **Page 40**  
Resolution 17-25: Approval of the February and March 2025 Bills Lists .....**Page 41**  
Resolution 18-25: Resolution to Authorize Settlement .....**Page 42**

**RESOLUTION NO. 15-25**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING PROFESSIONALS AND AWARDED CONTRACTS  
FOR FUND YEAR 2025**

**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**, 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; and

**WHEREAS**, the Executive Committee of the Fund has resolved to award professional services agreements in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et.seq.; and

**WHEREAS**, the Fund resolves to appoint the Professionals - noted below -commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. seq.;

- I. **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 Actuary Line Item of the 2025 budget.
- II. **Stephen Mayer** is hereby appointed to serve as the FUND's **Treasurer**. The annual amount of \$13,260 has been appropriated in the Auditor Line Item of the 2025 budget.

**WHEREAS**, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$23.36 per medical employee, per month, \$9.46 per non-medical employees per month and \$1.00 per employee per month for health care reform will be expended in connection with the Program Manager in 2025. The estimated annual amount of \$1,810,853 has been appropriated in the **Program Manager** Line Item of the 2025 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 to be paid upon services.

**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: March 19, 2025**

**BY**

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**CHAIRPERSON**

**ATTEST:**

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**SECRETARY**

**RESOLUTION NO. 16-25**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2025 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, 2025 through December 31, 2025. 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
Lakewood Township			X	\$15,500.00	\$1,500.00	\$17,000.00	Callenge, Wellness Workshops, Fair, Wellbeing initiatives
Bedminster			X			\$7,500.00	Kickball Tournament with healthy lunch, step challenges by Terryberry with prizes
Atlantic Highlands			X	\$9,850.00		\$9,850.00	Wellness Day/ Fair with vendors to provide educational presentations
Oceanport			X	\$8,400.00	\$1,000.00	\$9,400.00	Employee Assistance Program managed by Preferred Behavioral Health Group
Red Bank			X	\$10,500.00		\$10,500.00	Wellness Program focusing on Mental Health Resources, Physical Helath Initiatives, Health Education and Team-Building Activites
Toms River MUA			X	\$4,000.00	\$1,000.00	\$5,000.00	Advanta Active Fit Program
<b>Totals</b>						<b>\$59,250.00</b>	
<b>Remainder available for Grants</b>						<b>\$90,750.00</b>	

**WHEREAS**, on March 19, 2025, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling **\$34,750** for Atlantic Highlands, Oceanport, Red Bank and Toms River MUA.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: MARCH 19, 2025**

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

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

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE FEBRAURY AND MARCH 2025 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **March 19, 2025** 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 February and March 2025 for consideration and approval of the Executive Committee; and

**WHEREAS**, The Treasurer for the Fund presented a Treasurers Report which detailed the claims payments and imprest transfers for the Fund for the Month of December for all Fund Years for consideration and approval of the Executive Committee; and

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

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for February and March 2025 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: MARCH 19, 2025**

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

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

**RESOLUTION NO. 18-25**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION TO AUTHORIZE SETTLEMENT**

**WHEREAS**, a dispute has arisen as to a claim paid by the Central Jersey Health Insurance Fund (hereinafter “the Fund”) resulting from out-of-network services provided to a member; and

**WHEREAS**, the Plan Sponsor previously issued payments for the claim; and

**WHEREAS**, thereafter, a complaint on the claim was submitted to the Fund alleging violations of law, and demanding a sum in excess of the sum paid to resolve and settle this matter, which involved a member’s out-of-network surgery; and

**WHEREAS**, the parties to the dispute have reached a settlement to amicably resolve the matter, resulting in a settlement agreement which dismisses the matter with prejudice, upon payment of an additional \$13,000 to the out-of-network service provider; and

**WHEREAS**, this matter was reviewed by the Fund’s legal counsel, and was thereafter considered by the Fund’s Claims Committee which recommended this settlement.

**NOW, THEREFORE, BE IT RESOLVED** by the Governing Body of the Central Jersey Health Insurance Fund that the proposed settlement in the amount of \$13,000 is hereby approved by way of settlement agreement, the form of which shall be approved by the Fund attorney.

This Resolution shall take effect immediately.

**ADOPTED: March 19, 2025**

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

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

# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND  
OPEN MINUTES  
January 15, 2024  
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 2024 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	Present
Brian Dempsey	Spring Lake Borough	Present
Peter O'Reilly	Borough of Lakewood	Present
Angela Morin	Aberdeen	Absent
<b>ALTERNATES:</b>		
James Gant	Red Bank	Absent

**APPOINTED OFFICIALS PRESENT:**

Executive Director/ Administrator	PERMA Risk Management Services	<b>Brandon Lodics Emily Koval Caitlin Perkins Jordyn Robinson</b>	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>Tyler Jackson</b>	Present
Dental Claims Service	Delta Dental	<b>Crista O'Donnell</b>	Absent
Rx Administrator	Express Scripts	<b>Hiteksha Patel</b>	Absent

**OTHERS PRESENT:**

Kim Humphrey	Ian Dalton
Tom Fletcher	Alex Koch
Melissa Appleby	Scott Davenport
Jacque Maddren	John Lajewski
Charles Casagrande	Lindsay Klein
Alison Kelly	John Casagrande
Lindsay Becker	Carmella
Tammy Brown	Cindy Toye

**MOTION TO APPROVE OPEN MINUTES OF OCTOBER 16, 2024**

**MOTION:** Commissioner Brach  
**SECOND:** Commissioner Gant  
**VOTE:** All in Favor

**MOTION TO ADJOURN SINE DIE MEETING**

**MOTION:** Commissioner Gant  
**SECOND:** Commissioner Valentino  
**VOTE:** All in Favor

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF ALL 2025 FUND COMMISSIONERS**

HAMILTON TOWNSHIP		
TOWNSHIP OF ABERDEEN		
MONMOUTH COUNTY BAYSHORE OUTFALL AUTH	BARBARA VILANOVA	Present
BOROUGH OF BARNEGAT LIGHT	BRENDA KUHN	Absent
MANASQUAN RIVER REG'L SEWERAGE AUTH	BRIAN BRACH	Present
WESTERN MOUNMOUTH MUA	BRIAN VALENTINO	Present
BOROUGH OF SPRING LAKE	BRYAN DEMPSEY	Present
HIGHLANDS ELEMENTARY SCHOOL	CHRISTOPHER MULLENS	Absent
HARVEY CEDARS	DIANA DALE	Absent
MANCHESTER TOWNSHIP	DIANE LAPP	Absent
PLUMSTED TOWNSHIP	ERIC SORCHIK	Absent
JACKSON TOWNSHIP MUA	SANA SIDDIQUI	Absent
LAKWOOD MUA	JAMES DIAZ	Present
BOROUGH OF RED BANK	JAMES GANT	Present
WEST LONG BRANCH TOWNSHIP	JASON GONTER	Absent
BOROUGH OF OCEANPORT	JEANNE SMITH	Absent
SOUTH RIVER	JOSEPH ZANGA	Absent

SHIP BOTTOM BOROUGH	KATHLEEN FLANAGAN	Absent
SEASIDE HEIGHTS BOE	KEVIN O'SHEA	Absent
BOROUGH OF ALLENTOWN	LAURIE ROTH	Present
TOWNSHIP OF SHREWSBURY	CATHERINE LAPORTA	Absent
INTERLAKEN BOROUGH	LORI REIBRICH	Absent
TOWNSHIP OF MONTGOMERY	LORI SAVRON	Present
TUCKERTON BOROUGH SCHOOL DISTRICT	MARIAN SMITH	Absent
KEYPORT BOROUGH	MICHELE CLARK	Present
LAKWOOD TOWNSHIP	PETER O'REILLY	Present
BRICK HOUSING AUTHORITY	RHODA LI	Absent
TOMS RIVER MUA	ROBERT DIBIASE	Absent
ATLANTIC HIGHLANDS	ROBERT FERRAGINA	Present
TOWNSHIP OF BEDMINSTER	ROBIN RAY	Absent
BOROUGH OF MATAWAN	RYAN MICHELSON	Absent
BRICK TOWNSHIP	SARAH ZIMMER SCARPELLI	Present
EATONTOWN SEWERAGE AUTHORITY	ROBERT VILLEE	Absent
BOROUGH OF MANASQUAN	TOM FLARITY	Present
BRIELLE BOROUGH	TOM NOLAN	Present
HIGHLAND PARK	TERI JOVER	Present
BAYSHORE REGIONAL SA	PETER CANAL	Present
BOROUGH OF SAYREVILLE		
ENGLISHTOWN BOROUGH		

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

Executive Director asks for nominations.

Attorney swears in Officers and Executive Committee

**APPROVED RECCOMENDED SLATE**

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

James Gant, Executive Committee- Red Bank

Jason Gonter, Executive Committee Alternate - West Long Branch Twp

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

## ROLL CALL OF 2025 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	Present
Brian Dempsey	Spring Lake Borough	Present
Peter O'Reilly	Borough of Lakewood	Present
James Gant	Red Bank	Present
<b>ALTERNATES:</b>		
Jason Gonter	West Long Branch Twp	Absent

## EXECUTIVE DIRECTOR REPORT

**PRO FORMA REPORTS** - Ms. Koval reviewed the Financial Fast track through October 2024, which reflect a surplus deficit for the month of October with an overall 5.4M loss year to date. She noted this corresponds with the higher-than-expected 2025 budget that was adopted. Additionally, she stated a finance committee meeting will be set up to review the 2024 claims.

**2025 REORGANIZATION RESOLUTIONS** - Ms. Koval presented the eleven resolutions related to the Fund's 2025 reorganization, including the 2025 contracts with the updated RFP responses, 2025 meeting dates, cash management plan, risk management plan, broker fees, authorizing Fund Treasurer to pay fees and expenses, secretary of Fund records, official newspapers and authorized signatures for bank accounts. There were no changes to the MRHIF representatives for the 2025 year.

**2025 COMMITTEE APPOINTMENTS** - Ms. Koval reviewed the current 2025 committee appointments, noting if there are any Fund Commissioners who are interested in joining to reach out to herself or Chair Nolan.

**2025 WELLNESS GRANT APPLICATIONS** - Ms. Koval reviewed the two wellness grant responses that were received for Bedminster Township and Lakewood. She noted the two groups' applications were approved by the wellness committee and Resolution 12-25 approves the grants.

**2025 PROFESSIONAL/CONSULTANT RFPS** - Ms. Koval reiterated that, as previously discussed during the Resolution 1-25 summary, the Fund Actuary, Fund Auditor, Executive Director, and Program Manager positions were all subject to the RFP process. The Contracts Committee has completed its review and rating sheets to appoint the selected vendors. She clarified that Resolution 1-25 includes only the 2025 contract fees for these positions. Additionally, she noted that the Fund Treasurer and Attorney RFPs will close after this meeting, with approvals scheduled for the March meeting. Until then, the current contracts will remain in place, with any necessary fee adjustments made accordingly.

**MOTION TO APPROVE THE CONTRACTS COMMITTEE TO ISSUE A BID REQUEST FOR QUALIFIED PURCHASING AGENDA FOR CJHIF**

**MOTION:** Commissioner Brach  
**SECOND:** Commissioner Morin  
**ROLL CALL:** 4 Ayes, 0 Nays

**MEDICARE ADVANTAGE - RFP** - Ms. Koval reviewed the Medicare Advantage RFP results, noting that Aetna will be holding their rates throughout 2025. The responses were shared with the contracts committee and was included in Resolution 1-25. She noted there will be no changes to the overall budget based on this response.

**2025 TPA FEES** - Ms. Koval stated that both AmeriHealth and Aetna have agreed to extend their current contracts for 2025. The 2025 budget had initially projected a 5% increase; however, since the fees and terms will remain unchanged, the resulting savings will be allocated to contingency.

**AETNA NATIONAL ADVANTAGE PROGRAM (NAP)** - Ms. Koval reviewed Aetna's National Advantage Program (NAP), which addresses out-of-network billing. The program allows Aetna to negotiate large out-of-network claims, with 60% of the savings returning to the Fund and 40% retained by Aetna. The updated agreement introduces enhanced savings, a concession on fees, a claim fee cap increase, and an enrollee PEPM cap.

**E-PROCUREMENT SOFTWARE VENDOR** - Ms. Koval reported the Fund QPA is requesting this to be processed for a bid to go out on an e-procurement platform to be used for any RFP's moving forward.

**BROKER FEE PAYMENTS** - Ms. Koval noted that the current broker fee payments are currently being processed through the Conner Strong Program Manager contract. It is being recommended these fees will transition to go through the Fund, so the brokers will be paid directly through the Fund. Ms. Koval noted a discussion with the Fund Attorney to ensure a proper review for contracts and by-laws before this is processed.

**WEX 2025 COUPON UPDATE** - Ms. Koval reported that WEX has begun processing 2025 direct bill coupons, with a projected release by the end of the month.

**2025 PERMA MANAGEMENT TEAM UPDATES** - Ms. Koval reported that Ms. Diane Peterson retired at the end of 2024 and welcomed the two newest additions to the PERMA team. Mr. John Lajewski has been appointed as the HIF Consulting Business Leader. Mr. Matt Rudman, an actuary, has been appointed as the HIF Chief Data Leader to assist in the data and the trends of the Fund.

**PROGRAM MANAGER'S REPORT** - Ms. Bailey reviewed the following items:

**OPERATIONAL UPDATES:**

**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 [HIFtraining@permainc.com](mailto:HIFtraining@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.

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

End of Year Reporting was sent to all CJHIF group billing contacts the week of December 30th.

Wellness Incentive Program reports reflecting employees who received a gym reimbursement in 2024 were sent to all groups. 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 includes the participant's full name and total amount received in 2024

- Aetna - up to \$240 per eligible participant
- Initial report will be for reimbursements issued for the time period of **January 1, 2024 through November 30, 2024**
  - Reports were sent to group billing contacts the week of January 6<sup>th</sup>
- An additional report will be provided in late January/early February 2025 for reimbursements issued for submissions in **December 2024**.
  - 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.

### **COVERAGE UPDATES:**

#### **Aetna:**

#### **CVS Health Virtual Care - Effective 1/1/25 - Aetna covered members**

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

- On-Demand Care – Access to 24/7 quick care for minor illnesses and injuries
- Mental Health Services – counseling for conditions such as anxiety and stress, plus psychiatry services for medication management
- Referred to in-person care when needed at nearby MinuteClinic locations or in-network provider clinic.

Please reference the CVS Health Virtual Care flyer included in the Appendix for additional information including instructions for to activate the benefit and create an account.

**\*\*Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

**Express Scripts:**

### **2025 Formulary and SaveOn Listing**

Brokers were sent the 2025 Formulary and SaveOn listings on November 11<sup>th</sup>. Please reference the appendix for the listings. Please note the following:

#### **NPF Listing:**

- NPF Exclusions Listing, please note the following:
  - Humalog - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 1/1/26
    - Members should share the covered preferred alternatives provided in the listing with their providers
  - Humira - excluded for members with a new prescription as of 1/1/25, members currently taking the drug will be excluded effective 7/1/25
    - Members should share the covered preferred alternatives provided in the listing with their providers
  - Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

#### **SaveOn Listing:**

- Green highlighted drugs - newly added effective 1/1/25
  - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program
- Red highlighted drugs - being removed effective 1/1/25
  - There were no MRHIF members impacted by the drugs that were removed from the listing

### **3Q2024 SaveOn Savings (1/1/2024 through 9/22/24)**

In 3Q2024, CJHIF has saved \$299,170 for members enrolled in SaveOn, an additional \$70,227 in savings from 2Q2024. There are currently 57 participants in the program, an increase of 5 members compared to 2Q2024. In 2024, CJHIF members who used SaveOn saved a total of \$583 in copays. The average savings per prescription to date is \$1,060. See Appendix for full report.

### **Top 5 Therapeutic Categories:**

- Inflammatory Conditions
  - 25 members, totaling \$112,544 in savings
- Asthma & Allergy
  - 16 members, totaling \$78,484 in savings
- Cancer
  - 26 members, totaling \$25,101 in savings
- Multiple Sclerosis
  - 6 members, totaling \$25,164
- Miscellaneous Diseases
  - 4 members, totaling \$11,169

### **Encircle Program (GLP-1 Weight Loss)**

#### **Effective September 1, 2024:**

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
  - BMI  $\geq$  32 OR
  - BMI between  $27 \leq 32$  WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
  - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval
- PA renewals will need to include documentation to support the above BMI requirements for all members, regardless of members have been approved in the past.

#### **Effective January 1, 2025:**

Members who have an approved PA (active and new) will need to meet the following guidelines:

- Members will receive a welcome kit from Omada free of charge. The kit includes a digital scale and information on downloading the mobile app and/or using the web browser. The scale is programmed to the member's ESI active account prior to delivery. The scale will record each weigh-in and will update the member's file automatically. Members must weigh-in a minimum of 4 times a month
- Members must engage with an assigned online Omada coach via a mobile application or web browser a minimum of 4 times a month

If members do not adhere to both of the requirements outlined above, the following month in which they are non-compliant, they will not be able to refill their weight loss prescription. Members will be required to complete the missing weigh-ins and/or online coaching engagement in order to refill their prescription.

### **2025 LEGISLATIVE REVIEW**

**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 attestation is due annually by December 31<sup>st</sup>. Groups do not need to take any additional action unless they do not have medical or prescription coverage in the Southern New Jersey Regional Health Insurance Fund.

**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.**

**Appeals:**

**Carrier Appeals**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/02/24	Medical/Aet	CJHIF 2024 10	Anesthesia	Upheld	10/10/24

	na	01			
11/20/24	Medical/ Aetna	CJHIF 2024 11 01	Surgical Services	Upheld	12/03/24
11/26/24	Medical/ Aetna	CJHIF 2024 12 01	Anesthesia	Upheld	12/10/24
11/29/24	Medical/ Aetna	CJHIF 2024 12 02	Surgery	Overtured	12/10/24

**IRO Submissions:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
11/20/24	Medical/ Aetna	CJHIF 2024 11 01	Surgical Services	Upheld	12/03/24
11/29/24	Medical/ Aetna	CJHIF 2024 12 02	Surgery	Overtured	12/10/24

**TREASURER** – Fund Treasurer reviewed three bills list included in the agenda, November 2025, December 2024, and January 2025. Fund Treasurer continued to review the summary of the cash transactions.

**ATTORNEY:** Fund Attorney had nothing to report.

**AETNA:** Mr. Silverstein reviewed the claims for the months of September, October and November. The High claimant report for claims above \$100,00- showed three claims for September, three claims for October, and two claims for November. and none for July. Mr. Silverstein happily reported that the dashboard metrics through the month of July continue to perform well.

**AMERIHEALTH:** Mr. Jackson reviewed the claims for the month of November and December 2024, noting the average for the 2024 claims were \$1,154.89 per employee. He stated the metrics continue to perform well.

**EXPRESS SCRIPTS:** Ms. Patel reviewed the monthly utilization report for November 2024, noting the monthly plan cost per member decreased 6.6% from November 2023. Ms. Patel reviewed the top 10 indications for 2024 and commented that weight loss and skin condition trend continues to increase. The top drug out of the top 25 drugs for the Fund, is Stelara for inflammatory conditions. She noted there is a generic for Farxiga available, so there will be some changes in the plan cost for that drug, which is currently trending at number 14. Lastly, she reviewed the EncircleRX program data, which does not have the Omada program data included in yet.

**DELTA DENTAL:** No report.

**MOTION TO APPROVE CONSENT AGENDA, INCLUDING RESOLUTION 1-25 TO 14-25:**

**MOTION:** Commissioner Brach  
**SECOND:** Commissioner Dempsey  
**VOTE:** All in Favor

**OLD BUSINESS:** Chair Nolan commented on the retirement of Ms. Diane Peterson, noting how she was instrumental during the early years of this Fund and was an outstanding public servant. Chair Nolan thanked everyone for coming, including those Fund Commissioners who joined for the re-organization meeting.

**NEW BUSINESS:** None.

**PUBLIC COMMENT:** None.

**MOTION TO ADJOURN MEETING:**

**MOTION:** Commissioner Dempsey  
**SECOND:** Commissioner Gant  
**VOTE:** All in Favor

**MEETING ADJOURNED: 2:26 pm**  
**Next Meeting: March 19, 2025, at 1:30 pm, Zoom Meeting**  
**Minutes Prepared by: Caitlin Perkins, Assisting Secretary**

## **APPENDIX II**

**CJHIF  
24r-20 CJHIF Attorney**

<b>Vendor</b>	<b>Technical (Max Points 40)</b>	<b>Managerial (Max Points 40)</b>	<b>Cost (Max Points 20)</b>	<b>Final</b>
Berry, Sahradnik, Kotzas & Benson	40.00	39.96	19.98	99.94

**Reason for selection:** Berry, Sahradnik, Kotzas & Benson has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Berry, Sahradnik, Kotzas & Benson
<b>Technical criteria:</b>	
<b>(Max Points 40)</b>	
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	5.00
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	5.00
(3) Does the vendor's proposal use innovative technology and techniques?	5.00
(4) Does the vendor's proposal use innovative technology and techniques?	
<b>SUB TOTAL TECHNICAL</b>	<b>40.00</b>
<b>Management criteria:</b>	
<b>(Max Points 40)</b>	
(1) Is there a project management plan?	5.00
(2) Does the vendor document industry or program experience?	5.00
(3) Are the availability of in-house and contract resources documented?	5.00
<b>SUB TOTAL MANAGERIAL</b>	<b>39.96</b>
<b>Cost criteria:</b>	
<b>(Max Points 20)</b>	
(1) Relative cost: How does the cost compare to other similarly scored proposals?	5.00
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	5.00
(3) Does the proposal include quality control and insurance programs?	5.00
<b>SUB TOTAL COST</b>	<b>19.98</b>
<b>RANKINGS POINTS</b>	<b>99.94</b>

**CJHIF  
24R-20 CJHIF Treasurer**

<b>Vendor</b>	<b>Technical (Max Points 40)</b>	<b>Managerial (Max Points 40)</b>	<b>Cost (Max Points 20)</b>	<b>Final</b>
<b>S Mayer</b>	<b>40.00</b>	<b>39.96</b>	<b>19.98</b>	<b>99.94</b>

**Reason for selection:** S Mayer has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	<b>S Mayer</b>	
<b>Technical criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?	5.00	
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?	5.00	
(3) Has the past performance of the vendor's proposed methodology been documented?	5.00	
(4) Does the vendor's proposal use innovative technology and techniques?		
<b>SUB TOTAL TECHNICAL</b>	<b>40.00</b>	<b>0.00</b>
<b>Management criteria:</b>		
<b>(Max Points 40)</b>		
(1) Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?	5.00	
(2) Does the vendor document industry or program experience?	5.00	
(3) Are the availability of in-house and contract resources documented?	5.00	
<b>SUB TOTAL MANAGERIAL</b>	<b>39.96</b>	<b>0.00</b>
<b>Cost criteria:</b>		
<b>(Max Points 20)</b>		
(1) Relative cost: How does the cost compare to other similarly scored proposals?	5.00	
(2) Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?	5.00	
(3) Does the proposal include quality control and assurance programs?	5.00	
<b>SUB TOTAL COST</b>	<b>19.98</b>	<b>0.00</b>
<b>RANKINGS POINTS</b>	<b>99.94</b>	<b>0.00</b>

**CJHIF  
CC 24R-19 CJHIF Program Manager**

<b>Vendor</b>	<b>Technical (Max Points 40)</b>	<b>Managerial (Max Points 40)</b>	<b>Cost (Max Points 20)</b>	<b>Final</b>
Connor, Strong, & Buckelew	40.00	39.96	19.98	99.94

**Reason for selection:** Connor, Strong, & Buckelew has provided for the most advantageous proposal, cost and other factors considered. This is based upon the ranking system and thorough review of all proposals.

	Connor, Strong, & Buckelew	
Technical criteria:		
(Max Points 40)		
<b>SUB TOTAL TECHNICAL</b>	<b>40.00</b>	
Management criteria:		
(Max Points 40)		
<b>SUB TOTAL MANAGERIAL</b>	<b>39.96</b>	
Cost criteria:		
(Max Points 20)		
<b>SUB TOTAL MANAGERIAL</b>	<b>19.98</b>	
<b>RANKINGS POINTS</b>	<b>99.94</b>	

## **APPENDIX III**

CJHIF Financial Meeting  
February 20<sup>th</sup>, 2025, at 10:00 AM  
Teams Meeting

*Thomas Nolan, Chair*

*Brian Brach, Executive Committee Member*

Brandon Lodics, Executive Director

John Lajewski, HIF Consulting Business Leader

Matt Rudman, HIF Chief Data Leader

Crystal Bailey, Program Manager

Caitlin Perkins, Account Manager

Mr. Lodics opened the meeting by introducing John Lajewski and Matt Rudman as new members of the HIF team. He explained that John, a seasoned senior consultant, joined after Diane's retirement, while Matt, an actuary, was brought on to analyze market trends and provide more detailed insights into HIF data. He then outlined the purpose of the call, focusing on key 2024 trends, including market dynamics, increased utilization of GLP-1 medications, and a rise in cancer diagnoses. Additionally, a shift toward in-network providers and the departure of some entities from the Fund contributed to cost increases.

Mr. Lodics reviewed the budget projections for 2025, highlighting the departure of a large entity in October, which impacted the renewal process. He noted that the Fund experienced a surplus loss of approximately one month in 2024—while not substantial, it remains above the preferred range. The departure of the large entity, which previously provided supplementary funding, resulted in increased costs for remaining entities. Challenges for the Fund continue to stem from pharmacy costs, particularly the rising utilization of GLP-1 and high-cost cancer medications. GLP-1 usage has surged significantly, with these drugs being considered lifelong treatments. Additional financial pressures include surplus reductions and hospital negotiations, such as those between Aetna and Hackensack Meridian, which had a direct impact on the Fund. To mitigate costs, the Fund introduced the Omada program, aimed at reducing unnecessary GLP-1 utilization. Additionally, a higher stop-loss level was adopted to maintain reimbursement levels and alleviate some financial burdens.

Mr. Lodics provided an overview of the Fund's financial performance over the past three years, expressing hope that the expected reimbursements in 2024 will help reduce the surplus deficit. However, the number of groups running above 110% continues to rise. With the 2025 adjustments, he expects the financial outlook to stabilize and the number of high-cost groups to decrease. Analyzing performance by Fund tenure, he noted no significant cost differences among various tenure groups. Reviewing stop-loss reimbursements, he pointed out that large claimants in 2024 did not trigger substantial reimbursements, possibly due to an increase in outpatient surgeries and higher negotiated provider rates.

Mr. Rudman examined the data leading to the current financial position. He highlighted that the overall medical trend remains under 5%, which is favorable. However, unit costs, particularly in inpatient facilities, are the biggest contributors to the overall trend. On the pharmacy side, prescription costs are trending close to 20%, with GLP-1 drugs seeing an explosion in utilization, making them a major cost driver. The number of GLP-1 prescriptions has doubled since 2023, with Zepbound, Wegovy, and Ozempic leading the trend.

Commissioner Brach inquired whether certain plan types are driving higher spending. Mr. Rudman acknowledged this as an area worth exploring further but noted that the most enrollment

remains in legacy plans. He also pointed out that public entity plans historically had little to no cost-sharing for employees, leading to a lack of cost-conscious consumer behavior. Mr. Lajewski noted that cost-containment strategies are being developed at both macro and micro levels.

Mr. Lajewski reviewed the Fund's high-cost claimants, emphasizing that most large claims fall just below the stop-loss deductible threshold, limiting reimbursements. Additionally, out-of-network utilization is increasing, with a growing number of members seeking services from out-of-network providers. He suggested several potential cost-control strategies, including adjusting fee schedules and exclusion policies for out-of-network providers, exploring direct provider contracting and alternative funding options, implementing musculoskeletal care programs such as Aetna's Joint & Back Care Program and Hinge Health, enhancing cancer care management through Aetna's Transform Oncology Program, leveraging Aetna's Whole Health Tiered Provider Network, which focuses on high-quality, cost-effective care, expanding Omada program to better manage GLP-1 utilization, strengthening nurse advocate services to provide member support and guidance.

Mr. Lajewski outlined the plan for moving forward, which includes ongoing financial monitoring by the Executive Director, reviewing 2025 Quarter One financial results with the committee, implementing cost-containment strategies at both Fund and member levels, launching a data warehouse for improved analytics, developing an underwriting field manual, proactively monitoring outlier providers, conducting utilization review meeting with ESI and Aetna to assess performance variances.

Chair Nolan questioned whether the existing out of network cost-sharing structure should deter members from seeking those providers. Mr. Lodics responded that some out-of-network providers are waiving deductibles and co-insurance for members, making it more appealing. Commissioner Brach inquired about the extent of the out-of-network issue and whether aggressive action was necessary. Mr. Lodics noted that while some cost factors, such as inpatient hospital expenses, GLP-1 usage, and provider contract renegotiations, are beyond the Fund's control, certain out-of-network services (e.g., chiropractic and physical therapy) are driving costs upward. Commissioner Brach expressed interest in monitoring the Omada program's impact. Ms. Bailey confirmed that more detailed reporting will be available in Q2.

Commissioner Brach asked whether growth could be a strategy for financial stability. Mr. Lodics agreed that growth can be beneficial but emphasized the importance of adding appropriately priced entities. Mr. Rudman added that while growth offers advantages, rapid expansion poses risks and should be approached with a sustainable strategy. In response to Chair Nolan's inquiry, Mr. Lodics confirmed that when the TPA RFP is released, it should help control administrative costs since there were no negotiations and eliminated any competition.

Mr. Lodics acknowledged the substantial amount of information presented, noting some of the possible solutions will involve collective bargaining. He sought guidance on how to summarize it for the upcoming CJHIF meeting in March. Commissioner Brach suggested providing a high-level overview, and Chair Nolan agreed.

## **APPENDIX IV**

## MEMO:

To: Health Insurance Fund Commissioners  
From: PERMA LLC, Executive Director  
CC: Zita Group, MRHIF Lobbyist  
Date: December 2, 2024  
Re: HIF School Board Employee Required Covid Testing Reimbursement

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**Background: New Jersey COVID Protocols / Surveillance Testing**

On March 9, 2020, Executive Order No. 103 declared the existence of a Public Health Emergency in New Jersey ("PHE"). During the PHE there were more than a dozen Executive Orders that addressed best practices in response to the pandemic, including the implementation of surveillance testing.<sup>1</sup> Surveillance testing was to be conducted by unvaccinated employees on a routine basis (weekly or semi-weekly). New Jersey School Board sponsored health plans including the HIFs were directly impacted by these Executive Orders.

Executive Order No. 253 issued on August 23, 2021, required school programs to maintain a policy that required all employees to provide proof of vaccination or submit COVID-19 testing at a minimum of one to two times per week starting October 18, 2021. Employer surveillance testing such as this is not a covered service to be billed through employer health insurance plans. Due to the vagueness of the codes submitted and the availability of testing at retail pharmacies and other over the counter options, there was no way for insurance Carriers and/or Third-Party Administrators (TPAs) to determine what was employer required testing and what was medically necessary.

It is estimated for the end of 2021 and all of 2022, Health Insurance Funds paid \$2.5M attributed to COVID surveillance testing for compliance with Executive Order No. 253.

The New Jersey Department of Health received a federal award of \$267 million to provide COVID-19 screening testing resources supporting school districts. To comply with the state rules related to surveillance testing, COVID-19 testing was provided to school district employees by a state-run program which reimbursed the school districts via an application for reimbursement if the district opted into the program. Alternatively, districts could also contract with third-party testing vendors and the vendors were reimbursed from federal resources until such funding paused in April 2022. Finally, employees could obtain COVID-19 testing without any cost sharing through various providers, who billed the member health insurance for the cost of the test.

**Action:**

Beginning in the summer of 2023, PERMA partnered with the Zita Group, the MRHIF's Lobbyist, to put forth a position paper to New Jersey Legislators seeking reimbursement for some of these misappropriated medical claim dollars.

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Throughout the past year, PERMA, the Zita Group and HIF leaders met with Legislators, Government agencies, and the office of the Governor to put forth our position.

There were many different approaches and avenues explored to seek reimbursement for our members. The 2024 proposed Governor’s budget included a line item attributed to COVID testing reimbursement for the HIFs. Unfortunately, that line was stricken at the last minute. We continued to work with the Zita group to advocate our case with the support of many legislators who represent Counties where our School Board members are located.

In June 2024, budget resolution # 4693 was passed authorizing \$1 million to be appropriated for Health Insurance Fund Covid-19 reimbursements. The resolution had 2 primary sponsors and 9 co-sponsors including Senators and Assemblymembers. The monies would be issued as a Grant from the Department of Education.

**Reimbursement and Allocation**

On October 29<sup>th</sup> we were contacted by the Division of Finance and Business Services to notify us of the \$1M Grant award and begin the process. On behalf of the Funds and their School Board membership, the Grant agreement was executed and banking information for the MRHIF was provided. The MRHIF will be the initial recipient of the grant monies and disperse it to the Local HIFs based on their prorated share of the surveillance claims spend.

<i>FUND</i>	<i>BOE Surveillance Testing Claims</i>	<i>Grant Share</i>
BMED/Gateway	\$11,423	\$4,454
CJHIF	\$2,486	\$969
Southern Coastal	\$306,049	\$119,343
METRO	\$88,084	\$34,348
SHIF	\$2,148,498	\$837,800
SKYLANDS	\$7,913	\$3,086
<b>Total</b>	<b>\$2,564,453</b>	<b>\$1,000,000</b>

For the impacted Funds, we will provide updates on the grant receipt and expected date of deposit at the meetings of Executive Committees/ Board of Trustees. Upon receipt monies will be utilized to offset paid claims and support surplus.

**Recognition:**

Results such as these would not be possible without the support of the Fund Commissioners.

This was a lengthy undertaking. Senior Leaders from PERMA, LLC, the Zita Group and Fund Chairs contributed to the success.

- PERMA, LLC:
  - o Diane Peterson, Sr. Partner – Lead
  - o Tammy Brown, Executive Partner
- Zita Group:
  - o Beth Dohm, Executive Vice President
  - o Christopher Hughes, Senior Vice President
- Fund Chairs:
  - o Joseph Collins, SHIF
  - o Greg Hart, BMED/Gateway

**APPENDIX V**



# 15TH ANNUAL MEL, MRHIF & NJCE EDUCATIONAL SEMINAR

## SAVE THE DATES

FRIDAY, APRIL 25 ▶ 9:00 AM – NOON

FRIDAY, MAY 2 ▶ 9:00 AM – NOON

## Available Online at No Cost to Members

Designed specifically for elected officials, commissioners, municipal, county and authority personnel, risk managers and related professionals.

The seminar is pending approval for the following continuing education credits:

- CFO/CMFO Public Works and Clerks
- Insurance Producers
- Accountants (CPA) and Lawyers (CLE)
- Water Supply and Wastewater Licensed Operators (Total Contract Hours)
- Registered Public Purchasing Officials (RPPO)
- Qualified Purchasing Agents (QPA)

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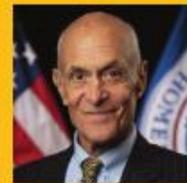


**MEL**



**NEW JERSEY COUNTIES  
EXCESS JOINT INSURANCE FUND**

## AGENDA



### KEYNOTE SPEAKER

**Michael Chertoff** served as United States Secretary of Homeland Security. His distinguished legal career includes service as a circuit judge of the United States Court of Appeals for the Third Circuit, and as Assistant U.S. Attorney General.

### FRIDAY, APRIL 25

- Keynote Address
- Ethics
- Benefits Issues

### FRIDAY, MAY 2

- 1st Amendment Claims Against Local Government
- 1st Amendment Audits
- Emerging Claims Issues

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